

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

Note: PRA Disclosure Statement to be added here

PRA Disclosure Statement

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1. Title page for Montana HELP Demonstration

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

State	<i>Montana</i>
Demonstration name	<i>Section 1115 Demonstration (Project Number 11-W-00300/8) Montana Health and Economic Livelihood Partnership (HELP)</i>
Approval period for section 1115 demonstration	<i>01/01/2022 – 12/31/2022</i>
E&C demonstration start date^a	<i>01/01/2022</i>
Implementation date of E&C demonstration, if different from demonstration start date^b	<i>01/01/2022</i>
E&C (or if broader demonstration, then E&C-related) demonstration goals and objectives	<i>Increasing the availability of high-quality health care to Montanans. Providing greater value for the tax dollars spent on the Montana Medicaid program. Reducing health care costs. Providing incentives that encourage Montanans to take greater responsibility for their personal health. Boosting Montana’s economy; and Reducing the costs of uncompensated care and the resulting cost-shifting to patients with health insurance.</i>
E&C demonstration year and quarter	<i>Demonstration Year 7, Quarter 4</i>
Reporting period	<i>10/01/2022 – 12/31/2022</i>

^a **E&C demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state’s STCs at the time of E&C demonstration approval. For example, if the state’s STCs at the time of E&C demonstration approval note that the E&C demonstration is effective January 1, 2021 – December 31, 2026, the state should consider January 1, 2021 to be the start date of the E&C demonstration. Note that the effective date is considered to be the first day the state may begin its E&C demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on December 15, 2021, with an effective date of January 1, 2022 for the new demonstration period. In some cases, the effective date also differs from the date a state begins implementing its demonstration.

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

2. Executive summary

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

- (1) *No changes since the last monitoring report through the end of 2022. Effective 01/01/2023, Montana closed out this waiver. Authority for the HELP/Expansion membership and services is now solely under the Alternative Benefit Plan. Additionally, with the announcement of the Consolidated Appropriations Act, 2023 (P.L. 117-328) (CAA, 2023), Montana will begin moving forward toward reinstatement of scheduled eligibility redetermination activities. Plans are to implement a portioned redetermination process beginning in early April, 2023 with the goal of completion in ten months. Members who cannot be automatically renewed will receive a letter with renewal packet at least 30-days prior to their renewal deadline. If the member does not respond within approximately 3-weeks, a reminder letter and/or text message will be sent. The additional non-eligibility PHE implemented flexibilities remain in place as the PHE continues.*
- (2) *A quarterly member newsletter (Montana Health Care Programs “Messenger”) was published on the Montana Medicaid and Healthy Montana Kids (HMK) Plus member education webpage on 11/07/2022. A monthly provider newsletter (The Claim Jumper) was published the end of each month and emailed to all providers who registered to receive it. Provider notices were issued each month of the quarter, as needed, to notify providers of changes to coverage requirements, claims codes, fee schedules, support services holiday closures, and other significant changes. The annual public forum to solicit comments on the progress of the demonstration was held November 29, 2022. To inform members of the upcoming cessation of premium charges Montana included the following message in the premium invoices for October, November and December:*
Effective December 31, 2022, the Department of Public Health and Human Services will no longer be invoicing the HELP Premium Payments. The December invoice will be the last premium payment you owe. If you have questions, please contact:
-Premiums 1-866-471-9621
-Eligibility, 1-888-706-1535 and choose the HCU options of 0, 1, 3, 1, 3.
Additionally, the following wording was added to the premium payment portal:
The December invoice will be the last premium payment you owe. For any coverage after December 31, 2022, the Department of Public Health and Human Services will not be charging a premium. The ending of the premium payments does not affect your coverage; therefore, you do not need to reapply as your coverage is not ending. If you have any questions, please contact:
-Eligibility, 1-888-706-1535 and choose the HCU options of 0,1,3,1,3
-Payments for your Premium, please call 1-866-471-9621
- (3) *There were no unexpected changes this quarter.*

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

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

Metric Trends. In some instances, the metric specifications for a given metric may have changed substantially relative to the last time the state reported the metric. Examples of substantial changes may include the state adding state-specific codes to reflect newly covered services,¹ or a measure steward updating the rate calculation for an established quality measure. If a metric changed substantially, the state should describe the effect on the data relative to the previous report, as well as on trends over time.

