COVER MONTANA

CONNECTING YOU TO HEALTH INSURANCE COVERAGE

MAGI Medicaid 101 : Applications and Beyond

2025 Cover Montana Virtual Summit

Tierney Queen-Stewart
Director of Cover Montana, MPCA

Agenda

- Introduction
- Medicaid Overview & Definitions
- Medicaid Case Management and New SSP Guide
- Tips for Completing Applications
- Online Application Walk-through
- After applying
- Questions and Resources

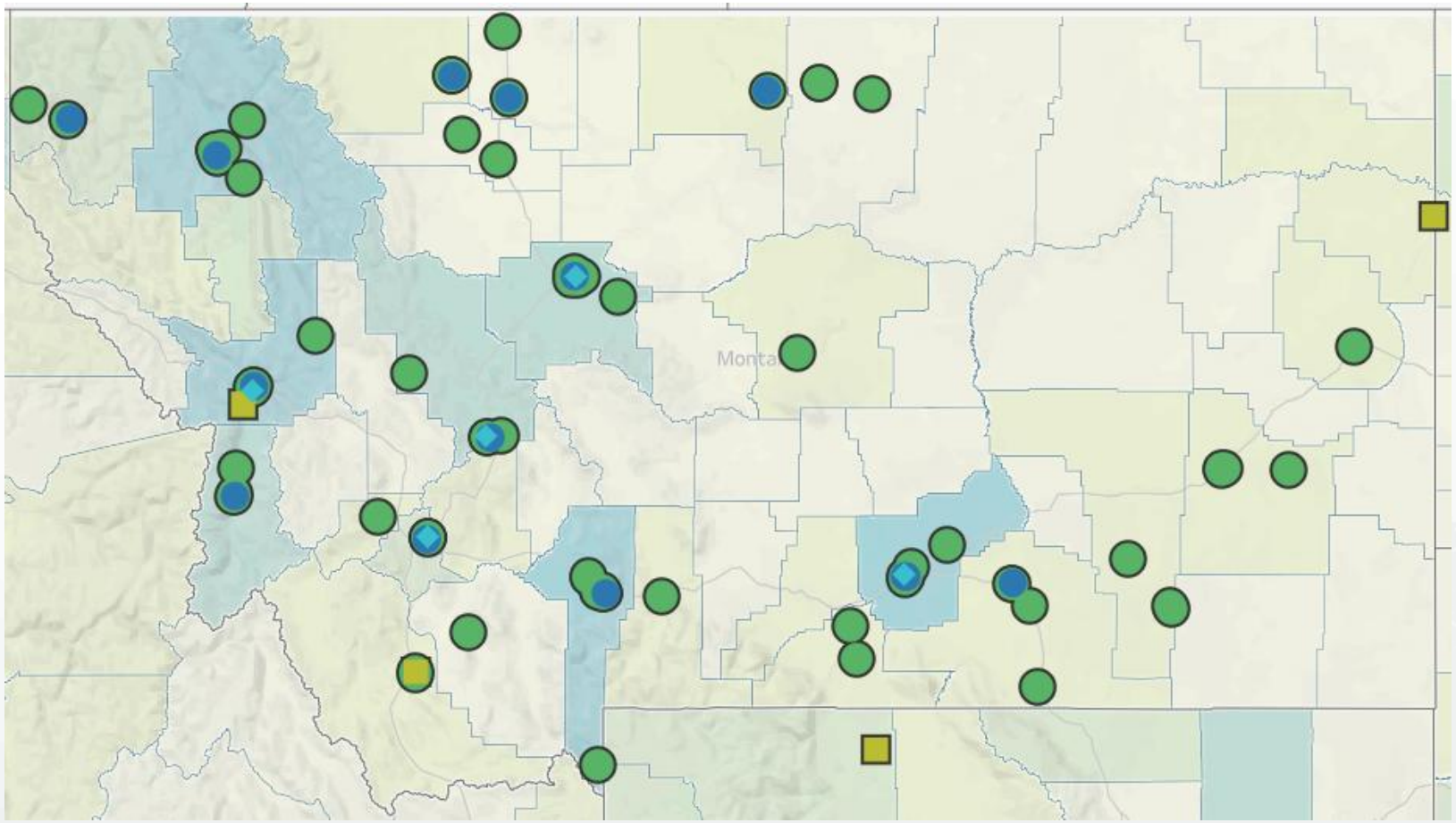
Learning together in Zoom

CHAT

Q & A

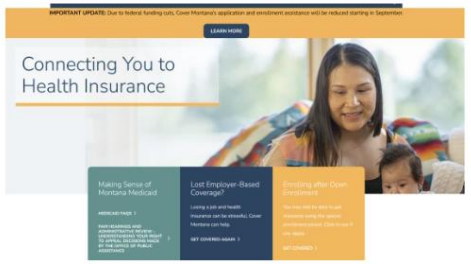
PARKING LOT

Our Mission
is to promote integrated primary healthcare to achieve health and well-being for Montanans.



COVER MONTANA

- Statewide training and technical assistance to enrollment Assisters
- Federal Navigator grantee since 2021
- Helpline provides phone and virtual assistance to the public
- Resources, local help directory, and health coverage updates available on covermt.org



