



2026

Medicaid *in* MONTANA

MONTANA MEDICAID BACKGROUND

About This Report

This report provides an overview of Montana’s Medicaid program. Montana Medicaid and the Healthy Montana Kids program – collectively called “Medicaid” in this report – provide Montana residents with low-income access to low- or no-cost health insurance.

This background report describes who is eligible for Medicaid, their health care needs, and how Medicaid coverage helps enrollees address those needs. It also details how the program is structured and administered in Montana and its federal and state funding sources.

The Montana Healthcare Foundation produces frequently updated reports on the impacts of Montana’s Medicaid program on health outcomes, the health care system, and the economy. These reports, organized by year, are available [here](#).



Medicaid provides Montanans access to health care services that support their health and well-being.

- Medicaid provides health insurance coverage to address members' physical, behavioral health, dental, and long-term care needs.
- Medicaid provides coverage for children, adults, and seniors. It is a critical source of coverage for rural Montanans and American Indian communities.
- In July 2025, the president signed budget reconciliation legislation that makes substantial changes to the Medicaid program.
- Medicaid is a joint federal-state partnership managed locally by the Montana Department of Public Health and Human Services (DPHHS) and federally by the U.S. Centers for Medicare and Medicaid Services (CMS).
 - Like all Medicaid programs, Montana Medicaid submits a "State Plan" to CMS that outlines how DPHHS will administer the program, including who will be eligible to receive services and what services they will be eligible to receive beyond those minimally required by CMS. Montana's state plan is modified by "waivers" of statutory requirements, which allow Montana to tailor its Medicaid program.
- The state and federal governments jointly fund Medicaid, and the federal government reimburses Montana for the majority of Medicaid spending.
- Each year, Medicaid accounts for approximately 13% of Montana's state general fund spending.
- Montana spends a lower proportion of its state general fund on Medicaid compared to peer states, including states that have not expanded their Medicaid programs to cover nondisabled, nonelderly adults with low incomes.



What is Medicaid and Who Does it Cover?

Medicaid provides health care coverage to Montanans with low income.

Medicaid covers critical health care services to address members' physical, behavioral health, dental, and long-term care needs.



Office Visits & Outpatient Services

Medicaid covers preventive care, screenings, and other services and procedures delivered during office visits or outpatient settings, including care delivered by Montana's Federally Qualified Health Centers and Rural Health Centers.



Behavioral Health Services

Medicaid covers services for individuals with mental illness and substance use disorders, including screenings, outpatient treatment, crisis services, and inpatient care when needed.



Inpatient Hospitalization & Emergency Services

Medicaid covers inpatient care for individuals admitted to a hospital and emergency services when needed.



Dental Services

Medicaid covers necessary dental services, including exams, cleanings, fillings, and dentures. Montana is one of 39 states that have chosen to cover preventive dental services for adults.



Hearing & Vision Services

Medicaid covers hearing and eye exams, as well as hearing aids, glasses, and contact lenses when needed.



Long-Term Services and Supports, Including Home and Community-Based Services

Medicaid waivers like the Big Sky Waiver and Home and Community-Based Waiver for Individuals with Developmental Disabilities, cover long-term care services for people who are older or require help with daily activities or other in-home care.

Medicaid supports the health care needs of children, adults, and seniors.

While most Medicaid members have access to the same set of benefits, different population groups require different services to support their unique health needs.



Children

Medicaid covers children from households with low income and those living in foster care. The Early Periodic Screening Diagnostic and Treatment benefit, for example, covers services like regular well-child exams, hearing, vision, and dental screenings, as well as treatments for physical, behavioral, and developmental disabilities. Coverage of in-school services like speech and occupational therapy also helps to address learning deficiencies early.



People with Disabilities*

Medicaid provides coverage to people with disabilities for long-term care and personal care services, which helps them to remain at home and maintain their quality of life. Medicaid also helps thousands of disabled Montanans receive the assistance they need to carry out activities of daily living.



Pregnant Women, Mothers and Infants*

Medicaid covers eligible pregnant women, new mothers, and their babies. Medicaid covers four out of 10 births in Montana. Since 2023, Montana has extended postpartum Medicaid coverage to 12 months, which is associated with lower maternal mortality rates.



Adults

Historically, adults with low income were eligible for Medicaid coverage if they were pregnant or had a disability. Since 2016, nonelderly, nondisabled adults with low income can also receive Medicaid coverage (see next page). Access to primary and specialty care allows adults enrolled in Medicaid to manage chronic illnesses like diabetes or high blood pressure and receive evaluation and treatment for other physical and behavioral health conditions.



Seniors

Medicaid covers seniors ages 65 and older who require services that are not covered by Medicare, such as assisted living, personal care, nursing homes, and habilitative services. Many of these services allow seniors to continue to living in their homes or get the care they need to manage chronic conditions and other ongoing illnesses safely.



Since 2016, Montana Medicaid has provided health care coverage for nondisabled, nonelderly adults with low income.

In 2015, Montana passed the Health and Economic Livelihood Partnership (HELP) Act. Effective January 1, 2016, the HELP Act expanded Medicaid eligibility to include nondisabled, nonelderly adults with incomes up to 133% of the federal poverty level (FPL). In 2025, Governor Greg Gianforte signed House Bill 245, which made the Medicaid expansion population (referred to as “adults with low income” in this report) a permanent Medicaid eligibility group in Montana.*

By providing health care coverage to adults with low income, Montana has:



Expanded Health Care Coverage: Improved access to health insurance through Medicaid has reduced Montana’s uninsured rate.



Improved Access to Health Services and Health Outcomes: Expanded coverage has improved access to screenings, preventive services, and ongoing care for chronic physical and behavioral health conditions. In turn, enrollees use less emergency and inpatient care over time.

