

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

SECTION 1115 WAIVER QUARTERLY REPORT
State of Montana



REPORTING PERIOD
Quarter: 3 (07/01/2021-09/30/2021)
Demonstration Year: 6 (1/1/2021-12/31/2021)
Date submitted to CMS: 01/28/2022

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 COVID-19 precautions. 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 COVID-19 precautions.

- 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 COVID-19 precautions.

- 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 3, 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 federal public health emergency;
 - Training and staffing flexibilities for providers;
 - State level facility and settings flexibilities for providers; and
 - Flexibilities granted via appendix K 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 precautionary 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 precautionary 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 federal 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 was before CMS for approval consideration, 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, on September 3, 2021, Montana DPHHS submitted a waiver amendment request to remove expenditure authority for 12-month continuous eligibility from the underlying 1115 Montana HELP Waiver. A letter of completion from CMS was received on September 16, 2021, and the Federal Public Comment Period

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>.

ended October 20, 2021. As of the end of quarter three of 2021, the decision on this request is pending.

Reporting for this 2021 Q3 monitoring report was delayed due to two different technical issues. Prior to the September measures data pull, Montana discovered that measure 17 had been pulling erroneous data. On January 1, 2018, Montana ceased the practice of co-pay collection that was noted in measure 16. This cessation eliminated the possibility of beneficiaries to hit the 5% cost sharing limit. Numbers that have been reported on measure 17 since January 1, 2018, were obtained in error.

The second delay in the 2021 Q3 monitoring report was due to adjustments and resubmissions needed for both the 2021 Q2 and the 2021 Q3 budget neutrality workbooks. These two complications arose after the end of September so affected these report details and submission time only. The salient content of this report covers events through the end of September, 2021 only.

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. Early on, findings from the HELP evaluation showed 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.

The state recently learned the summative evaluation report was completed, with a completion date of November 30, 2020.

The summative evaluation report asserts the following: Allowing Montana to use a section 1115 demonstration resulted in a program that achieved a key goal of both the

ACA and the state—a significant expansion in health insurance coverage relative to the comparison states that did not expand Medicaid (Georgia, North Carolina, and Wyoming). As of December 2018, nearly 100,000 Montanans were enrolled in HELP, accounting for about 10 percent of the state’s total population. Moreover, based on results from the impact analysis, the expansion in health insurance coverage exceeded the gains that would have been expected relative to the comparison states that expanded Medicaid without a demonstration (Kentucky and North Dakota) or with a different demonstration (Michigan and New Hampshire). Apart from assessing the impacts of the HELP demonstration itself, results from the evaluation may be informative to other states considering implementing a section 1115 Medicaid demonstration.

Generally, findings were consistent with the interim evaluation for both the impact analyses as well as the wave 2 survey. In the follow-up survey, we found an increase in the proportion of respondents reporting satisfaction when compared with wave 1 survey respondents for choice of doctors, how copays work, and cost of premiums. In addition, enrollee respondents demonstrated an improvement in their overall understanding of HELP but continued to demonstrate mixed results in their understanding of program specifics.

Challenges

The biggest challenge for Montana in 2020, and continuing into quarter 3 of 2021, was the COVID-19 pandemic. States worked on removing barriers to health care for residents affected by the pandemic. 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. Staff returned to in-office duties on September 7, 2021.

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 three 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, and the amendment application was submitted to CMS on September 3, 2021.

In anticipation of the end of the PHE, Montana continued discussions on which COVID-19 precautionary 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 third quarter of 2021. The end of June/first of July 2021 enrollment count was 102,358, an increase of over 2.3% compared to the end of March 2021 enrollment count of 100,043. The total increase in enrollment for quarter three of 2021 (from the end of June 2021 through the end of September, 2021) was 2691 or an enrollment increase of just over 2.6% 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 precautions; 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 appeared to be slowing:
 - 7.4% in 2020 Q4;
 - 3.2% in 2021 Q1; and
 - 1.4% in 2021 Q2.

However, this quarter the rate has now nearly doubled from 1.4% in 2021 Q2 to 2.6% in 2021 Q3. This recent extra increase in enrollment rate is difficult to explain. Montana hypothesizes it may be due to the influx of the Delta variant and the related employment departures (both voluntary and in-voluntary).

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 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 three 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 Administrative 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 2021 post award forum was held July 29, 2021 in conjunction with the Montana Health Coalition annual meeting. The forum was held virtually due to COVID-19 concerns. Twenty-five people attended via Zoom. The Chief of the Member Health Services Bureau presented the update on HELP/Expansion. No attendees contributed comments or questions. This meeting served several purposes including a public hearing for the 1115 Montana HELP Waiver amendment to remove expenditure authority for 12-month continuous eligibility and a public hearing for a separate 1115 waiver. Many comments were received, but none in response to the post award forum

portion itself. The 2022 post award forum is yet to be scheduled, though again is expected to be held 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 COVID-19 precautions.

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

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

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

Enrollment by FPL and Demographic Categories

July, August, and September of 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 federal 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 had been slowing but has gained some momentum this third quarter. 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 began to wane. Montana hypothesizes the recent extra increase in enrollment rate may be due to the of the Delta variant and the related employment departures (both voluntary and in-voluntary).

Measure 2 – Slight upward trend

- The counts of new enrollees who were not covered under any Medicaid program in the previous three months began to climb again. Montana hypothesizes his may be due to job losses and financial reserve depletion as the pandemic continued on longer than some businesses or family savings could endure.

Measure 3 – Strong upward trend

- 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 increasing because the rise of the Delta variant dampened hopes of a quick economic recovery. Those scheduled for redetermination are automatically redetermined eligible without the need to requalify.

