

# **Montana Section 1115 Waiver for Additional Services and Populations (WASP) Demonstration Waiver**

## **June 2022 Extension/Renewal Submission**

**Effective Date: January 1, 2023**

### **INTERIM EVALUATION REPORT**

Montana submitted the Evaluation Design for this report on January 13, 2021 and it was approved by the Center for Medicare and Medicaid Services (CMS) on April 5, 2021. This Interim Evaluation Report is the first implementation of that design. The brevity of the evaluation period for the Mental Health Services Plan (MHSP) population combined with the overall chaotic healthcare period of the COVID-19 federal public health emergency (PHE) makes it difficult to draw many clear conclusions from the information obtained for this report. The evaluation design specific to the Parent and Other Caretaker Relatives (PCR) and Aged, Blind, and/or Disabled (ABD) covered populations reflects on five years of data providing information for interpretation. Montana's complete findings and analysis of those findings are included in this report.

A Revised Evaluation Design will be submitted based on the changes required due to the approval of the September 3, 2021 amendment request to remove 12-month continuing eligibility for the PCR population which will remove that population from the WASP. A draft of the Revised Evaluation Design is included with the June 2022 Extension/Renewal Submission as Attachment C of both the Early and Final Comprehensive Description of the Demonstration documents.

Montana plans to update the evaluation measures that have data available, annually, for the full prior year. Providers are given 365-days for claims submission making complete data obtained from processed claims, subject to a one-year lag time. The state will report that update on the WASP annual monitoring report. Updates to analysis will be included if statistically significant changes are noted. Full Evaluation Reports, with measures analysis, will be completed and submitted according to the Special Terms and Conditions requirements.

## **Demonstration Objectives/Goals**

The goal of the WASP Demonstration mirrors the state's Medicaid goal, that is to assure medically necessary medical care is available to all eligible Montanans within available funding resources.

The three populations covered under WASP differ significantly from each other and the benefit each population derives from inclusion in WASP also differ. The MHSP population receives the broadest service package and is therefore the principal focus of this evaluation design.

### **MHSP Population Goal**

The goal of WASP for the MHSP population is threefold. The goals include improving (1) access to mental health care, (2) utilization of mental health care, and (3) mental health outcomes for individuals age 18 or older, with Severe Disabling Mental Illnesses (SDMI) who qualify for, or are enrolled in, the Section 1115 WASP by providing coverage to receive Standard Medicaid benefits for mental health services. The evaluation plan utilizes three research questions that seek to understand how the provision of Standard Medicaid benefits coverage for the MHSP population of WASP impacts their (1) access to mental health care, (2) utilization of mental health care, and their (3) mental health outcomes. The evaluation design and research questions enable an understanding of the impact of WASP on the MHSP population by hypothesizing that the provision of Standard Medicaid benefits will enable the MHSP population to receive timely and appropriate mental health care, including community-based mental health care services and psychotropic prescription drug services, that improves their mental health outcomes by reducing the MHSP population's utilization of emergency rooms, crisis facilities, inpatient behavioral health units and the Montana State Hospital for mental health care.

The State will conduct the evaluation for the MHSP population using survey responses and claims data specific to the MHSP population over a defined time period. The distinct measurements evaluate access to and utilization of services covered by Standard Medicaid benefits, which would be unavailable to the MHSP population without WASP. The defined data sources ensure that the evaluation design utilizes measurements primarily effected by the provision of Standard Medicaid benefits to ensure the evaluation is isolated from other initiatives within the State.

## Evaluation Questions and Hypotheses

### Research Questions:

1. How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact their access to covered services?
2. How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact utilization of covered services?
3. How does the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population?

### Hypotheses:

1. Access to care will improve for members of the WASP population who receive Standard Medicaid benefits for mental health services.
2. Utilization of community-based mental health services and psychotropic prescription drug services will increase.
3. Utilization of emergency department services for mental health services and admission to crisis stabilization facilities, inpatient psychiatric facilities, and the Montana State Hospital will decrease for members of the WASP population who receive Standard Medicaid benefits for mental health services.

