

Table 1. Measures for Quarterly Reporting—Montana’s HELP Demonstration

#	Measure	Definition	Overall Measure	Recommended Subgroups						Relationship among measures**	Montana Reporting Timeline (Phase 1 or Phase 2)
				<50% FPL	50-100% FPL w/ premium	50-100% FPL no premium	>100% FPL w/ premium	>100% FPL no premium	Dem*		
Enrollment											
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	x	x	x	x	x	x	x		Phase 1 - End of Q1 2017
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	x	x	x	x	x	x	x		Phase 2 - End of Q2 2017
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	x	x	x	x	x	x	x		Phase 2 - End of Q2 2017
Premium payment											
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	x		x		x			Measures 4+5+6≈1 for those with income >50% FPL subject to premiums	Phase 1 - End of Q1 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	x		x		x				Phase 1 - End of Q1 2017

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				<50% FPL	50-100% FPL w/ premium	50-100% FPL no premium	>100% FPL w/ premium	>100% FPL no premium	Dem*		
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			x						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 ¹	x		x		x				Phase 2 - End of Q2 2017

¹ For beneficiaries between 50 and 100 percent FPL, the difference between measure 7 and the sum of measures 5 and 6 should be the number of individuals who have paid some premiums within the last three months but have not fully paid off their debt.

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				<50% FPL	50-100% FPL w/ premium	50-100% FPL no premium	>100% FPL w/ premium	>100% FPL no premium	Dem*		
Mid-year change in circumstance in household composition or income											
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	x	x	x	x	x	x		Measures 9+10+11~8	Phase 1 - End of Q1 2017
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	x	x	x	x	x	x			Phase 2 - End of Q2 2017
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	x	x	x	x	x	x			Phase 2 - End of Q2 2017

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				<50% FPL	50-100% FPL w/ premium	50-100% FPL no premium	>100% FPL w/ premium	>100% FPL no premium	Dem*		
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	x		x		x				Phase 2 - End of Q2 2017
Disenrollments outside annual renewal determinations											
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)	x	x	x	x	x	x	x	Measures 13+14+15≈ 12	Phase 1 - End of Q1 2017
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	x				x		x		Phase 1 - End of Q1 2017

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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 ²	x	x	x	x	x	x	x		End of Q1 2017
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	x	x	x	x	x	x	x		End of Q1 2017
Cost sharing limit											
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	x		x		x				Phase 2 - End of Q2 2017
17	Monthly count of beneficiaries who have hit 5% cost	Count of enrolled individuals who have hit 5% limit on cost sharing and premiums since enrollment, and no	x		x		x				Phase 2 - End of Q2 2017

² Continuous eligibility exceptions include: not being located for a period of more than one month, after good faith efforts by the state to do so; no longer being a Montana resident; requesting termination of eligibility; death; failure to provide, or cooperate in obtaining, a Social Security Number, if otherwise required; providing an incorrect or fraudulent Social Security Number; being determined eligible for Medicaid in error; failure to provide the documentation of citizenship or immigration status required under federal law.

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				<50% FPL	50-100% FPL w/ premium	50-100% FPL no premium	>100% FPL w/ premium	>100% FPL no premium	Dem*		
	sharing limit	longer make cost sharing payments									
Use of Preventive services³											
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of beneficiaries enrolled at any point in the month that was six months prior to the reporting month who utilized any incentivized preventive services in the 12 months prior to that month	x	x	x	x	x	x	x		Phase 1 - End of Q1 2017
19	Per-member-per-month use of preventive services, by incentivized service	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	x	x	x	x	x	x	x		Phase 1 - End of Q1 2017

³ Montana will report measures 18 – 24 with a six month lag.

