

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Baltimore, Maryland 21244-1850



State Demonstrations Group

October 20, 2023

Michael Randol
State Medicaid Director
Department of Public Health and Human Services
111 North Sanders, Room 301
Helena, MT 59620

Dear Director Randol:

The Centers for Medicare & Medicaid Services (CMS) completed its review of the “Montana Section 1115 Waiver for Additional Services and Populations” (WASP) Interim Evaluation Report, which is required by the Special Terms and Conditions (STCs), specifically STC #XIV.3 “Interim Evaluation Report” of the Montana section 1115 demonstration (Project Number 11-W-00181/8). The demonstration period was approved for the period of January 1, 2022 through December 31, 2022. This Interim Evaluation Report covers the period from January 2018 through December 2020. CMS determined that the Evaluation Report, submitted on June 29, 2022 and revised on May 24, 2023, is in alignment with the CMS-approved Evaluation Design and the requirements set forth in the STCs, and therefore, approves the state’s Interim Evaluation Report.

The Interim Evaluation Report addresses research hypotheses aligned with the demonstration’s goals and presents descriptive trends to evaluate the demonstration. The report identifies positive trends in outcome measures such as high satisfaction rates for access to care and decreases in emergency department use for mental health care. The report also indicates increased utilization of dental services for the Aged, Blind, or Disabled population and increased utilization of benefits for the Parent and Other Caretaker Relatives population covered through the demonstration. We look forward to collaborating with the state on the Summative Evaluation Report, which we expect will allow for a fuller assessment of whether the demonstration has been achieving its goals.

In accordance with 42 CFR 431.424(d), the approved Evaluation Report may now be posted to the state’s Medicaid website within 30 days. CMS will also post the Interim Evaluation Report on Medicaid.gov.

We look forward to our continued partnership on Montana’s Waiver for Additional Services and Populations section 1115 demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

**Danielle
Daly -S**

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Danielle Daly -S
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Danielle Daly
Director
Division of Demonstration Monitoring and Evaluation

cc: Barbara Prehmus, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

Montana Section 1115 Waiver for Additional Services and Populations (WASP) Demonstration Waiver

**June 2022 Extension/Renewal Submission
Effective Date: January 1, 2023**

INTERIM EVALUATION REPORT

Revised and resubmitted May 24, 2023

Montana submitted the Evaluation Design for this report on January 13, 2021 and it was approved by the Center for Medicare and Medicaid Services (CMS) on April 5, 2021. This Interim Evaluation Report is the first implementation of that design. The brevity of the evaluation period for the Mental Health Services Plan (MHSP) population combined with the overall chaotic healthcare period of the COVID-19 federal public health emergency (PHE) makes it difficult to draw many clear conclusions from the information obtained for this report. The evaluation design specific to the Parent and Other Caretaker Relatives (PCR) and Aged, Blind, and/or Disabled (ABD) covered populations reflects on five years of data providing information for interpretation. Montana's complete findings and analysis of those findings are included in this report. This brevity of the original evaluation period, especially for the MHSP population merits further explanation.

In the summer of 2020, over three months into the COVID-19 pandemic, CMS informed Montana that the WASP Medicaid Demonstration evaluation design draft was long overdue. This design draft, due 120 days after approval of the extension, had been due on May 1, 2018. It is believed that change in staffing at both CMS and the State of Montana contributed to this oversight. On August 19, 2020 CMS provided Montana with recommendations for developing an evaluation design draft with a suggested due date 60-days following.

In prior years, the approved WASP evaluation designs had been limited to the MHSP population only. For this new demonstration period, CMS requested the other two populations: Aged, Blind and Disabled (ABD) and Parent & Caretaker Relatives (PCR) be included in the evaluation design draft. This presented some barriers to Montana. Since the MHSP population of the WASP is under the oversight of the Behavior Health and Developmental Disorders Division (BHDDD) of DPHHS, this division has been responsible for the evaluation plan and reports, whereas the Health Resources Division (HRD) has been responsible for the monitoring

reports. Additionally, HRD struggled with how to evaluate the very limited benefit the WASP offers to the ABD and PCR populations. WASP offers the ABD population only dental treatment services above the \$1,125 State Plan dental treatment cap. WASP offers the PCR population a 12-month continuous eligibility period only.

Weeks of discussion and clarification followed, while both CMS and Montana were enmeshed in COVID-19 pandemic response. By late November, 2020, CMS provided direction to Montana on how to proceed with the draft evaluation design giving minimal attention to measuring and evaluating WASP's effect on the ABD and PCR populations.