Montana News

Health insurance navigator funding slashed as big changes loom

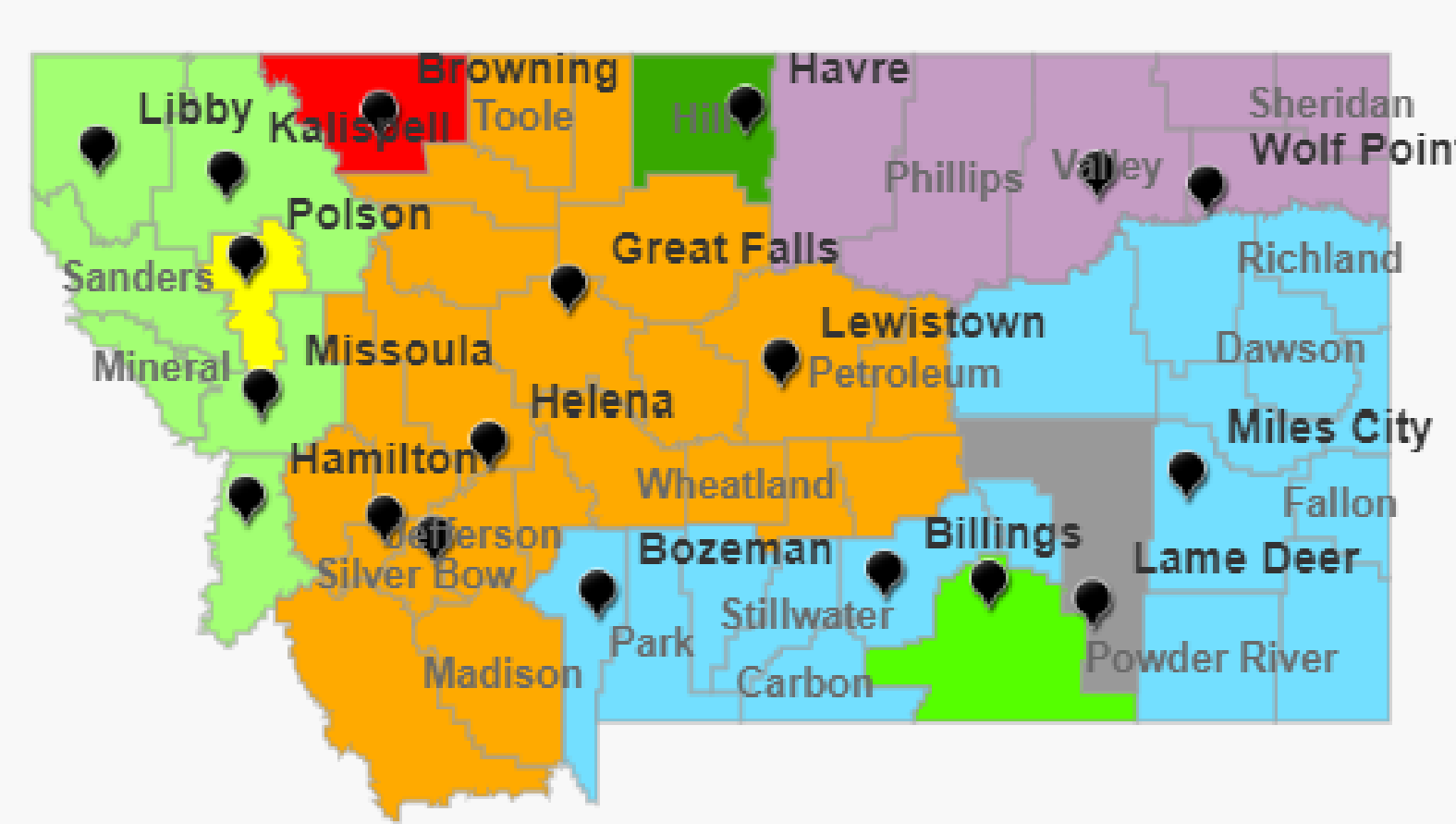
Aaron Bolton, August 12, 2025

Montanans who need help shopping for health insurance or enrolling in Medicaid may soon be on their own. The Trump administration is cutting federal funding for a service that helped people get insured.

This work is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $125,000 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

What Cover MT can continue to do

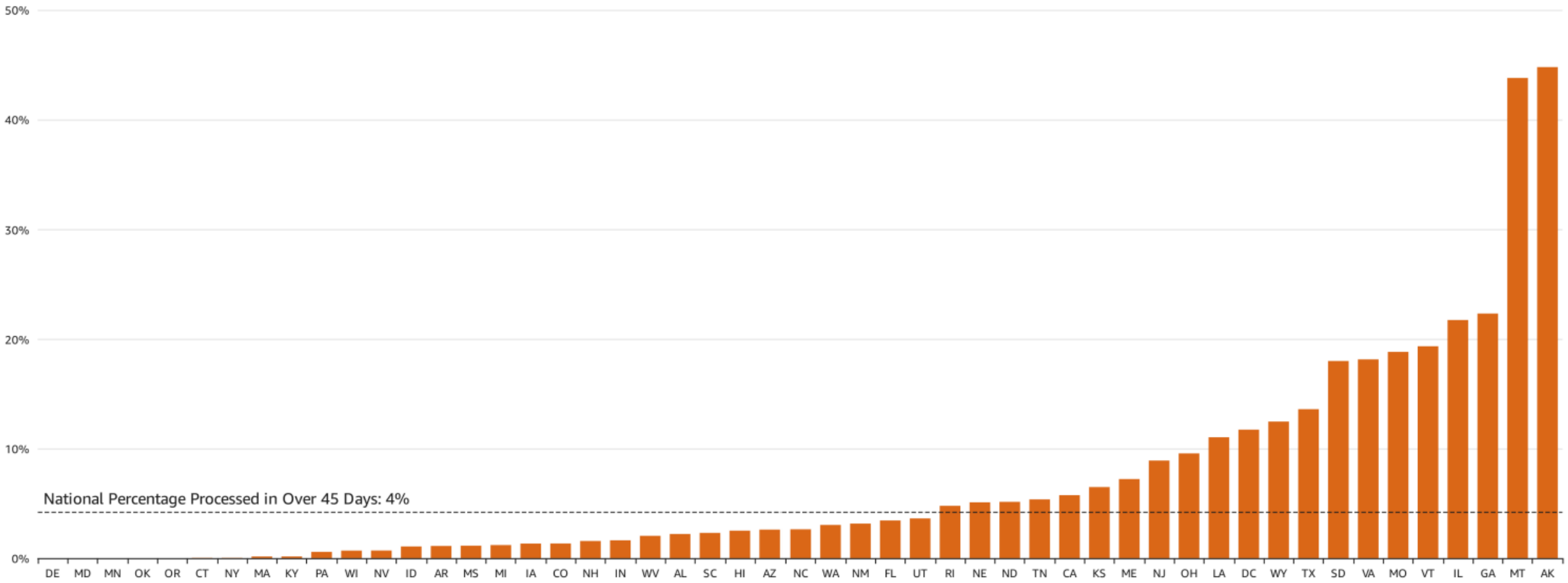
- Marketplace enrollment (but we'll be limited)
- Track changes to outreach and enrollment
- Provide monthly Cover Montana webinars and the Cover Montana Virtual Summit
- Training and technical assistance to our partners who are screening, referring, and providing enrollment assistance (for Medicaid and the Marketplace)
- Limited media capacity to share public information about changes to outreach and enrollment



Montana Offices of Public Assistance

June 2025: Percentage of MAGI Applications States Processed in Over 45 Days

- In June 2025, nationally, **4 percent** of MAGI determinations at application were processed in over 45 days, the regulatory standard for determining eligibility on a basis other than disability, including MAGI-based determinations. **21 states** were at or above this national percentage.