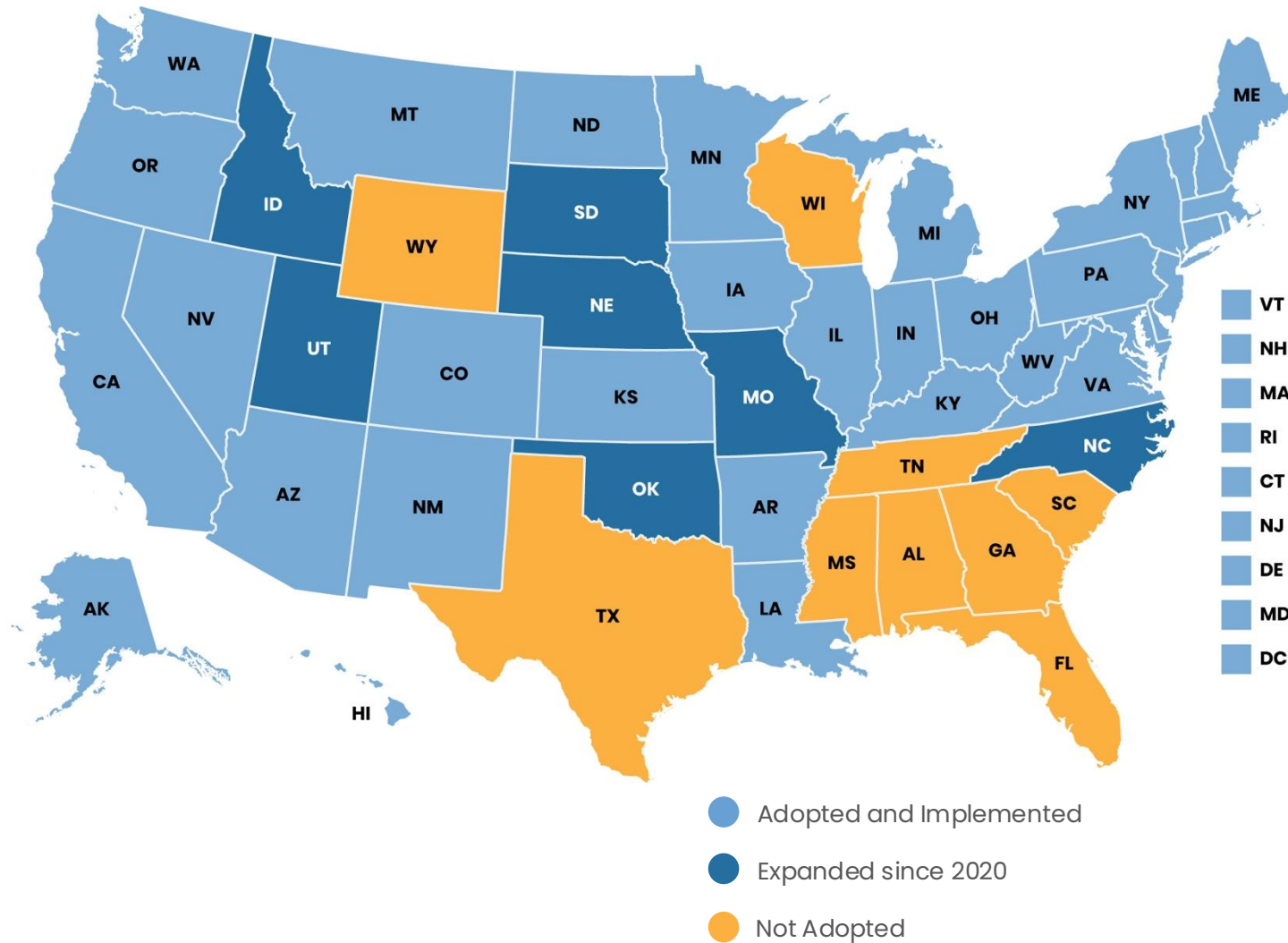


Created State Budget Savings and Reduced Costs of Care: Medicaid expansion has offset previously state-funded services, resulting in budget savings. At the same time, reductions in high-cost emergency and inpatient care help control rising health care costs.

Having reliable health insurance and better access to health care services contributes to reduced use of emergency department and inpatient services, helping control health care costs over time.

*Previous reports referred to this eligibility group as the “Medicaid expansion” population.

40 states (including Montana) and Washington, DC cover adults with low income through Medicaid.



As of 2025, 40 states and Washington, D.C. have expanded their Medicaid programs to cover adults with low income through legislation, ballot initiatives, and federal waivers. The most recent states to expand were South Dakota and North Carolina in 2023.

Coverage of adults with low income is popular among the public, including in nonexpansion states where two-thirds of people have expressed support for expansion. No state has elected to withdraw coverage of adults with low income once implemented.



Recent federal Medicaid legislation will impact how the program is financed and who it covers.

The 2025 budget reconciliation legislation H.R. 1 imposes new requirements on state Medicaid programs that will impact how states are able to finance their Medicaid programs and who will be eligible for coverage.

Work Requirements**

Beginning January 1, 2027, states must condition eligibility for Medicaid coverage on compliance with work reporting requirements. Adults with low income must demonstrate 80 hours per month of work or other qualifying activities, with some exemptions for specific populations.

Redeterminations

Beginning December 31, 2026, states must redetermine eligibility for adults with low income once every six months, with the exception of adults who are American Indian/Alaska Natives (AI/AN). Currently, Montana and other states redetermine eligibility once every 12 months.

Provider Tax Changes

Beginning October 1, 2026, the law prohibits implementation of new Medicaid provider taxes or increases to existing provider taxes, a common method for state financing of Medicaid programs. For example, Montana's hospital utilization fee is used to finance approximately one-fourth of the non-federal share of Medicaid expenditures in the state.

Rural Health Funding

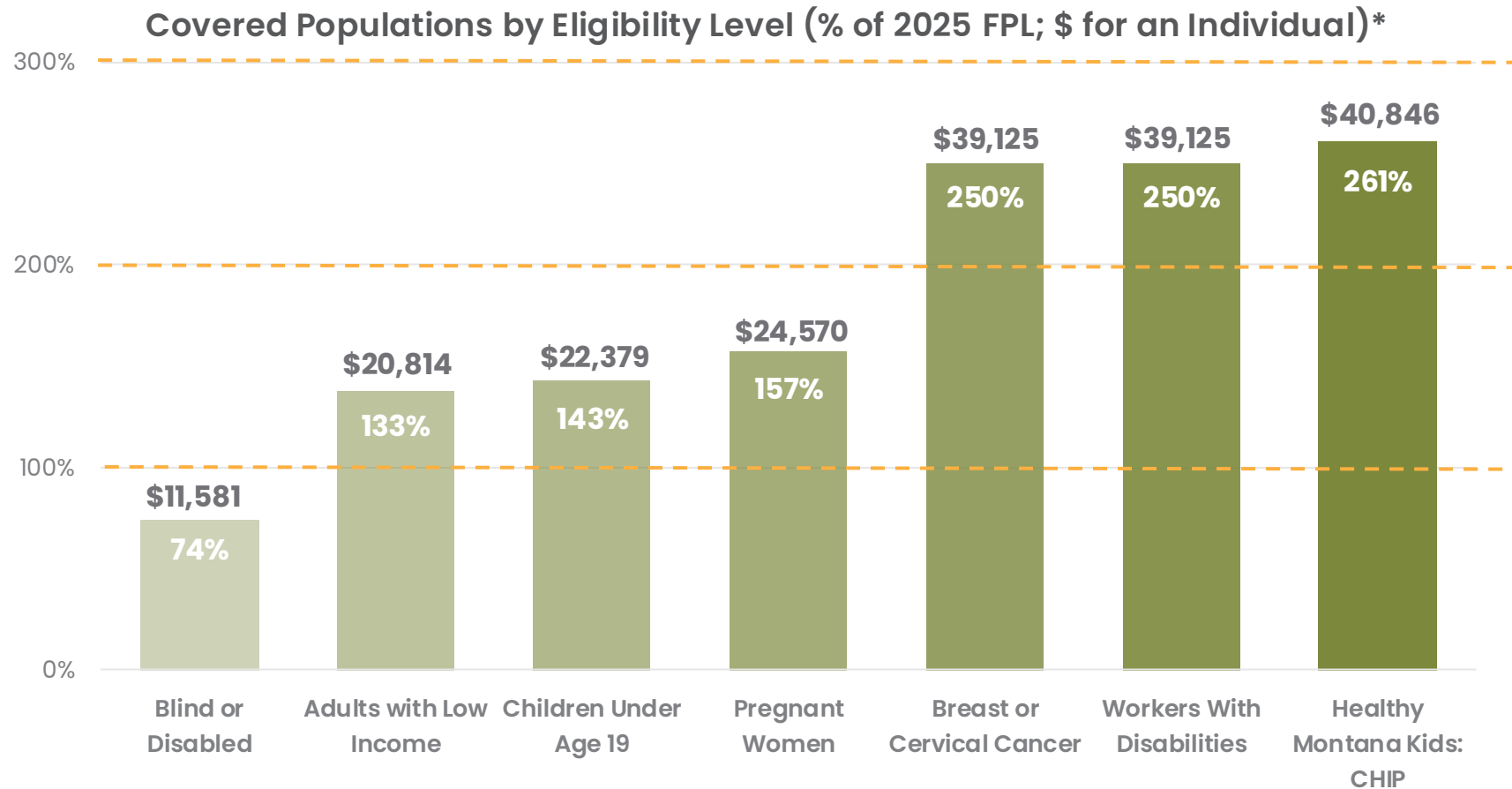
Beginning in 2026, the law makes available \$50 billion over a five-year period for states with an approved rural health transformation plan. In December 2025, Montana was awarded \$233 million for workforce development, telehealth expansion, technology innovations, innovative care models, and community health investments for 2026.

