
2023 Medicaid Updates

Department of Public Health & Human Services

February 2023

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COVID-19 Pandemic & Medicaid Coverage: Where We've Been & Current Status

Overview

In March 2020, federal COVID-19 legislation established the “continuous enrollment condition,” which gave states **extra federal Medicaid funding in exchange for maintaining enrollment for all individuals**, without determining if those cases still met eligibility requirements.

Montana and many other states implemented the same policy change for Healthy Montana Kids (CHIP) enrollment.

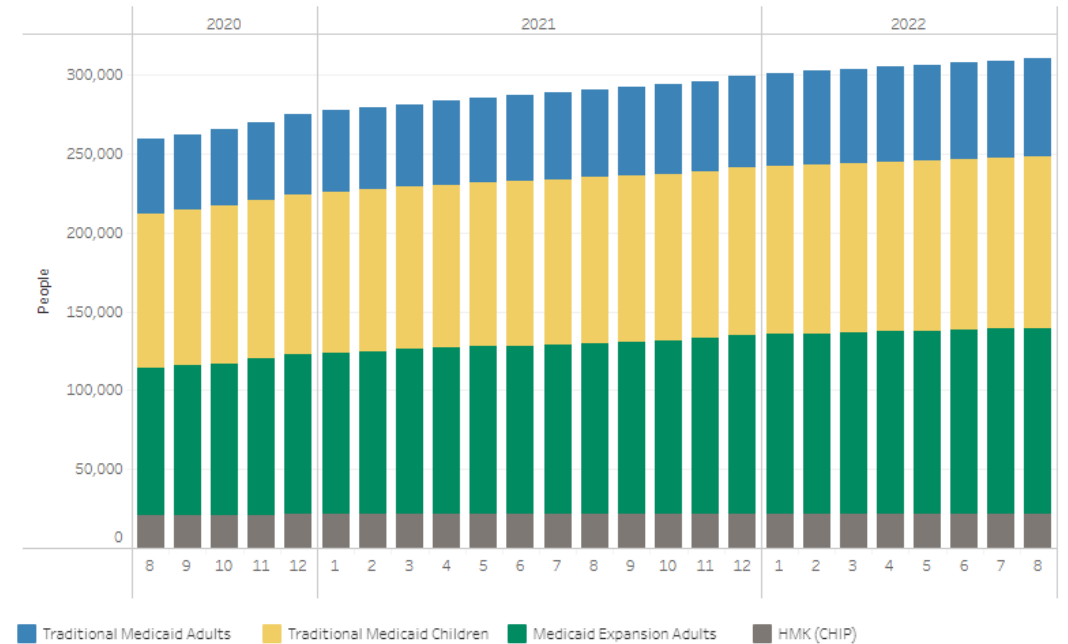
The continuous enrollment condition and temporary state changes to Medicaid and HMK policies have **prevented beneficiaries from losing health coverage**.

This continuous enrollment will end in the beginning of April, as directed by Congress, and as a result, new changes will come to Montana Medicaid

Overview

As a result of COVID-19-related legislation to Medicaid and flexibilities adopted by states, Medicaid and Children’s Health Insurance Program (CHIP) enrollment has grown to a record high.

Over 310,000 Montanans are enrolled in health coverage through Medicaid and HMK.

