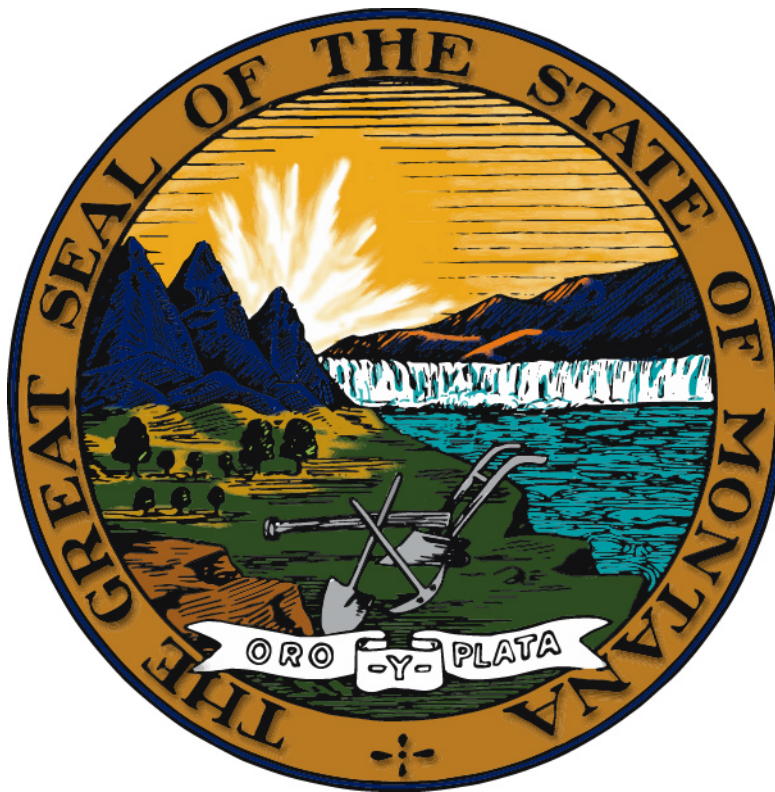


Montana Health and Economic Livelihood Partnership (HELP) Program Demonstration

Number: No. 11-W-00300/8

SECTION 1115 WAIVER QUARTERLY REPORT State of Montana



REPORTING PERIOD

Quarter: 2(4/1/2018 – 6/30/2018)
Demonstration Year: 3 (01/01/18 – 12/31/18)
Date submitted to CMS: December 21, 2018

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 the States Alternative Benefit Plan, which is fully aligned with the States Medicaid Plan.

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

Delivery System

In 2017 an amendment to the Section 1115 Montana HELP Program Waiver was submitted and approved by CMS, allowing DPHHS to eliminate the Third Party Administrator (TPA) for the HELP Program. This amendment was implemented January 1, 2018, TPA enrollees in the HELP Program began receiving services approved in the Medicaid State Plan through the State's Fee-for-service system (FFS). Additionally, the premium credit was removed. However, these enrollees 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. Blue Cross Blue Shield of Montana (BCBSMT) will continue to be responsible for the claim run out period, which includes claims incurred in 2017 but not processed, through December 31, 2018.

In December, 2017, the Montana Department of Public Health and Human Services (DPHHS) submitted an amendment to the Medicaid Aligned Alternative Benefit Plan (ABP) State Plan to remove any reference to the TPA and confirm alignment of benefits to Standard Medicaid. This request was withdrawn on January 11, 2018 per a phone discussion with CMS, and resubmitted on January 16, 2018. Additionally, DPHHS submitted an amendment to the Cost Share State Plan to remove all reference to the TPA and remove the HELP Plan TPA cost share table. Both amendments were approved on May 3, 2018.

Participant and Provider Education

- Participants:
 - The HELP Plan member webpage was updated on January 15, 2018 to reflect the transition.
 - The Medicaid Newsletter was published to the Medicaid website on February 1, 2018.
 - The Medicaid Member Guide was updated and published on March 7, 2018.
- Providers:
 - The HELP Plan provider webpage was updated on January 15, 2018 to reflect the transition.

Evaluation Activities

Federal Evaluation

No, updates in demonstration year 3, quarter2.

Challenges

Premium billing: 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. In the beginning of 2018, there was a slight delay between BCBSMT shutting down their

premium payment system and Certifi implementing their system. During this period, the Department offered an interim solution and was able to accept payment via the Montana Medicaid webpage. This generated a temporary increase in call volume. Certifi could accept payment beginning January 4, 2018.