Source: Performance Indicator Data
Notes: Detailed notes on data, including if states are excluded, can be found in the Appendix and on Data.Medicaid.gov.

Enrollment Assisters

MEDICAID APPLICATION ASSISTER*

CERTIFIED APPLICATION COUNSELOR (CAC)

NAVIGATOR

Becoming a Certified Application Counselor (CAC)

Organization becomes a Certified Application Counselor Designated Organization (CDO)

→

CDO assigns you a CAC number

→

You complete the federal CAC training

↓

You apply for a CAC license with the Montana Commissioner of Securities and Insurance (CSI)

→

Yay, you're a CAC!

[Get started with the CAC process here.]

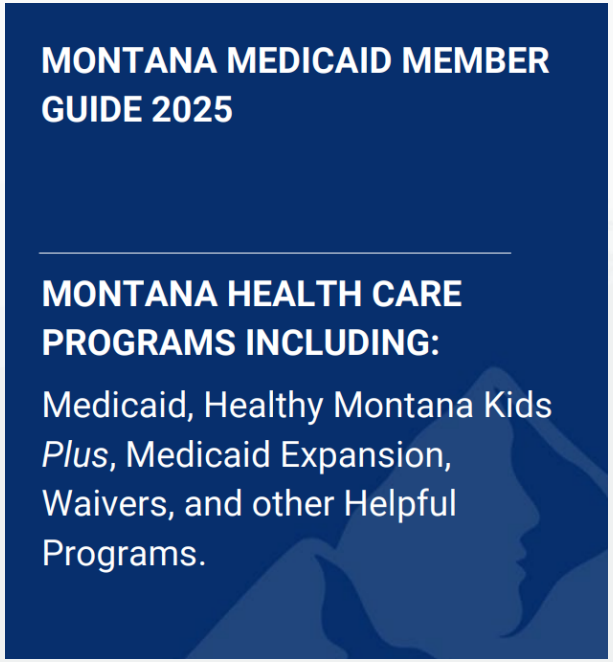
Medicaid Assistance Resources

Rules and policies: Family Medicaid Program Policy Manual

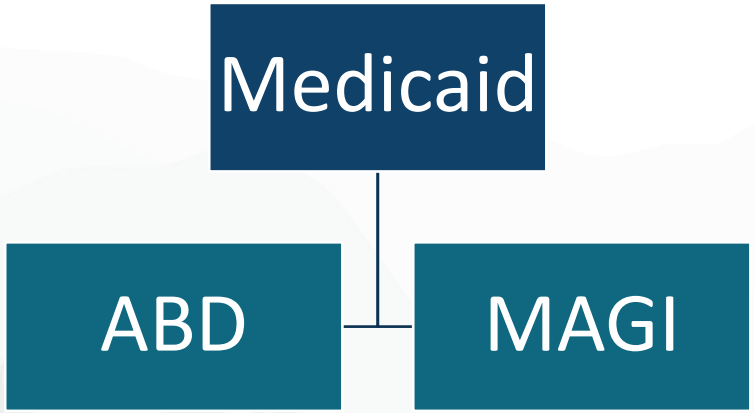
Medicaid services and coverage: Montana Medicaid Member Guide

Healthy MT Kids Member Guide: Blue Cross and Blue Shield of Montana and DPHHS Medicaid HMK CHIP Member Booklet

Beyond the Basics, eligibility resources and screening tools: Determining Eligibility - Beyond the Basics



Montana Medicaid Overview

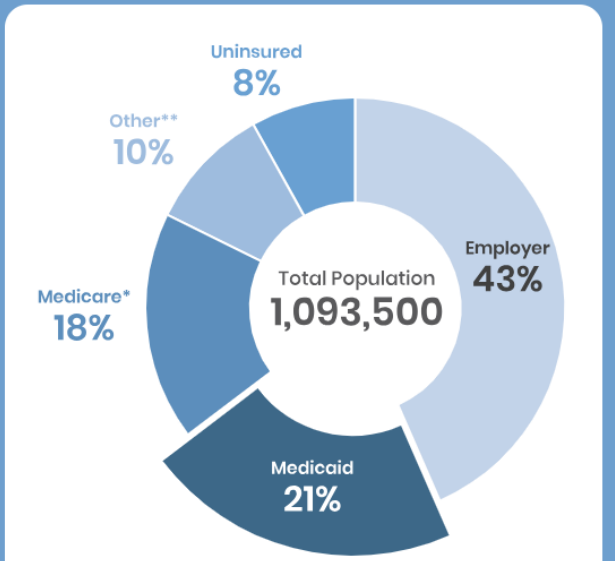


Medicaid provides health care coverage to more than one of every five Montanans, including approximately two of every five children.

Access to Medicaid helps reduce the number of people without health care coverage. It minimizes coverage gaps that could otherwise delay needed medical care and preventive services, such as chronic disease screenings, viral testing, and vaccinations. In 2022, approximately one of every five Montanans was enrolled in Medicaid (21%). Medicaid is an especially valuable safety net program for children and youth, where nearly two of every five individuals aged 0-18 are covered by Medicaid (38%). Coverage for Montanans is similar to that of other states. Nationally, approximately 21% of Americans and 39% of children and youth are enrolled in Medicaid.