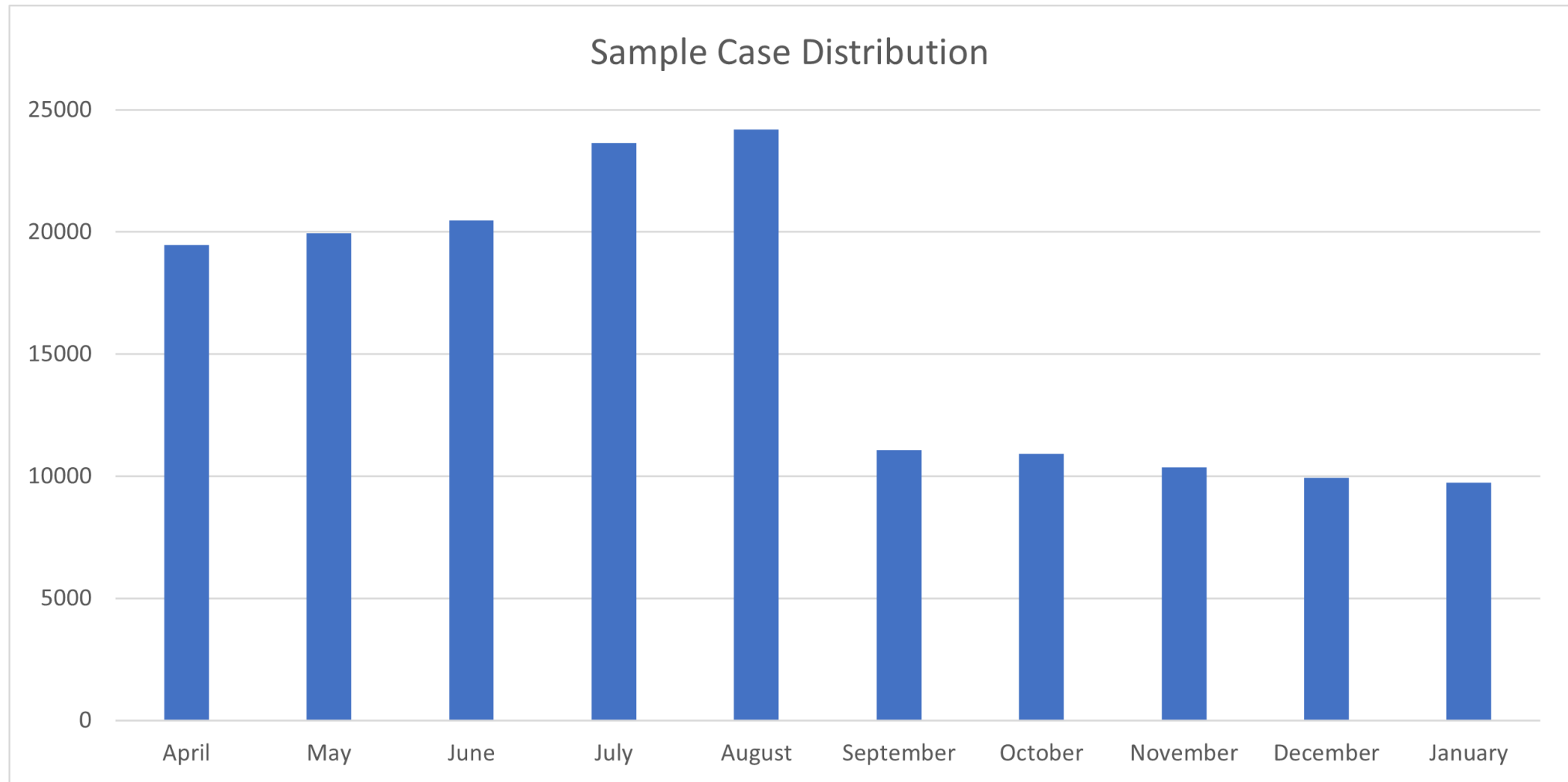


Changes are Coming: Restart of Medicaid Redeterminations

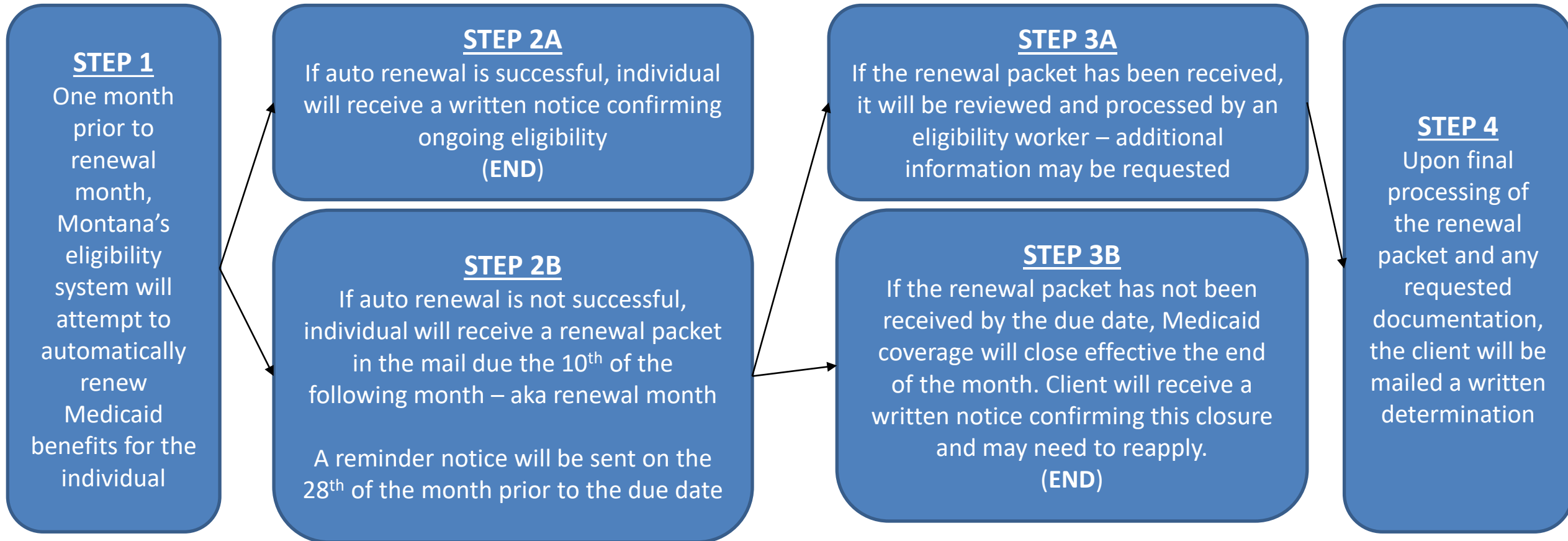
Changes Coming at the End of the PHE

- Beginning in April, Montana will resume normal operations, including restarting full Medicaid and HMK eligibility redeterminations.
-
- Redeterminations will be completed based on current information at the time of redetermination.
-
- Montana is working to complete all redeterminations over a 10-month period.
-
- Montana will be tracking the redetermination on a public facing dashboard beginning in May 2023.
-
- More information and sample notices can be found on the webpage dedicated to this effort.

Changes Coming – Eligibility Process



Redetermination Process



Correspondence #1 – Supplement to Renewal Packet (Example)

It's time to review your Medicaid / Healthy Montana Kids health coverage. Don't lose your benefits!

Dear,

It's time to review your Medicaid/Healthy Montana Kids coverage. You must provide us with your updated information for us to determine if you are eligible for ongoing health coverage.

Your health coverage will end if you do not renew.

Here's what you need to do by **[DATE]**:


The best ways to renew your coverage are:

Correspondence #2 – Renewal Packet (Example)

DPHHS-HCS-272A
(Rev 12/13)

State of Montana
Department of Public Health and Human Services (DPHHS)

**Health
Coverage
Renewal Form**



06/06/2022
Respond by: 07/11/2022
Case number: [REDACTED]

Renew Your Benefits – Due [DATE]

You are currently receiving health coverage through Medicaid/Healthy Montana Kids. Your benefits will end if you do not complete this renewal.

**How to
complete your
renewal**

- Call 1-888-706-1535 (TTY: 711). The call is free.
- Go to www.apply.mt.gov and click Sign In/Create Account. To create an account, you will need the case number on the top right of this page.

