

Date: December 2, 2010

TO: Health Care for Health Care Worker Medicaid Provider Participants

FROM: Abby Holm, Program Manager
Community Services Bureau

RE: Quarterly Report Form

This memo and attachments is a request for documentation that the health insurance funding provided beginning January 2010 is being used according to Department requirements. Information on the health insurance for health care worker funding initiative, including the certification and agreement, may be viewed at the Division's website: <http://www.dphhs.mt.gov/sltc/services/communityservices/HCWorkers/Index.shtml>

Providers who received approval for the health insurance funding must complete and submit the information on the attached **Health Insurance Quarterly Report, Sections 1 and 2**, with information for the period October 2010-December 2010. Providers must complete and submit the requested information to the SLTC Division (the Division) on the enclosed forms on or before Monday, December 20, 2010. Providers may submit the report electronically via email to abholm@mt.gov or send or fax a hard copy to the Division to the attention of Abby Holm.

The quarterly report includes two sections. Section one includes a summary of the total number of workers enrolled in the approved health insurance plan and a cost report and reconciliation. Section 2 includes a list of the eligible enrolled workers, by month.

Section 1 of the quarterly report includes initial documentation and reporting of the funds. A reconciliation of funds will be made via a gross adjustment. The gross adjustment will post on Monday, December 27, 2010. Please do not send a check to the Department. The gross adjustment, either positive or negative, will be made according to the information you provide on the report.

Providers should note that an eligible worker, defined for the purpose of Department reporting, is a worker who meets the Department's criteria for being eligible to receive funding, i.e. the worker works at least 50% of their time in Medicaid personal assistance services (State Plan personal assistance, HCBS Waiver socialization or BSB community supports) or Medicaid Private Duty Nursing. Providers are required to track this information and the Division will ask to see these records at a later time.

We want to thank you for working with the Division this year to provide health insurance coverage to your workers.

Don't forget to submit your quarterly report by Monday, December 20. If you have questions please feel free to call Abby at (406) 444-4564.