

**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: 2 (04/01/2021-06/30/2021)  
Demonstration Year: 6 (1/1/2021-12/31/2021)  
Date submitted to CMS: 08/27/2021

## **Demonstration Population**

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

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

### *Delivery System*

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

On September 2, 2017, DPHHS submitted an amendment to CMS for the Section 1115 Montana HELP Program Waiver with the changes resulting from SB 261. Included in the amendment, effective January 1, 2018, eligible enrollees in the HELP Program receive services approved in the Medicaid State Plan through the State's Fee-for-service system (FFS). Additionally, the amendment removes the premium credit. These enrollees continue to be responsible for a monthly premium of two percent of their income and up to three percent of income can be incurred in copayments. Members are not subject to cost share above the maximum five percent income.

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

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

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

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

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

- A moratorium on
  - Involuntary dis-enrollment (more specifically, punitive dis-enrollment) is halted during the state of emergency. Some dis-enrollments still occur. Members can still be dis-enrolled due to:
    - Death;
    - Moving out of the state (including extended inability to contact); or
    - By member request
- Expedited enrollment process;
- More services became available through telehealth;
- Removal of most referral requirements; and
- Suspension of face-to-face requirements for some programs.

The Montana Healthcare Programs Pharmacy Program also made temporary adjustments in response to the 2020 COVID-19 emergency that will expire at the end of the public health emergency.

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

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

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

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

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

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

As of end of quarter 2, 2021, The above temporary COVID-19 related adjustments remained in place.

Two decisions, however, foretell future changes:

- 1) On June 30, 2021, Governor Gianforte issued Executive Order Number 10-2021. This Executive Order rescinds Executive Order Number 2-2021 and lifts the Montana state of emergency.
- 2) Effective Jul 1, 2021, the Department of Public Health and Human Services (DPHHS) adopted a set of emergency rules to optimize the department's, providers', and other stakeholders' continued response to COVID-19 and ensure access to services and supports as the state transitions out of a state of emergency. Governor Gianforte ended the COVID19 related public health emergency in Montana on June 30, 2021. The following authorities are covered in the emergency rule:
  - Medicaid coverage until the end of the public health emergency;
  - Training and staffing flexibilities for providers • State level facility and settings flexibilities for providers; and
  - Flexibilities granted via appendix K's where they may conflict with existing rules.

Effective April 1, 2021, Montana added a new provider type, Licensed Marriage and Family Therapists (LMFTs). This provider type is now eligible to enroll as providers with Montana Healthcare Programs.

### *Participant and Provider Education*

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

#### *For Participants:*

- Publish a quarterly member newsletter to provide members with information on using their benefits;
- Issue member notices and postcard mailings to notify members of significant benefit changes and where they can find member information (member guide, newsletters, notices, etc.);

- Provide child wellness schedule magnets and annual mailings on the member's birthday as a reminder to get their annual wellness visit; and
- Provide extensive and on-going participant information related to the COVID-19 emergency response and the effect on member eligibility and benefits.

*For Providers:*

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

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

*Additional Events*

As a condition of receiving the temporary FMAP increase under section 6008 of the Families First Coronavirus Response Act, Montana may not disenroll Medicaid beneficiaries for failure to pay premiums. Section 6008(b)(2) of the FFCRA, as amended by section 3720 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, placed additional restrictions on Montana's ability to increase premiums after January 1, 2020 in order to qualify for the temporary FMAP increase. As such, Montana has continued to collect monthly premiums but has not discontinued enrollment for failure to pay timely premiums for individuals with income above 100 percent of the FPL. Montana intends to continue this operational policy until the end of the public health emergency which is currently December 31, 2021, per the [January 22, 2021 letter \[f.datasrvr.com\]](#) sent from the Acting Health and Human Services Secretary to Governors.

During the course of the Special Terms and Conditions negotiations between DPHHS and CMS under the 1115 Waiver Amendment and Extension request that is currently before CMS for approval, Montana's Legislature passed a budget that explicitly removed funding for 12-month continuous eligibility and directed DPHHS to terminate the policy. The General Appropriations Act, HB 2, states "[t]he Legislature intends that the Department of Public Health and Human Services eliminate the policy of 12-month continuous eligibility for the Medicaid expansion population."<sup>1</sup>

In light of the statutory directive, during the second quarter of CY2021, Montana DPHHS began preparations to seek a waiver amendment to remove expenditure authority for 12-month continuous eligibility from the underlying 1115 Montana HELP Waiver.

