Medicaid 1115 Eligibility and Coverage (E&C) Demonstration Monitoring Report

Note: PRA Disclosure Statement to be added here

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Centers for Medicaid & CHIP Services at 410-786-3870.

Table of Contents

1.	Title page for Montana HELP Demonstration	. 3
2.	Executive summary	. 4
3.	Narrative information on E&C implementation, by reporting topic	. 5
4.	Narrative information on other reporting topics	14

1. Title page for Montana HELP Demonstration

The state should complete this title page for all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.

State	Montana
Demonstration name	Section 1115 Demonstration (Project Number 11-W-00300/8) Montana Health and Economic Livelihood Partnership (HELP)
Approval period for section 1115 demonstration	01/01/2022 – 12/31/2022
E&C demonstration start date ^a	01/01/2022
Implementation date of E&C demonstration, if different from demonstration start date ^b	01/01/2022
E&C (or if broader demonstration, then E&C-related) demonstration goals	Increasing the availability of high-quality health care to Montanans.
and objectives	Providing greater value for the tax dollars spent on the Montana Medicaid program.
	Reducing health care costs.
	Providing incentives that encourage Montanans to take greater responsibility for their personal health.
	Boosting Montana's economy; and
	Reducing the costs of uncompensated care and the resulting cost-shifting to patients with health insurance.
E&C demonstration year and quarter	Demonstration Year 7, Quarter 1
Reporting period	01/01/2022 - 03/31/2022

^a **E&C demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state's STCs at the time of E&C demonstration approval. For example, if the state's STCs at the time of E&C demonstration approval note that the E&C demonstration is effective January 1, 2021 – December 31, 2026, the state should consider January 1, 2021 to be the start date of the E&C demonstration. Note that the effective date is considered to be the first day the state may begin its E&C demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an

extension request on December 15, 2021, with an effective date of January 1, 2022 for the new demonstration period. In some cases, the effective date also differs from the date a state begins implementing its demonstration.

^b Implementation date of E&C demonstration: The date of implementation for each E&C policy in the state's demonstration.

2. Executive summary

The state should provide a brief, targeted executive summary to communicate key achievements, highlights, issues, and/or risks identified during the current reporting period for the E&C demonstration or the E&C component of a broader section 1115 demonstration. This summary should also identify: (1) key changes since the last monitoring report, including the implementation of new program components; (2) programmatic improvements (e.g., increased outreach or any beneficiary or provider education efforts); and (3) highlights of unexpected changes (e.g., unexpected increases or decreases in enrollment or complaints, etc.). Historical background or general descriptions of the waiver components should not be included. The recommended word count is 500 words or less.

- (1) In late December of 2021, Montana received approval of the amendment to remove the expenditure authority for 12-month continuous eligibility from the 1115 Montana HELP Waiver and a one-year temporary extension of the presently extended authorities. This approval authorizes a one-year period for the state to phase out its requirement for Medicaid beneficiaries to pay monthly premiums beyond those authorized under the Medicaid statute. The state's section 1115 authority for charging premiums will not extend past December 31, 2022. While continuous eligibility is no longer authorized in the demonstration, the state must maintain the coverage of current beneficiaries consistent with the requirements of the Families First Coronavirus Response Act for the period that it elects to receive the associated Federal Medical Assistance Percentage (FMAP) enhancement. Additionally, the temporary extension period allows time for the state to determine the need for section 1115 authorities in the future. The HELP demonstration will continue as-is through December 31, 2022.
- (2) A quarterly member newsletter (Montana Health Care Programs "Messenger") was published on the Montana Medicaid and Healthy Montana Kids (HMK) Plus member education webpage on 02/01/2022. A monthly provider newsletter (The Claim Jumper) was published the end of each month and emailed to all providers who registered to receive it. Provider notices were issued each month of the quarter, as needed, to notify providers of changes to coverage requirements, claims codes, fee schedules, support services holiday closures, and other significant changes.
- (3) The only unexpected change we've recorded is the -7.1% reduction in beneficiaries in long term arrears which is a requested measure that appears on the Metrics Data tab but does not appear in the body of this Monitoring Report template, Part B. This reduction from 2021 Q4 is unexpected as one would think a 2-year moratorium on penalties for non-payment of premiums would slowly increase the number of members in long term arrears. Montana will investigate and continue to monitor this unexpected trend.

