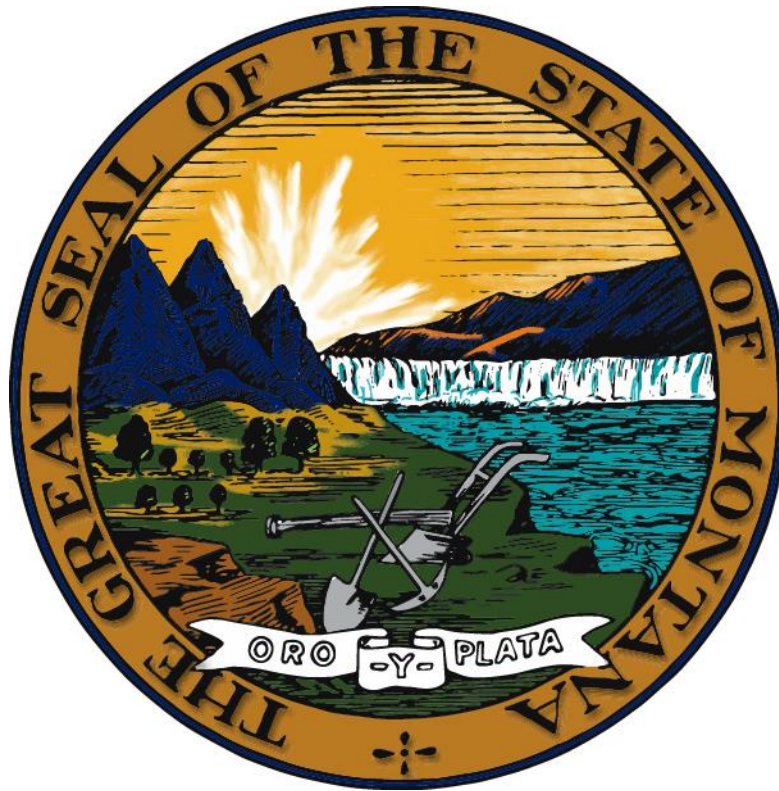


# Montana Health and Economic Livelihood Partnership (HELP) Program Demonstration

SECTION 1115 WAIVER QUARTERLY REPORT  
State of Montana



## REPORTING PERIOD

Quarter: 2 (4/1/2019 –6/30/2019)

Demonstration Year: 4 (01/01/19 – 12/31/19)

Date submitted to CMS: 09/27/2019

### **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 This request was withdrawn on January 11, 2018, per a phone discussion with CMS, and resubmitted on January 16, 2018.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.

In January, 2018, Montana submitted an amendment to the Medicaid Aligned Alternative Benefit Plan (APB) State Plan to remove any reference to the TPA and confirm alignment of benefits to Standard Medicaid. 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.

In June, 2019, Montana began the public notice process to request extension and amendment to the Section 1115 Montana HELP Program Waiver. The current authorities will expire on December 31, 2019. In early 2019, the Montana Legislature passed HB 658 directing the demonstration to extend, with some changes. Those changes include: Revised Medicaid Eligibility Verification, Work/Community Engagement Requirements, Premium Increases Based on Coverage Duration, and Elimination of Copays. Montana plans to submit this extension and amendment application in late August, 2019.

#### *Participant and Provider Education*

- Participants:
  - The HELP Plan member webpage was updated on January 15, 2018 to reflect the transition.
  - The Medicaid Member Guide was updated and published on March 7, 2018.
  - The Medicaid Newsletter was published to the Medicaid website on May 1, 2019.

- Extensive participant information is included in the current public notice activities related to the extension and amendment request. This public notice period began in early June, 2019 (with 60-day public comment period beginning June 15, 2019).
- Providers:
  - The HELP Plan provider webpage was updated on January 15, 2018 to reflect the transition.
  - Extensive provider information is included in the current public notice activities related to the extension and amendment request. This public notice period began in early June, 2019 (with 60-day public comment period beginning June 15, 2019).

#### *Additional Events*

No additional events occurred or were expected to occur in the near future that affect health care delivery, enrollment or other operations during this quarter.

#### **Evaluation Activities**

##### *Federal Evaluation*

**The current federal evaluation of Montana’s 1115 Waiver will conclude in late 2019. Montana will contract with a new independent evaluator to continue to test the hypotheses from its original Waiver and test new hypotheses in the Waiver amendment and extension.**

#### **Challenges**

Montana’s biennial legislative session began in early January, 2019, and ended in late April, 2019. The scheduled sunset of Medicaid expansion (the HELP ACT) was June 30, 2019. HB 658 passed and became law in May of 2019. HB 658 calls for the addition of new community engagement requirements and some updates to other aspects of the program.