*For more information on the expected impact of the budget reconciliation legislation on Montana Medicaid's enrollment and financing, see the MTHF brief "[The One Big Beautiful Bill Act: Impacts on Montana Medicaid](#)."

**For more information on how states are seeking to comply with federal work requirements while maintaining coverage for eligible members, see the MTHF brief "[Implementing Medicaid Work Requirements: Best Practices](#)".



Eligibility for Medicaid varies by population and is defined against federal poverty level thresholds.



Medicaid provides health coverage for children and families, pregnant women, seniors, people with disabilities, and adults with low incomes, defined against various FPL thresholds.

For example, adults with low-income between ages 19–64 may be covered under Medicaid if they earn up to 133% of FPL, \$20,815 for an individual or \$42,759 for a family of four in 2025.

*Income limits do not include a disregard equal to five percentage points of the FPL applied to the highest income limit for the group.

[Data & Sources](#)



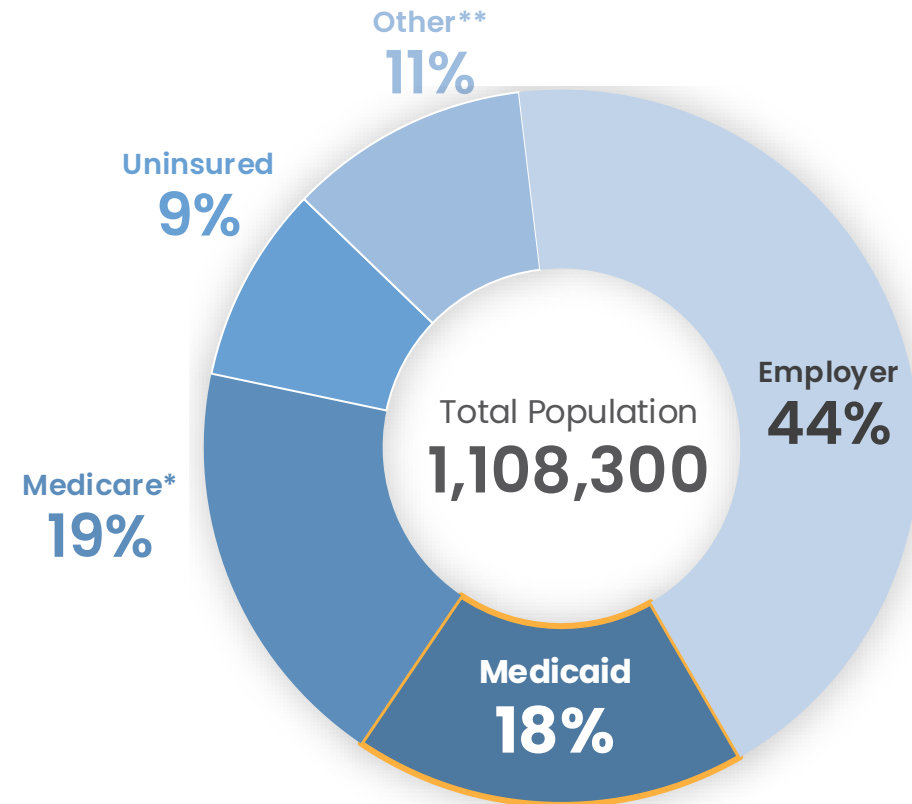
Medicaid provides health care coverage to more than one of every five Montanans, including approximately two out of every five children.

Access to Medicaid reduces the number of people without health care coverage. It minimizes coverage gaps that could otherwise delay needed medical care and preventive services, such as chronic disease screenings, viral testing, and vaccinations.

In 2024, approximately one of every five Montanans was enrolled in Medicaid (18%). Medicaid is an especially valuable safety net program for children and youth, where nearly two of every five individuals aged 0-18 are covered by Medicaid (33%).

Coverage for Montanans is similar to that of other states. Nationally, approximately 20% of Americans and 37% of children and youth are enrolled in Medicaid.

Health Care Coverage of Montanans (CY 2024)



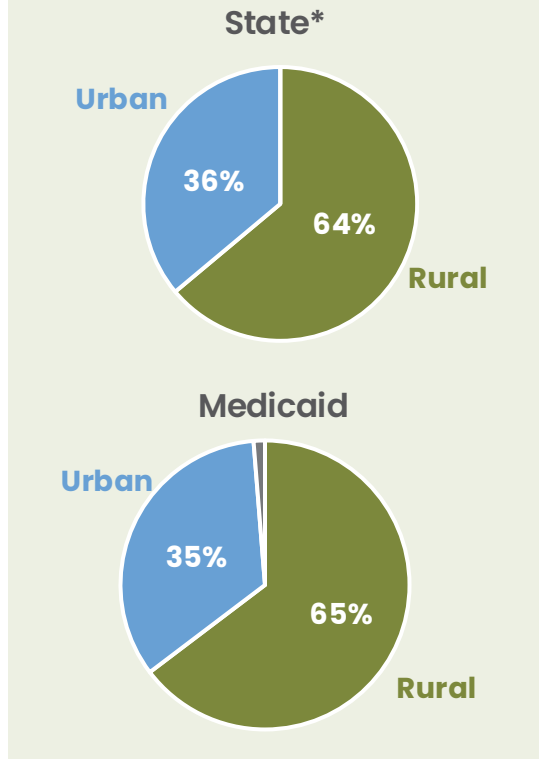
*Excludes those who report having both Medicare and Medicaid coverage, also known as “dual-eligibles”.

**Includes those covered under the military or Veterans Administration and individuals and families who purchased or are covered as a dependent by non-group insurance.



Medicaid is a critical source of health care coverage in rural Montana.

