

**DEPARTMENT RULEMAKING PROMULGATED AFTER JULY 1, 2015,
WHICH ARE SUBJECT TO THE REQUIREMENTS OF § 53-6-196, MCA
(SB 336 (2015))**

[HELP (MAR 37-730) and Cost Share (MAR 37-737) Rules]

Outlined for each metric:

- 1) Metric description, including period of measurement (1/1/2016 – 9/30/2016)
- 2) Expectations, what DPHHS intended the rule to do
- 3) Data
- 4) Summary of data, and DPHHS conclusions

	<u>Principle reason for the rule</u>	<u>Measurement</u>	<u>Data Collection Methods/Metrics</u>	<u>Period of Measurement</u>								
	Provide coverage of health care services for low-income Montanans	HELP ACT enrollment	Track enrollment via eligibility determination system (CHIMES)	Quarterly 1/1/2016 – 9/30/2016								
Measure #1	<ol style="list-style-type: none"> 1) <u>Metric description:</u> HELP Act Enrollment, measured on a quarterly basis. This report includes data from January 2016 through September 2016 2) <u>Expectations:</u> DPHHS expected that the HELP Act would increase coverage of health care services for low-income Montanans. 3) <u>Data:</u> <table border="1" style="margin-left: 20px;"> <thead> <tr> <th></th> <th>Q1 2016</th> <th>Q2 2016</th> <th>Q3 2016</th> </tr> </thead> <tbody> <tr> <td>Total HELP enrollment per month</td> <td align="center">46,535</td> <td align="center">53,608</td> <td align="center">61,392</td> </tr> </tbody> </table> <p><i>Note: Totals include HELP participants enrolled both through the third party administrator and through the standard Medicaid benefit plan</i></p>					Q1 2016	Q2 2016	Q3 2016	Total HELP enrollment per month	46,535	53,608	61,392
		Q1 2016	Q2 2016	Q3 2016								
Total HELP enrollment per month	46,535	53,608	61,392									
<ol style="list-style-type: none"> 4) <u>Conclusion:</u> Consistent with DPHHS expectations, the number of low-income Montanans with health insurance has steadily increased due to the implementation of the HELP Act. At the end of the first quarter of 2016, there were 46,535 people enrolled in the HELP Plan and covered by health insurance, often for the first time in their lives. At the end of the second quarter of 2016, this number had grown to 53,608 enrolled individuals. At the end of the third quarter, this number continued to grow to 61,392. 												

	<u>Principle reason for the rule</u>	<u>Measurement</u>	<u>Data Collection Methods/Metrics</u>	<u>Period of Measurement</u>										
Measure #2	Provide greater value for the tax dollars spent on the Montana Medicaid program	Ratio of State and Federal funds expended on adult mental health	Track expenditure by funding source via the state accounting system	Annual 1/1/2016 – 9/30/2016										
	<p>1) <u>Metric description:</u> Ratio of State and Federal funds expended on adult mental health, measured on an annual basis. This report includes data from January 2016 through September 2016.</p> <p>2) <u>Expectations:</u> DPHHS expected that the HELP Act would provide greater value for the tax dollars spent on the Montana Medicaid program.</p> <p>3) <u>Data:</u></p> <table border="1"> <thead> <tr> <th rowspan="2">Category</th> <th colspan="2">Ratio of expenditures</th> </tr> <tr> <th>Federal match</th> <th>State match</th> </tr> </thead> <tbody> <tr> <td>Expenditures: adult mental health</td> <td>99.1 %</td> <td>0.9 %</td> </tr> <tr> <td>Expenditures: adult medical and mental health</td> <td>99.1 %</td> <td>0.9 %</td> </tr> </tbody> </table> <p>4) <u>Conclusion:</u> Consistent with DPHHS expectations, HELP health coverage for low-income Montanans (both for adult mental health and for total adult medical health) provides a greater value for Montana tax dollars. In the nine months of the program, the state paid 0.9% of total expenses to reimburse providers for the HELP expanded health care program. For comparison, Montana pays approximately 34% of total expenses to reimburse providers for Standard Medicaid services.</p>				Category	Ratio of expenditures		Federal match	State match	Expenditures: adult mental health	99.1 %	0.9 %	Expenditures: adult medical and mental health	99.1 %
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Measure #3	Provide incentives that encourage Montanans to take greater responsibility for their personal health	Healthy Behavior Activities	Track the level of participant engagement in healthy behavior activities via the departments data systems	Quarterly 1/1/2016 – 9/30/2016							
	<p>1) <u>Metric description:</u> Healthy Behavior Activities participation, measured on a quarterly basis. This report includes data from January 2016 through September 2016.</p> <p>2) <u>Expectations:</u> DPHHS expected that the HELP Act would provide incentives that encourage Montanans to take greater responsibility for their personal health.</p> <p>3) <u>Data:</u></p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Number of enrollments</th> </tr> </thead> <tbody> <tr> <td>Q1 2016: January – March</td> <td>10</td> </tr> <tr> <td>Q2 2016: January – June</td> <td>34</td> </tr> <tr> <td>Q3 2016: January - September</td> <td>79</td> </tr> </tbody> </table> <p>4) <u>Conclusion:</u> The HELP Plan incentivizes its members to take part in healthy behavior activities and programs, as participation helps keep participants who are between 100% and 138% of the federal poverty level enrolled in the HELP Plan. This in turn contributes to better continuity of care for low-income Montanans. In line with DPHHS expectations, Healthy Behavior Activities provide incentives and opportunities for Montanans to take greater responsibility for their personal health, and participation in these activities has steadily increased since the expansion of Medicaid in Montana. At the end of the first through third quarters of 2016, there were 10, 34, and 79 cumulative enrollments (respectively) into Healthy Behavior Activity programs.</p> <p>Although a selection of the healthy behavior activities are available to all HELP Plan participants, participation is only tracked for those whose health care claims are processed by Blue Cross Blue Shield of Montana. Therefore, participation is higher than the numbers stated above. DPHHS works closely with its third party administrator BCBSMT to monitor Healthy Behavior Activity enrollment, and frequently discusses how to increase program participation. DPHHS aims to increase program enrollment, thereby allowing even more HELP Plan members to take even greater responsibility for their personal health.</p>				Quarter	Number of enrollments	Q1 2016: January – March	10	Q2 2016: January – June	34	Q3 2016: January - September
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