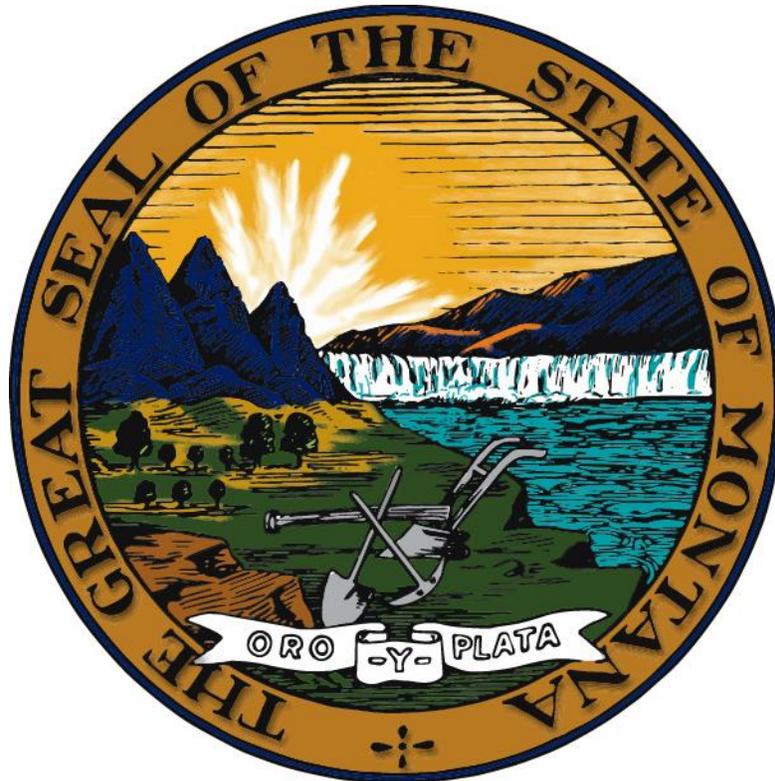


Montana Health and Economic Livelihood Partnership (HELP) Program, also known as the Medicaid Expansion Demonstration

Number: No. 11-W-00300/8

SECTION 1115 WAIVER ANNUAL REPORT

State of Montana



REPORTING PERIOD

Demonstration Year: 4 (01/01/19 – 12/31/19)

Date submitted to CMS: 5/27/2020

Introduction

The 2015 Montana Legislature enacted Senate Bill 405, the Montana Health and Economic Livelihood Partnership (HELP) Act, that among other features, provides for the expansion of health care services through the Medicaid HELP Program to new adults ages 19-64 years old and below 138 percent of the federal poverty level (FPL). HELP Program coverage was effective January 1, 2016 and the State implemented its expansion through a Section 1115 demonstration waiver from the Centers for Medicare and Medicaid Services (CMS). The demonstration was designed to tailor the features of expansion to the policy objectives of the HELP Act including:

- 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.

In September, 2015, Montana submitted two waivers to CMS. Both waivers were approved by CMS in November, 2015.

The Section 1115 waiver authorized:

- 12 months of continuous eligibility for all new adults;
- Premiums for new adults participating in the TPA equal to 2% of their household income; and
- Maximum copayments allowable under federal law, with total cost sharing not to exceed 5% of a beneficiary's household income.

The Section 1915(b)(4) waiver authorized:

- The State to contract with a Third Party Administrator (TPA) to administer its Medicaid expansion.

HELP Program enrollees receive the Alternative Benefit Plan (ABP), the health care benefit plan provided to Medicaid participants as required by federal law. HELP Program participants are subject to premiums and maximum copayments allowable under federal law.

Montana used a TPA model to administer its Medicaid expansion program for the 2016 and 2017 demonstration years. Montana Department of Public Health and Human Services (DPHHS) selected Blue Cross and Blue Shield of Montana (BCBSMT) as the TPA for the HELP Program in September, 2015. This model allowed rapid implementation of a statewide provider network for the HELP Program. BCBSMT manages claim processing, provider enrollment, as well as compliance with federal requirements under 42 CFR 455 Subpart E.

Demonstration Population

Effective January 1, 2018, 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 an ABP State Plan Amendment.