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<sup>1</sup> HB 2 available at <https://leg.mt.gov/bills/2021/billpdf/HB0002.pdf>. See also budget narrative available at <https://leg.mt.gov/content/Publications/fiscal/Session-2021/HB-2-Narrative/B-Senate-Floor.pdf>.

## **Evaluation Activities**

### *Federal Evaluation*

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

The federal evaluation had three main goals:

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

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

## **Challenges**

The biggest challenge for Montana in 2020, and continuing into quarter 2 of 2021, was the COVID-19 pandemic. States worked on removing barriers to health care for residents affected by the health emergency. Montana's priorities in addressing the challenges included:

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

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

Also, some system changes were made to account for COVID-19 vaccine administration. For example, in early February of 2021, Montana added authority for

pharmacies to provide COVID-19 vaccine administration as a part of our efforts to ensure the Medicaid population was covered.

As mentioned earlier in this report, the Special Terms and Conditions negotiations between DPHHS and CMS under the 1115 Waiver Amendment and Extension request that is currently before CMS for approval continued into quarter two of 2021. Additionally, in quarter one, Montana's Legislature passed a budget that explicitly removed funding for 12-month continuous eligibility and directed DPHHS to terminate the policy. This prompted DPHHS to quickly begin preparations to seek a waiver amendment to remove expenditure authority for 12-month continuous eligibility from the underlying 1115 Montana HELP Waiver. That process moved into public comment period shortly after the end of quarter two.

In anticipation of the end of the PHE, Montana began discussions on which emergency flexibilities enacted due to the COVID-19 emergency may be retained or discontinued.

## **Key Milestones and Accomplishments**

### *Participant Enrollment*

The HELP enrollment remained strong with a steady increase each month through the second quarter of 2021. The end of March/first of April 2021 enrollment count was 100,938 an increase of over 4% compared to the end of December 2020 enrollment count of 96,935. The total increase in enrollment for quarter two of 2021 (from the end of March 2021 through the end of June, 2021) was 1,420 or an enrollment increase of just over 1.4% during the three-month period. It should be noted that the enrollment total is likely higher than it would be under normal circumstances, for two reasons:

- 1) Montana's moratorium on all non-voluntary (punitive) dis-enrollments to Montana Healthcare Programs, including no dis-enrollment in Medicaid Expansion/HELP for failure to pay premiums or renew eligibility during the COVID-19 state of emergency; and
- 2) Increased enrollment due to COVID-19 related business abatement with related health insurance coverage and income losses.
  - Montana notes that the rate of enrollment increase appears to be slowing (7.4% in 2020 Q4 compared to 3.2% in 2021 Q1 and 1.4% in 2021 Q2). Since the rate of increase is noticeably slowing, we believe this may be due to the state's gradual relaxing of COVID-19 restrictions and the beginnings of economic recovery as the pandemic appears to wane.

## **Oversight and Monitoring**

### *Conduent Oversight*

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

### *DPHHS Oversight*

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

- 1) The Program Integrity Unit investigates allegations of intentional fraud in the SNAP, Medicaid, and TANF programs.
  - No allegations of intentional fraud were identified as applicable to the Montana HELP 1115 Demonstration Waiver since its introduction.
- 2) The Surveillance and Utilization Review 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 07/01/2019-06/30/2020.

Montana maintains open communication with Providers during all audit processes, as well as provides the opportunity to discuss issues or concerns on specific findings. No corrective action plans were conducted in quarter two of 2021. The opportunity to discuss issues or concerns on a regular or as-needed basis has avoided the need for further intervention.

### **Monitoring Activity Work Plan for Current Quarter**

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

### **Post Award Forum**

The 2020 post award forum was held November 17, 2020 in conjunction with the Montana Health Coalition annual meeting. The forum was held virtually due to COVID-19 concerns. Nineteen people attended via Zoom. The Montana Medicaid Director



presented the update on HELP/Expansion. Three attendees contributed comments or questions. The 2021 post award forum is scheduled for July 29, 2021, again in conjunction with the Montana Health Coalition annual meeting.