In 2023, Montana, like all states, redetermined eligibility for all Medicaid members following the end of the public health emergency. The redetermination process is resulting in significant declines in Medicaid enrollment across the country. Some data included in this report do not yet reflect the impact of the redetermination process.

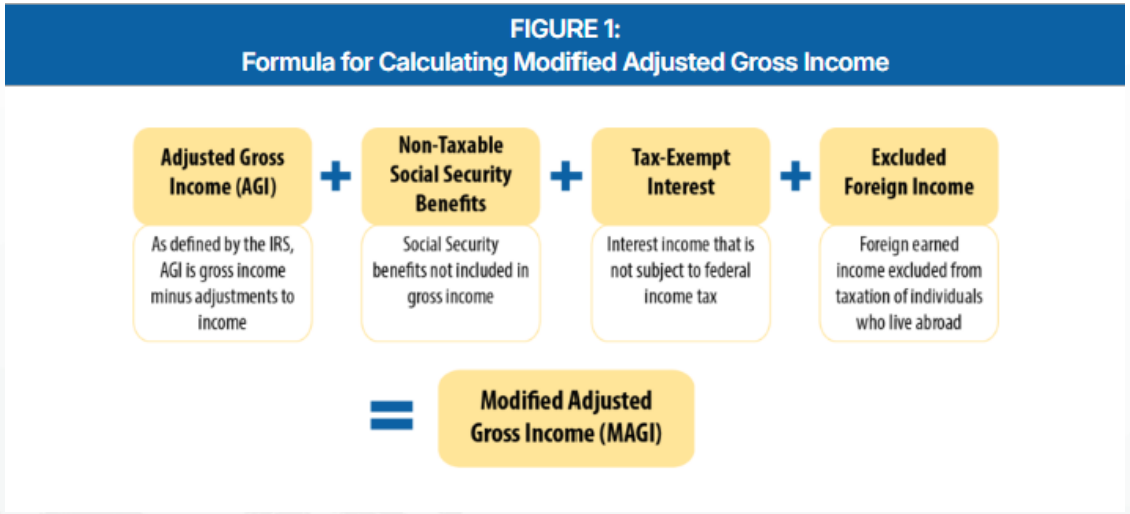
Health Care Coverage of Montanans (CY 2022)



*The count of individuals with Medicare excludes those who report having both Medicare and Medicaid coverage, also known as "dual-eligibles."

**Includes those covered under the military or Veterans Administration and individuals and families who purchased or are covered as a dependent by non-group insurance.

MAGI Medicaid Programs

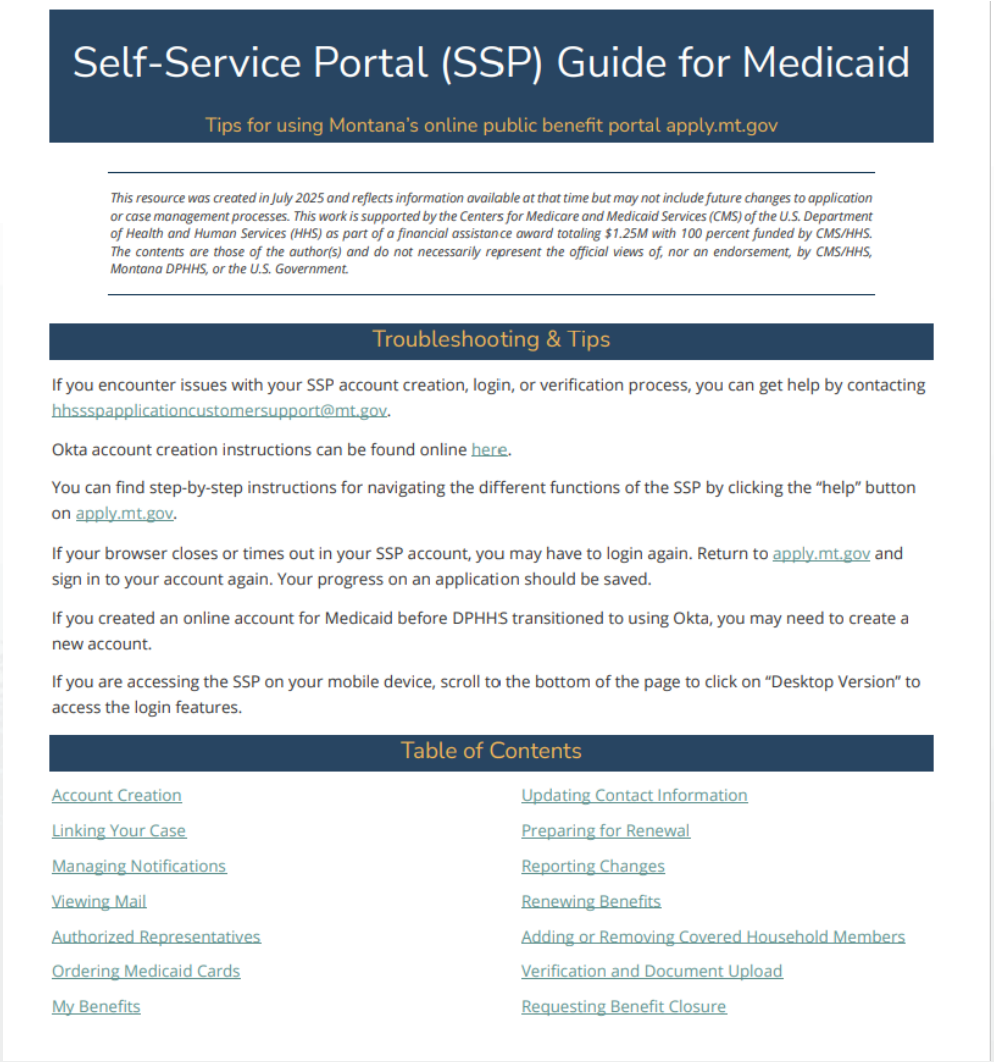


MAGI eligibility based on

1. Household size
2. Income sources

- ACA Adult Medicaid (19-64)
- Healthy Montana Kids +
- Healthy Montana Kids (BCBS)
- Pregnancy Medicaid
- Plan First
- Newborn

Medicaid Case Management



Self-Service Portal (SSP) Guide for Medicaid

Tips for using Montana's online public benefit portal apply.mt.gov

This resource was created in July 2025 and reflects information available at that time but may not include future changes to application or case management processes. This work is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $1.25M with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, Montana DPHHS, or the U.S. Government.