3. Narrative information on E&C implementation, by reporting topic

The state should report narrative information in this table following the detailed prompts for each reporting topic. Any narrative/summary text provided in Section 3 should be brief and not exceed 250 words (2-3 paragraphs). Grey cells do not need to be filled out, as they are not applicable. If a state has not made any changes since the last report, and does not plan to make any changes, or if the implementation prompt does not apply to the state's demonstration, it should put an "X" in the "State has no trends/update to report" column and should not enter any text in the "State response" column. The state should provide a response in either the "State has no trends/update to report" column or the "State response" column for each reporting topic. The state should remove the provided example text.

Metric Trends. In some instances, the metric specifications for a given metric may have changed substantially relative to the last time the state reported the metric. Examples of substantial changes may include the state adding state-specific codes to reflect newly covered services, or a measure steward updating the rate calculation for an established quality measure. If a metric changed substantially, the state should describe the effect on the data relative to the previous report, as well as on trends over time.

Implementation Update. The state should briefly describe changes made in the current reporting period regarding the demonstration design and operational details since submitting its original implementation plan, including any changes due to the COVID-19 pandemic.

¹ If the state plans to make modifications or changes to monitoring metrics, the state should discuss the proposed changes with the state's CMS demonstration team.

	Reporting Topic	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.	Enrollment in the E&C Demonstration			
1.1.	Metric trends			

¹ If the state plans to make modifications or changes to monitoring metrics, the state should discuss the proposed changes with the state's CMS demonstration team.

	Reporting Topic	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.1.1.	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to enrollment in the E&C demonstration.	X	AD_1: Total enrollment in the demonstration	+2.5% Expected increase in total enrollment due to retention of almost all members during the PHE.
			AD_4: New enrollees	-40.9% Expected decrease in new enrollees as PHE impact is waning. Also, due to non-disenrollment, members who may have been disenrolled in months prior to 10/01/2021 and then reenrolled in Q1 have not faced disenrollment since 04/01/2020.
1.2.	Implementation update			
1.2.1.	Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1.a. The target population(s) of the demonstration and eligibility criteria (e.g., qualifying income level or other criteria)	X		No changes made this reporting period. Montana is working on plans to pull back on the premiums requirement by 01/01/2023 as directed by CMS. Plans are also underway to unwind much of the PHE flexibilities when the PHE ends.
	1.2.a.b. The application and eligibility determination process	X		Same as above.
1.2.2.	The state expects to make other program changes that may affect metrics related to enrollment	X		No changes made this reporting period. Montana is working on plans to pull back on the

Reporting Topic	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			premiums requirement by 01/01/2023 as directed by CMS.

	Reporting Topic	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.	Appeals & Grievances			
2.1.	Metric trends			
2.1.1.	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to appeals.	X	AD_24, Appeals, eligibility AD_25, Appeals, denial of benefits	+77.5% -72.9% Montana's appeals history for both eligibility and denial of benefits vary a great deal quarter to quarter. In recent history, our appeals numbers have increased slightly though not unexpectedly so. Montana will continue to monitor.
2.2.	Implementation update			
2.2.1.	Compared to the demonstration design and operational details, the state expects to make the following changes to: 2.2.1.a. Appeals related to eligibility	X		No changes expected.
	2.2.1.b. Appeals related to denial of benefits	X		No changes expected.
2.2.2.	The state expects to make other program changes that may affect metrics related to appeals.	X		No changes expected.

	Reporting Topic	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3.	Eligibility & Payment Amounts			
3.1.	Metric trends			
3.1.1.	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to beneficiaries subject to premiums or account payments.	X	PR_1: Beneficiaries subject to premium policy (or account contribution) during the month, not exempt	0% Montana doesn't have an historical standing premium exemption for anyone with this waiver. However, due to the Families First Act, HELP enrollees are not subject to the premium policy during the PHE, so thus, at any time this quarter.
3.1.2.	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to beneficiaries who are granted exemptions from premiums or account payments.	X	PR_2: Beneficiaries who were exempt from premiums for that month	0% Montana has no exemptions from premiums.
3.1.3.	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to beneficiaries who paid a premium or account payment.	X	PR_3: Beneficiaries who paid a premium during the month	-28% Beneficiaries are aware that there is no current penalty to nonpayment of premiums. A reduction in payment of premiums is expected.
3.2.	Implementation update			
3.2.1.	Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.a. Beneficiaries subject to premiums or account payments	X		No changes made this reporting period. Montana is working on plans to pull back on the premiums requirement by 01/01/2023 as directed by CMS.
	3.2.1.b. Beneficiaries exempt from premiums or account payments	X		No changes made this reporting period. Montana is working on