Key Milestones and Accomplishments

Participant Enrollment

Medicaid expansion enrollment grew to 96,235 using enrollment data as of June 30, 2018.

Transition

The Department was successful in transiting HELP TPA members to the Medicaid State Plan through the State's Fee-for-service system (FFS) effective January 1, 2018.

Oversight and Monitoring

TPA Oversight

Oversight of the TPA will continue through the claim run out period, December 31, 2018. DPHHS staff continues to participate in ad hoc meetings with TPA staff to address any outstanding items, such as claim data. In addition, the Department continues to review weekly, monthly, and quarterly reports submitted by the TPA regarding claims processed during the claim run out period.

Conduent Oversight

The States MPATH team has been designated to monitor the contract between DPHHS and Conduent for the claim processing.

HELP ACT Oversight Committee

The HELP Oversight Committee met on July 20, 2018. DPHHS meets and presents on a quarterly basis 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.

Monitoring Tools

Below is a list of monitoring tools used by DPHHS for the TPA, these tools will continue through the claim run out period.

Tool	Description	Frequency
IT Status Meetings with TPA	Address any technical updates and/or outstanding items	Bi-weekly
In-Person Meetings with TPA	Discuss agenda items and TPA task list	As needed
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
Deliverables	IT, policy, participant and provider education and correspondence, and materials.	Ongoing

Tool	Description	Frequency
TPA Reporting Requirements	TPA reports provided to the state to monitor claims, utilization, and customer service.	Weekly, Monthly, Quarterly, Annually

Post Award Forum

No post award forums were held during this quarter. The next forum will be in Demonstration Year 3, Quarter4.

Demonstration Waiver Deliverable Timeline

Please refer to Appendix A – Montana HELP Program 1115 Demonstration Waiver Deliverable Timeline.

Appendix A – 1115 Demonstration Waiver Deliverable Timeline

Quarterly Reports	Submit to CMS	Date Submitted
April 2017 - DY2, Q1	5/31/2017	5/31/2017
Q2	8/31/2017	8/30/2017
Q3	11/30/2017	11/30/2017
April 2018 - DY3, Q1	5/31/2018	12/20/18
Q2	8/31/2018	12/20/18
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		
2016 - DY1	3/31/2017	3/30/2017
2017 - DY2	3/31/2018	8/8/2018
2018 - DY3	3/31/2019	
2019 - DY4	3/31/2020	
2020 - DY5	3/31/2021	
Post Award Forum		
2016 - DY1	7/1/2016	6/15/2016
2017 - DY2	7/1/2017	6/20/2017
2018 - DY3	11/1/2018	12/12/18
2019 - DY4	11/1/2019	
2020 - DY5	11/1/2020	

Extension Request	7/1/2020	
Demonstration Ends	12/31/2020	

APPENDIX B

Montana HELP Program

Quarterly Reporting Measures for Quarter 2, 2018 (04/01/2018 – 06/30/2018)

Quarterly HELP Act Measures

Quarter 2 Measures

April 2018 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	94975	68853	11564	3381	8411	2857
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	1028	691	144	24	138	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	2168	1588	272	69	173	67

#	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	94975	6500	39272	19626	14802	14508	266
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	1028	60	470	200	164	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	2168	445	809	448	293	169	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	94975	14814	404	65834	207	837	12879
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	1028	123	4	689	5	20	187
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	2168	390	5	1538	3	20	212

#	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	94975	2758	69362	22855
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	1028	25	703	300
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	2168	84	1787	297

#	Measure	Definition	Overall Measure	Female	Male
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	94975	51033	43942
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	1028	456	572
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	2168	1263	905

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	8605	975	0	3938	0	3693
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	11908	5	6278	0	5624	1
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	8796	20	5679	3	3081	15
7	Monthly count of beneficiaries with collectible debt	Among enrolled individuals who owe premium payments, number of beneficiaries who have collectible debt	5647	0	4081	1	15553	12

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	1111	563	235	35	237	41
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	855	562	114	35	103	41
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	167	0	55	0	112	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	89	1	66	0	22	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.

