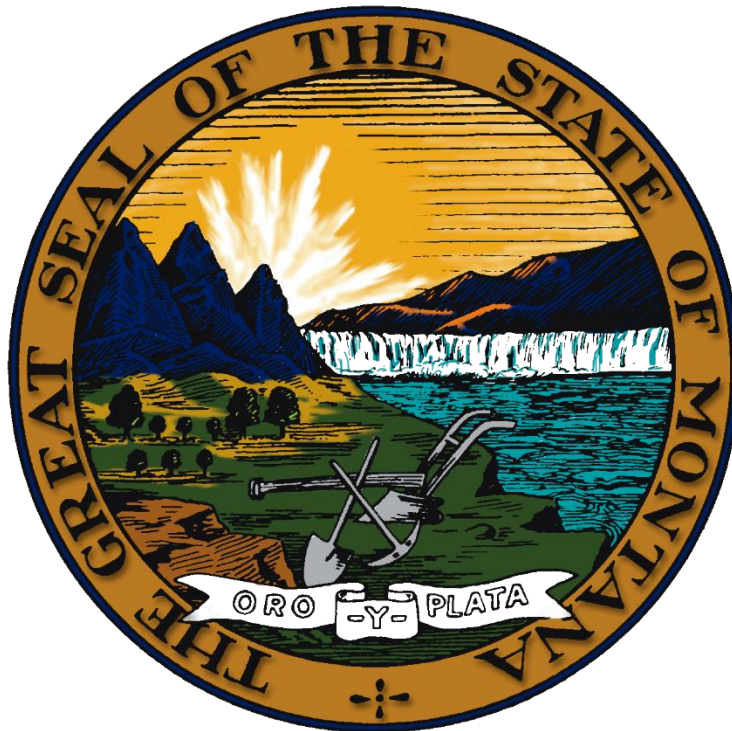


**Montana Health and Economic Livelihood Partnership (HELP),
also known as Medicaid Expansion
Program Demonstration**

SECTION 1115 WAIVER QUARTERLY REPORT
State of Montana



REPORTING PERIOD
Quarter: 3 (07/01/2020-09/30/2020)
Demonstration Year: 5 (1/1/2020-12/31/2020)
Date submitted to CMS: 11/25/2020

Demonstration Population

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

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

Delivery System

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

In December, 2017, the Montana Department of Public Health and Human Services (DPHHS) submitted an amendment to the Medicaid Aligned Alternative Benefit Plan (ABP) State Plan to remove any reference to the TPA and confirm alignment of benefits to Standard Medicaid. This request was withdrawn on January 11, 2018, per a phone discussion with CMS, and resubmitted on January 16, 2018.

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

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

In late August, 2019, Montana submitted its request to extend and amend the Section 1115 Montana HELP Program Waiver including the changes listed above. As of November 25, 2020, this request is pending.

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

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

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

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

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

In April, May and June of 2020, these additional temporary COVID-19 related adjustments were made:

- 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
- Allowing a 90-day supply for all drugs except C II drugs, (retroactive to March 1, 2020)

In July, August and September of 2020, the above temporary COVID-19 related adjustments remained in place.

Participant and Provider Education

- Participants:
 - The Medicaid Member Newsletter was published to the Montana Healthcare Programs website August 3, 2020.
- Providers:
 - On July 20, 2020, Department of Public Health and Human Services (DPHHS) Director announced \$33 million in new behavioral health grant funding created in response to the economic challenges faced by the hundreds of Montana behavioral health providers impacted by COVID-19. On August 28, 2020, Montana providers were informed of the U.S. Department of Health and Human Services (HHS) extension the deadline to apply for payment from the Provider Relief Fund General Allocation until September 13, 2020.

Providers were informed of these changes via the usual Provider Notice process.

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

Additional Events

All the events that occurred during the growing healthcare crisis that affect healthcare delivery, enrollment and other operations, that occurred in quarter two of 2020, carried over into quarter three.

