

**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 (01/01/2021-03/31/2021)
Demonstration Year: 6 (1/1/2021-12/31/2021)
Date submitted to CMS: 05/24/2021

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

During April 2017, the Montana Legislature passed Senate Bill (SB) 261, which required state agencies to implement certain cost-saving measures. Included in SB 261 is the requirement that the State may not renew any existing contract with the TPA or insurance company for administration of the HELP Plan. The 1915(b)(4) waiver allowing DPHHS to contract with the TPA naturally expired on December 31, 2017; DPHHS notified CMS of its intent to allow the waiver to naturally expire on August 15, 2017. DPHHS provided BCBSMT notice on August 23, 2017 of the upcoming contract closure to be December 31, 2017. The BCBSMT claims system terminated HELP Program member eligibility in late December 2017.

On September 2, 2017, DPHHS submitted an amendment to CMS for the Section 1115 Montana HELP Program Waiver with the changes resulting from SB 261. Included in the amendment, effective January 1, 2018, eligible enrollees in the HELP Program receive services approved in the Medicaid State Plan through the State's Fee-for-service system (FFS). Additionally, the amendment removes the premium credit. 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.

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.

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

In late August of 2019, Montana submitted an amendment and extension application to extend the authorities of the HELP ACT and to meet the requirements of HB 658. On December 1, 2020, Montana received a temporary extension of the prior approved authorities that will now expire on December 31, 2021. The temporary extension was

granted to allow the state and CMS to continue working together on approval of the previously submitted application for amendment and extension of this demonstration.

In response to the 2020 COVID-19 state of emergency, effective April 1, 2020, Montana implemented several temporary changes to member eligibility and services including:

- A moratorium on
 - Involuntary dis-enrollment (more specifically, punitive dis-enrollment) is halted during the state of emergency. Some dis-enrollments still occur. Members can still be dis-enrolled due to:
 - Death;
 - Moving out of the state (including extended inability to contact); or
 - By member request
- Expedited enrollment process;
- More services became available through telehealth;
- 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 that will expire at the end of the public health 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.

In April, May and June of 2020, these additional temporary COVID-19 related adjustments were made that will expire at the end of the public health emergency.

- Amendment to provider enrollment instructions;
- Requirements and billing clarifications for telehealth services by nursing facilities;
- Dental telemedicine coding guidance;
- Suspension of prior authorizations or continued stay reviews and clinical requirements for some Medicaid programs;
- Changes to Youth Community-Based psychiatric rehabilitation and support services (retroactive to March 16, 2020);
- Non-covered services agreement policy change;
- Suspension of the PCP referral requirement;
- National correct coding initiative announcement;
- Changes to Developmental Disabilities 0208 Comprehensive Waiver;
- Revision to Case Management General Provisions; and
- Allowing a 90-day supply for all drugs except C II drugs, (retroactive to March 1, 2020).

In the last half of 2020, these additional temporary COVID-19 related adjustments were made:

- Behavioral Health Grants; and
- Provider Relief Fund General Allocation.

Effective early February, 2021, pharmacies are now able to bill Montana Healthcare Programs for COVID-19 vaccine administration through pharmacy point of sale (POS).

As of end of quarter 1, 2021, the above temporary COVID-19 related adjustments remained in place with no additional changes.

Participant and Provider Education

Navigating the health care system can be confusing and time consuming. Thus, the Health Resources Division is assisting our members and providers to obtain the information and the understanding they need to effectively utilize the health care system through the following services.

For Participants:

- Publish a quarterly member newsletter to provide members with information on using their benefits;
- Issue member notices and postcard mailings to notify members of significant benefit changes and where they can find member information (member guide, newsletters, notices, etc.);
- Provide child wellness schedule magnets and annual mailings on the member's birthday as a reminder to get their annual wellness visit; and
- Provide extensive and on-going participant information related to the COVID-19 emergency response and the effect on member eligibility and benefits.

For Providers:

- Publish a monthly provider newsletter (The Claim Jumper) with information on changes and pointers to assist providers;
- Issue provider notices to notify providers of significant changes;
- Communicate directly with providers via presentations, phone calls, and written correspondence as needed; and
- Provide extensive and on-going provider information related to the COVID-19 emergency response.

