

Montana Health and Economic Livelihood Partnership (HELP),
also known as Medicaid Expansion
Program Demonstration

SECTION 1115 WAIVER QUARTERLY REPORT
State of Montana



REPORTING PERIOD

Quarter: 1 (01/01/2020-03/31/2020)

Demonstration Year: 5 (01/01/2020-12/31/2020)

Date submitted to CMS: 05/29/2020

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) continued to be responsible for the claim run out period, which included 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 This request was withdrawn on January 11, 2018, per a phone discussion with CMS, and resubmitted on January 16, 2018.

In January, 2018, Montana submitted an amendment to the Medicaid Aligned Alternative Benefit Plan (APB) State Plan to remove any reference to the TPA and confirm alignment of benefits to Standard Medicaid. Additionally, DPHHS submitted an amendment to the Cost Share State Plan to remove all reference to the TPA and remove the HELP Plan TPA cost share table. Both amendments were approved on May 3, 2018.

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

In late August, 2019, Montana submitted its request to extend and amend the Section 1115 Montana HELP Program Waiver including the changes listed above. As of the end of April, 2020, this request is pending.

In late 2019 a State Plan Amendment was submitted to remove co-payment requirements for all Montana Medicaid members with Standard Coverage, including those on HELP. This was approved with effective date, January 1, 2020.

In response to the 2020 COVID-19 state of emergency, in March, Montana implemented several temporary changes to member eligibility and services:

- A moratorium on all non-voluntary dis-enrollments to Montana Healthcare Programs, including no dis-enrollment in Medicaid Expansion/HELP for failure to pay premiums or renew eligibility;
- Expedited enrollment process;
- More services became available through telephone conversations and electronic visits;
- Removal of most referral requirements; and
- Suspension of face-to-face requirements for some programs.

The Montana Healthcare Programs Pharmacy Program also made temporary adjustments in response to the 2020 COVID-19 emergency:

- Allowed early refills for members on a case by case basis;
- Authorized non-preferred medications due to shortages;
- Extended existing prior authorizations;
- Extended day supply for MAT therapy if provider deemed appropriate; and
- Allowed flexibility so members limited by the application of 42 CFR 431.54(e) can obtain medications at a pharmacy other than their lock-in, if necessary and appropriate.

Further COVID-19 related temporary adjustments are expected upcoming months

Participant and Provider Education

- Participants:
 - The HELP Plan member webpage was updated on January 2, 2020.
 - The Medicaid Member Guide was updated and published on January 2, 2020.
 - The Medicaid Member Newsletter was published to the Montana Healthcare Programs website on January 2, 2020.
 - Detailed elimination of co-payment information was published on both the Montana Healthcare Programs member webpages and the HELP/Medicaid Expansion web pages on January 2, 2020.
- Providers:
 - The HELP Plan provider webpage was updated on -January 2, 2020 and again, in March as COVID-19 changes were implemented.
 - Providers were informed of changes via the usual Provider Notice process. Some of the COVID-19 related changes prompted group and one-on-one telephone and/or email communication between Montana Healthcare Programs and Providers for clarity and reassurance.

More detailed information about the Montana Healthcare Programs COVID-19 response is available on the Montana Healthcare Program's Provider webpage.

Additional Events

All the events that occurred during the growing healthcare crisis that affect healthcare delivery, enrollment and other operations are difficult to totally quantify. Examples of events that happened in quarter one of 2020 are:

- The aforementioned additional services and relaxation of restrictions coupled with the corresponding provider and member education efforts;
- Most staff transitioned to working from home with some occasional in-office hours;
 - Member and provider phone calls are forwarded to home phones, or returned within a reasonable timeframe;
 - Scheduled phone and Zoom conferences with supervisory staff to keep the front-line staff informed of changes; and

- The Office of Public Assistance began adjusting to a surge of applications for Montana Healthcare Programs and other assistance services.

At this writing, Montana has quickly made and continues to explore making many changes, to the Montana Medicaid Expansion/HELP Program to further ensure swift, quality health care for our citizens during this emergency.

Evaluation Activities

Federal Evaluation

The current federal evaluation of Montana's 1115 Waiver was due to conclude in late 2019. Completion is taking longer than anticipated and was further delayed by COVID-19 workload priorities. The final draft is now expected to be submitted for CMS review during quarter two of 2020. Montana anticipates contracting with a new independent evaluator later in 2020. The COVID-19 emergency and the negotiations related to Montana's Medicaid Expansion/HELP Extension and Renewal application have extended the desired timeline.

Challenges

Montana's HELP/Medicaid Expansion challenges were relatively minimal at the start of 2020. Our decision to eliminate member co-payment responsibilities on January first, effective date of Montana Healthcare Program's payment was a welcome change for members though it created some billing complications for providers. These issues soon began to dissipate and soon concerns over the COVID-19 outbreak arose. As mentioned before in this report, Montana's response to the COVID-19 emergency has been swift and far-reaching. Our first concern is supporting, maintaining, and simplifying necessary healthcare services on behalf of our members and providers. Future challenges related to this emergency response will be addressed when possible.