The following populations are excluded from all portions of the demonstration other than the continuous eligibility provisions in Section VIII. Individuals:

- Who are medically frail;
- Whom the State determines have exceptional health care needs, including but not limited to a medical, mental health, or developmental condition;
- Individuals with incomes below 50 percent of the FPL.

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. BCBSMT continued to be responsible for the claim run out period, which included claims incurred in 2017 but not processed, through December 31, 2018.

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 as indicated in the Public Meetings section of this report, to follow.

In late August of 2019, Montana submitted an amendment and extension application to extend the authorities of the HELP ACT and also to meet the requirements of HB 658.

Public Meetings:

The annual post award forum was held on August 15, 2019, in Helena, Montana. The public had the option to attend either in-person or via WebEx. DPHHS discussed the following items:

- Waiver Summary including Section 1115, authorities and changes that occurred after the enactment of House Bill (HB) 658 in May, 2019, and the planned submittal of the extension and amendment request later in August, 2019 including:
 - Condition HELP / Medicaid Expansion coverage on compliance with work/community engagement requirements; and
 - Apply a premium structure that gradually increases enrollee premiums based on coverage duration.
- A draft of the federal evaluation of the Montana 1115 Waiver was released in July of 2019. DPHHS' intent to continue participation in the federal evaluation through federal fiscal year 2019. DPHHS' intent to contract with an independent third party to evaluate the updated Demonstration.
- Key milestones and accomplishments, specifically the dramatic improvement in the health of the state by incentivizing primary and preventive care. This was promoted by the state not applying copayments for preventive health care services.
- Medicaid Expansion enrollment growth from end-of-year 2017 through end-of-year 2018.
- A question and comment period.

This public forum was held in conjunction with the Montana Health Coalition meeting where multiple topics were presented and discussed. Fifteen people attended and two comments on the 1115 HELP Waiver were brought forward, both positive, related to the high utilization of preventive services.

Participant and Provider Education:

Navigating the health care system can be confusing and time consuming. Thus, the Health Resources Division is working on the following ways to assist our members and providers to obtain the information and the understanding they need to effectively utilize the health care system:

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.), and
- Provide child wellness schedule magnets and annual mailings on the member's birthday as a reminder to get their annual wellness visit.
- Extensive participant information was included in the public notice activities related to the extension and amendment request submitted in late August, 2019.

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
- Extensive provider information was included in the public notice activities related to the extension and amendment request submitted in late August, 2019.

Wellness Programs:

DPHHS wellness programs include: asthma, arthritis, diabetes, hypertension, smoking cessation, weight loss, healthy lifestyles, and other individualized programs that address participants' health needs.

Evaluation Activities

State Evaluation

DPHHS received a letter from CMS dated May 31, 2017, removing the state's obligation to perform an independent evaluation of the 1115 HELP Demonstration Waiver.

Federal Evaluation

To meet the federal 1115 waiver evaluation requirement, Montana participated in CMS' multi-state 1115 Demonstration Federal Evaluation and Meta-Analysis. The evaluation of Montana's HELP Demonstration Program was conducted by Social & Scientific Systems (SSS) and the Urban Institute. More detailed information about this evaluation was included with Montana's August 2019 Extension and Amendment application, page 21.

The federal evaluation had three main goals:

- Understand and document the design, implementation, and ongoing operations of HELP;
- Document enrollee understanding of and experiences with HELP; and
- Estimate the overall effects of HELP on health insurance coverage, health care access and affordability, and health behaviors and health.

To fully assess the impact of the program and achieve the above goals, the evaluation team designed and implemented a comprehensive mixed-methods evaluation of HELP that is currently on-going.

Findings from the HELP evaluation thus far show that the program had significant and positive effects, although, as with any program, implementation and administration faced some challenges. Overall, there were substantial gains in health insurance coverage; beneficiaries for the most part expressed satisfaction with the program; and stakeholders believed it had positive economic impacts by decreasing hospital uncompensated care costs and stimulating economic growth in the state.

Challenges

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. HB 658 passed and became law in May of 2019. HB 658 calls for the addition of new community engagement requirements and some updates to other aspects of the program.

In late August of 2019, Montana submitted an amendment and extension application to extend the authorities of the HELP ACT, also known as Medicaid Expansion, and also to meet the requirements of HB 658.