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

Additional Events

As a condition of receiving the temporary FMAP increase under section 6008 of the Families First Coronavirus Response Act, Montana may not disenroll Medicaid beneficiaries for failure to pay premiums. Section 6008(b)(2) of the FFCRA, as

amended by section 3720 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, placed additional restrictions on Montana's ability to increase premiums after January 1, 2020 in order to qualify for the temporary FMAP increase. As such, Montana has continued to collect monthly premiums but has not discontinued enrollment for failure to pay timely premiums for individuals with income above 100 percent of the FPL. Montana intends to continue this operational policy until the end of the public health emergency which is currently December 31, 2021, per the [January 22, 2021 letter \[f.datasrvr.com\]](#) sent from the Acting Health and Human Services Secretary to Governors.

Evaluation Activities

Federal Evaluation

To meet the federal 1115 waiver evaluation requirement, Montana participated in CMS' multi-state 1115 Demonstration Federal Evaluation and Meta-Analysis. The evaluation of Montana's HELP Demonstration Program was conducted by Social & Scientific Systems (SSS) and the Urban Institute. More detailed information about this evaluation was included with Montana's August 2019 Extension and Amendment application, page 21.

The federal evaluation had three main goals:

- Understand and document the design, implementation, and ongoing operations of HELP;
- Document enrollee understanding of and experiences with HELP; and
- Estimate the overall effects of HELP on health insurance coverage, health care access and affordability, and health behaviors and health.

To fully assess the impact of the program and achieve the above goals, the evaluation team designed and implemented a comprehensive mixed-methods evaluation of HELP that is currently on-going. Findings from the HELP evaluation thus far show that the program had significant and positive effects, although, as with any program, implementation and administration faced some challenges. Overall, there were substantial gains in health insurance coverage, beneficiaries for the most part expressed satisfaction with the program, and stakeholders believed it had positive economic impacts by decreasing hospital uncompensated care costs and stimulating economic growth in the state. As of the end of March, 2021, the evaluation itself is complete but analysis of the findings and final report are pending

Challenges

The biggest challenge for Montana in 2020, and continuing into quarter 1 of 2021, was the COVID-19 pandemic. States worked on removing barriers to health care for residents affected by the health emergency. Montana's priorities in addressing the challenges included:

- Access to Behavioral Health;

- COVID-19 testing, treatment and vaccinations;
- Providing COVID-19 coverage to those individuals who are un-insured; and
- Expanding telehealth options for exposure protection of members and others.

Additionally, the COVID-19 pandemic resulted in administrative challenges for our Medicaid agency in allowing staff to telework in order to keep staff socially distant and meet lockdown requirements in the state.

Also, some system changes were made to account for COVID-19 vaccine administration. For example, in early February of 2021, Montana added authority for pharmacies to provide COVID-19 vaccine administration as a part of our efforts to ensure the Medicaid population was covered.

The Montana legislative session began its biannual session in January of 2021 with a new Governor and a newly appointed Department of Public Health and Human Services (DPHHS) Director. Legislative sessions routinely present additional challenges to administrative efforts as requests for reports and information may come at any time with the potential to daily affect priority schedules. The legislative session and changes in tandem with the challenges of pandemic response, created a demanding environment during quarter one of 2021.

Key Milestones and Accomplishments

Participant Enrollment

The HELP enrollment remained strong with a steady increase, in both the fourth quarter of 2020 and each month through the first quarter of 2021. The end of December 2020/first of January 2021 enrollment count was 9,6935 an increase of over 7.4% compared to the end of September 2020 enrollment count of 90,231. The total increase in enrollment for quarter one of 2021 (from the end of December 2020 through the end of March, 2021) was 3,108 or an enrollment increase of just over 3.2% during the three-month period. It should be noted that the enrollment total is likely higher than it would be under normal circumstances, for two reasons:

- 1) Montana's moratorium on all non-voluntary (punitive) dis-enrollments to Montana Healthcare Programs, including no dis-enrollment in Medicaid Expansion/HELP for failure to pay premiums or renew eligibility during the COVID-19 state of emergency; and
- 2) Increased enrollment due to COVID-19 related business abatement with related health insurance coverage and income losses.
 - a. Montana notes that the rate of enrollment increase appears to be slowing (7.4% in 2020 Q4 compared to 3.2% in 2021 Q1). Since the rate of increase is noticeably slowing, we believe this may be due to the state's gradual relaxing of COVID-19 restrictions and the beginnings of economic recovery as the pandemic appears to wane.

