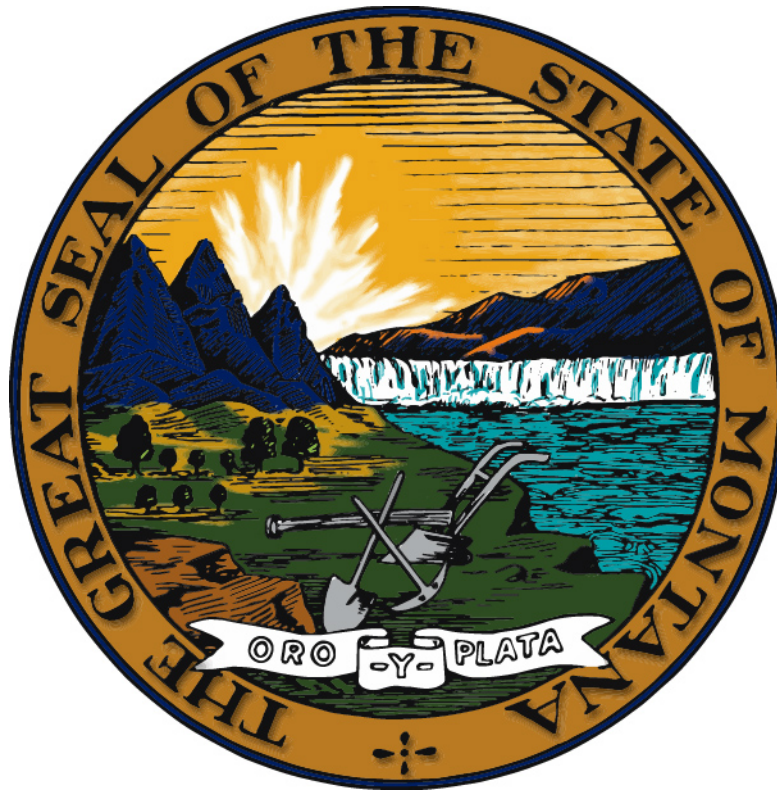


Montana Health and Economic Livelihood Partnership (HELP) Program Demonstration

SECTION 1115 WAIVER QUARTERLY REPORT
State of Montana



REPORTING PERIOD

Quarter: 3 (7/1/2018 – 9/30/2018)

Demonstration Year: 3 (01/01/18 – 12/31/18)

Date submitted to CMS: December 24, 2018

Demonstration Population

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

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

Delivery System

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

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 This request was withdrawn on January 11, 2018, per a phone discussion with CMS, and resubmitted on January 16, 2018.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

Participant and Provider Education

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

Evaluation Activities

Federal Evaluation

No, updates in demonstration year 3, quarter 3.

Challenges

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

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

Key Milestones and Accomplishments

Participant Enrollment

Medicaid expansion enrollment grew to 95,417 using enrollment data as of October 1, 2018.

Transition

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

Oversight and Monitoring

TPA Oversight

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

Conduent Oversight

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

HELP ACT Oversight Committee

The HELP Oversight Committee met on July 20, 2018. DPHHS meets and presents with the HELP ACT Oversight Committee to generally review the implementation of the programs established in the HELP ACT. The committee consists of nine voting members, including legislative members, industry experts, a representative of the states auditor's office, and a member of the general public or staff member of the Governor's Office.

Monitoring Tools

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

Tool	Description	Frequency
IT Status Meetings with TPA	Address any technical updates and/or outstanding items	Bi-weekly
In-Person Meetings with TPA	Discuss agenda items and TPA task list	As needed
Numbered Letters	Official correspondence to the TPA	As needed
Incident Reports	Description of inaccurate or non-compliant IT items, the TPA must provide details of the item, resolution, and timeline	Within two business days of occurrence

Tool	Description	Frequency
Deliverables	IT, policy, participant and provider education and correspondence, and materials.	Ongoing
TPA Reporting Requirements	TPA reports provided to the state to monitor claims, utilization, and customer service.	Weekly, Monthly, Quarterly, Annually