Key Milestones and Accomplishments

Participant Enrollment

Medicaid Expansion enrollment remained strong though decreased from the September 2019 count. The Marc 2020 enrollment count was 88,641, a decrease of 8.45% over the September 2019 count.

Transition

The Department was successful in transitioning HELP TPA members to the Medicaid State Plan through the State's Fee-for-service system (FFS) effective January 1, 2018. Residual issues that carried into quarter 1 of 2019 were minimal and easily rectified. By the end of quarter 3, 2019 very few residual issues remain. As no new transition issues are expected, this section will not be included in future reports.

Oversight and Monitoring

Conduent Oversight

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

The Montana Department of Public Health and Human Services' Quality Assurance Division, the Program Compliance Bureau, has two units that review Medicaid for accuracy:

- 1) The Program Integrity Unit investigates allegations of intentional fraud in the SNAP, Medicaid, and TANF programs.
 - Identified allegations of intentional fraud in the Medicaid, SNAP and TANF programs are referred to the appropriate law enforcement agency. The Program Integrity Unit follows up with the agency until resolution of the referral through court action, overpayment, or dropped due to insufficient evidence. During the 1st quarter 2020 of Demonstration Year 5, the Program Integrity Unit referred 2 cases which included HELP/ Medicaid issuance.
- 2) The Surveillance and Utilization Review Unit is responsible for protecting the integrity of the Montana Medicaid Program from fraud, waste, and abuse by Medicaid Providers.
 - There have been no identified surveillance and Utilization Review findings related to the HELP Section 1115 Demonstration Waiver since its introduction.

The Payment Error Rate Measurement (PERM) is a federal audit which monitors for improper payments in Medicaid programs on a three-year cycle. The 2017 PERM cycle resulted in minimal Medical Record Review errors. PERM did not release state specific Error Rates. The Reporting Year 2021 PERM cycle is currently under review for claims paid 07/01/2019-06/30/2020.

Montana maintains open communication with Providers during all audit processes, as well as provides the opportunity to discuss issues or concerns on specific findings. No corrective action plans were conducted in 2019. The opportunity to discuss issues or concerns on a regular or as-needed basis has avoided the need for further intervention.

Monitoring Activity Work Plan for Current Quarter

Task / Responsible Party	Timeframe for Task
Data Pulls from the Office of Public Assistance	One month prior to report submission
Data Pulls from the Operations Research Section	One month to two weeks prior to report submission
Data Pulls from the Office of Fair Hearings	One month prior to report submission
Data Analyses by State Analyst and State Program Officer	Two weeks to one week prior to report submission
Quarterly Report Submission by State Program Officer	60 days following end of quarters 1, 2, and 3
Annual Report Submission by State Program Officer	90 days following end of year

Post Award Forum

The most recent post award forum was held August 15, 2019 in conjunction with the Montana Health Coalition annual meeting and reported upon in the 2019 quarter three monitoring report

Demonstration Waiver Deliverable Timeline

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

Data Measures (Analysis of Appendix B)

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

Please note that all involuntary dis-enrollments ceased effective March 1, 2020 in an effort by Montana to keep all currently eligible Montana Healthcare Programs members secure in their health care coverage through the duration of the state of emergency.

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

We are also unable to provide the number of individuals who have reenrolled due to payment of full arrears; the number of individuals who have reenrolled due to assessment, and the number of individuals who have paid partial arrears. Presently we do not have the mechanisms in place to track reenrollment by compliance actions. Investigation into the possibility of establishing these mechanisms is underway. We will report our findings in the 2019 Annual Report.

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

Enrollment by FPL and Demographic Categories

January, February, and March of 2020

Measure 1 – Slow decreasing trend

Measure 2 – Upward trend

Measure 3 – Upward trend

Premium Payment

January, February, and March of 2020

Measure 4 – Upward trend

Measure 5 – Flat

Measure 6 – Decreasing trend

Measure 7 - Flat

Mid-year change in circumstance in household composition or income

January, February, and March of 2020

Measure 8 – Flat

Measure 9 – Flat

Measure 10 - Flat

Measure 11 - Flat

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

January, February, and March of 2020
Measure 12 – Decreasing trend
Measure 13 – Flat
Measure 14 – Decreasing trend
Measure 15 – Decreasing trend

Cost sharing limit

January, February, and March of 2020
Measure 16 – Flat
Measure 17 – Steep decreasing trend then flat

Use of preventative services by FPL and demographic categories

January, February, and March of 2020
Measure 18 – Flat
Measure 19 – Flat

Use of other services

January, February, and March of 2020
Measure 20a – Slight upward trend
Measure 20b – Slight upward trend
Measure 21 - Slight upward trend
Measure 22 - Flat
Measure 23 – Flat
Measure 24 - Flat