#### **Key Milestones and Accomplishments**

##### *Participant Enrollment*

Medicaid expansion enrollment remained though decreased from the March 2019 count. The June 2019 enrollment count was 92,548, a decrease of nearly 3.31% over the March count.

##### *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. Residual issues that carried into quarter 1 of 2019 were minimal and easily rectified. By the end of quarter 2, 2019 almost all residual issues have been resolved.

#### **Oversight and Monitoring**

##### *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*

Montana’s HELP ACT Oversight Committee was active into 2019 but a bill to eliminate this committee (HB 83) passed on February 26, 2019

##### *Other Oversight and Monitoring*

The Montana Department of Public Health and Human Services' Quality Assurance Division houses a Bureau tasked with ensuring quality services across the spectrum of Montana Office of Public Assistance. Three units within this Bureau monitor Medicaid programs:

- 1) The Program Integrity Unit investigates allegations of intentional fraud and performs federally mandated quality control reviews of Medicaid programs.
  - No allegations of intentional fraud were identified as applicable to the Montana HELP 1115 Demonstration Waiver since its introduction.
- 2) The Quality Control Unit conducts federally mandated random reviews of Medicaid recipient eligibility to ensure accuracy.
  - Since Waiver introduction, there's been no eligibility inaccuracies as relating to the HELP 1115 Demonstration Waiver recipients.
- 3) The Surveillance and Utilization Review Unit is responsible for protecting the integrity of the Montana Medicaid Program from fraud, waste and abuse.
  - There have been no identified surveillance and Utilization Review findings related to the HELP Section 1115 Demonstration Waiver since its introduction.

Also, the Payment Error Rate Measurement (PERM) program monitors for improper payments in Medicaid programs on a three-year cycle. The 2017 PERM cycle is currently incomplete, so no final results are available. Preliminary findings indicate an estimate of \$26,290 errors on a total of ten claims. Over \$25,400 of that will be paid by providers due to medical record errors leaving less than \$900 to be paid by the state due to data processing errors.

No corrective action plans or site visits were conducted this quarter. Montana maintains good working relationships with our provider organizations. The opportunity to discuss issues or concerns on a regular or as-needed basis has avoided the need for further intervention.

**Monitoring Activity Work Plan for Current Quarter**

<b>Task / Responsible Party</b>	<b>Timeframe for Task</b>
Data Pulls from the Office of Public Assistance	One month prior to report submission
Data Pulls from the Operations Research Section	One month to two weeks prior to report submission
Data Pulls from the Office of Fair Hearings	One month prior to report submission
Data Analyses by State Analyst and State Program Officer	Two weeks to one week prior to report submission
Quarterly Report Submission by State Program Officer	60 days following end of quarters 1, 2, and 3
Annual Report Submission by State Program Officer	60 days following end of year

**Post Award Forum**

No post award forums were held during this quarter. The next forum is tentatively scheduled for demonstration year 4 quarter 3.

**Demonstration Waiver Deliverable Timeline**

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

### **Data Measures (Analysis of Appendix B)**

Please refer to Appendix B of this report. This section uses data measures tables to show the actual numbers of HELP members this quarter in the categories of: Enrollment by FPL and Demographic Categories; Premium Payment; Mid-year change in circumstance in household composition or income; Dis-enrollments outside annual renewal determinations by FPL and Demographic Categories; Cost sharing limit; Use of preventative services by FPL and demographic categories; Use of other services; Renewal; Complaints, grievances, and appeals; Enrollment duration among dis-enrollees; Total debt owed at dis-enrollment for failure to pay; and finally, Number of enrollees that are exempt from dis-enrollment due to good cause.

We are unable to provide the number and average amount of contributions from incorporated public or private third parties toward beneficiary premiums, by type of entity, and by beneficiary income level as DPHHS does not maintain this information in our eligibility system.

We are also unable to provide the number of individuals who have reenrolled due to payment of full arrears; the number of individuals who have reenrolled due to assessment, and; the number of individuals who have paid partial arrears. Presently we don't have the mechanisms in place to track reenrollment by compliance actions. We are working to establish these mechanisms and hope to report on these measures in the 2019 Annual Report.

Analysis of this quarter of the data measures tables from Appendix B follows.