## Summary of Key Evaluation Questions, Hypotheses, Data Sources, and Analytic Approaches

### Mental Health Services Plan (MHSP) Population

**Demonstration Goal 1:** Improve access to mental health care, improve utilization of mental health care and improve mental health outcomes for individuals age 18 or older, with Severe Disabling Mental Illness (SDMI) who qualify for, or are enrolled in, the Section 1115 Waiver for Additional Services and Populations (WASP) by providing coverage to receive Standard Medicaid benefits for mental health services.

**Table 1. Illustrative Demonstration Goal with Examples of Related Research Questions, Hypotheses, and Measures**

<p><b>Demonstration Goal</b></p>	<p>Improve access to mental health care, improve utilization of mental health care and improve mental health outcomes for individuals age 18 or older, with Severe Disabling Mental Illnesses (SDMI) who qualify for, or are enrolled in, the Section 1115 Waiver for Additional Services and Populations (WASP) by providing coverage to receive Standard Medicaid benefits for mental health services.</p>
<p><b>Research Questions</b></p>	<ol style="list-style-type: none"> <li>1. How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact their access to covered services?</li> <li>2. How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact utilization of covered services?</li> <li>3. How does the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population?</li> </ol>
<p><b>Hypotheses</b></p>	<ol style="list-style-type: none"> <li>1. Access to care will improve for members of the WASP population who receive Standard Medicaid benefits for mental health services.</li> <li>2. Utilization of community-based mental health services and psychotropic prescription drug services will increase.</li> <li>3. Utilization of emergency department services for mental health services and admission to crisis stabilization facilities, inpatient psychiatric facilities, and the Montana State Hospital will decrease for members of the WASP population who receive Standard Medicaid benefits for mental health services.</li> </ol>
<p><b>Measures</b></p>	<ol style="list-style-type: none"> <li>1a. Enrollee perception of difficulty getting care.</li> <li>2a. Number of enrollees receiving community-based mental health services, specifically Outpatient Therapy services, Targeted Case Management services, Behavioral Health Day Treatment services, Rehabilitation &amp; Support services, Illness Management and Recovery services, Behavioral Health Group Home services, Program of Assertive Community Treatment services, Peer Support services, and Adult Foster Care services.</li> <li>2b. Number of enrollees receiving psychotropic prescription drug services.</li> <li>3a. Number of enrollees utilizing emergency department services for mental health services.</li> <li>3b. Number of enrollees admitted to a crisis stabilization facility.</li> <li>3c. Number of enrollees admitted to an inpatient psychiatric facility.</li> <li>3d. Number of enrollees admitted to the Montana State Hospital.</li> </ol>

**Table 2. Design Measure Structure**

<b>Evaluation Component</b>	<b>Evaluation Question</b>	<b>Evaluation Hypotheses</b>	<b>Measure (to be reported for each Demonstration Year)</b>	<b>Recommended Data Source</b>	<b>Analytic Approach</b>
Process MEASURE #1	How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact their access to covered services?	Access to care will improve for members of the WASP population who receive Standard Medicaid benefits for mental health services.	Enrollee perception of difficulty accessing care.	Mental Health Statistical Improvement Survey (MHSIP); Domain: Access.	Baseline data will be MHSIP survey responses from 1/1/2019-7/30/2019 in the Access Domain of the survey. Will track annual trends to monitor if beneficiaries perceive their ability to access care has improved.
Process MEASURE #2	How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact utilization of covered services?	Utilization of community-based mental health services and psychotropic prescription drug services will increase.	Number of enrollees receiving community-based mental health services, specifically Outpatient Therapy services, Targeted Case Management services, Behavioral Health Day Treatment services, Rehabilitation & Support services, Illness Management and Recovery services, Behavioral Health Group Home services, Program of Assertive Community Treatment services, Peer Support services, and Adult Foster Care services.	Community-based mental health services claim data from the MT claims reporting system.	Baseline data will be claims with Dates of Service between 1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are accessing increased number of community-based mental health services.