Renewal

January, February, and March of 2020
Measure 25 – Upward trend
Measure 26 – Upward trend
Measure 27 – Decreasing trend
Measure 28 – Flat
Measure 29 – Upward trend
Measure 30 – Upward trend

Complaints, grievances, and appeals

January, February, and March of 2020
Measure 31 - Flat
Measure 32 – Flat
Measure 33 – Flat
Measure 34 – Decreasing trend
Measure 35 – Flat
Measure 36 - Upward trend

Enrollment duration among dis-enrollees

January, February, and March of 2020
Measure 37 – Decreasing trend
Measure 38 – Flat

Measure 39 - Decreasing trend

Monthly premiums owed at dis-enrollment

January, February, and March of 2020

Measure 40 – Decreasing trend

Measure 41 – flat

Measure 42 – Upward trend

Measure 43 – Upward trend

Measure 44 - Decreasing trend

Total debt owed at dis-enrollment for failure to pay

January, February, and March of 2020

Measure 45 – Decreasing trend

Measure 46 – Decreasing trend

Measure 47 – Decreasing trend

Measure 48 - Upward trend

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

January, February, and March of 2020

Trend – Upward trend

Appendix A – 1115 Demonstration Waiver Deliverable Timeline

Quarterly Reports	Submit to CMS	Date Submitted
2017 - DY2, Q1	5/31/2017	5/31/2017
Q2	8/31/2017	8/30/2017
Q3	11/30/2017	11/30/2017
2018 - DY3, Q1	5/30/2018	12/20/18 Revised submitted 09/26/19
Q2	8/31/2018	12/20/18 Revised submitted 09/26/19
Q3	11/30/2018	12/20/18 Revised submitted 9/26/19
2019 - DY4, Q1	5/30/2019	5/29/19 Revised submitted 9/26/19
Q2	8/29/2019	9/26/19
Q3	11/29/2019	12/17/19
2020 - DY5, Q1	5/30/2020	5/29/20
Q2	8/29/2020	N/A
Q3	11/29/2020	N/A
Annual Reports	Submit to CMS	Date Submitted
2016 - DY1	3/31/2017	3/30/2017
2017 - DY2	3/31/2018	8/8/2018
2018 - DY3	3/31/2019	3/1/2019 Revised submitted 10/03/19
2019 - DY4	3/31/2020	Delayed 5/29/20
2020 - DY5	3/31/2021	N/A
Post Award Forum	Approximate Date Planned	Date Held
2016 - DY1	7/1/2016	6/15/2016
2017 - DY2	7/1/2017	6/20/2017
2018 - DY3	11/1/2018	12/12/2018
2019 - DY4	08/2019	08/15/2019
2020 - DY5	11/1/2020	N/A
Other Deliverables	Submit to CMS	Date Submitted
Extension and Amendment Request	8/30/2019	8/30/2019
Demonstration Ends	12/31/2020	N/A

APPENDIX B

Montana HELP Program

Quarterly Reporting Measures for Quarter1, 2020 (01/01/2020 – 03/31/2020)

(Appendix B)

**MT HELP/Medicaid Expansion Program 1115 Waiver
Quarter 1 Measures
January 2020 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	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	90189	65808	10757	3204	7897	2523	Office of Public Assistance
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	1232	755	203	31	210	33	Office of Public Assistance
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	3842	2673	515	143	395	116	Office of Public Assistance

**Overall Measure may vary by a few members as our data pull system occasionally pulls members from a younger age range than we report, due to the 6-month look back.*

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	*90189	4995	36112	20341	13896	14603	242	Office of Public Assistance
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	1232	83	536	250	192	169	2	Office of Public Assistance
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	3842	327	1549	906	550	504	6	Office of Public Assistance

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	90189	15510	417	62434	230	867	10731	Office of Public Assistance
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	1232	151	7	900	4	5	165	Office of Public Assistance
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	3842	606	17	2782	12	38	387	Office of Public Assistance

#	Measure	Definition	Overall Measure	Hispanic/ Latino	Non-Hispanic /Latino	Unspecified Ethnicity	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	90189	2771	67235	20183	Office of Public Assistance
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	1232	29	821	382	Office of Public Assistance
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	3842	152	3039	651	Office of Public Assistance

#	Measure	Definition	Overall Measure	Female	Male	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	90189	48855	41334	Office of Public Assistance
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	1232	569	663	Office of Public Assistance
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	3842	2251	1591	Office of Public Assistance

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	Where does data come from?
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	7962	0	4274	0	3688	0	Office of Public Assistance
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	11206	0	6114	0	5092	0	Office of Public Assistance
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	2775	0	0	0	2775	0	Office of Public Assistance
7	Monthly count of beneficiaries with collectible debt	Among enrolled individuals who owe premium payments, number of beneficiaries who have collectible debt	5282	0	3602	0	1680	0	Office of Public Assistance

The number of individuals with overdue premiums including those with premiums past due less than and greater than 90 days is the sum of Overall Measure #5 and overall Measure #6 or **13981**.