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

Reporting Topic	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1. Enrollment in the E&C Demonstration			
1.1. Metric trends			
1.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to enrollment in the E&C demonstration.		AD_1, total enrollment in the demonstration AD_4, New enrollees	+2.47% +123.44%

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

Reporting Topic	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p><i>The growth is expected with the retention of all enrollees during the PHE. However, Montana hypothesizes the more than doubling of new enrollees compared to Q3 may be related to the increase in gasoline prices mid-year, inflation's strain on budgets and an earlier than usual onset of winter weather, seasonal employment fluctuations and winter flu/COVID/RSV season.</i></p>
<p>1.2. Implementation update</p>			
<p>1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>1.2.1.a. The target population(s) of the demonstration and eligibility criteria (e.g., qualifying income level or other criteria)</p>			<p><i>Montana informed members future premium requirements ceased as of 01/01/2023 as directed by CMS.</i></p>
<p>1.2.a.b. The application and eligibility determination process</p>			<p><i>Montana plans to end continuous enrollment and begin coverage terminations for those who no longer qualify in accordance with the Consolidated Appropriations Act, 2023 (P.L. 117-328) (CAA, 2023). Details about this are found above in the Executive Summary.</i></p>
<p>1.2.2. The state expects to make other program changes that may affect metrics related to enrollment</p>			<p><i>Montana informed members future premium requirements ceased as of 01/01/2023 as directed by CMS.</i></p>

Reporting Topic	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2. Appeals & Grievances			
2.1. Metric trends			
2.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to appeals.		<i>AD_24, Appeals, eligibility</i> <i>AD_25, Appeals, denial of benefits</i>	-56% -0% <i>Montana's appeals history for both eligibility and denial of benefits have varied a great deal quarter to quarter. This quarter, eligibility appeals were 56% lower than in Q3, but the number of denial of benefits appeals were identical to Q3.</i>
2.2. Implementation update			
2.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 2.2.1.a. Appeals related to eligibility	X		
2.2.1.b. Appeals related to denial of benefits	X		
2.2.2. The state expects to make other program changes that may affect metrics related to appeals.	X		

Reporting Topic	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3. Eligibility & Payment Amounts			
3.1. Metric trends			
3.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to beneficiaries subject to premiums or account payments.	X		
3.1.2. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to beneficiaries who are granted exemptions from premiums or account payments.	X		
3.1.3. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to beneficiaries who paid a premium or account payment.		<i>PR_3, Beneficiaries who paid a premium during the month</i>	<i>-14.52% Montana theorizes that the announcement that premiums will no longer be owed but coverage will continue after 12/31/22, may have disincentivized some members to pay their October, November and December 2022 premiums. The change is not unexpected.</i>
3.2. Implementation update			
3.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.a. Beneficiaries subject to premiums or account payments			<i>Montana informed members future premium requirements ceased as of as of 01/01/2023 as directed by CMS</i>
3.2.1.b. Beneficiaries exempt from premiums or account payments	X		
3.2.1.c. Process for determining premium or account contribution amounts beneficiaries will pay			<i>Montana informed members future premium requirements ceased as of</i>

Reporting Topic	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<i>as of 01/01/2023 as directed by CMS.</i>
3.2.2. The state expects to make other program changes that may affect metrics related to eligibility & payment amounts.			<p><i>Montana informed members future premium requirements ceased as of as of 01/01/2023 as directed by CMS.</i></p> <p><i>Plans are also underway to unwind much of the PHE flexibilities.</i></p> <p><i>Eligibility redeterminations will begin soon in accordance with the Consolidated Appropriations Act, 2023 (P.L. 117-328) (CAA, 2023).</i></p>