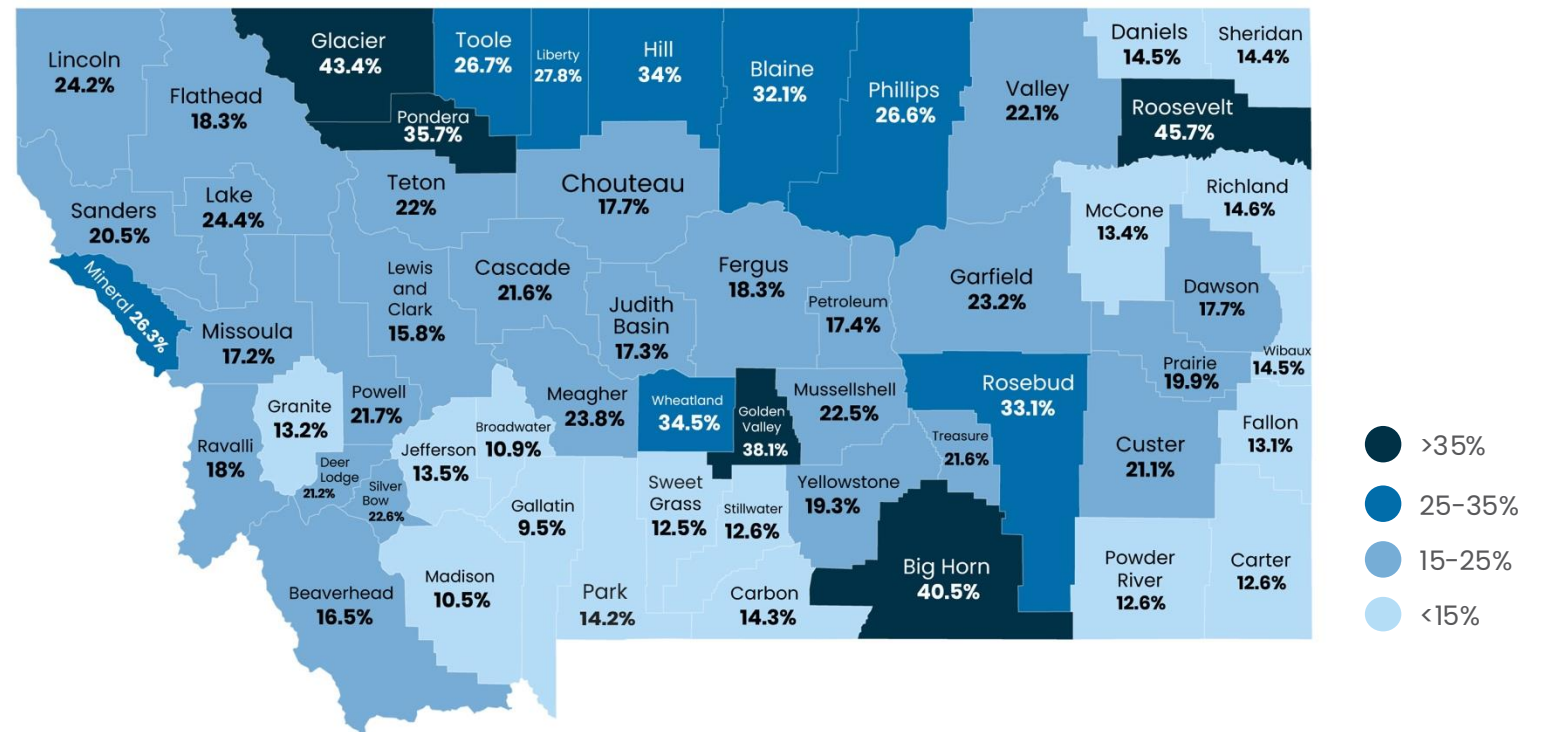
Medicaid Enrollment by Geography in Comparison With State Population (CY 2025)



*State demographic data only available for 2022. Rural/urban definitions are from the University of Washington Rural Health Research Center's RUCA Census data crosswalk.

Nearly two-thirds of Medicaid members reside in rural areas outside of Montana's urban centers, such as Billings and Missoula (65% in 2025). Nationally, individuals living in rural areas experience higher rates of chronic and behavioral health conditions and higher mortality rates, making access to health care coverage particularly critical to their health and well-being.

Medicaid Enrollment as Percent of Population by County (CY 2025)

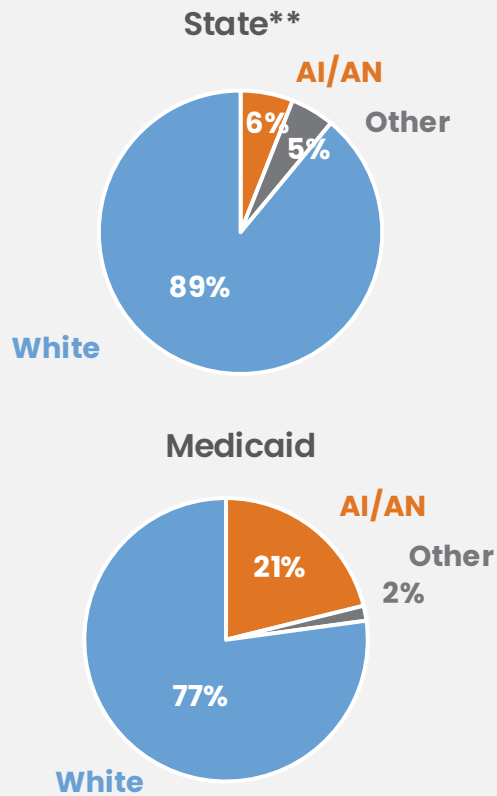


[Data & Sources](#)



Medicaid strengthens access to critical health care services in Montana’s tribal communities that were previously inaccessible.

Medicaid Demographics in Comparison with State Demographics (CY 2025)*



Native nations have built some of the highest performing health care systems in the United States. However, many AI/AN people still lack access to high-quality preventive, primary, and specialty care. Challenges include longstanding underfunding of the federal government’s Indian Health Service (IHS), shortages of trained health professionals, health care facilities in need of repair and expansion, and complex state and federal regulations. In Montana, the AI/AN population comprise roughly 6% of the state’s population and 21% of its Medicaid enrollment.

How is Health Care for American Indian People in Montana Funded and Delivered?

IHS provides health services to AI/AN people living on or near reservations. Tribal members may also seek care outside of the IHS system. Tribes may contract with IHS to take over management of health care services from the IHS. In Montana, all tribes manage some health care services, and three tribes fully manage their health care system. There are also five urban Indian health centers in Montana, which receive a small amount of funding from IHS but receive most funding through insurance reimbursement.

IHS has a limited budget for purchased and referred care (PRC), which is used to pay private-sector providers for any service unavailable from an IHS or tribal facility. Until Medicaid expansion, PRC funds were limited to “life or limb” emergencies due to chronic underfunding. As adults with low incomes gained Medicaid coverage, Medicaid reimbursement enabled IHS facilities to expand their care beyond just urgent and critical emergencies. This increase in services has allowed more American Indians to access care, including essential preventive services.

*Excludes individuals with “Unknown” race category.
**State demographic data only available for 2024.





How is Medicaid Structured and Funded?

Medicaid is a joint federal–state partnership.

Medicaid is a joint federal–state partnership managed locally by DPHHS and federally by CMS.