- The afore mentioned additional services and relaxation of restrictions coupled with the corresponding provider and member education efforts continued;
- Most staff continued working from home with some occasional in-office hours;
 - Member and provider phone calls are forwarded to home phones, or returned within a reasonable timeframe;
 - Scheduled phone and Zoom conferences with supervisory staff to keep the front-line staff informed of changes; and
- The Office of Public Assistance continued their response to a surge of applications for Montana Healthcare Programs and other assistance services.

Montana quickly made and continues to explore making changes to the Montana Medicaid Expansion/HELP Program to further ensure swift, quality health care for our citizens during this emergency. The State's response to this emergency has shown much success. As we move into the fall and winter months, Montana strives to anticipate other Medicaid Expansion/HELP Program adjustments to better protect and serve this waiver population.

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.

Challenges

As mentioned before in this report, Montana's response to the COVID-19 emergency has been swift and far-reaching. Our first concern is supporting, maintaining, and simplifying necessary healthcare services on behalf of our members and providers. Efforts, thus far, have been successful. Future challenges related to this emergency response will be addressed when possible.

Key Milestones and Accomplishments

Participant Enrollment

Medicaid Expansion enrollment remained strong with a steady increase, each month, from late July through the end of September 2020. The July 2020 enrollment count was 87,541 an increase of almost 1.7% over the end of June 2020 count. The total increase in enrollment for quarter 3 of 2020 (from the end of June through the end of September) was 4,145 or an enrollment increase of just under 4.8%. 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 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 and expedited enrollment due to COVID-19 related business abatement with related health insurance coverage and income losses.

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 CHIP, Medicaid, SNAP and TANF programs.
 - Identified allegations of recipient intentional fraud and abuse in the CHIP, Medicaid, SNAP and TANF programs are referred to the appropriate law enforcement agency. The Program Integrity Unit follows up with the agency until resolution of the referral through court action, overpayment, or dropped due to insufficient evidence.
- 2) The Surveillance Utilization Review Section (SURS) is responsible for protecting the integrity of the Montana Medicaid Program from fraud, waste, and abuse by Medicaid Providers.
 - There have been no identified SURS 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 7/1/2019-6/30/2020.

Montana maintains open communication with Providers during all review processes, as well as provides the opportunity to discuss issues or concerns on specific findings. 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.

Demonstration Waiver Deliverable Timeline

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

Data Measures (Analysis of Appendix B)

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

Please note that all involuntary dis-enrollments ceased effective 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

July, August, and September of 2020

Measure 1 – Slow upward trend

- As noted above, all involuntary 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.

Measure 2 – Flat

- Montana hypothesizes that counts of new enrollees who were not covered under any Medicaid program in the previous three months remains fairly level this quarter (also during quarter two) as newly eligible individuals steadily seek assistance as their need for public assistance corresponds to their resource depletion during the pandemic duration.

Measure 3 – Strong decreasing trend

- Montana believes that 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 steadily dropping due to the involuntary dis-enrollment moratorium. In pre-pandemic months, members would be dis-enrolled for the allowable reasons, and many would rectify their eligibility and begin a new enrollment spell within the three months following dis-enrollment. Without this dis-enrollment to re-enrollment cycle happening, the overall numbers in this measure will exponentially decline. Members scheduled for redetermination in the quarter are automatically redetermined eligible without the need to re-qualify during Montana's response to the COVID—19 emergency and are counted as having a new enrollment spell following coverage within the prior 3 months. This explains the relatively large totals in the measure.

Premium Payment

July, August, and September of 2020

Measure 4 – Strong upward to flat

Measure 5 – Flat

Measure 6 – Slight decrease

Measure 7 - Flat

Mid-year change in circumstance in household composition or income

July, August, and September of 2020

Measure 8 – Flat

Measure 9 – Flat

Measure 10 – Flat

Measure 11 – Flat

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

July, August, and September of 2020

Measure 12 –Slight decreasing trend

- 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-epidemic months, but the temporary elimination of the involuntary dis-enrollments contributes to steadily increasing pool of members who would not be dis-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 – Slight decrease

- 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 steady slight decrease in this measure in quarter three of 2020 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.

