

BEFORE THE DEPARTMENT OF PUBLIC
HEALTH AND HUMAN SERVICES
OF THE STATE OF MONTANA

In the matter of the amendment of) NOTICE OF PUBLIC HEARING ON
ARM 37.81.304 pertaining to the big) PROPOSED AMENDMENT
sky rx program)

TO: All Concerned Persons

1. On June 3, 2024, at 11:00 a.m., the Department of Public Health and Human Services will hold a public hearing via remote conferencing to consider the proposed amendment of the above-stated rule. Interested parties may access the remote conferencing platform in the following ways:

(a) Join Zoom Meeting at: <https://mt-gov.zoom.us/j/88148541902?pwd=VWU4QmpmZmZra29QMctvOHRuRExwQT09>, meeting ID: 881 4854 1902, and password: 009508; or

(b) Dial by telephone: +1 646 558 8656, meeting ID: 881 4854 1902, and password: 009508. Find your local number: <https://mt-gov.zoom.us/j/88148541902?pwd=VWU4QmpmZmZra29QMctvOHRuRExwQT09>.

2. The Department of Public Health and Human Services will make reasonable accommodations for persons with disabilities who wish to participate in this rulemaking process or need an alternative accessible format of this notice. If you require an accommodation, contact the Department of Public Health and Human Services no later than 5:00 p.m. on May 20, 2024, to advise us of the nature of the accommodation that you need. Please contact Bailey Yuhas, Department of Public Health and Human Services, Office of Legal Affairs, P.O. Box 4210, Helena, Montana, 59604-4210; telephone (406) 444-4094; fax (406) 444-9744; or e-mail hhsadminrules@mt.gov.

3. The rule as proposed to be amended provides as follows, new matter underlined, deleted matter interlined:

37.81.304 AMOUNT OF THE BIG SKY RX BENEFIT (1) An applicant eligible for the Big Sky Rx PDP premium assistance may receive a benefit not to exceed ~~\$38.90~~ \$42.20 per month. The benefit amount will not exceed ~~\$38.90~~ \$42.20 regardless of the cost of the premium for the PDP the individual chooses.

(a) If a portion of the applicant's PDP premium is paid through the Extra Help Program, the Big Sky Rx Program will pay the applicant's portion of the PDP premium up to ~~\$38.90~~ \$42.20 per month.

(b) remains the same.

(c) All expenditures are contingent on legislative appropriation. The amount of the monthly benefit, ~~\$38.90~~ \$42.20, extends the Social Security Extra Help benefit amount to Montana residents with income up to 200% FPL. The department's total expenditure for the program will be based on appropriation and the number of enrolled applicants.

AUTH: 53-2-201, 53-6-1004, MCA

IMP: 53-2-201, 53-6-1001, 53-6-1004, 53-6-1005, MCA

4. STATEMENT OF REASONABLE NECESSITY

The Big Sky Rx program contributes to the cost of an eligible Montana resident's premium payment in a federally approved Medicare Prescription Drug Plan (PDP). The maximum premium payment Big Sky Rx can pay each month is based on the federal program which is called Social Security Extra Help or Low-Income Subsidy (LIS).

Each calendar year, CMS updates the LIS premium. Each year, the premium subsidy amounts are calculated by CMS using the statutory and plan-bid components of the Regional MA Benchmarks.

Big Sky Rx maximum monthly premium payment will change each year to match the federal LIS premium as outlined in 42 CFR 423.780. This rule notice proposes to change the subsidy from \$38.90 to \$42.20 per month, which is the maximum premium Big Sky Rx is allowed to pay based on LIS for calendar year 2024.

The Big Sky Rx program currently serves approximately 9,000 members and has an enrollment cap of 11,000 members. Approximately 15% of the Big Sky Rx members are affected by this change each year.

Fiscal Impact

This rule proposal will affect 1,117 Montanans who will see an increase in the amount of monetary assistance from the Big Sky Rx program for their monthly Medicare prescription drug premium. This rule proposal will increase the state special fund spending by \$3,686.10 per month or \$44,233.20 on an annual basis.

5. The department intends for this rule amendment to be effective retroactive to January 1, 2024.

6. Concerned persons may submit their data, views, or arguments either orally or in writing at the hearing. Written data, views, or arguments may also be submitted to: Bailey Yuhas, Department of Public Health and Human Services, Office of Legal Affairs, P.O. Box 4210, Helena, Montana, 59604-4210; fax (406) 444-9744; or e-mail hhsadminrules@mt.gov, and must be received no later than 5:00 p.m., June 7, 2024.

7. The Office of Legal Affairs, Department of Public Health and Human Services, has been designated to preside over and conduct this hearing.

8. The department maintains a list of interested persons who wish to receive notices of rulemaking actions proposed by this agency. Persons who wish to have their name added to the list shall make a written request that includes the name, e-

mail, and mailing address of the person to receive notices and specifies for which program the person wishes to receive notices. Notices will be sent by e-mail unless a mailing preference is noted in the request. Such written request may be mailed or delivered to the contact person in 6 above.

9. An electronic copy of this notice is available on the department's web site at <https://dphhs.mt.gov/LegalResources/administrativerules>, or through the Secretary of State's web site at <http://sosmt.gov/ARM/register>.

10. The bill sponsor contact requirements of 2-4-302, MCA, do not apply.

11. With regard to the requirements of 2-4-111, MCA, the department has determined that the amendment of the above-referenced rule will not significantly and directly impact small businesses.

/s/ Brenda K. Elias
Brenda K. Elias
Rule Reviewer

/s/ Charles T. Brereton
Charles T. Brereton, Director
Department of Public Health and Human
Services

Certified to the Secretary of State April 30, 2024.