The prior evaluation, completed by the BHDDD evaluated the effectiveness of the WASP MHSP population only, with a CMS approved evaluation design from December 2010, through December 2017. A key element of this evaluation was a satisfaction survey. A baseline survey of the 800 MHSP Waiver individuals was completed in the summer of 2012, and then a follow-up survey was conducted in October 2015. BHDDD did not complete a new survey of the WASP MHSP population until September of 2019 and this survey information differed from the 2015 survey. Because of this, Montana chose demonstration year (DY) 2019 as the baseline year for all the MHSP population's evaluative data on our evaluation design.

In early December, 2020 CMS and Montana agreed upon a January 8, 2021, due date for the draft evaluation design. Montana encountered a brief delay and was granted two more weeks of grace but submitted the draft evaluation design on January 13, 2021. CMS approved the design on April 5, 2021.

The evaluation design specific to the Parent and Other Caretaker Relatives (PCR) and Aged, Blind, and/or Disabled (ABD) covered populations reflects on five years of data providing information for interpretation. Montana's complete findings and analysis of those findings are included in this report.

On June 30, 2022, Montana submitted the WASP Interim Evaluation Report as a part of the Fast Track Extension Application with effective date January 1, 2023. CMS comments on the Interim Evaluation Report arrived on March 24, 2023. CMS recommended several improvements to the report, including the inclusion of DY 2018 non-survey data in our MHSP section of the report. This and other recommended changes are now included in this revised and resubmitted Interim Evaluation Report.

Montana plans to update the evaluation measures that have data available, annually, for the full prior year. Providers are given 365-days for claims submission making complete data obtained from processed claims, subject to a one-year lag time. The state will report that update on the WASP

annual monitoring report. Updates to analysis will be included if statistically significant changes are noted. Full Evaluation Reports, with measures analysis, will be completed and submitted according to the Special Terms and Conditions requirements.

Demonstration Objectives/Goals

The goal of the WASP Demonstration mirrors the state's Medicaid goal, that is to assure medically necessary medical care is available to all eligible Montanans within available funding resources.

The three populations covered under WASP differ significantly from each other and the benefit each population derives from inclusion in WASP also differ. The MHSP population receives the broadest service package and is therefore the principal focus of this evaluation design.

MHSP Population Goal

The goal of WASP for the MHSP population is threefold. The goals include improving (1) access to mental health care, (2) utilization of mental health care, and (3) mental health outcomes for individuals age 18 or older, with Severe Disabling Mental Illnesses (SDMI) who qualify for, or are enrolled in, the Section 1115 WASP by providing coverage to receive Standard Medicaid benefits for mental health services. The evaluation plan utilizes three research questions that seek to understand how the provision of Standard Medicaid benefits coverage for the MHSP population of WASP impacts their (1) access to mental health care, (2) utilization of mental health care, and their (3) mental health outcomes. The evaluation design and research questions enable an understanding of the impact of WASP on the MHSP population by hypothesizing that the provision of Standard Medicaid benefits will enable the MHSP population to receive timely and appropriate mental health care, including community-based mental health care services and psychotropic prescription drug services, that improves their mental health outcomes by reducing the MHSP population's utilization of emergency rooms, crisis facilities, inpatient behavioral health units and the Montana State Hospital for mental health care.

The State will conduct the evaluation for the MHSP population using survey responses and claims data specific to the MHSP population over a defined time period. The distinct measurements evaluate access to and utilization of services covered by Standard Medicaid benefits, which would be unavailable to the MHSP population without WASP. The defined data sources ensure that the evaluation design utilizes

measurements primarily effected by the provision of Standard Medicaid benefits to ensure the evaluation is isolated from other initiatives within the State.

Evaluation Questions and Hypotheses

Research Questions:

1. How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact their access to covered services?
2. How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact utilization of covered services?
3. How does the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population?

Hypotheses:

1. Access to care will improve for members of the WASP population who receive Standard Medicaid benefits for mental health services.
2. Utilization of community-based mental health services and psychotropic prescription drug services will increase.
3. Utilization of emergency department services for mental health services and admission to crisis stabilization facilities, inpatient psychiatric facilities, and the Montana State Hospital will decrease for members of the WASP population who receive Standard Medicaid benefits for mental health services.