Measure 15 – Slight decrease

- This category measures dis-enrollments outside annual renewal determinations for movement to different coverage. Again, the slight decrease in this measure in quarter three 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.

Cost sharing limit

July, August, and September of 2020

Measure 16 – Flat

Measure 17 – Steep decreasing trend then flat

Use of preventative services by FPL and demographic categories

July, August, and September of 2020

Measure 18 – Slight decrease
Measure 19 – Flat

Use of other services

July, August, and September of 2020
Measure 20a – Slight upward trend
Measure 20b – Flat
Measure 21 - Flat
Measure 22 - Flat
Measure 23 – Flat
Measure 24 – Flat

Renewal

July, August, and September of 2020
Measure 25 – Flat
Measure 26 – Flat
Measure 27 – Flat at 0
Measure 28 – Flat
Measure 29 – Flat at 0
Measure 30 – Flat at 0

Complaints, grievances, and appeals

July, August, and September of 2020
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 two of 2020 showed a decreasing trend. Montana hypothesizes this earlier decreasing trend, and now leveling off may be due to the cessation of non-voluntary disenrollments that began April 1, 2020, and the processing lag time needed to adjudicate those appeals.

Measure 35 – Decreasing Trend

- Total number of premium appeals filed this quarter regarding the size of premium payments averaged nine per month decreasing by two each month. Montana hypothesizes this slow decline in premium related appeals may be due to the cessation of punitive measures related to premium non-payment. 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 fourteen per month decreasing each month. The quarter three, 2019, denial of benefits averaged thirteen per month with ten in July, twenty in August, and back down to nine in September. Montana believes no conclusion should be drawn regarding trends when the numbers considered are so statically insignificant.

Enrollment duration among dis-enrollees

July, August, and September of 2020

Measure 37 – Decreasing trend

Measure 38 –Decreasing trend

Measure 39 - Decreasing trend

Monthly premiums owed at dis-enrollment

July, August, and September of 2020

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

July, August, and September of 2020

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

July, August, and September of 2020

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
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	N/A
Post Award Forum	Approximate Date Planned	Date Held
2016 - DY1	7/1/2016	6/15/2016
2017 - DY2	7/1/2017	6/20/2017
2018 - DY3	11/1/2018	12/12/2018
2019 - DY4	8/2019	8/15/2019
2020 - DY5	11/1/2020	11/17/2020
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 3, 2020 (07/01/2020 –09/30/2020)

(Appendix B)
MT HELP/Medicaid Expansion Program 1115 Waiver
Quarter 3 Measures
July 2020 Data

Enrollment (by FPL and Demographic Categories)

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	87541	63094	10962	3188	7874	2423	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	1305	831	152	30	260	32	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	718	539	86	23	50	20	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	*87541	4590	34750	19992	13513	14276	420	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	1305	131	590	236	165	183	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	718	115	271	166	88	77	1	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	87541	14931	425	61007	247	843	10088	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	1305	162	15	936	4	11	177	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	718	115	6	518	5	2	72	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	87541	2742	65493	19306	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	1305	42	793	47	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	718	29	581	108	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	87541	47459	40082	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	1305	657	648	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	718	389	329	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	8589	0	468	0	3901	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	10487	0	5790	0	4697	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	3154	0	0	0	3154	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	4777	0	3261	0	1516	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 **13641**.

