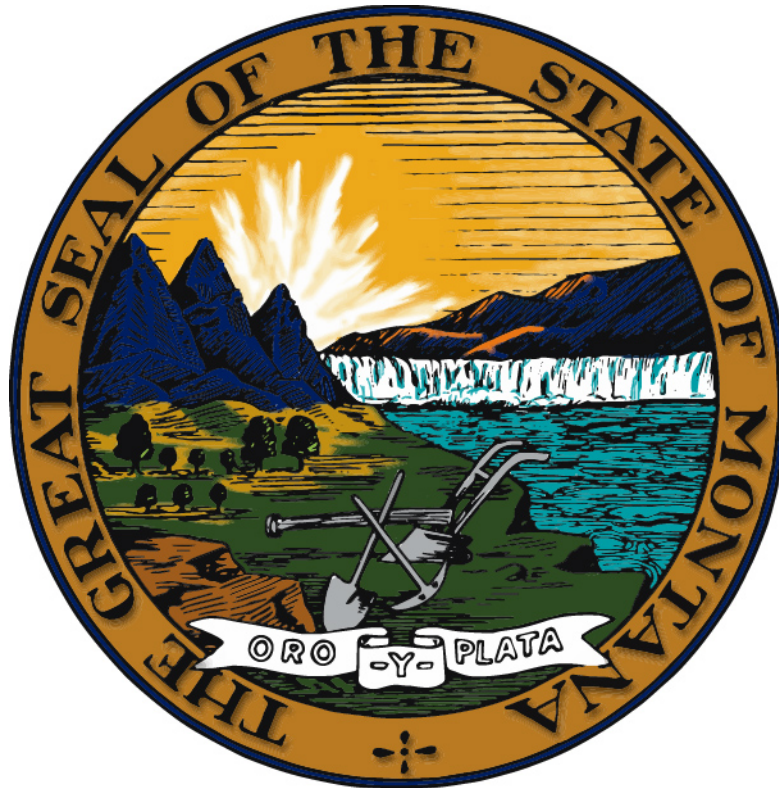


Montana Health and Economic Livelihood Partnership (HELP) Program Demonstration

Number: No. 11-W-00300/8

SECTION 1115 WAIVER ANNUAL REPORT

State of Montana



REPORTING PERIOD

Demonstration Year: 2 (01/01/17 – 12/31/17)

Date submitted to CMS: August 8, 2018

Introduction

The 2015 Montana Legislature enacted Senate Bill 405, the Montana Health and Economic Livelihood Partnership (HELP) Act, that among other features, provides for the expansion of health care services through the Medicaid HELP Program to new adults ages 19-64 years old and below 138 percent of the federal poverty level (FPL). HELP Program coverage was effective January 1, 2016 and the State implemented its expansion through a Section 1115 demonstration waiver from the Centers for Medicare and Medicaid Services (CMS). The demonstration was designed to tailor the features of expansion to the policy objectives of the HELP Act including:

- Increasing the availability of high-quality health care to Montanans;
- Providing greater value for the tax dollars spent on the Montana Medicaid program;
- Reducing health care costs;
- Providing incentives that encourage Montanans to take greater responsibility for their personal health;
- Boosting Montana's economy; and
- Reducing the costs of uncompensated care and the resulting cost-shifting to patients with health insurance.¹

In September, 2015, Montana submitted two waivers to CMS. Both waivers were approved by CMS in November, 2015.

The Section 1115 waiver authorizes:

- 12 months of continuous eligibility for all new adults;
- Premiums for new adults participating in the TPA equal to 2% of their household income; and
- Maximum copayments allowable under federal law, with total cost sharing not to exceed 5% of a beneficiary's household income.

The Section 1915(b)(4) waiver authorizes:

- The State to contract with a Third Party Administrator (TPA) to administer its Medicaid expansion.

HELP Program enrollees receive the Alternative Benefit Plan (ABP), the health care benefit plan provided to Medicaid participants as required by federal law. HELP Program participants are subject to premiums and maximum copayments allowable under federal law.

Montana used a TPA model to administer its Medicaid expansion program for the 2016 and 2017 demonstration years. Montana Department of Public Health and Human Services (DPHHS) selected Blue Cross and Blue Shield of Montana (BCBSMT) as the TPA for the HELP Program in September, 2015. This model allowed rapid implementation of a statewide provider network for the HELP Program. BCBSMT manages claim processing, provider enrollment, as well as compliance with federal requirements under 42 CFR 455 Subpart E.

Demonstration Population

This demonstration affects eligible individuals ages 19 through 64 in the new adult group under the state plan as authorized by Section 1902(a)(10)(A)(i)(VIII) of the Social Security Act, and 42 CFR 435.119; new adults receive all benefits described in an ABP State Plan Amendment.

The following populations are excluded from all portions of the demonstration other than the continuous eligibility provisions in Section VIII. Individuals:

- Who are medically frail;
- Whom the State determines (as described in the TPA ABP State Plan) have exceptional health care needs, including but not limited to a medical, mental health, or developmental condition;
- Who live in a region where the TPA is unable to contract with a sufficient number of providers (as described in the TPA ABP State Plan);
- Whom the state determines, in accordance with objective standards approved by CMS (as described in the TPA ABP), require continuity of coverage that is not available or could not be effectively delivered through the TPA; and

¹ Montana Department of Public Health and Human Services, *Montana HELP Program Section 1115 Research and Demonstration Waiver Application*, July 7, 2015, [Montana HELP Program Section 1115 Research and Demonstration Waiver Application](#).

- Individuals with incomes below 50 percent of the FPL.

Events Related to Health Care Delivery, Enrollment, or Other Operations

Delivery System:

During April 2017, the Montana Legislature passed Senate Bill (SB) 261, which required state agencies to implement certain cost-saving measures. Included in SB 261 is the requirement that the State may not renew any existing contract with the TPA or insurance company for administration of the HELP Plan. The 1915(b)(4) waiver allowing DPHHS to contract with the TPA naturally expired on December 31, 2017; DPHHS notified CMS of its intent to allow the waiver to naturally expire on August 15, 2017. DPHHS provided BCBSMT notice on August 23, 2017 of the upcoming contract closure to be December 31, 2017. The BCBSMT claims system terminated HELP Program member eligibility in late December 2017. BCBSMT continues to be responsible for the claim run out period, which includes claims incurred in 2017 but not processed, through December 31, 2018.

On September 2, 2017, DPHHS submitted an amendment to CMS for the Section 1115 Montana HELP Program Waiver with the changes resulting from SB 261. Included in the amendment, effective January 1, 2018, eligible enrollees in the HELP Program will receive services approved in the Medicaid State Plan through the State's Fee-for-service system (FFS). Additionally, the amendment removes the premium credit. These enrollees will continue to be responsible for a monthly premium of two percent of their income and up to three percent of income can be incurred in copayments. Members are not subject to cost share above the maximum five percent income.

In December, 2017 DPHHS submitted an amendment to the Medicaid Aligned ABP SPA to remove any reference to the TPA and confirm alignment of benefits to Standard Medicaid. Additionally, DPHHS submitted an amendment to the cost share SPA to remove all reference to the TPA and remove the HELP Plan TPA cost share table. Both amendments are pending CMS approval.

Public Meetings:

DPHHS and the TPA present and meet quarterly with the HELP Act Oversight Committee to generally review the implementation of the programs established in the HELP Act. The committee consists of nine voting members, including legislative members, industry experts, a representative of the state auditor's office, and a member of the general public or staff member of the Governor's Office.

The annual post award forum was held on June 20, 2017, in Helena, Montana. The public had the option to attend either in-person or via WebEx. DPHHS discussed the following items:

- Waiver Summary for Section 1115, 1915(b)(4), and 1915(c) waivers;
- Wellness Programs including a review of the HELP Healthy Behavior programs and participant health assessments;
- Review of utilized preventive care services;
- Review of participant enrollment;
- Possible upcoming changes related to Montana Senate Bill 261;
- Review of DPHHS contacts and resources; and
- A question and comment period.

Five members of the public attended the forum. Comments included clarification of the two percent premium credit, confirmation of the 1915(b)(4) waiver expiration, and a brief discussion on the administration of wellness programs. No complaints were received during the event.

Public hearings for the Section 1115 Waiver, ABP SPA, and Cost Share SPA amendments were held in Helena, Montana, on August 9, 2017 and in Billings, Montana, on August 10, 2017. The public had the option to attend in person or via WebEx, four people attended the hearing in Helena, and there were no attendees in Billings. No comment was received during the hearings or in any other capacity during the public comment period through September 1, 2017. Public notice of the amendments were also provided in the following manner:

- Tribal Consultation meeting, June 7, 2017
- DPHHS web page and meeting calendar posting, July 27, 2017;
- Newspaper publications in three largest Montana newspapers, August 2, 2017; and
- Tribal Consultation and Montana Health Coalition letters, August 9, 2017.

The 30-day federal comment period for the amendment ended on October 14, 2017 with an additional 15 days for CMS comment. The Section 1115 Waiver amendment was accepted by CMS on December 20, 2017, with an effective date of January 1, 2018.

Participant and Provider Education:

DPHHS worked with the TPA to create education materials for HELP Program participants and providers. Upon enrollment, participants receive a Welcome Kit via mail, which includes a welcome letter, Participant Guide, and flyer for the TPA's online portal. New materials created and implemented in 2017 include:

- Quarterly Participant Wellness Newsletter
 - Information regarding getting and staying healthy with topics including: smoking cessation, hepatitis C; diabetes services and education, and participant care coordination programs.
- Blue Access for Members (BAM) online portal Flyer
 - Describes resources available on the BAM online portal such as, requesting a new ID card, locating a doctor or hospital in the HELP Program network, completing the health assessment online, payment and billing information, claim status and claims history, and viewing and printing the Explanation of Benefits (EOB).
- Transition Plan for the HELP Program to be moved from BCBSMT to DPHHS' current fiscal vendor for Medicaid, Conduent, and be effective January 1, 2018
 - Participant Education: DPHHS formed a communications team to review and make changes to the participant premium invoice, welcome kit, as well as changes to the existing Medicaid Member Guide. The notification was sent to participants beginning in October 2017, and with each monthly invoice through the transition. Participants also received a new Access to Health Medicaid card mid-December, 2017, to be prepared for the changes to be implemented January 1, 2018.
 - Provider Education: The communications team was also responsible for educating providers on the transition. An electronic news article with details related to new claim submission procedures was sent to providers. A provider notice was posted to the Medicaid Provider website notifying providers of the HELP Program changes as well as how to submit claims to Conduent for dates of service in 2018. A second provider notice was posted effective December 1, 2017, explaining the prior authorization requirement related to the HELP Plan. Additionally, DPHHS developed a mailing list of providers currently only enrolled with BCBSMT; in early December, 2017, a mailing was sent describing the process for becoming a Medicaid provider.

DPHHS also worked with the TPA to keep education materials current for HELP Program participants and providers. Materials updated during 2017 include:

- Participant Guide;
- Wellness Newsletter; and
- Online Participant Portal Development, including:
 - View pending claims;
 - Easier access to premium and billing information; and
 - Access to participant Explanation of Benefits (EOBs).

Wellness Programs:

The TPA offered a comprehensive health and wellness program, called the HELP Healthy Behavior Plan, for participants in the HELP Program, with a focus on engaging participants and providers. The program was designed to:

- Improve participants' knowledge of lifestyles that are healthy and promote wellness;
- Improve participants' understanding of chronic health conditions;
- Design programs to augment a participants' understanding of lifestyle behaviors that negatively impact their health;
- Ensure continuity of health care;
- Provide easy access to validated, accurate health information;
- Inform participants of health and self-care and how to access plan benefits, provider services, DPHHS programs and other community resources to assist them in engaging in healthy lifestyle behaviors;
- Improve the participant-provider relationship;
- Improve health plan-provider communication; and

- Engage existing provider and community health education programs in providing participant wellness information and offering participant support for chronic conditions.

TPA and DPHHS wellness programs include: asthma, arthritis, diabetes, hypertension, smoking cessation, weight loss, healthy lifestyles, and other individualized programs that address participants' health needs.

The TPA utilized a Health Assessment (HA) tool to identify program participants who have health conditions that may benefit from case management, wellness programs, individualized wellness programs, or participants who meet the Department's medically frail criteria. If a participant is identified as medically frail, TPA case management works with DPHHS to transition them to the appropriate health coverage option. The TPA continued to administer this program throughout 2017.

Evaluation Activities

State Evaluation

DPHHS received a letter from CMS dated May 31, 2017, removing the state's obligation to perform an independent evaluation of the 1115 HELP Demonstration Waiver.

Federal Evaluation

Montana was presented with the Urban Institute and Social & Scientific Systems, Inc.'s federal evaluation design and timeline in December 2016, and has since given extensive feedback to ensure the evaluation provides a comprehensive view of the HELP Program. Montana signed a data use agreement with SSS in preparation to submit eligibility and claims data to SSS for the evaluation in May 2017. In mid-September 2017, researchers from Urban Institute travelled to Montana to conduct interviews with key stakeholders and focus groups with participants. Focus groups were held with HELP Participants in Helena, Havre, and on the Blackfeet Reservation in Browning.

Challenges

After the implementation of Senate Bill (SB) 261 in August 2017 and the certification that revenues were not sufficient to not trigger the outlined in SB261, DPHHS had four months to implement contract closure with BCBSMT by December 31, 2017 and transition HELP Program administration to the Department by January 1, 2018.

Premium Invoice: The DPHHS Montana's Program for Automating and Transforming Health Care (MPATH) team was selected to develop a Request for Proposal (RFP) and contract for a new premium invoice billing process as BCBSMT would no longer be contractually obligated to process the HELP Program premiums. Certifi was awarded the contract in early fall 2017. The HELP Program team, MPATH, DPHHS fiscal, and BCBSMT worked together to develop and implement a new process. Members received their final premium invoice from BCBSMT in December 2017 with their first invoice coming from Certifi in January 2018.

Given the short timeline for the transition, it went very smooth for both members and providers. The main issue encountered was a short four day delay between BCBSMT turning off the ability for members to pay their premiums online, and Certifi's go live date. This caused an increase in call volume to the Department, however, the Department did have an interim solution that allowed members to pay their premiums online using the Departments Delinquent Premium Payment online payment option.

Key Milestones and Accomplishments

Preventive Care

The expansion of Medicaid in Montana has been an opportunity to dramatically improve the health of the state by incentivizing primary and preventive care. To promote use of high value health services, the state did not apply copayments for preventive health care services. As of December 31, 2017, the ten most commonly used preventive services, excluding pharmaceuticals, in 2017 are below:

Preventive Service	Unduplicated Number of Clients
Dental Preventive	30,711
Cholesterol Screening	12,642
Preventive/Wellness Exams	10,942

Preventive Service	Unduplicated Number of Clients
Diabetes Screening	9,910
Vaccines	9,606
Chlamydia Screening	8,734
Colorectal Cancer Screening	8,623
Gonorrhea Screening	8,282
Cervical Cancer Screening	7,414
Abdominal Aortic Aneurism Screening	4,045
Hepatitis C Screening	4,045

Ten Most Used Preventive Services 1

New Benefit Coverage

Effective January 1, 2017, Montana successfully added a contact lens benefit for participants with covered diagnosis whose vision cannot be effectively corrected with glasses.

Economic Impact

An independent evaluation was completed in 2017 by The Montana Healthcare Foundation and Headwaters Health Foundation of Western Montana to determine the economic impact Medicaid expansion has on Montana. The evaluation concluded Medicaid expansion has a positive fiscal impact on the state budget, as it reduces state spending in some areas (e.g., traditional Medicaid). It also increases economic activity and, as such, increases state revenue. Medicaid expansion spending supports a substantial amount of economic activity, approximately 5,000 jobs and \$280M in personal income each year.

Participant Enrollment

Medicaid expansion enrollment has grown to 90,825 as of December 31, 2017.

Provider Network

Montana is a primarily rural state, with a small population dispersed over a large geographic area. It is one of three states, along with Alaska and Wyoming, which have been designated as a Frontier State². Montana's goal in using the TPA model was to leverage an existing commercial insurer with established statewide provider networks, turnkey administrative infrastructure, and expertise to administer efficient and cost-effective coverage for new Medicaid adults. This approach was successful and allowed for rapid implementation and adequate provider network capacity for the HELP Program.