Summary of Key Evaluation Questions, Hypotheses, Data Sources, and Analytic Approaches

Mental Health Services Plan (MHSP) Population

Demonstration Goal: Improve access to mental health care, improve utilization of mental health care and improve mental health outcomes for individuals age 18 or older, with Severe Disabling Mental Illness (SDMI) who qualify for, or are enrolled in, the Section 1115 Waiver for Additional Services and Populations (WASP) by providing coverage to receive Standard Medicaid benefits for mental health services.

MHSP Base Population:

| CY2018 | CY2019 | CY2020 |
|--------|--------|--------|
| 1325 | 1143 | 1014 |

Illustrative Demonstration Goal with Examples of Related Research Questions, Hypotheses, and Measures:

| Research Questions | Hypotheses | Measures | Source |
|--|---|--|---|
| 1. How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact their access to covered services? | 1. Access to care will improve for members of the WASP population who receive Standard Medicaid benefits for mental health services. | 1a. Enrollee perception of difficulty getting care. | Mental Health Statistical Improvement Survey (MHSIP); Domain: Access. |
| 2. How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact utilization of covered services? | 2. Utilization of community-based mental health services and psychotropic prescription drug services will increase. | 2a. Number of enrollees receiving community-based mental health services, specifically Outpatient Therapy services, Targeted Case Management services, Behavioral Health Day Treatment services, Rehabilitation & Support services, Illness Management and Recovery services, Behavioral Health Group Home services, Program of Assertive Community Treatment services, Peer Support services, and Adult Foster Care services. 2b. Number of enrollees receiving psychotropic prescription drug services. | Claim data from the MT claims reporting system. |
| 3. How does the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population? | 3. Utilization of emergency department services for mental health services and admission to crisis stabilization facilities, inpatient psychiatric facilities, and the Montana State Hospital will decrease for members of the WASP population who receive Standard Medicaid benefits for mental health services. | 3a. Number of enrollees utilizing emergency department services for mental health services. 3b. Number of enrollees admitted to a crisis stabilization facility. 3c. Number of enrollees admitted to an inpatient psychiatric facility. 3d. Number of enrollees admitted to the Montana State Hospital. | 3a-3c. claim data from the MT claims reporting system. 3d. Admission and discharge data from the Montana State Hospital. |

WMHSP Measure 1a:

| Evaluation Question | Evaluation Hypotheses | Measure (to be reported for each Demonstration Year) | Recommended Data Source | Analytic Approach |
|---|--|--|---|---|
| How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact their access to covered services? | Access to care will improve for members of the WASP population who receive Standard Medicaid benefits for mental health services. | Enrollee perception of difficulty accessing care. | Mental Health Statistical Improvement Survey (MHSIP); Domain: Access. | Baseline data will be MHSIP survey responses from 1/1/2019-7/30/2019 in the Access Domain of the survey. Will track annual trends to monitor if beneficiaries perceive their ability to access care has improved. |
| CY2018 | CY2019 | CY2020 | Analysis | |
| There was no MHSIP survey performed in CY2018 so no information available | 84% of consumers in Montana were satisfied with the ability to access Mental Health Services 2019. In the same year 87% of respondents also reported positively on the quality & appropriateness of care provided. | In 2020, Montana saw an average of 1% increase in positive responses from Mental Health Service Consumers, resulting in an 85% positive rating on Montana's accessibility to care over the 2019 data results. The perceived quality and appropriateness of care provided remained the same at 87%. | Current trend lines show an overall increase in the consumers perception of accessibility to care. In comparison to the National average Montana is only 4% behind consumers perceived ability to access care. Continued efforts are being made to increase our sample sizes in order to decrease our standard deviation, so we may continue to conduct process improvements. | |

WMHSP Measures 2a:

| Evaluation Question | Evaluation Hypotheses | Measure (to be reported for each Demonstration Year) | Recommended Data Source | Analytic Approach |
|--|--|--|--|---|
| How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact utilization of covered services? | Utilization of community-based mental health services and psychotropic prescription drug services will increase. | Number of enrollees receiving community-based mental health services, specifically Outpatient Therapy services, Targeted Case Management services, Behavioral Health Day Treatment services, Rehabilitation & Support services, Illness Management and Recovery services, Behavioral Health Group Home services, Program of Assertive Community Treatment services, Peer Support services, and Adult Foster Care services. | Community-based mental health services claim data from the MT claims reporting system. | Baseline data will be claims with Dates of Service between 1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are accessing increased number of community-based mental health services. |
| CY2018 | CY2019 | CY2020 | Analysis | |
| 1037 out of 1325 WASP members | 774 out of 1143 WASP MHSP members | 653 out of 1014 WASP MHSP members | From CY19 to CY20, there was a 3.3% decrease in the percentage of WASP MHSP beneficiaries receiving community-based MH services. For CY19, 67.7% of the total number of member of beneficiaries received these services and for CY20, only 64.4% of members received these services. | |