### **Demonstration Waiver Deliverable Timeline**

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

### **Data Measures (Analysis of Appendix B)**

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

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

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

We are also unable to provide the number of individuals who have reenrolled due to payment of full arrears; the number of individuals who have reenrolled due to assessment, and the number of individuals who have paid partial arrears. Presently we do not have the mechanisms in place to track reenrollment by compliance actions. Montana attempted to establish mechanisms to report the above, but our present system does not have this capability.

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

#### ***Enrollment by FPL and Demographic Categories***

April, May, and June of 2021

##### Measure 1 – Slow upward trend

- As noted above, and in the quarter one report, all involuntary (punitive) dis-enrollments ceased effective April 1, 2020 in an effort by Montana to keep all currently eligible Montana Healthcare Programs members secure in their health care coverage through the duration of the COVID-19 state

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

Measure 2 – Slight decrease

- Montana hypothesizes that the counts of new enrollees who were not covered under any Medicaid program in the previous three months is beginning to decline due to last quarter's increase likely being tied to open enrollment, and the possible saturation, or near saturation of the population seeking Medicaid assistance in response to pandemic related need response.

Measure 3 – Slight decrease

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

*Premium Payment*

April, May, and June of 2021

Measure 4 – Slight decrease

Measure 5 – Slight upward trend

Measure 6 – Upward trend

Measure 7 - Flat

*Mid-year change in circumstance in household composition or income*

April, May, and June of 2021

Measure 8 – Flat

Measure 9 – Flat

Measure 10 – Flat

Measure 11 – Flat

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

April, May, and June of 2021

Measure 12 –Decrease

- Even though involuntary dis-enrollment (more specifically, punitive dis-enrollment) is halted during the state of emergency, some dis-enrollments still occur. Members can still be dis-enrolled due to death, moving out of the state (including extended inability to contact), or by request. Similar to the analysis on measure 3, this type of movement off of the Medicaid Expansion/HELP Program happens during non-pandemic months, but the

temporary elimination of the involuntary dis-enrollments contributed, in past months, to a steadily increasing pool of members who would not be dis-enrolled. However, similar to the analysis on measure 3, we believe, after a full year of Covid-19 response, the majority of qualified members who choose to enroll in HELP coverage due to circumstances related to the pandemic, have already done so and remain enrolled. The data shows this number has declined each month from January through June of 2021. The approximately 10.5% decrease in the number of beneficiaries who were disenrolled in quarter two, compared to quarter one may be due to a natural fluctuation in member deaths, members not responding to contact requests and out-of-state movement. The total count in this measure for any month in quarter one or quarter two is fewer than 1,000 with the quarter two average decline being only 89 members.

#### 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 – Upward trend

- 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 upward trend of occurrences in this measure in quarter two of 2021 is again believed to be due to Montana's response to the Covid-19 state of emergency that has the similar effect on this measure as it does on measures 3 and 12. This type of movement off of the Medicaid Expansion/HELP Program also happens during non-pandemic months, but the temporary elimination of the involuntary dis-enrollments contributes to steadily increasing pool of members who would not be dis-enrolled. However, the duration of the pandemic itself seems to have slowed the momentum and now the beginnings of recovery from pandemic related economic issues may have an effect on this measure gaining movement again.

#### Measure 15 – Decrease

- This category measures dis-enrollments outside annual renewal determinations for movement to different coverage. The movement in this measure in quarter two seems to be declining quite sharply, dropping by 84 members from April to May and then by 94 members from May to June. It 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 contributed to steadily increasing pool of members who would not be dis-enrolled. However, in this case, the duration of the pandemic itself seems to have slowed the momentum to movement off of HELP to different coverage.