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	Where does data come from?
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	18883	14020	2162	580	1676	445	Office of Public Assistance
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	18051	14020	1753	580	1253	445	Office of Public Assistance
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	523	0	185	0	338	0	Office of Public Assistance
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	309	0	224	0	85	0	Office of Public Assistance

Disenrollment 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	Where does data come from?
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)	4290	3293	184	109	296	408	Office of Public Assistance
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	122	0	0	0	122	0	Office of Public Assistance
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	820	817	1	0	0	2	Office of Public Assistance
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	3348	2476	183	109	174	406	Office of Public Assistance

*Overall Measure may vary by a few members as our data pull system occasionally pulls members from a younger age range than we report, due to the 6-month look back.

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR	Where does data come from?
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)	*4290	246	1849	879	579	620	117	Office of Public Assistance
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	122	8	70	25	13	6	0	Office of Public Assistance
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	820	33	369	148	120	150	0	Office of Public Assistance
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	3348	205	1410	706	446	464	117	Office of Public Assistance

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race	Where does data come from?
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)	4290	571	18	3102	11	41	547	Office of Public Assistance
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	122	0	2	100	0	1	19	Office of Public Assistance
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	820	78	3	578	1	12	148	Office of Public Assistance
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	3348	493	13	2424	10	28	380	Office of Public Assistance

#	Measure	Definition	Overall Measure	Hispanic/ Latino	Non-Hispanic /Latino	Unspecified Ethnicity	Where does data come from?
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)	4290	115	3068	1107	Office of Public Assistance
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	122	2	86	34	Office of Public Assistance
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	820	19	493	308	Office of Public Assistance
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	3348	94	2489	765	Office of Public Assistance

#	Measure	Definition	Overall Measure	Female	Male	Where does data come from?
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)	4290	2258	2032	Office of Public Assistance
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	122	59	63	Office of Public Assistance
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	820	409	411	Office of Public Assistance
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	3348	1790	1558	Office of Public Assistance

The number of individuals who are disenrolled for failure to pay premiums is the same as the overall measure #13 or 122.

Cost sharing limit

Measure 16 is no longer applicable as of 01/01/2018 per approved amendment

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
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	0	0	0	0	0	0	n/a
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	116765	116425	162	0	175	3	Office of Public Assistance

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 six months prior to the reporting month.

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	62841	46020	7356	2415	5121	1929	Operations Research Section
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	0.6554	0.6482	0.6592	0.7340	0.6495	0.7559	Operations Research Section

*Overall Measure may vary by a few members as our data pull system occasionally pulls members from a younger age range than we report, due to the 6-month look back.

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR	Where does data come from?
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	*62841	2773	23667	14153	10747	11500	0	Operations Research Section
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	0.6554	0.4699	0.6068	0.6734	0.7251	0.7594	0.00	Operations Research Section

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian or Pacific Islander	White	Black	Multi-Racial	Unspecified Race	Where does data come from?
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	62841	9895	301	44089	505	1016	7035	Operations Research Section
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	0.6554	0.6385	0.6143	0.6675	0.6106	0.6680	0.6116	Operations Research Section

#	Measure	Definition	Overall Measure	Hispanic/ Latino	Non- Hispanic /Latino or Unspecified	Where does data come from?
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	62841	1938	60903	Operations Research Section
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	0.6554	0.6307	0.6562	Operations Research Section

#	Measure	Definition	Overall Measure	Female	Male	Where does data come from?
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	62841	37725	25116	Operations Research Section
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	0.6554	0.7309	0.5673	Operations Research Section

Use of other services

Measures 20 through 24 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled six months prior to the reporting month.

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
20a.	Physician service utilization	PMPM utilization of physician visits for currently enrolled beneficiaries	0.5564	0.5560	0.5406	0.6100	0.5358	0.6297	Operations Research Section
20b.	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.6975	0.6896	0.7117	0.7526	0.7051	0.7621	Operations Research Section
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.5102	0.5058	0.4952	0.6043	0.4985	0.6117	Operations Research Section
22	Emergency department utilization, emergency	PMPM emergency department visits for emergent conditions among currently enrolled beneficiaries (i.e. those not subject to a copayment)	0.2811	0.2993	0.2032	0.3407	0.1873	0.3280	Operations Research Section
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)	0.00	0.00	0.00	0.00	0.00	0.00	Operations Research Section
24	Inpatient admissions	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	0.0797	0.0875	0.0442	0.1040	0.0392	0.1125	Operations Research Section

Renewal

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
25	Monthly count of beneficiaries due for renewal	Number of beneficiaries due for renewal in the reporting month	6693	4868	746	258	622	199	Office of Public Assistance
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	118	89	11	2	11	5	Office of Public Assistance
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	674	457	81	30	86	20	Office of Public Assistance
28	No premium change	Number of beneficiaries due for renewal in the reporting month who remain eligible, with no change in premium requirement	5765	4321	573	226	471	174	Office of Public Assistance
29	Premium increase	Number of beneficiaries due for renewal in the reporting month who remain eligible, with an increase in required premium	93	1	66	0	26	0	Office of Public Assistance
30	Premium decrease	Number of beneficiaries due for renewal in the reporting month who remain eligible, with a decrease required premium	44	0	15	0	29	0	Office of Public Assistance