Post Award Forum

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

Demonstration Waiver Deliverable Timeline

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

Appendix A – 1115 Demonstration Waiver Deliverable Timeline

Quarterly Reports	Submit to CMS	Date Submitted
April 2017 - DY2, Q1	5/31/2017	5/31/2017
Q2	8/31/2017	8/30/2017
Q3	11/30/2017	11/30/2017
April 2018 - DY3, Q1	5/31/2018	12/20/18
Q2	8/31/2018	12/20/18
Q3	11/30/2018	12/20/18
Q4	2/28/2019	
April 2019 - DY4, Q1	5/31/2019	
Q2	8/31/2019	
Q3	11/30/2019	
Q4	2/28/2020	
April 2020 - DY5, Q1	5/31/2020	
Q2	8/31/2020	
Q3	11/30/2020	
Q4	2/28/2021	
Annual Reports		
2016 - DY1	3/31/2017	3/30/2017
2017 - DY2	3/31/2018	8/8/2018
2018 - DY3	3/31/2019	
2019 - DY4	3/31/2020	
2020 - DY5	3/31/2021	
Post Award Forum		
2016 - DY1	7/1/2016	6/15/2016
2017 - DY2	7/1/2017	6/20/2017

2018 - DY3	11/1/2018	
2019 - DY4	11/1/2019	
2020 - DY5	11/1/2020	
Extension Request	7/1/2020	
Demonstration Ends	12/31/2020	

APPENDIX B

Montana HELP Program

Quarterly Reporting Measures for Quarter 3, 2018 (07/01/2018 – 09/30/2018)

Quarterly HELP Act Measures

Quarter 3 Measures July 2018 Data

Enrollment (by FPL and Demographic Categories)

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	95982	70801	11039	3338	8013	2879
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	894	603	129	31	103	28
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	2158	1592	240	83	189	57

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	95982	6448	39643	19955	14903	14646	386
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	894	64	401	167	138	124	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	2158	386	812	465	281	211	3

#	Measure	Definition	Overall Measure	Native American / Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	95982	15212	412	66400	211	874	12873
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	894	136	5	575	1	14	163
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	2158	391	8	1506	6	21	226

#	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	95982	2802	70466	22714
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	894	29	598	267
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	2158	53	1777	328

#	Measure	Definition	Overall Measure	Female	Male
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	95982	51515	44467
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	894	418	476
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	2158	1298	860

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	9431	612	0	4563	0	4256
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	12001	2	6245	1	5752	2
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	7735	16	5150	3	2551	15
7	Monthly count of beneficiaries with collectible debt	Among enrolled individuals who owe premium payments, number of beneficiaries who have collectible debt	5685	0	4076	2	1593	14

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	3704	2506	513	124	429	132
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	3231	2506	263	124	206	132
10	Premium increase following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced an increase in their premium requirement during the reporting month ^y	294	0	101	0	193	0
11	Premium decrease following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced a decrease in their premium requirement during the reporting month ^y	179	0	149	0	30	0

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

Dis-enrollments outside annual renewal determinations (by FPL and Demographic Categories)

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2545	1830	164	84	309	234
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	222	0	0	0	222	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	748	748	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	1575	1082	164	84	87	234

#	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)	2545	160	1207	511	317	271	79
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	222	9	125	49	17	22	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	748	36	393	142	94	83	0
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	1575	115	689	320	206	166	79

#	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)	2545	356	13	1782	7	30	357
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	222	1	2	178	1	2	38
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	748	71	6	522	2	13	134
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	1575	284	5	1082	4	15	185

#	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)	2545	89	1853	603
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	222	6	136	80
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	748	33	492	223
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	1575	50	1225	300

#	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)	2545	1323	1222
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	222	111	111
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	748	390	358
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	1575	822	753

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	141359	122192	11184	4	7963	17
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	127749	127252	176	0	321	0

Use of preventative services* (by FPL and demographic categories)

*Measures 18 and 19 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in June of 2017