DPHHS and CMS agree to a “State Plan” that outlines how DPHHS will administer the Medicaid program. The State Plan describes who is eligible for Medicaid, eligibility levels, what services they can receive, and how services will be delivered. In general, State Plan services must be the same across the state and equivalent in amount, duration and scope for all enrollees.

The State Plan is modified by jointly agreed-to “waivers” of federal requirements. Waivers allow Montana to tailor its Medicaid program to meet local needs and pursue alternative approaches for achieving program goals. Waivers are time-limited and give states flexibility to expand program eligibility, provide services not typically covered under Medicaid, or use innovative payment or delivery models.

Example Medicaid Waivers in Montana*



Healing and Ending Addiction through Recovery and Treatment (HEART) Waiver

The HEART Waiver expands the continuum of Medicaid-covered behavioral health services, including evidence-based stimulant use disorder treatment, tenancy support services, reentry services, and substance use disorder treatment in larger facilities. The current HEART waiver is effective through 2027.



Big Sky Waiver

Montana’s Big Sky Waiver Program allows seniors to receive long-term services and supports in a community-based setting. Montana’s current waiver expires in 2029.



Waiver for Individuals with Developmental Disabilities

This waiver, currently effective through 2028, provides expanded services such as physical therapy and caregiver training and support to individuals with developmental disabilities who require a heightened level of care.

*Not a comprehensive list.

New Montana Medicaid programs demonstrate DPHHS’s commitment to supporting Medicaid members living with behavioral health needs.

Montana Medicaid is continuously responding to research and policy developments to provide better care for members living with behavioral health needs. In 2024, Montana received federal approval to offer additional community-based services as part of the HEART waiver.



HEART Reentry Program

The HEART Reentry Program supports previously incarcerated individuals with behavioral health needs with reentry into the community. Through the program, community-based case managers identify and enroll eligible individuals in Medicaid prior to their release from jail or prison to ensure a stable reentry. Montana is the third state in the country to implement a reentry initiative.



Contingency Management

Contingency management is an evidence-based program that utilizes motivational incentives to support members in abstaining from use of stimulants like cocaine and methamphetamine. Montana is the third state to implement a contingency management program under Medicaid. Montana’s program builds on the successful Treatment of Users of Stimulants (TRUST) pilot program by expanding coverage of contingency management across the state.



Tenancy Support Services

Montana is one of 21 states that provides a targeted set of tenancy support services to support members with behavioral health needs in securing and maintaining housing that is safe and reliable. The program covers assessment and planning; pre-tenancy services including move-in support; and tenancy sustaining services such as ongoing education to support recovery.

The federal government reimburses Montana for the majority of health care costs for Medicaid members.

Medicaid services are paid for using both federal and state funds. The federal government reimburses Montana at varying rates—or Federal Medical Assistance Percentages (FMAP)—depending upon the expenditure type and the population. Each state’s standard FMAP is determined using a federal formula that compares per-capita income to the US average per-capita income. While Montana’s standard FMAP has decreased over the last decade (from 66% in 2016 to 61% in 2026), on average Montana leverages more than four federal dollars for every state dollar it expends on Medicaid.* FMAP rates are higher for adults with low income enrolled through Medicaid expansion (90%), and services provided or received through IHS and tribal health facilities are fully reimbursed (100%).

Montana FMAP Rates (Fiscal Year 2026)

Expenditure Type	Federal / State Split
Standard FMAP (services for most Medicaid enrollees)	Federal: 61%
CHIP FMAP (services for low-to-moderate income children)	75%
Medicaid Expansion FMAP (services for adults with low income)	90%
Indian & Tribal Health (services received through IHS/tribal facilities)	100%
Administration: Systems Development	90%
Administration	50-75%**

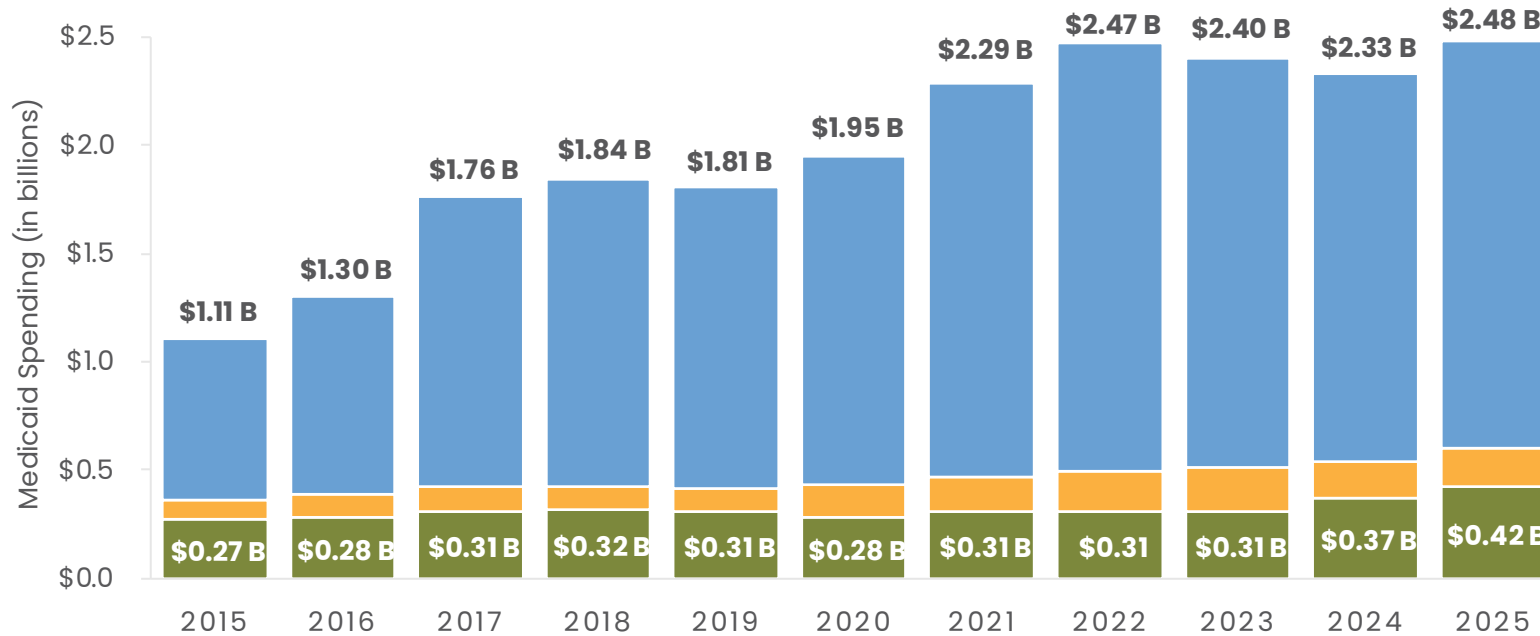
*In FY 2026, standard FMAP rates ranged from 50% (the statutory minimum FMAP, which applied to 10 states) to 76.9% (Mississippi).

**Some administrative activities, including Eligibility Determination Systems and Staffing, Claims Processing Systems and Operations, and Skilled Medical Personnel are matched at 50%. Other general administration and operations activities are matched at 75%.

