

Medicaid Expansion Quarterly Report

Quarter Ending March 31, 2025



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

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SUMMARY

This report fulfills the requirement in 53-6-1325, MCA, to provide quarterly information on the Montana Health and Economic Livelihood Partnership (HELP) Act to the Legislative Finance Committee and the Children, Families, Health and Human Services Interim Committee. Visit the [Medicaid Enrollment Dashboard](#) and the [Medicaid Health Metrics Dashboard](#) for monthly detailed information on the Medicaid Expansion program in Montana.

53-6-1325 (1): NUMBER OF INDIVIDUALS WHO WERE DETERMINED ELIGIBLE FOR MEDICAID-FUNDED SERVICES PURSUANT TO 53-6-1304

The chart below shows the number of unduplicated individuals enrolled at any time during each month of the reporting period.

Month	Participants
January 2025	74,468
February 2025	74,693
March 2025	75,326

53-6-1325 (2): DEMOGRAPHIC INFORMATION ON PROGRAM PARTICIPANTS

The chart below shows the number of unduplicated individuals by demographic category enrolled at any time during each month of the reporting period.

Month	Native American / Alaskan Indian	Female	Male
January 2025	12,839	39,067	35,401
February 2025	12,877	39,169	35,524
March 2025	12,910	39,538	35,788

53-6-1325 (3): AVERAGE LENGTH OF TIME THAT PARTICIPANTS REMAINED ELIGIBLE FOR MEDICAL ASSISTANCE

The chart below shows the enrollment duration for disenrolled participants during the reporting period. See the response to 53-6-1325 (8) below for additional information regarding disenrollment requirements during the reporting period. For example, a person enrolled in January 2025 but does not show as enrolled in February 2025 at the time of the 90-day enrollment report run on May 1, 2025, is considered disenrolled in February 2025. Enrollment is based on continuous months enrolled in Expansion prior to disenrollment.

Month	0-3 Months	4-6 Months	6 or More Months	Total Disenrollments
January 2025	366	134	3,671	4,171
February 2025	341	94	2,071	2,506
March 2025	263	116	1,812	2,191

53-6-1325 (4): NUMBER OF PARTICIPANTS SUBJECT TO THE FEES PROVIDED FOR IN 15-30-2660 AND THE TOTAL AMOUNT OF FEES COLLECTED

The Department of Revenue administers the taxpayer and entity integrity fees. The Department of Revenue administers these fees; DPHHS does not receive participant-level information. In the reporting period, the following fees were collected and deposited into the Montana HELP Act state special revenue fund:

Fee	Revenue
Taxpayer Integrity Fee	\$66,060
Entity Integrity Fee	\$65,658
Total	\$131,718

53-6-1325 (5): AMOUNT OF MONEY DEPOSITED IN THE MONTANA HELP ACT SPECIAL REVENUE ACCOUNT BY FUNDING SOURCE DURING THE REPORTING PERIOD.

Funding Source	Revenue
Hospital Utilization Fee	\$20,481,032
Health Corporation Fee	\$4,342,459
Taxpayer Integrity Fee	\$66,060
Entity Integrity Fee	\$65,658
Total	\$24,955,209

53-6-1325 (6): LEVEL OF PARTICIPANT ENGAGEMENT IN WELLNESS ACTIVITIES OR INCENTIVES OFFERED UNDER THIS PART

The chart below shows the unduplicated number of Medicaid Expansion individuals who have a paid claim in the past twelve months for new patients or preventive services during each month of the reporting period. This data and more are available on the Montana Medicaid Health Metrics Dashboard.

Month	Participants
January 2025	55,340
February 2025	53,507
March 2025	54,088

53-6-1325 (7): NUMBER OF PARTICIPANTS WHO TOOK PART IN COMMUNITY ENGAGEMENT ACTIVITIES, THE NUMBER WHOSE PROGRAM PARTICIPATION WAS SUSPENDED FOR FAILURE TO TAKE PART IN COMMUNITY ENGAGEMENT ACTIVITIES, AND THE NUMBER WHO WERE DISENROLLED FROM THE PROGRAM FOR FAILURE TO REPORT A CHANGE IN CIRCUMSTANCES

Montana's waiver request to implement community engagement activities was not approved. Accordingly, during the reporting period, no participants were suspended for non-participation in community engagement activities, and none were disenrolled for failure to report a change in circumstances under this provision.

53-6-1325 (8): NUMBER OF PARTICIPANTS WHO REDUCED THEIR DEPENDENCY ON THE HELP ACT PROGRAM, EITHER VOLUNTARILY OR BECAUSE OF INCREASED INCOME LEVELS

The chart below shows the number of participants exiting the program during the reporting period.

Month	Total Disenrollments
January 2025	4,171
February 2025	2,506
March 2025	2,191

53-6-1325 (9): TOTAL COST OF PROVIDING SERVICES UNDER THIS PART, INCLUDING RELATED ADMINISTRATIVE COST

The table below presents SFY2025 year-to-date Medicaid expansion expenditures from the Department's April 2025 Budget Status Report.

SFY 2025 Medicaid Expansion Expenditures (April 2024 BSR)			Fund Type			
	Division	Div #	01 - General Fund	02 - State Special	03 - Federal Funds	Grand Total
Benefits	BHDD	10	\$ 4,582,955	\$ 921,536	\$ 50,009,486	\$ 55,513,977
	HRD	11	\$ 6,359,809	\$ 26,957,289	\$ 339,198,529	\$ 372,515,627
	SLTC	22	\$ 670,538		\$ 7,305,704	\$ 7,976,242
Benefits Total			\$ 11,613,302	\$ 27,878,825	\$ 396,513,719	\$ 436,005,846
Admin	HCSD	02	\$434,344		\$1,024,461	\$1,458,805
	DO	04	\$16,607		\$19,050	\$35,657
	BFSD	06	\$54,350		\$54,573	\$108,923
	TSD	09	\$1,281,661		\$3,274,897	\$4,556,558
	HRD	11	\$268,048	\$264,463	\$790,767	\$1,323,278
	MHS	12	\$134,363		\$403,089	\$537,452
Admin Total			\$2,189,373	\$264,463	\$5,566,837	\$8,020,673
Grand Total			\$ 13,802,675	\$ 28,143,288	\$ 402,080,556	\$ 444,026,519

Administrative expenditures include the following functions:

- Eligibility Management
- Plan Management
- Claims Processing / Data Management
- Departmental Accountability and Oversight