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	58154	43181	6114	2371	4403	2085
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.60	0.63	0.50	0.71	0.48	0.73

#	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	58154	3104	21712	12445	10526	10367	0
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.60	0.42	0.54	0.64	0.69	0.71	0

#	Measure	Definition	Overall Measure	Native American / Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	58154	9044	252	40562	432	836	7028
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.60	0.62	0.54	0.61	0.55	0.62	0.55

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino or Unspecified
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	58154	1717	56437
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.60	0.61	0.60

#	Measure	Definition	Overall Measure	Female	Male
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	58154	34844	23310
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.60	0.67	0.52

Use of other services**

**Measures 20 through 24 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in June of 2017

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
20a	Physician service utilization	PMPM utilization of physician visits for currently enrolled beneficiaries	0.43	0.53	0.05	0.59	0.04	0.59
20b	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.58	0.66	0.28	0.71	0.26	0.74
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.48	0.48	0.43	0.58	0.42	0.60
22	Emergency department utilization, emergency	PMPM emergency department visits for emergent conditions among currently enrolled beneficiaries (i.e. those not subject to a copayment)	0.228	0.286	0.021	0.329	0.017	0.304
23	Emergency department utilization, non-emergency	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	1.037	1.452	0	0	0	0
24	Inpatient admissions	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	0.066	0.082	0.008	0.092	0.005	0.083

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	192	101	32	22	21	16
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	15	3	0	9	0	3
27	Number who lost eligibility	Number of beneficiaries due for renewal in the reporting month who respond to renewal notices, but are determined ineligible for the HELP program	20	9	0	2	0	9
28	No premium change	Number of beneficiaries due for renewal in the reporting month who remain eligible, with no change in premium requirement	156	89	32	11	20	4
29	Premium increase	Number of beneficiaries due for renewal in the reporting month who remain eligible, with an increase in required premium***	0	0	0	0	0	0
30	Premium decrease	Number of beneficiaries due for renewal in the reporting month who remain eligible, with a decrease required premium***	1	0	0	0	1	0

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

Complaints, grievances, and appeals

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
31	Complaints and grievances, Medicaid program	Total number of complaints and grievances filed in the reporting month regarding the HELP program	0	N/A	N/A	N/A	N/A	N/A
32	Complaints and grievances, plan administrator	Total number of complaints and grievances filed in the reporting month regarding the plan administrator	0	N/A	N/A	N/A	N/A	N/A
33	Complaints and grievances, provider	Total number of complaints and grievances filed in the reporting month regarding a provider	2	N/A	N/A	N/A	N/A	N/A
34	Appeals, eligibility	Total number of appeals filed in the reporting month regarding eligibility	71	N/A	N/A	N/A	N/A	N/A
35	Appeals, premiums	Total number of appeals filed in the reporting month regarding the size of premium payments	0	N/A	N/A	N/A	N/A	N/A
36	Appeals, denial of benefits	Total number of appeals filed in the reporting month regarding denials of benefits	2	N/A	N/A	N/A	N/A	N/A

Enrollment duration among dis-enrollees

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
37	Enrollment duration 0-3 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 3 or fewer months at the time of disenrollment	140	121	4	2	7	11
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	288	232	13	8	20	19
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	2093	1475	147	74	282	204

Monthly premiums owed at dis-enrollment

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
40	Amount of monthly premium at time of disenrollment >\$0 and <\$15	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) whose monthly premium at the time of disenrollment was greater than \$0 but less than \$15	24	0	24	0	0	0
41	Amount of monthly premium at time of disenrollment \$15-<\$30	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$15 or greater, but less than \$30	258	0	105	0	153	0
42	Amount of monthly premium at time of disenrollment \$30-<\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$30 or greater, but less than \$50	155	0	34	0	153	0
43	Amount of monthly premium at time of disenrollment \$50-<\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$50 or greater, but less than \$75.	31	0	1	0	30	0
44	Amount of monthly premium at time of disenrollment ≥\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$75 or greater.	5	0	0	0	5	0