Oversight and Monitoring

Conduent Oversight

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

DPHHS Oversight

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.
 - No allegations of intentional fraud were identified as applicable to the Montana HELP 1115 Demonstration Waiver since its introduction.
- 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 quarter one of 2021. 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 2020 post award forum was held November 17, 2020 in conjunction with the Montana Health Coalition annual meeting. The forum was held virtually due to COVID-19 concerns. Nineteen people attended via Zoom. The Montana Medicaid Director presented the update on HELP/Expansion. Three attendees contributed comments or questions. The 2021 post award forum is yet to be scheduled.

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 (punitive) dis-enrollments ceased effective April 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. Montana attempted to establish mechanisms to report the above, but our present system does not have this capability.

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

Enrollment by FPL and Demographic Categories

January, February, and March of 2021

Measure 1 – Slow upward trend

- As noted above, all involuntary (punitive) dis-enrollments ceased effective April 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 COVID-19 state of emergency. The steady climb in overall enrollment is likely due to this retention of almost all enrolled members since April 1, 2020. Additionally, we expect there has been an increasing need for Medicaid coverage related to income reductions and loss of private insurance coverage due to employment reductions connected with the efforts to curb the virus spread. Montana notes that the rate of enrollment increase appears to be slowing. We believe this may be due to the state's gradual relaxing of COVID-19 restrictions and the beginnings of economic recovery as the pandemic appears to wane.

Measure 2 – Strong upward trend during open enrollment

- Montana hypothesizes that counts of new enrollees who were not covered under any Medicaid program in the previous three months increased this quarter as newly eligible individuals steadily seek Marketplace assistance as their need for health insurance corresponds to their resource depletion during the pandemic duration. The stronger upward trend may be due to applicants seeking Marketplace coverage on-line, and discovering they qualify for Medicaid Expansion/HELP.

Measure 3 – Flat

- Montana believes the number of individuals who began new enrollment spells each month of this quarter, who have had Medicaid coverage within the prior three months is leveling off as the majority of qualified members who choose to enroll in HELP coverage due to circumstances related to the pandemic, have already done so and remain enrolled. Those scheduled for redetermination are automatically redetermined eligible without the need to requalify.

Premium Payment

January, February, and March of 2021

Measure 4 – Slight upward trend

Measure 5 – Slight upward trend

Measure 6 – Decrease

Measure 7 - Flat

Mid-year change in circumstance in household composition or income

January, February, and March of 2021

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 2021

Measure 12 – Flat

- Even though involuntary dis-enrollment (more specifically, punitive dis-enrollment) is halted during the state of emergency, some dis-enrollments still occur. Members can still be dis-enrolled due to death, moving out of the state (including extended inability to contact), or by request. Similar to the analysis on measure 3, this type of movement off of the Medicaid Expansion/HELP Program happens during non-pandemic months, but the temporary elimination of the involuntary dis-enrollments contributed, in past months, to a steadily increasing pool of members who would not be dis-enrolled. However, similar to the analysis on measure 3, we believe, after nine months of Covid-19 response, the majority of qualified members who choose to enroll in HELP coverage due to circumstances related to the pandemic, have already done so and remain enrolled.

Measure 13 –Flat at 0

- Beginning April 1, 2020, during the COVID-19 state of emergency Montana implemented a moratorium on dis-enrollment due to failure to pay premiums. Therefore, this measure is at zero for all three months of the quarter.

Measure 14 – Flat

- This category measures dis-enrollments outside annual renewal determinations due to specifically noted continuous eligibility exceptions for individuals. Continuous eligibility exceptions include:
 - Not being located for a period of more than one month, after good faith efforts by the state to do so;
 - No longer being a Montana resident;
 - Requesting termination of eligibility;
 - Death;
 - Failure to provide, or cooperate in obtaining, a Social Security Number, if otherwise required;
 - Providing an incorrect or fraudulent Social Security Number;
 - Being determined eligible for Medicaid in error; and
 - Failure to provide the documentation of citizenship or immigration status required under federal law.