*Cost sharing limit*

April, May and June of 2021

Measure 16 – Flat

Measure 17 – Steep decreasing trend then flat

*Use of preventative services by FPL and demographic categories*

April, May and June of 2021

Measure 18 – Flat

Measure 19 – Flat

*Use of other services*

April, May and June of 2021

Measure 20a – Slight decrease

Measure 20b – Slight decrease

Measure 21 - Slight decrease

Measure 22 - Flat

Measure 23 – Flat at 0

Measure 24 – Flat

*Renewal*

April, May and June of 2021

Measure 25 – Sharp upward trend

Measure 26 – Slight upward trend

Measure 27 – Upward trend

Measure 28 – Upward trend

Measure 29 – Flat

Measure 30 –Flat

*Complaints, grievances, and appeals*

April, May and June of 2021

Measure 31 – Flat

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

Measure 32 – Flat

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

Measure 33 – Flat

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

Measure 34 – Flat

- Total number of eligibility appeals filed this quarter regarding eligibility averaged 14 per month with little variation. Quarter one of 2021 showed a similar trend. Montana hypothesizes an earlier decreasing trend, and now leveling off may be due to the cessation of non-voluntary dis-enrollments that began April 1, 2020, and the processing lag time needed to adjudicate those appeals.

Measure 35 – Strong decrease to flat

- Total number of premium appeals filed this quarter regarding the size of premium payments averaged just over 7.5 per month with little variation within the quarter. The reason for this decrease from the quarter one numbers is unknown, though the Office of Fair Hearings reported a declining trend in all of their appeals. However, it is also possible that no conclusion should be drawn regarding trends when the numbers considered are so statically insignificant.

Measure 36 - Decreasing trend

- Total number of benefits appeals filed this quarter regarding denial of benefits averaged just over thirteen per month. In quarter one, denial of benefits averaged just over eight per month with fourteen in January, five in February and seven in March. Montana believes no conclusion should be drawn regarding trends when the numbers considered are so statically insignificant.

*Enrollment duration among dis-enrollees*

April, May and June of 2021

Measure 37 – Upward trend

Measure 38 –Decreasing trend

Measure 39 -Flat

*Monthly premiums owed at dis-enrollment*

April, May and June of 2021

Measure 40 – Upward trend

Measure 41 – Decreasing trend

Measure 42 – Decreasing trend

Measure 43 – Flat

Measure 44 - Flat

*Total debt owed at dis-enrollment for failure to pay*

April, May and June of 2021

Measure 45 – Flat

Measure 46 – Flat

Measure 47 – Flat

Measure 48 - Flat

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

April, May and June of 2021

Trend – Flat

## **Appendix A – 1115 Demonstration Waiver Deliverable Timeline**

<b>Quarterly Reports</b>	<b>Submit to CMS</b>	<b>Date Submitted</b>
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 and resubmitted 9/26/2019
Q2	8/31/2018	12/20/18, Revised and resubmitted 09/26/19
Q3	11/30/2018	12/20/2018, Revised and resubmitted 9/26/2019
2019 - DY4, Q1	5/30/2019	5/29/2019, Revised and resubmitted 9/26/2019
Q2	8/29/2019	9/26/2019
Q3	11/29/2019	12/17/2019
2020 - DY5, Q1	5/30/2020	5/29/2020
Q2	8/29/2020	8/28/2020, Corrected and resubmitted 11/12/2020
Q3	11/29/2020	11/25/2020
2021 – DY6, Q1	5/30/2021	5/24/2021
Q2	8/29/2021	8/27/2021
Q3	11/29/2021	(pending)
<b>Annual Reports</b>	<b>Submit to CMS</b>	<b>Date Submitted</b>
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 and resubmitted 10/3/2019
2019 - DY4	3/31/2020	Delayed 5/29/2020
2020 - DY5	3/31/2021	Delayed briefly 4/6/2021
2021 – DY6	3/31/2022	(pending)
<b>Post Award Forum</b>	<b>Approximate Date Planned</b>	<b>Date Held</b>
2016 - DY1	7/1/2016	6/15/2016
2017 - DY2	7/1/2017	6/20/2017
2018 - DY3	11/1/2018	12/12/2018
2019 - DY4	8/2019	8/15/2019
2020 - DY5	11/1/2020	11/17/2020
2021 - DY6	7/29/2021	7/29/2021
2022 – DY7	(pending)	(pending)
<b>Other Deliverables</b>	<b>Submit to CMS</b>	<b>Date Submitted</b>
Extension and Amendment Request	8/30/2019	8/30/2019
Demonstration Ends	12/31/2020 (Temporarily extended through 12/31/2021)	N/A
2021 Amendment Request	9/3/2021	(pending)

**APPENDIX B**  
**Montana HELP Program**  
**Quarterly Reporting Measures for Quarter 2, 2021 (04/01/2021 –06/30/2021)**