Key Milestones and Accomplishments

Enrollment

The HELP / Medicaid Expansion enrollment began 2019 with 95,973 members and ended the year with 84,845, nearly a 11.6% reduction rate over the twelve months.

Total Unduplicated Enrollment Each Full Demonstration Year

Demonstration Year	Number of Unduplicated Members
2016	88,406
2017	114,292
2018	125,267
2019	129,144
2020	(pending)

Preventive Care

The expansion of Medicaid in Montana has been an opportunity to dramatically improve the health of the state by incentivizing primary and preventive care. To promote use of high value health services, the state did not apply copayments for preventive health care services. As of December 31, 2019, the ten most commonly used preventive services, excluding pharmaceuticals, in 2019 are below:

Preventive Service	Unduplicated Number of Members
Dental Preventive	30,180
Cholesterol Screening	16,280
Preventive/Wellness Exams	13,137
Diabetes Screening	12,694
Vaccines	12,009
Chlamydia Screening	11,180
Gonorrhea Screening	11,099
Colorectal Cancer Screening	9,042
Cervical Cancer Screening	8,450
Depression	7,414

Oversight and Monitoring

Conduent Oversight

The States MPATH team has been designated to monitor the contract between DPHHS and Conduent for the claim processing.

HELP ACT Oversight Committee

Montana's HELP ACT Oversight Committee was active into 2019 but a bill to eliminate this committee (HB 83) passed on February 26, 2019

Other Oversight and Monitoring

The Montana Department of Public Health and Human Services' Quality Assurance Division, the Program Compliance Bureau, has two units that review Medicaid for accuracy:

- 1) The Program Integrity Unit investigates allegations of intentional fraud in the SNAP, Medicaid, and TANF programs.
 - No allegations of intentional fraud were identified as applicable to the Montana HELP 1115 Demonstration Waiver since its introduction.
- 2) The Surveillance and Utilization Review Unit is responsible for protecting the integrity of the Montana Medicaid Program from fraud, waste and abuse by Medicaid Providers.
 - There have been no identified surveillance and Utilization Review 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 2019. The opportunity to discuss issues or concerns on a regular or as-needed basis has avoided the need for further intervention.

Below is the Monitoring Activity Work Plan used during 2019.

Task / Responsible Party	Timeframe for Task
Data Pulls from the Office of Public Assistance	One month prior to quarterly and annual report submission dates
Data Pulls from the Operations Research Section	One month to two weeks prior to quarterly and annual report submission dates
Data Pulls from the Office of Fair Hearings	One prior to quarterly and annual report submission dates
Data Analyses by State Analyst and State Program Officer	Two weeks to one week prior to quarterly and annual report submission dates
Quarterly and Annual Report Submission by State Program Officer	Q1: 05/31/2019 Q2: 08/31/2019 Q3: 11/30/2019 Annual: 03/01/2020

New Benefit Coverage

In 2019, several changes to benefits were included in the Standard Benefit Plan, and thus the HELP Medicaid plan, also known as Medicaid Expansion.

- Outpatient Drug coverage added a 7-day opioid prescription limit

- The Addictive and Mental Disorders coverage began covering Peer Support and Other Rehabilitative Services
- The Physicians coverage added Medication Assisted Treatment service
- Dental changed the coverage for porcelain/ceramic crowns to be available for adults

Economic Impact

The most recent evaluations of the economic impact of Montana’s HELP/Medicaid Expansion program were an independent evaluation, completed in 2017, by The Montana Healthcare Foundation (MHF) and Headwaters Health Foundation of Western Montana (HHF of WM); and the Federal Evaluation mentioned earlier in this report, completed by Social & Scientific Systems (SSS) and the Urban Institute.

The MHF and HHF of WM evaluation concluded Medicaid expansion has a positive fiscal impact on the state budget, as it reduces state spending in some areas (e.g., traditional Medicaid). It also increases economic activity and, as such, increases state revenue. Medicaid expansion spending supports a substantial amount of economic activity, approximately 5,000 jobs and \$28M in personal income each year.

Included in the conclusions of the earlier mentioned Federal Evaluation, stakeholders stated they believed it (HELP/Medicaid Expansion) had positive economic impacts by decreasing hospital uncompensated care costs and stimulating economic growth in the state.