The flattening out of occurrences in this measure in quarter one of 2021 is again believed to be due to Montana’s response to the Covid-19 state of emergency that has the similar effect on this measure as it does on measures 3 and 12. This type of movement off of the Medicaid Expansion/HELP Program also happens during non-pandemic months, but the temporary elimination of the involuntary dis-enrollments contributes to steadily increasing pool of members who would not be dis-enrolled. However, the duration of the pandemic itself seems to have slowed the momentum.

Measure 15 – Flat

- This category measures dis-enrollments outside annual renewal determinations for movement to different coverage. Again, the flat movement in this measure in quarter one is believed to be due to Montana’s response the COVID-19 state of emergency. This has a similar effect on this measure as it does on measures 3, 12 and 14. This type of movement off of the Medicaid Expansion/HELP Program also happens during non-pandemic months, but the temporary elimination of the involuntary dis-enrollments contributes to steadily increasing pool of

members who would not be dis-enrolled. However, the duration of the pandemic itself seems to have slowed the momentum.

Cost sharing limit

January, February and March of 2021

Measure 16 – Flat

Measure 17 – Steep decreasing trend then flat

Use of preventative services by FPL and demographic categories

January, February and March of 2021

Measure 18 – Flat

Measure 19 – Flat

Use of other services

January, February and March of 2021

Measure 20a – Flat

Measure 20b – Flat

Measure 21 - Flat

Measure 22 - Flat

Measure 23 – Flat

Measure 24 – Flat

Renewal

January, February and March of 2021

Measure 25 – Sharp upward trend

Measure 26 – Flat

Measure 27 – Flat at 0

Measure 28 – Strong upward trend

Measure 29 – Flat

Measure 30 – Flat

Complaints, grievances, and appeals

January, February and March of 2021

Measure 31 – Flat

- Montana has no record of complaints and grievances filed regarding the Medicaid HELP program itself.

Measure 32 – Flat

- Montana has no record of complaints and grievances filed regarding the plan administrator

Measure 33 – Flat

- Montana has no record of complaints and grievances filed regarding a provider

Measure 34 – Flat

- Total number of eligibility appeals filed this quarter regarding eligibility averaged 17 per month with little variation. Quarter four of 2020 showed a similar trend. Montana hypothesizes an earlier decreasing trend, and now leveling off may be due to the cessation of non-voluntary dis-

enrollments that began April 1, 2020, and the processing lag time needed to adjudicate those appeals.

Measure 35 – Strong upward trend

- Total number of premium appeals filed this quarter regarding the size of premium payments averaged just over 13 per month but doubled from February to March. This increase may simply be due to the time it took to schedule and adjudicate the appeals. However, it is also possible that no conclusion should be drawn regarding trends when the numbers considered are so statically insignificant.

Measure 36 - Decreasing Trend

- Total number of benefits appeals filed this quarter regarding denial of benefits averaged just over 8 per month. In quarter 4, 2020, denial of benefits averaged just over fourteen per month with eight in October, twenty-one in November, and fifteen in December. Montana believes no conclusion should be drawn regarding trends when the numbers considered are so statically insignificant.

Enrollment duration among dis-enrollees

January, February and March of 2021

Measure 37 – Decreasing trend

Measure 38 – Flat

Measure 39 - Flat

Monthly premiums owed at dis-enrollment

January, February and March of 2021

Measure 40 – Flat

Measure 41 – Flat

Measure 42 – Flat

Measure 43 – Flat

Measure 44 - Flat

Total debt owed at dis-enrollment for failure to pay

January, February and March of 2021

Measure 45 – Flat

Measure 46 – Flat

Measure 47 – Flat

Measure 48 - Flat

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

January, February and March of 2021

Trend – Flat

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	12/20/2018 Revised submitted 9/26/2019
Q2	8/31/2018	12/20/18 Revised submitted 09/26/19
Q3	11/30/2018	12/20/2018 Revised submitted 9/26/2019
2019 - DY4, Q1	5/30/2019	5/29/2019 Revised submitted 9/26/2019
Q2	8/29/2019	9/26/2019
Q3	11/29/2019	12/17/2019
2020 - DY5, Q1	5/30/2020	5/29/2020
Q2	8/29/2020	8/28/2020 Corrected and resubmitted 11/12/2020
Q3	11/29/2020	11/25/2020
2021 – DY6, Q1	5/30/2021	05/24/2021
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 10/3/2019
2019 - DY4	3/31/2020	Delayed 5/29/2020
2020 - DY5	3/31/2021	Delayed briefly 4/6/2021
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	8/2019	8/15/2019
2020 - DY5	11/1/2020	11/17/2020
2021 - DY6	(pending)	(pending)
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 Quarter 1, 2021 (01/01/2021 –03/31/2021)

