

HOUSE BILL NO. 885

INTRODUCED BY S. HOWELL

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

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

NEW SECTION. Section 1. Improved customer service -- direction to department -- report to legislature. (1) To streamline the Montana medicaid program application and renewal process, the department shall accept:

- (a) applications, renewals, recertifications, and periodic reports online and by phone; and
- (b) required document submissions electronically, including via upload from a mobile device.
- (2) (a) The department shall use text messaging and e-mail to communicate with members and applicants who provide cell phone numbers and e-mail addresses.
- (b) The department shall establish a system to notify members and applicants via text message and e-mail when verifications are due and when a renewal, recertification, or periodic report is due.
- (3) (a) The department shall provide a phone hotline for members and applicants. The hotline may also be used for other public assistance benefits.
- (b) The department shall provide an expected wait time and offer a callback option to each hotline 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.

(5) The department shall set a target ex parte renewal rate of no less than 60% of the total Montana medicaid population by June 30, 2026.

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

(b) The department shall modify existing client-facing technology to mobile-first technology that has optimal functionality on cell phones, tablets, and computers by June 30, 2026.

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

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

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

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

(a) the total number of applications and renewals;

(b) ex parte renewal success rates, including:

(i) total renewals and percentage by coverage group;

(ii) data sources used;

(iii) monthly compliance with federal requirements; and

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

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

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

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

(f) the number of individuals whose medicaid-related mail is returned to the department as undeliverable and the percentage of those individuals whom the department contacted by other means.

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

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

(b) "Mobile-first technology" means a design approach that starts with a mobile version of a website or application that is then adapted to a larger screen.

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

1 (2) THE LEGISLATURE INTENDS THAT THIS IS A ONE-TIME-ONLY APPROPRIATION.

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