WMHSP Measure 2b:

| Evaluation Question | Evaluation Hypotheses | Measure (to be reported for each Demonstration Year) | Recommended Data Source | Analytic Approach |
|--|--|--|--|--|
| How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact utilization of covered services? | Utilization of community-based mental health services and psychotropic prescription drug services will increase. | Number of enrollees receiving psychotropic prescription drug services. | Psychotropic prescription drug claims data from the MT claims reporting system. | Baseline data will be claims with Dates of Service between 1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are accessing increased number of psychotropic prescription drug services. |
| CY2018 | CY2019 | CY2020 | Analysis | |
| 150 out of 1325 WASP members | 106 out of 1143 WASP members | 100 out of 1014 WASP members | When comparing CY20 to CY19, there was a 0.6% increase in the percentage of WASP beneficiaries with a prescription for psychotropic medications. | |

WMHSP Measure 3a:

| Evaluation Question | Evaluation Hypotheses | Measure | Recommended Data Source | Analytic Approach |
|---|--|---|--|---|
| How does the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population? | Utilization of emergency department services for mental health services will decrease. | Number of enrollees utilizing emergency department services for mental health services. | Emergency department claims data from the MT claims reporting system. | Baseline data will be claims with Dates of Service between 1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are accessing emergency department services for mental health services less frequently. |
| CY2018 | CY2019 | CY2020 | Analysis | |
| 113 out of 1325 WASP members | 301 out of 1143 WASP members | 247 out of 1014 WASP members | When comparing CY20 to CY19, there was a 2% decrease in the percentage of WASP beneficiaries accessing the emergency department. | |

WMHSP Measure 3b:

| Evaluation Question | Evaluation Hypotheses | Measure | Recommended Data Source | Analytic Approach |
|---|--|---|--|---|
| How does the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population? | Utilization of emergency department services for mental health services will decrease. | Number of enrollees utilizing emergency department services for mental health services. | Emergency department claims data from the MT claims reporting system. | Baseline data will be claims with Dates of Service between 1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are accessing emergency department services for mental health services less frequently. |
| CY2018 | CY2019 | CY2020 | Analysis | |
| 53 out of 1325 WASP members | 58 out of 1143 WASP members | 37 out of 1014 WASP members | When comparing CY20 to CY19, there was an 1.4% decrease in the percentage of WASP beneficiaries admitted to a crisis stabilization facility. | |

WMHSP Measure 3C:

| Evaluation Question | Evaluation Hypotheses | Measure | Recommended Data Source | Analytic Approach |
|---|--|---|--|---|
| How does the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population? | Utilization of emergency department services for mental health services will decrease. | Number of enrollees utilizing emergency department services for mental health services. | Emergency department claims data from the MT claims reporting system. | Baseline data will be claims with Dates of Service between 1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are accessing emergency department services for mental health services less frequently. |
| CY2018 | CY2019 | CY2020 | Analysis | |
| 39 out of 1325 WASP Members | 58 out of 1143 WASP members | 37 out of 1014 WASP members | When comparing CY20 to CY19, there was an 1.4% decrease in the percentage of WASP beneficiaries admitted to a crisis stabilization facility. | |

WMHSP Measure 3D:

| Evaluation Question | Evaluation Hypotheses | Measure | Recommended Data Source | Analytic Approach |
|---|--|---|---|---|
| How does the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population? | Utilization of emergency department services for mental health services will decrease. | Number of enrollees utilizing emergency department services for mental health services. | Emergency department claims data from the MT claims reporting system. | Baseline data will be claims with Dates of Service between 1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are accessing emergency department services for mental health services less frequently. |
| CY2018 | CY2019 | CY2020 | Analysis | |
| 51 out of 1325 WASP Members | 48 out of 1143 WASP members | 30 out of 1014 WASP members | When comparing CY20 to CY19, there was an 1.2% decrease in the percentage of WASP beneficiaries admitted to the Montana State Hospital. | |

Summary of MHSP Findings

Based on the measures currently established within the WASP; access to mental health care, utilization of mental health care, and the mental health outcomes, Montana has experienced a decrease of 3% in individuals utilizing/seeking outpatient mental health care services, an additional 2% decrease in individuals having to utilize an Emergency Department; although, our population has expressed a minor positive increase of 1% regarding the aggregate perception of accessibility. Montana has also identified a decrease of the individuals admitting to Crisis Stabilization Facilities as well as the Montana State Hospital by over 1% and identified a 0.2% decrease to those needing to be admitted into to Psychiatric Facilities.

