



Montana Department of Public Health and Human Services
Section 1115 Demonstration Amendment Application

Montana Waiver for Additional Services and Populations (WASP)
Demonstration Program

September 3, 2021

**Montana Department of Public Health and Human Services
Section 1115 Demonstration Amendment Application**

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Section I. Historical Narrative Summary of the Demonstration

A. Introduction

The Section 1115 Montana Waiver for Additional Services and Populations was previously titled the Basic Medicaid Waiver.

Basic Medicaid Waiver History:

In 1996, under the authority of an 1115 Welfare Reform Waiver referred to as Families Achieving Independence in Montana (FAIM), Montana implemented a limited Medicaid benefit package of optional services to the same group of adults eligible for Medicaid under Sections 1925 or 1931 of the Social Security Act. The limited Medicaid benefit package was referred to as "Basic Medicaid." The FAIM Welfare Reform Waiver expired on January 31, 2004, (confirmed by correspondence dated October 7, 2003, from Mr. Mike Fiore, Director, Family and Children's Health Program Group, Centers for Medicare and Medicaid Services).

Basic Medicaid Waiver 2004:

On October 23, 2003, the State of Montana, Department of Public Health and Human Services (Department) submitted a request for an 1115 Basic Medicaid Waiver of amount, duration and scope of services, Section 1902(a)(10)(B) of the Social Security Act, to provide a limited Medicaid benefit package of optional services for those adults age 21 to 64 who are not pregnant or disabled. The Waiver was approved to operate beginning February 1, 2004, and end January 31, 2009 for those Able-Bodied Adults who are eligible for Medicaid under Sections 1925 or 1931 of the Social Security Act.

Previous 1115 Amendments:

A Health Insurance Flexibility and Accountability (HIFA) waiver proposal was submitted on June 27, 2006. The 1115 Basic Medicaid Waiver amendments were submitted on March 23, 2007 and January 28, 2008, requesting seven new optional and expansion populations. Tribal Consultation was completed on December 14, 2007. As a result of discussions with CMS, Montana submitted a revised 1115 Basic Medicaid Waiver amendment on June 6, 2008, requesting four new populations. Further discussion resulted in a July 30, 2009, submittal requesting only one population, Waiver Mental Health Service Plan (WMHSP) individuals (individuals previously covered under a State-funded program who had schizophrenia, severe depression, or bipolar disease), in addition to Able Bodied Adults. Small changes were made to the July 30, 2009, application as a result of continuing conversations with CMS and the Basic Medicaid Waiver was approved December 2010. The Basic Medicaid Waiver Renewal was approved December 24, 2013, effective January 1, 2014. A Waiver amendment to increase coverage for the MWHSP group to cover all individuals with Severe Disabling Mental Illness (SDMI) was submitted on June 30, 2014 and became effective August 1, 2014.

The amendment submitted on November 15, 2015, with an effective date of January 1, 2016, made the following changes:

- Removed able-bodied adults from the Waiver;

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- Removed individuals under age 65 with SDMI who are not covered by or eligible for Medicare and who are between 0-138% of the modified adjusted gross income (MAGI) income level;
- Covered individuals age 18 or older with SDMI who are otherwise ineligible for Medicaid benefits and either:
 - Have income 0-138% of the Federal Poverty Level (FPL) and are eligible for or enrolled in Medicare; or
 - Have income 139-150% of the FPL regardless of Medicare status (they can be covered or not covered by Medicare and be eligible).
- Aligned the Basic Medicaid benefit package with the Standard Medicaid benefit package. Basic Medicaid previously did not cover or had very limited coverage of audiology, dental and denturist, durable medical equipment (DME), eyeglasses, optometry and ophthalmology for routine eye exams, personal care services, and hearing aids; and
- Adopted a 12-month continuous eligibility period for all non-expansion Medicaid-covered individuals whose eligibility is based on MAGI.

The amendment submitted on March 7, 2016, effective March 1, 2016, changed the name of the Waiver to Section 1115 Montana Waiver for Additional Services and Populations (WASP) and covered individuals determined categorically eligible for Aged, Blind, or Disabled (ABD) for dental treatment services above the Medicaid State Plan cap of \$1,125.

The extension/renewal submitted by DPHHS on July 15, 2016 for the Section 1115 WASP was approved December 15, 2017 and effective January 1, 2018, through December 31, 2022. This extension/renewal made no changes to the waiver.

Present Context:

Montana's 2021 Legislature passed a budget that a) directed DPHHS to terminate the policy and b) explicitly removed funding for the 12-month continuous eligibility FMAP adjustment. The budget was signed by Governor Gianforte on May 20, 2021.

In light of the statutory directive, Montana DPHHS is now seeking a waiver amendment to remove expenditure authority for 12-month continuous eligibility from the Section 1115 Waiver authorities of the WASP by removing the 12-month continuous eligibility for all non-expansion Medicaid-covered individuals whose eligibility is based on MAGI also known as Parents and Other Caretaker Relatives (PCR). The removal of the 12-month continuous eligibility for all non-expansion Medicaid covered individuals whose eligibility is based on MAGI removes this population from any coverage under WASP, as this was the only benefit they received under the waiver. The coverage WASP provides for the SDMI population, including 12 month continuous eligibility, and for the ABD population, for dental treatment services above the State Plan annual cap of \$1,125, would remain the same.

This amendment also seeks the removal of cost sharing and copayments for demonstration enrollees, to align with the removal of cost sharing from the Montana Medicaid plan effective January 1, 2020. This will apply to WMHSP enrollees as well as the categorically eligible ABD individuals who receive expanded dental treatment services through WASP.

DPHHS is seeking an amendment effective date of July 1, 2021.

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B. Summary of the Current WASP Demonstration Program

The WASP allows Montana to continue benefits for up to 3,000 WMHSP individuals. Secondly, the Waiver continues to cover individuals determined categorically eligible for ABD for dental treatment services above the Medicaid State Plan cap of \$1,125.

Montana’s goal is to continue to provide Standard Medicaid coverage to individuals with SDMI utilizing previously generated Federal Waiver savings from the previously titled Basic Medicaid Waiver. Montanans served under this Waiver greatly reduced their out-of-pocket costs and gained access to significant health care benefits. Continuing to cover ABD Dental Treatment Services above the \$1,125 State Plan dental treatment cap allows this population to receive unlimited dental care.

C. Summary of Montana’s New Proposed WASP Demonstration Program Features

The current 1115 WASP’s Special Terms and Conditions provide expenditure authority to enable 12-month continuous coverage for both the individuals age 18 or older with SDMI enrolled in WMHSP and for all non-expansion Medicaid-covered individuals whose eligibility is based on MAGI.

These populations received continued benefits during any periods within a twelve-month eligibility period regardless of a change of circumstances, with some exceptions.

As directed by statute, DPHHS is seeking the removal of this expenditure authority from its 1115 WASP. DPHHS is not seeking additional changes to the current 1115 Waiver approved on December 15, 2017.

The Demonstration amendment request to remove 12-month continuous eligibility will affect the non-expansion Medicaid-covered individuals whose eligibility is based on MAGI (the PCR population). This population served by the WASP Program is described in the chart below.

| Eligibility Group Name | Social Security Act and CFR Citations | Eligibility Criteria |
|---|--|---|
| Parents and Other Caretaker Relatives (PCR) | §1931 and §1925 of the Social Security Act | PCR adults whose eligibility is based on section 1931 or 1925 of the Social Security Act and have income 0-24% FPL. |

This amendment also seeks the removal of cost sharing and copayments for demonstration enrollees, to align with the removal of cost sharing from the Montana Medicaid plan effective January 1, 2020. This will apply to WMHSP enrollees as well as the categorically eligible ABD individuals who receive expanded dental treatment services through the WASP waiver.

D. Medicaid Delivery System and Covered Benefits

The State does not propose any changes to the Medicaid health care delivery system; WMHSP demonstration enrollees will continue to receive services through the State’s fee-for-service delivery system as approved through this 1115 WASP Demonstration. Additionally, the coverage WASP provides for the ABD population, for dental treatment services above the State Plan annual cap of \$1,125, would remain the same.

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E. Summary of Current Demonstration Features to be Continued Under the 1115 Demonstration Amendment

Under this amendment application, Montana seeks approval to continue the following current Demonstration features:

1. Coverage of the Standard Medicaid benefits package for WMHSP.
 - Covered individuals age 18 or older with SDMI who are otherwise ineligible for Medicaid benefits and either:
 - Have income 0-138% of the FPL and are eligible for or enrolled in Medicare; or
 - Have income 139-150% of the FPL regardless of Medicare status (they can be covered or not covered by Medicare and be eligible).
 - 12 Month continuous eligibility for WMHSP.
2. The ABD population receives additional dental treatment services above the dental treatment services annual cap outlined in the Medicaid State Plan. (Covered dental treatment services, excluding diagnostic, preventive, denture and anesthesia services for adults age 21 and over, are subject to the annual cap of \$1,125 in the State Plan.)

F. Future Additional Goals of the WASP Demonstration Program

This amendment request is seeking to remove expenditure authority for 12-month continuous enrollment for all non-expansion Medicaid-covered individuals whose eligibility is based on MAGI (the PCR population) and does not propose any future additional goals of the WASP Demonstration Program beyond what was in the Section 1115 WASP extension/renewal approved on December 15, 2017.

Section II. Changes Requested to the Demonstration

The current 1115 WASP Waiver's Special Terms and Conditions authorizes expenditure authority to enable 12-month continuous coverage for WMHSP and PCR Populations. DPHHS is seeking the removal of the 12-month continuous coverage expenditure authority from its 1115 WASP Waiver for the PCR population only.

This amendment also seeks the removal of cost sharing and copayments for demonstration enrollees, to align with the removal of cost sharing from the Montana Medicaid plan effective January 1, 2020. This will apply to WMHSP enrollees as well as the categorically eligible ABD individuals who receive expanded dental treatment services through the WASP waiver.

Section III. Implementation of Amendment

Montana is seeking the removal of 12-month continuous enrollment for the PCR population to be effective July 1, 2021. DPHHS understands that it is required to maintain continuous Medicaid coverage during the public health emergency as a condition of receiving a temporary 6.2 percent Federal Medical Assistance Program (FMAP) increase under the Families First Coronavirus Response Act.¹

¹ [P.L. 116-127](#), Families First Coronavirus Response Act, March 18, 2020.

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Section IV. Requested Waivers and Expenditure Authorities

This amendment request is seeking to remove § 1115(a)(2) expenditure authority for 12-month continuous enrollment for the PCR population and does not propose any additional waiver and expenditure authority changes to the WASP Demonstration Program beyond what is in the extension/renewal for the Section 1115 WASP approved December 15, 2017.

Section V. Financial Data

A. Historical Enrollment and Expenditures

Historical enrollment figures since the launch of the program and corresponding program year expenditures for full coverage years are summarized below.

Figure 1. WASP PCR Demonstration Program Historical Enrollment

| Program Month and Year | Point in Time Enrollment |
|------------------------|--------------------------|
| December 2016 | 19,830 |
| December 2017 | 17,033 |
| December 2018 | 16,155 |
| December 2019 | 14,745 |
| December 2020 | 17,912 |

Figure 2. WASP PCR Demonstration Program Historical Total Expenditures

| Total Expenditures | |
|---------------------------------|---------------------------------|
| Program Year (Calendar Year) | Expenditures (for full year) |
| 2016 | 86,172,281 |
| 2017 | 108,710,418 |
| 2018 | 75,937,884 |
| 2019 | 72,771,519 |
| 2020 | 81,359,751 |
| Total (2016 – 2020) | 424,951,853 |

Figure 3. WASP PCR Historical Information – PMPM Based by Program Year

| Program Year (Calendar Year) | Count of Enrollees | Member Months | PMPM |
|---------------------------------|--------------------|---------------|--------|
| 2016 | 32,579 | 230,993 | 373.05 |
| 2017 | 27,208 | 214,896 | 505.87 |
| 2018 | 23,365 | 196,698 | 386.06 |
| 2019 | 23,169 | 182,615 | 398.50 |
| 2020 | 21,552 | 186,212 | 436.92 |

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B. Projected Enrollment and Expenditures for the Demonstration Amendment

Enrollment and expenditure projections under the proposed Demonstration amendment are described below.

Studies estimated that continuous eligibility policies increase coverage continuity by 2.6%.² The projected State and Federal Continuous Eligibility expenditures assuming a 2.6% coverage continuity increase for the PCR group for State Fiscal Year (SFY) 2022 were \$2,495,035 and for SFY 2023 were \$2,519,986. This amendment removing 12-month continuous eligibility for the PCR group results in an estimated total state general fund savings for SFY 2022 of \$873,262 and a savings of \$884,515 for SFY 2023.

Section VI. Evaluation & Demonstration Hypotheses

A. Evaluation

Montana evaluated the effectiveness of the WASP with a CMS approved evaluation design from December 2010, through December 2017. A baseline survey of the 800 WMHSP individuals was completed in the summer of 2012, and then a follow-up survey was conducted in October 2015. The 2015 return rate was 25.5% compared to the 2012 return rate of 26.5%. In 2015, approximately 3.5 times the number of surveys were sent out compared to 2012, with about 3.5 times the numbers of surveys returned. In 2015, 704 were returned and in 2012, 209 surveys were returned. The survey helped DPHHS learn about participants' health status, access to health care, and quality of care. A new survey and analysis were completed in late 2017 and findings were included in the 2017 Annual Report.

A new, less extensive survey of the WASP WMHSP population was completed in September of 2019. The results show a positive increase in member experience in SFY 2019 compared to the prior year. Additionally, the results show an overall higher level of satisfaction with services compared to the non-WASP Montana Medicaid population.

| Domain | SFY18 | SFY19 |
|---------------------------------------|--------------|--------------|
| General Satisfaction | 84% | 90% |
| Access to Services | 76% | 87% |
| Quality & Appropriateness of Services | 81% | 86% |
| Participation in Treatment | 79% | 86% |
| Outcomes | 62% | 68% |
| Improved Functioning | 60% | 66% |
| Improved Social Connectedness | 54% | 69% |
| Average of all 7 Domains | 71% | 79% |

² See Ku, L. and Steinmetz, E. "Bridging the Gap: Continuity and Quality of Coverage in Medicaid. George Washington University. Sept. 2013. <http://ccf.georgetown.edu/wp-content/uploads/2013/09/GWContinuity-Report-9-10-13.pdf> [ccf.georgetown.edu]; See also Guyer, J., Schwartz, T, "Manatt on Medicaid: New Strategy for Financing 12 Months of Continuous Coverage for Newly Eligible Adults," available at https://www.manatt.com/uploadedFiles/Content/4_News_and_Events/Newsletters/HealthLaw@Manatt/Manatt_On_Medicaid_Continuous_Coverage.pdf [manatt.com]

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| Domain | SFY19 WASP | SFY19 NON-WASP |
|---------------------------------------|-------------------|-----------------------|
| General Satisfaction | 90% | 85% |
| Access to Services | 87% | 83% |
| Quality & Appropriateness of Services | 86% | 87% |
| Participation in Treatment | 86% | 86% |
| Outcomes | 68% | 64% |
| Improved Functioning | 66% | 65% |
| Improved Social Connectedness | 69% | 66% |
| Average of all 7 Domains | 79% | 77% |

In the summer of 2020, over three months into the COVID-19 pandemic, CMS informed Montana that the WASP Medicaid Demonstration evaluation design draft was long overdue. This design draft, due 120 days after approval of the extension, had been due on May 1, 2018. It is believed that change in staffing at both CMS and the State of Montana contributed to this oversight. On August 19, 2020 CMS provided Montana with recommendations for developing an evaluation design draft.

In prior years, the approved WASP evaluation designs have been limited to the WMHSP population only. For this new demonstration period, CMS requested the other two populations: ABD and PCR be included in the evaluation design draft.

Due to the impact of COVID-19 in 2020, CMS and Montana agreed upon a due date for the draft evaluation design. Montana submitted the draft evaluation design on January 13, 2021. The evaluation design was approved April 5, 2021.

B. Demonstration Hypotheses

This amendment request is seeking to remove § 1115(a)(2) expenditure authority for 12-month continuous enrollment for the PCR population only and does not propose any additional hypotheses to the WASP Demonstration Program beyond what is in the extension/renewal submitted by the DPHHS on July 15, 2016 and approved December 15, 2017.

Section VII. Compliance with Public Notice Process

Public Notice Process

Montana has undertaken a thorough public notice process in compliance with State and federal requirements. The State notified the public of its intent to submit the amendment application on July 2, publishing the [amendment application](#) and [public notice](#) on the State’s [website](#). The State also announced dates and Zoom locations for two public hearings and the tribal consultation meeting. On July 2, 2021, the State published the abbreviated public notice in the State’s largest three newspapers: Missoulian, (Missoula, MT); Billings Gazette, (Billings, MT); and the Independent Record, (Helena, MT). The State also emailed an interested parties listserv and the Montana Health Coalition, the State’s Medical Care Advisory Committee, to inform them of the application’s posting, public comment period, public hearings, and process for public comment submission.

The State certifies that it held two public hearings to present the details of the amendment and to take public comment. The first hearing was held on Wednesday, July 28, 2021 from 10:00 am – 12:00 pm MT

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via Zoom. The second hearing was held on Thursday, July 29, 2021 from 1:00 – 3:00 pm MT via Zoom. Telephone, audio, and video participation was available for both public hearings.

Please refer to the [public notice schedule](#) on the State’s website for a full calendar of public notice activities related to the amendment and extension application.

Public Comments

The State required 60-day public comment period ran from July 3, 2021 – August 31, 2021.

Commenters were asked to indicate if they were commenting on the proposed WASP amendment, or a similar amendment open for comment relevant to a separate 1115 waiver. Not all commenters clearly indicated this. Montana presents our best effort to report comments received about the 1115 WASP waver amendment.

The State received 262 comments on the amendment, with 242 submitted via email, regular mail, and telephone voicemail, and 20 provided orally at public hearings and tribal consultation.

The majority of comments were not in support of the waiver amendment’s request to remove the authority for 12-month continuous eligibility from the underlying 1115 HELP Waiver’s Special Terms and Conditions. Specifically, commenters were concerned that eligible individuals would lose coverage due to procedural denials; the churn of eligible individuals would result in higher health care costs and poorer health care outcomes; and Montanans would have less access to primary care and preventative care. Comments received that applied most specifically to WASP concerned the unique difficulties persons with serious mental illness may face if the need arose to requalify for coverage more often.

Tribal Consultation

In accordance with the Montana Medicaid State Plan and federal regulations at 42 CFR §431.408(b), the State conducted tribal consultation for the amendment via written as well as zoom consultation. On July 2, the State sent tribal consultation [letters](#) to Indian Health Services, Tribes and Urban Indian Health Centers (ITUs) inviting their input at the public hearings on July 28, 2021 and July 29, 2021. On August 2, 2021 the State sent an [invitation](#) and on August 4, 2021 the State sent an [agenda](#) for the tribal consultation meeting to ITUs for the Tribal consultation.

On August 24, 2021, Medicaid Director Marie Matthews held the virtual tribal consultation meeting via Zoom to present the request to amend the 1115 Waiver and discuss with the Tribes, Indian Health Services, and Urban Indian Centers the potential impact of the amendment request on HELP Program enrollees. During the tribal consultation, participants raised concerns related to the loss of health coverage and limited access to care as a result of lost coverage; potential churn of eligible individuals due to seasonal work cycles; administrative burden on health care providers to track patient insurance status as well as on DPHHS to process additional application renewals; impact to Purchase and Referred Care (PRC) program; and the negative revenue impacts Tribal, IHS and Urban clinics will face due to patients losing Medicaid coverage.

Response to Public Comments

The DPHHS thanks the commenters’ review of the 1115 Waiver amendment request and for their comments. DPHHS was directed by the Montana’s Legislature to terminate the policy and will move forward with the amendment application. Montana was only one of two states that had 12-month

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continuous eligibility for adults through an 1115 Waiver; Montana’s revised policy will now be aligned with the vast majority of other states’ Medicaid eligibility and enrollment processes. DPHHS is committed to ensuring continuity of coverage to the maximum extent possible and will support processes that ensure smooth renewals and coverage continuity for those who continue to be eligible for the Medicaid program. DPHHS welcomes continued and ongoing feedback on beneficiary impact as this policy is implemented.

The State reviewed and considered all public comments; a more complete summary of the comments and the State’s responses are in Appendix A.

Summary of Changes to Demonstration Amendment

In response to the concerns raised about the unique challenges the SDMI population may face with the removal of continuous eligibility, the State has revised this amendment request to exclude the WMHSP population. The request now seeks the removal of 12-month continuous eligibility for only the WASP PCR population, leaving the WMHSP population with continued 12-month continuous eligibility.

Section VIII. Public Notice

MONTANA SECTION 1115 WAIVER FOR ADDITIONAL SERVICES AND POPULATIONS (WASP)
AMENDMENT APPLICATION
Public Notice – July 2, 2021

The Montana Department of Public Health and Human Services (DPHHS) is providing public notice of its intent to: (1) submit to the Centers for Medicare and Medicaid Services (CMS), on or before September 3, 2021, a written 1115 Demonstration application to amend the Waiver for Additional Services and Populations (WASP) Demonstration Program to remove 12-month continuous enrollment and (2) hold public hearings to receive comments on the 1115 Demonstration amendment application. DPHHS is seeking the removal of 12-month continuous enrollment to be effective July 1, 2021.

I. Program Description

A. Overview

Montana’s Waiver for Additional Services and Populations (WASP), formerly known as the Basic Medicaid Waiver, has remained a positive source of Medicaid coverage since the program’s inception in 1996. The Basic Program was comprised of mandatory Medicaid benefits and a collection of optional services available for emergencies and when necessary, for seeking and maintaining employment. These services were available to Able-Bodied Adults (neither pregnant nor disabled) who were parents and/or caretaker relatives of dependent children. This waiver has undergone multiple changes over the years, including extending Medicaid eligibility to a capped number of low-income individuals with Severe Disabling Mental Illness diagnoses through the Waiver Mental Health Service Plan (WMHSP).

Changes that directly impacted this waiver’s services in 2016 were precipitated by the implementation of Medicaid expansion, called the Health and Economic Livelihood Partnership (HELP) Plan. Due to Medicaid expansion, many Basic Medicaid / WASP Program members became eligible for Montana Medicaid. At the same time, significant changes were made to the Basic Program / WASP Program. An amendment effective January 1, 2016, reduced the number of persons covered, changed the nature of

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the population eligible, changed the plan of benefits for WASP members and implemented 12-month continuous eligibility. Basic Medicaid previously did not cover or had very limited coverage of some services. This amendment aligned the Basic Medicaid benefit package with the Standard Medicaid benefit package and the 12-month continuous eligibility policy for WMHSP enrollees and parent and caretaker relative adults eligible for Medicaid based on Modified Adjusted Gross Income (MAGI) standards.

An additional amendment, effective March 1, 2016, changed the name of the Basic Waiver to Waiver for Additional Services and Populations. It also added dental treatment coverage, above the Medicaid State Plan cap of \$1,125, for categorically eligible ABD individuals, as a pass-through cost.

The benefits for this demonstration are offered through a fee for service model to individuals who qualify.

In the spring of 2021, Montana's Legislature passed a budget that explicitly removed funding for 12-month continuous eligibility and directed DPHHS to terminate the policy.³ The Budget was signed by Governor Gianforte on May 20, 2021.

In light of the statutory directive, Montana DPHHS is now seeking a waiver amendment to remove expenditure authority for 12-month continuous eligibility from the WASP 1115 waiver. DPHHS is seeking an effective date of July 1, 2021.

B. Summary of Amendment Request

The current 1115 WASP Waiver's Special Terms and Conditions provide expenditure authority to enable 12-month continuous coverage for WMHSP enrollees and Medicaid-eligible parent and caretaker relative adults. Montana's currently approved WASP Waiver authorized expenditures for health care-related costs for WMHSP enrollees and non-expansion Medicaid-covered individuals whose eligibility is based on Modified Adjusted Gross Income (MAGI). These populations received continued benefits during any periods within a twelve-month eligibility period regardless of a change of circumstances, with some exceptions.

As directed by statute, DPHHS is seeking the removal of this expenditure authority from its 1115 WASP Waiver. The removal of this authority for all non-expansion Medicaid-covered individuals whose eligibility is based on MAGI (namely, parent and caretaker relatives) removes this population from any coverage under WASP. This population remains eligible for Medicaid as before; the only change for this population is that they will no longer have 12-month continuous eligibility.

This amendment also seeks the removal of cost sharing and copayments for demonstration enrollees, to align with the removal of cost sharing from the Montana Medicaid plan effective January 1, 2020. This will apply to WMHSP enrollees as well as the categorically eligible Aged, Blind or Disabled individuals who receive expanded dental treatment services through the WASP waiver.

DPHHS understands that it is required to maintain continuous Medicaid coverage during the public health emergency as a condition of receiving a temporary 6.2 percent Federal Medical Assistance

³ HB 2 available at <https://leg.mt.gov/bills/2021/billpdf/HB0002.pdf>. See also budget narrative available at <https://leg.mt.gov/content/Publications/fiscal/Session-2021/HB-2-Narrative/B-Senate-Floor.pdf>.

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Program (FMAP) increase under the Families First Coronavirus Response Act.⁴ In the event that the national public health emergency is extended beyond the date of this amendment approval, DPHHS will maintain continuous enrollment through the end of the public health emergency.

C. Eligibility Requirements

The Demonstration amendment request to remove 12-month continuous eligibility will affect the following populations in the WASP Program as described in the chart below.

| Eligibility Group Name | Social Security Act and CFR Citations | Income Level |
|--|---|--|
| WMHSP | Section IV, Paragraph 2 of WASP Section 1115 Demonstration STCs | 139-150% FPL; or 0-138% FLP and eligible for or enrolled in Medicare |
| Parent and Caretaker Relatives enrolled under sections 1931 or 1925 of the Act | §1931 and §1925 of the Act | 0-24% FPL |

D. Health Care Delivery System and Benefits

This amendment request is seeking to remove § 1115(a)(2) expenditure authority for 12-month continuous enrollment and does not propose any changes to the Medicaid health care delivery system; Demonstration enrollees will continue to receive services through the State’s fee-for-service delivery system. The State does not propose any changes to benefits for Demonstration enrollees.

E. Cost Sharing

Cost sharing was removed from the Medicaid program as of January 1, 2020. This amendment will remove references to cost sharing and copayments that were in the previously approved waiver.

II. Goals and Objectives

This amendment request is seeking to remove § 1115(a)(2) expenditure authority for 12-month continuous enrollment and does not propose any future additional goals of the WASP Demonstration Program.

III. Enrollment Projections and Annual Expenditures

Studies estimated that continuous eligibility policies increase coverage continuity by 2.6%.⁵ The projected State and Federal Continuous Eligibility expenditures assuming a 2.6% coverage continuity increase for WMHSP and the Parent Caretaker Relative groups for SFY 2022 were \$2,688,944 and SFY 2023 were \$2,715,834. This amendment removing 12-month continuous eligibility results in an

⁴ [P.L. 116-127](#), Families First Coronavirus Response Act, March 18, 2020.

⁵ See Ku, L. and Steinmetz, E. “Bridging the Gap: Continuity and Quality of Coverage in Medicaid. George Washington University. Sept. 2013. <http://ccf.georgetown.edu/wp-content/uploads/2013/09/GWContinuity-Report-9-10-13.pdf> [ccf.georgetown.edu]; See also Guyer, J., Schwartz, T, “Manatt on Medicaid: New Strategy for Financing 12 Months of Continuous Coverage for Newly Eligible Adults,” available at https://www.manatt.com/uploadedFiles/Content/4_News_and_Events/Newsletters/HealthLaw@Manatt/Manatt_On_Medicaid_Continuous_Coverage.pdf [manatt.com]

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estimated total state general fund savings for State Fiscal Year (SFY) 2022 of \$941,130 and a savings of \$953,258 for SFY 2023.

IV. Waiver Expenditure Authorities

This amendment request is seeking to remove § 1115(a)(2) expenditure authority for 12-month continuous enrollment and does not propose any additional waiver and expenditure authority changes to the WASP Demonstration Program.

V. Demonstration Hypotheses and Evaluation Parameters

This amendment request is seeking to remove § 1115(a)(2) expenditure authority for 12-month continuous enrollment and does not propose any additional hypotheses to the WASP Demonstration Program.

VI. Public Review and Comment Process

The complete version of the amendment application is available for public review at <https://dphhs.mt.gov/MontanaHealthcarePrograms/medicaid/2021waspwaiver>. Paper copies are available to be picked up in person at the DPHHS Director's Office located at 111 North Sanders Street, Room 301, Helena, Montana 59601.

Two virtual public meetings will be held regarding the Demonstration application:

(1) Public hearing on July 28 from 10:00 a.m. – 12:00 p.m. MT. The registration link is available at <https://dphhs.mt.gov/MontanaHealthcarePrograms/medicaid/2021waspwaiver>.

(2) Montana Health Coalition meeting on July 29 from 1:00 p.m. – 3:00 p.m. The registration link is available at <https://dphhs.mt.gov/montanahealthcareprograms/medicaid/2021waspwaiver>.

You will receive instructions for joining the meeting upon registration. If special accommodations are needed, contact Mary Eve Kulawik at (406) 444-2584 or mkulawik@mt.gov.

Public comments may be submitted until 11:59 PM (Mountain Time) on August 31, 2021. Questions or public comments may be addressed care of Medicaid WASP Waiver Amendment, Department of Public Health and Human Services, Director's Office, PO Box 4210, Helena, MT 59604-4210, or by telephone to (406) 444-2584, or by electronic mail to dphhscomments@mt.gov. Please note that comments will continue to be accepted after August 31, 2021, but the state may not be able to consider those comments prior to the initial submission of the Demonstration application to CMS.

After Montana reviews comments submitted during this state public comment period, the state will submit a revised application to CMS. Interested parties will also have an opportunity to officially comment during the additional 30-day federal public comment period; the submitted application will be available for comment on the CMS website at <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html>.

**Montana Department of Public Health and Human Services
Section 1115 Demonstration Amendment Application**

Appendix

A. Summary of Responses to Public Comments

Commenters were asked to indicate if they were commenting on the proposed WASP amendment, or a similar amendment open for comment relevant to a separate 1115 waiver. Not all commenters clearly indicated this. Montana presents our best effort to report comments received about the 1115 WASP waver amendment.

The State received 262 comments on the amendment, with 242 submitted via email, regular mail, and telephone voicemail, and 20 provided orally at public hearings and tribal consultation.

The majority of comments were not in support of the waiver amendment's request to remove the authority for 12-month continuous eligibility from the underlying 1115 WASP Waiver's Special Terms and Conditions. Specifically, commenters were concerned that eligible individuals would lose coverage due to procedural denials; the churn of eligible individuals would result in higher health care costs and poorer health care outcomes; and Montanans would have less access to primary care and preventative care. Comments received that applied most specifically to WASP concerned the unique difficulties persons with serious mental illness may face if the need arose to requalify for coverage more often.

