

October 20, 2021

The Honorable Xavier Becerra, Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Re: Amendments to the Montana Health and Economic Livelihood Partnership Extension
Application and the Montana Waiver for Additional Services and Populations

Dear Secretary Becerra,

The Center on Budget and Policy Priorities and the Georgetown University Center for Children and Families appreciate the opportunity to comment on Montana's amendments to its Montana Health and Economic Livelihood Partnership (HELP) Extension Application and the Montana Waiver for Additional Services and Populations (WASP) that would terminate expenditure authorities in the demonstrations allowing Montana to provide continuous eligibility for adults.¹

The Center on Budget and Policy Priorities (CBPP) is a nonpartisan research and policy organization based in Washington, D.C. Founded in 1981, CBPP conducts research and analysis to inform public debates and policymakers about a range of budget, tax and programmatic issues affecting individuals and families with low or moderate incomes. The Georgetown University Center for Children and Families (CCF) is an independent, nonpartisan policy and research center founded in 2005 with a mission to expand and improve high quality, affordable health coverage for America's children and families. As part of the McCourt School of Public Policy, Georgetown CCF conducts research, develops strategies, and offers solutions to improve the health of America's children and families, particularly those with low and moderate incomes.

The amendments Montana has submitted would terminate each demonstration's expenditure authority, which allows Montana to provide continuous eligibility for low-income parents in the case of the WASP demonstration and adults eligible under Medicaid expansion in the case of the HELP demonstration. We acknowledge that Montana can change its policy authorized through the demonstration, but given the potential impact on Medicaid enrollees ask that you require a carefully planned phase-out to avoid unnecessary loss of coverage among eligible people.

¹ The extension application for Montana HELP was submitted on August 30, 2019, and the state seeks the same authorities other than dropping continuous eligibility. We submitted [comments](#) on that application, which opposed the state's proposal to impose a work requirement and premiums on participants in the demonstration. We understand that CMS has informed Montana that it will not approve the work requirement and increased premiums tied to the requirements, but we ask that you consider our opposition to any premiums, including those Montana is already imposing, as part of these comments.

Montana implemented continuous eligibility for adults to help increase coverage of newly eligible individuals and to help stabilize insurance coverage by reducing the effects of churn caused by income fluctuations. As part of the federal evaluation of the waiver, state officials and providers stated that continuous eligibility had helped provide stability and improve continuity of care. Providers specifically identified seasonal workers and others with income fluctuation as benefitting from the policy. And state officials pointed to the benefit of needing fewer staff hours to process people cycling on and off the program.² Comments at the state level overwhelmingly opposed ending continuous eligibility, citing the harm to enrollees that ending the policy would cause, and the comments provided additional, specific evidence as to the success of the policy.

Despite these benefits Montana is proposing to stop applying continuous eligibility to adults at the direction of the state legislature. While the state is not required to maintain its demonstration authority, the standard terms and conditions of the demonstrations require an orderly phase-out designed to prevent harm to enrollees. A plan for phasing out continuous eligibility needs to consider the current requirement prohibiting states from terminating people's coverage until the declared public health emergency (PHE) ends, as the state's application acknowledges. On the one hand, this gives the state time to carefully plan how it will end continuous eligibility, but on the other hand the simultaneous end of continuous coverage and continuous eligibility raises significant potential for confusion.

Adults in Montana had the benefit of continuous eligibility prior to the PHE, so there is a serious potential for confusion when the PHE ends *and* continuous eligibility ends. All states should be engaging in activities in preparation for the end of the PHE such as communicating with their enrollees to update their addresses and performing ex parte renewals as recommended by the Centers for Medicare & Medicaid Services (CMS). Montana should additionally educate enrollees, providers, and other stakeholders about its change in policy. It also should provide specific information to CMS that explains how it plans to interact with enrollees when it resumes renewals without providing continuous eligibility. For example, will the state do interim data checks and how will enrollees report changes in income? These questions need to be answered before the change in policy is implemented and people need to be effectively informed of the changes so they can stay covered.

In sum, while Montana can change its policy on continuous eligibility, it has to do so in a way that presents the least risk of an adverse impact on enrollees.

Thank you for your willingness to consider our comments. If you need additional information, please contact Judith Solomon (Solomon@cbpp.org) or Joan Alker (jca25@georgetown.edu).

² Niranjana Kowlessar et al., "Federal Evaluation of Montana Health and Economic Livelihood Partnership (HELP): Draft Interim Evaluation Report," Social & Scientific Systems, July 22, 2019, <https://www.medicaid.gov/medicaid/downloads/mt-fed-eval-draft-interim-eval-rpt.pdf>.