Premium Payment

July, August, and September of 2021

Measure 4 – Strong decrease

Measure 5 – Strong decrease

Measure 6 – Strong upward trend

Measure 7 - Flat

Mid-year change in circumstance in household composition or income

July, August, and September 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

July, August, and September of 2021

Measure 12 –Upward trend

- Even though involuntary dis-enrollment (more specifically, punitive dis-enrollment) is halted during the federal 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, like the analysis on measure 3, we believe, after more than a 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 had declined each month from January through August of 2021. Beginning in September of 2021, the above reported upward trend began increasing the monthly count of total disenrollments from 574 in August to 732 in September 2021, an increase of 158 persons in a single month. This 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 three is fewer than 1,000 with the quarter three average increase being only 64 members.

Measure 13 – Flat at 0

- Beginning April 1, 2020, during the COVID-19 federal 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 three of 2021 is again believed to be due to Montana's response to the Covid-19 federal 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 modulating impact of the pandemic itself seems to have created an ebb and flow in the momentum of this measure, with thus far in 2021, a gradually building increase.

Measure 15 – Upward trend

- This category measures dis-enrollments outside annual renewal determinations for movement to different coverage. The movement in this measure in quarter three increases somewhat, rising by 10 members from July to August and then by 46 members from August to September. This again is believed to be due to Montana's response to the COVID-19 federal state of emergency. A similar effect is seen 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 modulating momentum of pandemic itself seems to have increased the movement off HELP to different coverage.

Cost sharing limit

July, August, and September of 2021

Measure 16 – This measure no longer applies

Measure 17 – This measure no longer applies

Use of preventative services by FPL and demographic categories

July, August, and September of 2021

Measure 18 – Upward trend

Measure 19 – Flat

Use of other services

July, August, and September of 2021

Measure 20a – Flat

Measure 20b – Slight increase

Measure 21 - Decrease

Measure 22 – Slight decrease

Measure 23 – Flat at 0

Measure 24 – Slight decrease

Renewal

July, August, and September of 2021

Measure 25 – Flat

Measure 26 – Flat

Measure 27 – Upward trend

Measure 28 – Upward trend

Measure 29 – Flat

Measure 30 – Flat

Complaints, grievances, and appeals

July, August, and September of 2021

Measure 31 – Flat at 0

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

Measure 32 – Flat at 0

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

Measure 33 – Flat at 0

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

Measure 34 – Sharp upward trend

- Total number of eligibility appeals filed this quarter was only 13, but 12 of those 13 were in September. The quarterly average in this category hasn't changed much in recent reports so it is possible the September surge was due to processing lag time needed to adjudicate these types of appeals.

Measure 35 – Upward trend

- Total number of premiums appeals filed this quarter regarding the size of premium payments averaged just over 3.3 per month with an uptick as the quarter progressed. July's count was 0, with August counting 3 and September 7. The reason for the total decrease from the quarter two numbers is unknown, though the Office of Administrative 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 – Upward trend

- Total number of benefits appeals filed this quarter regarding denial of benefits averaged just over 4 per month but, like with measures 34 and 35, there was a sharp uptick in September. In quarter two, denial of benefits averaged just over thirteen per month with twenty-one in April, eight in May and ten in June. Montana believes no conclusion should be drawn regarding trends when the numbers considered are so statically insignificant.

Enrollment duration among dis-enrollees

July, August, and September of 2021

Measure 37 – Flat

Measure 38 – Flat

Measure 39 -Upward trend

Monthly premiums owed at dis-enrollment

July, August, and September of 2021

Measure 40 – Flat

Measure 41 – Flat

Measure 42 – Decrease

Measure 43 – Flat

Measure 44 – Upward trend

Total debt owed at dis-enrollment for failure to pay

July, August, and September of 2021

Measure 45 – Flat at 0

Measure 46 – Flat at 0

Measure 47 – Flat at 0

Measure 48 - Flat at 0

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

July, August, and September of 2021

Trend – Flat at 0

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	(1/28/2022 with granted deadline extension)
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
2021 Amendment Request	9/3/2021	09/03/2021 (approved 12/21/2021)
Demonstration Ends	12/31/2020 (Temporarily extended through 12/31/2021 and again through 12/31/2022)	N/A

APPENDIX B
Montana HELP Program
Quarterly Reporting Measures for Quarter 3, 2021 (07/01/2021 –09/30/2021)

(Appendix B)

**MT HELP/Medicaid Expansion Program 1115 Waiver
Quarter 3 Measures
July 2021 Data**

Enrollment (by FPL and Demographic Categories)

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	103075	73767	12761	3497	10246	2804	Office of Public Assistance
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	779	525	104	12	121	17	Office of Public Assistance
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	242	167	30	13	26	6	Office of Public Assistance

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

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	*103075	3189	41919	23920	15950	16800	1297	Office of Public Assistance
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	779	33	342	142	113	149	0	Office of Public Assistance
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	242	28	93	42	32	38	9	Office of Public Assistance

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	103075	16760	536	72602	306	1011	11860	Office of Public Assistance
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	779	71	5	594	0	7	102	Office of Public Assistance
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	242	24	1	181	1	3	32	Office of Public Assistance

#	Measure	Definition	Overall Measure	Hispanic/ Latino	Non-Hispanic /Latino	Unspecified Ethnicity	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	103075	3345	75121	24609	Office of Public Assistance
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	779	16	348	385	Office of Public Assistance
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	242	10	187	45	Office of Public Assistance

#	Measure	Definition	Overall Measure	Female	Male	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	103075	54418	48657	Office of Public Assistance
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	779	370	409	Office of Public Assistance
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	242	134	108	Office of Public Assistance

Premium Payment

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
4	Monthly count of beneficiaries who paid a premium during the month	Among enrolled individuals who owe premiums, number of beneficiaries who paid their premium for this month	9597	0	5115	0	4482	0	Office of Public Assistance
5	Monthly count of beneficiaries in the grace period	Among enrolled individuals who owe premiums, number of beneficiaries who did not pay their premium for the month but are not three months past due	13390	0	7151	0	6239	0	Office of Public Assistance
6	Monthly count of beneficiaries in long term arrears	Among enrolled individuals who owe premiums, number of beneficiaries who have not paid a premium in over three months. This includes individuals with income between 50-100% FPL who would have been disenrolled for non-payment of premiums if their income had been greater than 100% FPL	3980	0	0	0	3980	0	Office of Public Assistance
7	Monthly count of beneficiaries with collectible debt	Among enrolled individuals who owe premium payments, number of beneficiaries who have collectible debt	5119	0	3369	0	1750	0	Office of Public Assistance

The number of individuals with overdue premiums including those with premiums past due less than and greater than 90 days is the sum of Overall Measure #5 and overall Measure #6 or **17370**.