Reporting Topic	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<i>slowly increase the number of members in long term arrears.</i>
4.1.2. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to disenrollment for failure to pay premiums.	X		
4.2. Implementation update			
4.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 4.2.1.a. Implementation of compliance actions			<i>Montana informed members future premium requirements ceased as of as of 01/01/2023 as directed by CMS. Plans are also underway to unwind much of the PHE flexibilities. Eligibility redeterminations will begin soon in accordance with the Consolidated Appropriations Act, 2023 (P.L. 117-328) (CAA, 2023).</i>
4.2.1.b. Processes for identifying and tracking beneficiaries at risk of noncompliance			<i>Montana informed members future premium requirements ceased as of as of 01/01/2023 as directed by CMS. Plans are also underway to unwind much of the PHE flexibilities. Eligibility redeterminations will begin soon in accordance with the Consolidated Appropriations Act, 2023 (P.L. 117-328) (CAA, 2023).</i>
4.2.1.c. Process for providing advance notice to beneficiaries at risk of suspension or disenrollment for noncompliance			<i>Montana informed members future premium requirements ceased as of as of 01/01/2023 as directed by CMS.</i>

Reporting Topic	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p><i>Plans are also underway to unwind much of the PHE flexibilities. Eligibility redeterminations will begin soon in accordance with the Consolidated Appropriations Act, 2023 (P.L. 117-328) (CAA, 2023).</i></p>
<p>4.2.2. The state expects to make other program changes that may affect metrics related to operationalizing strategies for noncompliance.</p>			<p><i>Montana informed members future premium requirements ceased as of as of 01/01/2023 as directed by CMS. Eligibility redeterminations will begin soon in accordance with the Consolidated Appropriations Act, 2023 (P.L. 117-328) (CAA, 2023). Some other PHE flexibility unwinding will follow when appropriate.</i></p>

4. Narrative information on other reporting topics

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

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

Reporting Topic	State has no update to report (Place an X)	State response
5. Budget neutrality		
5.1. Current status and analysis		
5.1.1. If the E&C component is part of a broader demonstration, the state should provide an analysis of the E&C-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.		<i>Montana continues to meet the requirements of Budget Neutrality and no CAP is needed.</i>
5.2. Implementation update		
5.2.1. The state expects to make other program changes that may affect budget neutrality		<i>The 01/01/2023 HELP populations’ expenditures reporting moved from an 1115 demonstration waiver to Alternative Benefit Plan which eliminates the need for future budget neutrality considerations.</i>

Reporting Topic	State has no update to report (Place an X)	State response
6. E&C-related demonstration operations and policy		
6.1. Considerations		
6.1.1. The state should highlight significant E&C (or if broader demonstration, then E&C-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the E&C demonstration’s approved goals or objectives, if not already reported elsewhere in this document.		<i>Montana informed members future premium requirements ceased as of as of 01/01/2023 as directed by CMS. Eligibility redeterminations will begin soon according to the Consolidated Appropriations Act, 2023 (P.L. 117-328) (CAA, 2023). Some other PHE flexibility unwinding will follow when appropriate.</i>
6.2. Implementation update		
6.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.a. How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)		<i>Montana informed members future premium requirements ceased as of as of 01/01/2023 as directed by CMS. Eligibility redeterminations will begin soon according to the Consolidated Appropriations Act, 2023 (P.L. 117-328) (CAA, 2023). Some other PHE flexibility unwinding will follow when appropriate.</i>
6.2.1.b. Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes)	X	
6.2.1.c. Partners involved in service delivery	X	
6.2.2. The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities	X	