## (Appendix B)

**MT HELP/Medicaid Expansion Program 1115 Waiver  
Quarter 2 Measures  
April 2021 Data**

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

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	100938	72032	12657	3466	10035	2748	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	1102	661	141	29	235	36	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	362	255	42	21	36	8	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	*100938	3795	40840	23282	15520	16487	1014	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	1102	54	444	196	174	233	1	Office of Public Assistance
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	362	50	122	72	55	53	10	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	100938	16441	523	71072	297	982	11623	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	1102	98	10	813	2	10	169	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	362	55	2	267	1	4	33	Office of Public Assistance

#	Measure	Definition	Overall Measure	Hispanic/ Latino	Non- Hispanic /Latino	Unspecified Ethnicity	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	100938	3251	73753	23934	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	1102	29	561	512	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	362	14	296	52	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	100938	53524	47414	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	1102	495	607	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	362	194	168	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	10116	0	5350	0	4766	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	14293	0	7691	0	6602	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	3407	0	0	0	3407	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	5136	0	3394	0	1742	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 **17700**.

### 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	18033	13430	2055	597	1508	443	Office of Public Assistance
9	No premium change following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced no change in their premium requirement during the reporting month	16881	13430	1441	575	1002	433	Office of Public Assistance
10	Premium increase following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced an increase in their premium requirement during the reporting month	736	0	331	0	405	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	416	0	283	22	101	10	Office of Public Assistance

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

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

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	870	813	11	5	16	25	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	509	506	1	0	1	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	361	307	10	5	15	24	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)	*870	33	373	159	131	124	50	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	509	16	222	95	84	92	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	361	17	151	64	47	32	50	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)	870	81	5	626	5	12	141	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	509	41	5	358	5	9	91	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	361	40	0	268	0	3	50	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)	870	28	506	336	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	509	18	245	246	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	361	10	261	90	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)	870	469	401	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	509	297	212	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	361	172	189	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	138334	137831	150	1	341	11	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	65238	46242	8316	2578	6093	2009	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	0.6741	0.6697	0.6729	0.7496	0.6545	0.7653	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	*65238	2580	24205	14960	10875	12618	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	0.6741	0.5148	0.6244	0.6816	0.7349	0.7761	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	65238	10209	322	46127	501	1105	6974	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	0.6741	0.6547	0.5844	0.6869	0.6147	0.6701	0.6326	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	65238	2118	63120	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	0.6741	0.6656	0.6744	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	65238	38791	26447	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	0.6741	0.7483	0.5885	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	0.5673	0.5681	0.5542	0.6307	0.5363	0.6331	Operations Research Section
20b.	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.6085	0.6089	0.6003	0.6682	0.5782	0.6667	Operations Research Section
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.6144	0.6136	0.6002	0.7081	0.5760	0.7181	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)	0.2785	0.2984	0.2059	0.3466	0.1913	0.3177	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)	0.0750	0.0842	0.0412	0.0994	0.0367	0.0933	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	7662	5621	846	298	645	252	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	38	19	8	4	7	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	5	3	1	0	1	0	Office of Public Assistance
28	No premium change	Number of beneficiaries due for renewal in the reporting month who remain eligible, with no change in premium requirement	7618	5599	837	294	636	252	Office of Public Assistance
29	Premium increase	Number of beneficiaries due for renewal in the reporting month who remain eligible, with an increase in required premium	1	0	0	0	1	0	Office of Public Assistance
30	Premium decrease	Number of beneficiaries due for renewal in the reporting month who remain eligible, with a decrease required premium	0	0	0	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	15	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	8	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	88	75	6	0	3	4	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	134	127	1	0	1	5	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	647	610	4	5	12	16	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	0	0	1	0	Office of Public Assistance
41	Amount of monthly premium at time of disenrollment \$15-<\$30	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$15 or greater, but less than \$30	12	0	7	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	8	0	2	0	6	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.	6	0	2	0	4	0	Office of Public Assistance
44	Amount of monthly premium at time of disenrollment ≥\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$75 or greater.	0	0	0	0	0	0	Office of Public Assistance

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

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

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

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

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

Number of enrollees exempt from disenrollment for good cause in reporting month	0	Data from the Office of Public Assistance
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**MT HELP/Medicaid Expansion Program 1115 Waiver  
Quarter 2 Measures  
May 2021 Data**