Mid-year change in circumstance in household composition or income

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
8	Monthly count of beneficiaries who gave notice of mid-year change in circumstance in household or income information	Number of enrolled beneficiaries who notified the state of a mid-year change in circumstance and the change was effective during the reporting month	17794	13278	2019	585	1481	431	Office of Public Assistance
9	No premium change following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced no change in their premium requirement during the reporting month	16655	13278	1413	563	980	421	Office of Public Assistance
10	Premium increase following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced an increase in their premium requirement during the reporting month	729	0	329	0	400	0	Office of Public Assistance
11	Premium decrease following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced a decrease in their premium requirement during the reporting month	410	0	277	22	101	10	Office of Public Assistance

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

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

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	604	586	3	0	7	8	Office of Public Assistance
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	0	0	0	0	0	0	Office of Public Assistance
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	437	437	0	0	0	0	Office of Public Assistance
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	167	149	3	0	7	8	Office of Public Assistance

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

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR	Where does data come from?
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	*604	21	242	124	79	112	26	Office of Public Assistance
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	0	0	0	0	0	0	0	Office of Public Assistance
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	437	10	187	85	60	95	0	Office of Public Assistance
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	167	11	55	39	19	17	26	Office of Public Assistance

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race	Where does data come from?
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	604	75	5	441	5	7	71	Office of Public Assistance
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	0	0	0	0	0	0	0	Office of Public Assistance
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	437	45	5	327	3	5	52	Office of Public Assistance
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	167	30	0	114	2	2	19	Office of Public Assistance

#	Measure	Definition	Overall Measure	Hispanic/ Latino	Non-Hispanic /Latino	Unspecified Ethnicity	Where does data come from?
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	604	14	367	223	Office of Public Assistance
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	0	0	0	0	Office of Public Assistance
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	437	13	241	183	Office of Public Assistance
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	167	1	126	40	Office of Public Assistance

#	Measure	Definition	Overall Measure	Female	Male	Where does data come from?
12	Monthly count of total	Number of beneficiaries disenrolled from the HELP program mid-year in the	604	315	289	Office of Public

#	Measure	Definition	Overall Measure	Female	Male	Where does data come from?
	disenrollment	reporting month (exclude beneficiaries who disenrolled during their renewal month)				Assistance
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	0	0	0	Office of Public Assistance
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	437	230	207	Office of Public Assistance
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	167	85	82	Office of Public Assistance

The number of individuals who are disenrolled for failure to pay premiums is the same as the overall measure #13 or 0.

Cost sharing limit

Measure 16 is no longer applicable as of 01/01/2018 per approved amendment.

Measure 17 is no longer applicable as of 01/01/2018 (though was reported erroneously in previous reports) as no beneficiaries will hit 5% cost share after the above-mentioned approved amendment implemented.

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
16	Monthly count of beneficiaries who have exceeded 2% co-pay credit but not reached 5% limit	Count of enrolled individuals who have hit 2% co-pay credit since enrollment and must now make cost sharing payments, but who have not yet reached the 5% cost sharing limit	0	0	0	0	0	0	N/A
17	Monthly count of beneficiaries who have hit 5% cost sharing limit	Count of enrolled individuals who have hit 5% limit on cost sharing and premiums since enrollment, and no longer make cost sharing payments	0	0	0	0	0	0	N/A

Use of preventive services (by FPL and demographic categories)

Measures 18 and 19 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled six months prior to the reporting month.

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	67240	47446	8578	2609	6557	2050	Operations Research Section
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.6528	0.6519	0.6457	0.7366	0.6167	0.7411	Operations Research Section

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

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR	Where does data come from?
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	*67240	2463	24926	15493	11166	13192	0	Operations Research Section
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.6528	0.4990	0.5998	0.6666	0.7141	0.7481	0	Operations Research Section

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian or Pacific Islander	White	Black	Multi-Racial	Unspecified Race	Where does data come from?
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	67240	10284	344	47705	510	1141	7256	Operations Research Section
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.6528	0.6413	0.5513	0.6629	0.5993	0.6599	0.6148	Operations Research Section

#	Measure	Definition	Overall Measure	Hispanic/ Latino	Non- Hispanic /Latino or Unspecified	Where does data come from?
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	67240	2173	65067	Operations Research Section
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.6528	0.6514	0.6528	Operations Research Section

#	Measure	Definition	Overall Measure	Female	Male	Where does data come from?
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	67240	39888	27352	Operations Research Section
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.6528	0.7275	0.5678	Operations Research Section

Use of other services

Measures 20 through 24 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled six months prior to the reporting month.