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	Where does data come from?
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	Office of Fair Hearings
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	Office of Fair Hearings
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	Office of Fair Hearings
34	Appeals, eligibility	Total number of appeals filed in the reporting month regarding eligibility	136	N/A	N/A	N/A	N/A	N/A	Office of Fair Hearings
35	Appeals, premiums	Total number of appeals filed in the reporting month regarding the size of premium payments	21	N/A	N/A	N/A	N/A	N/A	Office of Fair Hearings
36	Appeals, denial of benefits	Total number of appeals filed in the reporting month regarding denials of benefits	20	N/A	N/A	N/A	N/A	N/A	Office of Fair Hearings

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	Where does data come from?
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	330	284	8	2	22	14	Office of Public Assistance
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	374	302	11	9	30	22	Office of Public Assistance
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	3586	2707	165	98	244	372	Office of Public Assistance

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	Where does data come from?
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	35	0	34	0	1	0	Office of Public Assistance
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	198	0	97	0	101	0	Office of Public Assistance
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	177	0	51	0	126	0	Office of Public Assistance
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.	55	0	2	0	53	0	Office of Public Assistance
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.	15	0	0	0	15	0	Office of Public Assistance

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	Where does data come from?
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.	4	0	0	0	4	0	Office of Public Assistance
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.	3	0	0	0	3	0	Office of Public Assistance
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.	39	0	0	0	39	0	Office of Public Assistance
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.	76	0	0	0	76	0	Office of Public Assistance

Number of enrollees that are exempt from disenrollment due to good cause

Number of enrollees exempt from disenrollment for good cause in reporting month	365	Data from the Office of Public Assistance
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(Appendix B)

**MT HELP/Medicaid Expansion Program 1115 Waiver
Quarter 1 Measures
February 2020 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	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	87641	63653	10680	3171	7670	2467	Office of Public Assistance
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	1063	654	164	18	201	26	Office of Public Assistance
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	3160	2075	499	139	328	119	Office of Public Assistance

**Overall Measure may vary by a few members as our data pull system occasionally pulls members from a younger age range than we report, due to the 6-month look back.*

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	*87641	4835	34962	19826	13561	14253	204	Office of Public Assistance
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	1063	59	487	214	167	136	0	Office of Public Assistance
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	3160	313	1215	775	438	414	5	Office of Public Assistance

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	87641	15174	411	60705	213	841	10297	Office of Public Assistance
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	1063	115	12	756	6	14	160	Office of Public Assistance
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	3160	522	12	2287	10	27	302	Office of Public Assistance

#	Measure	Definition	Overall Measure	Hispanic/ Latino	Non- Hispanic /Latino	Unspecified Ethnicity	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	87641	2705	65622	19314	Office of Public Assistance
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	1063	27	706	330	Office of Public Assistance
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	3160	122	2526	512	Office of Public Assistance

#	Measure	Definition	Overall Measure	Female	Male	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	87641	47545	40096	Office of Public Assistance
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	1063	485	578	Office of Public Assistance
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	3160	1913	1247	Office of Public Assistance

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	Where does data come from?
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	6611	0	3471	0	3140	0	Office of Public Assistance
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	11096	0	6084	0	5012	0	Office of Public Assistance
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	2631	0	0	0	2631	0	Office of Public Assistance
7	Monthly count of beneficiaries with collectible debt	Among enrolled individuals who owe premium payments, number of beneficiaries who have collectible debt	5200	0	3563	0	1637	0	Office of Public Assistance

The number of individuals with overdue premiums including those with premiums past due less than and greater than 90 days is the sum of Overall Measure #5 and overall Measure #6 or **13727**.

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	Where does data come from?
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	18244	13587	2078	561	1581	437	Office of Public Assistance
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	17455	13587	1697	561	1173	437	Office of Public Assistance
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	502	0	179	0	323	0	Office of Public Assistance
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	287	0	202	0	85	0	Office of Public Assistance

Disenrollment 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	Where does data come from?
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)	5536	4499	162	162	287	426	Office of Public Assistance
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	151	0	0	0	151	0	Office of Public Assistance
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	1032	1032	0	0	0	0	Office of Public Assistance
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	4353	3467	162	162	136	426	Office of Public Assistance

*Overall Measure may vary by a few members as our data pull system occasionally pulls members from a younger age range than we report, due to the 6-month look back.