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

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	101606	72570	12683	3474	10118	2761	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	888	549	116	14	190	19	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	308	209	38	14	41	6	Office of Public Assistance

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

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	*101606	3638	41159	23463	15647	16617	1081	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	888	54	396	153	124	161	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	308	37	110	63	43	47	8	Office of Public Assistance

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	101606	16542	524	71567	298	996	11679	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	888	90	5	660	3	7	123	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	308	49	1	214	1	5	38	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	101606	3280	74178	24148	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	888	27	446	415	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	308	7	235	66	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	101606	53757	47849	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	888	373	515	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	308	166	142	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	9822	0	5198	0	4624	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	14344	0	7679	0	6665	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	3426	0	0	0	3426	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	5129	0	3385	0	1744	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 **17770**.

### 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	17960	13396	2035	590	1498	441	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	16814	13396	1427	568	992	431	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	734	0	331	0	403	0	Office of Public Assistance
11	Premium decrease following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced a decrease in their premium requirement during the reporting month	412	0	277	22	103	10	Office of Public Assistance

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

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

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	714	672	3	5	16	12	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	437	436	1	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	277	236	8	5	16	12	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)	*714	26	314	134	78	129	33	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	437	15	197	84	47	93	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	277	11	117	50	31	36	32	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)	714	67	8	534	1	6	98	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	437	31	5	325	1	5	70	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	277	36	3	209	0	1	28	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)	714	24	423	267	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			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	437	14	210	213	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	277	10	213	54	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)	714	393	321	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	437	239	198	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	277	154	123	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	1981	1946	20	0	15	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	66040	46685	8435	2604	6302	2014	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	0.6655	0.6634	0.6591	0.7491	0.6349	0.7566	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	*66040	2546	24461	15192	10992	12849	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	0.6655	0.5151	0.6159	0.6777	0.7246	0.7564	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	66040	10221	347	46709	512	1112	7139	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	0.6655	0.6501	0.5932	0.6763	0.6199	0.6667	0.6283	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	66040	2139	63901	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	0.6655	0.6616	0.6656	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	66040	39219	26821	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	0.6655	0.7384	0.5815	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	0.5594	0.5622	0.5441	0.6295	0.5142	0.6334	Operations Research Section
20b.	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.5963	0.5991	0.5843	0.6623	0.5509	0.6627	Operations Research Section
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.6053	0.6070	0.5868	0.7048	0.5527	0.7141	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)	0.2733	0.2937	0.2036	0.3423	0.1828	0.3163	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)	0.0736	0.0830	0.0399	0.1007	0.0358	0.0935	Operations Research Section

## Renewal

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
25	Monthly count of beneficiaries due for renewal	Number of beneficiaries due for renewal in the reporting month	5989	4175	816	207	630	161	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	28	18	5	0	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	2	1	1	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	5958	4156	809	207	625	161	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	0	0	0	0	0	0	Office of Public Assistance

## Complaints, grievances, and appeals

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
31	Complaints and grievances, Medicaid program	Total number of complaints and grievances filed in the reporting month regarding the HELP program	0	N/A	N/A	N/A	N/A	N/A	Office of Fair Hearings
32	Complaints and grievances, plan administrator	Total number of complaints and grievances filed in the reporting month regarding the plan administrator	0	N/A	N/A	N/A	N/A	N/A	Office of Fair Hearings
33	Complaints and grievances, provider	Total number of complaints and grievances filed in the reporting month regarding a provider	0	N/A	N/A	N/A	N/A	N/A	Office of Fair Hearings
34	Appeals, eligibility	Total number of appeals filed in the reporting month regarding eligibility	14	N/A	N/A	N/A	N/A	N/A	Office of Fair Hearings
35	Appeals, premiums	Total number of appeals filed in the reporting month regarding the size of premium payments	8	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	8	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	80	70	2	1	5	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	100	34	3	1	2	0	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	534	508	4	3	9	10	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	13	0	8	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	11	0	1	0	10	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.	0	0	0	0	0	0	Office of Public Assistance

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

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

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

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

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

Number of enrollees exempt from disenrollment for good cause in reporting month	0	Data from the Office of Public Assistance
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**MT HELP/Medicaid Expansion Program 1115 Waiver  
Quarter 2 Measures  
June 2021 Data**