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
20a.	Physician service utilization	PMPM utilization of physician visits for currently enrolled beneficiaries	0.5460	0.5494	0.5340	0.6191	0.4969	0.6085	Operations Research Section
20b.	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.6051	0.6075	0.6028	0.6767	0.5531	0.6620	Operations Research Section
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.5076	0.5090	0.4928	0.6014	0.4589	0.6092	Operations Research Section
22	Emergency department utilization, emergency	PMPM emergency department visits for emergent conditions among currently enrolled beneficiaries (i.e., those not subject to a copayment)	0.2640	0.2841	0.1992	0.3283	0.1757	0.3044	Operations Research Section
23	Emergency department utilization, non-emergency	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e., those subject to a copayment)	0	0	0	0	0	0	Operations Research Section
24	Inpatient admissions	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e., those subject to a copayment)	0.0709	0.0795	0.0397	0.1014	0.0356	0.0904	Operations Research Section

Renewal

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
25	Monthly count of beneficiaries due for renewal	Number of beneficiaries due for renewal in the reporting month	7945	5704	920	285	798	238	Office of Public Assistance
26	Number who did not renew	Number of beneficiaries due for renewal in the reporting month who are determined ineligible for the HELP program because they failed to complete or return renewal forms or other required documentation, or who were lost to follow up	44	27	6	0	11	0	Office of Public Assistance
27	Number who lost eligibility	Number of beneficiaries due for renewal in the reporting month who respond to renewal notices, but are determined ineligible for the HELP program	6	2	2	1	1	0	Office of Public Assistance
28	No premium change	Number of beneficiaries due for renewal in the reporting month who remain eligible, with no change in premium requirement	7894	5675	912	284	785	238	Office of Public Assistance
29	Premium increase	Number of beneficiaries due for renewal in the reporting month who remain eligible, with an increase in required premium	0	0	0	0	0	0	Office of Public Assistance
30	Premium decrease	Number of beneficiaries due for renewal in the reporting month who remain eligible, with a decrease required premium	1	0	0	0	1	0	Office of Public Assistance

Complaints, grievances, and appeals

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
31	Complaints and grievances, Medicaid program	Total number of complaints and grievances filed in the reporting month regarding the HELP program	0	N/A	N/A	N/A	N/A	N/A	Office of Administrative Hearings
32	Complaints and grievances, plan administrator	Total number of complaints and grievances filed in the reporting month regarding the plan administrator	0	N/A	N/A	N/A	N/A	N/A	Office of Administrative Hearings
33	Complaints and grievances, provider	Total number of complaints and grievances filed in the reporting month regarding a provider	0	N/A	N/A	N/A	N/A	N/A	Office of Administrative Hearings
34	Appeals, eligibility	Total number of appeals filed in the reporting month regarding eligibility	1	N/A	N/A	N/A	N/A	N/A	Office of Administrative Hearings
35	Appeals, premiums	Total number of appeals filed in the reporting month regarding the size of premium payments	0	N/A	N/A	N/A	N/A	N/A	Office of Administrative Hearings
36	Appeals, denial of benefits	Total number of appeals filed in the reporting month regarding denials of benefits	0	N/A	N/A	N/A	N/A	N/A	Office of Administrative Hearings

Enrollment duration among disenrollees

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
37	Enrollment duration 0-3 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 3 or fewer months at the time of disenrollment	67	60	1	0	3	3	Office of Public Assistance
38	Enrollment duration 4-6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for between 4 and 6 months at the time of disenrollment	69	65	0	0	2	2	Office of Public Assistance
39	Enrollment duration >6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 6 or more months at the time of disenrollment	468	461	2	0	2	3	Office of Public Assistance

Monthly premiums owed at disenrollment

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
40	Amount of monthly premium at time of disenrollment >\$0 and <\$15	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) whose monthly premium at the time of disenrollment was greater than \$0 but less than \$15	1	0	1	0	0	0	Office of Public Assistance
41	Amount of monthly premium at time of disenrollment \$15-<\$30	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$15 or greater, but less than \$30	3	0	1	0	2	0	Office of Public Assistance
42	Amount of monthly premium at time of disenrollment \$30-<\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$30 or greater, but less than \$50	3	0	1	0	2	0	Office of Public Assistance
43	Amount of monthly premium at time of disenrollment \$50-<\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$50 or greater, but less than \$75.	3	0	0	0	3	0	Office of Public Assistance
44	Amount of monthly premium at time of disenrollment ≥\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$75 or greater.	0	0	0	0	0	0	Office of Public Assistance

Total debt owed at disenrollment for failure to pay

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

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

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

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

Number of enrollees exempt from disenrollment for good cause in reporting month	0	Data from the Office of Public Assistance
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**MT HELP/Medicaid Expansion Program 1115 Waiver
Quarter 3 Measures
August 2021 Data**

Enrollment (by FPL and Demographic Categories)

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	103961	74436	12845	3511	10352	2817	Office of Public Assistance
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	843	524	131	13	164	11	Office of Public Assistance
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	257	171	34	11	34	7	Office of Public Assistance

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

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	*103961	3003	42313	24184	16108	16949	1404	Office of Public Assistance
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	846	36	375	147	144	141	0	Office of Public Assistance
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	257	33	87	47	29	44	17	Office of Public Assistance

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	103961	16867	542	73280	312	1022	11938	Office of Public Assistance
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	843	57	6	639	4	9	128	Office of Public Assistance
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	257	31	0	203	1	1	21	Office of Public Assistance

#	Measure	Definition	Overall Measure	Hispanic/ Latino	Non-Hispanic /Latino	Unspecified Ethnicity	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	103961	3378	75628	24955	Office of Public Assistance
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	843	24	350	469	Office of Public Assistance
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	257	6	206	45	Office of Public Assistance

#	Measure	Definition	Overall Measure	Female	Male	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	103961	54795	49166	Office of Public Assistance
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	843	391	452	Office of Public Assistance
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	257	156	101	Office of Public Assistance

Premium Payment

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
4	Monthly count of beneficiaries who paid a premium during the month	Among enrolled individuals who owe premiums, number of beneficiaries who paid their premium for this month	3513	0	1925	0	1588	0	Office of Public Assistance
5	Monthly count of beneficiaries in the grace period	Among enrolled individuals who owe premiums, number of beneficiaries who did not pay their premium for the month but are not three months past due	12146	0	6515	0	5631	0	Office of Public Assistance
6	Monthly count of beneficiaries in long term arrears	Among enrolled individuals who owe premiums, number of beneficiaries who have not paid a premium in over three months. This includes individuals with income between 50-100% FPL who would have been disenrolled for non-payment of premiums if their income had been greater than 100% FPL	4693	0	0	0	4693	0	Office of Public Assistance
7	Monthly count of beneficiaries with collectible debt	Among enrolled individuals who owe premium payments, number of beneficiaries who have collectible debt	5124	0	3369	0	1755	0	Office of Public Assistance

The number of individuals with overdue premiums including those with premiums past due less than and greater than 90 days is the sum of Overall Measure #5 and overall Measure #6 or **16839**.