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR	Where does data come from?
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)	*5536	303	2471	1234	758	658	112	Office of Public Assistance
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	151	10	76	40	15	10	0	Office of Public Assistance
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	1032	55	478	192	152	154	1	Office of Public Assistance
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	4353	238	1917	1002	591	494	111	Office of Public Assistance

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race	Where does data come from?
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)	5536	803	27	3869	30	67	740	Office of Public Assistance
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	151	0	0	123	0	3	25	Office of Public Assistance
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	1032	139	8	708	3	17	157	Office of Public Assistance
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	4353	664	19	3038	27	47	558	Office of Public Assistance

#	Measure	Definition	Overall Measure	Hispanic/ Latino	Non-Hispanic /Latino	Unspecified Ethnicity	Where does data come from?
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)	5536	185	3910	1441	Office of Public Assistance
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	151	5	108	38	Office of Public Assistance
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	1032	37	641	354	Office of Public Assistance
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	4353	143	3161	1049	Office of Public Assistance

#	Measure	Definition	Overall Measure	Female	Male	Where does data come from?
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)	5536	2901	2635	Office of Public Assistance
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	151	90	61	Office of Public Assistance
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	1032	519	513	Office of Public Assistance
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	4353	2292	2061	Office of Public Assistance

The number of individuals who are disenrolled for failure to pay premiums is the same as the overall measure #13 or 151.

Cost sharing limit

Measure 16 is no longer applicable as of 01/01/2018 per approved amendment

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
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	0	0	0	0	0	0	n/a
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	3424	3243	96	0	85	0	Office of Public Assistance

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 six months prior to the reporting month.

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	62295	45502	7351	2416	5146	1880	Operations Research Section
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	0.6578	0.6502	0.6620	0.7393	0.6560	0.7520	Operations Research Section

*Overall Measure may vary by a few members as our data pull system occasionally pulls members from a younger age range than we report, due to the 6-month look back.

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR	Where does data come from?
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	*62295	2747	23366	14081	10626	11474	0	Operations Research Section
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	0.6578	0.4744	0.6090	0.6741	0.7272	0.7631	0.00	Operations Research Section

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian or Pacific Islander	White	Black	Multi-Racial	Unspecified Race	Where does data come from?
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	62295	9812	295	43656	501	1005	7026	Operations Research Section
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	0.6578	0.6356	0.6237	0.6700	0.6029	0.6786	0.6207	Operations Research Section

#	Measure	Definition	Overall Measure	Hispanic/ Latino	Non- Hispanic /Latino or Unspecified	Where does data come from?
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	62295	1921	60374	Operations Research Section
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	0.6578	0.6374	0.6585	Operations Research Section

#	Measure	Definition	Overall Measure	Female	Male	Where does data come from?
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	62295	37363	24932	Operations Research Section
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	0.6578	0.7314	0.5717	Operations Research Section

Use of other services

Measures 20 through 24 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled six months prior to the reporting month.

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
20a.	Physician service utilization	PMPM utilization of physician visits for currently enrolled beneficiaries	0.5596	0.5586	0.5442	0.6172	0.5433	0.6308	Operations Research Section
20b.	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.7002	0.6914	0.7137	0.7586	0.7155	0.7632	Operations Research Section
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.5124	0.5074	0.5000	0.6053	0.5002	0.6176	Operations Research Section
22	Emergency department utilization, emergency	PMPM emergency department visits for emergent conditions among currently enrolled beneficiaries (i.e. those not subject to a copayment)	0.2826	0.3003	0.2053	0.3470	0.1917	0.3288	Operations Research Section
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)	0.00	0.00	0.00	0.00	0.00	0.00	Operations Research Section
24	Inpatient admissions	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	0.0793	0.0874	0.0435	0.1022	0.0390	0.1080	Operations Research Section

Renewal

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
25	Monthly count of beneficiaries due for renewal	Number of beneficiaries due for renewal in the reporting month	7529	5487	849	307	662	225	Office of Public Assistance
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	140	106	16	1	13	4	Office of Public Assistance
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	597	395	79	16	86	21	Office of Public Assistance
28	No premium change	Number of beneficiaries due for renewal in the reporting month who remain eligible, with no change in premium requirement	6597	4986	631	290	490	200	Office of Public Assistance
29	Premium increase	Number of beneficiaries due for renewal in the reporting month who remain eligible, with an increase in required premium	121	0	86	0	35	0	Office of Public Assistance
30	Premium decrease	Number of beneficiaries due for renewal in the reporting month who remain eligible, with a decrease required premium	75	0	37	0	38	0	Office of Public Assistance

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	Where does data come from?
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	Office of Fair Hearings
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	Office of Fair Hearings
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	Office of Fair Hearings
34	Appeals, eligibility	Total number of appeals filed in the reporting month regarding eligibility	122	N/A	N/A	N/A	N/A	N/A	Office of Fair Hearings
35	Appeals, premiums	Total number of appeals filed in the reporting month regarding the size of premium payments	13	N/A	N/A	N/A	N/A	N/A	Office of Fair Hearings
36	Appeals, denial of benefits	Total number of appeals filed in the reporting month regarding denials of benefits	14	N/A	N/A	N/A	N/A	N/A	Office of Fair Hearings