Reporting Topic	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			plans to pull back on the premiums requirement by 01/01/2023 as directed by CMS. This change will make all HELP members exempt from future premiums or account payments as none will be incurred.
3.2.1.c. Process for determining premium or account contribution amounts beneficiaries will pay	X		No changes made this reporting period. Montana is working on plans to pull back on the premiums requirement by 01/01/2023 as directed by CMS.
The state expects to make other program changes that may affect metrics related to eligibility & payment amounts.	X		No changes made this reporting period. Montana is working on plans to pull back on the premiums requirement by 01/01/2023 as directed by CMS. Plans are also underway to unwind much of the PHE flexibilities when the PHE ends. The unwinding of the PHE flexibilities of a moratorium on disenrolling members for nonpayment of premiums or failure to meet redetermination criteria, will affect future metrics related to eligibility & payment amounts.

	Reporting Topic	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.	Operationalize Strategies for Noncompliance			
4.1.	Metric trends			
4.1.1.	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to beneficiaries in grace periods, and non-eligibility periods.	X	PR_5: Beneficiaries in short-term arrears (grace period)	+13.8% Expected large increase in members in grace period. Members are aware, via publication of the 1/20/2022 amendment approval letter, the one-year extension period (1/1/2022 – 12/31/2023) includes a phase out of the requirement for HELP members to pay monthly premiums. Also, during the PHE there is no penalty for failure to pay premiums. It would be expected that members would deprioritize this obligation.
			PR_6: Beneficiaries in long term arrears	-7.1% This reporting template doesn't ask for a comparison of beneficiaries in long term arrears, but the PR_6: line on the Metrics Data tab does. Montana is answering as it appears this was an accidental omission. A 7% reduction in this measure is unexpected as one would think a 2-year moratorium on penalties for non-payment of premiums

	Reporting Topic	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
				would slowly increase the number of members in long term arrears. A 7% reduction in this measure from 2021 Q4 to 2022 Q1 is curious. Montana will investigate and continue to monitor this unexpected trend.
4.1.2.	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to disenrollment for failure to pay premiums.	X	PR_15: Beneficiaries disenrolled from the demonstration for failure to pay and therefore disenrolled from Medicaid	Expected 0 total disenrollments for failure to pay premiums, both quarters as Montana has a moratorium on disenrollment for this reason during the PHE.
4.2.	Implementation update			
4.2.1.	Compared to the demonstration design and operational details, the state expects to make the following changes to: 4.2.1.a. Implementation of compliance actions	X		No changes made this reporting period. No future changes identified at this time.
	4.2.1.b. Processes for identifying and tracking beneficiaries at risk of noncompliance	X		No changes made this reporting period. No future changes identified at this time.
	4.2.1.c. Process for providing advance notice to beneficiaries at risk of suspension or disenrollment for noncompliance	X		Not applicable during the PHE according to the Families First Coronavirus Response Act.
4.2.2.	The state expects to make other program changes that may affect metrics related to operationalizing strategies for noncompliance.	X		No changes made this reporting period. Montana is working on plans to pull back on the premiums requirement by 01/01/2023 as directed by CMS. Once the premiums requirement ceases, there will be no metrics

Reporting Topic	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			related to noncompliance related to premium payments.

4. Narrative information on other reporting topics

The state should report narrative information in the table on five other reporting topics: financial/budget neutrality, demonstration operations and policy, demonstration evaluation updates, other demonstration reporting updates, and notable state achievements and/or innovations. Any narrative/summary text provided in the monitoring report should be brief and not exceed 250 words (2-3 paragraphs). If a state has no update to report on the requested prompt, it should put an "X" in the "State has no update to report" column and should not enter any text in the "State response" column in the table indicating there is no update.

A narrative update for certain reporting topics and subtopics (i.e., budget neutrality (5), E&C demonstration evaluation updates (7), grievances and appeals (8.1), and the annual post-award public forum (8.2)) is required per 42 Code of Federal Regulations (CFR) 431.428(a) for annual monitoring reports. For quarterly monitoring reports where the state is not expected to report for these reporting topics, the state should put an X in the column "State has no update to report." The state should provide a response in either the "State has no trends/update to report" column or the "State response" column for each reporting topic.