Total debt owed at disenrollment for failure to pay

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
45	Amount of total debt owed at time of disenrollment for failure to pay: <\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was less than \$50.	3	0	0	0	3	0
46	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$50 but <\$100	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than or equal to \$50, but less than \$100.	8	0	0	0	8	0
47	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$100 but <\$150	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than or equal to \$100, but less than \$150.	124	0	0	0	124	0
48	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$150	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than \$150.	87	0	0	0	87	0

Quarterly HELP Act Measures

Quarter 3 Measures August 2018 Data

Enrollment (by FPL and Demographic Categories)

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	100106	74079	11383	3445	8235	2964
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	891	583	114	26	140	28
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	2499	1880	282	79	194	64

#	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	100106	6958	41305	20907	15466	15074	395
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	891	43	436	176	123	113	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	2499	492	938	547	314	205	3

#	Measure	Definition	Overall Measure	Native American / Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	100106	15995	428	69157	227	937	13362
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	891	117	3	593	5	16	157
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	2499	411	11	1753	10	29	255

#	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	100106	2938	73739	23429
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	891	30	580	281
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	2499	88	2066	345

#	Measure	Definition	Overall Measure	Female	Male
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	100106	53862	46244
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	891	419	472
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	2499	1476	1023

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	8209	0	4241	0	3968	0
5	Monthly count of beneficiaries in the grace period	Among enrolled individuals who owe premiums, number of beneficiaries who did not pay their premium for the month but are not three months past due	12044	0	6309	0	5735	0
6	Monthly count of beneficiaries in long term arrears	Among enrolled individuals who owe premiums, number of beneficiaries who have not paid a premium in over three months. This includes individuals with income between 50-100% FPL who would have been disenrolled for non-payment of premiums if their income had been greater than 100% FPL	2499	0	0	0	2499	0
7	Monthly count of beneficiaries with collectible debt	Among enrolled individuals who owe premium payments, number of beneficiaries who have collectible debt	5868	0	4208	0	1660	0

Mid-year change in circumstance in household composition or income

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
8	Monthly count of beneficiaries who gave notice of mid-year change in circumstance in household or income information	Number of enrolled beneficiaries who notified the state of a mid-year change in circumstance and the change was effective during the reporting month	6653	4698	784	261	682	228
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	6011	4698	468	261	356	228
10	Premium increase following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced an increase in their premium requirement during the reporting month ^y	430	0	145	0	285	0
11	Premium decrease following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced a decrease in their premium requirement during the reporting month ^y	212	0	171	0	41	0

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

Dis-enrollments outside annual renewal determinations (by FPL and Demographic Categories)

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	2440	1648	128	89	276	299
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	178	0	0	0	178	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	490	487	3	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	1772	1161	125	89	98	299

#	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)	2440	179	1104	481	311	278	87
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	178	8	97	37	26	10	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	490	25	236	100	65	64	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	1772	146	771	344	220	204	87

#	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)	2440	380	7	1773	5	24	291
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	178	1	1	144	0	3	29
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	490	53	1	352	4	6	74
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	1772	326	5	1237	1	15	188

#	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)	2440	83	1854	503
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	178	9	117	52
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	490	6	347	137
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	1772	68	1390	314

#	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)	2440	1301	1139
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	178	89	89
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	490	266	224
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	1772	946	826

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	400	0	192	0	208	0
17	Monthly count of beneficiaries who have hit 5% cost sharing limit	Count of enrolled individuals who have hit 5% limit on cost sharing and premiums since enrollment, and no longer make cost sharing payments	4364	3893	176	0	291	4

Use of preventative services* (by FPL and demographic categories)

*Measures 18 and 19 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in June of 2017

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	60319	44488	6536	2447	4723	2125
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	0.62	0.636	0.53	0.72	0.52	0.74

#	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	60319	3201	22624	12866	10828	10800	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	0.62	0.44	0.56	0.65	0.71	0.73	0

#	Measure	Definition	Overall Measure	Native American / Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	60319	9265	258	42142	448	863	7343
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	0.62	0.63	0.55	0.63	0.57	0.63	0.57