Mid-year change in circumstance in household composition or income

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
8	Monthly count of beneficiaries who gave notice of mid-year change in circumstance in household or income information	Number of enrolled beneficiaries who notified the state of a mid-year change in circumstance and the change was effective during the reporting month	17708	13222	2000	582	1474	430	Office of Public Assistance
9	No premium change following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced no change in their premium requirement during the reporting month	16577	13222	1403	560	972	420	Office of Public Assistance
10	Premium increase following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced an increase in their premium requirement during the reporting month	725	0	325	0	400	0	Office of Public Assistance
11	Premium decrease following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced a decrease in their premium requirement during the reporting month	406	0	272	22	102	10	Office of Public Assistance

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

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

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	574	552	7	0	8	7	Office of Public Assistance
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	0	0	0	0	0	0	Office of Public Assistance
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	397	396	0	0	1	0	Office of Public Assistance
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	177	156	7	0	7	7	Office of Public Assistance

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

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR	Where does data come from?
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	*574	21	238	120	79	86	30	Office of Public Assistance
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	0	0	0	0	0	0	0	Office of Public Assistance
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	397	10	172	87	59	69	0	Office of Public Assistance
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	177	11	66	33	20	17	30	Office of Public Assistance

#	Measure	Definition	Overall Measure	Native American/Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race	Where does data come from?
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	574	43	3	434	2	12	80	Office of Public Assistance
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	0	0	0	0	0	0	0	Office of Public Assistance
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	397	27	2	299	2	9	58	Office of Public Assistance
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	177	16	1	135	0	3	22	Office of Public Assistance

#	Measure	Definition	Overall Measure	Hispanic/Latino	Non-Hispanic/Latino	Unspecified Ethnicity	Where does data come from?
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	574	23	346	205	Office of Public Assistance
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	0	0	0	0	Office of Public Assistance
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	397	15	226	156	Office of Public Assistance
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	177	8	120	49	Office of Public Assistance

#	Measure	Definition	Overall Measure	Female	Male	Where does data come from?
12	Monthly count of total	Number of beneficiaries disenrolled from the HELP program mid-year in the	574	328	246	Office of Public

#	Measure	Definition	Overall Measure	Female	Male	Where does data come from?
	disenrollment	reporting month (exclude beneficiaries who disenrolled during their renewal month)				Assistance
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	0	0	0	Office of Public Assistance
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	397	235	162	Office of Public Assistance
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	177	93	84	Office of Public Assistance

The number of individuals who are disenrolled for failure to pay premiums is the same as the overall measure #13 or 0.

Cost sharing limit

Measure 16 is no longer applicable as of 01/01/2018 per approved amendment.

Measure 17 is no longer applicable as of 01/01/2018 (though was reported erroneously in previous reports) as no beneficiaries will hit 5% cost share after the above-mentioned approved amendment implemented.

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
16	Monthly count of beneficiaries who have exceeded 2% co-pay credit but not reached 5% limit	Count of enrolled individuals who have hit 2% co-pay credit since enrollment and must now make cost sharing payments, but who have not yet reached the 5% cost sharing limit	0	0	0	0	0	0	N/A
17	Monthly count of beneficiaries who have hit 5% cost sharing limit	Count of enrolled individuals who have hit 5% limit on cost sharing and premiums since enrollment, and no longer make cost sharing payments	0	0	0	0	0	0	N/A

Use of preventive services (by FPL and demographic categories)

Measures 18 and 19 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled six months prior to the reporting month.

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	67979	47880	8711	2628	6693	2067	Operations Research Section
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.6552	0.6524	0.6538	0.7370	0.6257	0.7417	Operations Research Section

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

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR	Where does data come from?
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	*67979	2445	25254	15619	11290	13371	0	Operations Research Section
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.6552	0.5115	0.6021	0.6660	0.7156	0.7511	0	Operations Research Section

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian or Pacific Islander	White	Black	Multi-Racial	Unspecified Race	Where does data come from?
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	67979	10329	351	48261	518	1160	7360	Operations Research Section
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.6552	0.6392	0.5598	0.6659	0.6030	0.6644	0.6189	Operations Research Section

#	Measure	Definition	Overall Measure	Hispanic/ Latino	Non- Hispanic /Latino or Unspecified	Where does data come from?
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	67979	2185	65794	Operations Research Section
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.6552	0.6476	0.6554	Operations Research Section

#	Measure	Definition	Overall Measure	Female	Male	Where does data come from?
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	67979	40353	27626	Operations Research Section
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.6552	0.7321	0.5680	Operations Research Section

Use of other services

Measures 20 through 24 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled six months prior to the reporting month.