(Appendix B)

**MT HELP/Medicaid Expansion Program 1115 Waiver
Quarter 1 Measures
January 2021 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	98124	69940	12450	3382	9681	2671	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	891	600	123	27	116	25	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	454	354	27	22	33	18	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	*98124	4277	39504	22444	15019	16048	832	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	891	70	386	161	140	134	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	454	158	141	80	34	39	2	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	98124	16033	507	68981	293	950	11360	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	891	103	7	625	3	11	142	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	454	88	2	325	1	5	33	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	98124	3113	71787	23224	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	891	29	518	344	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	454	17	378	59	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	98124	52448	45676	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	891	422	469	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	454	253	201	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	9733	0	5116	0	4617	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	13315	0	7199	0	6116	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	3538	0	0	0	3538	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	5099	0	3393	0	1706	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 **16853**.

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	18330	13627	2093	612	1547	451	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	17171	13627	1480	589	1035	440	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	753	0	341	0	412	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	406	0	272	23	100	11	Office of Public Assistance

Disenrollment outside annual renewal determinations (by FPL and Demographic Categories)

Effective April 1, 2020, in response to the COVID-19 state of emergency, Montana implemented a moratorium on all non-voluntary (punitive) dis-enrollments to Montana Healthcare Programs, including no dis-enrollment in Medicaid Expansion/HELP for failure to pay premiums or renew eligibility.

#	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)	958	933	6	2	8	9	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	0	0	0	0	0	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	635	635	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	323	298	6	2	8	9	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)	*958	28	301	137	149	274	69	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	0	0	0	0	0	0	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	635	11	228	84	100	210	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	323	17	73	53	49	64	67	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)	958	110	6	709	4	10	119	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	0	0	0	0	0	0	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	635	59	6	468	1	9	92	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	323	51	0	241	3	1	27	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)	958	28	537	393	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	0	0	0	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	635	19	295	321	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	323	9	242	72	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)	958	500	458	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	0	0	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	635	321	314	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	323	179	144	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 0.

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	131335	130816	167	1	339	12	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	62394	44384	7903	2509	5682	1916	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	0.6726	0.6695	0.6688	0.7510	0.6457	0.7612	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	*62394	2583	23048	14393	10467	11903	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	0.6726	0.4840	0.6228	0.6902	0.7360	0.7755	0	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	62394	9867	314	44060	478	1020	6655	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	0.6726	0.6519	0.5936	0.6856	0.6160	0.6547	0.6337	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	62394	1965	60429	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	0.6726	0.6557	0.6731	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	62394	37198	25196	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	0.6726	0.7436	0.5894	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	0.5637	0.5665	0.5463	0.6333	0.5201	0.6289	Operations Research Section
20b.	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.6220	0.6237	0.6108	0.6818	0.5835	0.6834	Operations Research Section
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.6147	0.6143	0.5987	0.7136	0.5715	0.7175	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)	0.2778	0.2986	0.2042	0.3340	0.1853	0.3266	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	0	0	0	0	0	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)	0.0752	0.0845	0.0422	0.0961	0.0359	0.0934	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	6297	4432	803	236	651	175	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	35	19	7	1	8	0	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	3	1	0	1	1	0	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	6258	4412	795	234	642	175	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	0	0	0	0	0	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	1	0	1	0	0	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	21	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	10	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	229	222	1	0	3	3	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	79	74	1	0	3	1	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	650	637	4	2	2	5	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	0	0	0	0	0	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	3	0	2	0	1	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	8	0	3	0	5	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.	3	0	1	0	2	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.	0	0	0	0	0	0	Office of Public Assistance

Total debt owed at disenrollment for failure to pay

There are no results for this category this month as the disenrollment process was suspended on 4/1/2020 as a response to the COVID-19 State of Emergency and continues in suspension through the quarter.

#	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.	0	0	0	0	0	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.	0	0	0	0	0	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.	0	0	0	0	0	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.	0	0	0	0	0	0	Office of Public Assistance

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

There are no results for this category this month as the disenrollment process was suspended on 4/1/2020 as a response to the COVID-19 State of Emergency and continues in suspension through the quarter.