<b>Evaluation Component</b>	<b>Evaluation Question</b>	<b>Evaluation Hypotheses</b>	<b>Measure (to be reported for each Demonstration Year)</b>	<b>Recommended Data Source</b>	<b>Analytic Approach</b>
Process MEASURE #3	How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact utilization of covered services?	Utilization of community-based mental health services and psychotropic prescription drug services will increase.	Number of enrollees receiving psychotropic prescription drug services.	Psychotropic prescription drug claims data from the MT claims reporting system.	Baseline data will be claims with Dates of Service between 1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are accessing increased number of psychotropic prescription drug services.
Process MEASURE #4	How does the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population?	Utilization of emergency department services for mental health services will decrease.	Number of enrollees utilizing emergency department services for mental health services.	Emergency department claims data from the MT claims reporting system.	Baseline data will be claims with Dates of Service between 1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are accessing emergency department services for mental health services less frequently.
Process MEASURE #5	How does the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population?	Admission to crisis stabilization facilities, inpatient psychiatric facilities, and the Montana State Hospital will decrease for	Number of enrollees admitted to a crisis stabilization facility.	Crisis stabilization facility claims data from the MT claims reporting system.	Baseline data will be claims with Dates of Service between 1/01/2019-12/31/2019. Will track annual trends to monitor if

<b>Evaluation Component</b>	<b>Evaluation Question</b>	<b>Evaluation Hypotheses</b>	<b>Measure (to be reported for each Demonstration Year)</b>	<b>Recommended Data Source</b>	<b>Analytic Approach</b>
		members of the WASP population who receive Standard Medicaid benefits for mental health services.			beneficiaries are being admitted to crisis stabilization facility less frequently.
Process MEASURE #6	How does the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population?	Admission to crisis stabilization facilities, inpatient psychiatric facilities, and the Montana State Hospital will decrease for members of the WASP population who receive Standard Medicaid benefits for mental health services.	Number of enrollees admitted to an inpatient psychiatric facility.	Inpatient psychiatric facility claims data from the MT claims reporting system.	Baseline data will be claims with Dates of Service between 1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are being admitted to inpatient psychiatric facilities less frequently.
Process MEASURE #7	How does the provision of Standard Medicaid benefits coverage impact health care quality and outcomes in the WASP population?	Admission to crisis stabilization facilities, inpatient psychiatric facilities, and the Montana State Hospital will decrease for members of the WASP population who receive Standard Medicaid benefits for mental health services.	Number of enrollees admitted to the Montana State Hospital.	Admission and discharge data from the Montana State Hospital.	Baseline data will be admission and discharge data with dates between 1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are being admitted to the Montana State Hospital less frequently.

## MHSP Data and Analysis

MEASURE	Baseline CY2019	CY2020	Analysis
#1	84% of consumers in Montana were satisfied with the ability to access Mental Health Services 2019. In the same year 87% of respondents also reported positively on the quality & appropriateness of care provided.	In 2020, Montana saw an average of 1% increase in positive responses from Mental Health Service Consumers, resulting in an 85% positive rating on Montana's accessibility to care over the 2019 data results. The perceived quality and appropriateness of care provided remained the same at 87%.	Current trend lines show an overall increase in the consumers perception of accessibility to care. In comparison to the National average Montana is only 4% behind consumers perceived ability to access care. Continued efforts are being made in order to increase our sample sizes in order to decrease our standard deviation, so we may continue to conduct process improvements.
#2	774 out of 1143 WASP MHSP members	653 out of 1014 WASP MHSP members	From CY19 to CY20, there was a 3.3% decrease in the percentage of WASP MHSP beneficiaries receiving community-based MH services. For CY19, 67.7% of the total number of member of beneficiaries received these services and for CY20, only 64.4% of members received these services.
#3	106 out of 1143 WASP members	100 out of 1014 WASP members	When comparing CY20 to CY19, there was a 0.6% increase in the percentage of WASP beneficiaries with a prescription for psychotropic medications
#4	301 out of 1143 WASP members	247 out of 1014 WASP members	When comparing CY20 to CY19, there was a 2% decrease in the percentage of WASP beneficiaries accessing the emergency department.
#5	58 out of 1143 WASP members	37 out of 1014 WASP members	When comparing CY20 to CY19, there was an 1.4% decrease in the percentage of WASP beneficiaries admitted to a crisis stabilization facility.
#6	36 out of 1143 WASP members	33 out of 1014 WASP members	When comparing CY20 to CY19, there was a 0.2% increase in the percentage of WASP beneficiaries admitted to an inpatient hospital or inpatient psychiatric facility.
#7	48 out of 1143 WASP members	30 out of 1014 WASP members	When comparing CY20 to CY19, there was an 1.2% decrease in the percentage of WASP beneficiaries admitted to the Montana State Hospital.