Troubleshooting & Tips

If you encounter issues with your SSP account creation, login, or verification process, you can get help by contacting hhssspapplicationcustomersupport@mt.gov.

Okta account creation instructions can be found online here.

You can find step-by-step instructions for navigating the different functions of the SSP by clicking the "help" button on apply.mt.gov.

If your browser closes or times out in your SSP account, you may have to login again. Return to apply.mt.gov and sign in to your account again. Your progress on an application should be saved.

If you created an online account for Medicaid before DPHHS transitioned to using Okta, you may need to create a new account.

If you are accessing the SSP on your mobile device, scroll to the bottom of the page to click on "Desktop Version" to access the login features.

Table of Contents

What challenges do your clients and patients have managing their Medicaid cases?

Tips for Updates and Communication

1. Make sure the OPA has the most up-to-date contact information for all people enrolled in Medicaid and Healthy MT Kids on an ongoing basis: Medicaid Change of Address Form: DPHHS (accessgov.com)

2. Help patients create accounts on apply.mt.gov (SSP) and **sign up to receive notices via both email and mail**

3. Become authorized representatives for cases to assist with navigating administrative barriers*

4. If some household members are still enrolled in a Medicaid program, those who lost coverage can request their benefits be reinstated via the SSP without requiring a new application

5. Once enrolled in Medicaid, people should report changes or complete their renewal through the state directly, not through FFM

Authorized Representatives

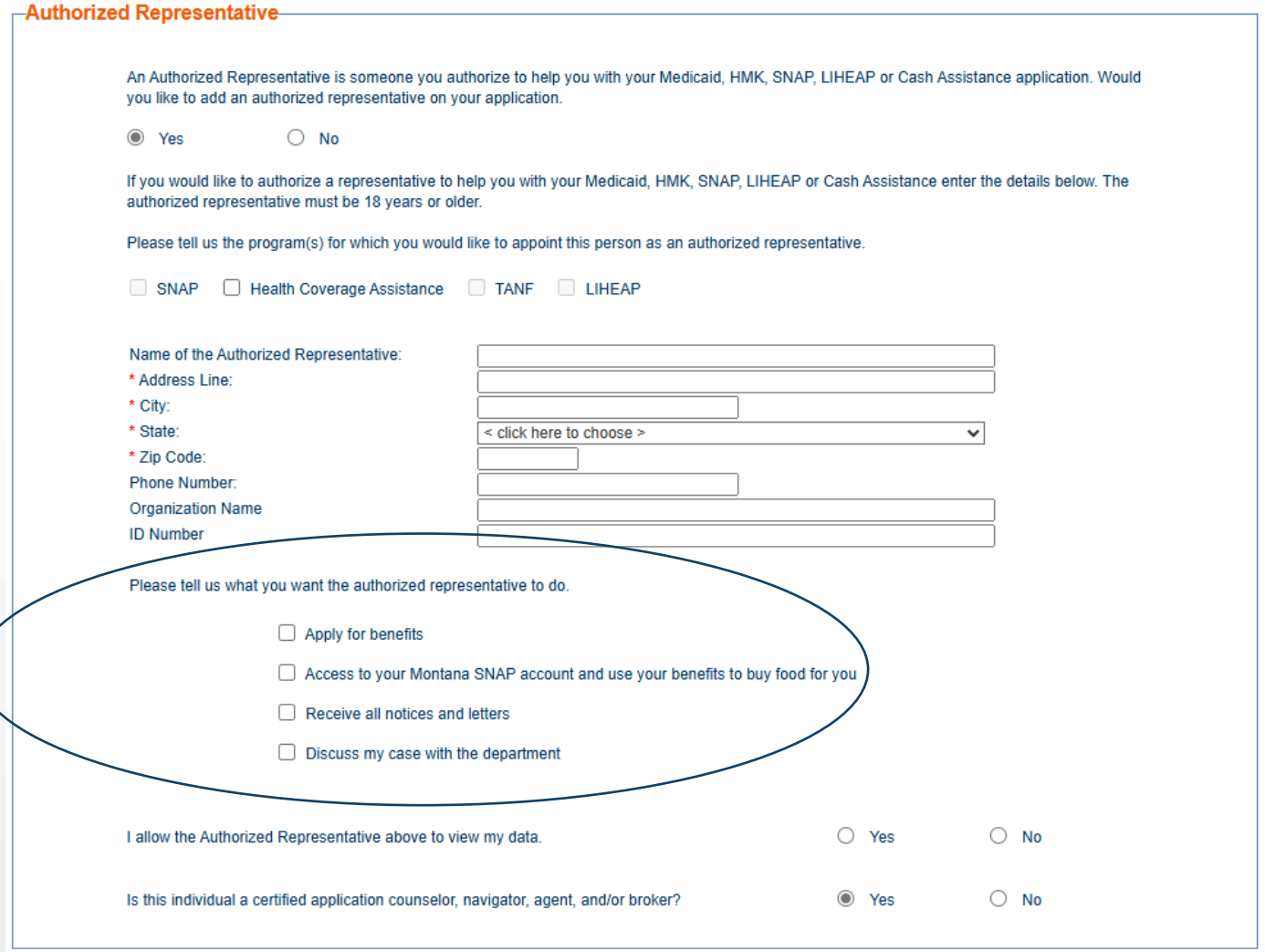
Consider:

Workflow

Capacity

Authorization

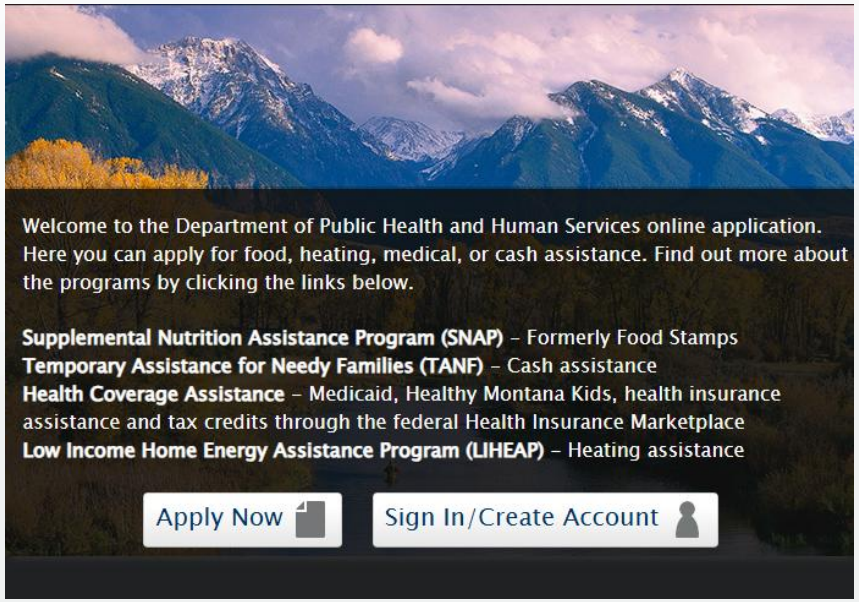
Responsibility



Applying for Medicaid

- In-person at an Office of Public Assistance
- Via phone on the Public Assistance Helpline or Cover MT Helpline
- Paper application dropped off or faxed to the OPA
- **Online**
  - State Self Service Portal (SSP)
  - Through healthcare.gov for licensed Assisters*

*Individuals can enroll themselves in Medicaid through Healthcare.gov



Online Application Platforms

FFM (HEALTHCARE.GOV)

- Determination state
- Mixed-eligibility households
- Simpler interface
- No access to other public benefits programs

SSP (APPLY.MT.GOV)

- Apply for multiple programs – SNAP, TANF, etc.
- Complete renewals or report changes
- Receive email notifications, upload documents
- Add people to active cases

If someone already has an account on one platform it is typically easiest to use that

Information you need to apply

It is a good idea to have information about:

- Pay Stubs
- Your Bills
- People in your home
- Checking/Savings Accounts
- Cars/Mobile Homes/Land/Houses
- Health Care Policies/Life Insurance Policies
- Medicare/SSI/SSA
- Montana Residency
- Social Security Number
- Self-employment financial records
- Insurance benefits and worker' s comp
- Veterans Admin benefits and pensions
- Value of CDs, stocks, and bonds
- Value of burial policies
- Value of trust(s)
- Amount of loans, gifts, or contributions
- Balance of Individual Indian Money account
- Information about pregnancy and due date
- School enrollment/history information

(Not all assistance programs require all of the above information.)

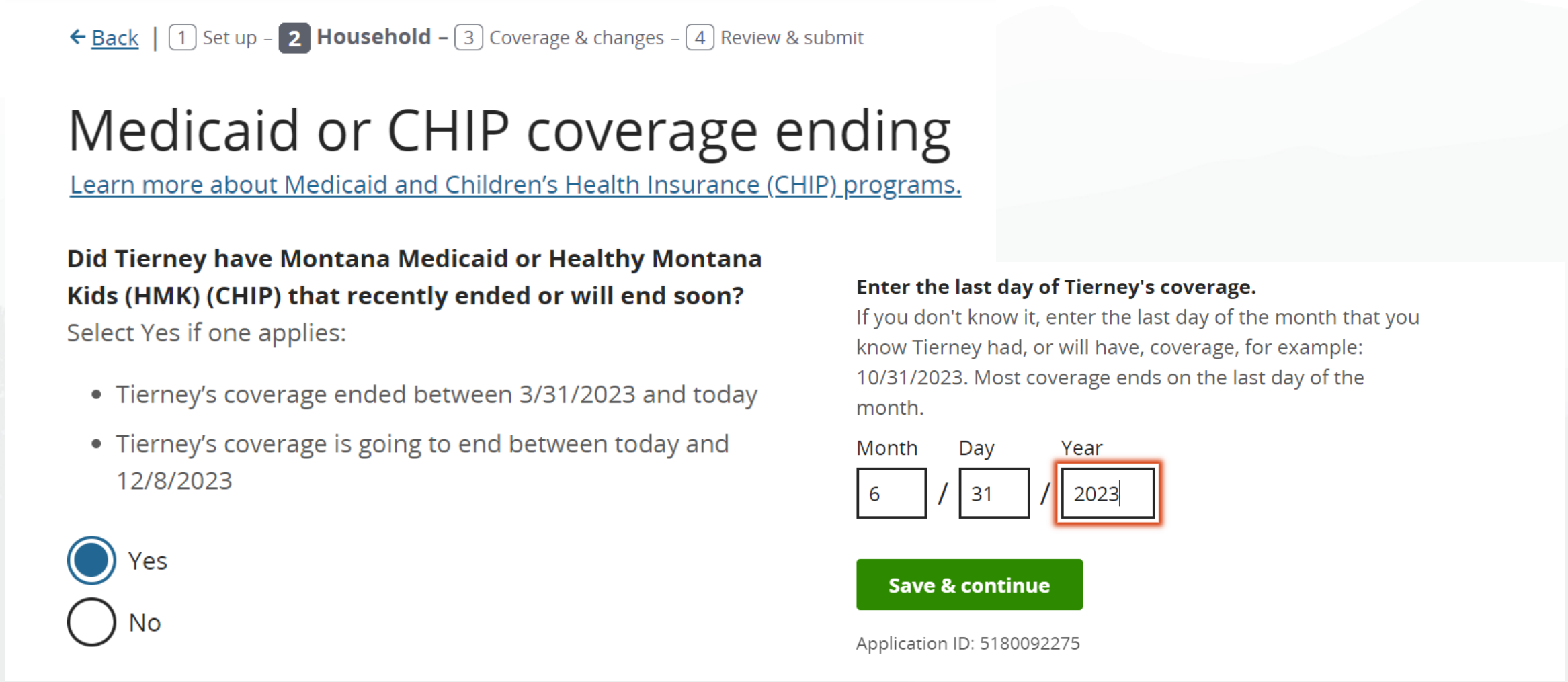
Figure 1:
MAGI Rules for Determining Medicaid and CHIP Households