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
20a.	Physician service utilization	PMPM utilization of physician visits for currently enrolled beneficiaries	0.5461	0.5486	0.5379	0.6125	0.5018	0.6067	Operations Research Section
20b.	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.6054	0.6064	0.6080	0.6705	0.5595	0.6613	Operations Research Section
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.5100	0.5099	0.4975	0.6018	0.4697	0.6093	Operations Research Section
22	Emergency department utilization, emergency	PMPM emergency department visits for emergent conditions among currently enrolled beneficiaries (i.e., those not subject to a copayment)	0.2628	0.2822	0.1989	0.3270	0.1766	0.3043	Operations Research Section
23	Emergency department utilization, non-emergency	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e., those subject to a copayment)	0	0	0	0	0	0	Operations Research Section
24	Inpatient admissions	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e., those subject to a copayment)	0.0705	0.0787	0.0399	0.1038	0.0355	0.0929	Operations Research Section

Renewal

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
25	Monthly count of beneficiaries due for renewal	Number of beneficiaries due for renewal in the reporting month	6924	5039	811	217	662	195	Office of Public Assistance
26	Number who did not renew	Number of beneficiaries due for renewal in the reporting month who are determined ineligible for the HELP program because they failed to complete or return renewal forms or other required documentation, or who were lost to follow up	44	24	11	0	7	2	Office of Public Assistance
27	Number who lost eligibility	Number of beneficiaries due for renewal in the reporting month who respond to renewal notices, but are determined ineligible for the HELP program	3	2	0	0	1	0	Office of Public Assistance
28	No premium change	Number of beneficiaries due for renewal in the reporting month who remain eligible, with no change in premium requirement	6877	5013	800	217	654	193	Office of Public Assistance
29	Premium increase	Number of beneficiaries due for renewal in the reporting month who remain eligible, with an increase in required premium	0	0	0	0	0	0	Office of Public Assistance
30	Premium decrease	Number of beneficiaries due for renewal in the reporting month who remain eligible, with a decrease required premium	0	0	0	0	0	0	Office of Public Assistance

Complaints, grievances, and appeals

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
31	Complaints and grievances, Medicaid program	Total number of complaints and grievances filed in the reporting month regarding the HELP program	0	N/A	N/A	N/A	N/A	N/A	Office of Administrative Hearings
32	Complaints and grievances, plan administrator	Total number of complaints and grievances filed in the reporting month regarding the plan administrator	0	N/A	N/A	N/A	N/A	N/A	Office of Administrative Hearings
33	Complaints and grievances, provider	Total number of complaints and grievances filed in the reporting month regarding a provider	0	N/A	N/A	N/A	N/A	N/A	Office of Administrative Hearings
34	Appeals, eligibility	Total number of appeals filed in the reporting month regarding eligibility	0	N/A	N/A	N/A	N/A	N/A	Office of Administrative Hearings
35	Appeals, premiums	Total number of appeals filed in the reporting month regarding the size of premium payments	3	N/A	N/A	N/A	N/A	N/A	Office of Administrative Hearings
36	Appeals, denial of benefits	Total number of appeals filed in the reporting month regarding denials of benefits	3	N/A	N/A	N/A	N/A	N/A	Office of Administrative Hearings

Enrollment duration among disenrollees

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
37	Enrollment duration 0-3 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 3 or fewer months at the time of disenrollment	70	65	1	0	1	3	Office of Public Assistance
38	Enrollment duration 4-6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for between 4 and 6 months at the time of disenrollment	62	57	1	0	2	2	Office of Public Assistance
39	Enrollment duration >6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 6 or more months at the time of disenrollment	442	430	5	0	5	2	Office of Public Assistance

Monthly premiums owed at disenrollment

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
40	Amount of monthly premium at time of disenrollment >\$0 and <\$15	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) whose monthly premium at the time of disenrollment was greater than \$0 but less than \$15	1	0	0	0	1	0	Office of Public Assistance
41	Amount of monthly premium at time of disenrollment \$15-<\$30	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$15 or greater, but less than \$30	5	0	4	0	1	0	Office of Public Assistance
42	Amount of monthly premium at time of disenrollment \$30-<\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$30 or greater, but less than \$50	7	0	2	0	5	0	Office of Public Assistance
43	Amount of monthly premium at time of disenrollment \$50-<\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$50 or greater, but less than \$75.	1	0	0	0	1	0	Office of Public Assistance
44	Amount of monthly premium at time of disenrollment ≥\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$75 or greater.	1	0	1	0	0	0	Office of Public Assistance

Total debt owed at disenrollment for failure to pay

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

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

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

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

Number of enrollees exempt from disenrollment for good cause in reporting month	0	Data from the Office of Public Assistance
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**MT HELP/Medicaid Expansion Program 1115 Waiver
Quarter 3 Measures
September 2021 Data**

Enrollment (by FPL and Demographic Categories)

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	105049	75357	12914	3531	10412	2835	Office of Public Assistance
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	898	603	134	18	118	25	Office of Public Assistance
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	395	280	45	11	47	12	Office of Public Assistance

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

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	*105049	2330	42875	24595	16351	17187	1711	Office of Public Assistance
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	898	50	378	176	125	162	7	Office of Public Assistance
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	395	35	131	81	44	61	43	Office of Public Assistance

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	105049	17066	552	74157	319	1047	11908	Office of Public Assistance
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	898	104	7	649	3	9	126	Office of Public Assistance
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	395	55	0	297	0	5	38	Office of Public Assistance

#	Measure	Definition	Overall Measure	Hispanic/ Latino	Non- Hispanic /Latino	Unspecified Ethnicity	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	105049	3446	76622	24981	Office of Public Assistance
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	898	27	554	317	Office of Public Assistance
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	395	11	316	68	Office of Public Assistance

#	Measure	Definition	Overall Measure	Female	Male	Where does data come from?
1	Monthly count of total enrollment	Number of unduplicated individuals enrolled at any time during the month	105049	55272	49777	Office of Public Assistance
2	Monthly count of new enrollees	Number of individuals who began a new enrollment spell this month who have not had Medicaid coverage within prior 3 months	898	432	466	Office of Public Assistance
3	Monthly count of re-enrollments	Number of individuals who began a new enrollment spell this month who have had Medicaid coverage within the prior 3 months	395	216	179	Office of Public Assistance