BCBSMT continuously completes provider outreach in attempt to grow their network. BCBSMT has 100% capacity in the hospital and behavioral health categories. The Department monitors the TPA provider network and access to care through quarterly network adequacy reports. Included in the report package is a map to verify adequate coverage throughout the State. During 2017, BCBSMT was able to increase their provider network by a total of 808 providers, including physicians, mid-level practitioners, social worker's, licensed professional counselor's, physical therapists, and behavioral health providers.

BCBSMT provider network must meet the following access to care standards:

1. A maximum wait time for routine-care appointment with primary care provider to be 45 days;
2. A maximum wait time for urgent care with primary provider to be 2 days;
3. A maximum wait time for routine-care appointment with a specialist to be 60 days; and
4. A maximum wait time for urgent care with a specialist to be 4 days.

BCBSMT provides a quarterly report to the Department outlining any concerns with these standards, in 2017 BCBSMT or the Department have not received any complaints or challenges regarding timely access. This data is monitored through the complaints and grievance process, as well as annual participant surveys. In the 2017 participant survey, participants rated the

² The Affordable Care Act, Sec. 10324, *Protections for Frontier States*, May 1, 2010, <http://housedocs.house.gov/energycommerce/ppacacon.pdf>.

BCBSMT hospital network as excellent and the provider network as very good, and no concerns regarding timely access to service was reported.

Reimbursement

There were no significant changes to reimbursement methodology in 2017.

Additional Events Related to Health Care Delivery

Participant Enrollment

Medicaid expansion enrollment has increased by 20,055 members in 2017, as of December 31, 2017 enrollment had reached 90,825 members. Montana is very proud of the Program's enrollment since early estimates suggested it would take four years to reach 70,000 enrollees. Montana believes the increase in enrollment is based on the substantial outreach efforts by the Department and its partners. Montana works closely with enrollment assisters and Medicaid providers around the state to educate them on the program details and eligibility requirements. The map below further breaks down Medicaid Expansion enrollment as of December 31, 2017 by percent of county population:

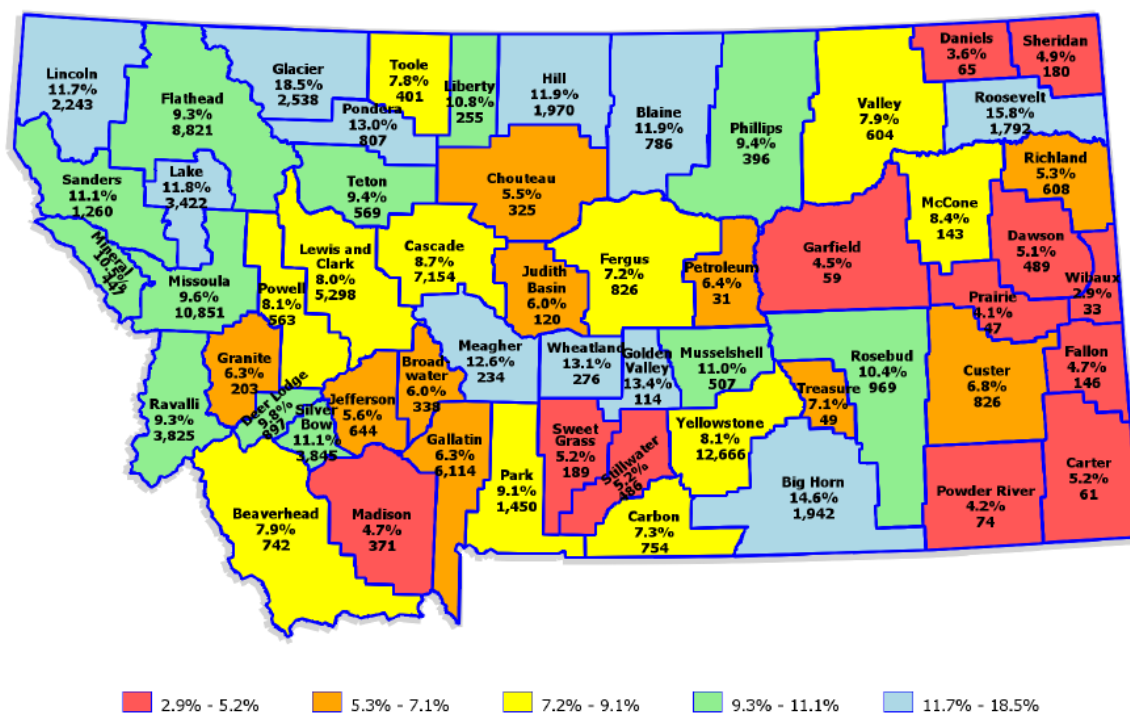


Figure 1 Medicaid expansion enrollment by county

Special Session

In November of 2017, a Special Session was called to address the variances in revenue and high fire season expenditures. A compromise included a number of proposed spending reductions and a reduction to the DPHHS budget of \$49 million general fund dollars. DPHHS is doing everything it can to minimize the impacts to the benefits package offered to Medicaid recipients. Montana will discuss in the 2018 reports as no changes will take effect until 2018.

Oversight and Monitoring

TPA Oversight

DPHHS staff meet in-person with the TPA HELP team on a monthly basis. Agenda items as well as a TPA task list are reviewed and discussed. Task list items include any form of follow-up or completion items for the TPA such as policies and protocol, quality assurance, and systems.

DPHHS staff also attend an annual review meeting at the TPA that includes an assessment of any milestones or changes that have occurred throughout the year, as well as highlights of significant business processes. The annual review for DY 2017 was held on February 23, 2017. Topics at this year's annual review included: claims demonstration, call center overview, compliance, data process, appeal process, wellness, and provider and member education.

During the annual onsite visit BCBSMT addressed the following challenges:

- BCBSMT confirmed T-MSIS is still in development;
- All contractual obligations surrounding posted information in the member portal were not being met, missing information included:
 - Ability to view pending claims; and
 - Access to view and print participant Explanation of Benefits (EOB).
- Both the member and provider portal were not fully 508 compliant, they had recently reviewed the portals through JAWS and found additional updates were required; and
- The provider finder did not include a URL to the provider's website in all instances.

During the meeting BCBSMT discussed their plan of action to make all items compliant, and have since confirmed they are in compliance with all requirements addressed during the meeting with the exception of, the provider portal being fully 508 complaint, and T-MSIS. Although BCBSMT is no longer the TPA, they have confirmed they continue to make 508 updates to the provider portal for the claim run out period. Per contractual obligations BCBSMT also continues to work towards T-MSIS compliance, they attend bi-weekly status calls with CMS and DPHHS, and the current timeline for completion is May 2018.

The TPA provides weekly, monthly, quarterly, and annual reports that include call center quality assurance, participant premium delinquency, preauthorization turn-around-time, subrogation activity, fraud, waste, abuse, wellness participation, network adequacy, site visits, and utilization review. Montana can also request ad-hoc reporting at any time.

Montana submits numbered letters as needed, as official correspondence to the TPA. Types of numbered letter items that are sent include: contract management and administration, reporting, provider, reimbursement, participant outreach and eligibility, benefit policies, and wellness.

The TPA provided an annual compliance table for both the section 1115 HELP demonstration waiver and the 1915(b)(4) waiver, as well as all TPA contract provisions. Montana reviews the compliance grids and requires the TPA to provide a corrective action plan for any item deemed non-compliant.

Additionally, for any inaccurate, delayed, or non-compliant information technology items, Montana requires the TPA to provide an incident report within two business days of occurrence, to include details of the item, resolution, and timeline.

Monitoring Tools

Below is a list of monitoring tools used by DPHHS for the TPA.

Tool	Description	Frequency
Annual On-Site Visit	Assess ongoing operational functions of TPA	Annually
In-Person Meetings with TPA	Discuss agenda items and TPA task list	Monthly
Waiver Compliance Tables	Includes both section 1115 and 1915(b)(4) waiver requirements – the TPA must demonstrate compliance with all requirements	Annually
Numbered Letters	Official correspondence to the TPA	As needed
Incident Reports	Description of inaccurate or non-compliant IT items, the TPA must provide details of the item, resolution, and timeline	Within two business days of occurrence

Tool	Description	Frequency
Deliverables	IT, policy, participant and provider education and correspondence, and materials.	Ongoing
TPA Reporting Requirements	TPA reports provided to the state to monitor premiums, claims, utilization, wellness programs, and other aspects of the programs	Weekly, Monthly, Quarterly, Annually

Monitoring Tools 1

APPENDIX A

Montana HELP Program

1115 Demonstration Waiver Deliverable Timeline

Quarterly Reports	Submit to CMS
April 2018 - DY3, Q1	5/31/2018
Q2	8/31/2018
Q3	11/30/2018
Q4	2/28/2019
April 2019 - DY4, Q1	5/31/2019
Q2	8/31/2019
Q3	11/30/2019
Q4	2/28/2020
April 2020 - DY5, Q1	5/31/2020
Q2	8/31/2020
Q3	11/30/2020
Q4	2/28/2021
Annual Reports	Submit to CMS
2017 - DY2	4/30/2018
2018 - DY3	3/31/2019
2019 - DY4	3/31/2020
2020 - DY5	3/31/2021
Draft Interim Report	Waived
Final Interim Evaluation Report	Waived
Draft Final Evaluation Submission	Waived
Final Evaluation Report	Waived
Post Award Forum	Submit to CMS
2018 - DY3	7/1/2018
2019 - DY4	7/1/2019
2020 - DY5	7/1/2020
Extension Request	7/1/2020
Demonstration Ends	12/31/2020

Deliverable Timeline 1

APPENDIX B
Montana HELP Program
Annual Reporting Measures for Second Demonstration Year

**MT HELP Program 1115 Waiver
Quarter 1 Measures
January 2017 Data**

Enrollment (by FPL and Demographic Categories)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	75014	50265	10583	2850	8657	2659
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	3536	2206	591	78	564	97
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	10412	7044	1361	570	975	462

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	75014	5671	30766	14569	12435	11573	0
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	3536	212	1673	617	536	498	0
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	10412	941	4466	2542	1496	967	0

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	75014	10286	282	53028	178	609	10631
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	3536	421	23	2395	9	48	640
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	10412	1591	38	7803	30	77	873

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino	Unspecified Ethnicity
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	75014	1956	53734	19324
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	3536	95	2293	1148
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	10412	314	8946	1152

#	Measure	Definition	Overall Measure	Female	Male
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	75014	40598	34416
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	3536	1610	1926
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	10412	6751	3661

Premium Payment								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
4	Monthly count of beneficiaries who paid a premium during the month	Among enrolled individuals who owe premiums, number of beneficiaries who paid their premium for this month	To be reported in phase 2 - End of Q2 2017					
5	Monthly count of beneficiaries in the grace period	Among enrolled individuals who owe premiums, number of beneficiaries who did not pay their premium for the month but are not three months past due	To be reported in phase 2 - End of Q2 2017					
6	Monthly count of beneficiaries in long term arrears	Among enrolled individuals who owe premiums, number of beneficiaries who have not paid a premium in over three months. This includes individuals with income between 50-100% FPL who would have been disenrolled for non-payment of premiums if their income had been greater than 100% FPL	To be reported in phase 2 - End of Q2 2017					
7	Monthly count of beneficiaries with collectible debt	Among enrolled individuals who owe premium payments, number of beneficiaries who have collectible debt	To be reported in phase 2 - End of Q2 2017					

Mid-year change in circumstance in household composition or income								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
8	Monthly count of beneficiaries who gave notice of mid-year change in circumstance in household or income information	Number of enrolled beneficiaries who notified the state of a mid-year change in circumstance and the change was effective during the reporting month	2479	1558	380	112	358	71
9	No premium change following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced no change in their premium requirement during the reporting month	2186	1556	234	112	213	71
10	Premium increase following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced an increase in their premium requirement during the reporting month [†]	203	0	79	0	124	0
11	Premium decrease following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced a decrease in their premium requirement during the reporting month [†]	90	2	67	0	21	0

[†] These measures display the FPL bucket to which the individual moved after their premium increased or decreased. In future reports, these measures will display in which FPL bucket the individual originated prior to premium change.

Disenrollment outside annual renewal determinations (by FPL and Demographic Categories)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2386	1794	119	51	295	127
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	216	-	-	-	216	-
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	558	558	0	0	0	0
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1612	1236	119	51	79	127

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2386	187	1099	416	340	278	66
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	216	10	128	46	27	5	0
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	558	37	249	94	69	109	0
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1612	140	722	276	244	164	66

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2386	271	11	1740	1	23	340
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	216	0	1	178	1	2	34
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	558	54	1	401	0	6	96
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1612	217	9	1161	0	15	210

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino	Unspecified Ethnicity
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2386	55	1696	635
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	216	5	148	63
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	558	10	315	233
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1612	40	1233	339

#	Measure	Definition	Overall Measure	Female	Male
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2386	1257	1129
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	216	110	106
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	558	285	273
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1612	862	750

Cost sharing limit								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
16	Monthly count of beneficiaries who have exceeded 2% co-pay credit but not reached 5% limit	Count of enrolled individuals who have hit 2% co-pay credit since enrollment and must now make cost sharing payments, but who have not yet reached the 5% cost sharing limit	To be reported in phase 2 - End of Q2 2017					
17	Monthly count of beneficiaries who have hit 5% cost sharing limit	Count of enrolled individuals who have hit 5% limit on cost sharing and premiums since enrollment, and no longer make cost sharing payments	To be reported in phase 2 - End of Q2 2017					

Use of preventive services* (by FPL and demographic categories)								
* Measures 18 and 19 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in August of 2016								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	30302	18612	4196	2345	3496	1653
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.97	1.15	0.59	0.96	0.55	1.13

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	30302	1507	10416	6231	6238	5910	0
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.97	0.34	0.54	1.01	1.51	1.72	0

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian or Pacific Islander	White	Black	Multi-Racial	Unspecified Race
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	30302	3654	119	22179	192	338	3820
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.97	0.95	0.57	0.99	0.66	1.00	0.90

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino or Unspecified
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	30302	774	29528
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.97	0.77	0.97

#	Measure	Definition	Overall Measure	Female	Male
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	30302	18477	11825
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.97	1.08	0.83

Use of other services*								
** Measures 20 through 24 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in August of 2016								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
20a.	Physician service utilization	PMPM utilization of physician visits for currently enrolled beneficiaries	0.41	0.45	0.32	0.40	0.30	0.35
20b.	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.56	0.62	0.46	0.54	0.45	0.47
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.87	1.00	0.61	0.84	0.57	1.00
22	Emergency department utilization, emergency	PMPM emergency department visits for emergent conditions among currently enrolled beneficiaries (i.e. those not subject to a copayment)	0.071	0.092	0.035	0.056	0.035	0.048
23	Emergency department utilization, non-emergency	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	0.000	0.000	0.000	0.000	0.000	0.000
24	Inpatient admissions	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	0.012	0.015	0.005	0.013	0.004	0.013

Renewal (starting in 2017)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
25	Monthly count of beneficiaries due for renewal	Number of beneficiaries due for renewal in the reporting month	6595	5416	440	180	409	150
26	Number who did not renew	Number of beneficiaries due for renewal in the reporting month who are determined ineligible for the HELP program because they failed to complete or return renewal forms or other required documentation, or who were lost to follow up	2999	2988	0	3	3	5
27	Number who lost eligibility	Number of beneficiaries due for renewal in the reporting month who respond to renewal notices, but are determined ineligible for the HELP program	206	105	7	35	22	37
28	No premium change	Number of beneficiaries due for renewal in the reporting month who remain eligible, with no change in premium requirement	3330	2320	409	142	353	106
29	Premium increase	Number of beneficiaries due for renewal in the reporting month who remain eligible, with an increase in required premium***	40	0	16	0	24	0
30	Premium decrease	Number of beneficiaries due for renewal in the reporting month who remain eligible, with a decrease required premium***	20	3	8	0	7	2

*** These measures display the FPL bucket to which the individual moved after their premium increased or decreased. In future reports, these measures will display in which FPL bucket the individual originated prior to premium change.