If an individual is a:

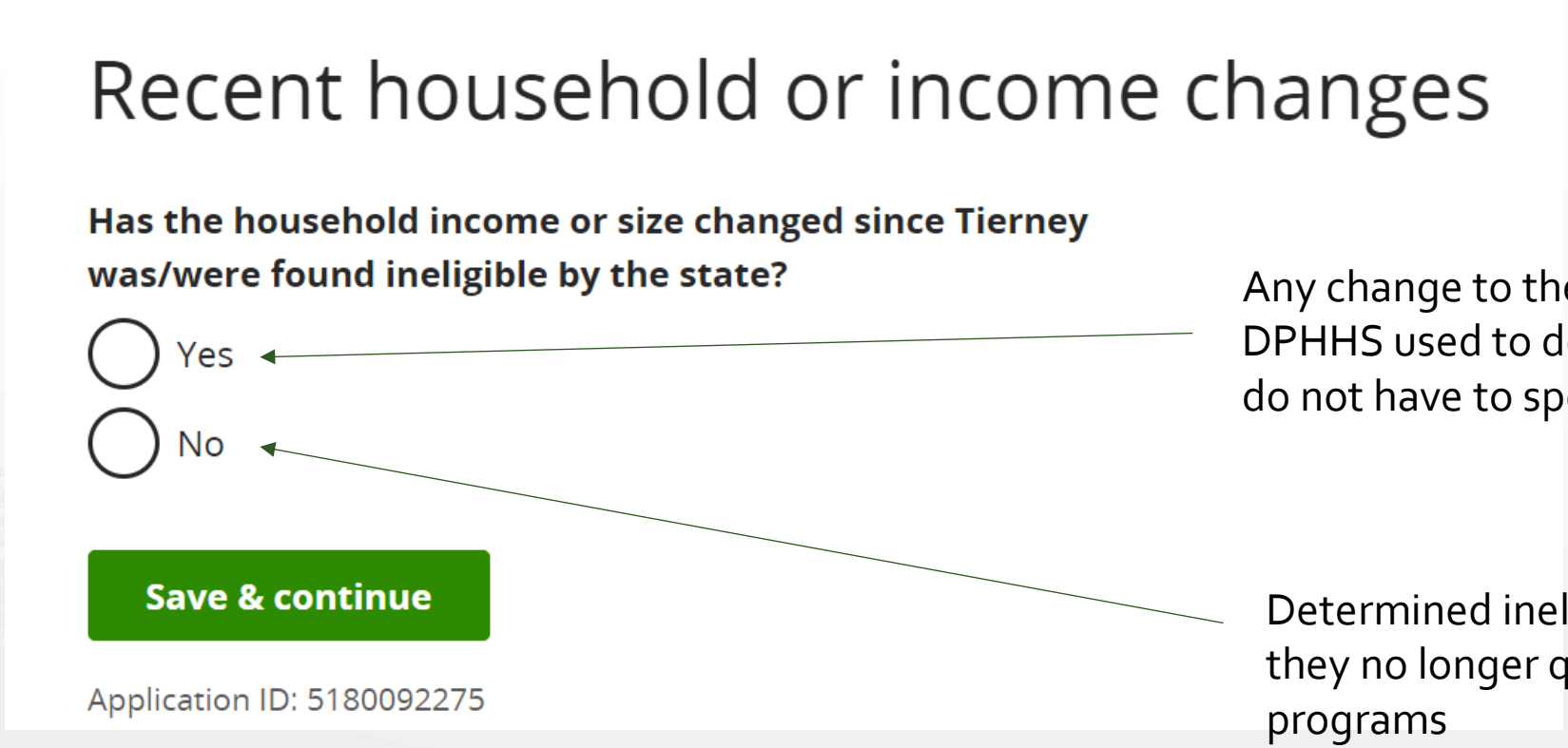
Tax Filer Not Claimed as a Dependent	Tax Dependent	Non-Filer / Non-Dependent
Individual's household is: ▪ Tax filer plus: → Spouse → All persons whom tax filer expects to claim as a dependent	Individual's household is: ▪ Household of the tax filer claiming individual as a dependent **EXCEPTIONS (apply the rules for non-filers)** ▪ Tax dependents not a child of the taxpayer ▪ Individuals under 19* living with both parents not expected to file a joint return ▪ Individuals under 19* claimed as tax dependent by non-custodial parents	For individuals age 19 and above, household is: ▪ Individual plus: → Spouse (if living with the individual) → Children under age 19* (if living with the individual) For individuals under age 19*, household is: ▪ Individual plus: → Siblings under 19 → Parents (including step-parents) → Children living with the individual