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino or Unspecified
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	60319	1775	58544
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	0.62	0.62	0.62

#	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	60319	36109	24210
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	0.62	0.69	0.54

Use of other services**

**Measures 20 through 24 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in June of 2017

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
20a	Physician service utilization	PMPM utilization of physician visits for currently enrolled beneficiaries	0.47	0.54	0.19	0.60	0.18	0.60
20b	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.62	0.67	0.43	0.73	0.41	0.75
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.49	0.49	0.44	0.58	0.44	0.61
22	Emergency department utilization, emergency	PMPM emergency department visits for emergent conditions among currently enrolled beneficiaries (i.e. those not subject to a copayment)	0.238	0.288	0.288	0.332	0.044	0.307
23	Emergency department utilization, non-emergency	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	1.025	1.429	0	0	0	0
24	Inpatient admissions	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	0.068	0.083	0.011	0.099	0.010	0.087

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	9026	8975	22	13	7	9
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	8900	8893	0	7	0	0
27	Number who lost eligibility	Number of beneficiaries due for renewal in the reporting month who respond to renewal notices, but are determined ineligible for the HELP program	10	9	0	0	0	1
28	No premium change	Number of beneficiaries due for renewal in the reporting month who remain eligible, with no change in premium requirement	116	73	22	6	7	8
29	Premium increase	Number of beneficiaries due for renewal in the reporting month who remain eligible, with an increase in required premium***	0	0	0	0	0	0
30	Premium decrease	Number of beneficiaries due for renewal in the reporting month who remain eligible, with a decrease required premium***	0	0	0	0	0	0

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

Complaints, grievances, and appeals

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
31	Complaints and grievances, Medicaid program	Total number of complaints and grievances filed in the reporting month regarding the HELP program	0	N/A	N/A	N/A	N/A	N/A
32	Complaints and grievances, plan administrator	Total number of complaints and grievances filed in the reporting month regarding the plan administrator	0	N/A	N/A	N/A	N/A	N/A
33	Complaints and grievances, provider	Total number of complaints and grievances filed in the reporting month regarding a provider	2	N/A	N/A	N/A	N/A	N/A
34	Appeals, eligibility	Total number of appeals filed in the reporting month regarding eligibility	72	N/A	N/A	N/A	N/A	N/A
35	Appeals, premiums	Total number of appeals filed in the reporting month regarding the size of premium payments	0	N/A	N/A	N/A	N/A	N/A
36	Appeals, denial of benefits	Total number of appeals filed in the reporting month regarding denials of benefits	16	N/A	N/A	N/A	N/A	N/A

Enrollment duration among dis-enrollees

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
37	Enrollment duration 0-3 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 3 or fewer months at the time of disenrollment	123	104	3	4	2	10
38	Enrollment duration 4-6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for between 4 and 6 months at the time of disenrollment	342	246	15	12	33	36
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	1975	1293	110	73	241	253

Monthly premiums owed at dis-enrollment

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
40	Amount of monthly premium at time of disenrollment >\$0 and <\$15	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) whose monthly premium at the time of disenrollment was greater than \$0 but less than \$15	22	0	22	0	0	0
41	Amount of monthly premium at time of disenrollment \$15-<\$30	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$15 or greater, but less than \$30	189	0	73	0	116	0
42	Amount of monthly premium at time of disenrollment \$30-<\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$30 or greater, but less than \$50	137	0	30	0	107	0
43	Amount of monthly premium at time of disenrollment \$50-<\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$50 or greater, but less than \$75.	49	0	3	0	46	0
44	Amount of monthly premium at time of disenrollment ≥\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$75 or greater.	7	0	0	0	7	0

Total debt owed at disenrollment for failure to pay

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
45	Amount of total debt owed at time of disenrollment for failure to pay: <\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was less than \$50.	1	0	0	0	1	0
46	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$50 but <\$100	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than or equal to \$50, but less than \$100.	4	0	0	0	4	0
47	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$100 but <\$150	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than or equal to \$100, but less than \$150.	51	0	0	0	51	0
48	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$150	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than \$150.	122	0	0	0	122	0

