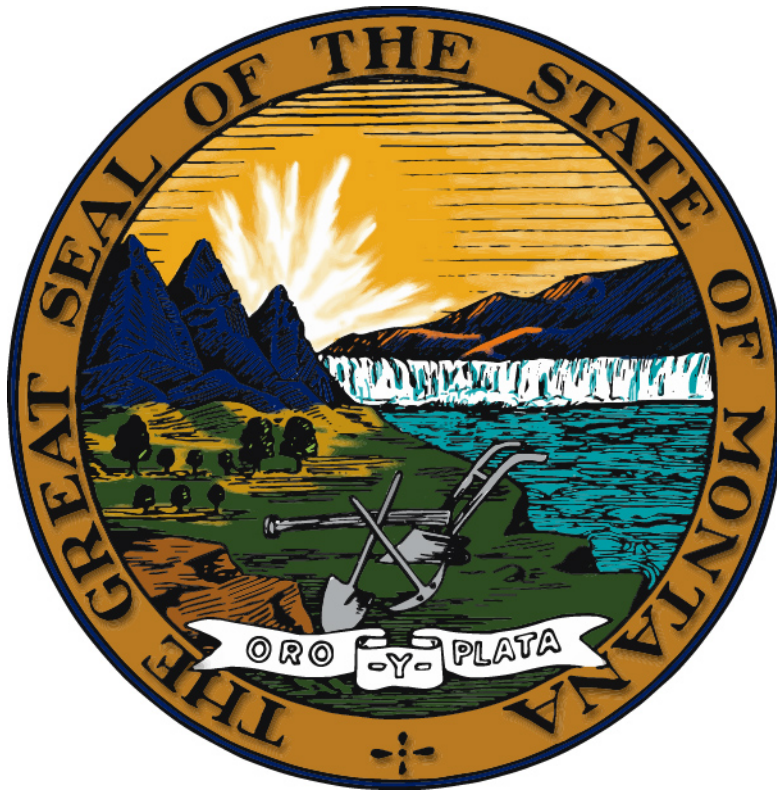


**Montana Health and Economic Livelihood Partnership (HELP)  
Program Demonstration**

Number: No. 11-W-00300/8

**SECTION 1115 WAIVER QUARTERLY REPORT**  
State of Montana



**REPORTING PERIOD**

Quarter: 1 (01/01/17 – 03/31/2017)  
Demonstration Year: 2 (01/01/17 – 12/31/17)  
Date submitted to CMS: May 31, 2017

### **Demonstration Population**

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

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

- Who are medically frail;
- Whom the State determines have exceptional health care needs, including but not limited to a medical, mental health, or developmental condition;
- Who live in a region where the Third Party Administrator (TPA) is unable to contract with a sufficient number of providers;
- Whom the state determines, in accordance with objective standards approved by CMS, require continuity of coverage that is not available or could not be effectively delivered through the TPA; and
- Individuals with incomes below 50 percent of the FPL.

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

#### *2017 Montana Legislature*

Montana's Department of Public Health and Human Services (DPHHS) provided a Medicaid Expansion report to the Montana Legislature in January, 2017, which included:

- 71,002 participants enrolled,
- 284 million dollars in health care services to Montanans,
- 2.7 million dollars in premiums collected, and
- 3,024 disenrolled for nonpayment of premiums.

#### *Participant and Provider Education*

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

New materials created and implemented during this quarter include:

Quarterly Participant Wellness Newsletter:

Information regarding getting and staying healthy with topics including: smoking cessation; Hepatitis C; diabetes services and education; and participant care coordination programs.

Updates to the online participant portal:

- Viewing pending claims;
- Easier access to premium and billing information; and
- Access to participant Explanation of Benefits (EOBs).

### **Evaluation Activities**

#### *State Evaluation*

No updates occurred in the first quarter of 2017.

*Federal Evaluation*

Montana was presented with the Urban Institute and Social & Scientific Systems (SSS), Inc.’s federal evaluation design and timeline in December 2016, and has since given extensive feedback to ensure the evaluation provides a comprehensive view of the HELP Program. Montana signed a data use agreement with SSS in preparation to submit eligibility and claims data to SSS for the evaluation in May 2017. Beneficiary surveys and focus groups are planned to begin in June 2017. Montana will continue to assist with the federal evaluation as needed.

