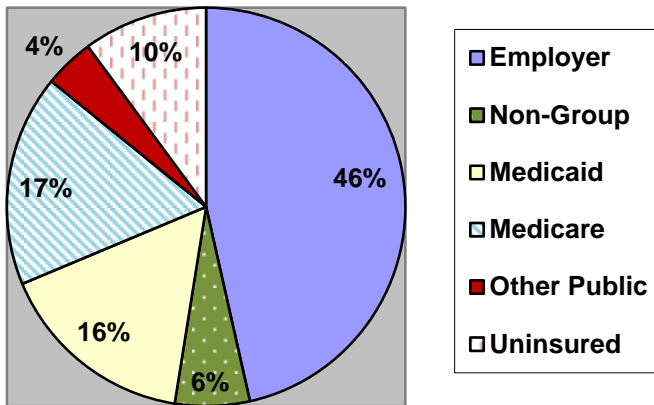


## Coverage Facts for Montana

Health Insurance Coverage in Montana, 2015<sup>1</sup>



There were 55,200 more individuals in Montana with health insurance coverage in 2015 than in 2013.

From 2013 to 2015, the uninsured rate in Montana fell from 16% to 10%.

### Advance premium tax credits and cost-sharing reductions provide needed assistance to tens of thousands of Montana residents.

- As of the end of the 2017 open enrollment period, 52,473 individuals selected a Marketplace plan.
  - 7,599 had incomes up to 150% FPL
  - 22,742 had incomes over 150% FPL up to 250% FPL
  - 38,941 were in rural locations based on zip code, as defined by HRSA
  - 22,924 selected bronze plans, which have higher deductibles
- 44,222 people had premiums reduced by the advance premium tax credit (APTC).
- 21,953 people qualified for cost-sharing reductions.
- The average per person premium for all consumers, before the application of any APTC, was \$581. For those receiving APTCs, the average premium was \$115.<sup>2</sup>

### Medicaid helps low-income residents of Montana access the health care they need.

- As of March 2017, Montana has enrolled 254,112 individuals in Medicaid and CHIP, a net increase of 70.57% since October 2013.<sup>3</sup>
- 46,700 adults were in the Medicaid expansion group in the first quarter of 2016. These adults are at risk of losing their Medicaid coverage if the AHCA is enacted into law.
- 80% of Medicaid enrollees in Montana are in working families.

## Medicaid provides the state of Montana with needed budgetary support.

- Medicaid and CHIP cover 3 in 5 nursing home residents and 2 in 5 people with disabilities in Montana. The state faces reduced federal funding for dual eligibles if funding is capped.<sup>4</sup>
- To offset the loss of federal funding proposed in the AHCA, the state will need to generate additional revenue to compensate for the increased state funding needed to keep Medicaid spending constant or face tough decisions about whether to save costs by cutting Medicaid eligibility, covered services and/or provider payments or draw funding away from other state priorities such as education or transportation.

## Residents of Montana need access to meaningful and affordable coverage that covers their health care needs.

- 152,000 non-elderly adults in Montana have declinable pre-existing conditions under pre-ACA practices - 25% of the population.<sup>5</sup>
- In 2015, there were 138 drug overdose deaths in Montana.<sup>6</sup>
- In Montana, from 2010 to 2014, approximately 71,000 adults aged 18 or older with any mental illness received mental health treatment/counseling within the year prior to being surveyed. The remaining 52.5% of Montana residents aged 18 or older with any mental illness did not receive mental health treatment/counseling in that time span.<sup>7</sup>

## The state's high-risk pool before the ACA left residents of Montana behind.

- Montana's high-risk pool membership made up 3.5% of non-group health insurance market participants in 2011.<sup>8</sup> By the end of 2011, there were 2,878 pool participants.
- Premiums in Montana's high-risk pool were capped at 150% of standard market rates. The deductible of the high-risk pool plan with the most members was \$5,000. The state high-risk pool provided a low-income premium subsidy.
- Montana's high-risk pool excluded coverage of pre-existing conditions for medically eligible enrollees for twelve months. It also had annual benefit maximum of \$750,000.
- In 2011, the state high-risk pool had a net loss of approximately \$ 11.9 million.<sup>9</sup>

### SOURCES

<sup>1</sup> [http://kff.org/other/state-indicator/total-](http://kff.org/other/state-indicator/total-population/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D)

[population/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D](http://kff.org/other/state-indicator/total-population/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D)

<sup>2</sup> [https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/Plan\\_Selection\\_ZIP.html](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/Plan_Selection_ZIP.html)

<sup>3</sup> <https://www.medicaid.gov/medicaid/by-state/stateprofile.html?state=montana>

<sup>4</sup> <http://files.kff.org/attachment/fact-sheet-medicaid-state-MT>

<sup>5</sup> <http://kff.org/health-reform/issue-brief/pre-existing-conditions-and-medical-underwriting-in-the-individual-insurance-market-prior-to-the-aca/>

<sup>6</sup> <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

<sup>7</sup> [https://www.samhsa.gov/data/sites/default/files/2015\\_Montana\\_BHBarometer.pdf](https://www.samhsa.gov/data/sites/default/files/2015_Montana_BHBarometer.pdf)

<sup>8</sup> <http://kff.org/health-reform/issue-brief/high-risk-pools-for-uninsurable-individuals/>

<sup>9</sup> [http://www.naschip.org/portal/index.php?option=com\\_content&view=article&id=230](http://www.naschip.org/portal/index.php?option=com_content&view=article&id=230)