Though no correlation can yet be established to determine final outcomes when the observation timeline is only 1 year, as well as having multiple variables able to influence results (to include the PHE), Montana will continue to observe trendlines of the collected data better determine trends within our population.

The MHSP population was minimally impacted by the PHE. The benefits and population receiving MHSP benefits are specific to Mental Health Care for individuals with Severe Disabling Mental Illness. This population was minimally impacted by the lack of disenrollments as the population did not experience a high volume of disenrollments prior to the PHE. With the telehealth changes made during the PHE, the population was able to continue with access to benefits.

PCR Population Goal

The goal of including the PCR population into the WASP coverage is to provide a 12-month continuous eligibility period for all non-expansion Medicaid-covered individuals whose eligibility is based on Modified Adjusted Gross Income (MAGI). The PCR population receives the standard Medicaid benefit already, without the aid of WASP eligibility. Including this population into the WASP coverage eliminates the redetermination burden on the member and the state while aligning these members with an annual redetermination schedule that mirrors most other Montana Healthcare Program members.

The PCR population began receiving this singular benefit under WASP on January 1, 2016. There are no similar groups for which to compare the PCR population, or any additional services covered for them under WASP, only the absence of an extra eligibility requirement. Likely, most PCR WASP members do not

realize they are participants in the WASP as its action is invisible to them. Therefore, member satisfaction surveys and outside comparisons for this population are purposely excluded.

PCR Goal: provide a 12-month continuous eligibility period for all non-expansion Medicaid-covered individuals whose eligibility is based on MAGI.

PCR Base Population

| CY2016 | CY2017 | CY2018 | CY2019 | CY2020 |
|--------|--------|--------|--------|--------|
| 9,058 | 818 | 381 | 5,269 | 6,206 |

PCR Measure 1:

| Evaluation Question | Evaluation Hypotheses | Measure | Recommended Data Source | Analytic Approach |
|--|---|--|--|---|
| How did beneficiaries utilize covered health services? | Enrollees will continue to utilize PCR services during the transitional period. | Number of beneficiaries who had at least one service encounter in each year of the demonstration/total number of beneficiaries | How did beneficiaries utilize covered health services? | Enrollees will continue to utilize PCR services during the transitional period. |
| Baseline CY2016 | CY2017 | CY2018 | CY2019 | CY2020 |
| 68.0% | 64.7% | 63.3% | 68.6% | 80.4% |
| Analysis | | | | |
| The percent of members receiving services was an overall increase. | | | | |

PCR Measure 2:

| Evaluation Question | Evaluation Hypotheses | Measure | Recommended Data Source | Analytic Approach |
|---|---|---|--|--|
| How did beneficiaries utilize covered health services? | Enrollees will continue to utilize PCR services during the transitional period. | Number of services utilized/total number of beneficiaries | PCR claims data from the MT claims reporting system pulled from the database and the total PCR transitional Enrollment Data pulled from the database that receives information from the eligibility system. Will pull the total count of services to get an average annual per beneficiary count of services utilized. | Base line data will be claims with Dates of Service between 01/01/2016-12/31/2016. Will track annual trends to see if service utilization per beneficiary increases, decreases, or remains flat. |
| Baseline CY2016 | CY2017 | CY2018 | CY2019 | CY2020 |
| 9.8 | 10.1 | 15.5 | 9.6 | 19.1 |
| Analysis | | | | |
| The baseline data was significantly higher than all subsequent years. CY 2017 through CY 2020 was consistent with an overall slight decrease from CY 2017 to CY 2020. | | | | |

PCR Measure 3:

| Evaluation Question | Evaluation Hypotheses | Measure | Recommended Data Source | Analytic Approach |
|--|---|--|--|---|
| How did beneficiaries utilize covered health services? | Enrollees will continue to utilize PCR services during the transitional period. | Top ten utilized services in each year of the demonstration /total number of beneficiaries | PCR claims data from the MT claims reporting system pulled from the database and the total PCR transitional Enrollment Data pulled from the database that receives information from the eligibility system. Will pull the total services each year by total count of claims and report the top ten most highly utilized services/ total PCR count to get the Top 10 service per beneficiary. | Base line data will be claims with Dates of Service between 01/01/2016-12/31/2016. Will compare the top services from one year to the next to see how the services change or remain the same over time. Compare the trend of like services to see if service utilization per beneficiary increases, decreases, or remains flat. |

