

Section No.	Catchline	SB 405	Accomplished by Waiver(s) 1115 & 1915(b)
4	(1) Eligibility	Expands the eligibility to individuals ages 19 through 64 years of age who were not previously eligible. Specifically, nondisabled, non-pregnant and childless individuals under 138% (133% with 5% income allowance) of the federal poverty level.	Yes
	(2) Statutory Appropriation	Funding is statutorily appropriated from the general fund. There is no specific amount referenced (as would be expected with an entitlement program that cannot limit expenses based on a pre-set budget). Estimates were developed for the Fiscal Note and the LFD prepared an overview of the Fiscal Impact stating an <i>increase of \$453.9 million total funds, including \$27.0 million general fund.</i> (With offsets, the general fund impact was published as \$11,525,113)	
	(4) FMAP	This references the FMAP (federal matching rate) under PPACA, which is 100% in 2015-2016, 95% in 2017, 94% in 2018, 93% in 2019, and 90% in 2020 and beyond.	Yes, with limitations. *See the note on Section No. 10 below.
5	(1-4) TPA	<p>A Third Party Administrator (TPA) will be used, but the department will establish the basic services to be provided through the TPA. The department may also exempt certain individuals from inclusion in the TPA for specific reasons laid out, including if they are otherwise exempt under federal law.</p> <p>Blue Cross Blue Shield has been chosen as the TPA.</p>	<p>Yes, with limitations. The TPA will only be used for those members between 50-133% FPL, not those under 50% FPL (Federal Poverty Level).</p> <p>The TPA waiver, 1915(b) waiver to limit provider options, is approved for only two years, instead of the five years applied for in the waiver application. Additionally, the state must have an independent evaluation and submit those findings with any request for an extension of this waiver.</p>
	(5-6) Waivers	Directs the department to apply for a waiver from CMS to implement the act. (Most sections of this act are only effective upon actual receipt of said waiver(s).)	Completed
6	(1-2) Copayments	Directs the department to charge copayments to maximum amount allowed under federal guidelines.	Yes, with limitations. Copayments will be charged, but the premiums paid will be credited toward any copayment. As a result, Copayments will only be paid after having reached 2% of income, and can be charged

			until 5% income is reached.
	(3)	Disallows copayments for certain services.	Yes
7	(1-7) Premiums, collection, nonpayment ramifications and exemptions	This section directs the department to charge an annual premium of 2% of participant income. Additionally, there are different benchmarks and exemptions that change the consequences of said nonpayment. Spells out various exemptions and consequences, including disenrollment for non-payment. <i>*Premium payments will be deposited into the general fund.</i>	Yes, with limitations. Premiums will be limited to those participants between 50-133% FPL, and are not allowed for those individuals with income less than 50% FPL. Disenrollment is allowed, but members may be reinstated after DOR sends a statement of assessment, required at least quarterly. Members may then be re-enrolled, without having paid premiums in arrears, and the unpaid premiums become a debt to the state.
8	(1-3) Medicaid program reforms	Directs the department to seek ways to reduce costs while simultaneously improving medical outcomes. Suggests varied approaches, but gives the department flexibility in doing so.	
9	(1-2) Payment Schedules	Provides for reimbursement to providers at Medicaid rates, specifically for individuals in the custody of the department of corrections; and residents of Montana mental health facilities.	
10	FMAP Reduction	If the FMAP changes from the previously approved federal schedule, this program is contingent upon further legislative appropriation or the department's ability to increase premiums as an offset.	The "Continuous Eligibility" component of the waiver results in a change to the FMAP on 2.6% of the expansion population, for which Montana will receive traditional FMAP reimbursement rather than at the enhanced FMAP. However, the enhanced FMAP schedule has not changed, and will continue to phase down as originally planned.
11	Oversight Committee	Provides for a nine-member committee to provide oversight and receive reports and updates, including four members of the legislature. (Sen Caferro, Sen Keenan, Rep Noonan, & Rep Wittich have been appointed.)	
12	Reports	Provides direction for the oversight committee in the type of information they must review, including total costs of services and administration, copayments, etc. <i>*(4)(j) includes a responsibility to recommend future funding options to future legislatures</i>	
	(5)	A summary of findings shall be presented to the Governor and the LFC no later than August 15 of each even-numbered year.	

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13	Rulemaking Authority	Gives departments authority to adopt rules to carry out the act.	
14-17 Workforce Development (Department of Labor & Industry)			
16	(1) Workforce Development	Provides for the coordination between departments to provide an optional employment assessment training and development opportunities for individuals qualifying for Medicaid under the HELP act.	
	(4)	Directs DPHHS to utilize TANF reserve funds to offset the cost of this workforce development program where applicable.	
17	Rulemaking	Gives DLI authority to adopt rules to carry out the act.	
18	Taxpayer Integrity Fee	Provides for a fee based on assets, requiring a monthly fee for those with more than \$50,000 cash and cash equivalents, a light vehicle, and a primary residence exceeding the homestead exemption established in 70-32-104 (\$250,000) Provides for a fee of \$100 per month plus \$4 per month for each \$1,000 in assets above \$50,000 cash and cash equivalents.	Because this is not an "Asset Test" impacting eligibility, but rather, a fee triggered by significant assets, Medicaid eligibility is not impacted, and as a result, the waiver is silent in regard to this section.
	(4)	Fees collected will be deposited in the general fund.	
	(5)	Allows for future collection of these fees against tax returns or through civil action.	
20	Statutory Appropriation	Amends the statutory amendment section of the MCA to include this act.	
22	Appropriations	Makes general fund appropriations outside of HB 2, and establishes that these appropriations are to be considered part of the base funding for preparation of the 2019 biennium budget. <i>*Coordination instruction in SB 418 eliminates the appropriation to the department of labor and industry, as it was appropriated in HB 2. The result is that this effort is funded from the employment security account instead of the general fund.</i>	
23	Transition	Allows for certain activities to begin immediately upon approval of the waiver, in order to aid in the implementation of this act.	
27	Effective Date	Except to allow for activities in preparing the waiver, establishing the oversight committee, and the medical liability changes; this act is only effective upon approval of the waiver by CMS, consistent with the requirements of this act.	
28	Termination	This act has a sunset date of June 30, 2019.	The 1915(b) waiver for use of a TPA terminates December 31, 2017. The state may apply for renewal of the waiver, but outside assessment of the TPA model will be required.