**Challenges**

No unusual challenges noted.

**Key Milestones and Accomplishments**

*Participant Enrollment*

Medicaid expansion enrollment has grown to 78,548 as of March 31, 2017.

*New Benefit Coverage*

Montana is currently in the process of adding a contact lenses benefit for participants with covered diagnoses whose vision cannot be effectively corrected with glasses. This benefit will be retroactively effective as of January 1, 2017.

**Oversight and Monitoring**

*TPA Oversight*

The annual on-site visit of the TPA was performed by DPHHS staff in February 2017. The visit included: claims processing demonstration, call center overview and actual calls, review of 2016 operational changes, overview of data collection process, appeal process, wellness overview, and provider and participant education overview.

**Monitoring Tools**

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

<b>Tool</b>	<b>Description</b>	<b>Frequency</b>
Annual On-Site Visit	Assess ongoing operational functions of TPA	Annually
In-Person Meetings with TPA	Discuss agenda items and TPA task list	Monthly
Waiver Compliance Tables	Includes both section 1115 and 1915(b)(4) waiver requirements – the TPA must demonstrate compliance with all requirements	Quarterly
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
TPA Reporting Requirements	TPA reports provided to the state to monitor premiums, claims, utilization, wellness programs, and other aspects of the programs	Weekly, Monthly, Quarterly, Annually

**Post Award Forum**

No post award forums were held during this quarter. The next forum is scheduled for June 20, 2017.

**Demonstration Waiver Deliverable Timeline**

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

## APPENDIX A

### Montana HELP Program

#### 1115 Demonstration Waiver Deliverable Timeline

<b>Quarterly Reports</b>	<b>Submit to CMS</b>
April 2017 - DY2, Q1	5/31/2017
Q2	8/31/2017
Q3	11/30/2017
Q4	2/28/2018
April 2018 - DY3, Q1	5/31/2018
Q2	8/31/2018
Q3	11/30/2018
Q4	2/28/2019
April 2019 - DY4, Q1	5/31/2019
Q2	8/31/2019
Q3	11/30/2019
Q4	2/28/2020
April 2020 - DY5, Q1	5/31/2020
Q2	8/31/2020
Q3	11/30/2020
Q4	2/28/2021
<b>Annual Reports</b>	
2016 - DY1	3/31/2017
2017 - DY2	3/31/2018
2018 - DY3	3/31/2019
2019 - DY4	3/31/2020
2020 - DY5	3/31/2021
<b>Draft Interim Report</b>	6/30/2018
<b>Final Interim Evaluation Report</b>	60 days after CMS comment
<b>Draft Final Evaluation Submission</b>	4/30/2016
<b>Final Evaluation Report</b>	60 days after CMS comment
<b>Post Award Forum</b>	
2016 - DY1	7/1/2016
2017 - DY2	7/1/2017
2018 - DY3	7/1/2018
2019 - DY4	7/1/2019
2020 - DY5	7/1/2020
<b>Extension Request</b>	7/1/2020
<b>Demonstration Ends</b>	12/31/2020

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

**Enrollment (by FPL and Demographic Categories)**

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

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

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

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

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

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

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

<sup>†</sup> 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.

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

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

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

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



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

**Cost sharing limit**

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

**Use of preventive services\* (by FPL and demographic categories)**

\* Measures 18 and 19 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in August of 2016

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	30302	18612	4196	2345	3496	1653
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.97	1.15	0.59	0.96	0.55	1.13

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

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

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

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

**Use of other services\*\***

\*\* Measures 20 through 24 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in August of 2016

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

**Renewal (starting in 2017)**

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

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

**Complaints, grievances, and appeals**

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

**Enrollment duration among disenrollees**

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

**Monthly premiums owed at disenrollment**

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

**Total debt owed at disenrollment for failure to pay**

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

**MT HELP Program 1115 Waiver  
Quarterly Measures 2017  
Quarter 1 Report February Data**

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

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

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

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

#	Measure	Definition	Overall Measure	Female	Male
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	76930	41505	35425
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	1743	731	1012
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	10724	6885	3839