***Comment:* The majority of commenters expressed concern that this policy would result in loss of coverage.**

Response: DPHHS thanks commenters for sharing these important concerns and is committed to mitigating coverage loss to the maximum extent possible. Montana was one of only two states that permitted continuous eligibility for adults through an 1115 Waiver; with the removal of this policy, Montana will now be aligned with the majority of other states' Medicaid eligibility and enrollment processes. Further, many who may lose Medicaid eligibility because of changes in employment or income will have access to other coverage such as through an employer of the subsidized plans on the Federally-facilitated Marketplace (i.e. healthcare.gov).

***Comment:* Commenters expressed concern that removing continuous eligibility would increase reporting burdens on eligible Montanans. Some of these commenters expressed the specific concern that members with severe and/or disabling mental illness may be especially challenged by increased reporting burdens.**

Response: The State thanks commenters for their feedback and for sharing their concerns. Montana DPHHS is committed to implementing this policy change in ways that minimize coverage loss and barriers to access to health care for those who continue to be eligible for Medicaid. DPHHS is committed to leveraging available data to verify eligibility, to the maximum extent possible, in order to reduce the burden of having to provide documentation verification. In most cases, beneficiaries are already required to report such changes in circumstances to the state. The primary difference is that under the current policy, the state does not act on that information until it conducts the individual's renewal at the end of the 12 month period. DPHHS considered the concerns raised specific to the SDMI population and has revised the 1115 WASP amendment request to ensure 12 month continuous eligibility for the WMHSP population remains intact.

***Comment:* Many commenters expressed concern that the removal of 12 months continuous coverage would lead to churn and result in increased health care costs and poorer health care.**

Montana Department of Public Health and Human Services
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Response: The State thanks the commenters for their feedback. As DPHHS works to implement this program change, DPHHS is committed to mitigating the harm of frequent redeterminations and reducing the amount of churn and disruptions to health care coverage. For any individual who is found ineligible for Medicaid coverage, the State will continue to connect these individuals to the Federally-facilitated Marketplace in order to have their eligibility determined for other Insurance Affordability Programs.

***Comment:* Some commenters expressed concern that as a result of the removal of 12 months continuous coverage, Montanans will have less access to primary and preventative care.**

Response: The State thanks the commenters for sharing their concerns. For any individual who is found ineligible for Medicaid coverage, the State will continue to connect these individuals to the Federally-facilitated Marketplace in order to have their eligibility determined for other Insurance Affordability Programs. DPHHS is committed to ensuring Montanans will have access to primary and preventative care and encourages continued and ongoing feedback on beneficiary impact as this policy is implemented.

***Comment:* Multiple commenters stated their concern that the 1115 waiver amendment does not advance the objectives of the Medicaid program.**

Response: The State thanks the commenters for sharing their concern. Medicaid statute and regulations require state Medicaid agencies to act on any changes of circumstances that may result in a change in eligibility. There is no federal Medicaid State Plan authority for 12 months continuous coverage for adults. Any state that wishes to apply 12 months continuous coverage must waive federal Medicaid requirements to do so. Montana was only one of two states that had 12-month continuous eligibility for adults through an 1115 Waiver; Montana's revised policy will now be aligned with the vast majority of other states' Medicaid programs.

***Comment:* Some commenters expressed concern that implementing this amendment would cause DPHHS to fall out of compliance with the continuous coverage provision under the Families First Coronavirus Response Act (FFCRA).**

Response: The State appreciates the commenters' concern and is committed to following federal requirements during the federal public health emergency (PHE). DPHHS understands it is federally required to maintain continuous Medicaid coverage during the federal PHE as a condition of receiving the temporary Federal Medical Assistance Percentage (FMAP).

***Comment:* One commenter expressed concern that DPHHS will not have the staff capacity to work with beneficiaries to more regularly renew their Medicaid eligibility as call centers currently have long wait times.**

Response: The State appreciates this comment and continues to strive to ensure adequate staff are in place to meet the needs of Montana Medicaid beneficiaries. DPHHS encourages continued and ongoing feedback on beneficiary impact as this policy is implemented.

***Comment:* One comment expressed support for the waiver amendment as it follows the legislative directive of HB 2 and aligns with the majority of other states' eligibility procedures.**

Response: The State appreciates this comment in support of the waiver amendment request.

**Montana Department of Public Health and Human Services
Section 1115 Demonstration Amendment Application**

B. All Received Written Public Comments



Mental Health

Advisory Council

DATE: AUGUST 10, 2021

TO: Montana Department of Public Health & Human Services @ dphhscomments@mt.gov

FROM: Beaverhead County Mental Health Local Advisory Council

RE: Public comment on the Health and Economic Livelihood Partnership (HELP) and Waiver for Additional Services and Populations (WASP) 1115 Demonstration Waivers to

The Beaverhead County Mental Health Local Advisory Council is a coalition of county-wide members committed to assessing, advocating, planning, and strengthening public mental health services for adults and children in our community. We are stakeholders who advocate for quality mental health for our family, friends, clients, neighbors, patients, and our community/county at large. We take seriously our charge from the 1999 Montana State Legislature that created LACs and directed our representatives to be a critical element in our state's the public mental healthcare system.

In that defined representation we formally submit the following comments to the Montana Legislative Interim Committee of Children, Family, Health, and Human Services and the Department of Public Health and Human Services re: the elimination of continuous eligibility in the Medicaid program for both HELP and Seriously Mentally Ill (SMI) Medicaid enrolled Montanans.

The Beaverhead LAC respectfully objects to this plan of action since the consequences can be dire, across the state, but particularly in more rural areas of our state and for enrollees with an SMI. .

Stability is a critical support system for most of us, but particularly for those whose lives can be turned upside down during a mental health crisis. Continuous eligibility assures these individuals have access to their medical or behavioral health provider when they most need it...regardless of whether they met an artificial deadline to turn in paperwork.

Continuous eligibility assures individuals have consistent access to their medication, which often has dire consequences if missed. This includes situations where an individual is unable to fill their prescriptions because mid-year eligibility paperwork isn't yet submitted, redetermination isn't yet complete, or confusion exists about exactly what DPHHS is requesting, why, and when due. DPHHS eligibility related notices are often considered unclear and/or hard to understand.

Continuous eligibility supports local communities – law enforcement, medical and emergency personnel, hospital emergency departments by providing a dependable and reliable continuum of care for those who sometimes struggle to care for themselves. These community resources are already often accessed, even when an individual is Medicaid enrolled, especially in rural areas where mental health services are severely limited.

Continuous eligibility supports local communities financial delivery of mental health services. There is a grave potential those in a mental crisis who ARE eligible for Medicaid, but not currently enrolled or

recently disenrolled, will result in community healthcare providers having little or no opportunity for their services' reimbursement.

Continuous eligibility is an effective tool to use to reduce unneeded churn among these recipients. **It is well documented the negative impacts of "churn"** on this poverty-based population. . Overall, those eligible for Medicaid face a series of daily challenges from juggling employment in one or more jobs to finding affordable and quality; keeping the car running to assuring food in the cupboards; finding stable and affordable housing while balancing a host of other needs; and all with very little, if any, financial leeway. Interrupting continuous eligibility merely adds to what can be overwhelming challenges for some.

The program's requirements to report changes already exists. Interrupting continuous eligibility compromises already at-risk recipients for yet another paperwork requirement. And for those individuals with a serious mental illness health diagnosis, the above noted challenges are often overwhelming. We encourage you NOT to add to their already challenged lives.

Eliminating continuous eligibility will mean compromised Montanans may miss their needed medications, forego seeing either their behavioral or physical health provider, isolate even more, and potentially decompensate due to the lack of Medicaid coverage.

The loss of continuous eligibility is reflected in more than the sterile statement of some savings received through "less coverage months." It is the loss of security, stability, and benefits for Montanans in need.

Thank you for your time and attention to our concerns and comments.

Katherine Buckley-Patton, Executive Director

Beaverhead County Mental Health Local Advisory Council



August 6, 2021

Director's Office
Attn: Mary Eve Kulawik, Medicaid State Plan and Waiver Coordinator
Montana Department of Public Health and Human Services
Box 4210
Helena, MT. 59604-4210

RE: Medicaid Continuous Eligibility – HELP and WASP Waivers

Dear Ms. Kulawik:

I am submitting comments on behalf of All Nations Health Center of Missoula, Billings Urban Indian Health & Wellness Center of Billings, Butte Native Wellness Center of Butte, and Helena Indian Alliance-Leo Pocha Clinic. These four centers are members of the Montana Consortium for Urban Indian Health. Urban Indian Organizations (UIOs) provide essential health services in our communities. UIOs depend on scarce financial resources to provide services to already vulnerable American Indian patients, many of whom are eligible for Montana Medicaid.

Thank you for providing this opportunity to comment on Montana's proposed amendment to end continuous eligibility for Medicaid for people who qualify for the Medicaid expansion program through the HELP Waiver and through the Waiver for Additional Services and Populations (WASP) which serves people with a severe disabling mental illness. This proposed amendment to end continuous eligibility is a bad idea. It is bad for people. It is bad for business. Specifically:

- American Indian people in Montana die more than 20 years earlier than white Montanans. Medicaid expansion and continuous eligibility has allowed American Indians and the providers such as UIOs who serve them to start to address the health disparities which lead to premature death and disability. Eliminating continuous eligibility will result in gaps in health care and failure to address health problems at the earliest possible time.
- Continuous eligibility has allowed people who qualify for Medicaid to stay eligible for a year. It has successfully reduced cycling off and on the program. This "churn" in eligibility happens from month to month because of fluctuation in pay from overtime or seasonal work or change in household composition. Montana has many seasonal

Butte Wellness Center | Billings Urban Indian Health and Wellness Center | All Nations Health Center

Helena Indian Alliance

Jason Smith

Executive Director

7th West 6th Ave. Suite 4E

(406) 471-4677

industries like agriculture, tourism, and fire fighting where employment fluctuates. Many of these jobs do not provide health insurance.

- Sixty percent of businesses in Montana employ at least one worker who receives health coverage through Medicaid expansion. Twenty-five percent of businesses has at least 25% of their employees enrolled. Businesses in Montana rely on Medicaid to cover their employees.
- Continuous eligibility relieves both the state's administrative burden and the burden on medical providers such as UIOs. The administrative cost for the state to re-enroll a person on Medicaid is estimated at \$400 to \$600. Providers also bear a burden to continuously assess whether a person is eligible for Medicaid coverage and try to provide on-going care. If continuous eligibility is eliminated, the cost of health care for people without coverage will be passed on to providers and ultimately on to insured Montanans.
- Continuous eligibility, as part of Medicaid expansion, has allowed us to increase our business since 2015. As a result, we not only see more patients, but we also employ more people who in turn are able to contribute to Montana's tax base.

In summary, Montana Medicaid's expansion program is a success. There is no need to change it now. We urge the Department of Public Health and Human Services to re-examine your proposal to eliminate continuous eligibility and not to submit it to the Centers for Medicare and Medicaid Services at the federal level.

Sincerely,

Jason Smith
Executive Director
Montana Consortium for Urban Indian Health

cc: Misty Kuhl, Director, Governor's Office of Indian Affairs
Adam Meier, Director, DPHHS
Marie Matthews, Montana State Medicaid Director, DPHHS
Lesa Evers, Tribal Relations Manager, DPHHS

Butte Wellness Center | Billings Urban Indian Health and Wellness Center | All Nations Health Center
Helena Indian Alliance
Jason Smith
Executive Director
7th West 6th Ave. Suite 4E
(406) 471-4677



Montana State Legislature

MONTANA HOUSE OF REPRESENTATIVES

Representative Kim Abbott

Minority Leader
House District 83

July 28, 2021

Ms. Mary Eve Kulawik
Department of Public Health and Human Services
111 North Sanders Street
Helena, MT 59604

Dear Ms. Kulawik:

I write in opposition to the Department of Public Health and Human Services' proposed waiver amendments for the Health Economic Livelihood Partnership (HELP) and Waiver for Additional Services and Populations (WASP) Demonstration Programs. The Department's proposal to end twelve-month continuous eligibility for these vulnerable populations threatens Montana families' healthcare and would weaken our state's economy.

Republicans and Democrats came together in a bipartisan way to create the HELP program a few years ago. HELP has been incredibly successful at expanding access to health care for nearly 100,00 Montanans—some of whom got insurance for the first time in their lives. It isn't just our friends and neighbors who have benefited from HELP—nearly 2 in 3 businesses throughout Montana rely on HELP to provide health insurance to their employees.

The waiver amendments presented here today simply represent putting red tape between Montanans and their health care. Right now, Montanans covered through HELP and WASP sign up for coverage once a year, just like the rest of us who have other kinds of insurance. We fill out the paperwork at the start of the year, and we can rely on our coverage and plan our care for the coming months. That's just how health insurance works.

Under these waiver amendments, Montanans who are working multiple jobs just to make ends meet, or piecing together seasonal work, or who have a severe disabling mental illness will have to jump through bureaucratic hoops multiple times throughout the year just to keep their health coverage. Whether you consider it from the standpoint of government efficiency, or basic common sense, this bureaucratic red tape simply doesn't make sense.

By the Department's own admission, this new bureaucracy will result in thousands of Montanans losing their health coverage. Not only will low wage earners be kicked off their coverage, but Montanans with debilitating physical and mental illnesses will have their care interrupted when they can't navigate these new and unnecessary hurdles. The so-called \$24 million "savings" that DPHHS estimates from these changes is coming straight out of the pocketbooks of the Montanans who will lose their coverage. It will come straight out of the balance sheets of hospitals and clinics throughout the state, including our rural hospitals that got a lifeline when we created the HELP program.

A year and a half on from the start of the COVID-19 pandemic, Montana families are just starting to get back on their feet. Main street businesses are fully reopening and getting their customers back. At this delicate time, it is beyond the pale to threaten their recovery by intentionally making an effective program less efficient, less fair, and more bureaucratic.

The HELP program passed with bipartisan support because folks recognized that a healthy economy needs healthy workers. Instead of creating problems where none previously existed, the Department should put these ill-conceived proposals back on the shelf. I encourage you instead to focus on making our shared investments work better, instead of creating red tape that hurts our families and our businesses. Thank you for considering my comments.

Sincerely,

Kim Abbott
Minority Leader



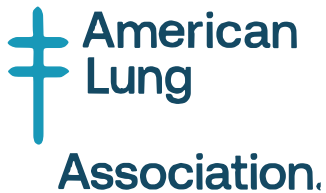
American
Heart
Association.

I am submitting this on behalf of the American Heart Association regarding continuous eligibility for Medicaid in Montana. The American Heart Association's mission is to be a relentless force for a world of longer, healthier lives. We are concerned that removing continuous eligibility will impact Montana residents' ability to access affordable healthcare.

As an organization focused on the heart health of Americans, we are concerned that loss of coverage will lead to unintended health consequences. Research shows that adults who have gaps in health care coverage are less likely to have a regular doctor and less likely to receive vital preventive care. A study in Arkansas, Kentucky, and Texas showed that nearly half of adults who had health care coverage gaps reported skipping doses of prescription medicine or stopped taking it all together.

During this time of rebuilding Montanans need stability. Thousands of Montanans living on low incomes have turned to Medicaid expansion to give them continuous health care coverage. We ask that you do not remove continuous eligibility in Montana.

Amanda Cahill
American Heart Association/American Stroke Association- Montana
Amanda.cahill@heart.org



August 30, 2021

Marie Matthews
Medicaid State Director
Montana Department of Public Health and Human Services
PO Box 4210
Helena, MT 59604

Re: Montana Health and Economic Livelihood (HELP) Demonstration Program

Dear Director Matthews:

The American Lung Association in Montana appreciates the opportunity to submit comments on the Montana Health and Economic Livelihood (HELP) Demonstration Program.

The American Lung Association is the oldest voluntary public health association in the United States, currently representing the more than 36 million individuals living with lung diseases, including more than 170,000 individuals in Montana. The Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through research, education and advocacy.

The Lung Association is committed to ensuring that Montana's Medicaid program provides adequate, affordable and accessible healthcare coverage and strongly supports Medicaid expansion in Montana. Over 100,000 low-income adults currently receive healthcare coverage through the state's Medicaid expansion. This means that thousands of enrollees are receiving prevention, early detection and diagnostic services as well as disease management and treatment for their conditions.¹ For example, more than 135,000 individuals have received preventive services like tobacco cessation and lung cancer screening.² Medicaid expansion is clearly beneficial for patients with lung disease.

Unfortunately, Montana's application would end continuous eligibility for the expansion population, jeopardizing coverage for patients with lung disease in Montana. Additionally, as our organization outlined in earlier comments on Montana's HELP demonstration,³ we are deeply concerned that the premiums in Montana's pending application will create financial barriers that could lead patients with lung disease to lose their healthcare coverage. The Lung Association therefore offers the following comments on Montana's proposal.

Continuous Eligibility

Montana's application would end its current policy providing 12 months of continuous eligibility to the Medicaid expansion population. The state's own estimates predict that this change would result in 29,000 fewer coverage months under the HELP demonstration, translating into about 3,000 expansion adults losing coverage each year. The Lung Association opposes this change.

Continuous eligibility reduces gaps in coverage that prevent patients from accessing the care that they need. Research has shown that individuals with partial coverage during a year have worse access to care than those with coverage for the entire year, including less preventive care and more trips to the

emergency department.⁴ A gap in healthcare coverage could mean that a patient with lung cancer would have to pause treatment or someone with COPD might have to stop taking their medication, leading to an irreversible worsening of their condition.

Reducing churn helps to reduce the administrative burden on the state as well. In an evaluation of the HELP demonstration, state officials said continuous eligibility had been “cost-neutral if not beneficial” because it allowed state Medicaid staff to do one-time enrollment rather than having beneficiaries churn on and off of coverage.⁵ This reduction in administrative burden will be especially important at the end of the COVID-19 public health emergency, when federal maintenance of effort requirements end and the agency will have a surge in eligibility redeterminations to process.

The Lung Association urges the state to work with the legislature to reverse this policy. Additionally, for the same reasons, we oppose the removal of continuous eligibility for the Waiver for Additional Services and Populations (WASP) demonstration population.

Premiums

Montana’s pending application for the HELP demonstration significantly increases premiums for the Medicaid expansion population. As our organization expressed in our 2019 comments on this application,⁶ this policy would likely both increase the number of enrollees who lose Medicaid coverage and discourage eligible people from enrolling in the program. Research has shown that even relatively low levels of cost-sharing for low-income populations limit the use of necessary healthcare services.⁷ For example, when Oregon implemented a premium in its Medicaid program, with a maximum premium of \$20 per month, almost half of enrollees lost coverage.⁸ Additional research on Michigan’s Medicaid expansion program showed that modest increases in premiums resulted in disenrollment, especially among healthy individuals from the program.⁹ The Lung Association believes that these premiums create significant financial barriers for patients that jeopardize their access to needed care.

Conclusion

The Lung Association believes that healthcare coverage should be affordable, accessible and adequate for patients with lung disease. Thank you for the opportunity to provide comments.

Sincerely,

Carrie Nyssen
Senior Director, Advocacy
American Lung Association in Montana

¹ Montana Department of Public Health and Human Services, Montana Medicaid Expansion Dashboard, Accessed August 18, 2021. Available at: <https://dphhs.mt.gov/helpplan/medicaidexpansiondashboard>

² Id.

³ <https://www.lung.org/getmedia/05807ac4-bd00-4e8b-949b-c4bbc1f23940/health-partner-comments-to-9.pdf.pdf>

⁴ <https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf>.

⁵ <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/summative-eval-rpt-montana-2020.pdf#page=19>

⁶ <https://www.lung.org/getmedia/05807ac4-bd00-4e8b-949b-c4bbc1f23940/health-partner-comments-to-9.pdf.pdf>

⁷ Samantha Artiga, Petry Ubri, and Julia Zur, “The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings,” Kaiser Family Foundation, June 2017. Available at: <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>.

⁸ Id.

⁹ Cliff, B., et al. Adverse Selection in Medicaid: Evidence from Discontinuous Program Rules. NBER Working Paper No. 28762. National Bureau of Economic Research. May 2021. Accessed at: https://www.nber.org/system/files/working_papers/w28762/w28762.pdf.



August 24, 2021

Marie Matthews
Medicaid State Director
Montana Department of Public Health and Human Services
PO Box 4210
Helena, MT 59604

Re: Montana Health and Economic Livelihood (HELP) Demonstration Program

Dear Director Matthews:

The National Organization for Rare Disorders (NORD) appreciates the opportunity to submit comments on the Montana Health and Economic Livelihood (HELP) Demonstration Program. NORD is a unique federation of voluntary health organizations dedicated to helping the 25-30 million Americans living with a rare disease. We believe that all patients should have access to quality, accessible, and affordable health coverage that is best suited to their medical needs.

Patients with rare disorders often have complex and costly health care needs and depend on access to quality and affordable health care. Medicaid coverage serves as a lifeline to some rare disease patients, who may find their lives upended by the debilitating nature of their diseases. According to the NORD's recent *30-Year Barriers to Access Survey*, 76% of rare disease patients report some or great financial burden and 62% of adults have had to miss work because of their rare disease.ⁱ For all patients with a rare condition, the Medicaid program provides assurance that if their disease increases in severity and they are unable to work, they will still be able to access necessary treatment. This aspect of the Medicaid program is especially vital during difficult economic times.

NORD is committed to ensuring that Montana's Medicaid program provides affordable and accessible health care coverage and is a strong supporter of Medicaid expansion in Montana. Over 100,000 low-income adults currently receive healthcare coverage through the state's Medicaid expansion. This means that thousands of enrollees are receiving prevention, early detection and diagnostic services as well as disease management and treatment for their conditions.ⁱⁱ

Unfortunately, Montana's application would end continuous eligibility for the expansion population, jeopardizing coverage for Montanans living with a rare disease. Additionally, we are deeply concerned that the premiums in the state's pending application will create financial barriers that could lead patients with rare diseases to lose their health care coverage. NORD therefore offers the following comments on Montana's proposal.

Continuous Eligibility

Montana's application would end its current policy providing 12 months of continuous eligibility to the Medicaid expansion population. The state's own estimates predict that this change would result in 29,000 fewer coverage months under the HELP demonstration, translating into about 3,000 expansion adults losing coverage each year. NORD opposes this change.

Continuous eligibility reduces gaps in coverage that prevent patients from accessing the care that they need. Research has shown that individuals with partial coverage during a year have worse access to care



than those with coverage for the entire year, including less preventive care and more trips to the emergency department.ⁱⁱⁱ

Reducing churn helps to decrease the administrative burden on the state as well. In an evaluation of the HELP demonstration, state officials said continuous eligibility had been “cost-neutral if not beneficial” because it allowed state Medicaid staff to do one-time enrollment rather than having beneficiaries churn on and off of coverage.^{iv} This reduction in administrative burden will be especially important at the end of the COVID-19 public health emergency, when federal maintenance of effort requirements end and the agency will have a surge in eligibility redeterminations to process.

NORD urges the state to work with the Montana State Legislature to reverse this policy. Additionally, for the same reasons, we oppose the removal of continuous eligibility for the Waiver for Additional Services and Populations (WASP) demonstration population.

Premiums

Montana’s pending application for the HELP demonstration significantly increases premiums for the Medicaid expansion population. This policy would likely both increase the number of enrollees who lose Medicaid coverage and discourage eligible people from enrolling in the program. Research has shown that even relatively low levels of cost-sharing for low-income populations limit the use of necessary healthcare services.^v For example, when Oregon implemented a premium in its Medicaid program, with a maximum premium of \$20 per month, almost half of enrollees lost coverage.^{vi} Additional research on Michigan’s Medicaid expansion program showed that modest increases in premiums resulted in disenrollment, especially among healthy individuals from the program.^{vii} NORD believes that these premiums create significant financial barriers for patients that jeopardize their access to needed care.

Conclusion

Affordable health care coverage is critical to ensuring that rare diseases patients, and others with serious and chronic conditions, can access needed health care services. Unfortunately, this 1115 waiver proposal would place damaging financial barriers on health coverage by eliminating continuous eligibility and imposing premiums and cost-sharing onto beneficiaries. Therefore, NORD strongly recommends that Montana revise its waiver application as outlined to ensure that it better meets the objectives of the Medicaid program.

Thank you again for the opportunity to submit comments. For questions regarding NORD or the above comments, please contact Corinne Alberts at calberts@rarediseases.org.

Sincerely,

Alyss Patel
State Policy Manager, Western Region
National Organization for Rare Disorders



ⁱ National Organization for Rare Disorders. “30-Year Barriers to Access Survey” https://rarediseases.org/wp-content/uploads/2020/11/NRD-2088-Barriers-30-Yr-Survey-Report_FNL-2.pdf

ⁱⁱ Montana Department of Public Health and Human Services, Montana Medicaid Expansion Dashboard, Accessed August 18, 2021. Available at: <https://dphhs.mt.gov/helpplan/medicaidexpansiondashboard>

ⁱⁱⁱ <https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf>.

^{iv} <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/summative-eval-rpt-montana-2020.pdf#page=19>

^v Samantha Artiga, Petry Ubri, and Julia Zur, “The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings,” Kaiser Family Foundation, June 2017. Available at: <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>.

^{vi} Id.

^{vii} Cliff, B., et al. Adverse Selection in Medicaid: Evidence from Discontinuous Program Rules. NBER Working Paper No. 28762. National Bureau of Economic Research. May 2021. Accessed at: https://www.nber.org/system/files/working_papers/w28762/w28762.pdf.

Fort Belknap Indian Community

Fort Belknap Agency
656 Agency Main Street
Harlem, Montana 59526-9455
PH: (406) 353-2205
FAX: Council - (406) 353-4541
FAX: Departments - (406) 353-2797



Fort Belknap Indian Community
(Tribal Govt.)
Fort Belknap Indian Community
(Elected to administer the affairs of the community and
to represent the Assiniboine and the Gros Ventre
Tribes of the Fort Belknap Indian Reservation)

August 31, 2021

Montana Department of Public Health and Human Services
Director's Office
PO Box 4210
Helena, MT
Delivered via Electronic Mail: dphhscomments@mt.gov

RE: Medicaid WASP Waiver Amendment

Dear Director Meier:

I am writing on behalf of the Fort Belknap Indian Community Council to formally respond to the Montana Department of Public Health and Human Services' ("DPHHS") Public Notice of Amendment regarding Montana Section 1115 Waiver for Additional Services and Populations, dated July 2, 2021 (the "Notice"), and the recent consultations with tribal leaders on August 2, 4, and 24, 2021.

As a general matter, the Tribe wholly opposes DPHHS' proposal to seek a waiver amendment to remove expenditure authority for 12-month continuous eligibility from the WASP 1115 waiver. DPHHS and the State should not be seeking to reduce access to healthcare services in the middle of a pandemic. Principally, DPHHS' proposed amendment would largely affect poor, rural, and Native American populations who rely upon Medicaid expansion to receive access to critical care – especially when the COVID-19 pandemic has disproportionately and significantly afflicted our tribal communities.

As support for this proposal, DPHHS cites to the Legislature's intent to eliminate the policy of 12-month continuous eligibility for the Medicaid expansion population. However, the Legislature did not provide a date to enact this elimination or provide any clear guidance to carry this out besides a single sentence; a single sentence that will strip lifesaving benefits from thousands of people. Again, the state and DPHHS should not actively work to limit access to healthcare services in the middle of a pandemic, especially when we've seen COVID-19 inflict a heavier toll on poor and Native American populations who depend on Medicaid expansion.

DPHHS acknowledges that it is required to maintain continuous Medicaid coverage during the public health emergency as a condition of receiving a temporary 6.2 percent Federal Medical Assistance Program (FMAP) increase under the Families First Response Act (“FFRA”). However, eliminating the extension as soon as the COVID-19 public health emergency is concluded will not alleviate the underlying healthcare concerns that exacerbated the effect of the pandemic. The issues with inadequate access to healthcare, lack of resources, and accompanying health conditions in poor, rural, tribal populations will still exist. Abandoning these populations in the wake of a pandemic will only set us up for another downfall in the next pandemic or public health emergency.

DPHHS admits that the WASP program has been a positive source of Medicaid coverage since the program’s inception in 1996. However, DPHHS is clearly discounting the tangible, real-life effects that this amendment will have on people who desperately rely upon this Medicaid coverage. In fact, the article that DPHHS cites to in the Notice, Ku, L. and Steinmetz, E., *Bridging the Gap: Continuity and Quality of Coverage in Medicaid*, George Washington University, Sept. 2013, available at <https://ccf.georgetown.edu/wp-content/uploads/2013/09/GW-Continuity-Report-9-10-13.pdf> (last visited Aug. 31, 2021) states that “[i]f low-income patients are unable to afford to see physicians or fill their prescriptions for even a month or two, they can become sicker and eventually require emergency room or hospital inpatient care.” The George Washington University article further states that “[w]hen people are uninsured, it is harder for them to afford medical care and, thus, their health may be jeopardized.” *Id.* “This also happens when people have even relatively brief gaps in their insurance coverage; they often have to skip or delay getting care or leave prescriptions unfilled because of the costs. Many with brief spells of uninsurance face serious financial consequences because they have to pay – or go into debt – for medical care needed while they are uninsured.” *Id.* Importantly, the George Washington University articles emphasize that “[s]kipped or delayed health care can lead to unnecessary illness or even death.” *Id.*

Insurance gaps caused by lapses in continuous eligibility also affect healthcare providers. *Id.* “Primary care physicians prefer to maintain ongoing, long-term relationships with their patients and know that an ever-changing panel of patients can make their work both harder and less effective.” *Id.* Moreover, Medicaid churning disrupts administrative and financial operations when patients are often unaware of whether their Medicaid eligibility is still valid. *See id.*

Likewise, the other article that DPHHS cites to, Guyer, J., Schwartz, T., *Manatt on Medicaid: New Strategy for Financing 12 Months of Continuous Coverage for Newly Eligible Adults*, available at [https://www.manatt.com/uploadedFiles/Content/4 News and Events/Newsletters/HealthLaw@Manatt/Manatt On Medicaid Contiuous Coverage.pdf](https://www.manatt.com/uploadedFiles/Content/4%20News%20and%20Events/Newsletters/HealthLaw@Manatt/Manatt%20On%20Medicaid%20Contiuous%20Coverage.pdf) (last visited Aug. 31, 2021) provides that “states are likely to see potentially significant administrative savings as fewer people churn in and out of Medicaid eligibility, reducing the need for eligibility workers to take action, for notices to be sent to consumers, and for enrollment data to be exchanged between the state’s eligibility system and its claims system.” And, the Manatt article confirms that continuous eligibility “offers the possibility of greater continuity of coverage for consumers, administrative simplicity for states and enhanced opportunities for issuers and providers to develop and take advantage of stable relationships with enrollees and patients.” *Id.*

Therefore, “[o]ne of the most important ways that Medicaid enrollment can be stabilized is by adopting a policy of *12 month continuous eligibility*, during which a person is given 12 months of insurance coverage, regardless of minor fluctuations in income or other changes and without the need for periodic reports.” Ku, L. and Steinmetz, E., *Bridging the Gap: Continuity and Quality of Coverage in Medicaid*, George Washington University, Sept. 2013, available at <https://ccf.georgetown.edu/wp-content/uploads/2013/09/GW-Continuity-Report-9-10-13.pdf> (last visited Aug. 31, 2021) (emphasis in original). The George Washington University study concludes:

Unnecessary disruptions in Medicaid insurance coverage create challenges for both patients and health care providers. In both states that expand Medicaid eligibility under the ACA and those that do not, Medicaid beneficiaries, particularly non-elderly adults, are at substantial risk of experiencing gaps in coverage due to churning. Churning makes Medicaid less efficient and less effective. Analyses presented in this report demonstrate that increasing the continuity of Medicaid coverage can reduce monthly medical costs and that policies of 12 month continuous eligibility can be effective in improving continuity. *Id.*

Then, the George Washington University study recommends: “Twelve month continuous eligibility should be established as a policy for all Medicaid beneficiaries.” *Id.*

Still, DPHHS tries to justify this amendment by arguing the limited scope and effectiveness of continuous eligibility. DPHHS concludes that studies estimated that continuous eligibility policies increase coverage continuity by 2.6%. However, it is unclear where DPHHS got this number from. The studies that DPHHS cites to: (1) do not primarily focus on Montana; and (2) do not even appear to support DPHHS’ statement – nowhere in the study does it indicate increased coverage continuity of 2.6%. In fact, the opposite appears to be true; the studies that DPHHS relies upon clearly advocate for Medicaid eligibility expansion and continuity. DPHHS needs to take a closer look at the data before making a decision that may have life threatening implications for the people of Montana.