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	Where does data come from?
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	250	216	7	1	15	11	Office of Public Assistance
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	449	372	18	7	27	25	Office of Public Assistance
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	4835	3909	137	154	245	390	Office of Public Assistance

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	Where does data come from?
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	23	0	16	0	7	0	Office of Public Assistance
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	219	0	100	0	119	0	Office of Public Assistance
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	42	0	113	0	Office of Public Assistance
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	0	4	0	40	0	Office of Public Assistance
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	0	0	8	0	Office of Public Assistance

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	Where does data come from?
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	Office of Public Assistance
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.	7	0	0	0	7	0	Office of Public Assistance
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.	42	0	0	0	42	0	Office of Public Assistance
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.	99	0	0	0	99	0	Office of Public Assistance

Number of enrollees that are exempt from disenrollment due to good cause

Number of enrollees exempt from disenrollment for good cause in reporting month	453	Data from the Office of Public Assistance
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(Appendix B)

**MT HELP/Medicaid Expansion Program 1115 Waiver
Quarter 1 Measures
March 2020 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	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	86585	62755	10624	3241	7489	2476	Office of Public Assistance
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	1184	711	155	71	173	74	Office of Public Assistance
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	2893	1918	425	131	318	101	Office of Public Assistance

**Overall Measure may vary by a few members as our data pull system occasionally pulls members from a younger age range than we report, due to the 6-month look back.*

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	*86585	4743	34439	19712	13387	14094	210	Office of Public Assistance
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	1184	65	531	249	171	167	1	Office of Public Assistance
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	2893	291	1062	741	408	388	3	Office of Public Assistance

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	86585	15052	420	59946	221	833	10113	Office of Public Assistance
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	1184	133	13	824	4	12	198	Office of Public Assistance
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	2893	460	15	2123	4	29	260	Office of Public Assistance

#	Measure	Definition	Overall Measure	Hispanic/ Latino	Non-Hispanic /Latino	Unspecified Ethnicity	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	86585	2676	64946	18963	Office of Public Assistance
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	1184	40	710	434	Office of Public Assistance
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	2893	105	2334	454	Office of Public Assistance

#	Measure	Definition	Overall Measure	Female	Male	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	86585	46978	39607	Office of Public Assistance
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	1184	545	639	Office of Public Assistance
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	2893	1712	1181	Office of Public Assistance

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	Where does data come from?
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	8977	0	4994	0	3983	0	Office of Public Assistance
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	11418	0	6351	0	5067	0	Office of Public Assistance
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	2393	0	0	0	2393	0	Office of Public Assistance
7	Monthly count of beneficiaries with collectible debt	Among enrolled individuals who owe premium payments, number of beneficiaries who have collectible debt	5203	0	3570	0	1633	0	Office of Public Assistance

The number of individuals with overdue premiums including those with premiums past due less than and greater than 90 days is the sum of Overall Measure #5 and overall Measure #6 or **13811**.

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	Where does data come from?
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	18120	13531	2048	568	1546	427	Office of Public Assistance
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	17309	13531	1636	567	1150	425	Office of Public Assistance
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	514	0	205	0	309	0	Office of Public Assistance
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	297	0	207	1	87	2	Office of Public Assistance

Disenrollment 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	Where does data come from?
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)	4366	3211	184	163	334	474	Office of Public Assistance
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	147	0	0	0	147	0	Office of Public Assistance
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	830	828	0	0	2	0	Office of Public Assistance
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	3389	2383	184	163	185	474	Office of Public Assistance

*Overall Measure may vary by a few members as our data pull system occasionally pulls members from a younger age range than we report, due to the 6-month look back.

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR	Where does data come from?
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)	*4366	234	1961	953	581	538	99	Office of Public Assistance
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	147	7	71	40	16	13	0	Office of Public Assistance
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	830	37	400	164	117	112	0	Office of Public Assistance
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	3389	190	1490	749	448	413	99	Office of Public Assistance

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race	Where does data come from?
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)	4366	585	10	3156	10	49	556	Office of Public Assistance
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	147	0	2	126	0	3	16	Office of Public Assistance
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	830	98	3	588	2	13	126	Office of Public Assistance
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	3389	487	5	2442	8	33	414	Office of Public Assistance

#	Measure	Definition	Overall Measure	Hispanic/ Latino	Non-Hispanic /Latino	Unspecified Ethnicity	Where does data come from?
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)	4366	2492	3144	1064	Office of Public Assistance
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	147	5	114	28	Office of Public Assistance
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	830	37	538	255	Office of Public Assistance
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	3389	116	2492	781	Office of Public Assistance

#	Measure	Definition	Overall Measure	Female	Male	Where does data come from?
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)	4366	2268	2098	Office of Public Assistance
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	147	81	66	Office of Public Assistance
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	830	400	430	Office of Public Assistance
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	3389	1787	1602	Office of Public Assistance

The number of individuals who are disenrolled for failure to pay premiums is the same as the overall measure #13 or 147.