Complaints, grievances, and appeals								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
31	Complaints and grievances, Medicaid program	Total number of complaints and grievances filed in the reporting month regarding the HELP program	0	-	-	-	-	-
32	Complaints and grievances, plan administrator	Total number of complaints and grievances filed in the reporting month regarding the plan administrator	0	-	-	-	-	-
33	Complaints and grievances, provider	Total number of complaints and grievances filed in the reporting month regarding a provider	2	-	-	-	-	-
34	Appeals, eligibility	Total number of appeals filed in the reporting month regarding eligibility	60	-	-	-	-	-
35	Appeals, premiums	Total number of appeals filed in the reporting month regarding the size of premium payments	1	-	-	-	-	-
36	Appeals, denial of benefits	Total number of appeals filed in the reporting month regarding denials of benefits	57	-	-	-	-	-

Enrollment duration among disenrollees								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
37	Enrollment duration 0-3 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 3 or fewer months at the time of disenrollment	350	323	3	4	5	15
38	Enrollment duration 4-6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for between 4 and 6 months at the time of disenrollment	398	343	12	8	22	13
39	Enrollment duration >6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 6 or more months at the time of disenrollment	1638	1128	104	39	268	99

Monthly premiums owed at disenrollment								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
40	Amount of monthly premium at time of disenrollment >\$0 and <\$15	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) whose monthly premium at the time of disenrollment was greater than \$0 but less than \$15	To be reported in phase 2 - End of Q2 2017					
41	Amount of monthly premium at time of disenrollment \$15-<\$30	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$15 or greater, but less than \$30	To be reported in phase 2 - End of Q2 2017					
42	Amount of monthly premium at time of disenrollment \$30-<\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$30 or greater, but less than \$50	To be reported in phase 2 - End of Q2 2017					
43	Amount of monthly premium at time of disenrollment \$50-<\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$50 or greater, but less than \$75.	To be reported in phase 2 - End of Q2 2017					
44	Amount of monthly premium at time of disenrollment ≥\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$75 or greater.	To be reported in phase 2 - End of Q2 2017					

Total debt owed at disenrollment for failure to pay								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
45	Amount of total debt owed at time of disenrollment for failure to pay: <\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was less than \$50.	To be reported in phase 2 - End of Q2 2017					
46	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$50 but <\$100	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than or equal to \$50, but less than \$100.	To be reported in phase 2 - End of Q2 2017					
47	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$100 but <\$150	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than or equal to \$100, but less than \$150.	To be reported in phase 2 - End of Q2 2017					
48	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$150	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than \$150.	To be reported in phase 2 - End of Q2 2017					

**MT HELP Program 1115 Waiver
Quarter 2 Measures
February 2017 Data**

Enrollment (by FPL and Demographic Categories)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	76930	51876	10827	2942	8611	2674
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1743	1118	272	64	243	46
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	10724	7236	1433	588	984	483

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	76930	5874	31612	14979	12719	11745	1
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1743	110	782	336	284	231	0
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	10724	957	4522	2625	1583	1037	0

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	76930	10701	291	54238	175	641	10884
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1743	253	6	1175	2	21	286
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	10724	1604	37	8067	30	90	896

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino	Unspecified Ethnicity
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	76930	2017	55320	19593
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1743	53	1262	428
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	10724	304	9204	1216

#	Measure	Definition	Overall Measure	Female	Male
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	76930	41505	35425
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1743	731	1012
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	10724	6885	839

Premium Payment								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
4	Monthly count of beneficiaries who paid a	Among enrolled individuals who owe premiums, number of beneficiaries who paid	To be reported in phase 2 - End of Q2 2017					
5	Monthly count of beneficiaries in the grace period	Among enrolled individuals who owe premiums, number of beneficiaries who did not pay their premium for the month but are	To be reported in phase 2 - End of Q2 2017					
6	Monthly count of beneficiaries in long term arrears	Among enrolled individuals who owe premiums, number of beneficiaries who have not paid a premium in over three months. This includes individuals with income between 50- 100% FPL who would have been disenrolled for non-payment of premiums if their income had	To be reported in phase 2 - End of Q2 2017					
7	Monthly count of beneficiaries with	Among enrolled individuals who owe premium payments, number of beneficiaries who have	To be reported in phase 2 - End of Q2 2017					

Mid-year change in circumstance in household composition or income								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
8	Monthly count of beneficiaries who gave notice of mid-year change in circumstance	Number of enrolled beneficiaries who notified the state of a mid-year change in circumstance and the change was effective during the reporting month	3462	2185	554	160	472	90
9	No premium change following mid-year update of household or income	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced no change in their premium	3072	2181	352	160	288	90
10	Premium increase following mid-year update of household or income	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced an increase in their premium	274	0	109	0	165	0
11	Premium decrease following mid-year update of household or income	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced a decrease in their premium	116	4	93	0	19	0

† These measures display the FPL bucket to which the individual moved after their premium increased or decreased. In future reports, these measures will display in which FPL bucket the individual originated prior to premium change.

Disenrollment outside annual renewal determinations (by FPL and Demographic Categories)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during	1824	1334	80	29	73	108
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	184	-	-	-	184	-
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	519	519	0	0	0	0
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility	1121	815	80	29	89	108

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during	1824	151	844	360	197	222	50
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	184	11	105	49	13	6	0
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	519	40	251	64	75	89	0
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility	1121	100	488	247	109	127	50

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during	1824	197	7	1323	7	17	273
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	184	0	2	146	2	5	28
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	519	38	3	368	0	3	107
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility	1121	159	2	809	5	9	138

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino	Unspecified Ethnicity
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during	1824	55	1296	473
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	184	6	138	39
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	519	8	277	234
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility	1121	41	881	200

	Measure	Definition	Overall Measure	Female	Male
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during	1824	991	833
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	184	107	77
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	519	286	233
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility	1121	598	523

Cost sharing limit								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
16	Monthly count of beneficiaries who have exceeded 2% co-pay credit but not reached 5% limit	Count of enrolled individuals who have hit 2% co-pay credit since enrollment and must now make cost sharing payments, but who have not yet reached the 5% cost sharing limit	To be reported in phase 2 - End of Q2 2017					
17	Monthly count of beneficiaries who have hit 5% cost sharing limit	Count of enrolled individuals who have hit 5% limit on cost sharing and premiums since enrollment, and no longer make cost sharing	To be reported in phase 2 - End of Q2 2017					

Use of preventive services* (by FPL and demographic categories)								
*Measures 18 and 19 incorporate a six-month lag to allow for claim submission;								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
18	Monthly count of beneficiaries who have accessed incentivized	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	32760	20365	4476	2453	3642	1824
19	Monthly count of beneficiaries who have accessed incentivized	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of	1.09	1.28	0.64	1.15	0.66	1.35

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
18	Monthly count of beneficiaries who have accessed incentivized	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	32760	1705	11411	6676	6631	6337	0
19	Monthly count of beneficiaries who have accessed incentivized	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of	1.09	0.38	0.61	1.16	1.71	1.93	0

#	Measure	Definition	Overall Measure	Native American/Alaskan Native	Asian or Pacific Islander	White	Black	Multi-Racial	Unspecified Race
18	Monthly count of beneficiaries who have accessed incentivized	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	32760	4018	129	23893	215	359	4146
19	Monthly count of beneficiaries who have accessed incentivized	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of	1.09	1.12	0.63	1.11	0.77	1.23	1.02

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino or Unspecified
18	Monthly count of beneficiaries who have accessed incentivized	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	32760	832	31928
19	Monthly count of beneficiaries who have accessed incentivized	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of	1.09	0.88	1.10

#	Measure	Definition	Overall Measure	Female	Male
18	Monthly count of beneficiaries who have accessed incentivized	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	32760	19877	12883
19	Monthly count of beneficiaries who have accessed incentivized	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of	1.09	1.23	0.93

Use of Preventive Services**								
** Measures 20 through 24 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in July of 2016								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
20a.	Physician service utilization	PMPM utilization of physician visits for currently enrolled beneficiaries	0.497	0.568	0.374	0.440	0.349	0.476
20b.	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled	0.687	0.776	0.530	0.610	0.514	0.644
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.970	1.095	0.660	1.024	0.666	1.188
22	Emergency department utilization, emergency	PMPM emergency department visits for emergent conditions among currently enrolled beneficiaries	0.071	0.092	0.034	0.056	0.035	0.051
23	Emergency department utilization, non-emergency	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries	0.000	0.000	0.000	0.000	0.000	0.000
24	Inpatient admissions	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries	0.013	0.016	0.006	0.015	0.005	0.011

Renewal (starting in 2017)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
25	Monthly count of beneficiaries due for	Number of beneficiaries due for renewal in the reporting month	7008	5682	520	207	441	158
26	Number who did not renew	Number of beneficiaries due for renewal in the reporting month who are determined ineligible for the HELP program because they failed to complete or return renewal forms or other required documentation	2852	2847	1	0	2	2
27	Number who lost eligibility	Number of beneficiaries due for renewal in the reporting month who respond to renewal notices, but are determined ineligible	152	81	4	19	15	33
28	No premium change	Number of beneficiaries due for renewal in the reporting month who remain eligible, with no change in premium requirement	953	2751	496	188	395	123
29	Premium increase	Number of beneficiaries due for renewal in the reporting month who remain eligible, with an increase in required premium***	42	0	16	0	26	0
30	Premium decrease	Number of beneficiaries due for renewal in the reporting month who remain eligible, with a decrease required premium***	9	3	3	0	3	0

*** These measures display the FPL bucket to which the individual moved after their premium increased or decreased. In future reports, these measures will display in which FPL bucket the individual originated prior to premium change.

Complaints, grievances, and appeals								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
31	Complaints and grievances, Medicaid program	Total number of complaints and grievances filed in the reporting month regarding theHELP	0	-	-	-	-	-
32	Complaints and grievances, plan administrator	Total number of complaints and grievances filed in the reporting month regarding the plan	1	-	-	-	-	-
33	Complaints and grievances, provider	Total number of complaints and grievances filed in the reporting month regarding a	6	-	-	-	-	-
34	Appeals, eligibility	Total number of appeals filed in the reporting month regarding eligibility	47	-	-	-	-	-
35	Appeals, premiums	Total number of appeals filed in the reporting month regarding the size of premium	4	-	-	-	-	-
36	Appeals, denial of benefits	Total number of appeals filed in the reporting month regarding denials of benefits	69	-	-	-	-	-

Enrollment duration among disenrollees								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
37	Enrollment duration 0-3 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 3 or fewer months at the	276	245	4	3	6	18
38	Enrollment duration 4-6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for between 4 and 6 months at	324	252	9	9	42	12
39	Enrollment duration >6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 6 or more months at the	1224	837	67	17	225	78

Monthly premiums owed at disenrollment								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
40	Amount of monthly premium at time of disenrollment >\$0 and <\$15	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) whose monthly premium at the time of disenrollment was greater than \$0 but	To be reported in phase 2 - End of Q2 2017					
41	Amount of monthly premium at time of disenrollment \$15- <\$30	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$15 or greater, but	To be reported in phase 2 - End of Q2 2017					
42	Amount of monthly premium at time of disenrollment \$30- <\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$30 or greater, but	To be reported in phase 2 - End of Q2 2017					
43	Amount of monthly premium at time of disenrollment \$50- <\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$50 or greater, but	To be reported in phase 2 - End of Q2 2017					
44	Amount of monthly premium at time of disenrollment ≥\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$75 or greater.	To be reported in phase 2 - End of Q2 2017					

Total debt owed at disenrollment for failure to pay								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
45	Amount of total debt owed at time of disenrollment for failure to pay: <\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was less than \$50	To be reported in phase 2 - End of Q2 2017					
46	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$50 but <\$100	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than or equal to \$50, but less than \$100.	To be reported in phase 2 - End of Q2 2017					
47	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$100 but <\$150	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than or equal to \$100, but less than \$150.	To be reported in phase 2 - End of Q2 2017					
48	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$150	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than \$150	To be reported in phase 2 - End of Q2 2017					

**MT HELP Program 1115 Waiver
Quarter 1 Measures
March 2017 Data**

Enrollment (by FPL and Demographic Categories)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	78548	53350	11028	2963	8716	2491
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	2078	1358	319	63	288	50
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	11207	7527	1546	610	1046	478

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	78548	6058	32310	15360	12925	11892	3
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	2078	138	926	396	335	283	0
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	11207	984	4702	2743	1651	1127	0

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	78548	11103	299	55204	177	666	11099
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	2078	325	7	1369	3	24	350
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	11207	1663	38	8443	34	87	942

#	Measure	Definition	Overall Measure	Unspecified Ethnicity	Non-Hispanic/Latino	Hispanic/Latino
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	78548	19771	56699	2078
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	078	532	1489	57
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	11207	1292	9582	333

#	Measure	Definition	Overall Measure	Female	Male
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	78548	42308	36240
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	2078	932	1146
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	11207	7143	4064

Premium Payment								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
4	Monthly count of beneficiaries who paid a premium during the month	Among enrolled individuals who owe premiums, number of beneficiaries who paid their premium for this month	To be reported in phase 2 - End of Q2 2017					
5	Monthly count of beneficiaries in the grace period	Among enrolled individuals who owe premiums, number of beneficiaries who did not pay their premium for the month but are not three months	To be reported in phase 2 - End of Q2 2017					
6	Monthly count of beneficiaries in long term arrears	Among enrolled individuals who owe premiums, number of beneficiaries who have not paid a premium in over three months. This includes individuals with income between 50-100% FPL who would have been disenrolled for non-payment of premiums if their income had been greater than 100% FPL	To be reported in phase 2 - End of Q2 2017					
7	Monthly count of beneficiaries with collectible debt	Among enrolled individuals who owe premium payments, number of beneficiaries who have collectible debt	To be reported in phase 2 - End of Q2 2017					

Mid-year change in circumstance in household composition or income								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
8	Monthly count of beneficiaries who gave notice of mid-year change in circumstance in household or income information	Number of enrolled beneficiaries who notified the state of a mid-year change in circumstance and the change was effective during the reporting month	4843	2975	785	203	751	127
9	No premium change following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced no change in their premium requirement during the reporting month	4136	2971	471	203	362	127
10	Premium increase following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced an increase in their premium requirement during the reporting month ^y	542	0	181	0	361	0
11	Premium decrease following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced a decrease in their premium requirement during the reporting month ^y	165	4	133	0	28	0

^y These measures display the FPL bucket to which the individual moved after their premium increased or decreased. In future reports, these measures will display in which FPL bucket the individual originated prior to premium change.