	Reporting Topic	State has no update to report (Place an X)	State response
5.	Budget neutrality		
5.1.	Current status and analysis		
5.1.1.	If the E&C component is part of a broader demonstration, the state should provide an analysis of the E&C-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.	X	Montana continues to meet the requirements of Budget Neutrality and no CAP is needed.
5.2.	Implementation update		
5.2.1.	The state expects to make other program changes that may affect budget neutrality	X	

	Reporting Topic	State has no update to report (Place an X)	State response
6.	E&C-related demonstration operations and policy		
6.1.	Considerations		
6.1.1.	The state should highlight significant E&C (or if broader demonstration, then E&C-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the E&C demonstration's approved goals or objectives, if not already reported elsewhere in this document.	X	No changes made this reporting period. Montana is working on plans to pull back on the premiums requirement by 01/01/2023 as directed by CMS. Plans are also underway to unwind much of the PHE flexibilities when the PHE ends.
6.2.	Implementation update		
6.2.1.	Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.a. How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)	X	No changes made this reporting period an no planned change to the delivery system at this time.
	6.2.1.b. Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes)	X	No changes.
	6.2.1.c. Partners involved in service delivery	X	No changes made this reporting period an no planned change to service delivery at this time.
6.2.2.	The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities	X	No challenges with partnering entities and not anticipated at this time.
6.2.3.	The state is working on other initiatives related to E&C or E&C-related services	X	No changes made this reporting period an no new initiatives planned at this time.

		State has no update to report			
	Reporting Topic	(Place an X)	State response		
6.2.4.	The initiatives described above are related to the E&C or E&C-related demonstration.	X	None described.		
7.	E&C demonstration evaluation update				
7.1.	Narrative information				
7.1.1.	Provide updates on E&C evaluation work and timeline (e.g., evaluation design, procurement, implementation, deliverables). Annual monitoring reports should include available preliminary evaluation results related to areas of focus in the approved evaluation design as outlined by 42 CFR 431.428(a)10.	X	Montana's HELP evaluation is a part of the CMS contract with Social and Scientific Systems and is currently exempt from the obligation to perform an independent evaluation.		
7.1.2.	Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs	X	Montana's HELP evaluation is a part of the CMS contract with Social and Scientific Systems and is currently exempt from the obligation to perform an independent evaluation.		
7.1.3.	List anticipated evaluation-related deliverables related to this demonstration and their due dates	X	Montana's HELP evaluation is a part of the CMS contract with Social and Scientific Systems and is currently exempt from the obligation to perform an independent evaluation.		
8.	Other E&C demonstration reporting				
8.1.	General reporting requirements				
8.1.1.	The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs or implementation plan	X	No changes made this reporting period an no planned change to the implementation of the demonstration at this time.		
8.1.2.	The state anticipates the need to make future changes to the STCs, or implementation plan based on expected or upcoming implementation changes	X	No changes made this reporting period an no planned change to the STCs at this time.		

	Reporting Topic	State has no update to report (Place an X)	State response
8.1.3.	Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.1.3.a. The schedule for completing and submitting monitoring reports	X	The only know change to the monitoring report schedule at this time is this 2022 Q1 report that CMS granted submission change to 06/30/2022. Change was due to two factors: 1) Granted time to investigate a data anomaly; and 2) CMS requested change to Q1 report format so added additional time. No planned change to the schedule for completing and submitting future monitoring reports at this time.
	8.1.3.b. The content or completeness of submitted reports and/or future reports	X	No changes made this reporting period once new report template was understood. No planned change to the content or completeness of submitted reports at this time.
8.1.4.	The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	X	Occasional data, staffing issues, or unexpected requests have caused delays in the past. Alternative deadlines were granted because of good and timely communication about delays. No out-of-the-ordinary delays to deliverables are anticipated and no plan for remediation is requested if the current good communication (and grace) about unexpected delays continues.
8.1.5.	Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR § 431.428(a)(5)	X	Montana's HELP evaluation is a part of the CMS contract with Social and Scientific Systems and is currently exempt from the obligation to perform an independent evaluation.
8.2.	Post-award public forum		
8.3.	If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.428(a)(11) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report.	X	No annual post-award public forum was held this quarter. The 2022 post-award public forum will be held in the fall.

	Reporting Topic	State has no update to report (Place an X)	State response
9.	Notable state achievements and/or innovations		
9.1.	Narrative information		
9.1.1.	Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the E&C (or if broader demonstration, then E&C-related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.	X	Nothing to report this quarter that is notable or innovative. Montana has maintained continuous eligibility during the PHE consistent with the requirements of the Families First Coronavirus Response Act. Broad evidence of this continuous coverage is the growth in HELP enrollment from March 31, 2020 (86,585) to March 31, 2022 (110,061), an increase of 23,476 members.