Quarterly HELP Act Measures

Quarter 3 Measures September 2018 Data

Enrollment (by FPL and Demographic Categories)

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	99743	74231	11181	3423	8001	2907
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	805	521	131	13	122	18
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	2507	1848	278	105	206	72

#	Measure	Definition		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	99743	6967	41025	20868	15402	15082	397
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	805	61	350	155	126	113	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	2507	420	995	569	308	214	1

#	Measure	Definition		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	99743	16045	422	68821	236	939	13280
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	805	82	1	569	5	12	136
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	2507	451	17	1738	13	31	257

#	Measure	Definition		Hispanic/Latino	Non-Hispanic/Latino	Unspecified Ethnicity
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	99743	2955	73555	23233
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	805	29	561	215
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	2507	107	2046	354

#	Measure	Definition		Female	Male
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	99743	53687	46056
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	805	394	411
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	2507	1547	960

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	6701	0	3338	0	3363	0
5	Monthly count of beneficiaries in the grace period	Among enrolled individuals who owe premiums, number of beneficiaries who did not pay their premium for the month but are not three months past due	11760	0	6162	0	5598	0
6	Monthly count of beneficiaries in long term arrears	Among enrolled individuals who owe premiums, number of beneficiaries who have not paid a premium in over three months. This includes individuals with income between 50-100% FPL who would have been disenrolled for non-payment of premiums if their income had been greater than 100% FPL	2401	0	0	0	2401	0
7	Monthly count of beneficiaries with collectible debt	Among enrolled individuals who owe premium payments, number of beneficiaries who have collectible debt	5695	0	4118	0	1577	0

Mid-year change in circumstance in household composition or income

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
8	Monthly count of beneficiaries who gave notice of mid-year change in circumstance in household or income information	Number of enrolled beneficiaries who notified the state of a mid-year change in circumstance and the change was effective during the reporting month	8984	6343	953	322	1050	316
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	8144	6343	593	322	570	316
10	Premium increase following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced an increase in their premium requirement during the reporting month ^y	572	0	162	0	410	0
11	Premium decrease following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced a decrease in their premium requirement during the reporting month ^y	268	0	198	0	70	0

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

Dis-enrollments outside annual renewal determinations (by FPL and Demographic Categories)

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	3035	2062	179	114	342	338
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	233	0	0	0	233	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	709	708	1	0	0	0
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	2093	1354	178	114	109	338

#	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)	3035	203	1420	664	363	299	86
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	233	15	118	52	32	16	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	709	38	319	134	93	95	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	2093	150	953	478	238	188	86

#	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)	3035	368	13	2206	5	33	410
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	233	0	1	189	2	1	40
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	709	61	7	506	0	10	125
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	2093	307	5	1511	3	22	245

#	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)	3035	87	2250	698
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	233	6	156	71
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	709	22	457	230
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	2093	59	1637	397

#	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)	3035	1631	1404
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	233	125	108
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	709	392	317
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	2093	1114	979

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	372	0	201	0	171	0
17	Monthly count of beneficiaries who have hit 5% cost sharing limit	Count of enrolled individuals who have hit 5% limit on cost sharing and premiums since enrollment, and no longer make cost sharing payments	3448	3050	141	0	256	1

Use of preventative services* (by FPL and demographic categories)

*Measures 18 and 19 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in June of 2017

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	61625	45365	6713	2497	4880	2170
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	0.63	0.64	0.55	0.73	0.54	0.74

#	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	61625	3215	32169	13151	11021	11069	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	0.63	0.43	0.57	0.65	0.72	0.74	0

#	Measure	Definition	Overall Measure	Native American / Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	61625	9509	263	42958	456	879	7564
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	0.63	0.64	0.55	0.63	0.56	0.63	0.58

#	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	61625	1821	59804
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	0.63	0.62	0.63

#	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	61625	36906	24719
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	0.63	0.7	0.54