#### *Enrollment by FPL and Demographic Categories*

April, May and June of 2019

Measure 1 – Flat

Measure 2 – Declining trend

Measure 3 – Declining trend

#### *Premium Payment*

April, May and June of 2019

Measure 4 – Flat

Measure 5 – Flat

Measure 6 – Flat

Measure 7 - Flat

#### *Mid-year change in circumstance in household composition or income*

April, May and June of 2019

Measure 8 – Upward trend

Measure 9 – Upward trend

Measure 10 - Upward trend

Measure 11 - Flat

#### *Dis-enrollments outside annual renewal determinations by FPL and Demographic Categories*

April, May and June of 2019

Measure 12 – Flat  
Measure 13 – Declining trend  
Measure 14 – Declining trend  
Measure 15 – Declining trend

*Cost sharing limit*

April, May and June of 2019

Measure 16 – Flat  
Measure 17 – Steep declining trend, then flat

*Use of preventative services by FPL and demographic categories*

April, May and June of 2019

Measure 18 – Flat  
Measure 19 – Slight declining trend

*Use of other services*

April, May and June of 2019

Measure 20a – Slight declining trend  
Measure 20b – Slight declining trend  
Measure 21 - Flat  
Measure 22 - Flat  
Measure 23 – Flat  
Measure 24 – Flat

*Renewal*

April, May and June of 2019

Measure 25 – Flat  
Measure 26 – Flat  
Measure 27 – Declining trend  
Measure 28 – Flat  
Measure 29 – Flat  
Measure 30 – Flat

*Complaints, grievances, and appeals*

April, May and June of 2019

Measure 31 - Flat  
Measure 32 – Flat  
Measure 33 – Flat  
Measure 34 – Flat  
Measure 35 – Flat  
Measure 36 - Flat

*Enrollment duration among dis-enrollees*

April, May and June of 2019

Measure 37 – Flat

Measure 38 – Flat

Measure 39 - Flat

*Monthly premiums owed at dis-enrollment*

April, May and June of 2019

Measure 40 – Declining trend

Measure 41 – Flat

Measure 42 –Upward trend

Measure 43 – Upward trend

Measure 44 - Upward trend

*Total debt owed at dis-enrollment for failure to pay*

April, May and June of 2019

Measure 45 –Flat

Measure 46 – Flat

Measure 47 – Flat

Measure 48 - Flat

*Number of enrollees that are exempt from dis-enrollment due to good cause*

April, May and June of 2019

Trend – Declining trend

**Appendix A – 1115 Demonstration Waiver Deliverable Timeline**

<b>Quarterly Reports</b>	<b>Submit to CMS</b>	<b>Date Submitted</b>
2017 - DY2, Q1	5/31/2017	5/31/2017
Q2	8/31/2017	8/30/2017
Q3	11/30/2017	11/30/2017
2018 - DY3, Q1	5/30/2018	12/20/18 Revised submitted 0X/XX/19
Q2	8/31/2018	12/20/18 Revised submitted 0X/XX/19
Q3	11/30/2018	12/20/18 Revised submitted 0X/XX/19
2019 - DY4, Q1	5/30/2019	05/29/19 Revised submitted

Quarterly Reports	Submit to CMS	Date Submitted
		08/XX/19
Q2	8/29/2019	08/XX/19
Q3	11/29/2019	N/A
2020 - DY5, Q1	5/30/2020	N/A
Q2	8/29/2020	N/A
Q3	11/29/2020	N/A

Annual Reports	Submit to CMS	Date Submitted
2016 - DY1	3/31/2017	3/30/2017
2017 - DY2	3/31/2018	8/8/2018
2018 - DY3	3/31/2019	3/1/2019 Revised submitted 0X/XX/19
2019 - DY4	3/31/2020	N/A
2020 - DY5	3/31/2021	N/A

Post Award Forum	Approximate Date Planned	Date Held
2016 - DY1	7/1/2016	6/15/2016
2017 - DY2	7/1/2017	6/20/2017
2018 - DY3	11/1/2018	12/12/2018
2019 - DY4	08/2019	08/15/2019
2020 - DY5	11/1/2020	N/A

Other Deliverables	Submit to CMS	Date Submitted
Extension and Amendment Request	8/30/2019	N/A
Demonstration Ends	12/31/2020	N/A



**APPENDIX B**

**Montana HELP Program**

**Quarterly Reporting Measures for Quarter1, 2019 (01/01/2019 – 03/31/2019)**