Number of enrollees exempt from disenrollment for good cause in reporting month	0	Data from the Office of Public Assistance
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**MT HELP/Medicaid Expansion Program 1115 Waiver
Quarter 1 Measures
February 2021 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	99100	70672	12548	3417	9758	2705	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	964	590	130	24	200	20	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	303	219	34	10	26	14	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	*99100	4171	39962	22744	15186	16144	893	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	964	61	402	172	157	171	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	303	62	122	60	25	30	4	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	99100	16194	510	69677	298	964	11457	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	964	96	6	701	3	8	150	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	303	52	0	220	3	4	24	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	99100	3156	72555	23389	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	964	27	521	416	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	303	9	250	44	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	99100	52819	46281	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	964	429	535	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	303	170	133	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	9276	0	4999	0	4277	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	13638	0	7365	0	6273	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	3461	0	0	0	3461	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	5140	0	3416	0	1724	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 **17099**.

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	18221	13547	2083	608	1536	447	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	17060	13547	1468	586	1022	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	749	0	339	0	410	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	412	0	276	22	104	10	Office of Public Assistance

Disenrollment outside annual renewal determinations (by FPL and Demographic Categories)

Effective April 1, 2020, in response to the COVID-19 state of emergency, Montana implemented a moratorium on all non-voluntary (punitive) dis-enrollments to Montana Healthcare Programs, including no dis-enrollment in Medicaid Expansion/HELP for failure to pay premiums or renew eligibility.

#	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)	856	836	3	4	7	6	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	0	0	0	0	0	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	660	660	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	196	176	3	4	7	6	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)	*856	40	339	137	121	181	38	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	0	0	0	0	0	0	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	660	32	252	112	105	159	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	196	8	87	25	16	22	38	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)	856	69	8	649	3	2	125	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	0	0	0	0	0	0	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	660	37	6	511	3	1	102	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	196	32	2	138	0	1	23	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)	856	20	446	390	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	0	0	0	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	660	16	296	348	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	196	4	150	42	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)	856	482	374	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	0	0	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	660	363	297	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	196	119	77	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 0.

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	3711	3635	44	0	31	1	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	63471	45065	8087	2517	5839	1963	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	0.6732	0.6698	0.6710	0.7458	0.6478	0.7650	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	*63471	2583	23498	14637	10637	12116	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	0.6732	0.4933	0.6227	0.6889	0.7375	0.7744	0	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	63471	9978	320	44856	489	1045	6783	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	0.6732	0.6532	0.5959	0.6863	0.6221	0.6548	0.6319	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	63471	2020	61451	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	0.6732	0.6603	0.6736	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	63471	37838	25633	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	0.6732	0.7461	0.5883	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	0.5645	0.5661	0.5487	0.6317	0.5299	0.6290	Operations Research Section
20b.	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.6235	0.6243	0.6150	0.6844	0.5899	0.6808	Operations Research Section
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.6152	0.6156	0.5974	0.7117	0.5714	0.7163	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)	0.2784	0.2982	0.2067	0.3446	0.1884	0.3250	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	0	0	0	0	0	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)	0.0749	0.0842	0.0420	0.0981	0.0362	0.0935	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	6694	4733	867	275	620	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	42	25	4	0	9	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	5	3	1	1	0	0	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	6643	4705	860	274	610	194	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	2	0	1	0	0	1	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	2	0	1	0	1	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	17	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	10	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	5	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	196	187	0	3	3	3	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	158	153	1	0	3	1	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	501	495	2	1	1	2	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	0	0	0	0	0	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	6	0	3	0	3	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	2	0	0	0	2	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.	2	0	0	0	2	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.	0	0	0	0	0	0	Office of Public Assistance

Total debt owed at disenrollment for failure to pay

There are no results for this category this month as the disenrollment process was suspended on 4/1/2020 as a response to the COVID-19 State of Emergency and continues in suspension through the quarter.

#	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.	0	0	0	0	0	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.	0	0	0	0	0	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.	0	0	0	0	0	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.	0	0	0	0	0	0	Office of Public Assistance

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

There are no results for this category this month as the disenrollment process was suspended on 4/1/2020 as a response to the COVID-19 State of Emergency and continues in suspension through the quarter.