DPHHS also attempts to justify the amendment by pointing to the cost-savings. According to DPHHS, removing 12-month continuous eligibility results in an estimated total state general fund savings for State Fiscal Year (SFY) 2022 of \$941,130 and a savings of \$953,258 for SFY 2023. Further, DPHHS states that while the WASP amendment was not directed by HB 2, DPHHS believes it would cause significant additional administrative burden to continue the 12-month continuous eligibility period in one waiver and not the other.

However, DPHHS is not recognizing that it would cause more administrative burden to explicitly remove funding for continuous coverage but then also reinstate or retain it for the extent of the public health emergency in order to comply with the FFRA. The state may also experience increased administrative burdens on the back end when patients attempt to reapply for Medicaid coverage after their eligibility lapses: “[w]hile Medicaid can offer life-sustaining health insurance coverage to those who could not otherwise afford insurance, the process of applying and renewing Medicaid coverage can be arduous.” Ku, L. and Steinmetz, E., *Bridging the Gap: Continuity and*

Quality of Coverage in Medicaid, George Washington University, Sept. 2013, available at <https://ccf.georgetown.edu/wp-content/uploads/2013/09/GW-Continuity-Report-9-10-13.pdf> (last visited Aug. 31, 2021). Similarly, maintaining continuous eligibility can provide savings for two reasons: “[f]irst, when people are enrolled for longer periods, they may get primary and preventive care to help keep them healthy and reduce the risk of needing more expensive specialty, emergency or inpatient care”; and “[s]econd, people often enroll in Medicaid when they are sick and therefore often have higher initial health care utilization just after enrollment. When they remain enrolled for longer periods, their health needs stabilize and less care is needed later in the year.” *Id.*

Overall, DPHHS’ proposed amendment may result in: (1) an uptick of administrative burdens when patients continuously navigate and reapply for Medicaid coverage after eligibility lapses and churn through the Medicaid system; (2) an increase in costs to the healthcare system when patients cannot access important primary and preventative care; and (3) an exacerbation of underlying health concerns, or potentially loss of life, when patients cannot afford healthcare services amidst a global pandemic. DPHHS’ decision to remove expenditure authority for 12-month continuous eligibility from the WASP 1115 waiver will significantly impact poor, rural, and tribal populations who rely on Medicaid expansion for access to critical healthcare services. The State of Montana should not be seeking to save a buck by cutting crucially important healthcare programs that are often the only access to care for populations who rely upon them.

I hope this information is helpful. Thank you for your service and consideration. We stand ready to be a resource for DPHHS for information or input at any time.

Respectfully,

Andrew Werk, Jr.
President, Fort Belknap Indian Community Council

CC: Fort Belknap Indian Community Council

FORT PECK TRIBES

Assiniboine & Sioux

August 27, 2021

Director's Office

Attn: Mary Eve Kulawik, Medicaid State Plan and Waiver Coordinator

Montana Department of Public Health and Human Services

Box 4210

Helena, MT. 59604-4210

RE: Medicaid Continuous Eligibility – HELP and WASP Waivers

Dear Ms. Kulawik:

I am submitting comments on behalf of the Fort Peck Assiniboine and Sioux Tribes. Thank you for providing this opportunity to comment on Montana's proposed amendment to end continuous eligibility for Medicaid for people who qualify for the Medicaid expansion program through the HELP Waiver and through the Waiver for Additional Services and Populations (WASP) which serves people with a severe disabling mental illness.

Approximately 1500-1600 of the people eligible for Medicaid at Fort Peck qualify through the Medicaid Expansion program. This proposed amendment to end continuous eligibility will be very detrimental to American Indian people. Eliminating continuous eligibility will have the following effects:

- Continuous eligibility has allowed people who qualify for Medicaid to stay eligible for a year. It has successfully reduced cycling on and off the program. This "churn" in eligibility happens from month to month because of fluctuation in pay from overtime or seasonal work or change in household composition. Montana Indian people work in many seasonal industries like construction, agriculture, tourism, and firefighting where employment fluctuates. Many of these seasonal jobs do not provide health insurance.
- George Washington University has estimated that 15.6% (an estimated 249 tribal members on the Fort Peck Reservation) of people currently benefiting from continuous eligibility will lose coverage for about 2 months each annually when it is eliminated.
- People living at Fort Peck often lack transportation, telephone, and internet connections that are needed to either visit the local public assistance office or electronically submit information that will be needed for more frequent eligibility checks. It is likely that tribal members will be disproportionately affected by elimination of continuous eligibility beyond the 15.6% estimate above. We could find no studies that estimate how many additional people this might be.
- Eliminating continuous eligibility will result in gaps in health care and failure to address health problems at the earliest possible time because of sporadic coverage. American Indian people in Montana currently die more than 20 years earlier than white Montanans. Medicaid expansion and continuous eligibility have allowed us as a Tribe to start to address the health disparities which lead to premature death and disability.
- These gaps in care can be costly to the state of Montana. Preventive and routine care provided by tribal health to a Medicaid eligible American Indian is reimbursed at 100% federal match. If that person loses eligibility because of a seasonal job or failure to

comply with eligibility checks and as an example doesn't take their insulin for diabetes, becomes critically ill and needs to be treated at a major regional hospital in Billings, they will likely qualify for Medicaid retroactively once again. The difference is that the subsequent hospitalization is not only more expensive than routine care would be, it also is no longer covered by 100% FMAP, and the state will be responsible to pay for at a minimum 10% of the care at the regional hospital along with associated costs for physicians, ambulances, etc.

- Expansion has provided coverage for people who were otherwise inadequately covered through underfunded IHS and/or contracted tribal health programs. Prior to expansion, IHS often ran out of funding mid-way through the year and people were ineligible for services unless "life or limb" were threatened. Often, preventive care (including routine prenatal care and screening mammograms) and other generally accepted routine medical care (such as specialty consultations) were not provided for much of the year.
- Sporadic coverage often results in sporadic care for chronic illnesses such as diabetes, cancer, cardiovascular, kidney, and/or liver disease that disproportionately affect Indian people. Historically, inadequate and sporadic IHS funding and subsequent fluctuation in health care coverage contributed to the long-standing health disparities on this reservation that will take generations to correct. It is short-sighted for Montana to eliminate Medicaid continuous eligibility for health care services. One only has to look at the history of IHS coverage to see how fluctuating coverage has harmed Indian people.
- Continuous eligibility relieves both the state's administrative burden and the burden on tribal and other health care providers. The administrative cost for the state to re-enroll a person on Medicaid is estimated at \$400 to \$600. This money would be better spent in providing actual health care coverage. There is also an administrative cost to tribal and other health care providers to continuously assess whether a person is eligible for Medicaid coverage and try to plan for and provide on-going care. This is especially detrimental to people who need treatment that continues over many months.
- Continuous eligibility, as part of Medicaid expansion, has allowed us to increase Tribal employment. As a result, we not only see more patients locally, but we also employ more people who in turn are no longer dependent on Medicaid for health coverage. These employees impact the local and state economy by "recirculating" their wages through the purchase of a variety of goods and services outside of health care.
- We are in the midst of the COVID pandemic which has been devastating. While American Indians are approximately 6% of the population in Montana as a whole, according to the Montana Department of Health and Human Services they account for 25% of the cases and 37% of the deaths (as of October 2020). We do not know what the long-term effects are, now is not the time to add the stress of unnecessary Medicaid coverage limitations.

In summary, Montana Medicaid's expansion program is a success. There is no need to change it. We urge the Department of Public Health and Human Services to re-examine your proposal to eliminate continuous eligibility. Please do not submit these waiver amendments to the Centers for Medicare and Medicaid Services at the federal level.

Sincerely,

Floyd Azure
Chairman
Fort Peck Tribes

c: Misty Kuhl, Director, Governor's Office of Indian Affairs
Adam Meier, Director, DPHHS
Lesa Evers, Tribal Relations Manager, DPHHS

August 23, 2021

Adam Meier, Director
Montana Department of Public Health and Human Services
111 North Sanders Street
PO Box 4210
Helena, MT 59604

RE: 2021 Medicaid Expansion (HELP) Waiver Amendment and 2021 Waiver for Additional Services and Populations (WASP) Amendment

Submitted via email to dphhscomments@mt.gov

Dear Director Meier:

District XI Human Resource Council (HRC) appreciates the opportunity to comment on the 2021 Medicaid Expansion (HELP) Waiver Amendment and the 2021 Waiver for Additional Services and Populations (WASP) Amendment. HRC provides a variety of services to lower income persons, therefore we see the benefit that the Medicaid Expansion provides to so many Montanans.

HRC strongly supports the continuous eligibility benefit currently in place with the HELP and WASP Medicaid programs and encourages DPHHS to consider how removing continuous eligibility could negatively impact the individuals we are serving. HRC supports the concerns outlined in the letter submitted by the Montana Primary Care Association on August 20, 2021. These concerns include:

1. Lack of clarity for the exclusions listed on page 6 of the 2021 Medicaid Expansion (HELP) Waiver Amendment;
2. Potential disproportionate impact on individuals in rural Montana, including Montana's Indian Reservations, and the state's essential seasonal workers;
3. Ending Continuous Eligibility for WASP members with SDMI could be catastrophic to those individuals and their families; and
4. The 2021 Waiver for Additional Services and Populations (WASP) Amendment does not conform with the expressed legislative intent in House Bill 2 and therefore DPHHS should not submit this waiver amendment.

HRC urges DPHHS to clarify the concerns we have with the HELP Waiver amendment and consider our request to withdraw consideration of the WASP Waiver amendment. We at HRC know that the implementation of these waiver amendments will introduce uncertainty amongst the persons we serve and likely result in people not accessing critical preventive care.

Thank you for your consideration of these comments.

Sincerely,

Jim Morton, Executive Director

A LEADER IN COMMUNITY ACTION SINCE 1965

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American Cancer Society
Cancer Action Network
1903 Central Avenue
Billings, MT 59102
www.fightcancer.org

August 30, 2021

Department of Public Health and Human Services, Director's Office
c/o Mary Eve Kulawik
111 North Sanders Street
PO Box 4210
Helena MT 59604

Re: Continuous Eligibility

Dear Director Meier,

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the proposed changes to Montana's 1115 waivers. ACS CAN is making cancer a top priority for public officials and candidates at the federal, state, and local levels. ACS CAN empowers advocates across the country to make their voices heard and influence evidence-based public policy change, as well as legislative and regulatory solutions that will reduce the cancer burden. As the American Cancer Society's nonprofit, nonpartisan advocacy affiliate, ACS CAN is critical to the fight for a world without cancer.

ACS CAN opposes the proposed elimination of continuous eligibility for adults enrolled in the Medicaid program. Nearly 7,000 Montanans are expected to be diagnosed with cancer in 2021¹ and there are nearly 60,000 cancer survivors in the state² – many of whom are receiving health care coverage through the Medicaid program.

Montana's expanded eligibility for Medicaid has allowed nearly 100,000 adults across the state to gain health insurance coverage – and with that, access to cancer screenings and prevention, early detection, treatment and care throughout survivorship. The draft waiver application notes 12,071 adults have received a colon cancer screening with 4,466 cases of colon cancer averted, and 14,077 women have received a breast cancer screening. Eliminating continuous eligibility will threaten these significant gains and reduce the number of eligible individuals who have the tools and access needed to prevent or detect cancer early when it is less costly to treat.

We strongly urge the Department of Public Health and Human Services to withdraw this application.

Continuous Eligibility Protects Cancer Patients

ACS CAN wants to ensure that cancer patients and survivors in Montana will have access and coverage under the Medicaid program, and that program requirements do not create barriers to care for low-income cancer patients, survivors, and those who will be diagnosed with cancer.

¹ American Cancer Society. *Cancer Facts & Figures 2021*. Atlanta, GA: American Cancer Society; 2021.

² American Cancer Society. *Cancer Treatment & Survivorship Facts & Figures 2019-2021*. Atlanta, GA: American Cancer Society; 2019.

Eliminating continuous eligibility will create additional barriers and requirements for enrollees, likely reducing the number of Montanans who can access essential health care, including cancer prevention and treatment. Terminating individuals' eligibility could place a substantial financial burden on enrollees and cause significant disruptions in care, particularly for individuals in active cancer treatment.

When individuals lose coverage due to small – often temporary – fluctuations in income low-income cancer patients will likely have no access to health care coverage, making it difficult or impossible to continue treatment. For those cancer patients who are mid-treatment, a loss of health care coverage could seriously jeopardize their chance of survival. Being denied access to one's cancer care team could have a significant impact on an individual's cancer prognosis and the financial toll that the loss of coverage would have on individuals and their families could be devastating.

Conclusion

We appreciate the opportunity to provide comments on the proposed changes. The preservation of eligibility and coverage through the Medicaid program remains critically important for many low-income Montanans who depend on the program for cancer and chronic disease prevention, early detection, diagnostic, and treatment services. We ask the Department to reverse plans to eliminate continuous eligibility.

Maintaining access to quality, affordable, accessible, and comprehensive health care coverage and services is a matter of life and survivorship for thousands of low-income cancer patients and survivors, and we look forward to working with the Division to ensure that all people are positioned to win the fight against cancer. If you have any questions, please feel free to contact me at kristin.page.nei@cancer.org or (406) 360-8752.

Sincerely,

Kristin Page-Nei
Montana Government Relations Director



August 30, 2021

Marie Matthews
Medicaid State Director
Montana Department of Public Health and Human Services
PO Box 4210
Helena, MT 59604

Re: Montana Health and Economic Livelihood Demonstration Program

Dear Director Matthews:

The Leukemia & Lymphoma Society (LLS) appreciates the opportunity to submit comments on the Montana Health and Economic Livelihood (HELP) Demonstration Program.

LLS's mission is to cure leukemia, lymphoma, Hodgkin's disease, and myeloma, and to improve the quality of life of patients and their families. We advance that mission by advocating that blood cancer patients have sustainable access to quality, affordable, coordinated health care, regardless of the source of their coverage. LLS evaluates all health care policy proposals through the lens of our Principles for Meaningful Coverage. These principles give us an objective and constructive means of evaluating health care policies impacting the patients we serve.¹ They inform our concerns about some of the provisions in the Montana Health and Economic Livelihood (HELP) Demonstration Program.

LLS is committed to ensuring that Montana's Medicaid program provides adequate, affordable and accessible healthcare coverage and strongly supports Medicaid expansion in Montana. Over 100,000 low-income adults currently receive healthcare coverage through the state's Medicaid expansion. This means that thousands of enrollees are receiving prevention, early detection and diagnostic services as well as disease management and treatment for their conditions.²

Unfortunately, Montana's application would end continuous eligibility for the expansion population, jeopardizing coverage for patients with blood cancers in Montana. We are deeply concerned that the premiums in Montana's pending application will create financial barriers that could lead patients with cancer to lose their healthcare coverage. LLS therefore offers the following comments on Montana's proposal.

Continuous Eligibility

Montana's application would end its current policy providing 12 months of continuous eligibility to the Medicaid expansion population. The state's own estimates predict that this change would result in 29,000 fewer coverage months under the HELP demonstration, translating into about 3,000 expansion adults losing coverage each year. LLS opposes this change. Continuous eligibility reduces gaps in coverage that prevent patients from accessing the care that they need. Research has shown that individuals with partial coverage during a year have worse access to care than those with coverage for the entire year, including less preventive care and more trips to the emergency department.³ People in the midst of cancer treatment, for example, rely on regular visits with healthcare providers, and many

of those patients must adhere to frequent, if not daily, medication protocols. The loss of coverage or a gap in coverage, is a grave prospect for anyone, in particular a patient living with blood cancer.

Reducing churn helps to reduce the administrative burden on the state as well. In an evaluation of the HELP demonstration, state officials said continuous eligibility had been “cost-neutral if not beneficial” because it allowed state Medicaid staff to do one-time enrollment rather than having beneficiaries churn on and off of coverage.⁴ This reduction in administrative burden will be especially important at the end of the COVID-19 public health emergency, when federal maintenance of effort requirements end and the agency will have a surge in eligibility redeterminations to process.

LLS urges the state to work with the legislature to reverse this policy. Additionally, for the same reasons, we oppose the removal of continuous eligibility for the Waiver for Additional Services and Populations (WASP) demonstration population.

Premiums

Montana’s pending application for the HELP demonstration significantly increases premiums for the Medicaid expansion population. LLS is concerned that this policy would likely both increase the number of enrollees who lose Medicaid coverage and discourage eligible people from enrolling in the program. Research has shown that even relatively low levels of cost-sharing for low-income populations limit the use of necessary healthcare services.⁵ For example, when Oregon implemented a premium in its Medicaid program, with a maximum premium of \$20 per month, almost half of enrollees lost coverage.⁶ Additional research on Michigan’s Medicaid expansion program showed that modest increases in premiums resulted in disenrollment, especially among healthy individuals from the program.⁷ LLS believes that these premiums will create significant financial barriers for patients that jeopardize their access to needed care and therefore opposes this policy.

Conclusion

LLS believes that healthcare coverage should be affordable, accessible and adequate for patients with cancer. Questions or requests for further information on LLS and our position can be addressed to sara.kofman@lls.org 202.431.3767. Thank you for the opportunity to provide comments.

Sincerely,

Sara Kofman
Regional Director, Government Affairs
The Leukemia & Lymphoma Society

¹ The Leukemia & Lymphoma Society. Principles for Meaningful Coverage. Retrieved from: <https://www.lls.org/cancercost/principles>

² Montana Department of Public Health and Human Services, Montana Medicaid Expansion Dashboard, Accessed August 18, 2021. Available at: <https://dphhs.mt.gov/helpplan/medicaidexpansiondashboard>

³ <https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf>.

⁴ <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/summative-eval-rpt-montana-2020.pdf#page=19>

⁵ Samantha Artiga, Petry Ubri, and Julia Zur, “The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings,” Kaiser Family Foundation, June 2017. Available at: <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>.

⁶ Id.

⁷ Cliff, B., et al. Adverse Selection in Medicaid: Evidence from Discontinuous Program Rules. NBER Working Paper No. 28762. National Bureau of Economic Research. May 2021. Accessed at: https://www.nber.org/system/files/working_papers/w28762/w28762.pdf.



Montana Women Vote

725 W. Alder St, Suite 21
Missoula, MT 59802
(406) 317-1505
www.montanawomenvote.org

August 31st, 2021

Department of Public Health and Human Services
Director's Office
c/o Mary Eve Kulawik
111 N. Sanders St.
PO Box 4210
Helena, MT 59604

RE: HELP 1115 Waiver Amendment re. Continuous Eligibility

Dear Director Meier,

Montana Women Vote appreciates the opportunity to comment on the proposed 1115 waiver amendment to the HELP Act and WASP program. We strongly oppose ending continuous eligibility for over 100,000 Montanans who rely on these programs for access to health care.

Montana Women Vote is a statewide organization of low-income women and families. Many of our members have been deeply affected by the COVID-19 pandemic. Job loss, temporary loss of income, loss of childcare or access to in-person school for K-12 students, and a steep increase in housing prices have all contributed to the financial hardship of low-income families. In addition, many low-income Montanans are "essential workers," in service industry jobs that cannot be done remotely, and so have been and continue to be at greater risk of COVID-19. Despite progress in combatting the epidemic, the health and financial impacts of 2020 and 2021 will be felt by low-income Montanans for years to come.

Since its implementation in 2015, the HELP Act has provided access to affordable, quality health coverage to many thousands of Montanans. Continuous eligibility has proven to be a key component of Montana's Medicaid program, providing reliability and uninterrupted coverage to enrollees. This has proved especially important for enrollees with chronic health conditions, and those working seasonal or unpredictably-scheduled jobs.

Ending continuous eligibility would lead to loss of coverage for thousands of Montanans. Interrupted coverage leads to worse health outcomes, higher health care costs, and less frequent use of preventive and primary care over emergency care. Indeed, ending continuous eligibility moves us back toward many of the conditions the state sought to address when it expanded Medicaid in 2015.

We are particularly concerned about the increase in churn – recipients who are disenrolled and re-enrolled, either due to a temporary change in eligibility or due to an error in eligibility determination. In some instances, an enrollee might see a temporary or short-term increase in income due to a seasonal job, changes in scheduling or overtime availability, or family support. Losing health coverage for as little as two months due to short-term income changes wastes time and money for both enrollees and the state.

We also believe that the increase in administrative burden has not been adequately addressed, and could lead to long backlogs of eligibility determinations and barriers to access for Montanans who are in fact eligible for Medicaid. We have already seen increases in need for services from DPHHS due to COVID-19, as well as long-standing negative impacts of budget cuts to local OPA offices in 2017. Further increases in administration due to churn will lead to longer gaps in coverage, higher costs to the state, and more potential for erroneous disenrollments.

Finally, we don't believe that DPHHS has adequately shared what will replace continuous eligibility. Changes in reporting requirements, timelines, and processes for disenrollments can vary widely. Montanans deserve to know and understand the details of revised rules and procedures.

In conclusion, we believe that continuous eligibility has served Montana well for many years, and the state has failed to adequately demonstrate a need or benefit from ending the policy. We strongly oppose ending continuous eligibility and urge the state to withdraw this waiver application.

Sincerely,

SJ Howell
Executive Director,
Montana Women Vote



August 31, 2021

Marie Matthews
Medicaid State Director
Montana Department of Public Health and Human Services
PO Box 4210
Helena, MT 59604

Re: Montana Health and Economic Livelihood (HELP) Demonstration Program

Dear Director Matthews:

The National Multiple Sclerosis Society appreciates the opportunity to submit comments on the Montana Health and Economic Livelihood (HELP) Demonstration Program.

Multiple sclerosis (MS) is an unpredictable, often disabling disease of the central nervous system that disrupts the flow of information within the brain, and between the brain and body. Symptoms range from numbness and tingling to blindness and the progress, severity and specific symptoms of MS in any one person cannot yet be predicted. There are an estimated one million people living with MS in the United States, but advances in research and treatment are leading to better understanding and moving us closer to a world free of MS.

The National MS Society is committed to ensuring that Montana's Medicaid program provides adequate, affordable and accessible healthcare coverage and strongly supports Medicaid expansion in Montana. Over 100,000 low-income adults currently receive healthcare coverage through the state's Medicaid expansion. This means that thousands of enrollees are receiving prevention, early detection and diagnostic services as well as disease management and treatment for their conditions.¹ Access to affordable, high quality health care is essential for people with MS to live their best lives, and health insurance coverage is essential for people to be able to get the care and treatments they need. Medicaid expansion is clearly beneficial for patients living with MS.

Unfortunately, Montana's application would end continuous eligibility for the expansion population, jeopardizing coverage for patients with MS in Montana. Additionally, we are deeply concerned that the premiums in Montana's pending application will create financial barriers that could lead patients with MS to lose their healthcare coverage. The National MS Society therefore offers the following comments on Montana's proposal.

Continuous Eligibility

Montana's application would end its current policy providing 12 months of continuous eligibility to the Medicaid expansion population. The state's own estimates predict that this change would result in



29,000 fewer coverage months under the HELP demonstration, translating into about 3,000 expansion adults losing coverage each year. The National MS Society opposes this change. Continuous eligibility reduces gaps in coverage that prevent patients from accessing the care that they need. Research has shown that individuals with partial coverage during a year have worse access to care than those with coverage for the entire year, including less preventive care and more trips to the emergency department.² People who receive treatment for a complex disease like MS, who rely on regular visits with healthcare providers or must take daily medications to manage their chronic conditions, cannot afford a sudden gap in their care. Battling paperwork requirements in an attempt to keep coverage should not take away from enrollees' or caregivers' focus on maintaining their or their family's health. In addition, for people with MS, this can cause disruptions in access to MS treatments and therapy that can trigger irreversible damage. Many Medicaid enrollees simply have nowhere else to turn for coverage if they lose access and as a result, become uninsured. Their medical needs, however, do not disappear.

Reducing churn helps to reduce the administrative burden on the state as well. In an evaluation of the HELP demonstration, state officials said continuous eligibility had been "cost-neutral if not beneficial" because it allowed state Medicaid staff to do one-time enrollment rather than having beneficiaries churn on and off of coverage.³ This reduction in administrative burden will be especially important at the end of the COVID-19 public health emergency, when federal maintenance of effort requirements end and the agency will have a surge in eligibility redeterminations to process.

The National MS Society urges the state to work with the legislature to reverse this policy. Additionally, for the same reasons, we oppose the removal of continuous eligibility for the Waiver for Additional Services and Populations (WASP) demonstration population.

Premiums

Montana's pending application for the HELP demonstration significantly increases premiums for the Medicaid expansion population. This policy would likely both increase the number of enrollees who lose Medicaid coverage and discourage eligible people from enrolling in the program. Research has shown that even relatively low levels of cost-sharing for low-income populations limit the use of necessary healthcare services.⁴ For example, when Oregon implemented a premium in its Medicaid program, with a maximum premium of \$20 per month, almost half of enrollees lost coverage.⁵ Additional research on Michigan's Medicaid expansion program showed that modest increases in premiums resulted in disenrollment, especially among healthy individuals from the program.⁶

Even small premium amounts may be substantial for a low-income person or family, potentially making coverage unaffordable for those who need it most. The National MS Society believes that these premiums create significant financial barriers for patients that jeopardize their access to needed care.

Conclusion

The National MS Society believes that healthcare coverage should be affordable, accessible and adequate for patients with MS. Thank you for the opportunity to provide comments.

Sincerely,



Laurie Johnson
President, Greater Northwest Chapter
National MS Society
nationalMSSociety.org

¹ Montana Department of Public Health and Human Services, Montana Medicaid Expansion Dashboard, Accessed August 18, 2021. Available at: <https://dphhs.mt.gov/helpplan/medicaidexpansiondashboard>

² <https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf>.

³ <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/summative-eval-rpt-montana-2020.pdf#page=19>

⁴ Samantha Artiga, Petry Ubri, and Julia Zur, "The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings," Kaiser Family Foundation, June 2017. Available at: <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>.

⁵ Id.

⁶ Cliff, B., et al. Adverse Selection in Medicaid: Evidence from Discontinuous Program Rules. NBER Working Paper No. 28762. National Bureau of Economic Research. May 2021. Accessed at: https://www.nber.org/system/files/working_papers/w28762/w28762.pdf.



NORTHERN CHEYENNE TRIBE

ADMINISTRATION

P.O. Box 128
LAME DEER, MONTANA 59043
(406) 477-6284
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Montana Department of Public Health & Human Services
Medicaid HELP Amendment or
Medicaid WASP Amendment
Director's Office
PO Box 4210
Helena, MT 59604-4210

By E-Mail to dphhscomments@mt.gov

August 30, 2021

Re: Medicaid HELP and WASP Amendments

Montana Department of Public Health and Human Services:

This letter will serve to provide the Northern Cheyenne Tribe's comments on the State of Montana's plans to eliminate the above-referenced "HELP" and "WASP" amendments. For the following reasons, the Tribe strenuously opposes both amendments.

Background

The Northern Cheyenne Tribe strongly supported Medicaid expansion in 2015 and continuation of Medicaid expansion in 2019. Available data shows that Medicaid expansion has benefitted 57% of private Montana businesses, and that 84% of private sector employees have had at least one employee enrolled in Montana Medicaid in 2017. For the Northern Cheyenne Tribe, Montana Medicaid expansion has made direly needed additional health care resources available to tribal members. Without Montana Medicaid, the health care resources available to tribal members are limited to the services available through Tribal Health programs and the federal Indian Health Service Lame Deer Service Unit, both of which are severely underfunded. When the Tribe and IHS bill for Medicaid reimbursement, it is important to note that the State of Montana receives 100% federal pass through, so there is no increased cost to the State for Medicaid expansion for our tribal members. The United States has a longstanding commitment

LITTLE WOLF AND MORNING STAR - Out of defeat and exile they led us back to Montana and won our Cheyenne homeland that we will keep forever.

to provide health care to Indian tribes and tribal members. This commitment is in exchange for Indian tribes ceding large tracts of land to the United States, and Indian tribes' long recognized inherent sovereignty and political status.

Section 1115 Waivers and the HELP and WASP Waivers

The purpose of Section 1115 waivers is to give states flexibility to design their programs to expand eligibility to vulnerable individuals who are not otherwise eligible for Medicaid; to provide services that are not typically covered by Medicaid; and to allow for innovative service delivery programs to improve care and reduce costs.

Montana's Section 1115 waiver for its Health and Economic Livelihood Program or "HELP" was approved by the Centers for Medicare Services ("CMS") for a one-year period which is set to expire December 31, 2021. The Section 1115 Waiver for Additional Services and Populations or "WASP" provides for 12-month continuous eligibility for non-expansion individuals with eligibility based on MAGI, as well as for Waiver Mental Health Service Plan individuals. The State of Montana is planning to submit a proposed amendment to remove the 12-month continuous eligibility provision for both the WASP and HELP 115 waivers. We understand that while the proposed elimination of the 12-month continuous eligibility to the HELP waiver was brought about by a budget passed during the 2021 Legislative Session, there is no similar legislative act that affects the WASP waiver. It is proposed simply for "administrative convenience". The State's plan to propose to eliminate the HELP and WASP programs will in no way meet the intent and purpose to Section 115 to "expand eligibility to vulnerable individuals".