| Procedure Code with Utilization per Beneficiary and Annual Rank | 2016 | 2017 | 2018 | 2019 | 2020 |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|
| 90837 - PSYTX PT&/FAMILY 60 MINUTES | 0.287 - Rank 3 | 0.215 - Rank 3 | 0.373 - Rank 4 | 0.358 - Rank 2 | 0.785 - Rank 1 |
| 99213 - OFFICE/OUTPATIENT VISIT EST | 0.476 - Rank 1 | 0.460 - Rank 1 | 0.871 - Rank 1 | 0.392 - Rank 1 | 0.654 - Rank 2 |
| 99214 - OFFICE/OUTPATIENT VISIT EST | 0.220 - Rank 4 | 0.253 - Rank 2 | 0.517 - Rank 2 | 0.249 - Rank 4 | 0.418 - Rank 3 |
| S0109 - METHADONE ORAL 5MG | | | | 0.259 - Rank 3 | 0.410 - Rank 4 |
| 97530 - THERAPEUTIC ACTIVITIES | | | | 0.107 - Rank 5 | 0.231 - Rank 5 |
| 97110 - THERAPEUTIC EXERCISES | | 0.061 - Rank 10 | 0.433 - Rank 3 | 0.076 - Rank 9 | 0.182 - Rank 6 |
| J0574 - BUPRENORPH/NALOX 6.1 TO 10MG | | | | | 0.182 - Rank 7 |
| 97140 - MANUAL THERAPY 1/> REGIONS | | 0.119 - Rank 5 | 0.299 - Rank 5 | 0.081 - Rank 8 | 0.165 - Rank 8 |
| 92507 - SPEECH/HEARING THERAPY | | 0.088 - Rank 8 | | | 0.147 - Rank 9 |
| H0016 - ALCOHOL AND/OR DRUG SERVICES | | | | | 0.131 - Rank 10 |
| 36415 - ROUTINE VENIPUNCTURE | | | 0.121 - Rank 9 | 0.070 - Rank 10 | |
| 90471 - IMMUNIZATION ADMIN | 0.069 - Rank 8 | 0.089 - Rank 7 | 0.157 - Rank 7 | 0.086 - Rank 6 | |
| 92015 - DETERMINE REFRACTIVE STATE | 0.068 - Rank 9 | 0.076 - Rank 9 | 0.118 - Rank 10 | | |
| 97113 - AQUATIC THERAPY/EXERCISES | | | 0.171 - Rank 6 | | |
| 99283 - EMERGENCY DEPT VISIT | 0.112 - Rank 5 | 0.095 - Rank 6 | 0.155 - Rank 8 | | |
| H2019 - THER BEHAV SVC, PER 15 MIN | 0.080 - Rank 7 | | | | |
| H2020 - THER BEHAV SVC, PER DIEM | 0.091 - Rank 6 | | | | |
| J0572 - BUPRENORPHIN/NALOX UP TO 3MG | | | | 0.082 - Rank 7 | |
| T1016 - CASE MANAGEMENT | 0.336 - Rank 2 | 0.121 - Rank 4 | | | |
| V2020 - VISION SVCS FRAMES PURCHASES | 0.067 - Rank 10 | | | | |

Analysis

The Top services for the PCR group did vary from one year to the next, but office visits and therapies were consistently in the top services.

Summary of PCR Findings

All three evaluation measures are within reason to what was expected. PCR recipients are using the benefits and utilizing the benefits as we would expect. Measure one showed a slight decrease, however the percent of recipients using benefits is above 90% for every year. The top services rendered as shown in measure three are in line with the top physician services we are seeing in other areas of Medicaid.

At the start of the PHE, Montana only had one member deprivation code for “transitional eligibility”. When Montana was no longer disenrolling due to the PHE, the decision was made to move all the enrollees that needed redetermination to the transitional eligibility deprivation code. HRD noticed the rapid incline of member counts and claims and at that point were informed of the decision. HRD requested that a new deprivation code be assigned for all the non-PCR enrollees. This change was made, but unfortunately, because all claims were tagged and the member records were not updated retroactively, we are unable to correct the time frame when transitional PCE counts increased. HRD could provide CMS with a budget neutrality for only the PCR transitional, but we will need to scrub the data to identify the population and then pull the claims for only the PCR population and it will not tie back to the CMS 64 as we are unable to change the CMS 64. The PCR enrollment change was an unintended consequence of the quick changes needed during the PHE.