Reporting Topic	State has no update to report (Place an X)	State response
6.2.3. The state is working on other initiatives related to E&C or E&C-related services		<i>Montana informed members future premium requirements ceased as of as of 01/01/2023 as directed by CMS. Eligibility redeterminations will begin soon according to the Consolidated Appropriations Act, 2023 (P.L. 117-328) (CAA, 2023). Some other PHE flexibility unwinding will follow when appropriate.</i>
6.2.4. The initiatives described above are related to the E&C or E&C-related demonstration.		<i>Under Alternative Benefit Plan, eligibility and coverage are expected to remain much the same with the exceptions of the cessation of premium requirements and the cessation of 12-month continuous eligibility. Reinstatement of eligibility redeterminations will begin soon according to the Consolidated Appropriations Act, 2023 (P.L. 117-328) (CAA, 2023). Some other PHE flexibility unwinding will follow when appropriate.</i>
7. E&C demonstration evaluation update		
7.1. Narrative information		
7.1.1. Provide updates on E&C evaluation work and timeline (e.g., evaluation design, procurement, implementation, deliverables). Annual monitoring reports should include a available preliminary evaluation results related to areas of focus in the approved evaluation design as outlined by 42 CFR 431.428(a)10.		<i>Montana’s HELP evaluation is a part of the CMS contract with Social and Scientific Systems and is currently exempt from the obligation to perform an independent evaluation. A Summative/Final Evaluation report will be due to CMS in late December 2023. This will include a Close Out report, Evaluation Design (subject to approval) and Summative Evaluation Report</i>

Reporting Topic	State has no update to report (Place an X)	State response
7.1.2. Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs		<i>Montana’s HELP evaluation is a part of the CMS contract with Social and Scientific Systems and is currently exempt from the obligation to perform an independent evaluation. A Summative Evaluation report will be due to CMS in late December 2023. This will include a Close Out report, Evaluation Design (subject to approval) and Summative Evaluation Report.</i>
7.1.3. List anticipated evaluation-related deliverables related to this demonstration and their due dates		<i>Montana’s HELP evaluation is a part of the CMS contract with Social and Scientific Systems and is currently exempt from the obligation to perform an independent evaluation. A Summative Evaluation report will be due to CMS in late December 2023. This will include a Close Out report, Evaluation Design (subject to approval) and Summative Evaluation Report.</i>
8. Other E&C demonstration reporting		
8.1. General reporting requirements		
8.1.1. The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs or implementation plan		<i>With the expiration of the Demonstration Waiver, authority for the program is provided solely under a CMS approved Alternative Benefit Plan.</i>
8.1.2. The state anticipates the need to make future changes to the STCs, or implementation plan based on expected or upcoming implementation changes		<i>The 12/31/2022 expiration of the 1115 Demonstration Waiver eliminated the need for STCs.</i>
8.1.3. Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.1.3.a. The schedule for completing and submitting monitoring reports		<i>Change from 1115 Demonstration Waiver coverage to Alternative Benefit Plan coverage implemented 01/01/2023.</i>

Reporting Topic	State has no update to report (Place an X)	State response
8.1.3.b. The content or completeness of submitted reports and/or future reports		<i>The only remaining report due, following the approval of this 2022 Annual Report, is the Summative/Final Evaluation report from the expiration of the 1115 Demonstration Waiver coverage to State Plan coverage implemented 01/01/2023. This Summative/Final Evaluation will include a Close Out report, Evaluation Design (subject to approval) and Summative Evaluation Report.</i>
8.1.4. The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation		<i>Occasional data, staffing issues, or unexpected requests have caused delays in the past. Alternative deadlines were granted because of good and timely communication about delays. No out-of-the-ordinary delays to the summative evaluation report deliverable is anticipated and no plan for remediation is requested at this time.</i>
8.1.5. Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR § 431.428(a)(5)		<i>Montana's HELP evaluation is a part of the CMS contract with Social and Scientific Systems and is currently exempt from the obligation to perform an independent evaluation.</i>
8.2. Post-award public forum		
8.3. If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.428(a)(11) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report.		<i>The annual post-award public forum was held this quarter on November 29, 2022. Twenty-four people were in attendance via Teams link and some in person. No comments or questions were received regarding the HELP waiver.</i>

Reporting Topic	State has no update to report (Place an X)	State response
9. Notable state achievements and/or innovations		
9.1. Narrative information		
9.1.1. Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the E&C (or if broader demonstration, then E&C-related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.	X	