The Tribe's Need for the HELP and WASP Programs

Within the borders of the State of Montana, unemployment among Native Americans well exceeds that of other Montana residents. While recent and current unemployment rates in Montana are reported between 3.9 – 6%, unemployment on the Northern Cheyenne Reservation was reported at 28% in 2018. In the winter months, unemployment runs as high as 78%. Similarly, while poverty is reported at 15% in Montana generally, it is reported at 42% on the Northern Cheyenne reservation. Northern Cheyenne life expectancy can be 20 years shorter than non-Indian Montana residents, according to a recent community health assessment completed by the Tribe's Health Department in May, 2018. With respect to chronic disease incidence and prevalence, our recent community health assessment found that Northern Cheyenne tribal members experience significantly higher rates of chronic disease and overall decreased health status from that of their non-Indian Montana peers. Against this background, it is unconscionable to propose amendments to the HELP and WASP programs which the State reports have "remained a positive source of Medicaid coverage" since the programs' inception.

At this time, COVID-19 is again surging on the Northern Cheyenne Reservation. During 2020, we experienced wide-spread COVID-19 infections across the reservation and we lost 56 individuals

to this virus. During the pandemic, both our Tribal Health Department and the federal Indian Health Service were under tremendous pressure to meet the needs of our people. The WASP and HELP programs were of great assistance to us during that time as our Medical Resources staff was severely strained to keep up with ongoing Medicaid enrollment, and our people were under stay at home orders, making it very difficult for them to receive assistance in maintaining Medicaid eligibility. We are currently experiencing an increase in COVID-19 infections, as are other communities within the borders of the State of Montana. We need to direct our already stretched resources to containing the virus and preventing the spread of COVID-19 on the reservation. The WASP and HELP programs ensure Medicaid resources remain available to our people at this time of upsurge in infections. This is not the time to propose to eliminate the WASP and HELP programs.

For these reasons, we oppose amendments to the HELP and WASP programs. Please contact Fonda Red Fox, at (406) 477-6722 if you have any questions.

Sincerely,

Serena Wetherelt, Acting President

Copies:

Honorable Governor Greg Gianforte
Northern Cheyenne Tribal Council
NCT Board of Health Commissioners
Fonda Red Fox, Tribal Health Administrator



August 26, 2021

Marie Matthews
Medicaid State Director
Montana Department of Public Health and Human Services
PO Box 4210
Helena, MT 59604

Re: Montana Health and Economic Livelihood (HELP) Demonstration Program

Dear Director Matthews:

The Epilepsy Foundation and our local chapter, Epilepsy Foundation Montana, appreciate the opportunity to submit comments on the Montana Health and Economic Livelihood (HELP) Demonstration Program.

The Epilepsy Foundation is the leading national voluntary health organization that speaks on behalf of the at least 3.4 million Americans with epilepsy and seizures. We foster the wellbeing of children and adults affected by seizures through research programs, educational activities, advocacy, and direct services. Epilepsy is a medical condition that produces seizures affecting a variety of mental and physical functions. Approximately 1 in 26 Americans will develop epilepsy at some point in their lifetime. There is not “one size fits all” treatment option for epilepsy, and about a third of people living with epilepsy suffer from uncontrolled or intractable seizures. Uncontrolled seizures can lead to disability, injury, and even death. Around one third of people living with epilepsy rely on Medicaid for their primary or supplemental insurance.

Over 100,000 low-income adults currently receive healthcare coverage through the Montana’s Medicaid expansion. This means that thousands of enrollees are receiving prevention, early detection and diagnostic services as well as disease management and treatment for their conditions.¹ For example, over 52,000 adults have received outpatient mental health services.² Mental health conditions are common among people with epilepsy, and frequently under-treated.³ Nationally, about a third of people with epilepsy are on Medicaid, and Medicaid recipients have a higher prevalence of epilepsy, especially among those aged 20–64 years.⁴ Medicaid expansion is clearly beneficial for people with epilepsy.

Unfortunately, Montana’s application would end continuous eligibility for the expansion population, jeopardizing coverage for people with epilepsy in Montana. Additionally, we are concerned that the premiums in Montana’s pending application will create financial barriers that could lead people with epilepsy to lose their healthcare coverage.

Continuous Eligibility

Montana’s application would end its current policy providing 12 months of continuous eligibility to the Medicaid expansion population. The state’s own estimates predict that this change would result in 29,000 fewer coverage months under the HELP demonstration, translating into about 3,000 expansion adults losing coverage each year.

Continuous eligibility reduces gaps in coverage that prevent people with chronic conditions like epilepsy from accessing the care that they need. Research has shown that individuals with partial coverage during a year have worse access to care than those with coverage for the entire year, including less preventive care and more trips to the emergency department.⁵ For epilepsy, gaps in coverage can lead to missed prescription doses, leading to uncontrolled seizures and hospital visits, job loss, loss of driver's license, and even death from status epilepticus.

Reducing churn helps to reduce the administrative burden on the state as well. In an evaluation of the HELP demonstration, state officials said continuous eligibility had been "cost-neutral if not beneficial" because it allowed state Medicaid staff to do one-time enrollment rather than having beneficiaries churn on and off of coverage.⁶ This reduction in administrative burden will be especially important at the end of the COVID-19 public health emergency, when federal maintenance of effort requirements end and the agency will have a surge in eligibility redeterminations to process.

We urge the state to work with the legislature to reverse this policy. Additionally, for the same reasons, we oppose the removal of continuous eligibility for the Waiver for Additional Services and Populations (WASP) demonstration population.

Premiums

Montana's pending application for the HELP demonstration significantly increases premiums for the Medicaid expansion population. This policy would likely both increase the number of enrollees who lose Medicaid coverage and discourage eligible people from enrolling in the program. Research has shown that even relatively low levels of cost-sharing for low-income populations limit the use of necessary healthcare services.⁷ For example, when Oregon implemented a premium in its Medicaid program, with a maximum premium of \$20 per month, almost half of enrollees lost coverage.⁸ Additional research on Michigan's Medicaid expansion program showed that modest increases in premiums resulted in disenrollment, especially among healthy individuals from the program.⁹

Many people with epilepsy in Montana would struggle to afford these premiums. According to the CDC, 2% of children with epilepsy live in homes at or close to the poverty level and 32% of adults with epilepsy are unable to work,¹⁰ and 53% of adults with uncontrolled seizures live in households earning less than \$25,000 a year.¹¹ We are concerned that these premiums will create significant financial barriers for patients that jeopardize their access to needed care.

Conclusion

Thank you for the opportunity to provide comments. For more information contact Laura Weidner, Vice President of Government Relations & Advocacy at lweidner@efa.org.

Sincerely,

Laura Thrall
President & CEO
Epilepsy Foundation

Kevin Koppes
Executive Director, Community Engagement & Partnerships
Epilepsy Foundation Montana

¹ Montana Department of Public Health and Human Services, Montana Medicaid Expansion Dashboard, Accessed August 18, 2021. Available at: <https://dphhs.mt.gov/helpplan/medicaidexpansiondashboard>

² Id.

³ <https://www.epilepsy.com/learn/challenges-epilepsy/moods-and-behavior>

⁴ <https://www.cdc.gov/mmwr/volumes/66/wr/mm6631a1.htm>

⁵ <https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf>.

⁶ <https://www.medicare.gov/medicaid/section-1115-demonstrations/downloads/summative-eval-rpt-montana-2020.pdf#page=19>

⁷ Samantha Artiga, Petry Ubri, and Julia Zur, “The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings,” Kaiser Family Foundation, June 2017. Available at:

<https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>.

⁸ Id.

⁹ Cliff, B., et al. Adverse Selection in Medicaid: Evidence from Discontinuous Program Rules. NBER Working Paper No. 28762. National Bureau of Economic Research. May 2021. Accessed at:

https://www.nber.org/system/files/working_papers/w28762/w28762.pdf.

¹⁰ <https://www.cdc.gov/epilepsy/communications/infographics/cdc-epilepsy-text.htm>

¹¹ <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/epilepsy.htm>

COMMENTS ON HELP & WASP WAIVER APPLICATIONS

Pursuant to Montana Code Annotated, the undersigned members of the HHS Interim committee hereby submit the following comments to DPHHS' 1115 HELP and WASP waiver applications. **We respectfully request that, should the application be submitted to the federal government, that these comments be attached.**

Rep. Ed Stafman (Chair)

Rep. Mary Caferro

Rep. Danny Tannenbaum

Sen. Jennifer Gross

Sen. Mary McNally

Introduction

There are a multitude of reasons to abandon and/or amend the waiver application, including:

- 1) The Department has failed to demonstrate that the waiver request advances any goal or objective of the Medicaid program, as is required of a waiver application;
- 2) The application has material inaccuracies as to its claim that the legislature has required the Department to take this action;
- 3) There was no legislative intent to support the WASP waiver application;
- 4) The request violates federal law by reducing Medicaid eligibility while accepting FMAP funds;
- 5) The application advocates for a policy which, if implemented, would harm Montanans in a variety of ways;
- 6) The application is based on erroneous interpretation of the data, citing one number from a study and failing to include the rest of the study, or the two subsequent studies which negate the Department's arguments.

Each of these issues is discussed separately below.

I.THE DEPARTMENT HAS FAILED TO DEMONSTRATE THAT THE WAIVER REQUEST ADVANCES ANY GOAL OR OBJECTIVE OF MEDICAID AS IS REQUIRED FOR A WAIVER APPLICATION

1.The Department presented its waiver request to the Interim HHS Committee on August 10, 2021. The committee also took public comment on the waiver request at that time, as required by Montana law.

2. The Department acknowledged that a waiver application must demonstrate that it advances a goal or objective of the Medicaid program. The Department was unable to identify a goal or objective of the Medicaid program that was advanced by this waiver request. Nor could the Department articulate how the waiver would demonstrate anything. In fact, as will be discussed later, the application defeats or diminishes many of the goals of the Medicaid program (See Issue V below).

3. We note that of the persons who offered public comment, not a one supported this waiver application, while all strongly opposed it. That was consistent with the public comment on the various bills rejected by the legislature on the same subject.

.II. THE WAIVER APPLICATION CONTAINS MATERIAL INACCURACIES AS TO ITS HISTORY – THE LEGISLATURE DID NOT DIRECT DPHHS TO TAKE THIS ACTION

1. The history of this concept within the 2021 legislative session consists of three bills --- SB 100, HB 676, and HB 686, **each of which considered and rejected the termination of continuing eligibility**. It is a basic principle of statutory construction that a legislature's rejection of a bill establishes legislative intent.

2. In the waning days of the session, the legislature included a Note to HB2 stating "an intent" to abolish continuous eligibility. Given these inconsistent actions, legislative intent is, at best, ambiguous, and depends upon the legal effect of a "note" to an appropriations bill.

3. Case law and the "HB2 Legal Issue Checklist" prepared by Legislative Services' legal office (attached) establishes that in creating a note to HB2, **"no substantive law allowed!" (emphasis supplied)** (copy attached). In other words, such a note is, at best, aspirational, and has no legal effect outside of HB2. It does not even amount to a condition or limitation, but is merely an aspirational note. Thus, that language neither required nor directed any follow-up action by the Department.

4. Because no statute or substantive law [as opposed to the ambiguous aspirational language in HB2] *required or directed* that DPHHS abolish continuing eligibility the following language in the proposed waiver application is incorrect:

a. Page 1: "During the state's 2021 Legislative session, Montana's legislators passed a budget that **explicitly** removed funding for 12 month continuous eligibility coverage. . . [The legislature] **directed** DPHHS to terminate the policy."

The only way for the legislature to have "directed" this is by statute, but no statute did so. The companion bill, HB 686, which would have required this result, failed to pass. Indeed, each of three bills which would have directed the Department to terminate the policy all failed. For the reasons explained above, the ambiguous intent language, which is not substantive law, did not "direct" anything and there was no "explicit directive" to do anything. This language in the application is therefore inaccurate.

b. Page 3: "As directed by statute, DPHHS is seeking the removal of this expenditure authority from its 1115 HELP waiver."

See the preceding paragraph. This language is therefore inaccurate.

5. Thus, for each of the above reasons, the application's language that states that the result sought was mandated, required, or directed, explicitly or otherwise, is incorrect. At the very least, the waiver application should set out the full facts, which includes the three explicit legislative considerations and rejections of the proposed policy.

III. THERE WAS NO LEGISLATIVE INTENT TO SUPPORT THE WASP WAIVER APPLICATION

1. At no point during the session or in the budget bill was there any legislative intent expressed to eliminate continuous eligibility for the programs covered by the WASP waiver. The Note to HB2 does not refer to the WASP programs.

2. On page 7 of the waiver application, it claims that DPHHS was "directed by statute" to eliminate continuous eligibility for the WASP waiver. This is incorrect.

IV. THE WAIVER APPLICATION VIOLATES FEDERAL LAW

1. Montana may lose the enhanced FMAP we have been receiving if we make any changes to their Medicaid programs that would cause people to lose eligibility during the COVID public health emergency. The application says that the changes would be effective July 1, 2021 (and presumably retroactive to then), but the public health emergency is scheduled to end no earlier than December 31, and given current circumstances, could easily be extended. If approved, the application would cause Montana to lose full FMAP during at least for that period.

V. THE WAIVER APPLICATION ADVOCATES FOR A POLICY WHICH HARMS MONTANANS

1. Continuous eligibility allows Montanans living on low incomes to keep their health care access, even with income fluctuations.

- Continuous eligibility provides Montanans with continuity of care.
- Adults who have gaps in health care coverage are less likely to have a regular doctor and less likely to receive preventive care, research shows.
- A study in Arkansas, Kentucky, and Texas showed that nearly half of adults who had health care coverage gaps reported skipping doses of prescription medicine or stopped taking it all together.

2. Continuous eligibility supports workers.

- Nearly 75 percent of Montana's Medicaid recipients are working, often at jobs that are seasonal or have frequently changing schedules.
- Continuous eligibility allows workers to take more work when its available, without fear of losing their health insurance.
- Many of Montana workers are seasonal, working in industries such as agriculture and tourism. Workers should not be penalized for taking jobs in Montana's vital industries.

3. Continuous eligibility is good for businesses.

- 60 percent of Montana businesses employ at least one worker who receive insurance through Medicaid expansion. 25 percent of businesses have at least 25 percent of their employees enrolled.
- Kicking people off Medicaid if their income rises slightly could discourage workers from seeking more work.
- In a tight job market, penalizing workers for earning more can make it harder for businesses to hire new employees.

4. Continuous eligibility relieves some of the state's administrative burden

- If Medicaid recipients were forced to re-apply for their benefits more frequently, the state would likely face more recipients cycling on and off the program, an effect known as churn.
- Churn wastes time and money for both the state and for beneficiaries.
- Churn is expensive for the state. Administrative costs of churn can be between \$400 and \$600 for each time a person needs to re-enroll.
- After gaps in care, health expenses may be greater for re-enrollees as well. One study found that recipients with 12 months of coverage had \$371 in average monthly costs, compared to \$799 a month for those with only three months of coverage.
- The average Medicaid expansion recipient in Montana stays on the program for less than two years, and 30 percent stay on the program for less than one year. Because most people are only on the program for a short period, more frequent wage checks would only create unnecessary paperwork and strain for both individuals and the state.

5. Montana's Medicaid expansion program is a success – there is no need to change the program now.

- Montana has long had continuous eligibility for Healthy Montana Kids, and has had continuous eligibility for the Medicaid expansion population since the program's inception.
- During times of crisis, Montanans need stability. In recent months, thousands of Montanans living on low incomes have turned to Medicaid expansion to give them continuous health care coverage during a volatile time.

VI. The Waiver Application Is Based on an Erroneous Interpretation of the Data

1. The 2013 Ku study. The waiver application relies heavily upon one number cherry picked from a 2013 study by Dr. Ku. The application takes that data out of context and ignores later studies which add additional information. Specifically:

- a. Relying on the 2013 Ku study, the waiver application suggests that continuous eligibility policies increase coverage by about 2.6%, implying that the elimination of

continuous eligibility would have only a relatively small impact (2.6%). However, the study cited explicitly explained that, without continuous eligibility, **“an average person enrolled in Medicaid was covered for about four-fifths of the year and lacked Medicaid for the remaining fifth.” p.8.** That represents an average nearly 20% decline in persons fully covered.

b. The waiver application fails to include the significant other important conclusions from the very study it cites, which would lead to the opposite conclusions from the one drawn by the waiver application. These conclusions demonstrate that abolishing continuous eligibility would harm Montana and Montanans. Specifically, the 2013 study cited includes the following findings, quoted verbatim:

Page 2: "If low-income patients are unable to afford to see physicians or fill their prescriptions for even a month or two, they can become sicker and eventually require emergency room or hospital inpatient care. Doctors and hospitals are frustrated and may lose money if they are not paid because a patient's Medicaid eligibility has lapsed for a brief period. There are cost-effective ways to provide more security to Medicaid beneficiaries and providers and to improve the effectiveness of the care they receive. New analyses of data from the Medical Expenditure Panel Survey demonstrate that when beneficiaries are enrolled in Medicaid for longer periods, the average monthly cost for their care declines. For example, the average monthly Medicaid cost for the care of an adult falls by 22 percent when the length of enrollment rises from six months of the year to 12 months . . . The Centers for Medicare and Medicaid Services (CMS) has endorsed the use of 12 month continuous eligibility for adults using Section 1115 waivers."

Page 3-5: "Continuity of Health Insurance Coverage Matters While Medicaid can offer life-sustaining health insurance coverage to those who could not otherwise afford insurance, the process of applying and renewing Medicaid coverage can be arduous. ..

"Enrolling in Medicaid often requires completing a complex application and then waiting up to 45 days while the Medicaid agency verifies eligibility. States may offer Medicaid certification periods of varying length, up to 12 months. After that, beneficiaries must reapply (or renew their coverage); their eligibility must be reevaluated at least annually and the renewal process is often burdensome too. Those who fail to reapply in time are dropped from coverage. They may reapply later, but it takes time to process the re-application. . .

"When people are uninsured, it is harder for them to afford medical care and, thus, their health may be jeopardized. This also happens when people have even relatively brief gaps in their insurance coverage; they often have to skip or delay getting care or leave prescriptions unfilled because of the costs. Many with brief spells of uninsurance face serious financial consequences because they have to pay – or go into debt – for medical care needed while they are uninsured. They may be pursued by debt collection firms, deplete their savings, or be forced to borrow money from friends or family to pay their medical expenses.

"Skipped or delayed health care can lead to unnecessary illness or even death, as well as leading to inefficient and expensive use of emergency room or hospital care for preventable medical conditions like asthma or diabetes. A national study found that when Medicaid patients churn into or out of Medicaid, they use emergency departments and are admitted to hospitals more often, perhaps in part because they are less able to afford their medications. These findings were corroborated by another study that found that those with greater churning in insurance coverage use emergency departments more than those with stable coverage. Another recent study found that when parents have insurance coverage gaps their children are also more likely to suffer disruptions, suggesting that improving Medicaid continuity for parents can help their children.

"Retention of health insurance coverage also helps build ongoing and continuous relationships between patients and their doctors, facilitating primary and preventive health care on a timely basis. An ongoing relationship between a patient and primary care provider is a fundamental characteristic of "patient-centered medical homes," which are being increasingly emphasized across the nation. Those with gaps in insurance are less likely to have a usual source of health care. Continuity of care can improve quality because a regular ongoing physician is more aware of the patient's health history and the patient and caregiver can develop a more trusting relationship.

"Health care providers are also affected by insurance gaps. Primary care physicians prefer to maintain ongoing, long-term relationships with their patients and know that an ever-changing panel of patients can make their work both harder and less effective. Moreover, Medicaid churning disrupts administrative and financial operations. Patients are often unaware of whether their Medicaid eligibility is still valid. The systems used to check on eligibility can be cumbersome and time-consuming. If a patient shows up at a medical appointment and it turns out that his or her Medicaid eligibility has lapsed, the physician (or clinic or hospital) faces a difficult choice of whether to care for the patient -- and risk not getting paid -- or refuse to serve the patient. Neither is a good choice. Assuring greater continuity of Medicaid coverage can reduce provider frustration and administrative red tape. Ultimately, administrative barriers like these reduce providers' willingness to serve Medicaid patients.

"While research demonstrates that Medicaid is effective in improving access to health care and reducing mortality, studies also reveal that gaps in Medicaid coverage may lead to serious health problems, while continuous Medicaid coverage can improve outcomes.

*A number of chronic health diseases, like diabetes, asthma, or chronic obstructive pulmonary disease, can be effectively treated with primary medical care, including regular use of medications for diabetes or hypertension or steroid inhalers for asthma. These "ambulatory-sensitive" conditions can be controlled through appropriate ambulatory (i.e., office-based) care. When these diseases are not well-controlled, they can lead to expensive emergency room visits or even hospitalizations. Research by Andrew Bindman and his colleagues has shown that, for both adults and children, interruptions in Medicaid coverage can lead to significant increases in hospitalizations for ambulatory sensitive conditions. For

adults, interruptions in Medicaid coverage led to a four-fold increase in such hospitalizations, compared to those with continuous Medicaid coverage.

* Continuous Medicaid coverage can contribute to improved cancer detection and outcomes. Women with continuous Medicaid enrollment were more likely to be screened for breast cancer. Breast and cervical cancer patients enrolled in Medicaid for longer periods of time had less severe cancers than those enrolled for shorter periods. A similar study found that cancer patients enrolled in Medicaid before their cancer diagnoses lived longer than those who enrolled only after diagnosis.

* People with diabetes whose Medicaid coverage has been interrupted have higher medical care costs than people with diabetes with continuous coverage, particularly because those with interrupted coverage are more likely to use the emergency room or be hospitalized.

* Interruptions in Medicaid coverage are associated with greater use of expensive, inpatient psychiatric services and higher psychiatric care costs. Those with continuous coverage were less likely to be hospitalized in an inpatient psychiatric facility, were more likely to have shorter stays when they were hospitalized, and had lower overall psychiatric care costs. Further, complicated Medicaid renewal and monthly reporting requirements pose additional problems for persons with mental illness.

* Gaps in coverage can even affect care received at safety net providers, like community health centers that care for both Medicaid and uninsured patients. Diabetes patients with interrupted insurance coverage were less likely to have key preventive and primary care services, such as testing of blood sugar or cholesterol levels."

Page 5-6: " Continuity Reduces Monthly Medicaid Costs. A key policy barrier to extending Medicaid continuity of coverage is the inevitable concern about costs. It is intuitive to believe that if a person is enrolled for 12 months instead of six, then the annual costs of medical care must be twice as large. Thus, efforts to extend continuity could be very costly. But this is not true. . . The savings occur for two reasons. First, when people are enrolled for longer periods, they may get primary and preventive care to help keep them healthy and reduce the risk of needing more expensive specialty, emergency or inpatient care. Second, people often enroll in Medicaid when they are sick and therefore often have higher initial health care utilization just after enrollment. When they remain enrolled for longer periods, their health needs stabilize and less care is needed later in the year. The results presented here are consistent with earlier analyses, which also found that monthly Medicaid costs fell with longer enrollment. The key differences between this analysis and the earlier ones are that the current analysis uses more recent data and more sophisticated analytical methods.

Page 14: "Conclusions and Recommendations. Unnecessary disruptions in Medicaid insurance coverage create challenges for both patients and health care providers. In both states that expand Medicaid eligibility under the ACA and those that do not, Medicaid beneficiaries, particularly non-elderly adults, are at substantial

risk of experiencing gaps in coverage due to churning. Churning makes Medicaid less efficient and less effective. Analyses presented in this report demonstrate that increasing the continuity of Medicaid coverage can reduce monthly medical costs and that policies of 12 month continuous eligibility can be effective in improving continuity.

"In light of the evidence, the Association for Community Affiliated Plans (ACAP) has made recommendations to improve the continuity, effectiveness, efficiency and quality of care for the tens of millions of people helped by Medicaid. The key recommendations are:

* Twelve month continuous eligibility should be established as a policy for all Medicaid beneficiaries. . ."

c. While the waiver application cites the 2013 Ku study, it fails to include two 2020 studies by the same author: *Ku and Brantley*, "Continuous Medicaid Eligibility for Children and Their Health," Milken Institute School of Public Health, May 2020, <https://www.communityplans.net/wp-content/uploads/2020/06/GW-continuous-eligibility-paper.pdf>, and *Ku & Brantley*, Analysis of Montana SB 100 and Policies to Limit Medicaid 12-Month Continuous Eligibility, April 7, 2021, <https://docplayer.net/206599089-Analysis-of-montana-sb-100-and-policies-to-limit-medicaid-12-month-continuous-eligibility.html>, or other more current studies, such as the 2020 study by the Center on Budget and Policy Priorities: <https://www.cbpp.org/research/health/continuous-coverage-protections-in-families-first-act-prevent-coverage-gaps-by>

1. The May 2020 Ku study is rich with data and analysis. It demonstrates that abolishing continuous eligibility would harm Montana and Montanans. The summary is as follows, quoted verbatim:

"Almost half the states offer 12-month continuous eligibility to children in their Medicaid programs to help children in low-income families retain insurance coverage and access to medical care throughout the year. This study analyzes the association of this policy for children in low income families with a variety of health outcomes, including insurance gaps, access to preventive, general and specialty care, and health status. Using data pooled from the 2016 to 2018 National Surveys of Children's Health (n = 17,610), we examine outcomes for children under the age of 18 whose family incomes are below 138 percent of poverty. Virtually all of these children are eligible for Medicaid coverage across the nation. We compared outcomes for children living in 24 states with 12-month continuous eligibility policies to those living in 26 states (and the District of Columbia) without the policy.

"Our multivariate analyses examined the effect of continuous eligibility on the outcomes after controlling for other relevant factors such as age, race/ethnicity, being foreign-born, having special health needs, and other Medicaid policies, such as income eligibility levels for parents and children. Continuous Medicaid eligibility is associated with:

- Raising the number of children who saw a specialist in the past year by 1.5 percentage points, which is equivalent to a one-eighth increase in access to specialists,
- Reducing unmet needs for specialty care by 6.0 percent, lowering the level of unmet needs by about one-third,
- Increasing the use of preventive care visits in the past year by 2.7 percentage points (marginally significant), equivalent to reducing the number without a preventive visit by about one-tenth,
- Reducing gaps in insurance coverage by 2.4 percentage points, equivalent to reducing the number with a gap by almost one-fifth, and
- Lowering gaps caused by application problems by 1 percentage point, almost halving the number with gaps due to application problems.

"Further analyses were conducted for the subset of children with special health care needs, those whose parents reported they had chronic health problems. For these vulnerable children, continuous eligibility was associated with statistically significant increases in the number of children able to obtain general medical care, preventive care and specialty care.

"We also found that broader Medicaid eligibility for parents and for children were often associated with positive outcomes for the children. Higher Medicaid eligibility levels for both parents and children may facilitate greater enrollment in Medicaid and reduce the risk of coverage loss. The analyses identified special challenges for immigrant (foreign-born) children, who had less insurance coverage and less medical care. This may be due to eligibility policies that bar many immigrant children from Medicaid coverage, such as recent public charge regulations by the Department of Homeland Security.

"The Families First Coronavirus Response Act called on states to provide continuous coverage to Medicaid enrollees during the period of the public health emergency. But even after the public health emergency ends, the nation will experience higher unemployment, greater poverty and economic volatility. Policies like 12-month continuous Medicaid eligibility and expanded eligibility could lower insurance gaps and assure better access to care for a longer period.

The May 2020 study, cited above, includes citations to many other recent studies, and forcefully makes the following points, none of which are appropriately addressed in the waiver application (I am including just the subtitles without the analysis):

1. The Families First Coronavirus Response Act, enacted in March, temporarily increased the federal government's share of Medicaid costs (known as the federal medical assistance percentage, or FMAP) to help states deal with the increased enrollment as well as their large budget shortfalls due to the public health and economic crises. As in prior recessions, states are prohibited from cutting Medicaid eligibility while receiving the additional federal funds. In addition, because the public health crisis makes it especially important that people have health coverage, Families First includes a "continuous coverage" provision preventing states that receive the FMAP increase from terminating people's coverage during the public health emergency.
2. Evidence Shows continuous coverage keeps people insured.

3. Continuous coverage mitigates churn.
 4. Benefits of Continuous coverage outweigh costs
 5. Continuous coverage can improve health care, reduce administrative burden
2. The April 2020 Ku study, which was specific to Montana, was concerned with SB 100, the failed bill which sought to eliminate continuous eligibility. The issues raised by SB 100 and these waivers are largely the same. The April 2020 Ku study contained the following findings, none of which are appropriately addressed in the waiver application:

“Continuous eligibility helps stabilize Medicaid coverage for low-income adults and children. This makes Medicaid more like the health insurance coverage that Americans get through their jobs or through Medicare. Typically, workers with job-based insurance keep it for at least a year at a time, as long as they stay employed. Medicare beneficiaries usually keep their insurance for the rest of their lives after they turn 65 and those who get low-income subsidies for Medicare keep them for a year at a time.

In contrast, Medicaid beneficiaries sometimes lose their insurance coverage more frequently (also called “churning”) if they encounter paperwork problems or have minor fluctuations in income. Even if they are able to regain their insurance after reapplying, beneficiaries experience harmful gaps in their insurance coverage. Continuous eligibility reduces these paperwork problems by allowing beneficiaries to keep insurance for a year from the time they are determined eligible. This also streamlines paperwork for state agencies, by sharply reducing instances of reapplications when families lose coverage. . .

Estimates of the fiscal impact had flaws

We examined the Fiscal Note for the amended SB 100 (March 22, 2021). The Fiscal Note for SB 100 estimated that the loss of 12 month continuous eligibility for adults would lead to a 1.3% reduction in enrollment, equal to 1,837 person-years or 22,036 person-months. This was based on halving the estimate of 2.6% effect of continuous eligibility from the federal Centers for Medicare and Medicaid Services (CMS). In fact, this estimate is based on our peer-reviewed research which examined the effects of implementation of continuous eligibility in several states.

The study found that continuous eligibility was associated with a 2.2% increase in children’s enrollment stability. In discussions with CMS, we agreed that the effect of continuous eligibility would be somewhat higher for adults and the estimate established for adults was 2.6%. DPHHS appears to have cut the 2.6% reduction in half assuming that that a six-month verification has half the effect. This is a misinterpretation of the research; our estimates were based on comparing existing Medicaid enrollment policies prior to continuous eligibility - which typically used blends of six and 12 month certification periods and various verification periods – to a new standard policy of 12-month continuous eligibility. Based on the existing research,

we believe the actual loss from SB 100 would be twice as high, or about 2.6%, leading to 3,674 person-years of coverage lost (44,072 person-months).