ABD Dental Population Goal

The goal of including the ABD Dental population into the WASP coverage is to provide individuals determined categorically eligible for ABD with dental treatment services above the \$1,125 State Plan dental treatment cap.

The ABD population began receiving this singular benefit under WASP on March 1, 2016. For full year-to-year comparisons, the baseline data for this evaluation is calendar year 2017. There are no similar groups to compare with this ABD population or any additional services covered for them under WASP, only the absence of the dental treatment cap. Likely, most ABD WASP members do not realize they are participants in the WASP as its action is invisible to them. The ABD population is aged, blind and disabled. They are offered this additional annual coverage because of the hardship inherent in providing dental services incrementally. This population is especially difficult to serve with dental care, sometimes needs to be anesthetized, often prone to behavioral combativeness and emotional trauma. The service itself is offered

at the request of providers who find this population especially in need of dental care that is not limited by timeframe or dollar amount. This is a population who, if offered a survey, would likely have it completed by a proxy if able to complete one at all. Therefore, member satisfaction surveys and outside comparisons for this population are purposely excluded.

ABD Base Population:

| Baseline 1/1/2017 through 12/31/2017 | 1/1/2018 through 12/31/2018 | 1/1/2019 through 12/31/2019 | 1/1/2020 through 12/31/2020 |
|---|--|--|--|
| 42,259 | 39,599 | 38,574 | 38,420 |

ABD Measure 1:

| Evaluation Question | Evaluation Hypotheses | Measure | Recommended Data Source | Analytic Approach |
|--|--|---|--|--|
| How did beneficiaries utilize covered health services? | Enrollees will continue to utilize ABD dental services above the dental treatment cap. | Number of beneficiaries who had at least one dental service encounter above the cap in each year of the demonstration/total number of beneficiaries above the dental cap. | ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system. Both the numerator and the denominator will be a distinct count of ABD beneficiaries above the dental limit, counting the beneficiary only once regardless of the number of services covered by their ABD transitional Enrollment. | Base line data will be claims with Dates of Service between 01/01/2017-12/31/2017. Will track annual trends over time to monitor if a higher proportion of beneficiaries are using services. |

| Baseline 1/1/2017 through 12/31/2017 | 1/1/2018 through 12/31/2018 | 1/1/2019 through 12/31/2019 | 1/1/2020 through 12/31/2020 |
|---|--|--|--|
| 1.022% | 3.010% | 2.377% | 2.811% |

| Analysis |
|---|
| The percent of members receiving services was an overall slight increase. |

ABD Measure 2:

| Evaluation Question | Evaluation Hypotheses | Measure | Recommended Data Source | Analytic Approach |
|--|--|--|--|--|
| How did beneficiaries utilize covered health services? | Enrollees will continue to utilize ABD dental services above the dental treatment cap. | Number of services utilized/total number of beneficiaries. | ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system. Will pull the total count of services to get an average annual per beneficiary count of services utilized. | Base line data will be claims with Dates of Service between 01/01/2017-12/31/2017. Will track annual trends to see if service utilization per beneficiary increases, decreases, or remains flat. |
| Baseline 1/1/2017 through 12/31/2017 | 1/1/2018 through 12/31/2018 | 1/1/2019 through 12/31/2019 | 1/1/2020 through 12/31/2020 | |
| 0.019 | 0.060 | 0.057 | 0.061 | |
| Analysis | | | | |
| The baseline data was significantly lower than all subsequent years. CY 2017 through CY 2020 was consistent with an overall slight increase from 2017 to 2020. | | | | |

ABD Measure 3:

| Evaluation Question | Evaluation Hypotheses | Measure | Recommended Data Source | Analytic Approach |
|--|--|---|--|---|
| How did beneficiaries utilize covered health services? | Enrollees will continue to utilize ABD dental services above the dental treatment cap. | Top ten utilized dental services in each year of the demonstration/total number of beneficiaries. | ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system. Will pull the total services each year by total count of claims and report the top ten most highly utilized services/ total ABD count to get the Top 10 service per beneficiary. | Base line data will be claims with Dates of Service between 01/01/2017-12/31/2017. Will compare the top services from one year to the next to see how the services change or remain the same over time. Compare the trend of like services to see if service utilization per beneficiary increases, decreases, or remains flat. |