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				<50% FPL	50-100% FPL w/ premium	50-100% FPL no premium	>100% FPL w/ premium	>100% FPL no premium	Dem*		
Use of other services⁴											
20	Physician service utilization	PMPM utilization of physician visits for currently enrolled beneficiaries	x	x	x	x	x	x			Phase 1 - End of Q1 2017
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	x	x	x	x	x	x			Phase 1 - End of Q1 2017
22	Emergency department utilization, emergency	PMPM emergency department visits for emergent conditions among currently enrolled beneficiaries (i.e. those not subject to a copayment)	x	x	x	x	x	x			Phase 1 - End of Q1 2017
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)	x	x	x	x	x	x			Phase 1 - End of Q1 2017
24	Inpatient admissions	PMPM inpatient admissions among currently enrolled beneficiaries	x	x	x	x	x	x			Phase 1 - End of Q1 2017
Renewal (starting in 2017)											
25	Monthly count of beneficiaries due for renewal	Number of beneficiaries due for renewal in the reporting month	x	x	x	x	x	x		Measures 26+27+28+29+30 ≈ 25	Phase 1 - End of Q1 2017

⁴ Montana will report measures 18 – 24 with a six month lag.

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				<50% FPL	50-100% FPL w/ premium	50-100% FPL no premium	>100% FPL w/ premium	>100% FPL no premium	Dem*		
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	x	x	x	x	x	x			Phase 1 - End of Q1 2017
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	x	x	x	x	x	x			Phase 2 - End of Q2 2017
28	No premium change	Number of beneficiaries due for renewal in the reporting month who remain eligible, with no change in premium requirement	x	x	x	x	x	x			Phase 2 - End of Q2 2017
29	Premium increase	Number of beneficiaries due for renewal in the reporting month who remain eligible, with an increase in required premium	x	x	x	x	x	x			Phase 2 - End of Q2 2017
30	Premium decrease	Number of beneficiaries due for renewal in the reporting month who	x		x		x				Phase 2 - End of Q2

⁵ Measures 26 and 27 parallel the distinction between performance indicators 10c (Medicaid determination – eligibility cannot be established) and 10b (Medicaid determination – ineligibility established).

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		remain eligible, with a decrease required premium									2017
Complaints, grievances, and appeals											
31	Complaints and grievances, Medicaid program	Total number of complaints and grievances filed in the reporting month regarding the HELP program	x								Phase 1 - End of Q1, 2017
32	Complaints and grievances, plan administrator	Total number of complaints and grievances filed in the reporting month regarding the plan administrator	x								Phase 1 - End of Q1, 2017
33	Complaints and grievances, provider	Total number of complaints and grievances filed in the reporting month regarding a provider	x								Phase 1 - End of Q1, 2017
34	Appeals, eligibility	Total number of appeals filed in the reporting month regarding eligibility	x								Phase 1 - End of Q1, 2017
35	Appeals, premiums	Total number of appeals filed in the reporting month regarding the size of premium payments	x								Phase 1 - End of Q1, 2017
36	Appeals, denial of benefits	Total number of appeals filed in the reporting month regarding denials of benefits	x								Phase 1 - End of Q1, 2017

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Enrollment duration among disenrollees											
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	x	x	x	x	x	x		Measures 37+38+39≈12	Phase 2 - End of Q2 2017
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	x	x	x	x	x	x			Phase 2 - End of Q2 2017
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	x	x	x	x	x	x			Phase 2 - End of Q2 2017
Monthly premiums owed at disenrollment											
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	x		x			x		Measures 40+41+42+43+44≈12 (for those with premiums)	Phase 2 - End of Q2 2017

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				<50% FPL	50-100% FPL w/ premium	50-100% FPL no premium	>100% FPL w/ premium	>100% FPL no premium	Dem*		
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	x		x		x				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	x		x		x				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.	x		x		x				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.	x		x		x				Phase 2 - End of Q2 2017
Total debt owed at disenrollment for failure to pay											
45	Amount of total	Number of beneficiaries disenrolled					x			Measures	Phase 2 -

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	debt owed at time of disenrollment for failure to pay: <\$50	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.								45+46+47+48 ≈13 (for those above 100% FPL with premiums)	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.					x				Phase 2 - End of Q2 2017

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				<50% FPL	50-100% FPL w/ premium	50-100% FPL no premium	>100% FPL w/ premium	>100% FPL no premium	Dem*		
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.					x				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.					x				Phase 2 - End of Q2 2017

* Indicates any demographic subgroups that CMS and the state wish to monitor. We recommend providing a breakdown of enrollment counts by age, and the state may also wish to provide a breakdown by race and/or sex. Note that this does not apply to the income groups which are not subject to premiums.

** This column contains expected relationships between measures that may be useful in data quality checks. For example, 4+5+6≈1 means that measures 4, 5, and 6 should sum to approximately equal measure 1.