Dis-enrollments 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)	2219	1817	72	61	179	137
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	108	0	0	0	108	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	840	840	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	1271	977	72	61	71	137

#	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)	2219	191	1013	402	274	256	83
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	108	8	53	27	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	840	55	408	155	114	107	1
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	1271	128	552	220	146	143	82

#	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)	2219	277	12	1548	8	30	344
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	108	0	0	95	0	0	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	840	66	4	580	2	14	174
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	1271	211	8	873	6	16	157

#	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)	2219	69	1535	615
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	108	1	84	23
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	840	22	494	324
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	1271	46	957	268

#	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)	2219	1148	1071
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	108	1071	47
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	840	445	395
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	1271	642	629

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	142152	122110	11746	3	8279	15
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	126574	125999	189	0	385	1

Use of preventative 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	54799	40287	5904	2316	4310	1982
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	0.61	0.63	0.52	0.70	0.52	0.71

#	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	54799	2948	20300	11558	10086	9907	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	0.61	0.42	0.55	0.64	0.71	0.74	0

#	Measure	Definition	Overall Measure	Native American / Alaskan Native	Asian	White	Pacific Islander	Black	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	54799	8351	233	38323	398	744	6750
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	0.61	0.61	0.54	0.62	0.55	0.60	0.57

#	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	54799	1530	53269
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	0.61	0.59	0.61

#	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	54799	32907	21892
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	0.61	0.68	0.53

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 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	0.58	0.66	0.27	0.70	0.25	0.71
20b	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.60	0.67	0.30	0.71	0.29	0.71
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.49	0.49	0.45	0.57	0.45	0.58
22	Emergency department utilization, emergency	PMPM emergency department visits for emergent conditions among currently enrolled beneficiaries (i.e. those not subject to a copayment)	0.230	0.288	0.019	0.315	0.014	0.303
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)	2.237	3.140	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)	0.067	0.084	0.008	0.092	0.003	0.081

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	4991	3563	577	246	427	178
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	21	13	0	4	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	20	12	0	2	1	5
28	No premium change	Number of beneficiaries due for renewal in the reporting month who remain eligible, with no change in premium requirement	4933	3537	569	240	417	170
29	Premium increase	Number of beneficiaries due for renewal in the reporting month who remain eligible, with an increase in required premium***	12	0	6	0	6	0
30	Premium decrease	Number of beneficiaries due for renewal in the reporting month who remain eligible, with a decrease required premium***	5	1	2	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	N/A	N/A	N/A	N/A	N/A
32	Complaints and grievances, plan administrator	Total number of complaints and grievances filed in the reporting month regarding the plan administrator	0	N/A	N/A	N/A	N/A	N/A
33	Complaints and grievances, provider	Total number of complaints and grievances filed in the reporting month regarding a provider	2	N/A	N/A	N/A	N/A	N/A
34	Appeals, eligibility	Total number of appeals filed in the reporting month regarding eligibility	35	N/A	N/A	N/A	N/A	N/A
35	Appeals, premiums	Total number of appeals filed in the reporting month regarding the size of premium payments	0	N/A	N/A	N/A	N/A	N/A
36	Appeals, denial of benefits	Total number of appeals filed in the reporting month regarding denials of benefits	20	N/A	N/A	N/A	N/A	N/A

Enrollment duration among dis-enrollees

#	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	123	111	1	1	7	4
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	457	399	15	11	22	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	1626	1306	56	49	150	110

Monthly premiums owed at dis-enrollment

#	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	7	0	7	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	122	0	48	0	74	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	87	0	16	0	71	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.	29	0	1	0	28	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.	2	0	0	0	2	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.	49	0	0	0	49	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.	56	0	0	0	56	0

Quarterly HELP Act Measures

Quarter 2 Measures May 2018 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	95897	69902	11470	3378	8346	2885
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	956	614	148	27	140	27
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	1930	1399	260	66	156	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	95897	6567	39607	19826	14954	14625	317
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	956	41	429	207	152	127	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	1930	395	776	391	226	142	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	95897	14987	404	66474	208	859	12965
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	956	139	6	641	5	12	153
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	1930	380	11	1309	7	11	212

#	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	95897	2777	70168	22952
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	956	31	648	277
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	1930	72	1591	267

#	Measure	Definition	Overall Measure	Female	Male
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	95897	51471	44426
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	956	444	512
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	1930	1128	802

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	9066	751	0	4291	0	4025
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	12087	2	6344	0	5740	1
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	8439	17	5516	4	2888	15
7	Monthly count of beneficiaries with collectible debt	Among enrolled individuals who owe premium payments, number of beneficiaries who have collectible debt	5622	0	4052	2	1556	12

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	1083	542	230	38	234	39
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	820	542	103	38	98	39
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	170	0	54	0	116	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	93	0	73	0	20	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.