Disenrollment outside annual renewal determinations (by FPL and Demographic Categories)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2067	1439	116	55	296	161
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	183	-	-	-	183	-
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	494	494	0	-	0	0
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1390	945	116	55	113	161

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2067	148	933	383	295	240	69
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	183	7	108	34	20	14	0
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	494	31	221	72	71	99	0
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1390	109	604	277	204	127	69

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2067	198	8	1558	2	15	281
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	183	0	1	153	1	1	27
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	494	38	1	356	0	4	93
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1390	160	6	1049	1	10	161

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino	Unspecified Ethnicity
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2067	66	1468	528
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	183	7	136	40
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	494	14	275	203
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1390	45	1057	285

#	Measure	Definition	Overall Measure	Female	Male
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2067	1109	958
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	183	92	91
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	494	275	219
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1390	742	648

Cost sharing limit								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
16	Monthly count of beneficiaries who have exceeded 2% co-pay credit but not reached 5% limit	Count of enrolled individuals who have hit 2% co-pay credit since enrollment and must now make cost sharing payments, but who have not yet reached the 5% cost sharing limit	To be reported in phase 2 - End of Q2 2017					
17	Monthly count of beneficiaries who have hit 5% cost sharing limit	Count of enrolled individuals who have hit 5% limit on cost sharing and premiums since enrollment, and no longer make cost sharing payments	To be reported in phase 2 - End of Q2 2017					

Use of preventive services* (by FPL and demographic categories)								
*Measures 18 and 19 incorporate a six-month lag to allow for claim submission; these number correlate with members enrolled in September of 2016								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	35036	22141	4756	2477	3791	1871
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	1.06	1.21	0.65	1.18	0.67	1.33

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	35036	1844	12329	7102	7060	6701	0
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	1.06	0.36	0.61	1.11	1.66	1.84	0

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian or Pacific Islander	White	Black	Multi-Racial	Unspecified Race
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services overall	35036	4382	140	25426	239	392	4457
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	1.06	1.06	0.59	1.08	0.75	1.18	0.97

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino or Unspecified
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	35036	873	34163
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	1.06	0.85	1.07

#	Measure	Definition	Overall Measure	Female	Male
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	35036	21206	13830
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	1.06	1.19	0.90

Use of other services*								
*Measures 20 through 24 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in August of 2016								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
20a.	Physician service utilization	PMPM utilization of physician visits for currently enrolled beneficiaries	0.476	0.528	0.376	0.472	0.354	0.447
20b.	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.657	0.722	0.523	0.636	0.522	0.616
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.937	1.037	0.662	1.006	0.659	1.183
22	Emergency department utilization, emergency	PMPM emergency department visits for emergent conditions among currently enrolled beneficiaries (i.e. those not subject to a copayment)	0.067	0.084	0.035	0.061	0.031	0.055
23	Emergency department utilization, non-emergency	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	0.000	0.000	0.000	0.000	0.000	0.000
24	Inpatient admissions	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	0.011	0.014	0.004	0.017	0.005	0.011

Renewal (starting in 2017)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
25	Monthly count of beneficiaries due for renewal	Number of beneficiaries due for renewal in the reporting month	6909	5443	599	252	445	170
26	Number who did not renew	Number of beneficiaries due for renewal in the reporting month who are determined ineligible for the HELP program because they failed to complete or return renewal forms or other required documentation, or who were lost to follow up	2347	2339	1	2	2	3
27	Number who lost eligibility	Number of beneficiaries due for renewal in the reporting month who respond to renewal notices, but are determined ineligible for the HELP program	185	84	9	40	14	38
28	No premium change	Number of beneficiaries due for renewal in the reporting month who remain eligible, with no change in premium requirement	4273	3013	544	210	377	129
29	Premium increase	Number of beneficiaries due for renewal in the reporting month who remain eligible, with an increase in required premium***	72	0	26	0	46	0
30	Premium decrease	Number of beneficiaries due for renewal in the reporting month who remain eligible, with a decrease required premium***	32	7	19	0	6	0

*** These measures display the FPL bucket to which the individual moved after their premium increased or decreased. In future reports, these measures will display in which FPL bucket the individual originated prior to premium change.

Complaints, grievances, and appeals								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
31	Complaints and grievances, Medicaid program	Total number of complaints and grievances filed in the reporting month regarding the HELP program	0	-	-	-	-	-
32	Complaints and grievances, plan administrator	Total number of complaints and grievances filed in the reporting month regarding the plan administrator	0	-	-	-	-	-
33	Complaints and grievances, provider	Total number of complaints and grievances filed in the reporting month regarding a provider	3	-	-	-	-	-
34	Appeals, eligibility	Total number of appeals filed in the reporting month regarding eligibility	79	-	-	-	-	-
35	Appeals, premiums	Total number of appeals filed in the reporting month regarding the size of premium payments	2	-	-	-	-	-
36	Appeals, denial of benefits	Total number of appeals filed in the reporting month regarding denials of benefits	59	-	-	-	-	-

Enrollment duration among disenrollees								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
37	Enrollment duration 0-3 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 3 or fewer months at the time of disenrollment	199	167	2	6	4	20
38	Enrollment duration 4-6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for between 4 and 6 months at the time of disenrollment	423	330	17	10	43	23
39	Enrollment duration >6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 6 or more months at the time of disenrollment	1445	942	97	39	249	118

Monthly premiums owed at disenrollment								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
40	Amount of monthly premium at time of disenrollment >\$0 and <\$15	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) whose monthly premium at the time of disenrollment was greater than \$0 but less than \$15	To be reported in phase 2 - End of Q2 2017					
41	Amount of monthly premium at time of disenrollment \$15-<\$30	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$15 or greater, but less than \$30	To be reported in phase 2 - End of Q2 2017					
42	Amount of monthly premium at time of disenrollment \$30-<\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$30 or greater, but less than \$50	To be reported in phase 2 - End of Q2 2017					
43	Amount of monthly premium at time of disenrollment \$50-<\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$50 or greater, but less than \$75.	To be reported in phase 2 - End of Q2 2017					
44	Amount of monthly premium at time of disenrollment ≥\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$75 or greater.	To be reported in phase 2 - End of Q2 2017					

Total debt owed at disenrollment for failure to pay								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
45	Amount of total debt owed at time of disenrollment for failure to pay: <\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was less than \$50.	To be reported in phase 2 - End of Q2 2017					
46	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$50 but <\$100	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than or equal to \$50, but less than \$100.	To be reported in phase 2 - End of Q2 2017					
47	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$100 but <\$150	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than or equal to \$100, but less than \$150.	To be reported in phase 2 - End of Q2 2017					
48	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$150	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than \$150.	To be reported in phase 2 - End of Q2 2017					

MT HELP Program 1115 Waiver

Quarter 2 Measures

April 2017 Data

Enrollment (by FPL and Demographic Categories)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	79729	54620	10985	2958	8687	2479
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1707	1110	268	44	242	43
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	11748	7932	1598	625	1099	494

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	79729	6249	32825	15657	13081	11914	0
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1707	89	798	346	259	214	0
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	11748	1060	4905	2884	1743	1156	0

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	79729	11437	309	55866	181	683	11253
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1707	236	9	1155	5	19	283
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	11748	1818	41	8776	34	89	990

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino	Unspecified Ethnicity
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	79729	2142	57741	19846
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1707	59	1195	453
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	11748	345	10054	1349

#	Measure	Definition	Overall Measure	Female	Male
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	79729	42911	36818
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1707	771	936
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	11748	7491	4257

Premium Payment								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
4	Monthly count of beneficiaries who paid a premium during the month	Among enrolled individuals who owe premiums, number of beneficiaries who paid their premium for this month	9482	0	5040	0	4442	0
5	Monthly count of beneficiaries in the grace period	Among enrolled individuals who owe premiums, number of beneficiaries who did not pay their premium for the month but are not three months past due	10665	0	6162	0	4503	0
6	Monthly count of beneficiaries in long term arrears	Among enrolled individuals who owe premiums, number of beneficiaries who have not paid a premium in over three months. This includes individuals with income between 50-100% FPL who would have been disenrolled for non-payment of premiums if their income had been greater than 100% FPL	478	0	478	0	0	0
7	Monthly count of beneficiaries with collectible debt	Among enrolled individuals who owe premium payments, number of beneficiaries who have collectible debt	3856	0	2927	0	929	0

Mid-year change in circumstance in household composition or income								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
8	Monthly count of beneficiaries who gave notice of mid-year change in circumstance in household or income information	Number of enrolled beneficiaries who notified the state of a mid-year change in circumstance and the change was effective during the reporting month	6271	3966	983	256	896	170
9	No premium change following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced no change in their premium requirement during the reporting month	5455	3960	608	256	461	170
10	Premium increase following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced an increase in their premium requirement during the reporting month ^y	602	1	209	0	392	0
11	Premium decrease following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced a decrease in their premium requirement during the reporting month ^y	214	5	66	0	43	0

^y These measures display the FPL bucket to which the individual moved after their premium increased or decreased. In future reports, these measures will display in which FPL bucket the individual originated prior to premium change.

Disenrollment outside annual renewal determinations (by FPL and Demographic Categories)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	333	1780	149	56	200	148
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	106	0	0	0	106	0
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	666	666	0	0	0	0
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1561	1114	149	56	94	148

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2333	152	1089	453	291	288	60
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	106	2	50	32	14	8	0
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	666	30	325	106	96	109	0
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1561	120	714	315	181	171	60

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2333	252	10	1746	2	22	301
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	106	0	1	88	0	0	17
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	666	54	2	496	0	7	107
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1561	198	7	1162	2	15	177

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino	Unspecified Ethnicity
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2333	60	1690	583
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	106	1	81	24
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	666	17	396	253
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1561	42	1213	306

#	Measure	Definition	Overall Measure	Female	Male
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2333	1299	1034
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	06	60	46
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	666	349	317
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1561	890	671

Cost sharing limit								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
16	Monthly count of beneficiaries who have exceeded 2% co-pay credit but not reached 5% limit	Count of enrolled individuals who have hit 2% co-pay credit since enrollment and must now make cost sharing payments, but who have not yet reached the 5% cost sharing limit	MT aims to submit these measures on the 2017 Q3 report					
17	Monthly count of beneficiaries who have hit 5% cost sharing limit	Count of enrolled individuals who have hit 5% limit on cost sharing and premiums since enrollment, and no longer make cost sharing payments						

Use of preventive services* (by FPL and demographic categories)								
*Measures 18 and 19 incorporate a six-month lag to allow for claim submission; these number correlate with members enrolled in October of 2016								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	33505	21615	4526	2068	3635	1661
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.92	0.99	0.62	1.17	0.66	1.23

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	33505	1605	11546	6796	6914	6644	0
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.92	0.28	0.51	0.93	1.45	1.68	0.00

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian or Pacific Islander	White	Black	Multi-Racial	Unspecified Race
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	33505	4163	121	24360	227	367	4267
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.92	0.81	0.56	0.95	0.71	1.00	0.85

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino or Unspecified
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	33505	833	32672
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.92	0.73	0.92

#	Measure	Definition	Overall Measure	Female	Male
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	33505	20679	12826
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.92	1.02	0.79

Use of other services*								
*Measures 20 through 24 incorporate a six-month lag to allow for claim submission; these number correlate with members enrolled in October of 2016								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
20a.	Physician service utilization	PMPM utilization of physician visits for currently enrolled beneficiaries	0.469	0.502	0.397	0.532	0.366	0.452
20b.	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.652	0.689	0.567	0.720	0.535	0.634
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.920	0.982	0.67	1.143	0.706	1.216
22	Emergency department utilization, emergency	PMPM emergency department visits for emergent conditions among currently enrolled beneficiaries (i.e. those not subject to a copayment)	0.066	0.080	0.040	0.071	0.032	0.047
23	Emergency department utilization, non-emergency	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	0.000	0.000	0.000	0.000	0.000	0.000
24	Inpatient admissions	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	0.009	0.010	0.006	0.013	0.005	0.009

Renewal (starting in 2017)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
25	Monthly count of beneficiaries due for renewal	Number of beneficiaries due for renewal in the reporting month	6181	5022	481	167	370	141
26	Number who did not renew	Number of beneficiaries due for renewal in the reporting month who are determined ineligible for the HELP program because they failed to complete or return renewal forms or other required documentation, or who were lost to follow up	2339	2328	3	2	1	5
27	Number who lost eligibility	Number of beneficiaries due for renewal in the reporting month who respond to renewal notices, but are determined ineligible for the HELP program	142	72	8	22	17	23
28	No premium change	Number of beneficiaries due for renewal in the reporting month who remain eligible, with no change in premium requirement	3642	2616	444	143	326	113
29	Premium increase	Number of beneficiaries due for renewal in the reporting month who remain eligible, with an increase in required premium***	44	0	20	0	24	0
30	Premium decrease	Number of beneficiaries due for renewal in the reporting month who remain eligible, with a decrease required premium***	14	6	6	0	2	0

*** These measures display the FPL bucket to which the individual moved after their premium increased or decreased. In future reports, these measures will display in which FPL bucket the individual originated prior to premium change.

Complaints, grievances, and appeals								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
31	Complaints and grievances, Medicaid program	Total number of complaints and grievances filed in the reporting month regarding the HELP program	0	-	-	-	-	-
32	Complaints and grievances, plan administrator	Total number of complaints and grievances filed in the reporting month regarding the plan administrator	1	-	-	-	-	-
33	Complaints and grievances, provider	Total number of complaints and grievances filed in the reporting month regarding a provider	2	-	-	-	-	-
34	Appeals, eligibility	Total number of appeals filed in the reporting month regarding eligibility	46	-	-	-	-	-
35	Appeals, premiums	Total number of appeals filed in the reporting month regarding the size of premium payments	2	-	-	-	-	-
36	Appeals, denial of benefits	Total number of appeals filed in the reporting month regarding denials of benefits	10	-	-	-	-	-

Enrollment duration among disenrollees								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
37	Enrollment duration 0-3 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 3 or fewer months at the time of disenrollment	214	202	0	2	3	7
38	Enrollment duration 4-6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for between 4 and 6 months at the time of disenrollment	538	432	24	7	53	22
39	Enrollment duration >6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 6 or more months at the time of disenrollment	1581	1146	125	47	144	119

Monthly premiums owed at disenrollment								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
40	Amount of monthly premium at time of disenrollment >\$0 and <\$15	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) whose monthly premium at the time of disenrollment was greater than \$0 but less than \$15	23		22		1	
41	Amount of monthly premium at time of disenrollment \$15-<\$30	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$15 or greater, but less than \$30	197		101		96	
42	Amount of monthly premium at time of disenrollment \$30-<\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$30 or greater, but less than \$50	111		26		85	
43	Amount of monthly premium at time of disenrollment \$50-<\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$50 or greater, but less than \$75.	17		0		17	
44	Amount of monthly premium at time of disenrollment ≥\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$75 or greater.	1		0		1	

Total debt owed at disenrollment for failure to pay								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
45	Amount of total debt owed at time of disenrollment for failure to pay: <\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was less than \$50.	0				0	
46	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$50 but <\$100	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than or equal to \$50, but less than \$100.	4				4	
47	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$100 but <\$150	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than or equal to \$100, but less than \$150.	40				40	
48	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$150	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than \$150.	62				62	

**MT HELP Program 1115 Waiver
Quarter 2 Measures
May 2017 Data**

Enrollment (by FPL and Demographic Categories)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	81758	56387	11174	3010	8686	2501
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1542	1005	232	51	213	41
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2532	1703	350	119	279	81

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	81758	5911	33700	16469	13302	12375	0
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1542	107	697	308	227	203	0
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2531	420	1038	547	318	208	0

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	81758	12008	320	57080	187	695	11468
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1542	255	7	966	4	17	293
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2532	476	11	1757	8	26	254

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino	Unspecified Ethnicity
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	81758	2195	59460	20103
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1542	32	1076	434
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2532	89	2097	346

#	Measure	Definition	Overall Measure	Female	Male
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	81758	44119	37639
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1542	707	835
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2532	1539	993

Premium Payment								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
4	Monthly count of beneficiaries who paid a premium during the month	Among enrolled individuals who owe premiums, number of beneficiaries who paid their premium for this month	8735	0	4632	0	4103	0
5	Monthly count of beneficiaries in the grace period	Among enrolled individuals who owe premiums, number of beneficiaries who did not pay their premium for the month but are not three months past due	10043	0	5956	0	4087	0
6	Monthly count of beneficiaries in long term arrears	Among enrolled individuals who owe premiums, number of beneficiaries who have not paid a premium in over three months. This includes individuals with income between 50-100% FPL who would have been disenrolled for non-payment of premiums if their income had been greater than 100% FPL	387	0	387	0	0	0
7	Monthly count of beneficiaries with collectible debt	Among enrolled individuals who owe premium payments, number of beneficiaries who have collectible debt	3356	0	2705	0	651	0

Mid-year change in circumstance in household composition or income								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
8	Monthly count of beneficiaries who gave notice of mid-year change in circumstance in household or income information	Number of enrolled beneficiaries who notified the state of a mid-year change in circumstance and the change was effective during the reporting month	7009	4460	1100	286	968	193
9	No premium change following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced no change in their premium requirement during the reporting month	6125	4455	667	286	522	193
10	Premium increase following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced an increase in their premium requirement during the reporting month [†]	655	1	249	0	405	0
11	Premium decrease following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced a decrease in their premium requirement during the reporting month [†]	229	4	184	0	41	0

[†] These measures display the FPL bucket to which the individual moved after their premium increased or decreased. In future reports, these measures will display in which FPL bucket the individual originated prior to premium change.