Number of enrollees exempt from disenrollment for good cause in reporting month	0	Data from the Office of Public Assistance
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**MT HELP/Medicaid Expansion Program 1115 Waiver
Quarter 1 Measures
March 2021 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	100043	71384	12603	3447	9894	2715	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	1076	669	156	19	217	15	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	353	247	39	24	30	13	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	*100043	3984	40441	23025	15366	16256	971	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	1076	67	494	181	163	170	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	353	38	132	88	44	43	8	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	100043	16349	511	70343	299	978	11563	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	1076	104	5	803	2	10	152	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	353	57	2	242	2	5	45	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	100043	3212	73166	23665	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	1076	36	589	451	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	353	15	259	79	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	100043	53174	46869	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	1076	484	592	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	353	192	161	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	11476	0	6134	0	5342	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	14253	0	7664	0	6589	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	3278	0	0	0	3278	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	5140	0	3400	0	1740	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 **17531**.

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	18117	13484	2073	602	1515	443	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	16962	13484	1457	580	1008	433	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	743	0	337	0	406	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	412	0	279	22	101	10	Office of Public Assistance

Disenrollment outside annual renewal determinations (by FPL and Demographic Categories)

Effective April 1, 2020, in response to the COVID-19 state of emergency, Montana implemented a moratorium on all non-voluntary (punitive) dis-enrollments to Montana Healthcare Programs, including no dis-enrollment in Medicaid Expansion/HELP for failure to pay premiums or renew eligibility.

#	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)	706	687	2	0	8	9	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	0	0	0	0	0	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	526	526	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	180	161	2	0	8	9	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)	*706	25	281	127	90	149	34	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	0	0	0	0	0	0	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	526	13	229	93	70	121	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	180	12	52	34	20	28	34	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)	706	71	8	523	3	4	97	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	0	0	0	0	0	0	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	526	46	7	393	2	3	75	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	180	25	1	130	1	1	22	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)	706	17	409	280	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	0	0	0	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	526	12	270	244	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	180	5	139	36	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)	706	383	323	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	0	0	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	526	299	227	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	180	84	96	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 0.

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	2573	2504	41	0	28	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	64273	45614	8201	2544	5943	1971	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	0.6728	0.6693	0.6713	0.7487	0.6482	0.7595	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	*64273	2581	23830	14794	10716	12352	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	0.6728	0.5033	0.6230	0.6850	0.7336	0.7746	0	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	64273	10073	315	45393	495	1082	6915	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	0.6728	0.6535	0.5780	0.6854	0.6141	0.6663	0.6336	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	64273	2054	62219	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	0.6728	0.6600	0.6732	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	64273	38265	26008	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	0.6728	0.7465	0.5875	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	0.5649	0.5663	0.5505	0.6363	0.5303	0.6266	Operations Research Section
20b.	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.6243	0.6243	0.6181	0.6901	0.5914	0.6790	Operations Research Section
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.6144	0.6145	0.5967	0.7087	0.5736	0.7148	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)	0.2787	0.2985	0.2065	0.3479	0.1889	0.3229	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	0	0	0	0	0	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)	0.0748	0.0839	0.0425	0.1001	0.0362	0.0909	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	8055	5770	1023	306	733	223	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	54	39	6	0	8	1	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	10	3	6	0	1	0	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	7988	5728	1009	306	723	222	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	1	0	0	0	1	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	2	0	2	0	0	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	14	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	7	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	53	46	1	0	3	3	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	172	166	1	0	3	2	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	481	475	0	0	2	4	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	0	0	0	0	0	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	5	0	2	0	3	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	2	0	0	0	2	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.	3	0	0	0	3	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.	0	0	0	0	0	0	Office of Public Assistance

Total debt owed at disenrollment for failure to pay

There are no results for this category this month as the disenrollment process was suspended on 4/1/2020 as a response to the COVID-19 State of Emergency and continues in suspension through the quarter.

#	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.	0	0	0	0	0	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.	0	0	0	0	0	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.	0	0	0	0	0	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.	0	0	0	0	0	0	Office of Public Assistance

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

There are no results for this category this month as the disenrollment process was suspended on 4/1/2020 as a response to the COVID-19 State of Emergency and continues in suspension through the quarter.

Number of enrollees exempt from disenrollment for good cause in reporting month	0	Data from the Office of Public Assistance
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