Use of other services**

**Measures 20 through 24 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled in June of 2017

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
20a	Physician service utilization	PMPM utilization of physician visits for currently enrolled beneficiaries	0.49	0.54	0.26	0.61	0.26	0.61
20b	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.64	0.68	0.49	0.74	0.48	0.75
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.49	0.49	0.45	0.58	0.45	0.6
22	Emergency department utilization, emergency	PMPM emergency department visits for emergent conditions among currently enrolled beneficiaries (i.e. those not subject to a copayment)	0.245	0.29	0.074	0.337	0.064	0.314
23	Emergency department utilization, non-emergency	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	0	0	0	0	0	0
24	Inpatient admissions	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	0.069	0.083	0.015	0.1	0.012	0.088

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	11426	11326	47	21	17	15
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	11239	11220	2	11	2	4
27	Number who lost eligibility	Number of beneficiaries due for renewal in the reporting month who respond to renewal notices, but are determined ineligible for the HELP program	10	3	0	1	1	5
28	No premium change	Number of beneficiaries due for renewal in the reporting month who remain eligible, with no change in premium requirement	167	102	43	9	7	6
29	Premium increase	Number of beneficiaries due for renewal in the reporting month who remain eligible, with an increase in required premium***	3	0	0	0	3	0
30	Premium decrease	Number of beneficiaries due for renewal in the reporting month who remain eligible, with a decrease required premium***	7	1	2	0	4	0

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

Complaints, grievances, and appeals

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
31	Complaints and grievances, Medicaid program	Total number of complaints and grievances filed in the reporting month regarding the HELP program	0	N/A	N/A	N/A	N/A	N/A
32	Complaints and grievances, plan administrator	Total number of complaints and grievances filed in the reporting month regarding the plan administrator	0	N/A	N/A	N/A	N/A	N/A
33	Complaints and grievances, provider	Total number of complaints and grievances filed in the reporting month regarding a provider	0	N/A	N/A	N/A	N/A	N/A
34	Appeals, eligibility	Total number of appeals filed in the reporting month regarding eligibility	65	N/A	N/A	N/A	N/A	N/A
35	Appeals, premiums	Total number of appeals filed in the reporting month regarding the size of premium payments	0	N/A	N/A	N/A	N/A	N/A
36	Appeals, denial of benefits	Total number of appeals filed in the reporting month regarding denials of benefits	5	N/A	N/A	N/A	N/A	N/A

Enrollment duration among dis-enrollees

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
37	Enrollment duration 0-3 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 3 or fewer months at the time of disenrollment	145	126	3	2	7	7
38	Enrollment duration 4-6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for between 4 and 6 months at the time of disenrollment	343	258	12	10	29	34
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	2545	1676	164	102	306	297

Monthly premiums owed at dis-enrollment

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
40	Amount of monthly premium at time of disenrollment >\$0 and <\$15	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) whose monthly premium at the time of disenrollment was greater than \$0 but less than \$15	18	0	17	0	1	0
41	Amount of monthly premium at time of disenrollment \$15-<\$30	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$15 or greater, but less than \$30	263	0	110	0	153	0
42	Amount of monthly premium at time of disenrollment \$30-<\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$30 or greater, but less than \$50	189	0	47	0	142	0
43	Amount of monthly premium at time of disenrollment \$50-<\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$50 or greater, but less than \$75.	43	0	4	0	39	0
44	Amount of monthly premium at time of disenrollment ≥\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$75 or greater.	8	0	1	0	7	0

Total debt owed at disenrollment for failure to pay

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium
45	Amount of total debt owed at time of disenrollment for failure to pay: <\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was less than \$50.	5	0	0	0	5	0
46	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$50 but <\$100	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than or equal to \$50, but less than \$100.	18	0	0	0	18	0
47	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$100 but <\$150	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than or equal to \$100, but less than \$150.	82	0	0	0	82	0
48	Amount of total debt owed at time of disenrollment for failure to pay: ≥\$150	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was greater than \$150.	128	0	0	0	128	0