Disenrollment's outside annual renewal determinations (by FPL and Demographic Categories)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2669	1869	181	72	380	167
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	252	0	0	0	252	0
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	705	705	0	0	0	0
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1712	1164	181	72	128	167

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2669	184	1261	535	348	280	61
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	252	19	148	42	24	19	0
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	705	50	334	131	03	87	0
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1712	115	779	362	221	174	61

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2669	334	8	1883	7	34	403
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	252	0	0	209	0	3	40
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	705	84	1	468	2	12	138
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1712	250	7	1206	5	19	225

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino	Unspecified Ethnicity
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2669	73	1927	669
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	252	4	180	68
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	705	18	441	246
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1712	51	1306	355

#	Measure	Definition	Overall Measure	Female	Male
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2669	1353	1316
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	252	137	115
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	705	336	369
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1712	880	832

Cost sharing limit								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
16	Monthly count of beneficiaries who have exceeded 2% co-pay credit but not reached 5% limit	Count of enrolled individuals who have hit 2% co-pay credit since enrollment and must now make cost sharing payments, but who have not yet reached the 5% cost sharing limit	MT aims to submit these measures on the 2017 Q3 report					
17	Monthly count of beneficiaries who have hit 5% cost sharing limit	Count of enrolled individuals who have hit 5% limit on cost sharing and premiums since enrollment, and no longer make cost sharing payments						

Use of preventive services* (by FPL and demographic categories)								
* Measures 18 and 19 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in November of 2016								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	35113	23629	4649	1688	3676	1471
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.89	0.95	0.58	1.48	0.62	1.44

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	35113	1648	12143	7134	7220	6968	0
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.89	0.28	0.49	0.93	1.40	1.62	0

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian or Pacific Islander	White	Black	Multi-Racial	Unspecified Race
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	35113	4423	126	25445	238	386	4495
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.89	0.78	0.48	0.93	0.65	1.00	0.81

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino or Unspecified
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	35113	875	34238
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.89	0.71	0.90

#	Measure	Definition	Overall Measure	Female	Male
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	35113	21632	13481
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.89	0.99	0.78

Use of other services*								
** Measures 20 through 24 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in November of 2016								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
20a.	Physician service utilization	PMPM utilization of physician visits for currently enrolled beneficiaries	0.464	0.484	0.384	0.687	0.360	0.508
20b.	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.644	0.664	0.556	0.938	0.527	0.707
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.917	0.963	0.634	1.467	0.681	1.442
22	Emergency department utilization, emergency	PMPM emergency department visits for emergent conditions among currently enrolled beneficiaries (i.e. those not subject to a copayment)	0.062	0.074	0.033	0.072	0.031	0.059
23	Emergency department utilization, non-emergency	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	0.000	0.000	0.000	0.000	0.000	0.000
24	Inpatient admissions	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	0.009	0.009	0.007	0.013	0.006	0.009

Renewal (starting in 2017)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
25	Monthly count of beneficiaries due for renewal	Number of beneficiaries due for renewal in the reporting month	9053	7670	562	224	429	168
26	Number who did not renew	Number of beneficiaries due for renewal in the reporting month who are determined ineligible for the HELP program because they failed to complete or return renewal forms or other required documentation, or who were lost to follow up	4538	4534	0	3	0	1
27	Number who lost eligibility	Number of beneficiaries due for renewal in the reporting month who respond to renewal notices, but are determined ineligible for the HELP program	17	10	0	4	1	2
28	No premium change	Number of beneficiaries due for renewal in the reporting month who remain eligible, with no change in premium requirement	4442	3125	538	217	397	165
29	Premium increase	Number of beneficiaries due for renewal in the reporting month who remain eligible, with an increase in required premium***	44	0	15	0	29	0
30	Premium decrease	Number of beneficiaries due for renewal in the reporting month who remain eligible, with a decrease required premium***	12	1	9	0	2	0

*** These measures display the FPL bucket to which the individual moved after their premium increased or decreased. In future reports, these measures will display in which FPL bucket the individual originated prior to premium change.

Complaints, grievances, and appeals								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
31	Complaints and grievances, Medicaid program	Total number of complaints and grievances filed in the reporting month regarding the HELP program	0	-	-	-	-	-
32	Complaints and grievances, plan administrator	Total number of complaints and grievances filed in the reporting month regarding the plan administrator	3	-	-	-	-	-
33	Complaints and grievances, provider	Total number of complaints and grievances filed in the reporting month regarding a provider	5	-	-	-	-	-
34	Appeals, eligibility	Total number of appeals filed in the reporting month regarding eligibility	58	-	-	-	-	-
35	Appeals, premiums	Total number of appeals filed in the reporting month regarding the size of premium payments	4	-	-	-	-	-
36	Appeals, denial of benefits	Total number of appeals filed in the reporting month regarding denials of benefits	6	-	-	-	-	-

Enrollment duration among disenrollees								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
37	Enrollment duration 0-3 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 3 or fewer months at the time of disenrollment	226	197	2	4	13	10
38	Enrollment duration 4-6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for between 4 and 6 months at the time of disenrollment	521	389	21	9	70	32
39	Enrollment duration >6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 6 or more months at the time of disenrollment	1922	1283	158	59	297	125

Monthly premiums owed at disenrollment								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
40	Amount of monthly premium at time of disenrollment >\$0 and <\$15	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) whose monthly premium at the time of disenrollment was greater than \$0 but less than \$15	39		38		1	
41	Amount of monthly premium at time of disenrollment \$15-<\$30	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$15 or greater, but less than \$30	320		108		212	
42	Amount of monthly premium at time of disenrollment \$30-<\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$30 or greater, but less than \$50	166		32		134	
43	Amount of monthly premium at time of disenrollment \$50-<\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$50 or greater, but less than \$75.	32		3		29	
44	Amount of monthly premium at time of disenrollment ≥\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$75 or greater.	4		0		4	

Total debt owed at disenrollment for failure to pay								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
45	Amount of total debt owed at time of disenrollment for failure to pay: <\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was less than \$50.	37				37	
46	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$50 but <\$100	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than or equal to \$50, but less than \$100.	8				8	
47	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$100 but <\$150	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than or equal to \$100, but less than \$150.	105				105	
48	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$150	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than \$150.	102				102	

**MT HELP Program 1115 Waiver
Quarter 2 Measures
June 2017 Data**

Enrollment (by FPL and Demographic Categories)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	82897	57504	11180	3022	8655	2536
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1397	936	200	38	182	41
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2416	1634	346	101	251	84

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	82897	6041	34037	16812	13398	12609	0
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1396	92	596	292	206	210	0
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2415	424	999	492	310	190	0

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	82897	12353	328	57689	188	704	11635
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1397	219	10	857	0	15	296
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2416	451	11	1703	2	20	229

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino	Unspecified Ethnicity
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	82897	2212	60493	20192
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1397	38	927	432
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2416	83	2002	331

#	Measure	Definition	Overall Measure	Female	Male
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	82897	44741	38156
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1397	644	753
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2416	1515	901

Premium Payment								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
4	Monthly count of beneficiaries who paid a premium during the month	Among enrolled individuals who owe premiums, number of beneficiaries who paid their premium for this month	10158	0	5445	0	4713	0
5	Monthly count of beneficiaries in the grace period	Among enrolled individuals who owe premiums, number of beneficiaries who did not pay their premium for the month but are not three months past due	8695	0	5186	0	3509	0
6	Monthly count of beneficiaries in long term arrears	Among enrolled individuals who owe premiums, number of beneficiaries who have not paid a premium in over three months. This includes individuals with income between 50-100% FPL who would have been disenrolled for non-payment of premiums if their income had been greater than 100% FPL	742	0	742	0	0	0
7	Monthly count of beneficiaries with collectible debt	Among enrolled individuals who owe premium payments, number of beneficiaries who have collectible debt	4278	0	3201	0	1077	0

Mid-year change in circumstance in household composition or income								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
8	Monthly count of beneficiaries who gave notice of mid-year change in circumstance in household or income information	Number of enrolled beneficiaries who notified the state of a mid-year change in circumstance and the change was effective during the reporting month	5937	3744	912	234	871	174
9	No premium change following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced no change in their premium requirement during the reporting month	5176	3742	551	234	473	174
10	Premium increase following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced an increase in their premium requirement during the reporting month ^y	555	1	197	0	357	0
11	Premium decrease following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced a decrease in their premium requirement during the reporting month ^y	206	1	164	0	41	0

^y These measures display the FPL bucket to which the individual moved after their premium increased or decreased. In future reports, these measures will display in which FPL bucket the individual originated prior to premium change.

Disenrollment's outside annual renewal determinations (by FPL and Demographic Categories)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2564	1966	183	73	213	129
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	99	0	0	0	99	0
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	721	721	0	0	0	0
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1744	1245	183	73	114	129

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2564	184	1271	448	338	264	58
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	99	6	55	18	14	6	0
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	721	45	368	101	114	93	0
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1744	133	848	329	210	165	58

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2564	328	8	1794	4	29	401
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	99	0	0	83	1	2	13
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	721	88	1	489	0	13	130
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1744	240	7	1222	3	14	258

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino	Unspecified Ethnicity
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2564	95	1774	695
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	99	5	77	17
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	721	31	440	250
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1744	59	1257	428

#	Measure	Definition	Overall Measure	Female	Male
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2564	1323	1241
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	99	51	48
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	721	330	391
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1744	942	802

Cost sharing limit								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
16	Monthly count of beneficiaries who have exceeded 2% co-pay credit but not reached 5% limit	Count of enrolled individuals who have hit 2% co-pay credit since enrollment and must now make cost sharing payments, but who have not yet reached the 5% cost sharing limit	MT aims to submit these measures on the 2017 Q3 report					
17	Monthly count of beneficiaries who have hit 5% cost sharing limit	Count of enrolled individuals who have hit 5% limit on cost sharing and premiums since enrollment, and no longer make cost sharing payments						

Use of preventive services* (by FPL and demographic categories)								
* Measures 18 and 19 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in December of 2016								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	36516	24824	4689	1732	3733	1538
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.87	0.92	0.56	1.41	0.58	1.44

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	36516	1687	12740	7489	7439	7161	0
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.87	0.28	0.47	0.92	1.37	1.56	0

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian or Pacific Islander	White	Black	Multi-Racial	Unspecified Race
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	36516	4724	133	26367	244	398	4650
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.87	0.78	0.47	0.90	0.69	0.96	0.80

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino or Unspecified
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	36516	928	35588
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.87	0.74	0.87

#	Measure	Definition	Overall Measure	Female	Male
18		Monthly count of beneficiaries who have accessed incentivized preventive services, overall	36516	22531	13985
19		Monthly count of beneficiaries who have accessed incentivized preventive services, overall	0.87	0.95	0.76

Use of other services*								
** Measures 20 through 24 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in December of 2016								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
20a.	Physician service utilization	PMPM utilization of physician visits for currently enrolled beneficiaries	0.444	0.470	0.360	0.642	0.329	0.499
20b.	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.614	0.639	0.523	0.860	0.483	0.688
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.900	0.946	0.634	1.380	0.656	1.456
22	Emergency department utilization, emergency	PMPM emergency department visits for emergent conditions among currently enrolled beneficiaries (i.e. those not subject to a copayment)	0.061	0.072	0.034	0.084	0.028	0.064
23	Emergency department utilization, non-emergency	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	0.000	0.000	0.000	0.000	0.000	0.000
24	Inpatient admissions	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	0.010	0.011	0.005	0.019	0.005	0.014

Renewal (starting in 2017)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
25	Monthly count of beneficiaries due for renewal	Number of beneficiaries due for renewal in the reporting month	8163	7027	457	178	373	128
26	Number who did not renew	Number of beneficiaries due for renewal in the reporting month who are determined ineligible for the HELP program because they failed to complete or return renewal forms or other required documentation, or who were lost to follow up	4087	4081	3	1	0	2
27	Number who lost eligibility	Number of beneficiaries due for renewal in the reporting month who respond to renewal notices, but are determined ineligible for the HELP program	8	6	0	0	0	2
28	No premium change	Number of beneficiaries due for renewal in the reporting month who remain eligible, with no change in premium requirement	4045	2937	440	177	367	124
29	Premium increase	Number of beneficiaries due for renewal in the reporting month who remain eligible, with an increase in required premium***	14	0	10	0	4	0
30	Premium decrease	Number of beneficiaries due for renewal in the reporting month who remain eligible, with a decrease required premium***	9	3	4	0	2	0

*** These measures display the FPL bucket to which the individual moved after their premium increased or decreased. In future reports, these measures will display in which FPL bucket the individual originated prior to premium change.

Complaints, grievances, and appeals								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
31	Complaints and grievances, Medicaid program	Total number of complaints and grievances filed in the reporting month regarding the HELP program	0	-	-	-	-	-
32	Complaints and grievances, plan administrator	Total number of complaints and grievances filed in the reporting month regarding the plan administrator	0	-	-	-	-	-
33	Complaints and grievances, provider	Total number of complaints and grievances filed in the reporting month regarding a provider	2	-	-	-	-	-
34	Appeals, eligibility	Total number of appeals filed in the reporting month regarding eligibility	76	-	-	-	-	-
35	Appeals, premiums	Total number of appeals filed in the reporting month regarding the size of premium payments	2	-	-	-	-	-
36	Appeals, denial of benefits	Total number of appeals filed in the reporting month regarding denials of benefits	15	-	-	-	-	-

Enrollment duration among disenrollees								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
37	Enrollment duration 0-3 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 3 or fewer months at the time of disenrollment	216	196	2	4	5	9
38	Enrollment duration 4-6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for between 4 and 6 months at the time of disenrollment	519	379	30	21	63	26
39	Enrollment duration >6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 6 or more months at the time of disenrollment	1829	1391	151	48	145	94

Monthly premiums owed at disenrollment								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
40	Amount of monthly premium at time of disenrollment >\$0 and <\$15	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) whose monthly premium at the time of disenrollment was greater than \$0 but less than \$15	41		41		0	
41	Amount of monthly premium at time of disenrollment \$15-<\$30	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$15 or greater, but less than \$30	227		120		107	
42	Amount of monthly premium at time of disenrollment \$30-<\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$30 or greater, but less than \$50	100		21		79	
43	Amount of monthly premium at time of disenrollment \$50-<\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$50 or greater, but less than \$75.	25		0		25	
44	Amount of monthly premium at time of disenrollment ≥\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$75 or greater.	3		1		2	

Total debt owed at disenrollment for failure to pay								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
45	Amount of total debt owed at time of disenrollment for failure to pay: <\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was less than \$50.	7				7	
46	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$50 but <\$100	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than or equal to \$50, but less than \$100.	7				7	
47	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$100 but <\$150	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than or equal to \$100, but less than \$150.	36				36	
48	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$150	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than \$150.	49				49	

**MT HELP Program 1115 Waiver
Quarter 3 Measures
July 2017 Data**

Enrollment (by FPL and Demographic Categories)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	83739	58697	10981	3064	8414	2583
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1283	869	162	39	182	31
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2203	1478	326	96	207	96

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	83739	6056	34322	16954	13556	12850	0
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1283	68	575	263	214	163	0
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2203	381	920	459	259	183	0

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	83739	12686	336	58094	193	716	11714
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1283	179	4	820	7	17	256
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2203	421	10	1527	5	20	220

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino	Unspecified Ethnicity
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	83739	2263	61269	20207
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1283	44	868	371
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2203	86	1842	275

#	Measure	Definition	Overall Measure	Female	Male
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	83739	38477	45262
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1283	687	596
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2203	811	1392

Premium Payment								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
4	Monthly count of beneficiaries who paid a premium during the month	Among enrolled individuals who owe premiums, number of beneficiaries who paid their premium for this month	8575	0	4516	0	4059	0
5	Monthly count of beneficiaries in the grace period	Among enrolled individuals who owe premiums, number of beneficiaries who did not pay their premium for the month but are not three months past due	9941	0	5977	0	3964	0
6	Monthly count of beneficiaries in long term arrears	Among enrolled individuals who owe premiums, number of beneficiaries who have not paid a premium in over three months. This includes individuals with income between 50-100% FPL who would have been disenrolled for non-payment of premiums if their income had been greater than 100% FPL	8404	0	0	0	8404	0
7	Monthly count of beneficiaries with collectible debt	Among enrolled individuals who owe premium payments, number of beneficiaries who have collectible debt	4162	0	3191	0	971	0

Mid-year change in circumstance in household composition or income								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
8	Monthly count of beneficiaries who gave notice of mid-year change in circumstance in household or income information	Number of enrolled beneficiaries who notified the state of a mid-year change in circumstance and the change was effective during the reporting month	5032	3167	773	180	768	143
9	No premium change following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced no change in their premium requirement during the reporting month	4377	3166	464	180	423	143
10	Premium increase following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced an increase in their premium requirement during the reporting month [†]	465	1	155	0	309	0
11	Premium decrease following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced a decrease in their premium requirement during the reporting month [†]	190	0	154	0	36	0

[†] These measures display the FPL bucket to which the individual moved after their premium increased or decreased. In future reports, these measures will display in which FPL bucket the individual originated prior to premium change.