However, it is important to understand that a person-year is not a person. A “person year” represents a loss of 12 months of coverage, but this loss could be spread out over many people. Accordingly, termination of continuous eligibility will lead to gaps in coverage for a far larger number of actual people. **A conservative estimate is that six times as many people will be harmed**, assuming that the loss of continuous eligibility means that each person affected loses two months of coverage; some would have shorter gaps while others would have longer period. **Thus, we estimate that about 22,000 Medicaid and CHIP beneficiaries would be harmed by the loss of 12-month continuous eligibility policies each year.** As detailed below, even relatively short gaps in coverage can cause harm, particularly for those with chronic conditions.

Montana should not expect much savings in SFY 2022

The Fiscal Note for SB 100 indicates savings will occur in State Fiscal Year 2022. In reality, Montana cannot begin to shorten or terminate coverage for Medicaid beneficiaries during the Public Health Emergency and CMS policy guidance about the conclusion of the Public Health Emergency indicates that states should follow a deliberative approach to phasing down the extended coverage, to minimize the number of people who incorrectly lose coverage because of inaccurate or outdated information.

The federal rules mean that Montana would not be able to discontinue coverage for any beneficiaries before Dec. 31, 2021 and would need to act gradually over the following several months. Even if SB 100 is adopted soon, it is unlikely to yield meaningful fiscal savings during State Fiscal Year 2022. In fact, as noted in the Fiscal Note, SB 100 would impose additional administrative costs associated with the new automated verification system planned as well as the additional efforts of managing new enrollment operations.

Health benefits of continuous eligibility

Recent research that we have conducted, as well as numerous studies in the past, demonstrates the harm of disrupting Medicaid coverage and the benefits of continuous eligibility. Even brief periods without insurance can disrupt patient-doctor relationships and make it impossible to get medical care or prescription medications during the months without coverage.

In a new study, which we expect will be published in a peer-reviewed journal soon, we examined health outcomes for children living in states with 12-month continuous eligibility policies vs. states without such policies. Continuous eligibility policies are associated with reduced levels of uninsurance, fewer insurance gaps and fewer administrative problems applying for coverage. More important, low-income

beneficiaries living in states with continuous eligibility policies were more likely to be in good to excellent health than those in states without these policies. Moreover, children with more serious health care needs (e.g., asthma, etc.) were more likely to have received medical care, preventive health visits or specialist care in states with continuous eligibility.

These findings are consistent with other research showing how churning and disruptions in Medicaid coverage can lead to health problems and how continuous Medicaid coverage can improve cancer care, immunizations, and use of prescription medications and other treatments for preventable problems like asthma or diabetes, as documented by researchers at Harvard, the University of California, University of Minnesota and Stanford.

Continuity of eligibility helps low-income patients get better access to preventive and primary care services that can help prevent serious health problems that may ultimately require emergency medical care or hospitalizations. Our research has also found that as people have stabler enrollment in Medicaid, their monthly health care costs decline .

Policies planned under SB 100 anticipate using automated data checks to monitor income and other aspects of Medicaid beneficiaries' eligibility between annual renewals. But experience has shown that these systems do not necessarily work right and lead many to lose coverage due to red tape. When automated data checks were implemented in Texas' Medicaid program, about 4,000 children lost Medicaid coverage each month. Most children lost coverage not because they were confirmed to be no longer eligible but because of paperwork issues. Over half of children regained coverage in the next year, suggesting that they were actually eligible the whole time; they just lost coverage due to paperwork burdens. Recent testimony about a similar bill in Ohio which explains that the cost of making and implementing automated system changes like these can be extremely expensive and much more than anticipated. . .

Termination of Medicaid continuous eligibility will deepen health disparities

Medicaid serves low-income adults and children, so termination of continuous eligibility creates an inequitable harm on needy residents. But certain Montanans are likely to be more seriously affected because they may encounter more difficulties keeping up with the additional paperwork burdens. For example,

- Native Americans/American Indians often lack internet connections that can enable them to submit eligibility information and tend to live remotely, away from welfare offices they can visit for enrollment.
- Others living in rural and frontier areas will have similar difficulties with communications and logistics associated with more frequent eligibility checks.

- Those with mental health problems or substance use disorders could have more difficulties maneuvering the enrollment systems to retain their coverage. The COVID pandemic has already created stress, particularly for those with low incomes. This is not the time to impose new barriers that keep needy Montanans from getting health care.

Apart from the two 2020 Ku studies, many other studies reach the same conclusions. They are cited in the footnotes of the various Ku studies. We would also note the 2020 study by the Center on Budget and Policy Priorities, “Continuous Coverage Protections in Families First Act Prevent Coverage Gaps by Reducing ‘Churn’.”, <https://www.cbpp.org/research/health/continuous-coverage-protections-in-families-first-act-prevent-coverage-gaps-by>, and Montana Budget and Policy Center blog, SB 100: A Trojan Horse, Mar 24, 2021.

CONCLUSION

We have presented a multitude of reasons to abandon and/or amend the waiver application. This policy would take Montana in the wrong direction. For these reasons, we respectfully urge that the waiver application be abandoned.

ATTACHMENT #1

(Received on July 19, 2021 from the Hon. Todd Everts, Director of Legal Services/Code Commissioner, Montana Legislative Services Division, Montana State Legislature)
(First page only with emphasis supplied)

FROM: Jaret Coles, Legislative Staff Attorney

HB 2 Legal Issue Checklist – DRAFT – STILL WORKING ON THIS

- If a task is required to be performed (reporting, etc.), the task cannot be required until after the effective date of HB 2. Petesch, 3-16-05, p. 1.
- A condition or limitation in an appropriation bill governs the administration and expenditure of the appropriation until it has been expended, or until the condition or limitation is changed by another appropriation act. § 17-8-103(2).
- A condition or limitation contained in an appropriation act CANNOT amend any other statute. § 17-8-103(2). **No substantive law allowed!**
- Appropriation can only be for ordinary expenses of Legislative, Executive, and Judicial Branches, or interest on public debt, and for public schools. Art. V, § 11(4).
- The Legislature cannot use appropriations to do indirectly from what it is prohibited from doing directly. *Board of Regents v. Judge*, 168 Mont. 433, 543 P.2d 1323 (1975).
 - However, the Legislature can condition an appropriation, and the receiving entity may accept or reject the appropriation. If the entity accepts the appropriation, the conditions are binding on the entity.
- Courts scrutinize conditions individually to determine their propriety.
- A provision must relate to (tie to) the appropriation. Greg strictly interpreted this provision. The appropriation has to be specifically mentioned (restricted), and the condition follows it. The Montana Supreme Court has held that as long as incidental provisions of an appropriation bill are germane to the purposes of the appropriation, the incidental provisions do not conflict with any constitutional provision. *See Davidson et al. v. Ford*, 115 Mont. 165, 172, 141 P.2d 373 (1943).
- Judicial Branch Issues: Legislature generally has no authority over court procedure, admission to the bar and the conduct of its members. However, rules of procedure are subject to disapproval by the legislature in either of the two sessions following promulgation. Art. VII, § 2(3).
 - If committee desires reports on something that it has no control over, then an issue arises.
- Make sure transfers comport with requirements of § 17-7-138 and § 17-7-139, MCA.
 - Transfers can be prohibited by law or HB 2. § 17-7-139, MCA.
- Budget submission reports cannot conflict with statutes governing the preparation of the Executive budget. §§ 17-7-101 – 17-7-124, MCA.

ATTACHMENTS 2-4

The following attachments are found electronically and will not be copied into this document, but are ascertained through the referenced links:

ATTACHMENT #2: *Ku and Brantley*, "Continuous Medicaid Eligibility for Children and Their Health," Milken Institute School of Public Health, May 2020:
<https://www.communityplans.net/wp-content/uploads/2020/06/GW-continuous-eligibility-paper.pdf>.

ATTACHMENT 3: *Ku & Brantley*, Analysis of Montana SB 100 and Policies to Limit Medicaid 12-Month Continuous Eligibility, April 7, 202:
<https://docplayer.net/206599089-Analysis-of-montana-sb-100-and-policies-to-limit-medicaid-12-month-continuous-eligibility.html>

ATTACHMENT 4 Center on Budget and Policy Priorities, 2020:
<https://www.cbpp.org/research/health/continuous-coverage-protections-in-families-first-act-prevent-coverage-gaps-by>

August 29, 2021

Dear Director Meier,

Please accept this letter in support of the 1115 HELP and WASP Waiver amendments.

As described in the Montana Constitution, all bills passed by the legislature become law and it is the duty of the Executive Branch to “faithfully execute[d]” those laws.ⁱ The 2021 Legislature passed The General Appropriations Act, HB 2, which states “[t]he Legislature intends that the Department of Public Health and Human Services eliminate the policy of 12-month continuous eligibility for the Medicaid expansion population.” and the reflective DPHHS budget was developed based upon this intent.ⁱⁱ In consideration of HB 2, there was rigorous floor commentary on the elimination of the 12-month continuous eligibility provision. HB 2 ultimately passed 67-33.

Constitutional merits aside, the law enacted by the legislature is good policy. As you are aware, Montana is one of very few states which provides 12-month continuous eligibility to their Medicaid expansion population.ⁱⁱⁱ This is likely because of the stiff CMS penalties imposed on states when they elect to implement a 12-month continuous eligibility. In small budgets like Montana’s, the cost savings from not paying the penalty is quite large. These realized gains can be diverted into services and programming to ensure sufficient care for Montana’s most vulnerable.

Finally, there have been some who have voiced concern that enrollees may inappropriately lose coverage due to temporary fluctuations in income, a concern which is understandable. However, it’s important to note that state law prohibits disenrollment for “a short-term increase in income that is caused by overtime pay or other nonregular payments... that will not be sustained over time”.^{iv}

Thank you for your consideration in this matter.

Sincerely,

Rep. Jane Gillette
Rep. Jennifer Carlson
Rep. Dennis Lenz
Sen. Christopher Friedel
Sen. Theresa Manzella

ⁱ Mont. Const. art. V § 11 and Mont. Const. art. VI § 4.

ⁱⁱ HB 2: <https://leg.mt.gov/bills/2021/billpdf/HB0002.pdf> and Budget Narrative <https://leg.mt.gov/content/Publications/fiscal/Session-2021/HB-2-Narrative/B-Senate-Floor.pdf>.

ⁱⁱⁱ Brooks, Tricia, et al. "Medicaid and CHIP eligibility, enrollment, and cost sharing policies as of January 2019: Findings from a 50-state survey." *San Francisco: Kaiser Family Foundation. Accessed January 22 (2019): 2020.*

^{iv} MCA 53-6-1314(1)(b)



Montana Primary Care Association
1805 Euclid Ave
Helena MT 59601

August 20, 2021

Adam Meier
Director
Montana Department of Public Health and Human Services
111 North Sanders Street
PO Box 4210
Helena, MT 59604

RE: 2021 Medicaid Expansion (HELP) Waiver Amendment and 2021 Waiver for Additional Services and Populations (WASP) Amendment

Submitted via email to dphhscomments@mt.gov

Dear Director Meier:

The Montana Primary Care Association (MPCA) appreciates the opportunity to comment on 2021 Medicaid Expansion (HELP) Waiver Amendment and 2021 Waiver for Additional Services and Populations (WASP) Amendment. MPCA is the statewide membership organization for all the state's federally qualified health centers (FQHCs) and the state's five Montana's Urban Indian Organizations (UIOs). Combined, MPCA's members serve as the health home for over 110,000 medically-underserved Montanans, the majority of whom live below the Federal Poverty Level and face multiple social and environmental factors which impact their need for health care and their ability to access care appropriately. With over 80 sites in a frontier state, Montana's FQHCs and UIOs provide affordable, high quality, comprehensive primary care to these individuals, regardless of their insurance status or ability to pay for services and were critical partners with DPHHS during the state's COVID-19 response.

MPCA shares the commitment of DPHHS to "Improving and protecting the health, well-being and self-reliance of all Montanans." However, MPCA believes the DPHHS waiver amendments to end continuous eligibility for both HELP and WASP Medicaid participants will be detrimental to thousands of Montanans and generally opposes the amendments. Furthermore, MPCA believes that the 2021 waiver amendment for WASP participants is not consistent with legislative intent and urges DPHHS to not submit this amendment to CMS.

Continuous eligibility, as an optional strategy for states to ensure continuity of healthcare coverage and access, is a best practice for Medicaid recipients and has long been the standard for children enrolled in Medicaid programs across the country. Currently, only one state in the nation does NOT include continuous eligibility for its child population and CMS supports this standard because "guaranteeing



ongoing coverage ensures that children can receive appropriate preventive and primary care as well as treatment for any health issues that arise.”¹

Medicaid’s support of this “guarantee” of continuous healthcare coverage applies to adults as well. As critical primary care providers in Montana, MPCA’s members know the detrimental effects on people’s health when they lose healthcare coverage or churn on-and-off the program. Individuals who are managing complex healthcare issues --- substance use, severe mental illness, diabetes, hypertension, cancer --- will all be deeply affected by the loss of coverage under these amendments. In particular, the participants in the WASP waiver, who by their eligibility are more vulnerable, could see severe consequences to their health and well-being with the end of continuous eligibility.

MPCA, as the membership association for Montana’s FQHCs and UIOs, has long supported the public programs that offer the people of Montana a safety net that do not create a fiscal cliff just as people are beginning to recover from the challenges in their lives. During the 2021 Legislative Session, MPCA provided testimony, both factual and anecdotal, about the importance of Medicaid and other safety net programs and was part of a broad coalition to protect the programs that are most critical to low-income Montanans: Medicaid, LIEAP, SNAP, TANF.

The two waiver amendments currently proposed by DPHHS end continuous eligibility for thousands of Montanans. MPCA offers the following specific comments for each waiver:

HELP Waiver

1. MPCA appreciates the exclusions listed under **F. Summary of Current Demonstrations to be Continued Under the 1115 Demonstration Amendment**. MPCA would like further clarification of what is meant by “exceptional health care needs” and urges DPHHS to include such chronic health conditions as a mental health diagnosis, substance use disorder, diabetes and hypertension just to name a few. These conditions, when managed consistently through regular and timely access to healthcare, can reduce the long-term health impacts on the individual.
2. MPCA urges DPHHS to analyze the potentially disproportionate impact of this waiver amendment on Montana’s American Indian (AI/AN) population prior to its implementation. Given the significant health disparities in that population, Medicaid Expansion (HELP) has been a critical lifeline to those AI/AN who qualify for the program.² Of the 50,000 AI/AN enrolled in a Montana Medicaid program, 16,000 are eligible because of Medicaid Expansion (HELP).³ In particular, DPHHS should consider the employment patterns of AI/AN who work seasonally (i.e. firefighting) who would lose coverage under this amendment when they return home to their families and have limited job opportunities.

WASP Waiver

1. MPCA believes that the proposed WASP waiver amendment exceeds the legislative authority granted to DPHHS under HB 2. HB 2 clearly states that “[t]he Legislature intends that the

¹ “Continuous Eligibility for Medicaid and CHIP Coverage.” Centers for Medicaid and Medicare Services. <https://www.medicare.gov/medicaid/enrollment-strategies/continuous-eligibility-medicare-and-chip-coverage/index.html>

² “The State of the State’s Health: A Report on the Health of Montanans.” MT DPHHS (2013).

³ “Montana Health and Economic Livelihood Partnership (HELP) Program, also known as the Medicaid Expansion Demonstration.” Section 1115 Waiver Annual Report. State of Montana. Reporting Period: Demonstration Year: 5 (01/01/20-01/31/20) Date submitted to CMS: 04/06/2021. Page 8.



Department of Public Health and Human Services eliminate the policy of 12-month continuous eligibility for the Medicaid expansion population.”⁴ The WASP waiver population has never been considered a Medicaid expansion program and rather represents “...a limited Medicaid benefit package of optional services to the same group of adults eligible for Medicaid under Sections 1925 or 1931 of the Social Security Act.”⁵ The WASP population, fundamentally, is Montana’s basic Medicaid program and should not be considered part of the legislative intent given the explicit language in HB 2.

Based on its key concerns, MPCA requests that DPHHS:

- Provide more information to the public and CMS regarding its intent for individuals with “exceptional healthcare needs” under its proposed HELP waiver amendment;
- Analyze the impact of the proposed HELP/WASP waiver amendment on Montana’s American Indian population; and
- Withdraw its intent to submit the WASP waiver amendment.

MPCA also requests that DPHHS, if it proceeds with these waiver amendments, work closely with healthcare providers and patient advocates to both clarify implementation rules and limit the potentially health-harming impacts to current Medicaid recipients.

Thank you for your consideration of these comments. If you have any questions, please contact Stacey Anderson, MPCA’s Policy Director at sanderson@mtpca.org.

Sincerely,

Cindy Stergar, CEO
Montana Primary Care Association

⁴ HB 2 available at <https://leg.mt.gov/bills/2021/billpdf/HB0002.pdf> See also budget narrative available at <https://leg.mt.gov/content/Publications/fiscal/Session-2021/HB-2-Narrative/B-Senate-Floor.pdf>.

⁵“Montana Waiver for Additional Services and Populations (WASP) Demonstration Program.” Montana Department of Public Health and Human Services Section 115 Demonstration Amendment Application. July 2, 2021. Page 3.



VIA ELECTRONIC MAIL
dphhscomments@mt.gov

August 31, 2021

Marie Matthews, Medicaid Director
Department of Public Health and Human Services
PO Box 4210
Helena, MT 59604

Re: Montana Health and Economic Livelihood (HELP) Demonstration Program

Dear Director Matthews:

The Rocky Mountain Hemophilia and Bleeding Disorders Association (RMHBDA), Hemophilia Federation of America (HFA), and National Hemophilia Foundation (NHF) jointly submit the following comments regarding proposed amendments to the Montana Health and Economic Livelihood (HELP) Demonstration Program.

RMHBDA is a non-profit organization based in Bozeman that serves the bleeding disorders communities in Montana and Wyoming. HFA and NHF are non-profit organizations representing individuals with bleeding disorders nationwide. Our combined missions are to ensure that persons with inherited bleeding disorders such as hemophilia have timely access to quality medical care, therapies, and services, regardless of their financial circumstances or place of residence.

As always, our organizations are committed to ensuring that Montana's Medicaid program provides adequate, affordable, and accessible healthcare coverage and strongly support the state's continuation of Medicaid expansion. More than 100,000 low-income adults currently receive coverage through this successful program. As a result, thousands of enrollees are receiving prevention, early detection and diagnostic services as well as disease management and treatment for their conditions¹.

Medicaid expansion is especially critical for persons with bleeding disorders who rely upon prompt and uninterrupted access to specialized care and infusions of blood clotting factor to prevent permanent and severe joint damage and (in case the of head bleeds) even death. Unfortunately, Montana's application would end continuous eligibility for the expansion population, jeopardizing this critical access to care for Montanans with bleeding disorders. As detailed in our August 19, 2019 comments on Montana's HELP Demonstration, we remain opposed to premium increases in the state's pending application that will create financial barriers likely to cause enrollees with bleeding disorders to lose coverage altogether.

¹ Montana Department of Public Health and Human Services, Montana Medicaid Expansion Dashboard, <https://dphhs.mt.gov/helpplan/medicaidexpansiondashboard>.

Continuous Eligibility

Montana’s application would end its current policy that provides 12 months of continuous eligibility to the Medicaid expansion population. The state’s own estimates predict that this change would result in 29,000 fewer coverage months under the HELP demonstration, translating into about 3,000 expansion adults losing coverage each year.

Continuous eligibility reduces gaps in coverage that prevent patients from accessing the care that they need. Research has shown that individuals with partial coverage during a year have worse access to care than those with coverage for the entire year, including less preventive care and more trips to costly emergency settings².

Reducing churn helps to reduce the administrative burden on the state as well. In an evaluation of the HELP demonstration, state officials said continuous eligibility had been “cost-neutral if not beneficial” because it allowed state Medicaid staff to do one-time enrollment rather than having beneficiaries churn on and off coverage³. This reduction in administrative burden will be especially important at the end of the COVID-19 public health emergency, when federal maintenance of effort requirements expire and the Department will have a surge in eligibility redeterminations to process.

As a result, our organizations urge the state to work with the legislature to reverse this policy. For the same reasons, we oppose the removal of continuous eligibility for the Waiver for Additional Services and Populations (WASP) demonstration population.

Premium Increase

Montana’s pending application for the HELP demonstration significantly increases premiums for the Medicaid expansion population. As detailed in our 2019 comments, this policy would likely both increase the number of enrollees who lose Medicaid coverage and discourage eligible people from enrolling in the program. Research has shown that even relatively low levels of cost-sharing for low-income populations limit the use of necessary healthcare services⁴. For example, when Oregon implemented a premium in its Medicaid program, with a maximum premium of \$20 per month, almost half of enrollees lost coverage⁵. Additional research on Michigan’s Medicaid expansion program showed that modest increases in premiums resulted in disenrollment, especially among healthy individuals from the program⁶.

Our organizations believe that these premiums create significant financial barriers for patients that jeopardize their access to critically-needed care, which based on data from other states will result in significant losses in coverage.

² <https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf>.

³ <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/summative-eval-rpt-montana-2020.pdf#page=19>.

⁴ Samantha Artiga, Petry Ubri, and Julia Zur, “The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings,” Kaiser Family Foundation, June 2017. See <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings>.

⁵ Id.

⁶ Cliff, B., et al. Adverse Selection in Medicaid: Evidence from Discontinuous Program Rules. NBER Working Paper No. 28762. National Bureau of Economic Research. May 2021. See https://www.nber.org/system/files/working_papers/w28762/w28762.pdf.

Conclusion

The purpose of the Medicaid program is to provide affordable, accessible and adequate coverage for low-income Americans. However, as outlined above, the proposed amendments to the Montana HELP Demonstration program run contrary to Medicaid's purpose and instead create barriers that can prevent eligible persons with bleeding disorders from accessing the prompt and specialized care needed to prevent permanent injury or even death. As a result, RMHBDA HFA, and NHF urge the Department to modify these provisions so that they are consistent with the objectives of the Medicaid program and the Demonstration waiver, which is to expand and not restrict access to care for Montanans in need.

Please feel free to contact either of us with any questions or for additional information.

Sincerely,

Brad R. Benne
Executive Director
Rocky Mountain Hemophilia and Bleeding Disorders Association
brad@rmhbda.org

Sonji Wilkes
Vice President, Policy and Advocacy
Hemophilia Federation of America
s.wilkes@hemophiliafed.org

Nathan Schaefer, MSW
Vice President, Public Policy
National Hemophilia Foundation
nschaefer@hemophilia.org

To: Medicaid HELP Amendment and
Medicaid WASP Amendment
Director's Office
Montana Department of Public Health and Human Services (DPHHS)
PO Box 4210
Helena, MT 59604-4210

By email to dphscomments@mt.gov

Cc: Daniel Tsai, CMS
Judith Cash, CMS
Sarah DeLone, CMS

From: Leighton Ku, PhD, MPH, Professor and Director, Center for Health Policy Research,
George Washington University
Erin Brantley, PhD, MPH, Deputy Director, Center for Health Policy Research,
George Washington University

Date: August 17, 2021

Subject: Comments on Ending 12-month Continuous Eligibility under Montana's Medicaid HELP
or WASP Amendments

We are responding to Montana's request for public comments on its draft Medicaid HELP and WASP amendments. We are public health researchers at George Washington University who have conducted substantial research about Medicaid continuous eligibility policies and hope we can contribute to your policy discussion. If you have any questions, please feel free to contact Leighton Ku at liku@gwu.edu or Erin Brantley at ebrantley@gwu.edu.

We urge DPHHS to withdraw the draft proposal to terminate 12-month continuous eligibility from the HELP and WASP demonstration projects. Terminating the policies would create unnecessary harm to the health insurance coverage and access for low-income Montanans who rely on Medicaid. As explained below, we conservatively estimate that ending 12-month continuous eligibility would reduce the enrollment periods of about 21,500 Medicaid enrollees, about 18,200 HELP enrollees and 3,400 WASP enrollees. A study estimated that the share of Montanans who are uninsured may have increased from 8.6% in 2019 to between 9.3% and 11.1% in 2020, due to the COVID pandemic.¹ This is a time to strengthen insurance coverage for Montanans, not weaken it.

A. Continuous Eligibility Stabilizes Coverage and Can Improve Health Access. Continuous eligibility policies are designed to improve stability and continuity of Medicaid coverage and to

reduce “churning”, making Medicaid coverage more like employer-sponsored health insurance or Medicare in which coverage is relatively stable across the year. An April 2021 federal review concluded that “Studies indicate that beneficiaries moving in and out of Medicaid coverage (sometimes called “churning”) results in higher administrative costs, less predictable state expenditures, and higher monthly health care costs due to pent-up demand for health care services.”²

Continuous eligibility is a reliable strategy to reduce churning. Under 12-month continuous eligibility policy, beneficiaries have the option to remain on Medicaid coverage, for a year, rather than needing to meet certain criteria repeatedly. Continuous eligibility has long been permitted for children and pregnant women in Medicaid and is available for adults through a Section 1115 demonstration project waiver, as exercised by Montana.

We recently completed a study, forthcoming in the peer-reviewed journal Medical Care Research and Review, about the health effects of Medicaid 12-month continuous eligibility policies for children.³ Continuous eligibility policies are associated with reduced levels of uninsurance, fewer insurance gaps and fewer administrative problems applying for coverage. More important, low-income beneficiaries living in states with continuous eligibility policies were more likely to be in good to excellent health than those in states without these policies. Moreover, children with more serious health care needs (e.g., asthma, etc.) were more likely to have received medical care, preventive health visits or specialist care in states with continuous eligibility. Adults generally have less stable coverage in Medicaid than children, so we would expect effects to be similar or somewhat stronger for adults than for children.

These findings are consistent with other research showing how churning and disruptions in Medicaid coverage can lead to health problems and how continuous Medicaid coverage can improve cancer care, immunizations, and use of prescription medications and other treatments for preventable problems like asthma or diabetes, as documented by researchers at Harvard,⁴ the University of California⁵, University of Minnesota⁶ and Stanford.⁷

Continuity of eligibility helps low-income patients get better access to preventive and primary care services that can help prevent serious health problems that may ultimately require emergency medical care or hospitalizations. Our research has also found that as people have stabler enrollment in Medicaid, their monthly health care costs decline.⁸

For example, patients with diabetes may require regular medical care and prescription medications, such as insulin, to keep their blood sugar levels in the desired range and to prevent acute problems such as heart attacks, hypoglycemic or hyperglycemic comas, as well as longer term problems like eye disease or limb amputation. Even a short spell without medical care or access to medications can have grave consequences and lead to costly emergency or inpatient hospital care. For children, consistent access to medications for asthma can help avoid emergency department use due to acute asthma attacks. Those who are addicted to opioids can help control their addictions through regular care and use of medications like buprenorphine; even a brief loss of coverage can lead to renewed use of opioids and even

overdoses. The COVID-19 pandemic has increased stress, anxiety and depression for millions of Americans. Mental health services and use of medications can help reduce mental health problems but disruptions in coverage can harm mental health and even lead to suicidal thoughts or actions. These harmful consequences not only harm health, but they lead to unnecessary and costly medical care in the form of emergency room visits or hospitalizations for conditions that could be prevented with stable medical care.

B. Montana's Evaluation Found That 12-Month Continuous Eligibility Policy Was Beneficial.

Montana sponsored an evaluation of its Sec. 1115 demonstration project, conducted by Social Scientific Systems and the Urban Institute.⁹ The overall evaluation concluded that the HELP demonstration improved health insurance coverage and access to care, including preventive care use, and that satisfaction was high. The findings about 12-month continuous eligibility stated:

State officials, health care providers and a health care provider association representative felt that offering 12-month continuous eligibility to HELP enrollees has been very helpful in providing stabilizing coverage and improving continuity of care, particularly for preventive care services. As one provider said, "I think that's [12-month continuous eligibility is] super super helpful.... because that in and out of coverage is really difficult to track from our perspective as to maybe I'm scheduled for surgery and maybe it's next month, and I lost my coverage but when I scheduled it I had coverage." Another provider noted the importance of continuous eligibility for seasonal workers, "Continuous eligibility is super important for folks who [are] low income, who are right on the [income eligibility] line. We see that all of the time. And it's just so challenging, especially in Montana where we have so much seasonal employment. We have so much [income] fluctuation."

Apart from providing better continuity of care and health care for enrollees, state officials said offering 12-month continuous eligibility seen as way to save on demonstration administrative spending: With 12-month eligibility, it takes fewer eligibility administrative staff to implement and maintain the eligibility function for HELP. As one official said, 12-month continuous eligibility has been "cost neutral if not beneficial...Very happy we did continuous eligibility. Frees them [state staff] to do one-time enrollment because you don't have people going on and off."

Given this positive evaluation of 12-month continuous eligibility, what is the rationale for Montana discontinuing this policy?

We also note that a quantitative evaluation of New York's 12-month continuous eligibility policy for adults has been conducted by RAND researchers, although that report has not yet been cleared for public release. *Since New York's policy is similar to Montana's policy, DPHHS and CMS should review that evaluation before submitting or approving this amendment request.*

C. Ending Continuous Eligibility Increases Disparities. Medicaid serves low-income adults and children, so termination of continuous eligibility creates an inequitable harm on needy residents. Ending 12-month continuous coverage will lead to higher paperwork burdens to provide additional reporting and increase the risk that someone loses benefits because they were not able to file the right paperwork on time. If Montana does terminate 12-month continuous eligibility, the state should ensure that coverage is renewed no more frequently than once every 12 months, using automated processes to the extent possible, and give sufficient time for beneficiaries to respond when automated data checks indicate potential problems.¹⁰

Certain Montanans are likely to be more seriously affected by the end of continuous eligibility because they may encounter more difficulties keeping up with the additional paperwork burdens. For example,

- Many Montanans rely on seasonal work, including work in agriculture, construction, mining and forestry, food and hospitality and retail services, leading to more volatile incomes and risk of churning.
- Native Americans/American Indians often lack internet connections that can enable them to submit eligibility information and tend to live remotely, away from welfare offices they can visit for enrollment.
- Others living in rural and frontier areas will have similar difficulties with communications and logistics associated with more frequent eligibility checks.
- Those with mental health problems or substance use disorders could have more difficulties maneuvering the enrollment systems to retain their coverage.

D. The Budget Analysis is Flawed. The state waiver applications included estimates that ending continuous eligibility will lower coverage by about 2.6%, reducing HELP member months by 29,083, saving \$22.2 million based on a per member per month (PMPM) cost of \$763.77 and reducing WASP enrollment by 5,183 member months, saving \$953,000 based on a total PMPM of \$436.92. Curiously, the HELP application appears to include all federal and state costs which substantially overstates state savings while the WASP application cites state general fund savings, excluding federal savings.