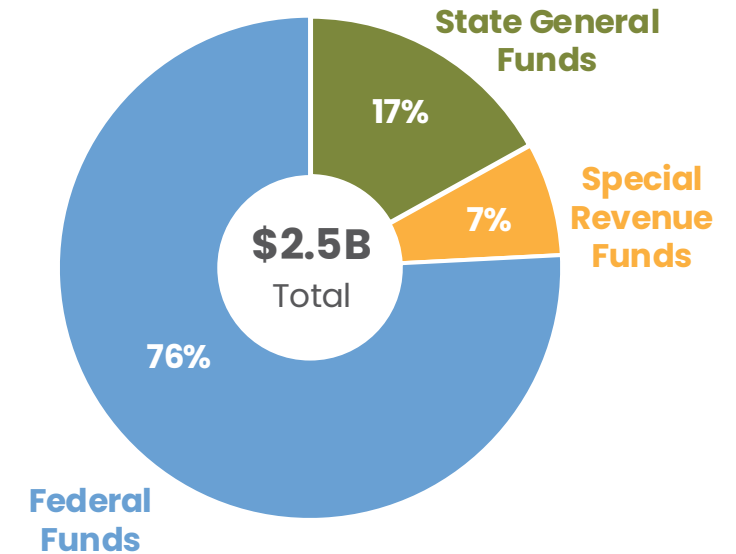


The federal government reimburses Montana for approximately 75% of Medicaid spending each year.

Spending on Montana Medicaid (SFY 2015–2025)



Montana Medicaid Budget (SFY 2025)**



In SFY 2025, Montana’s Medicaid budget was \$2.5 billion, 76% of which (\$1.88 billion) was reimbursed by the federal government. Like other states, Montana’s total Medicaid spending has increased over time. Montana and other states experienced a significant increase in Medicaid spending in SFY 2025 as states navigated decreased federal funding following the end of the public health emergency. In addition to state general funds, Montana uses special revenue funds, including assessments and a hospital utilization fee to fund the state share of Medicaid.*

*Effective October 1, 2026, Montana will no longer be able to increase its hospital utilization fee, consistent with new requirements in the budget reconciliation legislation.

**SFY 2025 data are estimates and may change when actual SFY 2025 fiscal data is available.

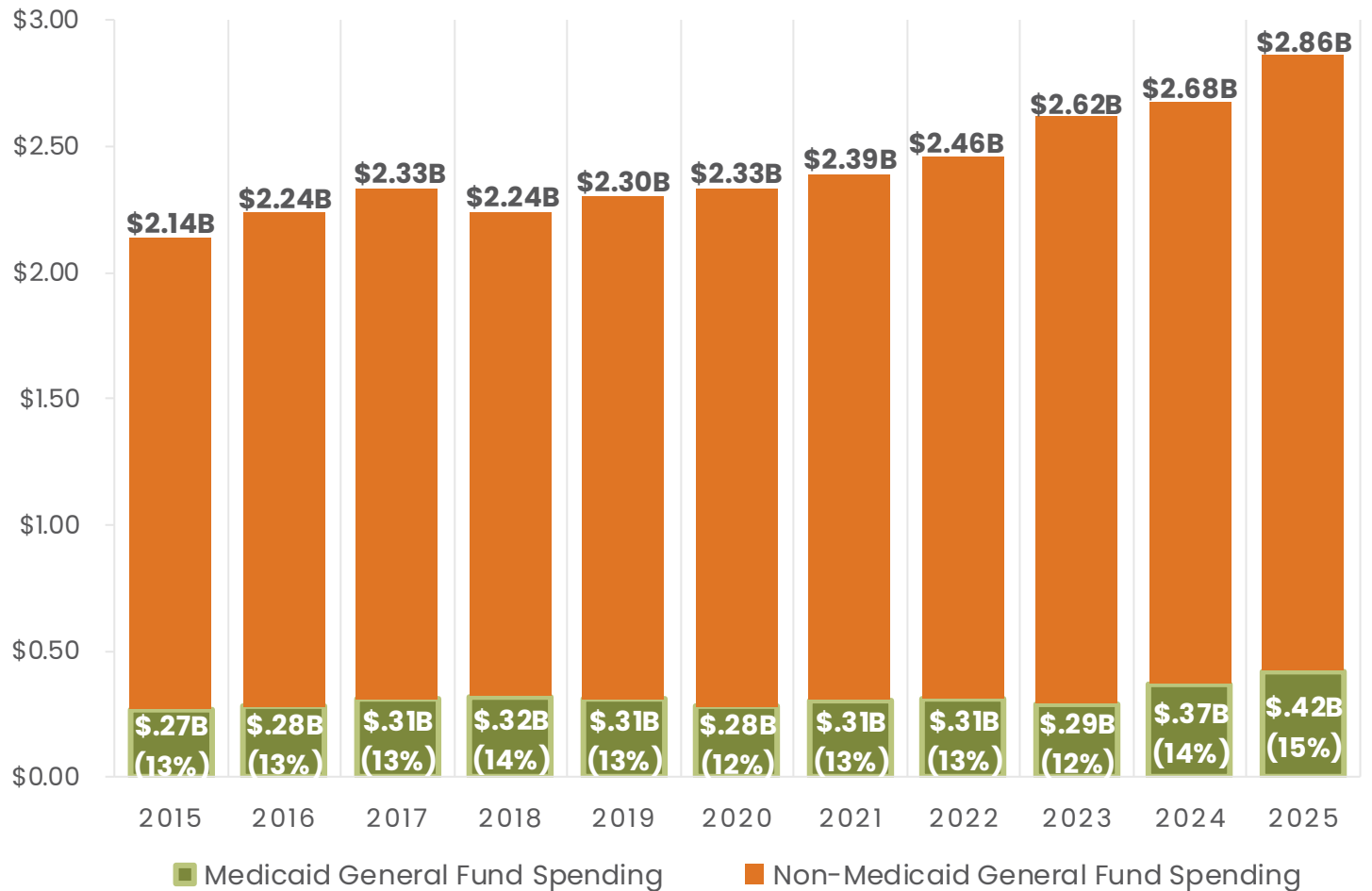
Medicaid consistently accounts for approximately 13% of Montana’s state general fund spending.

Medicaid spending has accounted for between 12% and 15% of Montana’s state general fund spending each year between SFY 2015 (before Montana expanded Medicaid to cover adults with low income) and 2025.

State general fund and Medicaid spending increased in Montana and nationally in SFY 2024 and 2025 as states navigated decreased federal funding following the end of the public health emergency.

Increases in state general fund spending on Medicaid between 2015 and 2025 were generally proportional with overall general fund spending increases on other non-Medicaid programs including education, transportation, public welfare, and corrections.