Disenrollment's outside annual renewal determinations (by FPL and Demographic Categories)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2666	1749	249	74	459	135
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	358	0	0	0	358	0
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	615	615	0	0	0	0
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1693	1134	249	74	101	135

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2666	204	1296	528	311	257	70
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	358	13	200	80	40	25	0
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	615	51	299	105	77	83	0
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1693	140	797	343	194	149	70

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2666	292	8	1937	8	28	393
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	358	0	0	302	0	4	52
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	615	72	4	411	3	10	115
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1693	220	4	1224	5	14	226

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino	Unspecified Ethnicity
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2666	1926	94	646
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	358	230	15	113
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	615	400	23	192
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1693	1296	56	341

#	Measure	Definition	Overall Measure	Female	Male
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2666	1310	1356
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	358	184	174
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	615	314	301
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1693	812	881

Cost sharing limit								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
16	Monthly count of beneficiaries who have exceeded 2% co-pay credit but not reached 5% limit	Count of enrolled individuals who have hit 2% co- pay credit since enrollment and must now make cost sharing payments, but who have not yet reached the 5% cost sharing limit	754	0	289	0	465	0
17	Monthly count of beneficiaries who have hit 5% cost sharing limit	Count of enrolled individuals who have hit 5% limit on cost sharing and premiums since enrollment, and no longer make cost sharing payments	7745	7475	37	5	218	10

Use of preventive services* (by FPL and demographic categories)								
* Measures 18 and 19 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in December of 2016								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	36560	24813	4783	1748	3724	1492
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.36	0.41	0.15	0.65	0.15	0.58

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	36544	1640	12844	7542	7413	7121	0
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.36	0.21	0.26	0.38	0.51	0.51	0

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian or Pacific Islander	White	Black	Multi-Racial	Unspecified Race
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	36560	4706	132	26460	242	415	4605
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.36	0.38	0.25	0.36	0.32	0.38	0.32

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino or Unspecified
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	36560	940	35620
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.36	12.67	0.02

#	Measure	Definition	Overall Measure	Female	Male
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	36560	22651	13909
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.36	0.39	0.32

Use of other services*								
** Measures 20 through 24 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in December of 2016								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
20a.	Physician service utilization	PMPM utilization of physician visits for currently enrolled beneficiaries	0.494	0.511	0.423	0.707	0.395	0.558
20b.	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.192	0.189	0.187	0.248	0.189	0.208
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.934	0.976	0.674	1.434	0.718	1.359
22	Emergency department utilization, emergency	PMPM emergency department visits for emergent conditions among currently enrolled beneficiaries (i.e. those not subject to a copayment)	0.066	0.077	0.036	0.084	0.035	0.066
23	Emergency department utilization, non-emergency	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	0	0	0	0	0	0
24	Inpatient admissions	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	0.011	0.013	0.005	0.022	0.006	0.016

Renewal (starting in 2017)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
25	Monthly count of beneficiaries due for renewal	Number of beneficiaries due for renewal in the reporting month	8569	7537	425	159	311	137
26	Number who did not renew	Number of beneficiaries due for renewal in the reporting month who are determined ineligible for the HELP program because they failed to complete or return renewal forms or other required documentation, or who were lost to follow up	4919	4915	2	1	0	1
27	Number who lost eligibility	Number of beneficiaries due for renewal in the reporting month who respond to renewal notices, but are determined ineligible for the HELP program	4	2	0	1	0	1
28	No premium change	Number of beneficiaries due for renewal in the reporting month who remain eligible, with no change in premium requirement	3625	2615	416	154	305	135
29	Premium increase	Number of beneficiaries due for renewal in the reporting month who remain eligible, with an increase in required premium***	11	0	5	0	6	0
30	Premium decrease	Number of beneficiaries due for renewal in the reporting month who remain eligible, with a decrease required premium***	10	5	2	3	0	0

*** These measures display the FPL bucket to which the individual moved after their premium increased or decreased. In future reports, these measures will display in which FPL bucket the individual originated prior to premium change.

Complaints, grievances, and appeals								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
31	Complaints and grievances, Medicaid program	Total number of complaints and grievances filed in the reporting month regarding the HELP program	0	-	-	-	-	-
32	Complaints and grievances, plan administrator	Total number of complaints and grievances filed in the reporting month regarding the plan administrator	0	-	-	-	-	-
33	Complaints and grievances, provider	Total number of complaints and grievances filed in the reporting month regarding a provider	14	-	-	-	-	-
34	Appeals, eligibility	Total number of appeals filed in the reporting month regarding eligibility	73	-	-	-	-	-
35	Appeals, premiums	Total number of appeals filed in the reporting month regarding the size of premium payments	4	-	-	-	-	-
36	Appeals, denial of benefits	Total number of appeals filed in the reporting month regarding denials of benefits	66	-	-	-	-	-

Enrollment duration among disenrollees								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
37	Enrollment duration 0-3 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 3 or fewer months at the time of disenrollment	229	210	4	5	5	5
38	Enrollment duration 4-6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for between 4 and 6 months at the time of disenrollment	472	339	30	9	66	28
39	Enrollment duration >6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 6 or more months at the time of disenrollment	1964	1199	215	60	388	102

Monthly premiums owed at disenrollment								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
40	Amount of monthly premium at time of disenrollment >\$0 and <\$15	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) whose monthly premium at the time of disenrollment was greater than \$0 but less than \$15	46	0	46	0	0	0
41	Amount of monthly premium at time of disenrollment \$15-<\$30	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$15 or greater, but less than \$30	404	0	149	0	255	0
42	Amount of monthly premium at time of disenrollment \$30-<\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$30 or greater, but less than \$50	225	0	53	0	172	0
43	Amount of monthly premium at time of disenrollment \$50-<\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$50 or greater, but less than \$75.	28	0	1	0	27	0
44	Amount of monthly premium at time of disenrollment ≥\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$75 or greater.	5	0	0	0	5	0

Total debt owed at disenrollment for failure to pay								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
45	Amount of total debt owed at time of disenrollment for failure to pay: <\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was less than \$50.	56	0	0	0	56	0
46	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$50 but <\$100	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than or equal to \$50, but less than \$100.	26	0	0	0	26	0
47	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$100 but <\$150	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than or equal to \$100, but less than \$150.	136	0	0	0	136	0
48	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$150	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than \$150.	140	0	0	0	139	0

**MT HELP Program 1115 Waiver
Quarter 3 Measures
August 2017 Data**

Enrollment (by FPL and Demographic Categories)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	85187	60026	11065	3110	8392	2594
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1349	880	192	48	198	31
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2301	1535	354	103	235	74

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	85187	6196	34937	17297	13707	13049	0
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1349	78	659	261	187	164	0
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2301	393	955	484	289	180	0

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	85187	13029	347	58972	200	730	11909
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1349	194	9	869	0	20	257
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2301	432	6	1610	7	22	224

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino	Unspecified Ethnicity
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	85187	2348	62352	20487
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1349	49	890	410
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2301	103	1902	296

#	Measure	Definition	Overall Measure	Female	Male
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	85187	39117	46070
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1349	705	644
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2301	818	1483

Premium Payment								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
4	Monthly count of beneficiaries who paid a premium during the month	Among enrolled individuals who owe premiums, number of beneficiaries who paid their premium for this month	8854	0	4672	0	4182	0
5	Monthly count of beneficiaries in the grace period	Among enrolled individuals who owe premiums, number of beneficiaries who did not pay their premium for the month but are not three months past due	9622	0	5846	0	3776	0
6	Monthly count of beneficiaries in long term arrears	Among enrolled individuals who owe premiums, number of beneficiaries who have not paid a premium in over three months. This includes individuals with income between 50-100% FPL who would have been disenrolled for non-payment of premiums if their income had been greater than 100% FPL	8389	0	0	0	8389	0
7	Monthly count of beneficiaries with collectible debt	Among enrolled individuals who owe premium payments, number of beneficiaries who have collectible debt	4588	0	3463	0	1125	0

Mid-year change in circumstance in household composition or income								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
8	Monthly count of beneficiaries who gave notice of mid-year change in circumstance in household or income information	Number of enrolled beneficiaries who notified the state of a mid-year change in circumstance and the change was effective during the reporting month	4132	2574	647	133	664	113
9	No premium change following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced no change in their premium requirement during the reporting month	3581	2573	395	133	366	113
10	Premium increase following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced an increase in their premium requirement during the reporting month [†]	386	1	125	0	260	0
11	Premium decrease following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced a decrease in their premium requirement during the reporting month [†]	165	0	127	0	38	0

[†] These measures display the FPL bucket to which the individual moved after their premium increased or decreased. In future reports, these measures will display in which FPL bucket the individual originated prior to premium change.

Disenrollment's outside annual renewal determinations (by FPL and Demographic Categories)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2107	1537	128	71	246	125
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	185	0	0	0	185	0
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	565	565	0	0	0	0
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1357	972	128	71	61	125

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2107	137	978	420	290	226	56
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	185	9	104	36	23	13	0
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	565	29	262	108	86	80	0
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1357	99	612	276	181	133	56

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2107	264	6	1502	4	33	298
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	185	0	1	146	1	4	33
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	565	67	3	361	2	11	121
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1357	197	2	995	1	18	144

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino	Unspecified Ethnicity
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2107	1570	64	473
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	185	121	6	58
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	565	363	20	182
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1357	1086	38	233

#	Measure	Definition	Overall Measure	Female	Male
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2107	1011	1096
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	185	85	100
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	565	287	278
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1357	639	718

Cost sharing limit								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
16	Monthly count of beneficiaries who have exceeded 2% co-pay credit but not reached 5% limit	Count of enrolled individuals who have hit 2% co-pay credit since enrollment and must now make cost sharing payments, but who have not yet reached the 5% cost sharing limit	595	0	201	0	394	0
17	Monthly count of beneficiaries who have hit 5% cost sharing limit	Count of enrolled individuals who have hit 5% limit on cost sharing and premiums since enrollment, and no longer make cost sharing payments	7824	7552	53	0	218	1

Use of preventive services* (by FPL and demographic categories)								
* Measures 18 and 19 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in December of 2016								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	36202	24410	4881	1738	3697	1476
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.33	0.37	0.15	0.58	0.15	0.49

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	36176	1555	12690	7495	7369	7093	0
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.33	0.17	0.24	0.33	0.46	0.48	0

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian or Pacific Islander	White	Black	Multi-Racial	Unspecified Race
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	36202	4626	128	26231	237	412	4568
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.33	0.32	0.22	0.33	0.30	0.35	0.31

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino or Unspecified
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	36202	921	35281
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.33	11.39	0.02

#	Measure	Definition	Overall Measure	Female	Male
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	36202	22430	13772
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.33	0.36	0.29

Use of other services*								
** Measures 20 through 24 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in December of 2016								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
20a.	Physician service utilization	PMPM utilization of physician visits for currently enrolled beneficiaries	0.453	0.466	0.391	0.622	0.385	0.495
20b.	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.181	0.178	0.173	0.223	0.186	0.197
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.857	0.892	0.617	0.267	0.683	1.284
22	Emergency department utilization, emergency	PMPM emergency department visits for emergent conditions among currently enrolled beneficiaries (i.e. those not subject to a copayment)	0.059	0.070	0.030	0.067	0.026	0.057
23	Emergency department utilization, non-emergency	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	0	0	0	0	0	0
24	Inpatient admissions	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	0.010	0.012	0.004	0.018	0.005	0.010

Renewal (starting in 2017)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
25	Monthly count of beneficiaries due for renewal	Number of beneficiaries due for renewal in the reporting month	8527	7332	539	165	344	147
26	Number who did not renew	Number of beneficiaries due for renewal in the reporting month who are determined ineligible for the HELP program because they failed to complete or return renewal forms or other required documentation, or who were lost to follow up	4105	4105	0	0	0	0
27	Number who lost eligibility	Number of beneficiaries due for renewal in the reporting month who respond to renewal notices, but are determined ineligible for the HELP program	7	4	0	0	0	3
28	No premium change	Number of beneficiaries due for renewal in the reporting month who remain eligible, with no change in premium requirement	4402	3222	533	165	338	144
29	Premium increase	Number of beneficiaries due for renewal in the reporting month who remain eligible, with an increase in required premium***	9	0	4	0	5	0
30	Premium decrease	Number of beneficiaries due for renewal in the reporting month who remain eligible, with a decrease required premium***	4	1	2	0	1	0

*** These measures display the FPL bucket to which the individual moved after their premium increased or decreased. In future reports, these measures will display in which FPL bucket the individual originated prior to premium change.

Complaints, grievances, and appeals								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
31	Complaints and grievances, Medicaid program	Total number of complaints and grievances filed in the reporting month regarding the HELP program	1					
32	Complaints and grievances, plan administrator	Total number of complaints and grievances filed in the reporting month regarding the plan administrator	0					
33	Complaints and grievances, provider	Total number of complaints and grievances filed in the reporting month regarding a provider	6					
34	Appeals, eligibility	Total number of appeals filed in the reporting month regarding eligibility	56					
35	Appeals, premiums	Total number of appeals filed in the reporting month regarding the size of premium payments	10					
6	Appeals, denial of benefits	Total number of appeals filed in the reporting month regarding denials of benefits	54					

Enrollment duration among disenrollees								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
37	Enrollment duration 0-3 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 3 or fewer months at the time of disenrollment	180	168	1	2	3	6
38	Enrollment duration 4-6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for between 4 and 6 months at the time of disenrollment	383	274	21	15	49	24
39	Enrollment duration >6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 6 or more months at the time of disenrollment	1544	1095	106	54	194	95

Monthly premiums owed at disenrollment								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
40	Amount of monthly premium at time of disenrollment >\$0 and <\$15	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) whose monthly premium at the time of disenrollment was greater than \$0 but less than \$15	21	0	19	0	2	0
41	Amount of monthly premium at time of disenrollment \$15-<\$30	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$15 or greater, but less than \$30	214	0	71	0	143	0
42	Amount of monthly premium at time of disenrollment \$30-<\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$30 or greater, but less than \$50	117	0	35	0	82	0
43	Amount of monthly premium at time of disenrollment \$50-<\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$50 or greater, but less than \$75.	21	0	3	0	18	0
44	Amount of monthly premium at time of disenrollment ≥\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$75 or greater.	1	0	0	0	1	0

Total debt owed at disenrollment for failure to pay								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
45	Amount of total debt owed at time of disenrollment for failure to pay: <\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was less than \$50.	5	0	0	0	5	0
46	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$50 but <\$100	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than or equal to \$50, but less than \$100.	26	0	0	0	26	0
47	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$100 but <\$150	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than or equal to \$100, but less than \$150.	91	0	0	0	91	0
48	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$150	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than \$150.	63	0	0	0	63	0

**MT HELP Program 1115 Waiver
Quarter 3 Measures
September 2017 Data**

Enrollment (by FPL and Demographic Categories)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	86551	61481	11033	3158	8261	2618
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1151	752	156	44	163	36
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2433	1668	364	104	243	54

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	86551	6476	35389	17629	13848	13207	0
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1151	87	523	238	168	133	0
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2433	551	916	505	318	143	0

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	86551	13374	357	59834	205	761	12020
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1151	192	4	718	4	15	218
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2433	426	14	1721	7	34	231

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino	Unspecified Ethnicity
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	86551	2385	63502	20664
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1151	33	755	363
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2433	90	2056	287

#	Measure	Definition	Overall Measure	Female	Male
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	86551	39666	46885
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1151	589	562
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2433	876	1557

Premium Payment								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
4	Monthly count of beneficiaries who paid a premium during the month	Among enrolled individuals who owe premiums, number of beneficiaries who paid their premium for this month	8700	0	4606	0	4094	0
5	Monthly count of beneficiaries in the grace period	Among enrolled individuals who owe premiums, number of beneficiaries who did not pay their premium for the month but are not three months past due	9667	0	5907	0	3760	0
6	Monthly count of beneficiaries in long term arrears	Among enrolled individuals who owe premiums, number of beneficiaries who have not paid a premium in over three months. This includes individuals with income between 50-100% FPL who would have been disenrolled for non-payment of premiums if their income had been greater than 100% FPL	8265	0	0	0	8265	0
7	Monthly count of beneficiaries with collectible debt	Among enrolled individuals who owe premium payments, number of beneficiaries who have collectible debt	4807	0	3633	0	1174	0

Mid-year change in circumstance in household composition or income								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
8	Monthly count of beneficiaries who gave notice of mid-year change in circumstance in household or income information	Number of enrolled beneficiaries who notified the state of a mid-year change in circumstance and the change was effective during the reporting month	3592	2233	541	109	609	99
9	No premium change following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced no change in their premium requirement during the reporting month	3108	2232	338	109	329	99
10	Premium increase following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced an increase in their premium requirement during the reporting monthly	339	1	94	0	244	0
11	Premium decrease following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced a decrease in their premium requirement during the reporting monthly	145	0	109	0	36	0

† These measures display the FPL bucket to which the individual moved after their premium increased or decreased. In future reports, these measures will display in which FPL bucket the individual originated prior to premium change.