We note that the 2.6% estimate is based on a study we did in 2013 about the cost of 12-month continuous eligibility for children, comparing states that adopted continuous coverage vs. states that did not.¹¹ It found that the 12-month continuous eligibility increased overall medical expenditures by 2.2%. Because adults have less stable coverage than children, in discussions with CMS, we estimated that continuous eligibility for adults could cost about 2.6%, which was included in the federal budget neutrality policy.

Some reasons why Montana's budget estimates are flawed:

1. Under the maintenance of effort requirement in the Families First Coronavirus Response Act, Montana cannot terminate Medicaid eligibility until the end of the Public Health Emergency, which is unlikely to expire until December 31, 2021, at the earliest (and

given the recent surge of COVID-19 infections due to the Delta variant, that date might be pushed back even later). After that date, states must gradually phase out the extensions of coverage as they redetermine eligibility. CMS has been advised that states will have difficulty processing redeterminations and renewals when that period ends and has authorized states to take up to 12-months to conduct those processes.¹² Thus, savings in State Fiscal Year (SFY) 2022 under the proposed amendments are likely to be small or nil.

2. Montana did not account for the increase in average monthly costs if continuous coverage ends.^{1,7} For example, we had estimated (using 2013 data) that 12-months of coverage could have an average monthly cost of \$371 compared with \$583 per month for six months of coverage, a 34% savings per month.
3. Montana has not accounted for the increased administrative costs that occur if 12-month continuous coverage is ended. This further reduces net savings.
4. Finally, we note that the 2.6% savings estimate understates the number of enrollees who would have their periods of enrollment shortened. Although this could result in an overall reduction of 2.6% of member months, it would affect more people because the typical beneficiaries will lose a fraction of their enrollment, not the whole years. If we conservatively estimate that the reduction of continuous eligibility means that each enrollee loses about two months of coverage, then the 2.6% cost savings means that the number of enrollees harmed would be about **six times larger**, or about **15.6% of enrollees would have enrollment shortened by about 2 months each**. This would equal about 18,188 HELP enrollees (115,588 HELP enrollees in 2020 * 0.156) and 3,362 WASP enrollees (21,552 WASP enrollees in 2020 * 0.156). **That is, terminating continuous eligibility could harm more than 21,500 Medicaid enrollees, based on recent caseloads.**

E. Montana Is Not Facing Serious Budget Pressures. It might make sense for Montana to pursue a small state savings if the state was facing serious budget pressures. But that just is not the case. A recent state budget analysis indicates that Montana expects to have a general fund surplus of more than \$300 million in SFY 2022 and SFY 2023.¹³ More important, Montana, like most states, will receive about \$3 billion in additional federal funds under the American Rescue Plan Act.¹⁴ The state has just received a major budget windfall and there is no compelling fiscal reason to cut coverage for low-income Montanans.

Rather than taking steps to reduce insurance coverage when health needs continue to be high due to the COVID-19 pandemic at a time that the state has ample budget resources, Montana should be strengthening health insurance coverage. If the state does not withdraw these amendments, CMS should not approve them.

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Aug 16, 2021

Ms. Mary Eve Kulawik
Department of Public Health & Human Services
111 North Sanders St.
Helena, MT 59604
Email: dphhscomments@mt.gov

RE: Montana's proposed Section 1115 Waiver Medicaid Expansion (HELP) Amendment and proposed Section 1115 Waiver for Additional Services and Populations (WASP) Amendment Application

Dear Ms. Kulawik:

The Montana Budget & Policy Center submits this comment in relation to the proposed amendment to Montana's 1115 demonstration waiver for the Health & Economic Livelihood Partnership (HELP) program, as well as, the proposed 1115 demonstration waiver for Montana's basic Medicaid program (which DPHHS has referred to as the Waiver for Additional Services and Populations, or WASP). We appreciate the opportunity to comment, and we urge the department to reconsider its proposal to end continuous eligibility.

The Montana Budget & Policy Center (MBPC) is a nonprofit organization founded in 2008. MBPC's mission is to advance responsible tax, budget, and economic policies through credible research and analysis to promote opportunity and fairness for all Montanans. MBPC fulfills this mission by providing credible and timely research and analysis on state fiscal issues to legislators, tribal leaders, advocates, the public, and the media.

As one of several organizations working to expand Medicaid in Montana, MBPC supported the Health and Economic Livelihood Partnership (HELP) Act, passed by the Montana Legislature during the 64th Legislative Session. As of July 1, 2021, over 100,000 low-income Montanans were enrolled in affordable health care coverage.¹ This effort has moved Montana closer toward closing the coverage gap, has reduced uncompensated care, and has injected billions in taxpayer dollars into our local economies. Recent data shows that nearly 75 percent of enrollees are working, with nearly 60 percent of businesses in the state benefiting from workers enrolled in Medicaid expansion.²

MBPC Comments on the Proposed 1115 Waiver Amendments to End Continuous Eligibility

Continuous eligibility, which is included in both the original 1115 waiver and a more recent extension proposal, is a critical component of Montana's Medicaid program, and ending such eligibility would result in the loss of coverage for thousands of enrollees.³ A recent analysis by the George Washington University estimates that ending continuous eligibility for the adult Medicaid population would result in roughly 17,000 Montanans losing coverage at some point over a one-year period.⁴ Medicaid expansion has proved to be effective,

¹ Montana Department of Health and Human Services, "[Montana Medicaid Expansion Dashboard](#)," Jul. 2021.

² Montana Health Care Foundation, "[Medicaid in Montana: How Medicaid Affects Montana's State Budget, Economy, and Health](#)," Feb. 2021.

³ On December 1, 2020, CMS approved a temporary extension to Montana's section 1115 demonstration, which included maintaining continuous eligibility for the Medicaid expansion population. [Letter from Judith Cash, Centers for Medicare and Medicaid Services, to Marie Matthews, Medicaid director, Montana Department of Public Health and Human Services](#), Dec. 1, 2020.

⁴ Ku, L., and Brantley, E., "[Analysis of Montana SB 100 and Policies to Limit Medicaid 12-Month Continuous Eligibility](#)," Georgetown Washington University, April 7, 2021. SB 100, which is the focus of this analysis, proposed the end of continuous eligibility for both adult Medicaid population and children served under Children Health Insurance Program.

affordable, and good for the state's economy. Tampering with the parameters of the program will disrupt the lives of thousands of Montanans and put their health and financial stability in jeopardy.

MBPC raises three concerns with the end of continuous eligibility: first and foremost, it will create instability for people who rely on Medicaid; second, it will harm our workforce and local businesses; and lastly, it will result in increased administrative burden, at a time when the Department faces increased workload and worker shortages.

Continuous eligibility provides Montanans who are living on low incomes the ability to maintain health care coverage for a 12-month period, preventing gaps in coverage that can result from barriers to filling out paperwork or when income fluctuates over the one-year period. If the state institutes more frequent wage checks, thousands of people will be at risk of losing their coverage, either because of a temporary income boost or because they have difficulty navigating new bureaucratic requirements.

Gaps in health care coverage ultimately lead to poorer health outcomes for Montanans. Adults who have gaps in coverage are less likely to have a regular doctor, they are less likely to receive preventative care, and less likely to continue with prescribed medication.⁵ Even temporary gaps in health care can result in long-term health consequences for those with chronic diseases. At the core of the problem, proposed end of continuous eligibility will put the health and well-being of our fellow Montanans at risk.

Continuous eligibility is also a vital support for Montana's economy. Nearly 75 percent of Montana's Medicaid recipients work, often at jobs that are seasonal or have frequently changing schedules.⁶ Montana's current one-year eligibility period gives people the freedom to take more work when it is available without fear of losing their health insurance. With the state facing a significant labor shortage, ending continuous eligibility and instituting frequent wage checks could discourage workers who need to maintain their access to health insurance.

Some of the workers most at risk of churning on and off Medicaid expansion are those who work seasonally, in Montana's vital agriculture and tourism industries. Three out of five businesses in Montana employ at least one worker who receives their health insurance through Medicaid expansion.⁷ Industries such as construction, agriculture, food service, retail, and education and health care workers see high percentages of workers accessing health coverage from Medicaid.⁸ Healthy workers grow a healthy economy, and Montana businesses need our support at this critical point in our economic recovery.

Medicaid recipients who receive a short term boost of income which forces them off the program, and then lose that income, will be forced to re-apply for their benefits after losing coverage. This churning of recipients wastes both time and money not only for program beneficiaries but also for the state. For each beneficiary who is kicked off Medicaid and forced to reapply, the state will incur \$400 to \$600 in administrative costs.⁹ Medical costs also increase for people who churn off and on Medicaid because many people lose the ability to manage long-term conditions.

⁵ Somers, B., Gourevitch, R., Maylone, B., et al. "[Insurance Churning Rates for Low-Income Adults Under Health Reform: Lower than Expected But Still Harmful for Many](#)," Health Affairs, Oct., 2016 and Collins, R., Robertson, R., Garbler, T., et al., "[Gaps in health insurance: why so many Americans experience breaks in coverage and how the Affordable Care Act will help: findings from the Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults, 2011](#)," Apr. 2012.

⁶ Montana Health Care Foundation, "[Medicaid in Montana: How Medicaid Affects Montana's State Budget, Economy, and Health](#)," Feb. 2021.

⁷ Montana Health Care Foundation, "[Medicaid in Montana: How Medicaid Affects Montana's State Budget, Economy, and Health](#)," Feb. 2021.

⁸ Garfield, R., Rudowitz, R., Orgera, K., et al., "[Understanding the Intersection of Medicaid and Work: What does the Data Say?](#)" Kaiser Family Foundation, Aug., 2019.

⁹ Swartz, K., Farley Short, P., Roempke Graefe, D., et al., "Reducing Medicaid Churning: Extending Eligibility for Twelve Months Or to End of Calendar Year is Most Effective," Health Affairs, Jul. 2015.

Frequent wage checks and reporting will create hardship for individuals, our economy, and the state. Recent analysis shows the average Medicaid expansion recipient in Montana is enrolled for less than two years, and 30 percent stay on the program for less than a year. Because most people are on the program for such a short period, more frequent wage checks will only create instability.

A 2015 study of the most effective ways to reduce churn for Medicaid beneficiaries shows that 12-month continuous eligibility is the most effective way to reduce churn.¹⁰ Periodic eligibility checks that are any more frequent than this cause coverage gaps increases churn unnecessarily. Many of the people who lose coverage due so not due to a lack of eligibility, but difficulty complete the redetermination process and providing documentation to the state. Individuals may lose their eligibility if they do not respond to the form because they have moved, have unstable housing, or do not understand the notice.

MBPC urges DPHHS to reconsider the end of continuous eligibility.

First and foremost, we urge this administration to consider the impact that more frequent determinations will have on Montanans. Twelve-month continuous eligibility has proved to be a success in Montana.

However, if DPHHS proceeds with submission of the waiver amendments, MBPC urges the Department to clearly articulate its eligibility determination plans and find ways to mitigate the harm of frequent redeterminations. The more frequent the eligibility determination, the greater amount of churn and disruption Montanans will face.

MBPC appreciates the opportunity to submit this comment.

Sincerely,

Heather K. O'Loughlin
Co-Director
Montana Budget & Policy Center

¹⁰ Swartz, K., Farley Short, P., Roempke Graefe, D., et al., "Reducing Medicaid Churning: Extending Eligibility for Twelve Months Or to End of Calendar Year is Most Effective," Health Affairs, Jul. 2015.

**Montana Department of Public Health and Human Services
Section 1115 Demonstration Amendment Application**

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to oppose to the proposed waiver to end continuous eligibility in Montana. No Montanan should be at risk of losing access to health care as they work hard to care for themselves, their loved ones, and their communities. In Montana we take care of one another, and protecting continuous Medicaid eligibility is a big piece of that.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. My work with folks that happen to have disabilities, my experience for 42 years in the medical field, my son on the autism spectrum all have proven that we Montanans *need* continuous eligibility. Thank you.

Sincerely,

Subject Line: Medicaid coverage

Continuous medicaid coverage should not be changed from the annual reporting structure that now exists. Harassing recipients during these Covid times is cruel and unnecessary. Medicaid eligible people are stressed enough with employment and health concerns and should not be required to report income more than once a year. It doesn't make sense and requires more red tape and bureaucracy.

Subject Line: Regarding 2021 WASP AMENDMENT

To whom it may concern,

Regarding 2021 Waiver for Additional Services and Populations (WASP) Amendment:

Continuous Medicaid enrollment is best for Montana!

I have helped my elderly family member fill out her Medicaid paperwork. I know it is not an easy task, especially when the enrollee is elderly, struggling with poor health, crisis, etc. Requiring economically stressed people to verify their income more than once a year creates unnecessary confusion and red tape. Eligible people could miss deadlines, which would mean a loss of coverage.

Please note that Medicaid expansion has been a huge success! So many Montanans are healthier because they have access to affordable health coverage. This helps all Montanans! This is a popular program and gives our neighbors more stability and peace of mind.

Think about the elderly. Please don't make their lives any more complicated or difficult.

**Montana Department of Public Health and Human Services
Section 1115 Demonstration Amendment Application**

Continuous Medicaid enrollment is best for Montana!

Thank you,

Subject Line: Save Continuous Eligibility for Medicaid

DPHHS Administrators,

I am writing to strongly urge you: DO NOT END CONTINUOUS COVERAGE for Medicaid services. This would be very harmful to many low-income Montanans--those who are most in need, including those with mental illness who do not have a supportive family and those with poor access to the Internet, who have difficulty applying. The current system works. Trying to reduce the ranks of those on Medicaid in Montana by ending continuous coverage would actually cost the state more in administrative costs than it would save. Ending continuous coverage is a heartless and un-Christian idea.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. No Montanan should live at risk of becoming jobless and without health care. Thank you for your consideration.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am a lifelong Montanan now living in Missoula. I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. This would harm my family and my community, and it's especially disheartening to see you considering this proposal at a time when so many Montanans are already struggling. Please focus on helping your constituents and reject this shameful proposal now.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. It is critical to ensure our neighbors stay healthy!

Sincerely,

**Montana Department of Public Health and Human Services
Section 1115 Demonstration Amendment Application**

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

My name is [REDACTED], and I live in Missoula, Montana. I am writing to voice my opposition to the proposed changes to Montana's Medicaid program.

This affects me personally. I was laid off from my job due to COVID, and I have been relying on Medicaid for my healthcare. I've been looking for new full time work and working part time in the meantime. It is such a relief to have continuous eligibility and stay on Medicaid, rather than bounce between plans. With my ongoing health issues, staying on Medicaid has been extremely helpful.

Ending continuous eligibility will cause harm for me and many others, and lead to negative health outcomes. This is bad for Montana. Thank you for your consideration.

Subject Line: Protect Continuous medicaid

to: Department of Public Health and Human Services, Director's Office
111 North Sanders Street
PO Box 4210
Helena MT 59604
c/o Mary Eve Kulawik
Phone: (406) 444-2584
Fax: (406) 444-1970
dphscomments@mt.gov

To whom it may concern,

The Montana Department of Public Health and Human Services' request to weaken the state's Medicaid program by ending "continuous eligibility" for coverage is amoral and costly - financially and people's time and health.

Accept federal grant funding for continuous health coverage for those most in need, including those with mental illnesses. Thousands of Montanans are at risk and the Montana Poor Peoples Campaign urges you to act!

Under continuous eligibility, folks qualify for Medicaid based on their average income over the course of a year, so that fluctuations in their income don't kick them off insurance. Not only is this fair it is less costly to the state to administer.

Under the direction of Governor Gianforte the Montana Department of Public Health and Human Services (DPHHS) is asking federal Medicaid for permission to end 12 month continuous eligibility - not just for working folks, but for people who qualify for Medicaid because they experience severe mental illness. This is a disaster in the making.

We are angry and confused at the way the DPHHS seeks to "save money" at the expense of the marginalized. We must stop this harmful force delivered to the most vulnerable among us. As an

**Montana Department of Public Health and Human Services
Section 1115 Demonstration Amendment Application**

elected civil servant our Governor has a moral obligation to make sure that the most vulnerable among us have the resources to care for themselves and their families.

Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

I don't know what you need to hear or how many impacted individuals you need to hear from. This proposed waiver will cause harm to communities across Montana. DPHHS does not need to listen to the Gianforte admin. You need to listen to health experts, doctors, community members. It is never ok to create instability in access to care. But to threaten to do this during hard economic times and during a health pandemic is absurd and cruel.

Do not pass this waiver. Keep continuous eligibility in Montana.

Sincerely,

Subject Line: Medicare coverage

Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.

Subject Line: HEART Waiver

Do not eliminate continuous coverage for Medicaid. The change being contemplated is unworkable and cruel.

Subject Line: Please keep continuous eligibility

Dear DPHHS:

Please keep continuous eligibility for our most vulnerable citizens of Montana!

Thanks so much,

Subject Line: Keep continuous eligibility for Montanans

Hello,

I am writing to express my opposition to the possibility of changing continuous eligibility practices for

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Medicaid. I write as a member of the clergy, and a pastor in Billings, Montana. I believe many people will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility coverage. While we may think that we are saving money in the short run, I do believe we will be hurting people and our society in the long run. Because there will be more emergency room visits from people who will be put off receiving medical care because they cannot afford it. And there will be other societal ramifications from this action that we are not even aware of yet.

Jesus said, to love our neighbors as ourselves. We all have neighbors in our communities that need this coverage to continue to live lives. What kind of society are we creating? One of greater compassion and care for the poor and low-wage Montanan? I certainly hope so. And holding onto the continuous eligibility coverage is one way to live out this commandment!

Subject Line: Comments Against Ending Medicaid's "Continuous Eligibility"

Continuous eligibility coverage for Medicaid is necessary in order to ensure ongoing, basic healthcare for poor and low-wage Montanans -- working Montanans and those with mental illness -- most in need of the program. Ending continuous eligibility would not only harm poor and low-wage Montanans, but would also weaken Montana's healthcare system as a whole.

I am opposed to the proposed waiver to end Medicaid's continuous eligibility because it will harm Montanans and our healthcare system.

Subject Line: Continuous coverage of Medicaid

To whom it may concern,

Once again the state of Montana is choosing to balance its books on the very population of people who can least afford it, the poor and those suffering from mental health issues. Our state and nation is currently in the midst of a terrible pandemic. This is not the time to change horses in the middle of the stream and reconfigure peoples access to health care. I see the change in policy the Gianforte administration is pushing for as dangerous and unhealthy for Montana and Montanans. Covid cases are rising across the state, as are hospitalizations, and covid deaths. Flue season is around the corner. I sincerely doubt the decision to end continuous eligibility will save the state any money and most likely cost our communities money and lives. I am very much against the proposed waiver.

Subject Line: Disregard push for more frequently determine Medicaid eligibilty

Dear DPHSS,

What a lot of make-work this is to consider ending continuing eligibility for Medicaid. It's costly to the state and a silly exercise in framing an issue that people are cheating on the system. Of course! people will cheat on the system. They cheat on EVERY. SINGLE. SYSTEM. in business, government and the private sector today. But the number of cheaters is so, so small compared to the 90% or more who legitimately need the coverage that Medicaid provides. Let me tell you my story.

My roommate of 3 1/2 years was on a very expensive Rx drug, Seroquel, an antipsychotic medication that kept him sane, working, paying taxes and functional. When he didn't have access to it, or went off because it was unaffordable even with every ACA plan that he qualified for, he went to jail. When he went to jail, it cost taxpayers, he went through another mental health crisis and would end up

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using other public services. It was wasted energy. When he was on Medicaid, he could get Seroquel for a small, affordable co-pay and he stayed a functional citizen contributing to society and the MT tax base. He paid taxes.

He was found floating in the river this week, the end of a sad, difficult life. That's the effect of untreated mental illness.

If you want people to thrive and survive, follow the advice of all the major groups working in MT healthcare today and KEEP CONTINUOUS ELIGIBILITY. It saves lives and being on Medicaid isn't an easy process anyway. Trying to end continuous eligibility is short sighted and not a savings at all.

Sincerely,

Subject Line: Public Comment: Cutting Medicaid services

Please do not cut Medicaid by ending continuous eligibility.

Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.

Sincerely,

Subject Line: AGAINST continuous eligibility waiver for Medicaid

Poor and low-wage Montanans, like myself, will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.

As a life-long Montanan, parent and voter, I am strongly AGAINST this disasterous waiver.

Subject Line: 12 Month Continuous Eligibility for Medicaid

Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.

Subject Line: Continuous Coverage under Medicaid

Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.

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As a cancer survivor, I am especially concerned for patients who may lose coverage in the middle of a regime of chemotherapy or who are now eligible to participate in treatment trials under Medicaid, but may be removed from those trials if their eligibility is interrupted by new Montana rules.

Twelve month continuous eligibility protects the health of Montanans and reduces costs associated with administering the program in our state. I urge you to maintain the existing system.

Subject Line: continuous medicaid eligibilty

Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.

It is already so stressful being poor. If my son's status up and changes or my status changes, I have no idea what I will do to access my medications, or to keep him seeing his pediatrician regularly. I am a single mom, I work, I go to school. It's hard, and I know that it is not just hard for me. Why add so much stress to the lives of people who are already struggling?

Subject Line: Preserve continuous Medicaid enrollment

Montana DPHHS already has a mechanism for monitoring eligibility for public assistance programs. This system for recouping wrongful benefits is already in place, including recapture through wage garnishment or being banned from other public assistance programs.

Requiring economically stressed people to verify their income more than once a year creates unnecessary confusion and red tape. Eligible people could be unable to meet verification requirements because of lack of access to the internet or because of no local DPHHS office. This would lead to a loss of coverage.

Wrongfully removing people from Medicaid will hurt eligible Montanans. It will also hurt our economy and our healthcare systems. Losses of Medicaid reimbursements to rural hospitals and tribal health providers will reduce healthcare services available to ALL Montanans. When hospitals close, everyone is hurt, and healthcare services are diminished for all.

We do not need a complicated and time-consuming process for people to maintain their enrollment status.

Preserve our continuous enrollment.

Thank you,

Subject Line: Retain continuous Medicaid coverage

Dear DPHHS,

Many years ago I was a social worker within the DPHHS organization. I was proud to be part of an organization that saw itself as serving the fellow Montanans in need. I hope that sense of mission continues.

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Since I retired I have been volunteering as a housing advocate - a job that, over the last six years, has connected me with many individuals who struggle with basic needs for a wide variety of reasons.

One of those struggles is often maintaining eligibility for services and support. Between work and/or just scrambling to survive without housing, medical and other service appointments, lack of access to the internet or limited ability to navigate the technology, and the tremendous fragmentation of some services, it can be very difficult to keep up with eligibility documentation for everything from SNAP benefits to VA or SSI benefits to housing assistance and LIEAP, etc. - let alone Medicaid. This is especially true when you consider how many of them rely on the gig economy or seasonal work that sends their income up for a short while, only to plummet much of the rest of the time.

Continuous Medicaid coverage is absolutely essential for the vulnerable individuals and families who struggle with so many challenges. Without it, even though they have the need and the eligibility for Medicaid, many will lose coverage when they need it most, simply because they do not have the means to keep up with the constant verification and paperwork requirements or because their income jumped up for a few months.

To me this is a moral question. Do we save \$22 Million from the budget by risking the critical medical care and even the lives of thousands of our fellow Montanans? Or do we examine first what would best serve our more vulnerable fellow Montanans and afford their right to access health care?

I hope you will decide based on the needs and rights of our fellow Montanans.

Thank you!

Subject Line: My family supports continuous Medicaid eligibility

My 27 year old son is on Medicaid which provides crucial mental health medications so he can be highly functioning adult. After many months of unemployment, in May he started a seasonal job that ends soon. He worked hard this summer six days a week as a river guide. It is remarkable how much his self esteem has increased. Now he has the energy and drive to look for his next job. But the last thing he needs to worry about is losing Medicaid and his access to his medications. He needs to stay focused on applying for work and continuous eligibility for Medicaid is an essential part of that. If at the end of a year his income has exceeded the Medicaid eligibility amount, not only will our family be very happy for him, but we will help him get insurance through the Marketplace.

If the state discontinues 12 month eligibility, it will only cause people like our son to constantly worry about losing access to crucial health care services. For anyone with mental health issues, this kind of worry can be debilitating. My son had a successful 5 months working hard because he did not need to worry about access to the medications that he relies on. In addition, he worked 6 days a week in the wilderness without internet or cell coverage. Obviously, it would not have been practical for him to deal with the paperwork and red tape of Medicaid eligibility during this time.

If the goal of Medicaid is to help people be healthy so they can work and prosper, then 12 month eligibility helps facilitate that. Please continue the current program of 12 month eligibility which makes much more sense than burdening people with more red tape and the worry of losing health care coverage.

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Thanks for considering my comments.

Subject Line: Medicaid in Montana

Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana. When are we going to realize that helping those that are struggling helps us all.

Sincerely,

Subject Line: Continuous Medicaid Enrollment

To whom it may concern,

As a physician in Montana, I am emailing to encourage the DPHHS to continue with the 12 month enrollment for Medicaid.

Requiring Montanans to apply for Medicaid repeatedly through a 12 month period creates extra barriers for people to maintain their Medicaid coverage. This would lead to many people losing access to healthcare that is necessary.

As a pediatrician, I know firsthand how Medicaid coverage helps many of our children remain healthy, continue to go to school, and become thriving adults that contribute to our society. Please do not allow these changes that would lead many children to go without healthcare.

Thank you.

Subject Line: Opposing cuts to Medicaid services

Hi,

I work at [REDACTED] which is a crisis and help line that operates 24/7. I can tell you that we get many many calls from people on Medicaid who absolutely depend on it's services for their well-being.

By making Medicaid a less reliable coverage you will be hurting so many Montanans.

I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.

Thank you for considering my opinion.

Subject Line: HEART Waiver

Please keep continuous enrollment, because it is more efficient and cost saving for everyone including me, who falls between the cracks quite often, including the time I had my last stroke in 1998, it would have been cheaper for everyone if I didn't have that, and if you keep other folks from experiencing the same thing.

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Sincerely,

Subject Line: Continuous Medicaid eligibility

Healthcare is a basic human right. Continuous Medicaid eligibility is essential to treatment of many health conditions and to preventive care. It is effective and efficient for consumers and providers. Please keep this policy in place!

Subject Line: Medicaid continuous eligibility

Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.

Subject Line: Do NOT end continuous Medicaid eligibility

Many poor and working poor Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage. This is a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced for many Medicaid patients. I am against the proposed waiver to end continuous eligibility. Please do not end this program

Subject Line: Continuous eligibility - HELP and WASP Medicaid Expansion programs

Discontinuation of Medicaid coverage for several months due to a small seasonal or other temporary increase in income only to be eligible again when that income drops, creates unwarranted stress, uncertainty, and bureaucratic, administrative strain on the system. The cost of repeated in and out of coverage and eligibility checks that could affect 20, 000 people on more has not been estimated or considered. The full human and administrative cost of ending continuous coverage should be considered before further action is taken. The small cash savings will be outweighed by the high administrative costs of repeated eligibility determinations of people entering and leaving coverage. Thus, I oppose amendments to the current Montana Health Economic Livelihood Partnership (HELP) and WASP programs that would remove the current 12-month continuous eligibility policy.

I also request a copy of the proposed changes.

Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

This change is unnecessary and further hinders those most affected by the healthcare system from accessing affordable care. Having to re-apply when life changes occur is one extra issue to worry about while COVID rates increase.

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| <p>Sincerely,</p> |
| <p>Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. I'm sure you have so much time to read all these postcards. Imagine being asked to reapply to Medicaid every time something changes. Think of Montana, not the politics. Sincerely,</p> |
| <p>Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.</p> <p>Ending continuous eligibility during any moment, but particularly during the midst of a pandemic could be harmful for so many low-income individuals & families in Montana. People need stable access to healthcare</p> <p>Sincerely,</p> |
| <p>Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Stay on Medicare</p> <p>Sincerely,</p> |
| <p>Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.</p> <p>My friend has been having a hard time with her health issues and she needs her Medicaid. Please don't make life harder on her.</p> <p>Sincerely,</p> |
| <p>Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.</p> <p>My mom and brother need to take medicine every day. Dont make our family have to worry about how we will afford medicine. We have enough to worry about</p> <p>Sincerely,</p> |
| <p>Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.</p> |

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I live in Missoula. Do the right thing & help people out!

Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

All lives and voices matter.

Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

As an attorney I represent a significant number of people struggling with addiction who rely on Medicaid expansion to get treatment– much-needed, life saving drug treatment. We will never end the Meth crisis in Montana if we take away healthcare from those who need it most. Do not take away Medicaid the Medicaid expansion, it will do nothing but harm to our state.

Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. I agree with this opposition statement

Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

I have developed mental health problems and I have been put in an inpatient place. Its hard on my mom. I don't know what we will do if I don't have Medicaid? Do the right thing

Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

My sister needs her insurance. She is diabetic and I dont want anything happening to her if she can't get her medicine.

Sincerely,

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Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

I don't want to lose my Medicaide. I cant get by on work provided insurance. It's not enough on its own and way too expensive by myself

Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

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Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Life is full of change, & poor / disadvantaged / "normal" / all (!) people deal with that change; no one should be penalized because life keeps happening. I believe this would disproportionately affect those that already have to jump through too many hoops.

Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Hello, I live in MT. I believe the proposed changes in the Medicaid expansion waiver will be harmful for man. Other states have studied the effects of gaps in health coverage. It won't be any different in MT. What kind of Americans could or would do that to one another - Not mine -

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| <p>Sincerely,</p> |
| <p>Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.</p> <p>Montanans need Medicaid. My child is on Medicaid and changes to the program would be devastating, as I am disabled and live on a fixed income</p> <p>Sincerely,</p> |
| <p>Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.</p> <p>I strongly oppose this! This is not fair and this is something people NEED!</p> <p>Sincerely,</p> |
| <p>Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.</p> <p>When my partner was laid off we all lost our health insurance. Medicaid was a lifesaver for my family, without it we would have been unable to get insurance. At an incredibly stressful time it was a relief to know we were covered.</p> <p>Sincerely,</p> |
| <p>Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.</p> <p>Please don't make this process harder than it already is!</p> <p>Sincerely,</p> |
| <p>Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.</p> <p>Please keep Medicaid continuous and easier for already insured people to stay on Medicaid! Thanks</p> <p>Sincerely,</p> |
| <p>Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.</p> |

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Ending continuous eligibility could put countless Montanans at risk. Healthcare is a human right especially during a pandemic, & it would be devastating for people who rely on Medicaid for their survival and wellbeing. We Are better than this!

Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Health Care for all!

Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Medicaid is vital- We must love this resource for those in need. I am a nurse - We must have medical care for all – It is necessary for all to have health care

Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

I opposed this! MT needs Health Care (*drawing of a heart*)

Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Medicaid has helped me pay for outpatient treatment and stay sober

Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

This will cost more than it saves.

Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

My friend would be dead without Medicaid. (*Drawing of 3 hearts*)

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| <p>Sincerely,</p> |
| <p>voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.</p> <p>Once a person is eligible for Medicaid they should get to stay on it for a year discontinuing Medicaid mid treatment could cost a life.</p> <p>Sincerely,</p> |
| <p>Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.</p> <p>Continuous eligibility is import for preserving the well-being of Montana's people.</p> <p>Sincerely,</p> |
| <p>Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.</p> <p>As housing cost rise and average work wages stay low, it's more important than ever to keep Montanans safe & healthy. As someone with pre-existing conditions such as asthma and severe allergies, I cant afford to buy needed medications on my own after being booted from H.C. for making 9.75</p> <p>Sincerely, a Montanan for Montana</p> |
| <p>Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.</p> <p>Please don't mess with Medicaid.</p> <p>Sincerely,</p> |
| <p>Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.</p> <p>I depend on Medicaid for my life saving medication because Im diabetic. Please don't do this to the people that depend on this. This is my life saving LIFE SAVING medication. I depend on Medicaid</p> <p>Sincerely,</p> |
| <p>Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.</p> |

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This is a bad idea. People need and depend on Medicaid for life saving medication. This will impact my life negatively. Im diabetic and I cant live without my meds

Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

I depend on Medicaid for my mental health problems and when I have my medicine I feel normal. Please don't make me sorry about going with out my medicine. Do not end continuous eligibility

Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

This is the wrong and unnecessary timing to remove safety nets of health care coverage for Montanans! What we need to do right now is hold a steady ship to ensure everybody can keep upright through these unprecedented times.

Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Removing eligibility for healthcare options in MT. is a political statement that will cost the lives of those that don't have a voice and should be represented by our elected representatives!

Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Montana need Healthcare. Dont end continuous eligibility

Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

This is unfair and cruel to end continuous eligibility. My goddaughter really needs the continuous eligibility. Without it she will find it difficult or impossible to maintain her coverage.

Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

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My aunt is on Medicaid. She takes medicine every day that she needs by taking continuous eligibility away you are just telling people don't try to be better your life because your afraid of getting kicked off of your health insurance.

Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

My oldest daughter is having her first child and is waiting for Medicaid approval for herself and soon-to-be-born daughter. We need to put Families first and have access to healthcare to everyone including low-income families. She has a full-time job, her partner has a full-time job but no benefits. This is a must for her family!

Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Sincerely

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Healthcare shouldn't be a privelage it should be how so all Montanans can continue taking life saving medicine people need to stay on the Medicaid that they need to be a productive member of society

Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Please do not make it more difficult to stay continuously covered by Medicaid. Unfortunately, thinking about health care coverage is factored in to major life changes and pursuing career advancements. Please allow people to continue coverage while pursuing their dreams.

Sincerely,

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Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

This is bad. People need to feel safe with medical just especially the people that take medication daily. Don't take medication and Healthcare away from people that need and depend on it.

Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Don't mess with Medicaid!! So many of my friends and family depend on it. Do the right thing and don't end continuous eligibility

Sincerely,

Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Sincerely,

Subject Line: against the the waiver for continuous eligibility

Why are you doing this action? It will hurt already burdened poor and disabled citizens of Montana. How will they be able to submit necessary forms without help from a face to face office? If you persist in doing this waiver, Hospitals, Doctors and clinics will have to close their doors because portions of their patients cannot keep up with forms to medicaid.

Subject Line: HELP Waiver on Medicaid

To the Director, Department of Public Health and Human Services
c/o Mary Eve Kulawik
111 North Sanders Street
PO Box 4210
Helena MT 59604

The health of poor and low-wage Montanans and our economy will suffer if the state is successful in cutting Medicaid services such as continuous eligibility for coverage. Such a cut would be short-sighted and will weaken both coverage and Montana's whole healthcare system. I am against the proposed waiver to end continuous eligibility and ask that you put yourself in the shoes of those most in need. The pandemic, which is far from over, has raised physical and mental health needs. We must not add to the burdens of others but instead join with the federal government to assist with health support systems.

Thank you!

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Subject Line: Against!

Please leave the 12 month continuous eligibility for Medicaid alone. I work in a community health clinic in Livingston, and see no need to increase taxpayer costs to reduce the time period, and do not believe in increasing barriers to healthcare for those among us who are most vulnerable and at need. In my opinion, this is a short sighted, reckless, and potentially costly mistake. Stop it now!

Respectfully,

Subject Line: Medicaid services

Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.

Thank you,

Subject Line: 12 month continuous Medicaid coverage

Dear Montana DPHHS,

I don't understand why the state is trying to end continuous 12 month coverage for Medicaid recipients. It just seems like small minded stinginess to require folks to jump through hoops and fill out paperwork on a shorter than 12 month basis in order to keep their medical coverage. We all know that money spent keeping people healthy by keeping them involved with health care providers is far more efficiently spent than trying to treat them back to health after they've neglected seeing a provider due to lost coverage. This is even more true of people getting assistance with mental health problems who are at risk of a host of debilitating developments if they can't see their therapists or get their prescriptions filled. I ask that the Montana Department of Health and Human Services stop trying to make it harder for our less fortunate citizens to keep their medical coverage. The moves you're pushing aren't compassionate and they're not smart.

Thank you for your consideration,

Subject Line: Continuous Medicaid best for Montana

I want to encourage you to follow the recommendations of the Montana Human Rights Taskforce.

Sincerely,

Subject Line: Medicaid & continuous eligibility

Just writing a quick note to let you know that I am against the proposed waiver to end continuous Medicaid eligibility. It creates yet another hurdle for people who have plenty of hurdles already.

Subject Line: Medicaid Continuous Coverage

Please do not discontinue Medicaid continuous coverage. I've helped two elderly people qualify for Medicaid, and neither one of them would likely be able to comply with the paperwork requirements on a continuous basis, although both are clearly and unambiguously eligible. I imagine others are in the same boat. Changing the regulations would do a serious and inhuman disservice to those most in

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need and least capable of frequent status updates and what you envision requiring.

Subject Line: Support continuous Medicaid enrollment

Medicaid is a program for people who need it and need it continuously. Stopping and starting cancer treatment, thyroxine supplementation, insulin, etc., is not healthy; in fact, it is extremely expensive to society. Health already interferes with their ability to work; multiple reapplications could totally prevent them working, particularly with the associated interruptions to their medical care. Continuous Medicaid enrollment is best for Montana!

Sincerely,

Subject Line: Preserve continuous Medicaid eligibility

To whom it may concern,

Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services.

Ending continuous eligibility for coverage will weaken medicaid coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients -- the Montanans most in need!

In a time of such incredible difficulty why would our state do anything to hurt those struggling to build a life in Montana. We must instead be doing all that we can to support folks. And that includes access to Medicaid services!!!

Do not pass this policy. Keep continuous eligibility in the Montana Medicaid program!

Sincerely

Hello, Mary. My name is [REDACTED], and I live in Missoula. My number is [REDACTED]. I'm calling to voice my opinion during the comment period. I am greatly opposed to the plans for the Republicans to end the 12-month continuous eligibility for people who already qualify for Medicaid Expansion or other programs or specifically mental illness or cancer. They already qualify for that program. They should not have other hoops to go through or risk losing their insurance just for the sake of saving money. Anyway, so if you could add my name to the comment period. If you need to call me back, again [REDACTED]. I just wanted to voice my opposition to that proposed change. Thank you very much. Bye Bye.

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Sincerely,

Subject Line: Opposition

I oppose the continual attempts by this administration targeting those in the most need in our state due to GG's political agendas. The short sightedness that will not just hurt those low wage and poor Montana's but hurt our whole healthcare system.

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Where do people most vulnerable and in need go? By making Medicare less reliable you lay the burden on an overwhelmed system already. Where is the "Christian" Gov now? Where are his morals to helping those in need?

Really Gov. Gianforte has to stop using his office to cause MORE harm than any supposed good. This is a political agenda using Medicaid targeting marginalized Citizens, threatening the health and well being of Montanan's.

Subject Line: Re: Medicaid Waiver public comment

Dear DPHHS Representative,

Please consider that continuous enrollment on a yearly basis is cost effective and serves an underserved population.

I work with low income individuals, many of whom do not have laptops or PCs, and completion of government forms without these devices can be daunting. I believe that we should not be placing more complexity and barriers to people's access to health care, especially during a pandemic. The more frequently people have to prove eligibility the more likely it is that people will fall through the cracks by missing deadlines, making errors while filling out forms, etc) and be denied health care coverage. This negatively impacts patients and providers. Seasonal workers (landscapers, construction workers, ski and tourism industry workers) could lose health coverage even though their annual earnings would qualify them for Medicaid.

I have reviewed the cost analysis published by the Legislative Fiscal Division, and the cost of increased bureaucratic work to implement this law far outweighs any savings that would be realized.

Please support health care for Montanans by reducing complexity and frequency of proving Medicaid eligibility.

Respectfully,

Subject Line: On ending continuous eligibility

We must look out for our fellow Montanans, and that means making sure everyone has access to the healthcare they need. As a citizen of Montana, I oppose the waiver to end continuous eligibility, as I believe this would only place more roadblocks in the path of people attempting to be involved and productive members of their communities.

Sincerely,

Subject Line: Waiver to end continuous medicaid eligibility

I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana. In the long run the man hours required to start and stop and start care for our most vulnerable make this proposal more costly to manage and in the long run a greater tax burden to Montanans. We have a responsibility to care for the most vulnerable among us and my expectation is that my representatives meet that responsibility with compassion not political posturing.

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Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

My name is [REDACTED] and I live in Missoula, Montana. I am writing to voice my opposition to the proposed changes to Montana's Medicaid program. This affects me personally because My son and I rely on it to receive continuous care from various professionals in our community. Ending continuous eligibility will cause harm and lead to negative health outcomes. This is bad for Montana. Thank you for your consideration.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

My name is [REDACTED] and I live in Missoula, Montana. I am writing to voice my opposition to the proposed changes to Montana's Medicaid program. This affects me personally because due to COVID-19 I have been in and out of work and have been able to access Medicaid. I also work with young mothers who already face so many barriers when accessing health care. Ending continuous eligibility will cause harm and lead to negative health outcomes. This is bad for Montana. Thank you for your consideration.

Sincerely,

Subject Line: Proposal to complicate the current Medicaid application process to save money is unconscionable, while jeopardizing health coverage

According to an excerpt from an article on this proposal:

"While the state Department of Public Health and Human Services estimates that ending continuous eligibility, or a year of uninterrupted health care coverage, will save the federal and state governments roughly \$22 million a year in the cost of benefits, critics say the change could result in temporary lapses in coverage for more than 20,000 people in a given year.

Inherent to opponents' concerns is the prospect of Montanans losing coverage because of paperwork, communication and bureaucratic errors rather than true income ineligibility, an outcome DPHHS has said it would make every effort to avoid."

The Department of Public Health & Human Services ought to be promoting healthy practices, encouraging coverage and enhancing the ability of those eligible for and in need of Medicaid to access

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Medicaid.

In my mind it is a dereliction of duty to make folks jump through an increasing number of hoops, the failure of navigating any one of which in a timely fashion could jeopardize their eligibility and it is just plain and simply wrong.

Sincerely,

Subject Line: Medicaid Services

AGAINST the waiver

I am angry and confused at the way the DPHHS seeks to “save money” at the expense of the marginalized. We must stop this harmful force delivered to the most vulnerable among us. As an elected civil servant our Governor has a moral obligation to make sure that the most vulnerable among us have the resources to care for themselves and their families.

Poor and low-wage Montanans will be hurt by the state’s attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana’s whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.

Subject Line: Medicaid enrollment

Dear DPHHS:

I am writing to urge you to disregard the rules proposed by the legislature to require Medicaid recipients to register every month. This puts undue hardship on people who are already having a hard time financially and medically; it also makes additional unnecessary and costly work for state employees. This seems like more punishment of the victim than it does a solution to a problem.

Thank you for considering my response.

Subject Line: Comments, Continue 12-month enrollment for Medicaid

Requiring people to repeatedly prove their income during each year in order to avoid losing Medicaid coverage is a bad idea. People on Medicaid, even those who are near the income coverage cut off, have enough problems to deal with. More paperwork and more state staff required for more frequent audits moves the program in the wrong direction. The program is supposed to help these people, not create more headaches for them. Please continue 12-month enrollment for Medicaid.

Subject Line: Montana Medicaid Services

Poor and low-wage Montanans will be hurt by the state’s attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana’s whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.

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Subject Line: Cutting medicaid services.

I am against the proposed waiver to end continuous eligibility. People are relying on this service.

Subject Line: Medicaid

Most of the people on Medicaid are also hard working Montanans that barely make enough to survive before they are charged outrageous amounts for medical bills. Help them by letting the 12 month application stand. Thank you,

Subject Line: Urgent

Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.

Please do what is right and good to take care of all people-not just the chosen few.

Subject Line: Against the waiver

Hello,

Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.

Thank you,

Subject Line: No to cutting Medicaid services ...

Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana. (I, myself, will be directly affected by this inhumane action.)

Subject Line: AGAINST WAIVER TO END MEDICAID ELIGIBILITY

To the DPHHS,

I am working part-time, still looking for full-time work in my field, and currently rely on Medicaid for myself and my son. My wages fluctuate, and the proposed Medicaid eligibility waiver will make it difficult if not impossible for us to have continuous health coverage. This is especially dangerous during the pandemic, and as the Delta variant continues to infect and kill Montanans.

Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many

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Medicaid patients, reducing coverage for those most in need.

I am AGAINST the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana! Please don't let Governor Gianforte, who knows NOTHING of the struggles of the working class in Montana, take away our health care!

Sincerely,

Subject Line: Vote AGAINST Medicaid Waiver

Please vote AGAINST the Medicaid waiver.

It will hurt the least among us who need consistent medical coverage and IT WILL NOT SAVE MONEY.

PLEASE VOTE AGAINST THIS PROPOSAL.

Subject Line: medicaid continuous enrollemnt

Dear Sir/Madam,

As a Montana and Federal taxpayer I have no problem with continuous medicaid enrollment. Our daughter is mentally ill and would be even worse off and unduly burdened having to re enroll numerous times adding to an already stressful life.

Thank You,

Subject Line: Continuous Medicaid Enrollment is Best for Montana

New rules proposed by the 2021 Montana Legislature would require people to apply for Medicaid repeatedly through a 12-month period. This creates a complicated and time-consuming process for people to maintain their enrollment status, and people could lose access to health care, medication, and more along the way.

Requiring economically stressed people to verify their income more than once a year creates unnecessary confusion and red tape. Eligible people could miss deadlines, which would mean a loss of coverage.

There is no reason to complicate a popular program that has given Montanans more stability and peace of mind.

Subject Line: Medicaid eligibility rules

In a state with so many seasonal jobs: agriculture and recreation being two of the biggest, it seems so counterproductive to require repeated eligibility qualification for Medicaid. Good health is a vital issue for all of us, employer and employee alike. For many with lifelong conditions like asthma and diabetes, it requires consistent and constant attention. Interruptions in care can be catastrophic for a patient and complicate the "business" of health care and health care providers.

Please don't break what's working well.

Subject Line: Do not change continuous eligibility for Medicaid coverage

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Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need.

I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana. It is cheaper and simpler for the state to NOT require repeated applications for this help. There is no reason to change the current system. It will only hurt Montanans who need this coverage.

Subject Line: Continuous Medicaid Enrollment

I would like to support continuous enrollment for Medicaid.

Asking already stressed and possibly ill people to jump through more bureaucratic hoops to get their medical care covered can create even greater stress and potentially lead to

- People who qualify not getting medical care they deserve/need
- People who qualify having interruptions in their medications or treatments
- Disruption in coverage for seasonal workers
- Added stress/confusion

Making this very important and necessary program more difficult to access would be a shame and harm the peace of mind it has afforded our most needy neighbors.

Please do not end continuous Medicaid enrollment!

Thank-you,

"See the light in others and treat them as if that is all you see."

Subject Line: help those in need don't hurt them

Legislation that hurts those most in need should always be voted down. Continuous coverage should be provided for that demographic if eligible. We know what is right and what is wrong and will vote out those who try to pass legislation that is against the Montana way, which is to tell the truth and help those who need and deserve it.

Subject Line: Don't weaken Medicaid by ending continuous eligibility for coverage

I am writing to object to the DPHHS's efforts to end 12 month continuous eligibility for Medicaid coverage which will hurt poor and low-wage Montanans. This policy will weaken coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.

Subject Line: WASP Comment

Dear DPHHS Staff,

I strongly support continuing continuous enrollment for Montana's Medicaid program. Medicaid

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expansion has been enormously successful in providing previously uninsured Montanans with affordable health insurance. These Montnanans can live happier, healthier lives due to their access to affordable health care, plus not having to deal with the stress and uncertainty of not having health insurance because it is too expensive.

I strongly oppose ending continuous eligibility for Medicaid for a number of reasons, but especially because adding additional administrative burdens to people who are already living economically precarious lives is unfair and inhumane. Requiring people to verify their incomes more than once a year would create unnecessary confusion and lead to eligible people missing deadlines and losing coverage. Additionally, seasonal workers -- upon whom Montana's agricultural and tourist industries rely -- could lose crucial coverage either by missing deadlines or by being ineligible for part of the year, but still not making enough money to afford private health insurance when they are ineligible.

In summary, there is no reason to add unnecessary and burdensome red tape to a popular and successful program that provides stability, peace of mind, and access to health care to a broad swath of Montanans.

Thank you for taking this into account,

Subject Line: AGAINST the ending of Medicaid continuous eligibility

Ms. Kulawik:

Poor and low-wage Montanans will be hurt by the state's attempt to cut Medicaid services by ending continuous eligibility for coverage, a policy that will weaken the coverage and hurt Montana's whole healthcare system. By making Medicaid a less reliable coverage, healthcare may be reduced to many Medicaid patients, reducing coverage for those most in need. I am against the proposed waiver to end continuous eligibility, a move that harms those struggling to build a life in Montana.

I urge the Gianforte administration to really examine the effects of this decision. Thank you for hearing my concern.

Subject Line: HEART Waiver

Dear Officials at the Montana Department of Public Health and Human Services,

I am writing to urge you to seriously consider a broader range of consequences that the publicly announced narrow and immediate monetary savings that are expected to result if you halt the current "continuous coverage" policy of Medicaid in Montana.

Please consider the costs of administrative hours spent in removing current enrollees and then re-enrolling those same seasonally or sporadically employed recipients of aide when they again become eligible.

Please consider the added health care costs that would result from people no longer being able to deal with minor medical issues that then become more expensive major issues.

Please look at the long term anguish and mental health issues that will result from not only struggling with short term, changing employment situations, but now having to deal with loosing and re-

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applying for medical care.

The current regulations provide sufficient oversight to preclude any long term abuse of Medicaid funds in Montana, and should be left with at least a year's worth of continuous coverage to ensure that our populace is healthy and we are neither needlessly straining our health care budgets nor our mental and emotional well being.

Please do not rescind or alter current health care coverage for Montana low income recipients.

Thank you for listening,

Subject Line: HELP Waiver

I'd like to offer my public comment on ending continuous yearly enrollment for some Montanans receiving Medicaid. This a vulnerable population of people that may rely on their health care for survival. Montana benefits from having our residents healthy. I see that it is estimated we will save an estimated \$22 million a year, but at what cost to our state?

DPHHS has not released the calculated cost of the greater administrative load incurred with Montanans having to reenroll in the program. This group of Montanans is already under great stress being at the 138% of the federal poverty level or below. Paperwork and bureaucratic red tape can seem like an overwhelming obstacle for someone without access to networking tools, especially if they are sick. Some in this group are mentally and chronically ill and having consistent health care is critical. Having these folks end up in the emergency room or having dangerous psychotic episodes will produce costs which impact the estimated savings as well. Healthy neighbors improves life for all of us. Please don't end continuous eligibility.

Subject Line: HEART Waiver

I'm writing to ask that the eligibility period for Montana Medicaid services not be changed. Please keep them at one year intervals.

While it sounds like an easy program to implement, the variables for error are high. The state is currently understaffed and overloaded with cases for review. Changing the eligibility period would add to the workload and cause an even longer backlog.

Those that qualify for a year and then find a new job that offers more money may use that time to save money to purchase insurance before they are kicked out of the program. The likelihood that they would have insurance after leaving the program is relatively low as the cost of private insurance is unobtainable to most middle class families.

Many rely on Medicaid for counseling services. Give them a year to continue to receive mental health help without the fear or frustration they will have to reapply or abruptly stop attending sessions in groups or one on one.

When my sons were young they qualified for Montana Healthy Kids. There was more than one occasion that the case manager did not send out renewal forms in time for the annual review. We would then have to submit the bills and wait for the caseworker to retroactively provide the coverage due to the lapse from a personnel issue.

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Montana has a 6 month probation period when starting a new job. Within that time, a person may be let go at any time. If they had been removed from Medicaid in month two of a higher paying position and then lose the job in month five they have to reapply for the program they were removed from. That requires more paperwork for them and Medicaid employees.

Please keep program eligibility at one year. Many with medicaid coverage don't use the coverage constantly. It's there for emergencies or required medical care.

State taxes are calculated based on a yearly income total once a year and reported once a year with filing taxes. Property taxes are assed for a yearly period not reviewed each month to fluctuate with cycles of tourism where land prices could demand more money. Vehicles are registered and taxed once a year as well. Our county, Flathead, sent out the renewals for vehicles after the expiration of registration last year due to the workload and backlog from the pandemic shutdown. How a monthly review for Medicaid eligibility would be any different and not provide errors or issues is beyond me.

I appreciate your consideration of these comments and hope that the eligibility period does not change.

Thank you,

Subject Line: Fwd Help Act Medicaid continuous eligibility comments

My name is [REDACTED]. As a Montanan with a disability, I am concerned about those Montanans with non seen disabilities or chronic disabilities that are relying on Medicaid to maintain health insurance coverage. Not every person with a disability is able to live or work without services. Many times Medicaid is often the primary insurance option for citizens with chronic health conditions , mental health, or chronic disabilities.

Continuous access to medical treatment, medications, and other services offered through Montana Medicaid is often essential for many. Please do not end continuous eligibility for Montana Medicaid.

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. As a Montanan and someone on Medicaid, this is vital to the life of many low income Montanan's. I would implore you to see reason and support this community in REJECTING this waiver. So many lives have been impacted by COVID-19, and so many have been saved by the continuous eligibility. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. No Montanan should live at risk of becoming jobless and without health care. Thank you for your time.

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Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.
Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. The way it is now gives some stability and predictability to the budgets and lives of the low income people who rely on Medicaid. Having to battle paperwork more than once a year is daunting and will discourage folks who really need the coverage to apply for it. This change seems punitive and these folks have seen enough of that. Please reject the change.

Sincerely,

Subject Line: Comment on the HELP waiver-2021 Medicaid Expansion Waiver Amendment

Dear DPHHS:

Please do not end 12 month continuous coverage for Medicaid under the proposed HELP waiver. The financial benefit to the state of Montana is outweighed by the damage to vulnerable populations.

In my work with child welfare cases in Montana courts as well as in our local legal clinic for low income family law cases, I see adults with mental illness frequently who depend on their medication to keep them stable and able to safely parent their children. These single parents want to parent their kids, and Medicaid gives them a steady supply of their medications.

Waiving 12 month coverage will hurt low-income parents and children, some of our most vulnerable Montanans. Please think of them and do not do this.

Thank you.

Subject Line: Medicaid Waiver

Regarding the 2021 WAIVER FOR ADDITIONAL SERVICES AND POPULATIONS (WASP) AMENDMENT

Please do NOT Remove permanent eligibility for Medicaid services. This constant "churning" of reapplication is going to cost state taxpayers by the increased staff time that administrating the program is going to require.

Further, the loss of coverage for low income people that will no doubt results from both confusion and inevitable delays in processing, is going to shift the burden onto healthcare providers who provide services for which they cannot be reimbursed.

But most of all this policy is simply cruel. It is intended to deny low income people critical medical and mental health services that they need. Increased illness and increased severe mental health crises are

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going to also cost the taxpayers of Montana far more money than I would ever be saved by nickel and dime in people to death.

Subject Line: Continuous Eligibility

As a parent of an adult son with mental retardation, I strongly oppose elimination of continuous eligibility for Medicaid. Our son has heart problems and diabetes. He sees his physicians frequently in order to keep his conditions stable. Since graduating from high school, he has had jobs in restaurants and has lived on his own in an apartment. He can handle his day-to-day responsibilities, but he couldn't understand having to sign up for Medicaid over and over again. We as his parents would have to be alert to his eligibility, and we would have to try to fill out the forms to get him eligible again. All of this would cause anxiety for our son and our family.

It has been my experience in the past, that DPHHS does not alert us to problems, and we have to figure things out again and again. The process of people exiting public programs only to re-apply later would create administrative strain on state public health workers and would end up causing more paperwork and less efficiency in serving people who need Medicaid. Instead of wasting time on repeated eligibility checks, it makes sense to have 12-months of eligibility and a well-defined period to renew eligibility.

In our son's case, his health problems are currently managed very well, but if there was a break in service for any length of time he would likely have serious relapses in his health. The purpose of Medicaid is handle chronic illnesses efficiently so the state does not have to pay enormous sums for acute care.

Let's stop wasting time and money to "find fraud" when fraud is not a significant problem. Let's keep people healthy and productive so that people with disabilities can work and be independent.

Subject Line: HEART Waiver

To Whom it may concern,

Does the dignity of the human person matter?

Ah, but it is PRAGMATIC.

The Human Person is but an actuarial number on the chart of PRAGMATISM.

The US has the highest number of incarcerated, violent, cancers, and stress induced illness in the developed world.

This State administration is adding to this with this arbitrary policy.

I submit to you to consider the ripple effect in domestic violence, despair, stress induced healthcare, anxiety, mental health, exacerbation of addiction and so on, and so on, for the sake of removing yet one more rung in the Darwinian "Survival of the Fittest" ideology.

Please Don't Do This.

I am not on Medicaid, but was for a short time after having been forced into poverty with starvation wages, no insurance and an emergency appendectomy. It took me 6 years to pay the \$33,000.00 medical bills on a starvation wage Montana job.

Don't Do This.

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Subject Line: continuous coverage

Please do not end continuous eligibility for some Montana Medicaid recipients. Dependable healthcare is the foundation of a successful life. This is a very cost-effective way to support individuals attempting to improve their situations. People with chronic conditions need the certainty that health issues will not affect their ability to work. Administrative costs to make this change would not be inconsiderable, making it even less effective as a money saving strategy.

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. So many Montanans, particularly those with chronic health issues and longterm treatments (like cancer) will be relying on their continued care. Ending this eligibility will cause far more harm and for no good reason.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Read that sentence three more times and you'll see how difficult it is to be clear in our present political climate. Let me be more clear.

I have good medical insurance through my husband's former job in Colorado. I'm lucky. A person shouldn't have to be lucky to get adequate medical coverage. I want ALL of my neighbors in Montana to have the coverage I get by being a former Coloradan. Why not? We can afford to be healthy. We can't afford to be sick. If there's federal money for this, that's our money, too. Aren't we a part of this nation? We can strengthen our own communities. We can stand by each other. We can be a stronger Montana when everyone is healthier.

Always work to expand Medicaid and Medicare. Anyone who tries to cut Medicaid or Medicare, set them straight.

I'm counting on the Department of Public Health and Human Services to live up to its name.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. I believe it will be harmful to our lower income citizens in Montana, create an expensive bureaucracy, impact the provision of necessary health care and create unnecessary hardships in maintaining good

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health for Montanans. No Montana should live without health care.
Thank you,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

My name is [REDACTED] and I live in Missoula , Montana. I am writing to voice opposition to the proposed changes to Montana Medicaid expansion program. Specifically, it is my belief that the proposed change in continuous eligibility for the Medicaid program would be very harmful. This change would cause low income working Montanans to lose their healthcare, make it more difficult for people with chronic illness to visit their doctors, Personally, I am very concerned for people who have a disabling mental illness and receive Medicaid benefits through the WASP program. From my 30 years experience with a relative with mental illness, plus past work experience in the field, I know it is often extremely difficult for those who have mental illness to complete paper work on a timely basis, and even to maintain a stable home address. The possibility of losing coverage for medication, and other treatment because of paperwork deadlines would be extremely harmful. Thank you for your consideration.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility for people who qualify for Medicaid expansion and for those with a disabling mental illness in Montana.

This will lead to gaps in health coverage. Other states have studied the impact of coverage gaps and have found that nearly half of adults with gaps have skipped or stopped taking prescription medication. I have experienced gaps in coverage while living in Montana and missed weeks of taking my behavioral health prescription medications. Montana does not have enough behavioral health providers so even after someone gets new coverage it can take months to get an appointment with a provider. I was lucky that my gap only lasted a few weeks but it was incredibly destabilizing. Not having access to my regular provider and medication caused me extreme distress, negatively impacted my mental health and my ability to function. For other people it could lead to a serious mental health crisis landing them in the ER or jail. Lives will be at risk.

I am also concerned about what will replace continuous eligibility. All options will create a burden for people on Medicaid, state employees, or both. Ending continuous eligibility will cause harm and lead to negative health outcomes. This is bad for Montana. Thank you for your consideration.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

My name is [REDACTED] and I live in Great Falls, Montana. I am writing to voice my opposition to the proposed changes in Montana's Medicaid Program. My dad raised me on his own, and has been a hard worker for as long as I can remember. He paints houses and does small contracting jobs for a living, and has even done "odd jobs" like plowing/shoveling snow and raking leaves to try to make ends meet. As an Independent Contractor, his income fluctuates depending on a

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multitude of factors. These can include how many people have work for him to do, if people have money to fix their properties based on the economy, whether there is exterior work alongside interior work because of inclement weather, and if he can outbid many larger construction businesses with more financial flexibility. My dad, as a result of his thirty-plus years of work with construction and painting supplies and extreme exposure to unsafe, industrial-level chemicals, has many ailments. This includes Asthma-COPD Overlap Syndrome and chronic pain, on top of fairly common ailments seen in people in their mid-sixties. As a low-income person, he relies on Medicaid to access the healthcare needed to keep him healthy, able to work and spending time doing the things he loves. I remember a time when my dad didn't have access to healthcare, and although I was young I was able to comprehend how difficult and at times, very scary that was. There are plenty of hardworking Montanans just like my dad who also rely heavily on being able to access Medicaid year-round, regardless of their seasonally-dependent income levels. This would only make life harder on so many Montanans, already struggling to get by. Thank you for your time.