Premium Payment

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
4	Monthly count of beneficiaries who paid a premium during the month	Among enrolled individuals who owe premiums, number of beneficiaries who paid their premium for this month	1173	0	617	0	556	0	Office of Public Assistance
5	Monthly count of beneficiaries in the grace period	Among enrolled individuals who owe premiums, number of beneficiaries who did not pay their premium for the month but are not three months past due	7018	0	3661	0	3357	0	Office of Public Assistance
6	Monthly count of beneficiaries in long term arrears	Among enrolled individuals who owe premiums, number of beneficiaries who have not paid a premium in over three months. This includes individuals with income between 50-100% FPL who would have been disenrolled for non-payment of premiums if their income had been greater than 100% FPL	7026	0	0	0	7026	0	Office of Public Assistance
7	Monthly count of beneficiaries with collectible debt	Among enrolled individuals who owe premium payments, number of beneficiaries who have collectible debt	5134	0	3371	0	1763	0	Office of Public Assistance

The number of individuals with overdue premiums including those with premiums past due less than and greater than 90 days is the sum of Overall Measure #5 and overall Measure #6 or **14044**.

Mid-year change in circumstance in household composition or income

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
8	Monthly count of beneficiaries who gave notice of mid-year change in household or income information	Number of enrolled beneficiaries who notified the state of a mid-year change in circumstance and the change was effective during the reporting month	17578	13130	1984	582	1457	425	Office of Public Assistance
9	No premium change following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced no change in their premium requirement during the reporting month	16460	13130	1390	561	964	415	Office of Public Assistance
10	Premium increase following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced an increase in their premium requirement during the reporting month	714	0	322	0	392	0	Office of Public Assistance
11	Premium decrease following mid-year update of household or income information	Number of beneficiaries who notified the state of a mid-year change in circumstance and experienced a decrease in their premium requirement during the reporting month	404	0	272	21	101	10	Office of Public Assistance

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

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

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	732	704	3	2	10	13	Office of Public Assistance
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	0	0	0	0	0	0	Office of Public Assistance
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	509	508	0	0	1	0	Office of Public Assistance
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	223	196	3	2	9	13	Office of Public Assistance

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

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR	Where does data come from?
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	*732	21	317	145	99	90	60	Office of Public Assistance
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	0	0	0	0	0	0	0	Office of Public Assistance
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	509	7	241	109	78	71	3	Office of Public Assistance
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	223	14	76	36	21	19	57	Office of Public Assistance

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian	White	Pacific Islander	Black	Unspecified Race	Where does data come from?
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	732	55	5	553	2	10	107	Office of Public Assistance
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	0	0	0	0	0	0	0	Office of Public Assistance
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	509	31	5	385	1	5	82	Office of Public Assistance
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	223	24	0	168	1	5	25	Office of Public Assistance

#	Measure	Definition	Overall Measure	Hispanic/ Latino	Non-Hispanic /Latino	Unspecified Ethnicity	Where does data come from?
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	732	23	436	273	Office of Public Assistance
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	0	0	0	0	Office of Public Assistance
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	509	18	272	219	Office of Public Assistance
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	223	5	164	54	Office of Public Assistance

#	Measure	Definition	Overall Measure	Female	Male	Where does data come from?
12	Monthly count of total disenrollment	Number of beneficiaries disenrolled from the HELP program mid-year in the reporting month (exclude beneficiaries who disenrolled during their renewal month)	732	394	338	Office of Public Assistance
13	Monthly count of disenrollment, failure to pay	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for failure to pay premiums	0	0	0	Office of Public Assistance
14	Monthly count of disenrollment, continuous eligibility exceptions	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) due to specifically noted continuous eligibility exceptions for individuals	509	284	225	Office of Public Assistance
15	Monthly count of disenrollment, other	Number of beneficiaries disenrolled mid-year in the reporting month (not their renewal month) for any reason other than failure to pay premiums or a specific continuous eligibility exception	223	110	113	Office of Public Assistance

The number of individuals who are disenrolled for failure to pay premiums is the same as the overall measure #13 or 0.

Cost sharing limit

Measure 16 is no longer applicable as of 01/01/2018 per approved amendment.

Measure 17 is no longer applicable as of 01/01/2018 (though was reported erroneously in previous reports) as no beneficiaries will hit 5% cost share after the above-mentioned approved amendment implemented.

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
16	Monthly count of beneficiaries who have exceeded 2% co-pay credit but not reached 5% limit	Count of enrolled individuals who have hit 2% co-pay credit since enrollment and must now make cost sharing payments, but who have not yet reached the 5% cost sharing limit	0	0	0	0	0	0	N/A
17	Monthly count of beneficiaries who have hit 5% cost sharing limit	Count of enrolled individuals who have hit 5% limit on cost sharing and premiums since enrollment, and no longer make cost sharing payments	0	0	0	0	0	0	N/A

Use of preventive services (by FPL and demographic categories)

Measures 18 and 19 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled six months prior to the reporting month.

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	68704	48351	8815	2624	6832	2082	Operations Research Section
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.6565	0.6525	0.6598	0.7328	0.6317	0.7446	Operations Research Section

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

#	Measure	Definition	Overall Measure	19-20YR	21-34YR	35-44YR	45-54YR	55-64YR	>65YR	Where does data come from?
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	*68704	2403	25460	15878	11379	13584	0	Operations Research Section
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.6565	0.5195	0.6007	0.6702	0.7129	0.7550	0	Operations Research Section

#	Measure	Definition	Overall Measure	Native American/ Alaskan Native	Asian or Pacific Islander	White	Black	Multi-Racial	Unspecified Race	Where does data come from?
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	68704	10370	361	48781	527	1180	7485	Operations Research Section
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.6565	0.6381	0.5739	0.6671	0.6071	0.6701	0.6227	Operations Research Section

#	Measure	Definition	Overall Measure	Hispanic/ Latino	Non- Hispanic /Latino or Unspecified	Where does data come from?
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	68704	2202	66502	Operations Research Section
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.6565	0.6454	0.6569	Operations Research Section

#	Measure	Definition	Overall Measure	Female	Male	Where does data come from?
18	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	68704	40790	27914	Operations Research Section
19	Monthly count of beneficiaries who have accessed incentivized preventive services, overall	Total number of preventive services provided during the month six months prior to the reporting month, divided by the number of members enrolled during that month	0.6565	0.7356	0.5673	Operations Research Section

Use of other services

Measures 20 through 24 incorporate a six-month lag to allow for claim submission; these numbers correlate with members enrolled six months prior to the reporting month.