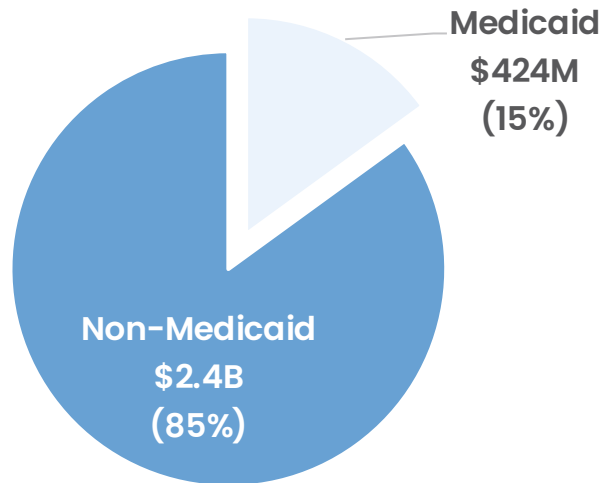
Medicaid as a Percentage of State General Fund Spending (SFY 2015–2025)*



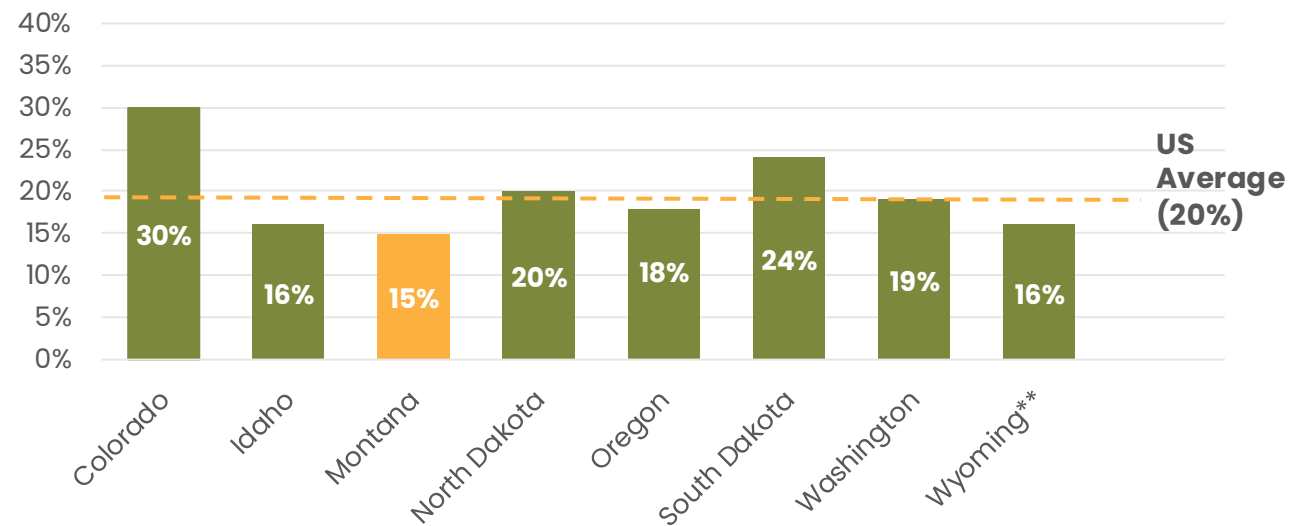
*SFY 2025 data are estimates and may change when actual SFY 2025 fiscal data is available.

Compared to peer states, Montana leverages less of its state general fund to finance Medicaid.

Medicaid as Percentage of State General Fund Spending (SFY 2025)*



Medicaid as a Percentage of State General Fund Spending (SFY 2025)



Montana spends a low proportion of its state general fund on Medicaid compared to the national average and peer states. During SFY 2025, Montana had the 11th lowest rate of state general fund spending on Medicaid nationally and a lower rate of spending than all peer states, including those that have not expanded Medicaid to cover adults with low income.[^]

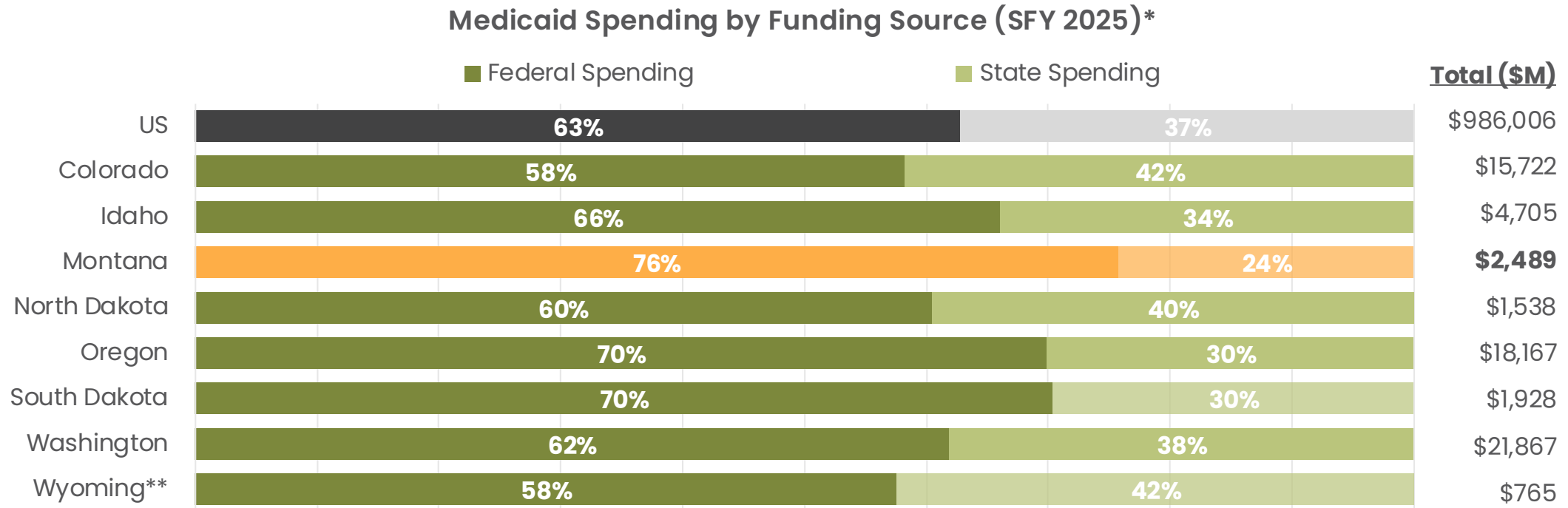
*SFY 2025 data are estimates and may change when actual SFY 2025 fiscal data is available.

**States that have not expanded Medicaid.

[^] Peer states were selected as comparators based on demographic, geographic, and Medicaid expansion characteristics.



Montana consistently pays a lower percentage of the total cost of its Medicaid program than peer states.



Montana benefits from high federal match rates for its Medicaid program. The federal government funded 76% of its total Medicaid budget in SFY 2025, significantly more than the national average and peer states.[^] Montana benefits from high FMAP rates for both its regular and expansion expenditures. Montana leverages approximately \$4 of federal spending for every \$1 of state spending, compared with approximately \$2 of federal spending for every \$1 of state spending nationally.

*SFY 2025 data are estimates and may change when actual SFY 2025 fiscal data is available.

**States that have not expanded Medicaid.

[^] Peer states were selected as comparators based on demographic, geographic, and Medicaid expansion characteristics.





How is Medicaid Managed?

Medicaid is managed by DPHHS in collaboration with CMS.

Montana's Medicaid program is authorized under 53-6-101, [Montana Code Annotated](#), and Article XII, Section XII of the [Montana Constitution](#). The state Medicaid agency is DPHHS, which has a budget of around \$7 billion biennially, including about \$5 billion of federal funds. Approximately 85% of the DPHHS budget pays for health care services delivered to low income Montanans.