Sincerely,

Subject Line: Public Comment amendments to the current 1115 HELP and WASP Waivers

We wish to submit the following public comment regarding the above mentions amendments:

Poverty is a complex and insidious determinant of health caused by systemic factors that can persist for generations in a family. Life is unstable for many low-income families. This instability is marked by uncertain and irregular employment, erratic work schedules, fluctuating public benefits, shifting household composition, frequent housing moves, and other changes that undermine not only their precarious finances but also, evidence suggests, the health and well-being of themselves and their children.

Those experiencing poverty often have higher rates of chronic disease and difficulty navigating health care systems. This amendment would further add to the instability of these families by adding barriers to health and healthcare for many of our families because of the requirements of reporting by individuals enrolled in this program.

Many of our members will forgo care because of the cost care after the loss of coverage. Lack of access to medical care is a significant public health concern and equates to higher costs in the future. For these reasons and others, these amendments are opposed by the Little Shell Tribe Health Department.

Hopefully, Our voices matter! I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Please consider my opinion w/o retribution. To end continuous eligibility is just seemingly another way to cripple the already crippled. To victimize the already victimized. All it would do is cost the state more money to implement such - and in the end would only serve to harm the ALREADY HARMED ENOUGH!

Subject Line: Medicaid Eligibility

Dear DPHHS,

Please consider this a public comment about the proposed coverage changes to the DPHHS Medicaid

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rules.

As a provider and a past/present recipient of Montana Medicaid, I am very familiar with many levels of your services and deeply appreciate the boon this service is for Montana.

Please do not cause extra time/stress burdens for Montanans who are struggling to survive by causing unnecessary paperwork. The time tax on the poor is real. Please maintain 12 month eligibility for Medicaid.

As a rare individual who is currently both a provider and a care recipient, this proposal would be damaging for me on both fronts, and make it more likely that I remain on Medicaid for longer. Why would we add more headache for providers, cause disjointed care for Medicaid recipients, and adversely impact their health due to discontinuations in care and increased stress burden on those already struggling financially?

As an example, I had a client who was about to re-commence services, then heard that he was briefly not eligible for Medicaid, cancelled the scheduled services, had another relapse on Meth, and is currently very likely to die in their 40's due to complications. This is the type of problem which is less likely without imposing a time tax on vulnerable citizens.

Thank you for your services, please do not make people re-prove eligibility more than once every 6 months.

Kind Regards,

Subject Line: Comment re continuous eligibility for Medicaid

Hello,

I oppose the proposed eligibility change to Medicaid eligibility. The proposal does not specify what eligibility parameters will be used in the future. Without this information, no one can make an educated decision about how this change would impact the Medicaid program, staff, people served, or the cost. Historically, eliminating one process without a new process in place, or even planned, creates dysfunction in our government and increases the cost of providing that service. This proposal, as it stands, will create problems and expense that could be avoided with thoughtful planning.

Thank you for your time and consideration,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. I have family members who use Medicaid.

This will do more harm than good.

Sincerely,

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Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. The pandemic is raging on and families are still struggling. People need to have security around health insurance. No one has the time or energy to devote to endless paperwork to prove ongoing Medicaid eligibility. If continuous eligibility ends, more people will fall ill and die because they will become uninsured. Please reject the waiver to end continuous eligibility in Montana. Montanans depend on it to live.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

My name is [REDACTED] and I live in Rocky Boy, Montana. I am writing to voice my opposition to the proposed changes to Montana's Medicaid program. Ending continuous eligibility will cause harm and lead to negative health outcomes. This is bad for Montana especially during the pandemic of COVID-19 delta variant on the rise. Protect your Montanans!! Thank you for your consideration.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. My name is [REDACTED] and I live in Rocky Boy, Montana. I am opposed to the changes in the Medicaid expansion waiver. Specifically, I believe it is harmful to end continuous eligibility for Montana's Medicaid program. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. No Montanan should live at risk of becoming jobless and without health care. Thank you for your time.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Specifically, I believe it is harmful to end continuous eligibility for Montana's Medicaid program. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. I have

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spent my adult life working with individuals with disabilities and know this will disproportionately affect them. No Montanan should live at risk of becoming jobless and without health care. Thank you for your time.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Sincerely,

Subject Line: Please Help Medicaid

My name is [REDACTED] and I live in Missoula, Montana. I am writing to voice my opposition to the proposed changes to Montana's Medicaid program. This has affected me personally because my daughter was diagnosed with bipolar disorder and has been either in a state of severe depression or mania for the majority of the past 3 years to the point of either not being able to work or being able to only work part time. She has had to be hospitalized two different times for between 1-3 weeks (once for mania and once for suicidal depression). Her depression continued to be so severe that she was advised to undergo electroconvulsive therapy (ECT) because they couldn't find a medication that was effective for her depression. She ended up having 16 sessions of ECT, which finally began to help with her depression somewhat after the 11th session. Sadly it has negatively affected her memory, making applying for, learning a new job and/or resuming her regular self-employment not possible. She has been able to both do some volunteer work and work as a personal caregiver for an elderly couple in the family, but often is unable to go to work 1-3 days/month due to her health challenges. Ending continuous eligibility will cause devastating results for her and others, leading to severely challenging health outcomes that cannot be good for Montana's population.

I truly believe her Medicaid is the only thing that has allowed her to get the medication, hospitalization to keep her alive and safe when she needs it, and professional help that she needs to begin to manage her condition. Continuous eligibility for Medicaid makes it possible for her to work limited hours in a safe and supportive environment, when her condition allows. There are some days she cannot function due to either the debilitating depression or the mania and psychosis. The proposed requirements will make it more difficult, if not impossible for people with disabilities to get the help they need. Additional eligibility or reporting requirements are unreasonable for the people that need Medicaid to manage a chronic illness and those of us that have to help them with the required paperwork, when they are unable to function or complete it independently.

Health care should not be reserved for wealthy able-bodied people. Living on a low income is hard enough, but to do it without access to healthcare can be impossible. These requirements will not help Montana families succeed. New barriers will deny people access to health care when they need it the most. I am afraid my daughter would not be alive today if she hadn't had access to the medical care she needed, thanks to Medicaid.

Please consider my comments on the proposed waiver. The financial gap in our state between those who can afford health insurance and those who do not have access to health coverage is vast.

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Montana needs to provide healthcare to all its residents so that low-wage workers with serious health conditions have resources when they need them most. No Montanans should live at risk of becoming jobless and without healthcare.

Subject Line: Medicaid rules change

If the state legislature rejected the changes your department is considering, wouldn't that tell you that Montanans do not support changing from continuous eligibility? Aside from the unnecessary cruelty of uncertainty and constant monitoring/reporting, you are creating a paperwork nightmare on top of what has already been onerous. To what advantage? To WHOSE advantage? Should you really be in the business of punishing and shaming Montanans who need the safety net that Medicaid provides? Or providing a disincentive to improve personal financial stability?

I oppose these changes, as apparently did those who attended a recent hearing on this rule change.

Subject Line: Please don't change continuous eligibility!

To whom it my concern,

I am writing to voice my support or the current support for continuous eligibility. I believe this is a crucial part of our current system to give workers some flexibility in times of transition. Taking away this safety net will only leave more people without insurance. Please do not move forward with this action.

Thank you for your time and consideration.

Sincerely,

Hi, I'm a resident of Missoula, Montana 59808, and I'm calling to urge you not to end continuous eligibility for Medicaid. I don't need a callback. Thank you and have a nice day.

Subject Line: Proposed Medicaid eligibility protocol change

I am writing on my behalf and that of my wife, [REDACTED], to register or strong opposition to the DPHHS plan to change the terms of Medicaid eligibility for Montanans. Of all the hair-brained, stupid ideas! This is why people cringe when they hear the word "bureaucrat". If the legislature rejected this idea, why in the name of sanity would DPHHS go forward with this change. DPHHS should instead spend their time supporting local health officials who know what they are talking about when it comes to Covid mitigation methods.

Subject Line: HEART Waiver

Please, Please do not force a work requirement or eliminate continuous eligibility for Medicaid as conditions of obtaining Medicaid benefits. The people on Medicaid have very rough lives and are doing their best. The vast majority of people want to work and improve their lives. These exceptions to the Medicaid law just adds more stress to their lives.

Thanks,

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Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

I am a Montanan who has worked themselves out of extreme poverty. I have spent the last 15 years as a single parent of three. Having come from an impoverished single parent home myself, and having started my own family while I was still in highschool, the deck was stacked against me. However, I took advantage of the various public aid programs and was able to stabilize my situation. I slowly, but surely advanced professionally, yet each step forward was met with at least one giant step back. Everytime I got a raise or a promotion I lost some sort of aid. The raise in income was completely offset by the sudden expense of a previously covered necessity. To make a long story short, after years of struggling in this way I was finally able to get an education that afforded me a career that paid all of the bills. I am in no way beyond the reach of poverty now; like most Americans I am one adversity away from it. That being said, the only reason I find myself emerging from the bog of poverty is due the grace periods of some aid. The continuous eligibility of medicaid allows people to get a foothold, so that when the expense finally falls on their shoulders they are in a place of stability instead of transition.

Ending continuous eligibility will harm Montanans who are transitioning from poverty, especially as we are all trying to recover from the pandemic. Please do your part to keep this critical piece of medicaid intact.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Sincerely,

Subject Line: Medicaid waiver

Native Americans should be exempt on this waiver because the federal government reimburses the state at 100%FMAP for Native Americans verses 89-90% FMAP for non Natives.

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Subject Line: Medicaid

I totally support continuous coverage for Medicaid recipients. Please maintain current rules.

Subject Line: 12 month Medicaid coverage

Dear Gov. Gianforte

My best friend needs Medicaid to survive.

I hope you don't kick him off of it just because Medicaid is a government program serving the type of people that our profit driven health system can't make a profit from, proving that the drive for profit (capitalism) is a parasitic racket. Which should be abandoned for its primitive brutality, as it has been abandoned in every other developed nation in earth.

Subject Line: eligibility for medicaid

as a a constituent, i urge you to maintain current eligibility rules for medicaid.

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

Hi my name is [REDACTED] and I live in Missoula, MT and I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Ending continuous eligibility will cause harm and lead to negative health outcomes. I am a social worker in the community where I work at [REDACTED], supporting vulnerable families that have experienced domestic violence, homelessness and poverty for most of their lives. They heavily rely on Medicaid to support their health and mental health needs and creating more barriers for them to receive this support will make it more difficult for them to receive the care that they need. Not only do many of my clients rely on Medicaid, I also rely on Medicaid for my personal healthcare needs and hope you will consider the many Montanans this proposed waiver will affect. Thank you!

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

My name is [REDACTED] and I live in Butte. As a social worker in Montana since 2000, I have witnessed firsthand the devastation caused by budget cuts to services for our most vulnerable populations. Without support and assistance, many people with special needs and conditions lose their benefits in the best of circumstances. Now the state of Montana is considering adding the extra burden of continuous eligibility without strengthening the safety nets around the people who need it the most. I predict a rise in issues with people with mental illness and homeless individuals and an increase in services being provided in inappropriate settings such as jails and emergency rooms. This

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will ultimately cost the state, cities and counties and individual communities much more than providing continuous Medicaid for eligible individuals. Reject this unnecessary and costly waiver. Thank you.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Healthcare is a basic human right and we should not be trying to deny it to the poor and middle income Montanans who need it.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Making it harder for the disabled to continue to receive benefits and Healthcare is wrong. To make a real difference, tax those who make over 400k - THEY are the real welfare queens.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. Creating more hassle and headaches for the folks who need this vital access to healthcare, AND creating more hassle and headaches for the state employees tasked with processing additional paperwork seems like a lose-lose situation for Montanans.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. There seems to be some idea this would save Montana money. I can tell you, all this would do is SHIFT the responsibility for low income Montanans health from Medicaid to local hospital emergency rooms. As a healthcare worker I see this DAILY. People without insurance utilize the ER much more, and when they finally seek care they are generally sicker, requiring more resources, staff, hospital beds, to get them back on their feet.

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Kicking people off to save pennies would result in exorbitant increases in unpaid bills to local hospitals that are already strained due to Covid. Please choose to keep continuous eligibility, for the benefit of low income Montanans and healthcare workers.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Sincerely,

Subject Line: Medicaid

I have schizophrenia and a co-occurring disorder and I rely on Medicaid to cover the mental health services that I need and other medical expenses... I am hoping that people who need Medicaid will not lose their coverage but I strongly believe that some changes need to happen. The system defeats its own purpose because of the caps on our wages and savings, that haven't changed in well over 30 years... The cap for what I can have in a bank account has been \$2,000 the whole time but I am not sure about wages. I think that these caps need to be caught up to date, in correlation with the increases of the minimum wage, inflation, etc.. When I am doing what is suggested by my mental health providers, take my meds as prescribed, am not doing any using/drinking and I get help with my vocational goals, I should be able to get some money saved and to be successful.. I believe that this is what my support systems are there for... I see no valid reason why "higher functioning" people who have mental illness cannot work part time, when they are doing what is suggested... The Covid-19 panic screwed me up and has set me back but I am determined to "get on my feet," and to continue with my recovery!!! I have gotten a job with help from Voc-Rehab and Opportunity Resources, I am not working very many ours but when I am ready, I may be able to work more hours!!! Please take these things into consideration... Thank you...

Mary Eve, my name is [REDACTED]. I'm in Bozeman. My cell is [REDACTED]. No need to call me back but I'm calling you because of an article in the paper today on Medicaid and the department taking comments on doing away, on changing the current Medicaid procedure for continuous Medicaid. I am extraordinarily opposed to making that change that the department is now considering where people have to report more frequently what their earnings are and may be bumped off Medicaid for a month if they make more than a certain amount. I think it plays havoc with somebody's medical care and could interrupt a continuous flow of treatment that's necessary for good health. It's silly. It's dangerous and harmful to Montanans. So if you're recording comments, please record mine. [REDACTED]. Thank you. Bye.

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Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. My name is [REDACTED] and I live in Billings, Montana. I am opposed to the changes in the Medicaid expansion waiver. Specifically, I believe it is harmful to end continuous eligibility for Montana's Medicaid program. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. No Montanan should live at risk of becoming jobless and without health care. Thank you for your time.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. My name is [REDACTED] and I live in Helena. Ending continuous healthcare will hurt Montanans. This change increases barriers to healthcare hurting low income Montanans and making it harder for people with chronic illnesses to see their doctors. It will lead to negative health outcomes at a time when we can least afford to stress our healthcare system.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

Keep continuous eligibility for Medicaid! Cut the red tape around health care.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. My name is [REDACTED] and I live in Florence, Montana. I am opposed to the changes in the Medicaid expansion waiver. Specifically, I believe it is harmful to end continuous eligibility for Montana's Medicaid program. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. No Montanan should live at risk of becoming jobless and without health care. Thank you for your time

Sincerely,

**Montana Department of Public Health and Human Services
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Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. This change will waste time and create mounds of unnecessary paperwork. Some people with seasonal employment may lose crucial healthcare that will shorten their lives or lead to suffering.

The current system is not broken. Keeping yearly reviews is the best policy, but if that is not possible, twice-yearly reviews should be the maximum.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. I cannot see a reason to make it more difficult to access health care. It's already hard enough.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

My name is [REDACTED] and I live in whitefish Montana. I am writing to voice my opposition to the proposed changes to Montana's Medicaid program. This affects me personally because I am a self employed [REDACTED]. Most of my work is in the summer months. If I cannot keep my health care because I earn more for a few months it will be devastating to me. Ending continuous eligibility will cause harm and lead to negative health outcomes. This is bad for Montana. Thank you for your consideration.

Sincerely,

Subject Line: Comment regarding the MT DPHHS to end 12 month continuous eligibility

To whom this concerns,

My name is [REDACTED], and I'm a resident of [REDACTED]. I am also a member of the Montana chapter of The Poor People's Campaign. It has come to our attention that under the direction of Governor Gianforte, the Montana DPHHS is asking federal Medicaid for permission to end 12 month continuous eligibility—not just for working folks, but for people who qualify for Medicaid because they experience severe mental illness.

I'm not going to mince words: what we have seen coming out of the Gianforte administration and the 2021 legislature is an utter disregard for the poor and low-wage working people of Montana. Not only do I find the threat to thousands of Montanan's health care access morally reprehensible, I also find this policy strategy economically shortsighted. Nearly 100,00 Montanans get coverage through HELP, and nearly 2 in 3 Montana businesses rely on it to provide health insurance to their employees. By

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DPHHS's own admission, this proposed new bureaucracy would result in thousands of Montanans losing their health insurance and having their care interrupted. The costs to Montanans who lose their coverage, and to the hospitals and clinics that serve them, would be \$24 million, by DPHHS's own estimates. A lack of insurance is a burden on everyone via our public and private institutions.

It makes zero sense to take an effective program and make it less efficient, less fair, and more bureaucratic. Those who get health insurance through the market place (privately or through work) renew their insurance once a year. Why the discrimination against those who, for a host of reasons, get subsidized to have the same access to care?

My family just recently got healthcare through the special open enrollment period, and my 18 month old son was eligible for Healthy Kids Montana/Medicaid. Since he was born, my partner and I have had to bear the financial brunt of having to pay out of pockets the cost his regular wellness care, including early childhood vaccines. We are a low-wage earning family that contributes to the community. But we also are incredibly grateful not to have to chose anymore between paying regular check-up bills and putting food on the table for our kid. If for some reason my partner's wages were to increase just slightly mid year, that peace of mind and financial relief would be stripped away from us. That is not a dignified way to live.

Thank you for taking into consideration mine and the public's comments on this issue. My hope is that the DPHHS will take a course of action that benefits those it serves and keep making Montana a place where people like my family can not only (barely) survive, but thrive.

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. If you believe in smaller government, and less intrusion into private lives, a yearly update should be all right.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

My name is [REDACTED]. I live in Montana City, Montana.

I strongly oppose the proposed changes to Montana's Medicaid program ending continuous eligibility. I have an adult son with a serious mental illness who has received great assistance from Medicaid by providing him access to medications that have helped stabilize his illness so he can have a more functional life. He has faced difficulties keeping full-time employment at times as his illness has required hospitalizations and years of recovery from serious health setbacks. I fear these changes could cause my son great harm and lead to very serious negative health outcomes. This is bad for my son. This is back for so many Montanans. It is shameful that the health department is attempting to take away health benefits from the Montanans who need them the most. Thank you for your consideration.

Sincerely,

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Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.
Sincerely,

Subject Line: empty

Health care should be a human right. As someone who is disabled and on limited income, why do you make it so difficult to get affordable coverage? It's cruel and obviously that's the point!

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. All Montanans need reliable access to good medical care regardless of their income. Especially those in low income jobs, or no jobs. We can't have a healthy economy without healthy employees. Please don't make it difficult, or impossible, for Montanans to be healthy and gainfully employed. Protect everyone by protecting this category of Montanans.

Sincerely,

Subject Line: Medicaid Continuous Enrollment

Please reverse, discontinue, or eliminate all initiatives, efforts to change enrollment in Medicaid to "continuous". Changing enrollment eligibility to "continuous" serves no direct, or demonstrated purpose and is without clear evidence for it's intended goal.

Thanks for the opportunity to comment,

Subject Line: DO NOT end 12-month continuous eligibility for Medicaid

Please do not end 12-month continuous eligibility for Medicaid. Mentally ill need this.

Subject Line: Medicare cuts

To who it may concern

Once again our state government is going after the little guy in the state. Once again, we don't value human life though you all say you support pro life until it actually means you have to put some money on the table to help people. Where is this reflected in this bill? Where is the call for government to have your back if u need help in this state. Somehow giving tax breaks to businesses, bailing out oil and gas companies, giving raises to those that work in state government is all ok. But somehow allowing 100,000 people to have Medicaid for a whole year is unacceptable and has to be addressed. Why is this? The state is so broke and we have to continue to make life harder for those that are already struggling. Lets imagine the paperwork involved in taking someone off of Medicaid for a few months and then maybe having them put back on when maybe they qualify again? So in the state of Montana if a single person makes more than \$12880 they are not eligible for Medicaid, If a family of 4 makes more than \$26000 they are not eligible, but this is who we think in our state we shouldn't support? Are you kidding me? This is who we're going to make life more difficult for? Why? Cause u beleive they're getting something for nothing?

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I recently heard that 1/2 of Montana's budget comes from the federal government? It appears to me that as independent as Montana's believe they are they aren't really? Obviously we aren't paying enough state taxes to support the programs we want. But somehow this doesn't help these people are Medicaid, you're still willing to go after them and leave them with no insurance. What do u think they'll do then? Go to an ER and get free services and the hospitals lose out. Seriously, I am disgusted with this administration and legislature that has done nothing but attack the most vulnerable in our communities, attempt to "fix" problems where there are none. Trans girls playing sports, taking away reproductive rights from women, limiting voting access all in The name of a government that is here to support us with our tax dollars.

Shame on all of you for even thinking after the emotional year, bad financial year for so many that this is also what you need to put out there to the citizens of this state that are already struggling.

Subject Line: Do not end continuous eligibility for Medicaid

Please do not end the current 12-month continuous eligibility policy for Medicaid recipients. It is unfair to the recipients, many of whom may work seasonally, or have fluctuations in income due to fluctuations in the number of hours of work assigned by their employers. It is also unfair to the Montana taxpayer, who will have to pay for the unnecessary extra work caused to the State by eliminating the 12-month continuous eligibility. Such a change purports to "fix" something that has been working quite well, adding inefficiencies to a good program for businesses and for the health of all Montanans. Please do not end the current continuous eligibility policy.

Thank you.

Subject Line: HEART Waiver

I am writing in opposition to the elimination of the Continuous Eligibility provision in our present Medicaid program.

The negative impacts on poor, low-income persons by rescinding continuous eligibility far outweigh the benefits of such an action. In fact, given the reduction in health care to Medicaid recipients makes it hard to fathom why Montana legislators would consent to such legislation. Add the need to respond to a pandemic and it is clear that this is not the time to reduce health care to those who are poor. The churn that will be caused will reduce incentives to keep trying to get health care and it will over tax DPHHS with the great increase in administrative effort.

Overall, this move to eliminate continuous eligibility seems mean spirited, given what our State is going through as a result of shutdowns and other threats related to COVID impacts.

Subject Line: Medicaid eligibility review: Not cumbersome or frequent

Hello Linda,

I am writing to you for more information on the new proposals surrounding changes to the state Medicaid plan.

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As a private practicing LCPC in Montana, I am financially dependent on having a clear, simple, and easy to navigate system for insurance reimbursement, and recently Montana Medicaid programs have been very helpful, enabling me to achieve financial independence and commit full-time to my new small business. Without Medicaid coverage, this might not be a possibility for me and I might have to close my business. I understand the need to occasionally review Medicaid eligibility, and am hoping to file public comment urging officials to make Medicaid a non-burdensome program in terms of time for proving eligibility, and for eligibility review to occur as infrequently as practicable--a 12 month or 6 month eligibility being much preferable to other frequencies of review.

I realize that I just missed a Zoom meeting on this topic, but would like to be informed as the process goes forward, perhaps you could add me to the mail list for updates to these events? Also, could you please note me as advocating for a simple, infrequent review process?

Kind Regards,

Subject Line: Medicaid Eexpansion requirements

I am unable to attend the Zoom public meeting tomorrow and would like to provide the following comments in opposition to the Gianforte administration pushing to end 12-month continuous eligibility for Medicaid. Under continuous eligibility, folks qualify for Medicaid based on their average income over the course of a year, so that fluctuations in their income don't kick them off insurance. Not only is this fair it is less costly to administrate.

Under the direction of Governor Gianforte the Montana Department of Public Health and Human Services (DPHHS) is asking federal Medicaid for permission to end 12 month continuous eligibility - not just for working folks, but for people who qualify for Medicaid because they experience severe mental illness.

Do not implement this harmful policy.

There are screenshots of talking points for folks in comments below.

The Montana Budget & Policy Center has determined:

- Ending continuous eligibility threatens thousands of Montanans' health care.
- Republicans and Democrats came together in a bipartisan way to create the HELP program a few years ago, and it has been incredibly successful.
- Nearly 100,00 Montanans get coverage through HELP, and nearly 2 in 3 Montana businesses rely on it to provide health insurance to their employees.
- Ending continuous eligibility just puts red tape between Montanans and their health care.
- Everyone else with insurance renews their coverage once per year, that's just how health insurance works.
- The costs of creating different rules for folks on Medicaid are just too high.
- By DPHHS's own admission, this new bureaucracy will result in thousands of Montanans losing their health insurance and having their care interrupted.
- The costs to Montanans who lose their coverage, and to the hospitals and clinics that serve them, will be \$24 million, by DPHHS's own estimates.
- These changes simply cut the legs out from under Montana families and main street businesses, and a time when they are just starting to get back on their feet.
- It makes zero sense to take an effective program and make it less efficient, less fair, and more bureaucratic.

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Thank you for consideration and DO THE RIGHT THING FOR ALL MONTANANS!

Subject Line: Public Comment on Montana Medicaid Expansion 1115 Waiver

My name is [REDACTED]. I live in Montana City, Montana.

I strongly oppose the proposed changes to Montana's Medicaid program ending continuous eligibility. I have an adult son with a serious mental illness who has received great assistance from Medicaid by providing him access to medications that have helped stabilize his illness so he can have a more functional life. He has faced difficulties keeping full-time employment at times as his illness has required hospitalizations and years of recovery from serious health setbacks. I fear these changes could cause my son great harm and lead to very serious negative health outcomes. This is bad for my son. This is back for so many Montanans. It is shameful that the health department is attempting to take away health benefits from the Montanans who need them the most. Thank you for your consideration.

Subject Line: Opposition to health care red tape

I oppose the cuts to healthcare for Montanans.

Subject Line: Keep continuous eligibility

To the Montana Department of of Public Health and Human Services:

I am writing in opposition to the proposed change to eligibility rules for Medicaid. This change would cost Montana residents, hospitals, and the state, millions of dollars in extra expenses. It benefits no one and will result in added suffering for those in our population who need help paying for health care.

Let's be in the business of providing health care for people in our state, not depriving those in need.

Keep eligibility continuous for the year.

Thank you for your consideration,

Subject Line: Medicaid

Dear Governor....I urge you to not change our current Medicaid structure.

To do so would cause needless suffering and for what?

I'm sure you, as a devout caring Jesus loving Christian would not want your constituents to suffer.

Please don't do something so heartless.

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am opposed to the changes in the Medicaid expansion waiver. Specifically, I believe it is harmful to end continuous eligibility for Montana's Medicaid program. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. No Montanan should live at risk of becoming jobless and without health care. Thank you for your time.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

**Montana Department of Public Health and Human Services
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I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.
Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,
I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.
No Montanan should live at risk of becoming jobless and without healthcare.
Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,
I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Continuous eligibility is necessary for low-income Montanans who rely on these benefits. We should be making it easier for Montanans to access health care programs & resources, not more difficult.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

My name is [REDACTED] and I live in Missoula, Montana. I am writing to voice my opposition to the proposed changes to Montana's Medicaid program. Specifically, I believe it is harmful to end continuous eligibility for Montana's Medicaid program. This change will increase barriers to health care for low-income Montanans, kick working Montanans off their health care, and make it harder for people with chronic illnesses to visit their doctors. No Montanan should live at risk of becoming jobless and without health care. Thank you for your time.

Sincerely,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana. So many rural hospitals rely on Medicaid funds. Disrupting continuous eligibility may contribute to the closure of important medical clinics hospitals and services. Our state heavily depends on these funds to keep our medical care going in lower earning communities. Please do not allow for this change to occur. Montana health services depend on us making the right decision on this matter. Do not be afraid to vote in opposition to this proposal.

Sincerely,

Subject Line: Mental health and access to insurance coverage

Greetings Governor Gianforte,
As a Licensed Clinical Professional Counselor in the great state of Montana for the past 15 years I have

**Montana Department of Public Health and Human Services
Section 1115 Demonstration Amendment Application**

observed first-hand how access to affordable health care has impacted adults and families in Montana. As a counselor specializing in Trauma and Grief counseling, I see many individuals who are victims of serious trauma and individuals who have experienced the death of love ones due to suicide. As you are likely aware Montana has the highest rates of suicide in the nation especially among our native and veteran populations. If you are interested in changing the fact that our suicide rate is double that of the National average then please know that easier access insurance to help pay for mental health care is imperative!

I am writing to help you understand that when people are victims of trauma, are grieving or struggling with a serious physical or mental diagnosis it is already very difficult for them to do daily tasks, so the new requirement to apply for health insurance many times in a year is counter productive and given our suicide rates, potentially deadly. Lives are at risk as a result of the new policy that requires multiple rather than annual applications for insurance. I have sent copies of this letter to my colleagues so they too can send you a note to remind you of the importance of ease of access to affordable health insurance.

Respectfully submitted,

Subject Line: Reject waiver to end continuous eligibility in MT

Dear Director Adam Meier,

I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

Sincerely,

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Dear Director Adam Meier,

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Dear Director Adam Meier,

I oppose the waiver to eliminate 12-month continuous Medicaid eligibility. It makes no sense to me that DPHHS' HEART program and waiver support people with severe mental illness, yet this waiver to change eligibility standards would pull the rug out from under them. While the HEART proposal supports Montanans with severe mental illness, DPHHS proposes to give with one hand and take with the other. The Department's waiver proposal to end 12-month continuous eligibility will jeopardize folks' very access to the supports and services described in the HEART proposal. It would interrupt continuous mental health treatment and could result in a failed treatment program. Thank you for your consideration.

Regards, [REDACTED] Helena/East Helena

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Dear Director Adam Meier, I am writing to voice my opposition to the proposed waiver to end continuous eligibility in Montana.

**Montana Department of Public Health and Human Services
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Sincerely,

Subject Line: Stop harming Montana's!

I oppose stopping health care to Montana. Your not on our side Gianforte.

Subject Line: Healthcare

Why do you want to take Healthcare away? Making things like Healthcare available improves the overall health of the people. It is your job!

I am in opposition to the proposal to end continuous eligibility on the Medicaid program.

Subject Line: I oppose Gov Gianforte's rule change on Medicare

Gov. Gianforte: I read with interest about your administration's attacks on Montanans who are served by Medicaid. Why force them to reapply for their health insurance multiple times throughout the year?

I have a beloved family member who, through no fault of his own, has a severe mental illness. He is highly intelligent, takes his meds and works so hard to stay balanced. He is an upstanding citizen who plays by the rules. But his mental illness makes it extremely difficult for him to navigate bureaucratic red tape. By forcing him to reapply for his health insurance multiple times a year, your new rule is bound to cause him severe distress and anxiety. I've had to take him to the hospital more than once when his anxiety and distress cause him to get unbalanced. It always involves a long recovery period. Why do you want to torture people like him with this rule change?

I cannot think of anything more anti-Christian than to hurt low-income people and people with disabilities. Jesus told us repeatedly to help the poor and oppressed, not to make their lives more miserable. Please reconsider your harmful rule change.