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
20a.	Physician service utilization	PMPM utilization of physician visits for currently enrolled beneficiaries	0.5460	0.5471	0.5416	0.6082	0.5073	0.6094	Operations Research Section
20b.	Physician or mid-level practitioner utilization	PMPM utilization of physician or mid-level practitioner visits for currently enrolled beneficiaries	0.6056	0.6054	0.6122	0.6638	0.5656	0.6609	Operations Research Section
21	Prescription drug use	PMPM prescription fills greater than 28 days for currently enrolled beneficiaries	0.5121	0.5110	0.5040	0.5987	0.4752	0.6105	Operations Research Section
22	Emergency department utilization, emergency	PMPM emergency department visits for emergent conditions among currently enrolled beneficiaries (i.e., those not subject to a copayment)	0.2592	0.2786	0.1962	0.3181	0.1760	0.2936	Operations Research Section
23	Emergency department utilization, non-emergency	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e., those subject to a copayment)	0	0	0	0	0	0	Operations Research Section
24	Inpatient admissions	PMPM emergency department visits for non-emergent conditions among currently enrolled beneficiaries (i.e., those subject to a copayment)	0.0700	0.0782	0.0392	0.1044	0.0352	0.0905	Operations Research Section

Renewal

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
25	Monthly count of beneficiaries due for renewal	Number of beneficiaries due for renewal in the reporting month	7784	5681	883	278	712	230	Office of Public Assistance
26	Number who did not renew	Number of beneficiaries due for renewal in the reporting month who are determined ineligible for the HELP program because they failed to complete or return renewal forms or other required documentation, or who were lost to follow up	44	33	2	3	4	2	Office of Public Assistance
27	Number who lost eligibility	Number of beneficiaries due for renewal in the reporting month who respond to renewal notices, but are determined ineligible for the HELP program	9	6	0	1	2	0	Office of Public Assistance
28	No premium change	Number of beneficiaries due for renewal in the reporting month who remain eligible, with no change in premium requirement	7731	5642	881	274	706	228	Office of Public Assistance
29	Premium increase	Number of beneficiaries due for renewal in the reporting month who remain eligible, with an increase in required premium	0	0	0	0	0	0	Office of Public Assistance
30	Premium decrease	Number of beneficiaries due for renewal in the reporting month who remain eligible, with a decrease required premium	0	0	0	0	0	0	Office of Public Assistance

Complaints, grievances, and appeals

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
31	Complaints and grievances, Medicaid program	Total number of complaints and grievances filed in the reporting month regarding the HELP program	0	N/A	N/A	N/A	N/A	N/A	Office of Administrative Hearings
32	Complaints and grievances, plan administrator	Total number of complaints and grievances filed in the reporting month regarding the plan administrator	0	N/A	N/A	N/A	N/A	N/A	Office of Administrative Hearings
33	Complaints and grievances, provider	Total number of complaints and grievances filed in the reporting month regarding a provider	0	N/A	N/A	N/A	N/A	N/A	Office of Administrative Hearings
34	Appeals, eligibility	Total number of appeals filed in the reporting month regarding eligibility	12	N/A	N/A	N/A	N/A	N/A	Office of Administrative Hearings
35	Appeals, premiums	Total number of appeals filed in the reporting month regarding the size of premium payments	7	N/A	N/A	N/A	N/A	N/A	Office of Administrative Hearings
36	Appeals, denial of benefits	Total number of appeals filed in the reporting month regarding denials of benefits	9	N/A	N/A	N/A	N/A	N/A	Office of Administrative Hearings

Enrollment duration among disenrollees

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
37	Enrollment duration 0-3 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 3 or fewer months at the time of disenrollment	89	68	0	2	6	13	Office of Public Assistance
38	Enrollment duration 4-6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for between 4 and 6 months at the time of disenrollment	63	31	1	0	1	0	Office of Public Assistance
39	Enrollment duration >6 months	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) who had been enrolled in the demonstration for 6 or more months at the time of disenrollment	578	573	2	0	3	0	Office of Public Assistance

Monthly premiums owed at disenrollment

#	Measure	Definition	Overall Measure	< 50% FPL	50-100% FPL w/premium	50-100% FPL no premium	>100% FPL w/premium	>100% FPL no premium	Where does data come from?
40	Amount of monthly premium at time of disenrollment >\$0 and <\$15	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12) whose monthly premium at the time of disenrollment was greater than \$0 but less than \$15	1	0	0	0	1	0	Office of Public Assistance
41	Amount of monthly premium at time of disenrollment \$15-<\$30	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$15 or greater, but less than \$30	5	0	2	0	3	0	Office of Public Assistance
42	Amount of monthly premium at time of disenrollment \$30-<\$50	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$30 or greater, but less than \$50	4	0	1	0	3	0	Office of Public Assistance
43	Amount of monthly premium at time of disenrollment \$50-<\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$50 or greater, but less than \$75.	2	0	0	0	2	0	Office of Public Assistance
44	Amount of monthly premium at time of disenrollment ≥\$75	Number of beneficiaries disenrolled from the demonstration in the reporting month (measure 12), whose monthly premium at the time of disenrollment was \$75 or greater.	1	0	0	0	1	0	Office of Public Assistance

Total debt owed at disenrollment for failure to pay

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

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

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

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

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