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	19484	14433	2249	660	1653	488	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	18246	14433	1593	636	1108	476	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	817	0	368	0	448	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	421	0	288	24	97	12	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 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)	878	832	10	6	16	14	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	551	551	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	327	281	10	6	16	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?
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)	*878	51	389	193	106	110	29	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	551	22	270	117	68	74	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	327	29	119	76	38	36	29	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)	878	97	3	629	5	11	133	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	551	50	3	390	5	8	95	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	327	47	0	239	0	3	38	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)	878	34	589	255	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	551	28	321	202	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	327	6	268	53	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)	878	479	399	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	551	303	248	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	327	176	151	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	116574	116035	180	1	352	6	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	59903	43428	7200	2372	5028	1875	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	0.6567	0.6559	0.6529	0.7339	0.6103	0.7479	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	*59903	2545	22365	13715	10134	11144	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	0.6567	0.4716	0.6102	0.6753	0.7225	0.7514	0.0000	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	59903	9687	297	41948	483	975	6513	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	0.6567	0.6396	0.6024	0.6688	0.6184	0.6678	0.6138	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	59903	1864	58039	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	0.6567	0.6445	0.6571	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	59903	35696	24207	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	0.6567	0.7252	0.5765	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	0.5556	0.5598	0.5389	0.6154	0.5008	0.6215	Operations Research Section
20b.	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.6947	0.6933	0.7002	0.7519	0.6582	0.7547	Operations Research Section
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.5090	0.5097	0.4876	0.6077	0.4584	0.6239	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)	0.2805	0.3010	0.2043	0.3382	0.1807	0.3267	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)	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	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)	0.0766	0.0855	0.0392	0.1055	0.0356	0.1021	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	6696	4877	755	248	621	195	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	45	25	14	1	5	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	13	10	1	0	2	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	6635	4843	738	247	612	195	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	3	0	2	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	1	0	0	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	13	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	11	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	21	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	98	87	1	1	7	2	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	115	106	3	2	1	3	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	662	636	6	3	8	9	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	2	0	2	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	9	0	4	0	5	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	10	0	3	0	7	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.	4	0	1	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.	1	0	0	0	1	0	Office of Public Assistance

Total debt owed at disenrollment for failure to pay

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
45	Amount of total debt owed at time of disenrollment for failure to pay: <\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month for failure to pay (measure 13), whose total debt owed at the time of disenrollment was less than \$50.	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 quarter 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 3 Measures
August 2020 Data**

Enrollment (by FPL and Demographic Categories)

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	88955	63992	11211	3226	8060	2466	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	1287	750	236	36	230	35	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	536	386	74	21	41	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	*88955	4450	35474	20358	13698	14482	493	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	1287	74	589	272	149	203	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	536	74	210	111	83	53	5	Office of Public Assistance

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	88955	15099	431	62049	259	862	10255	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	1287	129	6	932	7	16	197	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	536	88	3	376	5	5	59	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	88955	2807	66493	19655	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	1287	48	783	456	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	536	26	432	78	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	88955	48132	40823	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	1287	632	655	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	536	306	230	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	8228	0	4577	0	3651	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	11154	0	6194	0	4960	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	3074	0	0	0	3074	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	4834	0	3301	0	1533	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 **14228**.

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	19332	14329	2226	656	1640	481	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	18103	14329	1575	632	1097	470	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	810	0	366	0	444	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	419	0	285	24	99	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 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)	680	636	6	4	15	19	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	1	0	0	0	1	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	394	392	0	0	2	0	Office of Public Assistance
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	285	244	6	4	12	19	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)	*680	102	268	120	74	90	26	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	1	0	0	0	0	1	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	394	10	184	76	52	71	1	Office of Public Assistance
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	285	92	84	44	22	18	25	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)	680	94	6	483	4	11	82	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	1	0	0	0	0	0	1	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	394	51	4	283	2	6	48	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	285	43	2	200	2	5	33	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)	680	25	450	205	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	1	0	0	1	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	394	13	244	137	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	285	12	206	67	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)	680	366	314	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	1	0	1	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	394	218	176	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	285	148	137	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 1.