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

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

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

Disenrollments outside annual renewal determinations (by FPL and Demographic Categories)								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during	1824	1334	80	29	273	108
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	184	-	-	-	184	-
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	519	519	0	0	0	0
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility	1121	815	80	29	89	108

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

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

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



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

#### Cost sharing limit

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

#### Use of preventive services\* (by FPL and demographic categories)

\* Measures 18 and 19 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in July of 2016

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
18	Monthly count of beneficiaries who have accessed incentivized	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	32760	20365	4476	2453	3642	1824
19	Monthly count of beneficiaries who have accessed incentivized	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of	1.09	1.28	0.64	1.15	0.66	1.35

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

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

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

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

Use of other services**								
** Measures 20 through 24 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in July of 2016								
#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
20a.	Physician service utilization	PMPM utilization of physician visits for currently enrolled beneficiaries	0.497	0.568	0.374	0.440	0.349	0.476
20b.	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled	0.687	0.776	0.530	0.610	0.514	0.644
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.970	1.095	0.660	1.024	0.666	1.188
22	Emergency department utilization, emergency	PMPM emergency department visits for emergent conditions among currently enrolled beneficiaries (i.e. those not subject to a	0.071	0.092	0.034	0.056	0.035	0.051
23	Emergency department utilization, non-emergency	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a	0.000	0.000	0.000	0.000	0.000	0.000
24	Inpatient admissions	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a	0.013	0.016	0.006	0.015	0.005	0.011

**Renewal (starting in 2017)**

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
25	Monthly count of beneficiaries due for	Number of beneficiaries due for renewal in the reporting month	7008	5682	520	207	441	158
26	Number who did not renew	Number of beneficiaries due for renewal in the reporting month who are determined ineligible for the HELP program because they failed to complete or return renewal forms or other required documentation, or who were lost to	2852	2847	1	0	2	2
27	Number who lost eligibility	Number of beneficiaries due for renewal in the reporting month who respond to renewal notices, but are determined ineligible for the	152	81	4	19	15	33
28	No premium change	Number of beneficiaries due for renewal in the reporting month who remain eligible, with no change in premium requirement	3953	2751	496	188	395	123
29	Premium increase	Number of beneficiaries due for renewal in the reporting month who remain eligible, with an increase in required premium***	42	0	16	0	26	0
30	Premium decrease	Number of beneficiaries due for renewal in the reporting month who remain eligible, with a decrease required premium***	9	3	3	0	3	0

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

**Complaints, grievances, and appeals**

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

**Enrollment duration among disenrollees**

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

**Monthly premiums owed at disenrollment**

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

**Total debt owed at disenrollment for failure to pay**

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

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

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

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

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

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

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

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

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

<sup>†</sup> 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.

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

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

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

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



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

#### Cost sharing limit

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

#### Use of preventive services \*\* (by FPL and demographic categories)

\*\* Measures 18 and 19 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in September of 2016

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	35036	22141	4756	2477	3791	1871
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	1.06	1.21	0.65	1.18	0.67	1.33

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

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

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

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

**Use of other services\***

\* Measures 20 through 24 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in August of 2016

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

**Renewal (starting in 2017)**

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

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

**Complaints, grievances, and appeals**

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

**Enrollment duration among disenrollees**

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

**Monthly premiums owed at disenrollment**

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
40	Amount of monthly premium at time of disenrollment >\$0 and <\$15	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) whose monthly premium at the time of disenrollment was greater than \$0 but less than \$15						
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						
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						
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.						
44	Amount of monthly premium at time of disenrollment ≥\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$75 or greater.						

To be reported in phase 2 - End of Q2 2017

To be reported in phase 2 - End of Q2 2017

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To be reported in phase 2 - End of Q2 2017

To be reported in phase 2 - End of Q2 2017

**Total debt owed at disenrollment for failure to pay**

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