Disenrollment outside annual renewal determinations (by FPL and Demographic Categories)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2120	1468	157	58	313	124
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	246	0	0	0	246	0
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	565	565	0	0	0	0
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1309	903	157		67	124

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2120	138	1039	396	281	193	72
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	246	11	148	45	25	17	0
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	565	37	293	91	88	56	0
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1309	90	598	260	168	120	72

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2120	268	3	1506	2	23	318
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	246	0	0	203	0	3	40
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	565	71	2	364	1	10	117
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1309	197	1	939	1	10	161

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino	Unspecified Ethnicity
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2120	1550	80	490
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	246	166	9	71
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	565	370	24	171
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1309	1014	47	248

#	Measure	Definition	Overall Measure	Female	Male
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2120	998	1122
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	246	118	128
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	565	280	285
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1309	600	709

Cost sharing limit								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
16	Monthly count of beneficiaries who have exceeded 2% co-pay credit but not reached 5% limit	Count of enrolled individuals who have hit 2% co-pay credit since enrollment and must now make cost sharing payments, but who have not yet reached the 5% cost sharing limit	449	0	177	0	272	0
17	Monthly count of beneficiaries who have hit 5% cost sharing limit	Count of enrolled individuals who have hit 5% limit on cost sharing and premiums since enrollment, and no longer make cost sharing payments	1348	1187	46	0	115	0

Use of preventive services* (by FPL and demographic categories)								
* Measures 18 and 19 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in December of 2016								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	35781	23899	5008	1696	3756	1422
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.39	0.44	0.19	0.64	0.18	0.59

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	35753	1476	12564	7406	7283	7052	0
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.39	0.20	0.28	0.39	0.54	0.60	0

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian or Pacific Islander	White	Black	Multi-Racial	Unspecified Race
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	35781	4564	130	25939	240	412	4496
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.38	0.39	0.25	0.39	0.37	0.40	0.34

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino or Unspecified
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	35781	914	34867
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.39	13.32	0.03

#	Measure	Definition	Overall Measure	Female	Male
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	35781	22198	13583
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.38	0.43	0.33

Use of other services*								
** Measures 20 through 24 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in December of 2016								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
20a.	Physician service utilization	PMPM utilization of physician visits for currently enrolled beneficiaries	0.518	0.534	0.458	0.601	0.448	0.584
20b.	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.213	0.213	0.204	0.254	0.205	0.246
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.987	1.023	0.713	1.459	0.786	1.589
22	Emergency department utilization, emergency	PMPM emergency department visits for emergent conditions among currently enrolled beneficiaries (i.e. those not subject to a copayment)	0.067	0.078	0.037	0.070	0.035	0.067
23	Emergency department utilization, non-emergency	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	0	0	0	0	0	0
24	Inpatient admissions	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	0.012	0.013	0.006	0.020	0.005	0.015

Renewal (starting in 2017)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
25	Monthly count of beneficiaries due for renewal	Number of beneficiaries due for renewal in the reporting month	7836	7074	333	122	208	99
26	Number who did not renew	Number of beneficiaries due for renewal in the reporting month who are determined ineligible for the HELP program because they failed to complete or return renewal forms or other required documentation, or who were lost to follow up	4765	4757	1	3	0	4
27	Number who lost eligibility	Number of beneficiaries due for renewal in the reporting month who respond to renewal notices, but are determined ineligible for the HELP program	5	2	0	0	1	2
28	No premium change	Number of beneficiaries due for renewal in the reporting month who remain eligible, with no change in premium requirement	3058	2313	330	119	203	93
29	Premium increase	Number of beneficiaries due for renewal in the reporting month who remain eligible, with an increase in required premium***	3	0	0	0	3	0
30	Premium decrease	Number of beneficiaries due for renewal in the reporting month who remain eligible, with a decrease required premium***	5	2	2	0	1	0

*** These measures display the FPL bucket to which the individual moved after their premium increased or decreased. In future reports, these measures will display in which FPL bucket the individual originated prior to premium change.

Complaints, grievances, and appeals								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
31	Complaints and grievances, Medicaid program	Total number of complaints and grievances filed in the reporting month regarding the HELP program	0					
32	Complaints and grievances, plan administrator	Total number of complaints and grievances filed in the reporting month regarding the plan administrator	0					
33	Complaints and grievances, provider	Total number of complaints and grievances filed in the reporting month regarding a provider	29					
34	Appeals, eligibility	Total number of appeals filed in the reporting month regarding eligibility	43					
35	Appeals, premiums	Total number of appeals filed in the reporting month regarding the size of premium payments	7					
36	Appeals, denial of benefits	Total number of appeals filed in the reporting month regarding denials of benefits	116					

Enrollment duration among disenrollees								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
37	Enrollment duration 0-3 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 3 or fewer months at the time of disenrollment	181	167	4	2	3	5
38	Enrollment duration 4-6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for between 4 and 6 months at the time of disenrollment	397	271	26	16	61	23
39	Enrollment duration >6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 6 or more months at the time of disenrollment	1542	1030	127	40	249	96

Monthly premiums owed at disenrollment								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
40	Amount of monthly premium at time of disenrollment >\$0 and <\$15	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) whose monthly premium at the time of disenrollment was greater than \$0 but less than \$15	21	0	21	0	0	0
41	Amount of monthly premium at time of disenrollment \$15-<\$30	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$15 or greater, but less than \$30	261	0	94	0	167	0
42	Amount of monthly premium at time of disenrollment \$30-<\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$30 or greater, but less than \$50	159	0	39	0	120	0
43	Amount of monthly premium at time of disenrollment \$50-<\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$50 or greater, but less than \$75.	25	0	3	0	22	0
44	Amount of monthly premium at time of disenrollment ≥\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$75 or greater.	4	0	0	0	4	0

Total debt owed at disenrollment for failure to pay								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
45	Amount of total debt owed at time of disenrollment for failure to pay: <\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was less than \$50.	2	0	0	0	2	0
46	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$50 but <\$100	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than or equal to \$50, but less than \$100.	18	0	0	0	18	0
47	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$100 but <\$150	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than or equal to \$100, but less than \$150.	129	0	0	0	129	0
48	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$150	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than \$150.	97	0	0	0	97	0

**Montana HELP Program 1115 Waiver
Quarter 4 Measures
October 2017 Data**

Enrollment (by FPL and Demographic Categories)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	88085	62929	11121	3208	8148	2679
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1254	821	188	38	170	37
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2467	1752	350	97	191	77

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	88085	13707	363	60845	206	778	12186
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1254	169	5	838	2	17	223
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2467	447	12	1750	9	24	225

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino	Unspecified Ethnicity
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	88085	2453	64724	20908
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1254	42	855	357
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2467	84	2070	313

#	Measure	Definition	Overall Measure	Female	Male
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	88085	47733	40352
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1254	595	659
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2467	1563	904

Premium Payment								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
4	Monthly count of beneficiaries who paid a premium during the month	Among enrolled individuals who owe premiums, number of beneficiaries who paid their premium for this month	9339	0	5115	0	4224	0
5	Monthly count of beneficiaries in the grace period	Among enrolled individuals who owe premiums, number of beneficiaries who did not pay their premium for the month but are not three months past due	8948	0	4952	0	3996	0
6	Monthly count of beneficiaries in long term arrears	Among enrolled individuals who owe premiums, number of beneficiaries who have not paid a premium in over three months. This includes individuals with income between 50-100% FPL who would have been disenrolled for non-payment of premiums if their income had been greater than 100% FPL	4162	0	0	0	4162	0
7	Monthly count of beneficiaries with collectible debt	Among enrolled individuals who owe premium payments, number of beneficiaries who have collectible debt	5354	0	3965	0	1389	0

Mid-year change in circumstance in household composition or income								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
8	Monthly count of beneficiaries who gave notice of mid-year change in circumstance in household or income information	Number of enrolled beneficiaries who notified the state of a mid-year change in circumstance and the change was effective during the reporting month	3037	1873	464	90	516	94
9	No premium change following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced no change in their premium requirement during the reporting month	2638	1872	297	90	285	94
10	Premium increase following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced an increase in their premium requirement during the reporting month [†]	273	1	74	0	198	0
11	Premium decrease following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced a decrease in their premium requirement during the reporting month [†]	126	0	93	0	33	0

[†] These measures display the FPL bucket to which the individual moved after their premium increased or decreased. In future reports, these measures will display in which FPL bucket the individual originated prior to premium change.

Disenrollment outside annual renewal determinations (by FPL and Demographic Categories)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2001	1383	118	59	310	131
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	257	0	0	0	257	0
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	511	511	0	0	0	0
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1233	872	118	59	53	131

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2001	154	975	375	235	191	71
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	257	19	145	49	25	19	0
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	511	33	271	82	64	61	0
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1233	102	559	244	146	111	71

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2001	271	8	1430	6	27	259
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	257	0	0	216	0	1	40
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	511	66	4	345	1	10	85
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1233	205	4	869	5	16	134

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino	Unspecified Ethnicity
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2001	71	1499	431
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	257	12	179	66
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	511	15	350	146
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1233	44	970	219

#	Measure	Definition	Overall Measure	Female	Male
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2001	1050	951
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	257	110	147
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	511	274	237
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1233	666	567

Cost sharing limit								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
16	Monthly count of beneficiaries who have exceeded 2% co-pay credit but not reached 5% limit	Count of enrolled individuals who have hit 2% co-pay credit since enrollment and must now make cost sharing payments, but who have not yet reached the 5% cost sharing limit	194	0	56	0	138	0
17	Monthly count of beneficiaries who have hit 5% cost sharing limit	Count of enrolled individuals who have hit 5% limit on cost sharing and premiums since enrollment, and no longer make cost sharing payments	2901	2774	16	0	111	0

Use of preventive services* (by FPL and demographic categories)								
* Measures 18 and 19 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in April of 2017								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	42350	30757	4521	1983	3406	1683
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.66	0.65	0.65	0.75	0.66	0.76

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	42310	1961	14894	8819	8501	8135	0
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.66	0.47	0.59	0.69	0.76	0.80	0

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian or Pacific Islander	White	Black	Multi-Racial	Unspecified Race
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	42350	6250	149	29974	294	545	5138
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.66	0.64	0.65	0.67	0.62	0.64	0.61

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino or Unspecified
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	42350	1117	41233
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.65	0.61	0.65

#	Measure	Definition	Overall Measure	Female	Male
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	42350	25859	16491
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.66	0.74	0.57

Use of other services*								
** Measures 20 through 24 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in April of 2017								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
20a.	Physician service utilization	PMPM utilization of physician visits for currently enrolled beneficiaries	0.400	0.390	0.430	0.440	0.420	0.420
20b.	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.560	0.540	0.600	0.600	0.600	0.570
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.920	0.950	0.680	1.370	0.720	1.430
22	Emergency department utilization, emergency	PMPM emergency department visits for emergent conditions among currently enrolled beneficiaries (i.e. those not subject to a copayment)	0.070	0.080	0.040	0.090	0.040	0.070
23	Emergency department utilization, non-emergency	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	0	0	0	0	0	0
24	Inpatient admissions	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	0.010	0.010	0.010	0.020	0.010	0.010

Renewal (starting in 2017)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
25	Monthly count of beneficiaries due for renewal	Number of beneficiaries due for renewal in the reporting month	9768	8528	527	170	438	105
26	Number who did not renew	Number of beneficiaries due for renewal in the reporting month who are determined ineligible for the HELP program because they failed to complete or return renewal forms or other required documentation, or who were lost to follow up	5251	5250	1	0	0	0
27	Number who lost eligibility	Number of beneficiaries due for renewal in the reporting month who respond to renewal notices, but are determined ineligible for the HELP program	14	10	0	3	0	1
28	No premium change	Number of beneficiaries due for renewal in the reporting month who remain eligible, with no change in premium requirement	4487	3263	519	167	434	104
29	Premium increase	Number of beneficiaries due for renewal in the reporting month who remain eligible, with an increase in required premium***	5	0	2	0	3	0
30	Premium decrease	Number of beneficiaries due for renewal in the reporting month who remain eligible, with a decrease required premium***	11	5	5	0	1	0

*** These measures display the FPL bucket to which the individual moved after their premium increased or decreased. In future reports, these measures will display in which FPL bucket the individual originated prior to premium change.

Complaints, grievances, and appeals								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
31	Complaints and grievances, Medicaid program	Total number of complaints and grievances filed in the reporting month regarding the HELP program	0	-	-	-	-	-
32	Complaints and grievances, plan administrator	Total number of complaints and grievances filed in the reporting month regarding the plan administrator	0	-	-	-	-	-
33	Complaints and grievances, provider	Total number of complaints and grievances filed in the reporting month regarding a provider	7	-	-	-	-	-
34	Appeals, eligibility	Total number of appeals filed in the reporting month regarding eligibility	28	-	-	-	-	-
35	Appeals, premiums	Total number of appeals filed in the reporting month regarding the size of premium payments	9	-	-	-	-	-
36	Appeals, denial of benefits	Total number of appeals filed in the reporting month regarding denials of benefits	48	-	-	-	-	-

Enrollment duration among disenrollees								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
37	Enrollment duration 0-3 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 3 or fewer months at the time of disenrollment	160	148	3	2	2	5
38	Enrollment duration 4-6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for between 4 and 6 months at the time of disenrollment	352	238	18	9	64	23
39	Enrollment duration >6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 6 or more months at the time of disenrollment	1489	997	97	48	244	103

Monthly premiums owed at disenrollment								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
40	Amount of monthly premium at time of disenrollment >\$0 and <\$15	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) whose monthly premium at the time of disenrollment was greater than \$0 but less than \$15	14	0	13	0	1	0
41	Amount of monthly premium at time of disenrollment \$15- <\$30	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$15 or greater, but less than \$30	243	0	74	0	169	0
42	Amount of monthly premium at time of disenrollment \$30- <\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$30 or greater, but less than \$50	145	0	29	0	116	0
43	Amount of monthly premium at time of disenrollment \$50- <\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$50 or greater, but less than \$75.	24	0	2	0	22	0
44	Amount of monthly premium at time of disenrollment ≥\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$75 or greater.	2	0	0	0	2	0

Total debt owed at disenrollment for failure to pay								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
45	Amount of total debt owed at time of disenrollment for failure to pay: <\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was less than \$50.	3	0	0	0	3	0
46	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$50 but <\$100	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than or equal to \$50, but less than \$100.	29	0	0	0	29	0
47	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$100 but <\$150	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than or equal to \$100, but less than \$150.	129	0	0	0	129	0
48	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$150	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than \$150.	96	0	0	0	96	0

**MT HELP Program 1115 Waiver
Quarter 4 Measures
November 2017 Data**

Enrollment (by FPL and Demographic Categories)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	90589	65153	11225	3265	8213	2733
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	2366	1531	354	41	399	41
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2591	1869	328	94	239	61

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	90589	6646	37086	18612	14368	13690	187
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	2366	71	1066	460	320	449	0
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2591	355	1048	539	364	282	3

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	90589	14276	374	62473	213	782	12471
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	2366	365	11	1616	4	18	352
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2591	511	7	1795	12	20	246

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino	Unspecified Ethnicity
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	90589	2508	66343	21738
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	2366	48	1307	1011
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2591	83	2131	377

#	Measure	Definition	Overall Measure	Female	Male
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	90589	49152	41437
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	2366	1224	1142
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2591	1623	968

Premium Payment								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
4	Monthly count of beneficiaries who paid a premium during the month	Among enrolled individuals who owe premiums, number of beneficiaries who paid their premium for this month	7850	0	4185	0	3665	0
5	Monthly count of beneficiaries in the grace period	Among enrolled individuals who owe premiums, number of beneficiaries who did not pay their premium for the month but are not three months past due	12434	0	7008	0	5426	0
6	Monthly count of beneficiaries in long term arrears	Among enrolled individuals who owe premiums, number of beneficiaries who have not paid a premium in over three months. This includes individuals with income between 50-100% FPL who would have been disenrolled for non-payment of premiums if their income had been greater than 100% FPL	2811	0	0	0	2811	0
7	Monthly count of beneficiaries with collectible debt	Among enrolled individuals who owe premium payments, number of beneficiaries who have collectible debt	5298	0	3976	0	1322	0

Mid-year change in circumstance in household composition or income								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
8	Monthly count of beneficiaries who gave notice of mid-year change in circumstance in household or income information	Number of enrolled beneficiaries who notified the state of a mid-year change in circumstance and the change was effective during the reporting month	2293	1423	336	62	395	77
9	No premium change following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced no change in their premium requirement during the reporting month	2026	1422	236	62	229	77
10	Premium increase following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced an increase in their premium requirement during the reporting month ^y	195	1	55	0	139	0
11	Premium decrease following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced a decrease in their premium requirement during the reporting month ^y	72	0	45	0	27	0

^y These measures display the FPL bucket to which the individual moved after their premium increased or decreased. In future reports, these measures will display in which FPL bucket the individual originated prior to premium change.

