

4 A BILL FOR AN ACT ENTITLED: "AN ACT GENERALLY REVISING MEDICAID LAWS TO IMPROVE
5 CUSTOMER SERVICE; REQUIRING OPTIMAL MOBILE FUNCTIONALITY OF CLIENT-FACING
6 TECHNOLOGY; REQUIRING THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES TO
7 PROVIDE AN EXPECTED WAIT TIME AND CALLBACK OPTION FOR EACH HOTLINE CALLER;
8 REQUIRING WRITTEN MEDICAID APPLICATIONS AND RENEWAL NOTICES TO BE WRITTEN IN PLAIN
9 LANGUAGE; REQUIRING QUARTERLY REPORTS TO THE LEGISLATURE ON MEDICAID CLIENT
10 SERVICE; ~~REQUIRING THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES TO REOPEN~~
11 ~~OFFICES OF PUBLIC ASSISTANCE;~~ ESTABLISHING REPORTING REQUIREMENTS; PROVIDING
12 DEFINITIONS; AND PROVIDING AN APPROPRIATION; ~~AND AMENDING SECTION 53-2-301, MCA."~~

14 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

16 **NEW SECTION. Section 1. Improved customer service -- direction to department -- report to**

17 **legislature.** (1) To streamline the Montana medicaid program application and renewal process, the department

18 shall accept:

19 (a) applications, renewals, recertifications, and periodic reports online and by phone; and
20 (b) required document submissions electronically, including via upload from a mobile device.

21 (2) (a) The department shall use text messaging and e-mail to communicate with members and
22 applicants who provide cell phone numbers and e-mail addresses.

23 (b) The department shall establish a system to notify members and applicants via text message
24 and e-mail when verifications are due and when a renewal, recertification, or periodic report is due.

25 (3) (a) The department shall provide a phone hotline for members and applicants. The hotline may
26 also be used for other public assistance benefits

27 (b) The department shall provide an expected wait time and offer a callback option to each hotline
28 caller.

(4) The department shall allow a member to submit an online or a printed renewal form during a 90-day reconsideration period if the member's coverage under the Montana medicaid program is terminated for procedural reasons.

6 (6) (a) Client-facing technology implemented after [the effective date of this act] must use mobile-
7 first technology that has optimal functionality on cell phones, tablets, and computers.

10 (7) All written application notices and application or renewal forms must be:

11 (a) written in plain language consistent with the requirements of 42 CFR 435.905(b) and 42 CFR
12 457.110(a); and

13 (b) translated into the state's five most commonly spoken languages.

14 (8) The department shall report on a quarterly basis to the children, families, health, and human
15 services interim committee in accordance with 5-11-210 on issues related to medicaid client service, including:

16 (a) the total number of applications and renewals;

17 (b) ex parte renewal success rates, including:

18 (i) total renewals and percentage by coverage group;

19 (ii) data sources used;

20 (iii) monthly compliance with federal requirements; and

21 (iv) steps the department is taking to reach the target set in subsection (5);

22 (c) the percentage of applications and the percentage of renewals submitted online, in person, by
23 mail, and by phone;

24 (d) the percentage of applications and the percentage of renewals completed within 24 hours, 7
25 days, 30 days, 45 days, 60 days, and 90 days;

26 (e) hotline call volume at the state and county level, including wait times and answer rates; and

27 (f) the number of individuals whose medicaid-related mail is returned to the department as

28 undeliverable and the percentage of those individuals whom the department contacted by other means.

1 (9) As used in this section, the following definitions apply:

2 (a) "Ex parte renewal" means a renewal conducted pursuant to 42 CFR 435.916(b)(1).

3 (b) "Mobile-first technology" means a design approach that starts with a mobile version of a

4 website or application that is then adapted to a larger screen.

5 (c) "Procedural reasons" means the state or a medicaid member fails to complete a part of the

6 renewal process and loss of medicaid coverage for the member occurs.

Section 2. Section 53-2-301, MCA, is amended to read:

"53-2-301. Local offices of public assistance to be established by department. (1) The

department shall establish one or more local offices of public assistance in each county of the state. If conditions warrant, Subject to the conditions prescribed in subsection (2), two or more counties may be combined into one administrative unit and the department may use the same local office of public assistance and staff to administer public assistance in the combined counties.

(2) (a) In accordance with subsection (2)(b), the legislature directs the department to reopen 10 offices of public assistance by June 30, 2026.

(b) When determining the locations of reopened offices, the department shall consider the following:

(i) the percentage of overall calls into the hotline from residents by county:

(ii) the distance required for individuals in each county to reach an office that is open as of [the date of this act];

- (iii) the percentage of individuals enrolled in the Montana medicaid program who are disenrolled at renewal for procedural reasons, as that term is defined in [section 1], by county; and
- (iv) the percentage of individuals who have an initial period of enrollment in medicaid, followed by a loss of coverage and subsequent reenrollment."

NEW SECTION. Section 2. Appropriation. (1) There is appropriated \$3 million \$200,000 from the

general fund to the department of public health and human services ~~in each year of for~~ the biennium beginning July 1, 2025, for the purposes of implementing 53-2-301.

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(2) The legislature intends that this is a one-time-only appropriation.

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- END -

AMEND