Correspondence #3 – Renewal Packet Reminder (Example)

REMINDER!

It's time to renew your Medicaid/ Healthy Montana Kids health coverage. Don't lose your benefits!

Dear,

We sent you a renewal packet earlier this month but haven't heard from you.

Your health coverage will end if you do not renew.

Here's what you need to do by [DATE]:

The best ways to renew your coverage are:

- **Call the Public Assistance Helpline** at 1-888-706-1535 (TTY: 711) or
- **Renew online** at apply.mt.gov.

Renewing by phone or online allows you to apply for or renew SNAP and/or TANF benefits at the same time.

You can also renew by filling out the form we sent you. Make sure you sign and date it. Then:

Correspondence #4 – Renewal Approval (Example)

Office of Public Assistance
PO BOX 202925

Helena, Montana 59620-2959

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES



Greg Gianforte
GOVERNOR

Charles T. Brereton
DIRECTOR

STATE OF MONTANA
www.dphhs.mt.gov PO BOX 4210
HELENA, MT 59604-4210

Case #:
Document #:
Print Date:
Contact Phone: 1-888-706-1535
Contact Fax: 1-877-418-4533
Contact Website: apply.mt.gov

About Your Case

Dear [NAME],

The first part of this letter is a summary of your benefits.

Please read this entire letter.

Health Coverage

Your health coverage information is listed below.

Effective Date	Action	Person(s)	Explanation
[DATE]	Approved	[NAMES]	Your renewal has been completed and we found you are eligible for health coverage. For more information, please see the Your Health Coverage Change Reporting Requirements section below.

Your Health Coverage Change Reporting Requirements

You must report changes that might affect your health coverage within 10 days of the change. Changes that must be reported for you and other people in your household are:

- Change of address
- Change in marital status (marriage or divorce)
- Change in household composition (someone moves in/out, becomes pregnant or adopts a child)
- Change in income

Correspondence #5 – Closure Notice (Example)

Renewal
documents
not
received

Office of Public Assistance
PO BOX 202925
Helena, Montana 59620-2959

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Contact Fax: 1-877-418-4533
Contact Website: apply.mt.gov

About Your Case

Dear [NAME]

The first part of this letter is a summary of your benefits.
Please read this entire letter.

Health Coverage

Your Medicaid/Healthy Montana Kids health coverage information is listed below.

Effective Date	Action	Person(s)	Explanation
[DATE]	Closed	[REDACTED]	Your coverage will end because you didn't complete and return the renewal documents we sent to you.

It's not too late to renew your coverage. If you have questions or want to renew your health coverage, call the Montana Public Assistance Helpline at 1-888-706-1535 before [DATE].

Correspondence #6 – Closure Notice (Example)

Any other reason

Office of Public Assistance
PO BOX 202925

Helena, Montana 59620-2959

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Case #:
Document #:
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Contact Phone: 1-888-706-1535
Contact Fax: 1-877-418-4533
Contact Website: apply.mt.gov

About Your Case

Dear [NAME],

The first part of this letter is a summary of your benefits.
Please read this entire letter.

Health Coverage

Your Medicaid/Healthy Montana Kids health coverage information is listed below.

Effective Date	Action	Person(s)	Explanation
[DATE]	Closed	[REDACTED]	Your coverage will end because you are over the income limit. For more information, please see the Health Coverage Closure Section .

Fair Hearings

Per the Centers for Medicare & Medicaid Services (CMS), a program redetermination/renewal must be completed for all individuals receiving health coverage at the end of the PHE.

The redetermination/renewal process must follow the state's approved State Plan

Failure of an individual to complete their redetermination/renewal, or provide requested verification, can result in closure of their Health coverage benefits. If the individual feels they followed all requirements and that the closure/denial is incorrect, they may request a Fair Hearing. This request must be in writing and received by DPHHS/OPA within 90-days* of the negative action

* Unless request is regarding department determination of ability to pay for cost of institutional care at which time request must be received in writing within 30-days of notice mailing

Changes are Coming: End of Continuous Eligibility for Most Adults

Continuous Eligibility – Reason for Change

Reason: The 2021 Montana **Legislature** passed a budget that removed funding for the 12-month continuous eligibility for most adults on Medicaid and directed DPHHS to end the policy. This change cannot take effect until the end of the COVID-19 pandemic requirements.