Participant Enrollment

Medicaid expansion enrollment has decreased to 84,845, as of December, 2019.

Provider Network

Montana is a primarily rural state, with a small population dispersed over a large geographic area. It is one of three states, along with Alaska and Wyoming, which have been designated as a Frontier State¹. Montana’s goal in using the TPA model was to leverage an existing commercial insurer with established statewide provider networks, turnkey administrative infrastructure, and expertise to administer efficient and cost-effective coverage for new Medicaid adults. This approach was successful and allowed for rapid implementation and adequate provider network capacity for the HELP Program.

In 2017, as a cost containment measure, the state decided to dissolve the TPA contract, effective January 1st of 2018. The state closely evaluated both the TPA and Medicaid provider networks. The state found that the Medicaid network was positively comparable to the TPA network. During the transition the state worked with the TPA providers not currently enrolled in Medicaid, to get them enrolled as Medicaid providers.

Montana eliminated member co-pay responsibilities for all claims, including HELP / Medicaid Expansion claims with date of payment on or after January 1, 2020. Providers have enthusiastically supported this plan as their total reimbursement is unchanged while their administrative burden is reduced.

Additional Events Related to Health Care Delivery

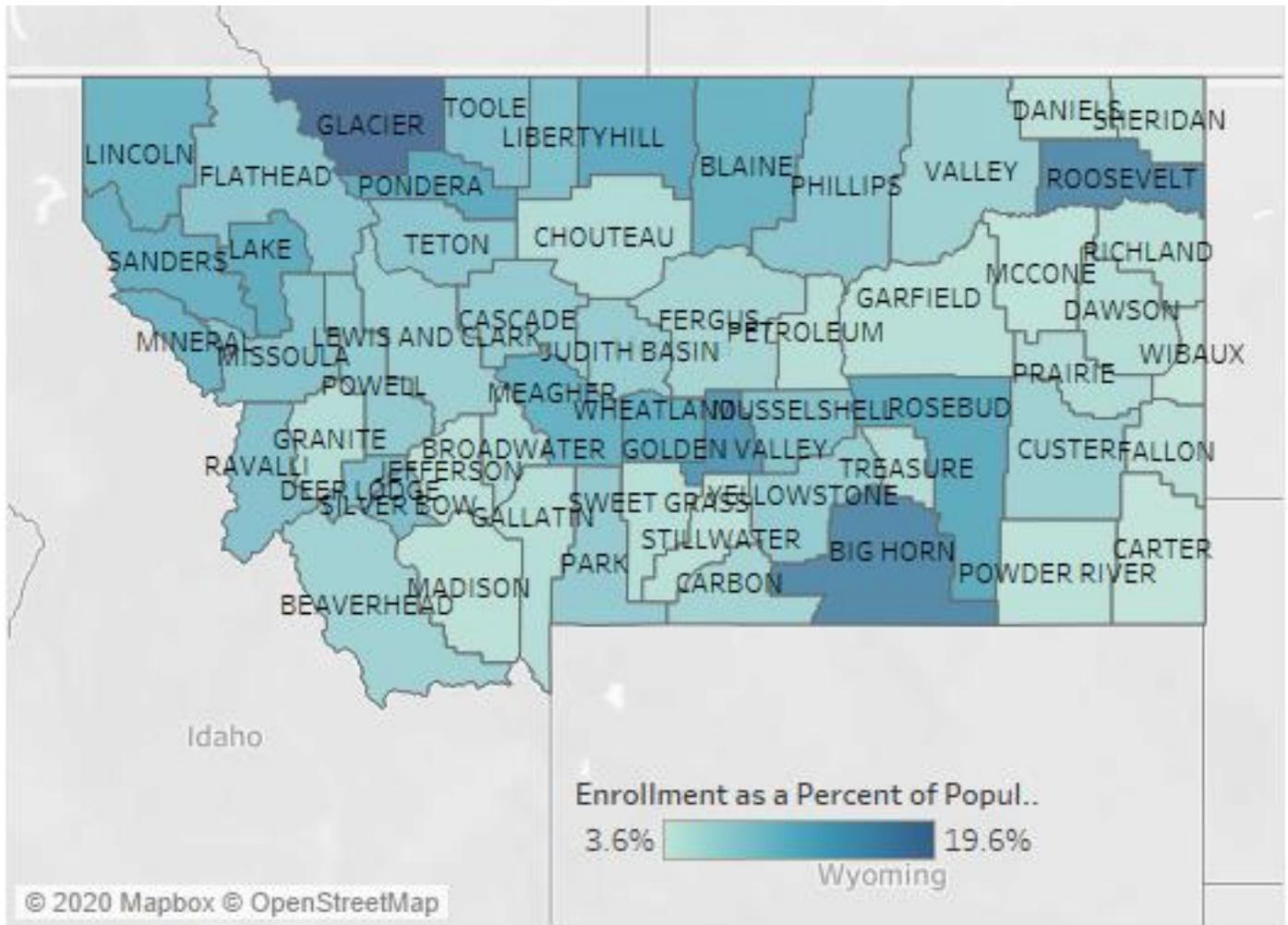
Participant Enrollment

Medicaid expansion enrollment decreased by 10,122 members between December of 2018 and December of 2019.

As of December 31, 2019, enrollment was 84,845 members. Montana is very proud of the Program’s enrollment since early estimates suggested it would take four years to reach 70,000 enrollees. Montana works closely with enrollment

¹ The Affordable Care Act, *Sec. 10324, Protections for Frontier States*, May 1, 2010, <http://housedocs.house.gov/energycommerce/ppacacon.pdf>.

assisters and Medicaid providers around the state to educate them on the program details and eligibility requirements. The map below further shows Medicaid Expansion enrollment as of December 1, 2019 by percent of county population:



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 / Medicaid Expansion members per 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.