Dis-enrollments 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)	2210	1604	187	80	258	163
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	189	0	0	0	189	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	688	688	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	1333	916	187	80	69	163

#	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)	2210	163	1026	466	260	234	59
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	189	7	104	42	22	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	688	41	326	138	91	92	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	1333	115	596	286	147	128	59

#	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)	2210	317	13	1569	7	31	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	189	0	3	159	2	5	20
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	688	94	3	468	1	8	114
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	1333	223	7	942	4	18	139

#	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)	2210	91	1625	494
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	189	8	151	30
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	688	31	427	230
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	1333	52	1047	234

#	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)	2210	1166	1044
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	189	114	75
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	688	361	327
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	1333	691	642

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	1641	1256	190	0	195	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	3971	3484	184	1	300	2

Use of preventative 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	56301	41656	5938	2367	4287	2053
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	0.61	0.63	0.52	0.66	0.51	0.67

#	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	56301	3039	20914	11943	10266	10139	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	0.61	0.43	0.55	0.64	0.70	0.72	0

#	Measure	Definition	Overall Measure	Native American / Alaskan Native	Asian	White	Pacific Islander	Black	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	56301	8666	240	39277	402	785	6931
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	0.61	0.61	0.53	0.62	0.54	0.62	0.56

#	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	56301	1593	54708
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	0.61	0.60	0.61

#	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	56301	32907	21892
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	0.61	0.68	0.53

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 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	0.57	0.66	0.27	0.67	0.25	0.67
20b	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.58	0.67	0.30	0.68	0.28	0.68
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.48	0.49	0.45	0.54	0.44	0.55
22	Emergency department utilization, emergency	PMPM emergency department visits for emergent conditions among currently enrolled beneficiaries (i.e. those not subject to a copayment)	0.228	0.285	0.017	0.296	0.015	0.281
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)	2.158	3.020	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)	0.066	0.083	0.007	0.088	0.004	0.075

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	4711	3486	498	203	372	152
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	39	20	1	12	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	22	13	1	3	1	4
28	No premium change	Number of beneficiaries due for renewal in the reporting month who remain eligible, with no change in premium requirement	4641	3452	494	188	364	143
29	Premium increase	Number of beneficiaries due for renewal in the reporting month who remain eligible, with an increase in required premium***	6	0	1	0	5	0
30	Premium decrease	Number of beneficiaries due for renewal in the reporting month who remain eligible, with a decrease required premium***	3	1	1	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	N/A	N/A	N/A	N/A	N/A
32	Complaints and grievances, plan administrator	Total number of complaints and grievances filed in the reporting month regarding the plan administrator	0	N/A	N/A	N/A	N/A	N/A
33	Complaints and grievances, provider	Total number of complaints and grievances filed in the reporting month regarding a provider	3	N/A	N/A	N/A	N/A	N/A
34	Appeals, eligibility	Total number of appeals filed in the reporting month regarding eligibility	57	N/A	N/A	N/A	N/A	N/A
35	Appeals, premiums	Total number of appeals filed in the reporting month regarding the size of premium payments	0	N/A	N/A	N/A	N/A	N/A
36	Appeals, denial of benefits	Total number of appeals filed in the reporting month regarding denials of benefits	14	N/A	N/A	N/A	N/A	N/A

Enrollment duration among dis-enrollees

#	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	170	145	4	2	9	14
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	285	239	13	15	16	15
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	1730	1220	170	63	233	134

Monthly premiums owed at dis-enrollment

#	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	20	0	19	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	235	0	113	0	122	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	151	0	49	0	102	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.	34	0	5	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.	5	0	1	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.	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.	6	0	0	0	6	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.	93	0	0	0	93	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.	85	0	0	0	85	0

Quarterly HELP Act Measures

Quarter 2 Measures June 2018 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	96140	70530	11281	3355	8184	2877
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	788	543	100	22	106	17
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	2026	1456	271	82	164	57

#	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	96140	6506	39741	19932	14951	14675	334
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	788	49	339	152	137	111	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	2026	394	797	417	252	164	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	96140	15100	409	66588	214	858	12971
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	788	118	4	521	1	21	123
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	2026	415	9	1391	1	18	192