Timely notice definition: Providing the individual at least 10-day notification of a change in benefits. Medicaid benefits end effective the last day of a month. If 10-day notice cannot be provided for the current month, notice will be sent that benefits will end effective the last day of the following month.

Continuous Eligibility - Definition

Definition: Continuous medical coverage even if the family/individual experiences a change that would otherwise impact eligibility; typically, continuous eligibility spans 12-months

Changes:

GROUP	CONTINUOUS ELIGIBILITY PRIOR TO April 1, 2023	CONTINUOUS ELIGIBILITY POST April 1, 2023
Children (under age 18)	YES	YES
Adults (19+)(Medicaid Expansion, PCR)	YES	NO
Adults (18+) SDMI	YES	YES
Aged, Blind, Disabled	NO	NO

Continuous Eligibility – Reporting

Potential negative impact: Individuals must report changes in their circumstances, such as a change in income or size of their household, within 10 days of knowing of the change. The change(s) reported could make the individual ineligible for health coverage. If the person is no longer eligible for Medicaid, they will be given timely notice of the closure and receive a referral to the Health Insurance Marketplace.

- If changes are reported that do not affect eligibility, the coverage will continue monthly for up to one year.

If no changes are reported: If the individual does not have any changes that affect eligibility, coverage will continue monthly for up to one year. At that time, DPHHS must redetermine if the individual remains eligible. The individual may be required to complete a renewal form in order for DPHHS to determine eligibility.

Continuous Eligibility – Communicating Changes to Medicaid Members

End of Continuous Eligibility – Example Letter

Dear [NAME],

This letter tells you about changes to your Medicaid coverage.

Why am I getting this letter?

The rules for your Medicaid coverage will be changing on [DATE]. These changes may affect your coverage.

What is changing?

The Department of Public Health and Human Services (DPHHS) had a rule that in most cases, your Medicaid coverage lasted for a year. We didn't need to check if you still qualified when you reported certain changes, like changes in income. Your coverage continued. At the end of 12 months, we would check if you still qualified. If you did, we would renew your coverage for another year.

As of [DATE], the rule will change. Now we must check if you qualify to keep your coverage every time, we become aware of a change in your case.

This rule change does not apply to children covered by Medicaid or Healthy Montana Kids, or adults covered by Medicaid for people with Severe Disabling Mental Illness. In most cases, their coverage will continue for 12 months even if they have a change in circumstances.

What does this mean for me?

Changes in your circumstances, like changes in income or who is living in your household, could cause your

Transitional Medicaid

A transitional coverage period for parent/caretaker relatives exceeding eligibility criteria for ACA Parent Caretaker Relative and/or Expansion Medicaid and who meet the following criteria:

- A parent/caretaker relative must have:
 - A qualifying child under the age of 19 living with them (the child must meet citizenship criteria)
 - Been included in the family assistance unit when coverage was lost (coverage cannot have been Family Medically Needy)
- Experience a qualifying event where they lose eligibility due to new or increased earned income, and/or self-employment income
- Must have been issued ACA Parent Caretaker Relative and/or Expansion Medicaid in three of the past 6 months; The qualifying child(ren) must be actively covered by a Montana Medicaid program

Transitional Medicaid - Timeframe

Transitional Medicaid can last up to 6 consecutive months, and Family Extended Medicaid can last up to 4 consecutive months as long as:

- There is a qualifying child in the home (under the age of 19)
- They cooperate with Third Party Liability (TPL) and Program Compliance
- They continue to live in Montana