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 don't 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 each quarter and full year of the data measures tables from Appendix B follows.

Enrollment by FPL and Demographic Categories

January, February and March, 2019

Measure 1 – Flat

Measure 2 – Decreasing trend

Measure 3 – Decreasing trend

April, May and June, 2019

Measure 1 – Flat

Measure 2 – Decreasing trend

Measure 3 – Decreasing trend

July, August and September, 2019

Measure 1 – Flat

Measure 2 – Decreasing trend

Measure 3 – Decreasing trend

October, November and December, 2019

Measure 1 – Flat

Measure 2 – Upward trend

Measure 3 – Upward trend

2019 Annual Summary

Measure 1 – Flat

Measure 2 – Upward trend

Measure 3 – Upward trend

Premium Payment

January, February and March, 2019

Measure 4 – Flat

Measure 5 – Slight Decreasing trend

Measure 6 – Flat

Measure 7 - Flat

April, May and June, 2019

Measure 4 – Flat

Measure 5 – Flat

Measure 6 – Flat

Measure 7 -Flat

July, August and September, 2019

Measure 4 – Flat

Measure 5 – Flat

Measure 6 – Flat

Measure 7 - Flat

October, November and December, 2019

Measure 4 – Flat

Measure 5 – Slight decreasing trend

Measure 6 – Upward trend
Measure 7 – Slight decreasing trend

2019 Annual Summary

Measure 4 – Flat
Measure 5 – Flat
Measure 6 – Flat
Measure 7 - Flat

Mid-year change in circumstance in household composition or income

January, February and March, 2019

Measure 8 – Upward trend
Measure 9 – Upward trend
Measure 10 –Upward trend
Measure 11 - Flat

April, May and June, 2019

Measure 8 –Upward trend
Measure 9 – Upward trend
Measure 10 - Upward trend
Measure 11 - Flat

July, August and September, 2019

Measure 8 – Upward trend
Measure 9 – Upward trend
Measure 10 - Upward trend
Measure 11 - Flat

October, November and December, 2019

Measure 8 – Decreasing trend
Measure 9 – Decreasing trend
Measure 10 - Decreasing trend
Measure 11 - Decreasing trend

2019 Annual Summary

Measure 8 –Flat
Measure 9 –Flat
Measure 10 - Decreasing trend
Measure 11 - Decreasing trend

Dis-enrollments outside annual renewal determinations by FPL and Demographic Categories

January, February and March, 2019

Measure 12 – Flat
Measure 13 –Decreasing trend
Measure 14 –Decreasing trend
Measure 15 –trend

April, May and June, 2019

Measure 12 – Flat
Measure 13 – Decreasing trend
Measure 14 – Decreasing trend
Measure 15 – Decreasing trend