#	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	96140	2809	70461	22870
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	788	15	538	235
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	2026	65	1691	270

#	Measure	Definition	Overall Measure	Female	Male
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	96140	51574	44566
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	788	381	407
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	2026	1207	819

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	8352	714	0	3939	0	3700
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	12195	3	6365	1	5824	3
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	7924	15	5270	3	2622	14
7	Monthly count of beneficiaries with collectible debt	Among enrolled individuals who owe premium payments, number of beneficiaries who have collectible debt	5721	0	4094	2	1613	12

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	1100	551	227	43	236	43
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	832	551	97	43	98	43
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	162	0	45	0	117	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	106	0	85	0	21	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.

Dis-enrollments 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)	2399	1818	156	73	247	185
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	160	0	0	0	160	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	818	817	1	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	1421	1001	155	73	87	185

#	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)	2399	171	1146	482	301	232	67
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	160	6	87	37	16	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	818	50	416	160	110	80	2
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	1421	115	643	285	175	138	65

#	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)	2399	346	11	1679	7	24	332
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	160	0	0	133	2	3	22
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	818	82	6	571	3	10	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	1421	264	5	975	2	11	164

#	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)	2399	61	1727	611
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	160	5	115	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	818	18	514	286
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	1421	38	1098	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)	2399	1257	1142
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	160	90	70
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	818	424	394
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	1421	743	678

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	1400	1079	161	0	160	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	3493	3082	161	0	250	0

Use of preventative 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	57268	42471	5987	2447	4232	2131
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	0.60	0.63	0.52	0.63	0.51	0.61

#	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	57268	3111	21276	12213	10409	10259	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	0.60	0.43	0.54	0.64	0.70	0.71	0

#	Measure	Definition	Overall Measure	Native American / Alaskan Native	Asian	White	Pacific Islander	Black	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	57268	8879	241	39901	415	796	7036
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	0.60	0.62	0.52	0.61	0.55	0.61	0.55

#	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	57268	1638	55630
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	0.60	0.60	0.60

#	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	57268	34333	22935
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	0.60	0.67	0.52

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 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	0.57	0.65	0.26	0.63	0.24	0.61
20b	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.58	0.66	0.29	0.63	0.27	0.62
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.48	0.49	0.45	0.50	0.44	0.50
22	Emergency department utilization, emergency	PMPM emergency department visits for emergent conditions among currently enrolled beneficiaries (i.e. those not subject to a copayment)	0.227	0.284	0.018	0.283	0.014	0.254
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)	1.052	1.475	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)	0.066	0.082	0.007	0.080	0.004	0.070

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	169	106	23	11	17	12
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	2	0	0	2	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	13	5	2	1	0	5
28	No premium change	Number of beneficiaries due for renewal in the reporting month who remain eligible, with no change in premium requirement	152	101	19	8	17	7
29	Premium increase	Number of beneficiaries due for renewal in the reporting month who remain eligible, with an increase in required premium***	0	0	0	0	0	0
30	Premium decrease	Number of beneficiaries due for renewal in the reporting month who remain eligible, with a decrease required premium***	2	0	2	0	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	N/A	N/A	N/A	N/A	N/A
32	Complaints and grievances, plan administrator	Total number of complaints and grievances filed in the reporting month regarding the plan administrator	0	N/A	N/A	N/A	N/A	N/A
33	Complaints and grievances, provider	Total number of complaints and grievances filed in the reporting month regarding a provider	0	N/A	N/A	N/A	N/A	N/A
34	Appeals, eligibility	Total number of appeals filed in the reporting month regarding eligibility	57	N/A	N/A	N/A	N/A	N/A
35	Appeals, premiums	Total number of appeals filed in the reporting month regarding the size of premium payments	0	N/A	N/A	N/A	N/A	N/A
36	Appeals, denial of benefits	Total number of appeals filed in the reporting month regarding denials of benefits	3	N/A	N/A	N/A	N/A	N/A

Enrollment duration among dis-enrollees

#	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	136	121	6	3	7	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	277	229	9	11	16	20
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	1959	1466	141	59	224	158

Monthly premiums owed at dis-enrollment

#	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	20	0	19	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	206	0	105	0	101	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	142	0	31	0	111	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.	30	0	0	0	30	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	1	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.	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.	1	0	0	0	1	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.	74	0	0	0	74	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.	82	0	0	0	82	0