Determining household for MAGI cases

FFM Medicaid screening questions



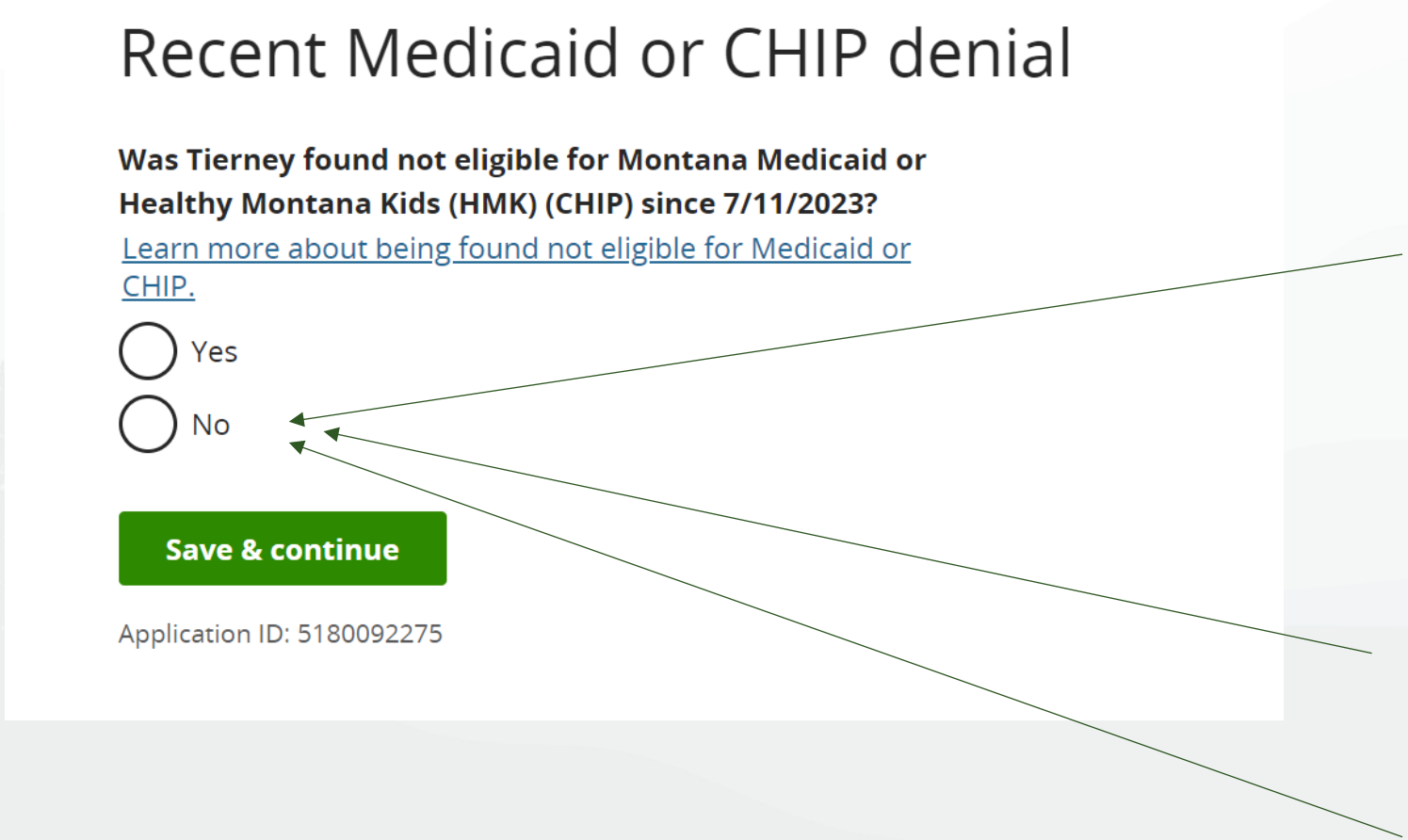
Screening continued



Any change to the information that DPHHS used to determine them ineligible, do not have to specify what changed

Determined ineligible and believe they no longer qualify for Medicaid programs

Recent Medicaid denial



Don't select a person's name if they:

- Never applied for Medicaid or CHIP
- Were found not eligible for Medicaid or CHIP by the Marketplace, instead of the state Medicaid or CHIP agency
- Were denied or found no longer eligible for Medicaid or CHIP since the date shown but had changes in income or family size since the denial or loss of coverage (unless the denial was based on immigration status)
- Applied for Medicaid or CHIP with the state but haven't gotten a response
- Were denied Medicaid or CHIP coverage because they didn't turn in paperwork that the state asked for

Application Scenario

Lily (28) needs to apply for Medicaid for herself and her two kids Charlie (1) and Sam (3)

- Sam and Charlie's other parent doesn't live in the household, and she does not receive child support payments.
- Lily and her kids are living temporarily with her parents. They are retired, will not claim her or her kids on their taxes, and are enrolled in Medicare.
- Lily works part-time cleaning for her aunt's business and earns $18 per hour for between 20-25 hours of work per week.
- Lily found out that her family no longer has Medicaid when she took her child to urgent care but she thinks they should still qualify. She doesn't know when their benefits ended.
- Lily's aunt gave her information about health insurance at the business from Blue Cross when she started, but they don't contribute and the monthly cost would have been $450 for Lily so she did not enroll. Her kids weren't able to be covered by that plan.

After applying

- OPA has up to 45 days to process new applications
  - Clients can check the status of their application on apply.mt.gov or by calling the PAHL
  - **If it has been more than 45 days, contact regional OPA directly or request an administrative review**
- The OPA may request verification or documentation of income, household, or assets
  - Can be uploaded online, dropped off in-person, or mailed/faxed to the OPA
  - OPA cross-references available data and information from application
  - Must be received by the deadline, **enrollees can request extensions or help getting requested documentation via email, PAHL, or in person**

Administrative Reviews and Fair Hearings

A person can ask for a fair hearing if:

- Their Medicaid benefits are denied, suspended, terminated, or reduced. This includes any action by the state Medicaid agency that affects their eligibility, services, or benefits; or
- The state didn't make a decision about their eligibility within a reasonable time period.

People have the right to ask for an expedited (faster) fair hearing if they have an urgent health care need that could result in serious harm if it's not treated soon. The agency's decision notice must include information on how to ask for an expedited fair hearing.

Keeping Medicaid benefits during the fair hearing process

If someone who already has Medicaid asks for a fair hearing **before** the effective date of the agency's decision (also called the "date of action"), the state must continue the person's benefits until the final fair hearing decision is issued. There may be **as few as 10 days** between the date on the decision notice and the date of action. Some states may also reinstate a person's Medicaid benefits retroactively if they ask for a fair hearing **no more than 10 days after** the date of action.

If the result of the fair hearing upholds (agrees with) the state's original decision, some states may require a person to pay back costs for any services they got while the fair hearing was pending.

Troubleshooting Medicaid Applications

What issues have you run into doing Medicaid applications in the past?

What do you feel like you need more information/training on?

Errors or glitches you have seen?

Where to reach out for help?

Medicaid Enrollment in your Organization

SUPPORT?

CHALLENGES?

OPPORTUNITIES?

Screen patients and clients for insurance

Share process and eligibility changes **with action items**

Bolster support for uninsured

Capture and communicate impact

NEED MORE HELP OR TRAINING?

Reach out for Training/TA:

Tierney Queen-Stewart
tstrandberg@mtpca.org
406-595-2725

THANK YOU!