July, August and September, 2019

Measure 12 – Flat
Measure 13 – Decreasing trend
Measure 14 – Decreasing trend
Measure 15 – Decreasing trend

October, November and December, 2019

Measure 12 – Upward trend
Measure 13 – Decreasing trend
Measure 14 – Decreasing trend
Measure 15 – Upward trend

2019 Annual Summary

Measure 12 – Upward trend
Measure 13 – Flat
Measure 14 – Upward Trend
Measure 15 – Upward trend

Cost sharing limit

January, February and March, 2019

Measure 16 – Flat
Measure 17 – Steep decrease, then flat

April, May and June, 2019

Measure 16 – Flat
Measure 17 – Steep decrease, then flat

July, August and September, 2019

Measure 16 – Flat
Measure 17 – Steep decrease, then flat

October, November and December, 2019

Measure 16 – Flat
Measure 17 – Decreasing trend

2019 Annual Summary

Measure 16 – Flat
Measure 17 – Flat

Use of preventative services by FPL and demographic categories

January, February and March, 2019

Measure 18 – Flat
Measure 19 – Flat

April, May and June, 2019

Measure 18 – Flat Measure 19 – Slight decreasing trend

July, August and September, 2019

Measure 18 – Flat

Measure 19 – Slight decreasing trend

October, November and December, 2019

Measure 18 – Flat

Measure 19 – Flat

2019 Annual Summary

Measure 18 – Flat

Measure 19 – Flat

Use of other services

January, February and March, 2019

Measure 20a – Flat

Measure 20b – Flat

Measure 21 - Flat

Measure 22 - Flat

Measure 23 – Flat

Measure 24 – Flat

April, May and June, 2019

Measure 20a – Slight Decreasing trend

Measure 20b – Slight Decreasing trend

Measure 21 - Flat

Measure 22 - Flat

Measure 23 – Flat

Measure 24 – Flat

July, August and September, 2019

Measure 20a – Slight Decreasing trend

Measure 20b – Slight Decreasing trend

Measure 21 - Flat

Measure 22 - Flat

Measure 23 – Flat

Measure 24 – Flat

October, November and December, 2019

Measure 20a – Flat

Measure 20b – Slight upward trend

Measure 21 - Flat

Measure 22 - Flat

Measure 23 – Flat

Measure 24 – Flat

2019 Annual Summary

Measure 20a – Flat

Measure 20b – Flat

Measure 21 - Flat
Measure 22 - Flat
Measure 23 – Flat
Measure 24 – Flat

Renewal (Q1, Q2 and Q3 measures have been revised since submission of quarterly reports)

January, February and March, 2019

Measure 25 –Flat
Measure 26 – Flat
Measure 27 – Upward trend
Measure 28 – Upward trend
Measure 29 – Decreasing trend
Measure 30 – Decreasing trend

April, May and June, 2019

Measure 25 – Flat
Measure 26 – Flat
Measure 27 – Decreasing trend
Measure 28 – Flat
Measure 29 – Flat
Measure 30 – Flat

July, August and September, 2019

Measure 25 – Flat
Measure 26 – Flat
Measure 27 – Decreasing trend
Measure 28 – Flat
Measure 29 – Flat
Measure 30 – Flat

October, November and December, 2019

Measure 25 – Decreasing trend
Measure 26 – Decreasing trend
Measure 27 – Slight Upward trend
Measure 28 – Flat
Measure 29 – Decreasing trend
Measure 30 – Decreasing trend

2019 Annual Summary

Measure 25 –Flat
Measure 26 – Flat
Measure 27 – Flat
Measure 28 – Flat
Measure 29 – Decreasing trend
Measure 30 – Decreasing trend