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

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	102358	73192	12719	3479	10180	2788	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	807	524	113	6	144	20	Office of Public Assistance
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	260	189	33	4	25	9	Office of Public Assistance

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

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	*102358	3424	41592	23670	15811	16684	1177	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	807	46	361	146	112	142	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	260	39	89	59	33	29	11	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	102358	16669	530	72073	307	1001	11778	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	807	89	4	546	6	11	151	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	260	41	2	182	2	2	31	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	102358	3315	74677	24366	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	807	30	400	377	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	260	9	198	53	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	102358	54092	48266	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	807	379	428	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	260	141	119	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	9530	0	5015	0	4515	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	13535	0	7212	0	6323	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	3833	0	0	0	3833	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	5122	0	3370	0	1752	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 **17368**.

### 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	17868	13325	2030	589	1488	436	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	16726	13325	1423	567	985	426	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	733	0	331	0	402	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	409	0	276	22	101	10	Office of Public Assistance

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

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

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	668	640	7	2	10	9	Office of Public Assistance
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	0	0	0	0	0	0	Office of Public Assistance
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	485	483	2	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	183	157	5	2	10	9	Office of Public Assistance

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

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR	Where does data come from?
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	*668	26	255	113	107	129	38	Office of Public Assistance
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	0	0	0	0	0	0	0	Office of Public Assistance
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	485	15	194	86	77	113	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	183	11	61	27	30	16	38	Office of Public Assistance

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race	Where does data come from?
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	668	66	4	475	2	12	109	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	485	47	3	343	2	9	81	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	183	19	1	132	0	3	28	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)	668	22	384	262	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	485	15	261	209	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	183	7	123	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)	668	357	311	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	485	254	231	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	183	103	80	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	2001	1970	18	0	13	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	66513	46951	8494	2594	6438	2036	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	0.6520	0.6527	0.6420	0.7424	0.6045	0.7516	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	*66513	2477	24647	15338	11095	12956	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	0.6520	0.5011	0.6002	0.6674	0.7153	0.7397	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	66513	10220	345	47081	512	1119	7236	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	0.6520	0.6454	0.5574	0.6608	0.6095	0.6575	0.6150	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	66513	2152	64361	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	0.6520	0.6557	0.6519	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	66513	39479	27034	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	0.6520	0.7256	0.5679	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	0.5475	0.5532	0.5306	0.6268	0.4857	0.6213	Operations Research Section
20b.	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.5805	0.5862	0.5665	0.6574	0.5167	0.6486	Operations Research Section
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.5933	0.5976	0.5746	0.6963	0.5242	0.7062	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)	0.2662	0.2875	0.1987	0.3346	0.1723	0.3104	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)	0.0709	0.0800	0.0395	0.1002	0.0340	0.0897	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	8228	6056	919	302	746	205	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	31	16	5	2	8	0	Office of Public Assistance
27	Number who lost eligibility	Number of beneficiaries due for renewal in the reporting month who respond to renewal notices, but are determined ineligible for the HELP program	4	2	2	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	8191	6038	911	300	737	205	Office of Public Assistance
29	Premium increase	Number of beneficiaries due for renewal in the reporting month who remain eligible, with an increase in required premium	1	0	0	0	1	0	Office of Public Assistance
30	Premium decrease	Number of beneficiaries due for renewal in the reporting month who remain eligible, with a decrease required premium	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	14	N/A	N/A	N/A	N/A	N/A	Office of Fair Hearings
35	Appeals, premiums	Total number of appeals filed in the reporting month regarding the size of premium payments	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	10	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	109	97	1	1	6	4	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	65	61	0	0	2	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	492	480	6	1	2	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	4	0	1	0	3	0	Office of Public Assistance
41	Amount of monthly premium at time of disenrollment \$15-<\$30	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$15 or greater, but less than \$30	6	0	6	0	0	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.	2	0	0	0	2	0	Office of Public Assistance
44	Amount of monthly premium at time of disenrollment ≥\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$75 or greater.	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 month as the disenrollment process was suspended on 4/1/2020 as a response to the COVID-19 State of Emergency and continues in suspension through the quarter.*

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

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

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

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