DPHHS is the state's human service "superagency," also managing public health, the Supplemental Nutrition Assistance Program (SNAP), the Temporary Assistance for Needy Families (TANF) program, state health care facilities, federal childcare grants, child welfare, and other social services.

Medicaid is managed by the Medicaid and Health Services Practice within DPHHS, with the Medicaid director serving as the program's executive director.



DPHHS ensures only eligible members are enrolled in Medicaid.

To be determined eligible for Medicaid, individuals submit applications to DPHHS. Applicants provide information about their:

- Income
- Age
- Household size
- Citizenship/immigration status
- Residency
- Savings (if they are over age 65 or disabled)
- Other special characteristics (e.g., if they are blind or disabled, pregnant, AI/AN, or a youth who was formerly in foster care)

DPHHS first attempts to verify information provided on a Medicaid application through data sources, such as state income, Social Security Administration, and Vital Statistics. If eligibility cannot be verified through existing data, DPHHS requests documentation from the applicant.

Montana Medicaid Eligibility Check Process



Sarah lives in Montana with her son John. She makes less than \$2,344 per month and is interested in enrolling her family in Medicaid.



Sarah provides the necessary information for their application including social security numbers, birthdates, earned and unearned income, residency and citizenship status. She applies online and waits to hear back.



DPHHS reviews Sarah's application and confirms via data sources that Sarah and her son both meet all the eligibility criteria for Medicaid.



DPHHS notifies Sarah via mail that her family has been approved for health care coverage through Montana Medicaid, within the 45-day federal requirement.



Every year, DPHHS will use state and federal databases to confirm Sarah and John are still eligible for Medicaid. If DPHHS cannot verify continued eligibility or more information is needed, DPHHS will mail to Sarah a renewal form to complete on behalf of her family.



DPHHS contracts directly with health care providers to deliver services to Medicaid members.

Health care providers apply to DPHHS to become contracted Medicaid providers. DPHHS reviews provider applications and confirms enrollment information including licensure and identification. Once approved, contracted providers deliver health care services to Medicaid members. After care is delivered, providers submit claims to Montana Medicaid to be paid.

Many Medicaid services, particularly outpatient services, are paid “fee-for-service,” consistent with a published fee schedule. While urban Indian organizations are also paid fee-for-service, the IHS and tribal health programs are reimbursed using all-inclusive per-visit rates, which are published annually in the Federal Register. Critical access hospitals and federally qualified health centers are paid on a cost basis, in which providers are reimbursed for the actual cost of delivering care instead of being paid based on a fee schedule.

DPHHS reviews all submitted claims before they are approved for payment. DPHHS also implements processes to ensure providers are paid appropriately. For example, for some complex or high-cost services, providers are required to obtain prior approval to ensure the service is appropriate for the member receiving the service. DPHHS contracts with utilization management entities that review prior authorization requests. DPHHS also reviews all submitted claims using the Medicaid Management Information System, which helps identify any billing errors or irregularities.

DPHHS closely monitors the Medicaid program for fraud and abuse.

Like other health insurance programs, Medicaid's size and complexity make it a target for fraud and abuse. Despite this, national estimates suggest improper payments and fraud only account for a small percentage of Medicaid spending.

Nearly all Medicaid fraud and abuse occurs around health care provider billing. Patient "fraud," or instances of individuals who are ineligible to have their health care services covered by Medicaid, is exceedingly rare, comprising only two percent of Medicaid fraud convictions nationally. Montana confirmed only eight instances of member fraud (people dishonestly representing their economic circumstances to receive Medicaid services) in fiscal year 2024.

Montana oversees rigorous programs to identify, recover, and prevent errors, fraud, and improper payments. The Inspector General ensures that providers comply with program requirements, such as claiming and documentation. The Medicaid Fraud Control Unit (MFCU) investigates and prosecutes Medicaid fraud and abuse. Each year, the MFCU recovers approximately \$1 million in provider fraud and convictions related to patient abuse or neglect. There are also national audits for improper payment, such as the payment error rate measurement (PERM) audit.* PERM audits documentation submitted by providers to verify payments meet CMS program requirements.

Incorrect Payments in Medicaid

- **Errors** are unintentional mistakes that are made without awareness. The Inspector General's office regularly checks for provider errors such as improper documentation. When errors are identified, providers are asked to pay back the applicable claim(s).
- **Fraud** is intentional deception or misrepresentation made with the expectation of personal or financial benefit. When the Inspector General's office or an external entity identifies a pattern of errors that looks intentional, the MFCU will investigate to determine if fraud occurred.
- **Improper Payments** are payments that are either an incorrect amount or should have never been made at all. Examples include duplicative payments or payments made to ineligible recipients.

*A national audit of Medicaid claims by state conducted every two years.





Conclusion

Conclusion

Medicaid is a safety net program that provides Montanans with low income access to essential health care services. Medicaid provides health insurance coverage for Montanans of all ages who meet income and other eligibility requirements. It is a particularly critical source of coverage for the state's rural and American Indian communities.

Beyond providing coverage for many individuals, Medicaid reimbursement plays an essential role in Montana's health care system, allowing providers and hospitals to maintain and expand essential services, such as emergency care, obstetric services, preventive care, and treatment for substance use disorders and mental illness.

Montana administers and funds the Medicaid program in partnership with the federal government, and each year, the federal government reimburses Montana for approximately 75% of program costs. Medicaid continues to strengthen its services and supports to meet the needs of Montana's most vulnerable residents.



Acknowledgments

Montana Healthcare Foundation is a 501(c)3 private foundation that makes strategic investments to improve health in Montana. It provides funding, leadership, and expertise to help communities tackle Montana’s most important health problems. It conducts policy analysis so that Montanans can be well-informed and engaged in decisions that impact their health. It prioritizes supporting the health and well-being of people and communities at increased risk for poor health outcomes because of income, geographic barriers, the availability and accessibility of health and social services, and racial and ethnic disparities. To learn more, visit mthf.org.

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This report would not have been possible without the support of DPHHS.

Visit the [Montana Healthcare Foundation’s website](https://mthf.org) for more information about the report, for links to other Medicaid in Montana reports, and to download the accompanying data book. For any questions about the report, contact the Montana Healthcare Foundation at info@mthf.org.



Data & Sources



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Technical Note

The Healthy Montana Kids (HMK) program includes both HMK and HMK Plus. HMK is Montana’s Children’s Health Insurance Plan (CHIP), which offers free or low-cost health insurance coverage to eligible Montana children up to the age of 19, while HMK Plus provides Medicaid coverage for children from low-income families.

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Technical Note

Montana’s original postpartum extension included a sunset date of March 2027. Section 5113 of the Consolidated Appropriations Act, 2023 eliminated this sunset date.

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FPL levels are for an individual (family size of one).

Some eligibility categories have allowable asset levels in addition to income limits.

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Technical Note

Peer states were selected to provide a diverse sample of states with both similar and disparate populations, geographies, political leanings, and Medicaid expansion action for ongoing reporting.



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Peer states were selected to provide a diverse sample of states with both similar and disparate populations, geographies, political leanings, and Medicaid expansion action for ongoing reporting.

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