Complaints, grievances, and appeals

January, February and March, 2019

Measure 31 - Flat
Measure 32 – Flat
Measure 33 – Flat

Measure 34 – Decreasing trend

Measure 35 – Flat

Measure 36 – Flat

April, May and June, 2019

Measure 31 - Flat

Measure 32 – Flat

Measure 33 – Flat

Measure 34 – Flat

Measure 35 – Flat

Measure 36 - Flat

July, August and September, 2019

Measure 31 - Flat

Measure 32 – Flat

Measure 33 – Flat

Measure 34 – Flat

Measure 35 – Flat

Measure 36 - Flat

October, November and December, 2019

Measure 31 - Flat

Measure 32 – Flat

Measure 33 – Flat

Measure 34 – Upward trend

Measure 35 –Decreasing trend

Measure 36 - Upward trend

2019 Annual Summary

Measure 31 - Flat

Measure 32 – Flat

Measure 33 – Flat

Measure 34 –Flat

Measure 35 – Flat

Measure 36 -Upward trend

Enrollment duration among dis-enrollees

January, February and March, 2019

Measure 37 – Flat

Measure 38 – Flat

Measure 39 - Flat

April, May and June, 2019

Measure 37 –Flat

Measure 38 – Flat

Measure 39 - Flat

July, August and September, 2019

Measure 37 – Flat

Measure 38 – Flat

Measure 39 - Flat

October, November and December, 2019

Measure 37 – Upward trend

Measure 38 – Upward trend

Measure 39 - Upward trend

2019 Annual Summary

Measure 37 – Upward trend

Measure 38 – Upward trend

Measure 39 – Upward trend

Monthly premiums owed at dis-enrollment

January, February and March, 2019

Measure 40 – Decreasing trend

Measure 41 – Flat

Measure 42 – Upward trend

Measure 43 – Upward trend

Measure 44 – Upward trend

April, May and June, 2019

Measure 40 –

Measure 41 – Flat

Measure 42 – Upward trend

Measure 43 – Upward trend

Measure 44 - Upward trend

July, August and September, 2019

Measure 40 – Decreasing trend

Measure 41 – Flat

Measure 42 – Upward trend

Measure 43 – Upward trend

Measure 44 - Upward trend

October, November and December, 2019

Measure 40 – Upward trend

Measure 41 – Upward trend

Measure 42 – Upward trend

Measure 43 – Sharp Decreasing trend

Measure 44 - Decreasing trend

2019 Annual Summary

Measure 40 – Upward trend

Measure 41 – Upward trend

Measure 42 – Flat

Measure 43 – Flat

Measure 44 – Upward trend

Total debt owed at dis-enrollment for failure to pay

January, February and March, 2019

Measure 45 – Flat

Measure 46 – Flat

Measure 47 - Flat

Measure 48 - Flat

April, May and June, 2019

Measure 45 – Flat

Measure 46 – Flat

Measure 47 – Flat

Measure 48 - Flat

July, August and September, 2019

Measure 45 –Flat

Measure 46 – Flat

Measure 47 – Flat

Measure 48 - Flat

October, November and December, 2019

Measure 45 – Decreasing trend

Measure 46 – Upward trend

Measure 47 – Decreasing trend

Measure 48 - Decreasing trend

2019 Annual Summary

Measure 45 – Flat

Measure 46 – Flat

Measure 47 – Flat

Measure 48 -Flat

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

January, February and March, 2019

Trend - Upward trend

April, May and June, 2019

Trend – Decreasing trend

July, August and September, 2019

Trend – Decreasing trend

October, November and December, 2019

Trend –Upward trend

2019 Annual Summary

Trend - Flat

APPENDIX A

Montana HELP Program 1115 Demonstration Waiver Deliverable Timeline

Quarterly Reports	Submit to CMS
2018 - DY3, Q1	07/16/2018
Q2	08/29/2018
Q3	11/29/2018
2019 - DY4, Q1	05/30/2019
Q2	08/29/2019
Q3	11/29/2019
2020 - DY5, Q1	05/30/2020
Q2	08/29/2020
Q3	11/29/2020

Annual Reports	Submit to CMS
2017 - DY2	4/30/2018
2018 - DY3	03/01/2019
2019 - DY4	03/01/2020
2020 - DY5	03/01/2021

Draft Interim Report	Waived
Final Interim Evaluation Report	Waived
Draft Final Evaluation Submission	Waived
Final Evaluation Report	Waived

Post Award Forum	Date Held
2017 – D2	6/20/2017
2018 - DY3	12/12/2018
2019 - DY4	8/15/2019
2020 - DY5	(pending)

Amendment and Extension Request	8/30/2019
Demonstration Ends	12/31/2020

APPENDIX B
Montana HELP Program
Annual Reporting Measures for Fourth Demonstration Year