Transitional Medicaid - Reporting

Individuals receiving Transitional Medicaid (or Family Extended Medicaid) are still required to report changes within 10 days of knowing of the change

There is no income limit for continued eligibility for these 2 programs

Continuous Eligibility – Scenario #1

Continuous Eligibility Ends – Scenario 1	
Household Composition:	2 adults / 2 children
Application Date:	3 months ago
Type of Change:	Increased income
Verified Change:	Yes, income puts adults over income eligibility requirements
Eligibility Determination:	Adults move to Transitional Medicaid / Coverage continues for children
Timely Notice:	Yes

Continuous Eligibility – Scenario #2

Continuous Eligibility Ends – Scenario 2	
Household Composition:	2 adults / 2 children
Application Date:	3 months ago
Type of Change:	Increased income
Verified Change:	Requested verification not provided
Eligibility Determination:	Adults close for not providing verification / Coverage continues for children
Timely Notice:	Yes

Continuous Eligibility – Scenario #3

Continuous Eligibility Ends – Scenario 3	
Household Composition:	1 adult
Application Date:	3 months ago
Type of Change:	No changes reported or found
Verified Change:	Not applicable
Eligibility Determination:	Adult continues coverage until next redetermination/renewal
Timely Notice:	Not applicable

Continuous Eligibility – Scenario #4

Continuous Eligibility Ends – Scenario 4	
Household Composition:	1 adult
Application Date:	3 months ago
Type of Change:	Increased income
Verified Change:	Yes, income puts adult over income eligibility requirements
Eligibility Determination:	Adult closes for being over income (not eligible for Transitional Medicaid)
Timely Notice:	Yes

Continuous Eligibility – Scenario #5

Continuous Eligibility Ends – Scenario 5	
Household Composition:	1 adult
Application Date:	3 months ago
Type of Change:	Increased income
Verified Change:	Yes, income keeps adult on same coverage
Eligibility Determination:	Adult continues coverage
Timely Notice:	Not applicable

Continuous Eligibility – Scenario #6

Continuous Eligibility Ends – Scenario 6	
Household Composition:	2 adults / 2 children
Application Date:	Adults moved to Transitional Medicaid 3 months ago
Type of Change:	Reduced income
Verified Change:	Yes, income makes adults eligible for Medicaid
Eligibility Determination:	Adults move back to Medicaid / Coverage continues for children
Timely Notice:	Yes

Continuous Eligibility – Scenario #7

Continuous Eligibility Ends – Scenario 7	
Household Composition:	2 adults / 2 children
Application Date:	Adults moved to Transitional Medicaid 3 months ago
Type of Change:	Reduced income
Verified Change:	No, requested verification not provided
Eligibility Determination:	Adults close for not providing verification / Coverage continues for children
Timely Notice:	Yes

Preparations for Changes

DPHHS Actions to Prepare for the End of Continuous Eligibility

Develop a plan to prioritize and distribute redeterminations

Obtain updated contact information, including addresses, emails, and phone numbers to ensure that individuals receive information on the redetermination process

Establish a partnership with Cover Montana

Engage community partners, health plans, and the provider community to encourage individuals to update their contact information and to provide assistance with redeterminations

Update Contact Information

To ensure individuals receive the information necessary to determine ongoing Medicaid eligibility, the Office of Public Assistance (OPA) must have current contact information

Individuals can check and/or update their contact information in any **ONE** of the following ways:

ONLINE

Self-Service Portal (<https://apply.mt.gov>)

Medicaid Change of Address Form ([DPHHS \(mt.accessgov.com\)](https://mt.accessgov.com))

PHONE

Public Assistance Helpline (1-888-706-1535)

When calling, Press 1 and you will be directed to update your address

IN-PERSON

Any of the 19 OPA's and local Tribal Medicaid Office

Partnership with Cover Montana: Outreach



Changes are coming to Medicaid & Healthy Montana Kids.

Don't risk losing your coverage. Update your contact information.