Cost sharing limit

Measure 16 is no longer applicable as of 01/01/2018 per approved amendment

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
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	0	0	0	0	0	0	n/a
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	3046	2868	76	7	85	10	Office of Public Assistance

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 six months prior to the reporting month.

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	61921	45255	7321	2380	5079	1886	Operations Research Section
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	0.6591	0.6515	0.6663	0.7339	0.6567	0.7487	Operations Research Section

*Overall Measure may vary by a few members as our data pull system occasionally pulls members from a younger age range than we report, due to the 6-month look back.

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR	Where does data come from?
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	*61921	2709	23228	13958	10577	11448	0	Operations Research Section
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	0.6591	0.4783	0.6108	0.6722	0.7297	0.7636	0.00	Operations Research Section

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian or Pacific Islander	White	Black	Multi-Racial	Unspecified Race	Where does data come from?
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	61921	9774	305	43409	498	1001	6934	Operations Research Section
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	0.6591	0.6330	0.6328	0.6721	0.6073	0.6791	0.6220	Operations Research Section

#	Measure	Definition	Overall Measure	Hispanic/ Latino	Non- Hispanic /Latino or Unspecified	Where does data come from?
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	61921	1908	60013	Operations Research Section
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	0.6591	0.6396	0.6597	Operations Research Section

#	Measure	Definition	Overall Measure	Female	Male	Where does data come from?
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	61921	37185	24736	Operations Research Section
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	0.6591	73.22%	57.31%	Operations Research Section

Use of other services

Measures 20 through 24 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled six months prior to the reporting month.

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
20a.	Physician service utilization	PMPM utilization of physician visits for currently enrolled beneficiaries	0.5604	0.5587	0.5503	0.6109	0.5465	0.6304	Operations Research Section
20b.	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.7012	0.6927	0.7194	0.7505	0.7122	0.7582	Operations Research Section
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.5134	0.5086	0.5032	0.6010	0.5018	0.6153	Operations Research Section
22	Emergency department utilization, emergency	PMPM emergency department visits for emergent conditions among currently enrolled beneficiaries (i.e. those not subject to a copayment)	0.2837	0.3009	0.2088	0.3429	0.1937	0.3335	Operations Research Section
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)	0.00	0.00	0.00	0.00	0.00	0.00	Operations Research Section
24	Inpatient admissions	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e. those subject to a copayment)	0.0795	0.0874	0.0426	0.1033	0.0407	0.1096	Operations Research Section

Renewal

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
25	Monthly count of beneficiaries due for renewal	Number of beneficiaries due for renewal in the reporting month	8131	5926	921	354	681	249	Office of Public Assistance
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	332	234	43	16	32	7	Office of Public Assistance
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	332	484	110	48	133	31	Office of Public Assistance
28	No premium change	Number of beneficiaries due for renewal in the reporting month who remain eligible, with no change in premium requirement	6779	5208	639	290	431	211	Office of Public Assistance
29	Premium increase	Number of beneficiaries due for renewal in the reporting month who remain eligible, with an increase in required premium	136	0	0	96	0	40	Office of Public Assistance
30	Premium decrease	Number of beneficiaries due for renewal in the reporting month who remain eligible, with a decrease required premium	78	0	33	0	45	0	Office of Public Assistance

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	Where does data come from?
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	Office of Fair Hearings
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	Office of Fair Hearings
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	Office of Fair Hearings
34	Appeals, eligibility	Total number of appeals filed in the reporting month regarding eligibility	106	N/A	N/A	N/A	N/A	N/A	Office of Fair Hearings
35	Appeals, premiums	Total number of appeals filed in the reporting month regarding the size of premium payments	17	N/A	N/A	N/A	N/A	N/A	Office of Fair Hearings
36	Appeals, denial of benefits	Total number of appeals filed in the reporting month regarding denials of benefits	18	N/A	N/A	N/A	N/A	N/A	Office of Fair Hearings

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	Where does data come from?
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	173	140	5	0	18	10	Office of Public Assistance
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	425	338	12	7	35	33	Office of Public Assistance
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	3767	2732	167	156	281	431	Office of Public Assistance

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	Where does data come from?
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	20	0	2	0	Office of Public Assistance
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	223	0	108	0	115	0	Office of Public Assistance
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	197	0	48	0	149	0	Office of Public Assistance
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.	71	0	8	0	63	0	Office of Public Assistance
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	Office of Public Assistance

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	Where does data come from?
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.	2	0	0	0	2	0	Office of Public Assistance
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.	3	0	0	0	3	0	Office of Public Assistance
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.	33	0	0	0	33	0	Office of Public Assistance
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.	109	0	0	0	109	0	Office of Public Assistance

Number of enrollees that are exempt from disenrollment due to good cause

Number of enrollees exempt from disenrollment for good cause in reporting month	579	Data from the Office of Public Assistance
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