

**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."¹

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.

¹ 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

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

Post Award Forum

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

presented the update on HELP/Expansion. Three attendees contributed comments or questions. The 2021 post award forum is 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

| Quarterly Reports | Submit to CMS | Date Submitted |
|---------------------------------|---|--|
| 2017 - DY2, Q1 | 5/31/2017 | 5/31/2017 |
| Q2 | 8/31/2017 | 8/30/2017 |
| Q3 | 11/30/2017 | 11/30/2017 |
| 2018 - DY3, Q1 | 5/30/2018 | 12/20/2018, Revised 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) |
| Annual Reports | Submit to CMS | Date Submitted |
| 2016 - DY1 | 3/31/2017 | 3/30/2017 |
| 2017 - DY2 | 3/31/2018 | 8/8/2018 |
| 2018 - DY3 | 3/31/2019 | 3/1/2019, Revised 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) |
| Post Award Forum | Approximate Date Planned | Date Held |
| 2016 - DY1 | 7/1/2016 | 6/15/2016 |
| 2017 - DY2 | 7/1/2017 | 6/20/2017 |
| 2018 - DY3 | 11/1/2018 | 12/12/2018 |
| 2019 - DY4 | 8/2019 | 8/15/2019 |
| 2020 - DY5 | 11/1/2020 | 11/17/2020 |
| 2021 - DY6 | 7/29/2021 | 7/29/2021 |
| 2022 – DY7 | (pending) | (pending) |
| Other Deliverables | Submit to CMS | Date Submitted |
| 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)