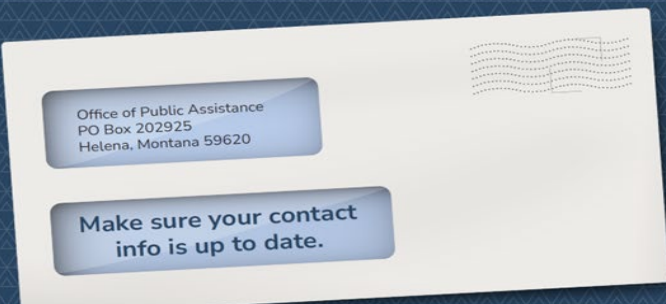
Need help? Cover Montana can update your contact information and answer questions. Call (844) 682-6837.

 **COVER MONTANA**
(844) 682-6837 | covermt.org

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Changes are coming to Medicaid & Healthy Montana Kids



Office of Public Assistance
PO Box 202925
Helena, Montana 59620

Make sure your contact info is up to date.

 **COVER MONTANA**
(844) 682-6837 | covermt.org

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Update your contact info with Montana Medicaid and HMK:

- 1. The fastest way to update your contact information is using the Montana Department of Public Health and Human Service online form at <https://bit.ly/DPHHSform>. It doesn't require an email address and takes about a minute!**
- 2. Call the Cover Montana Help Line and we can help you update your contact info over the phone. 1 (844) 682-6837. Se habla español.**
- 3. Update your info at apply.mt.gov. You must create or log into your account, and it requires an email address. This allows you to update your contact info, get your notices online, review your benefits, and more!**
- 4. Stop by your local Office of Public Assistance.**
- 5. Update your info by mail to PO Box 202925, Helena, MT 59620 or fax at 1-877-418-4533. Include case number and first and last names.**

 **COVER MONTANA**
(844) 682-6837 | covermt.org



How You Can Help

How You Can Help – What you can do now

- Help prepare and educate Medicaid and HMK enrollees about the upcoming changes to the renewal process. This includes making sure that enrollees have updated their contact information with the DPHHS OPA and are aware that they need to act when they receive a letter from DPHHS OPA about completing a renewal form.
- Key Messages for Partners to Share
 - NOW: Update your contact information—Make sure DPHHS OPA has your current mailing address, phone number, email, or other contact information. This way, they'll be able to contact you about your Medicaid or HMK coverage.
 - *Future: Check your mail— DPHHS OPA will mail you a letter about your Medicaid or HMK coverage. This letter will also let you know if you need to complete a renewal form to see if you still qualify for Medicaid or HMK.*
 - *Complete your renewal form (if you receive one) –Fill out the form and return it to DPHHS OPA right away to help avoid a gap in your Medicaid or HMK coverage.*

How You Can Help

Updates to contact information can be made by doing any of the following:

- Complete a change of address form online at: <https://mt.accessgov.com/dphhs/Forms/Page/medicaid/changeofaddress/0> OR on the Self Service Portal at apply.mt.gov.
- At apply.mt.gov, individuals can create an online account. An online account allows individuals to not only update their contact information, but also receive correspondence about their coverage when it's time.
- Call the Public Assistance Helpline at 1-888-706-1535 and press 1
- Mail a letter to: DPHHS, PO Box 202925, Helena, MT 59620-2925
- Fax a letter to 1-877-418-4533
- Go to the local Office of Public Assistance

Summary

Medicaid Redeterminations

- States are required by CMS to complete Redeterminations on all individuals
- Encourage individuals to keep their contact information updated
- DPHHS will be sending a lot of correspondence – check your mail
- Individuals must complete their renewals timely or risk losing coverage
- Renewals will be scheduled out over approximately 10 months

Continuous Eligibility

- This will end for most adults after their redetermination is processed.
- All changes for Medicaid must be reported within 10-days
- Some individuals may be eligible for Transitional Medicaid

Thank you