Disenrollment outside annual renewal determinations (by FPL and Demographic Categories)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2110	1362	193	58	378	119
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	319	0	0	0	319	0
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	508	506	1	1	0	0
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1283	856	192	57	59	119

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2110	246	6	1543	3	39	273
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	319	0	1	253	0	3	62
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	508	73	0	344	1	17	73
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1283	173	5	946	2	19	138

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino	Unspecified Ethnicity
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2110	77	1543	490
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	319	9	203	107
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	508	18	349	141
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1283	50	991	242

Cost sharing limit								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
16	Monthly count of beneficiaries who have exceeded 2% co-pay credit but not reached 5% limit	Count of enrolled individuals who have hit 2% co-pay credit since enrollment and must now make cost sharing payments, but who have not yet reached the 5% cost sharing limit	182	0	58	0	124	0
17	Monthly count of beneficiaries who have hit 5% cost sharing limit	Count of enrolled individuals who have hit 5% limit on cost sharing and premiums since enrollment, and no longer make cost sharing payments	1888	1778	31	0	77	2

Use of preventive services* (by FPL and demographic categories)								
* Measures 18 and 19 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in May of 2017								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	44275	32211	4694	2053	3563	1754
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.68	0.67	0.67	0.76	0.69	0.79

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	44216	2043	15643	9244	8785	8501	0
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.68	0.48	0.61	0.71	0.77	0.83	0

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian or Pacific Islander	White	Black	Multi-Racial	Unspecified Race
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	44275	6599	160	31235	307	566	5408
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.68	0.65	0.64	0.69	0.65	0.65	0.62

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino or Unspecified
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	44275	1167	43108
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.67	0.63	0.67

#	Measure	Definition	Overall Measure	Female	Male
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	44275	26989	17286
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.68	0.76	0.58

Use of other service*								
** Measures 20 through 24 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in May of 2017								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
20a.	Physician service utilization	PMPM utilization of physician visits for currently enrolled beneficiaries	0.400	0.380	0.440	0.430	0.440	0.400
20b.	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.570	0.540	0.620	0.600	0.630	0.580
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	1.000	1.030	0.750	1.510	0.770	1.600
22	Emergency department utilization, emergency	PMPM emergency department visits for emergent conditions among currently enrolled beneficiaries (i.e. those not subject to a copayment)	0.070	0.080	0.040	0.090	0.040	0.080
23	Emergency department utilization, non-emergency	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	0	0	0	0	0	0
24	Inpatient admissions	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	0.010	0.010	0.000	0.020	0.010	0.020

Use of other services*								
** Measures 20 through 24 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in May of 2017								
Use of other services*	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
20a.	Physician service utilization	PMPM utilization of physician visits for currently enrolled beneficiaries	0.400	0.380	0.440	0.430	0.440	0.400
20b.	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.570	0.540	0.620	0.600	0.630	0.580
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	1.000	1.030	0.750	1.510	0.770	1.600
22	Emergency department utilization, emergency	PMPM emergency department visits for emergent conditions among currently enrolled beneficiaries (i.e. those not subject to a copayment)	0.070	0.080	0.040	0.090	0.040	0.080
23	Emergency department utilization, non-emergency	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	0	0	0	0	0	0
24	Inpatient admissions	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	0.010	0.010	0.000	0.020	0.010	0.020

*** These measures display the FPL bucket to which the individual moved after their premium increased or decreased. In future reports, these measures will display in which FPL bucket the individual originated prior to premium change.

Complaints, grievances, and appeals								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
31	Complaints and grievances, Medicaid program	Total number of complaints and grievances filed in the reporting month regarding the HELP program	0	-	-	-	-	-
32	Complaints and grievances, plan administrator	Total number of complaints and grievances filed in the reporting month regarding the plan administrator	0	-	-	-	-	-
33	Complaints and grievances, provider	Total number of complaints and grievances filed in the reporting month regarding a provider	2	-	-	-	-	-
34	Appeals, eligibility	Total number of appeals filed in the reporting month regarding eligibility	31	-	-	-	-	-
35	Appeals, premiums	Total number of appeals filed in the reporting month regarding the size of premium payments	19	-	-	-	-	-
36	Appeals, denial of benefits	Total number of appeals filed in the reporting month regarding denials of benefits	40	-	-	-	-	-

Enrollment duration among disenrollees								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
37	Enrollment duration 0-3 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 3 or fewer months at the time of disenrollment	150	134	3	1	7	5
38	Enrollment duration 4-6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for between 4 and 6 months at the time of disenrollment	329	222	24	9	49	25
39	Enrollment duration >6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 6 or more months at the time of disenrollment	1629	1004	166	48	322	89

Monthly premiums owed at disenrollment								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
40	Amount of monthly premium at time of disenrollment >\$0 and <\$15	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) whose monthly premium at the time of disenrollment was greater than \$0 but less than \$15	26	0	25	0	1	0
41	Amount of monthly premium at time of disenrollment \$15- <\$30	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$15 or greater, but less than \$30	343	0	116	0	227	0
42	Amount of monthly premium at time of disenrollment \$30- <\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$30 or greater, but less than \$50	171	0	50	0	121	0
43	Amount of monthly premium at time of disenrollment \$50- <\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$50 or greater, but less than \$75.	32	0	3	0	29	0
44	Amount of monthly premium at time of disenrollment ≥\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$75 or greater.	3	0	0	0	3	0

Total debt owed at disenrollment for failure to pay								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
45	Amount of total debt owed at time of disenrollment for failure to pay: <\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was less than \$50.	1	0	0	0	1	0
46	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$50 but <\$100	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than or equal to \$50, but less than \$100.	29	0	0	0	29	0
47	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$100 but <\$150	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than or equal to \$100, but less than \$150.	179	0	0	0	178	0
48	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$150	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than \$150.	112	0	0	0	112	0

**MT HELP Program 1115 Waiver
Quarter 4 Measures
December 2017 Data**

Enrollment (by FPL and Demographic Categories)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	92930	66820	11598	3286	8452	2774
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	2125	1242	407	33	412	31
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2631	1845	339	100	265	82

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	92930	6702	38203	19043	14703	14100	179
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	2125	119	978	333	318	377	0
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2631	335	1074	562	391	267	2

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	92930	14525	388	64188	210	805	12814
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	2125	133	15	1535	5	14	423
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2631	508	13	1823	6	18	263

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino	Unspecified Ethnicity
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	92930	2563	67620	22747
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	2125	42	1016	1067
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2631	93	2158	380

#	Measure	Definition	Overall Measure	Female	Male
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	92930	50333	42597
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	2125	1026	1099
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	2631	1637	994

Premium Payment								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
4	Monthly count of beneficiaries who paid a premium during the month	Among enrolled individuals who owe premiums, number of beneficiaries who paid their premium for this month	9051	0	4901	0	4150	0
5	Monthly count of beneficiaries in the grace period	Among enrolled individuals who owe premiums, number of beneficiaries who did not pay their premium for the month but are not three months past due	15064	0	8681	0	6383	0
6	Monthly count of beneficiaries in long term arrears	Among enrolled individuals who owe premiums, number of beneficiaries who have not paid a premium in over three months. This includes individuals with income between 50-100% FPL who would have been disenrolled for non-payment of premiums if their income had been greater than 100% FPL	2099	0	0	0	2099	0
7	Monthly count of beneficiaries with collectible debt	Among enrolled individuals who owe premium payments, number of beneficiaries who have collectible debt	5506	0	4145	0	1361	0

Mid-year change in circumstance in household composition or income								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
8	Monthly count of beneficiaries who gave notice of mid-year change in circumstance in household or income information	Number of enrolled beneficiaries who notified the state of a mid-year change in circumstance and the change was effective during the reporting month	1605	956	243	48	303	55
9	No premium change following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced no change in their premium requirement during the reporting month	1373	956	156	48	158	55
10	Premium increase following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced an increase in their premium requirement during the reporting month ^y	168	0	50	0	118	0
11	Premium decrease following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced a decrease in their premium requirement during the reporting month ^y	64	0	37	0	27	0

^y These measures display the FPL bucket to which the individual moved after their premium increased or decreased. In future reports, these measures will display in which FPL bucket the individual originated prior to premium change.

Disenrollment outside annual renewal determinations (by FPL and Demographic Categories)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2217	1597	118	59	274	169
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	217	0	0	0	217	0
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	527	527	0	0	0	0
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1473	1070	118	59	57	169

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2217	154	1040	432	251	262	78
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	217	14	116	40	29	18	0
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	527	24	255	102	68	78	0
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1473	116	669	290	154	166	78

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2217	285	10	1572	10	21	319
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	217	1	1	163	1	5	46
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	527	67	2	339	3	3	113
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1473	217	7	1070	6	13	160

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino	Unspecified Ethnicity
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2217	65	1628	524
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	217	6	150	61
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	527	11	328	188
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1473	48	1150	275

#	Measure	Definition	Overall Measure	Female	Male
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2217	1212	1005
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	217	118	99
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	527	278	249
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1473	816	657

Cost sharing limit								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
16	Monthly count of beneficiaries who have exceeded 2% co-pay credit but not reached 5% limit	Count of enrolled individuals who have hit 2% co-pay credit since enrollment and must now make cost sharing payments, but who have not yet reached the 5% cost sharing limit	732	0	341	0	391	0
17	Monthly count of beneficiaries who have hit 5% cost sharing limit	Count of enrolled individuals who have hit 5% limit on cost sharing and premiums since enrollment, and no longer make cost sharing payments	3080	2617	174	0	288	1

Use of preventive services* (by FPL and demographic categories)								
* Measures 18 and 19 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in June of 2017								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	45934	33398	4911	2122	3707	1796
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.69	0.68	0.69	0.78	0.72	0.80

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	45875	2162	16271	9594	9072	8776	0
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.90	0.55	0.77	0.94	1.08	1.16	0

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian or Pacific Islander	White	Black	Multi- Racial	Unspecified Race
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	45934	6861	164	32362	323	592	5632
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.69	0.66	0.63	0.71	0.67	0.66	0.65

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino or Unspecified
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	45934	1222	44712
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.69	0.65	0.69

#	Measure	Definition	Overall Measure	Female	Male
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	45934	28013	17921
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.69	0.77	0.60

Use of other services*								
** Measures 20 through 24 incorporate a six-month lag to allow for claim submission; these number correlate with members enrolled in June of 2017								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
20a.	Physician service utilization	PMPM utilization of physician visits for currently enrolled beneficiaries	0.40	0.38	0.43	0.43	0.44	0.41
20b.	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	2.31	2.27	2.40	2.50	2.35	2.24
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.97	1.00	0.73	1.43	0.78	1.56
22	Emergency department utilization, emergency	PMPM emergency department visits for emergent conditions among currently enrolled beneficiaries (i.e. those not subject to a copayment)	0.07	0.08	0.03	0.08	0.04	0.07
23	Emergency department utilization, non-emergency	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	0.00	0.00	0.00	0.00	0.00	0.00
24	Inpatient admissions	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	0.01	0.01	0.01	0.02	0.01	0.02

Renewal (starting in 2017)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
25	Monthly count of beneficiaries due for renewal	Number of beneficiaries due for renewal in the reporting month	12590	10704	833	236	650	167
26	Number who did not renew	Number of beneficiaries due for renewal in the reporting month who are determined ineligible for the HELP program because they failed to complete or return renewal forms or other required documentation, or who were lost to follow up	5866	5860	2	0	1	3
27	Number who lost eligibility	Number of beneficiaries due for renewal in the reporting month who respond to renewal notices, but are determined ineligible for the HELP program	16	11	3	1	1	0
28	No premium change	Number of beneficiaries due for renewal in the reporting month who remain eligible, with no change in premium requirement	6681	4833	815	235	634	164
29	Premium increase	Number of beneficiaries due for renewal in the reporting month who remain eligible, with an increase in required premium***	17	0	6	0	11	0
30	Premium decrease	Number of beneficiaries due for renewal in the reporting month who remain eligible, with a decrease required premium***	10	0	7	0	3	0

*** These measures display the FPL bucket to which the individual moved after their premium increased or decreased. In future reports, these measures will display in which FPL bucket the individual originated prior to premium change.

Complaints, grievances, and appeals								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
31	Complaints and grievances, Medicaid program	Total number of complaints and grievances filed in the reporting month regarding the HELP program	0	-	-	-	-	-
32	Complaints and grievances, plan administrator	Total number of complaints and grievances filed in the reporting month regarding the plan administrator	0	-	-	-	-	-
33	Complaints and grievances, provider	Total number of complaints and grievances filed in the reporting month regarding a provider	0	-	-	-	-	-
34	Appeals, eligibility	Total number of appeals filed in the reporting month regarding eligibility	12	-	-	-	-	-
35	Appeals, premiums	Total number of appeals filed in the reporting month regarding the size of premium payments	11	-	-	-	-	-
36	Appeals, denial of benefits	Total number of appeals filed in the reporting month regarding denials of benefits	51	-	-	-	-	-

Enrollment duration among disenrollees								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
37	Enrollment duration 0-3 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 3 or fewer months at the time of disenrollment	190	165	2	4	9	10
38	Enrollment duration 4-6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for between 4 and 6 months at the time of disenrollment	376	275	23	9	45	24
39	Enrollment duration >6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 6 or more months at the time of disenrollment	1651	1157	93	46	220	135

Monthly premiums owed at disenrollment								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
40	Amount of monthly premium at time of disenrollment >\$0 and <\$15	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) whose monthly premium at the time of disenrollment was greater than \$0 but less than \$15	9	0	9	0	0	0
41	Amount of monthly premium at time of disenrollment \$15- <\$30	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$15 or greater, but less than \$30	211	0	75	0	136	0
42	Amount of monthly premium at time of disenrollment \$30- <\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$30 or greater, but less than \$50	134	0	30	0	104	0
43	Amount of monthly premium at time of disenrollment \$50- <\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$50 or greater, but less than \$75.	33	0	4	0	29	0
44	Amount of monthly premium at time of disenrollment ≥\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$75 or greater.	6	0	0	0	6	0

Total debt owed at disenrollment for failure to pay								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
45	Amount of total debt owed at time of disenrollment for failure to pay: <\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was less than \$50.	1	0	0	0	1	0
46	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$50 but <\$100	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than or equal to \$50, but less than \$100.	23	0	0	0	23	0
47	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$100 but <\$150	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than or equal to \$100, but less than \$150.	109	0	0	0	109	0
48	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$150	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than \$150.	84	0	0	0	84	0