| Procedure Code with Utilization per Beneficiary and Annual Rank | Baseline 1/1/2017 through 12/31/2017 | 1/1/2018 through 12/31/2018 | 1/1/2019 through 12/31/2019 | 1/1/2020 through 12/31/2020 |
|--|---|------------------------------------|------------------------------------|------------------------------------|
| D7210 - REM IMP TOOTH W MUCOPER FLP | 0.021 - Rank 1 | 0.050 - Rank 1 | 0.046 - Rank 1 | 0.051 - Rank 1 |
| D7140 - EXTRACTION ERUPTED TOOTH/EXR | 0.020 - Rank 2 | 0.041 - Rank 2 | 0.039 - Rank 2 | 0.045 - Rank 2 |
| D2950 - CORE BUILD-UP INCL ANY PINS | 0.004 - Rank 5 | 0.010 - Rank 6 | | 0.009 - Rank 7 |
| D2740 - CROWN PORCELAIN/CERAMIC SUBS | | | | |
| D2392 - POST 2 SRFC RESINBASED CMPST | 0.003 - Rank 6 | 0.011 - Rank 4 | 0.019 - Rank 3 | 0.012 - Rank 4 |
| D2751 - CROWN PORCELAIN FUSED BASE M | 0.005 - Rank 3 | 0.017 - Rank 3 | 0.008 - Rank 10 | 0.016 - Rank 3 |
| D4341 - PERIODONTAL SCALING & ROOT | 0.003 - Rank 8 | 0.010 - Rank 5 | 0.017 - Rank 4 | 0.010 - Rank 6 |
| D7250 - TOOTH ROOT REMOVAL | 0.003 - Rank 9 | 0.009 - Rank 9 | | |
| D2391 - POST 1 SRFC RESINBASED CMPST | 0.003 - Rank 7 | 0.009 - Rank 8 | 0.013 - Rank 6 | 0.009 - Rank 8 |
| D2393 - POST 3 SRFC RESINBASED CMPST | | 0.008 - Rank 10 | 0.014 - Rank 5 | 0.008 - Rank 9 |
| D2330 - RESIN ONE SURFACE-ANTERIOR | | | 0.010 - Rank 8 | 0.008 - Rank 10 |
| D2331 - RESIN TWO SURFACES-ANTERIOR | | | 0.010 - Rank 7 | |
| D2332 - RESIN THREE SURFACES-ANTERIO | 0.002 - Rank 10 | | | |
| D2335 - RESIN 4/> SURF OR W INCIS AN | | | 0.009 - Rank 9 | |
| D7310 - ALVEOPLASTY W/ EXTRACTION | 0.004 - Rank 4 | 0.010 - Rank 7 | | 0.010 - Rank 5 |

Analysis

The top services for the ABD group were very consistent from one year to the next. The top code for each demonstration year was an extraction code.

Summary of ABD Findings

All three evaluation measures are within reason to what was expected. ABD recipients are utilizing the benefits as we would expect. The waiver waives the adult dental limit for all ABD recipients. Measure one shows that approximately 3% of the ABD population is going above the max and utilizing the benefit. Measure one and two both showed slight increases. The top services rendered as shown in measure three are as expected and consistent across demonstration years.

The ABD population did see an increase in enrollment overtime due to the PHE. The increase in recipients in the ABD population did contribute to a higher volume of dental claims exceeding the cap and being covered under the waiver.

Summary of Interim Evaluation Findings

As stated at the beginning of this report, the goal of the WASP Demonstration mirrors the state's Medicaid goal, that is to assure medically necessary medical care is available to all eligible Montanans within available funding resources.

During this evaluation period, WASP extended unique coverage opportunities for medically necessary medical care to three unique populations. The MHSP population utilized needed mental health services as well as other medical care in the single year evaluated. The ABD population were evaluated over a span of three years. During this time utilization of dental services above the standard benefit treatment cap grew slowly but steadily. Three percent of those eligible addressed those needs at the time attention was needed avoiding the hardship of necessary procedure delays. Assessing WASP's role in assuring medically necessary medical care for the PCR population is more difficult. The PCR population's single benefit under WASP is 12-month continuous eligibility for medical care for which they are already eligible. Since the percentage of medical care utilization was over 90% each year, it is clear this population was receiving the needed care. The 12-month continuous eligibility removed the currently unmeasurable barrier of members losing care due to more frequent eligibility determination.

Note an amendment approved March 30, 2022 removed the 12-month continuous eligibility for the PCR population, and thus removes this population from WASP coverage, effective at the end of the federal

PHE. A revised Evaluation Design, omitting the PCR population and includes PHE evaluation components, is expected to be submitted to CMS in late July, 2023.