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	2836	2762	31	0	43	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	59057	42548	7257	2383	5030	1839	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	0.6662	0.6642	0.6627	0.7463	0.6287	0.7534	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	*59057	2545	21952	13492	9968	11100	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	0.6662	0.4808	0.6204	0.6788	0.7303	0.7685	0.0000	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	59057	9484	273	41441	472	973	6414	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	0.6662	0.6415	0.5809	0.6798	0.6336	0.6766	0.6255	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	59057	1854	57203	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	0.6662	0.6617	0.6663	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	59057	35267	23790	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	0.6662	0.7364	0.5837	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	0.5628	0.5666	0.5457	0.6236	0.5131	0.6231	Operations Research Section
20b.	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.7042	0.7021	0.7122	0.7576	0.6720	0.7612	Operations Research Section
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.5161	0.5156	0.4963	0.6088	0.4761	0.6256	Operations Research Section
22	Emergency department utilization, emergency	PMPM emergency department visits for emergent conditions among currently enrolled beneficiaries (i.e. those not subject to a copayment)	0.2826	0.3035	0.2025	0.3458	0.1859	0.3265	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)	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	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)	0.0776	0.0870	0.0401	0.1015	0.0357	0.1061	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	5793	4233	686	200	505	169	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	32	16	10	2	4	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	6	3	1	2	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	5751	4214	672	196	500	169	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	3	0	2	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	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	9	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	12	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	156	134	3	3	9	7	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	98	90	1	0	4	3	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	425	411	2	1	2	9	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	1	0	1	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	9	0	4	0	5	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	4	0	1	0	3	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.	5	0	0	0	5	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.	2	0	0	0	2	0	Office of Public Assistance

Total debt owed at disenrollment for failure to pay

There are no results for this category this reporting 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.	1	0	0	0	1	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 quarter 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 3 Measures
September 2020 Data**

Enrollment (by FPL and Demographic Categories)

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	90231	64882	11384	3244	8223	2498	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	1086	672	178	22	186	28	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	435	310	52	16	46	11	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	*90231	4376	36010	20706	13902	14667	570	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	1086	71	479	213	145	176	2	Office of Public Assistance
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	435	63	166	106	60	33	7	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	90231	15256	439	62969	266	880	10421	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	1086	107	11	773	6	17	172	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	435	68	3	312	1	11	40	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	90231	2866	67376	19989	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	1086	36	647	403	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	435	23	347	65	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	90231	48691	41540	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	1086	515	571	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	435	235	200	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	8932	0	4954	0	3978	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	12181	0	6788	0	5393	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	2803	0	0	0	2803	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	4885	0	3320	0	1565	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 **14984**.

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	19196	14239	2210	648	1622	477	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	17973	14239	1562	625	1081	466	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	801	0	361	0	440	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	422	0	287	23	101	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 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)	650	628	1	1	9	11	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	430	430	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	220	198	1	1	9	11	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)	*650	31	304	127	69	91	28	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	430	18	206	85	54	66	1	Office of Public Assistance
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	220	13	98	42	15	25	27	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)	650	73	7	465	2	10	93	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	430	39	5	308	2	7	69	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	220	34	2	157	0	3	24	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)	650	23	420	207	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	430	17	247	166	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	220	6	173	41	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)	650	349	301	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	430	236	194	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	220	113	107	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	3638	3560	39	0	38	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	58757	42186	7379	2383	5022	1787	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	0.6709	0.6681	0.6706	0.7463	0.6397	0.7452	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	*58757	2525	21789	13493	9920	11030	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	0.6709	0.4865	0.6245	0.6835	0.7353	0.7728	0.0000	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	58757	9418	275	41245	460	974	6385	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	0.6709	0.6452	0.5658	0.6851	0.6293	0.6769	0.6302	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	58757	1835	56922	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	0.6709	0.6582	0.6713	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	58757	35109	23648	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	0.6709	0.7411	0.5881	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	0.5655	0.5691	0.5475	0.6273	0.5200	0.6209	Operations Research Section
20b.	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.7097	0.7067	0.7192	0.7629	0.6829	0.7627	Operations Research Section
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.5191	0.5182	0.5016	0.6079	0.4833	0.6226	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)	0.2838	0.3054	0.2051	0.3433	0.1831	0.3278	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)	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	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)	0.0782	0.0876	0.0420	0.0993	0.0362	0.1076	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	6728	4899	760	246	612	211	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	29	17	4	1	6	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	3	3	0	0	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	6694	4879	754	245	606	210	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	1	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	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	7	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	9	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	84	74	0	0	4	6	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	34	31	0	0	1	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	472	463	1	1	4	3	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	4	0	1	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	4	0	0	0	4	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.	1	0	0	0	1	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.	1	0	0	0	1	0	Office of Public Assistance

Total debt owed at disenrollment for failure to pay

There are no results for this category this reporting 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 quarter 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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