## Summary of MHSP Findings

Based on the measures currently established within the WASP; access to mental health care, utilization of mental health care, and the mental health outcomes, Montana has experienced a decrease of 3% in individuals utilizing/seeking outpatient mental health care services, an additional 2% decrease in individuals having to utilize an Emergency Department; although, our population has expressed a minor positive increase of 1% regarding the aggregate perception of accessibility. Montana has also identified a decrease of the individuals admitting to Crisis Stabilization Facilities as well as the Montana State Hospital by over 1% and identified a 0.2% decrease to those needing to be admitted into to Psychiatric Facilities.

Though no correlation can yet be established to determine final outcomes when the observation timeline is only 1 year, as well as having multiple variables able to influence results (to include the PHE), Montana will continue to observe trendlines of the collected data better determine trends within our population.

**Table 3. Quantitative Methods**

<b>Evaluation Question</b>	<b>Method of Evaluation</b>
How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact their access to covered services?	Measure trend over the demonstration life cycle.
How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact utilization of covered services?	Measure trend over the demonstration life cycle.
How does the provision of Standard Medicaid benefits coverage impact healthcare outcomes in the WASP population?	Measure trend over the demonstration life cycle.

**Table 4. Data Collection Process**

<b>Measure</b>	<b>Source</b>
Enrollee perception of difficulty getting care.	Mental Health Statistical Improvement Survey (MHSIP); Domain: Access.
Number of enrollees receiving community-based mental health services, specifically Outpatient Therapy services, Targeted Case Management services, Behavioral Health Day Treatment services, Rehabilitation & Support services, Illness Management and Recovery services, Behavioral Health Group Home services, Program of Assertive Community Treatment services, Peer Support services, and Adult Foster Care services.	Community-based mental health services claim data from the MT claims reporting system.
Number of enrollees receiving psychotropic prescription drug services.	Psychotropic prescription drug claims data from the MT claims reporting system.
Number of enrollees utilizing emergency department services for mental health services.	Emergency department claims data from the MT claims reporting system.
Number of enrollees admitted to a crisis stabilization facility.	Crisis stabilization facility claims data from the MT claims reporting system.
Number of enrollees admitted to an inpatient psychiatric facility.	Inpatient psychiatric facility claims data from the MT claims reporting system.
Number of enrollees admitted to the Montana State Hospital.	Admission and discharge data from the Montana State Hospital.

### **PCR Population Goal**

The goal of including the PCR population into the WASP coverage is to provide a 12-month continuous eligibility period for all non-expansion Medicaid-covered individuals whose eligibility is based on Modified Adjusted Gross Income (MAGI). The PCR population receives the standard Medicaid benefit already, without the aid of WASP eligibility. Including this population into the WASP coverage eliminates the redetermination burden on the member and the state while aligning these members with an annual redetermination schedule that mirrors most other Montana Healthcare Program members.

The PCR population began receiving this singular benefit under WASP on January 1, 2016. There are no similar groups for which to compare the PCR population or any additional services covered for them under WASP, only the absence of an extra eligibility requirement. Likely, most PCR WASP members do not

realize they are participants in the WASP as its action is invisible to them. Therefore, member satisfaction surveys and outside comparisons for this population are purposely excluded.

**PCR Goal: provide a 12-month continuous eligibility period for all non-expansion Medicaid-covered individuals whose eligibility is based on MAGI.**

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach
Process MEASURE 1	How did beneficiaries utilize covered health services?	Enrollees will continue to utilize PCR services during the transitional period.	Number of beneficiaries who had at least one service encounter in each year of the demonstration/total number of beneficiaries	PCR claims data from the MT claims reporting system pulled from the database and the total PCR transitional Enrollment Data pulled from the database that receives information from the eligibility system. Both the numerator and the denominator will be a distinct count of PCR transitional beneficiaries, counting the beneficiary only once regardless of the number of services covered by their PCR transitional Enrollment.	Base line data will be claims with Dates of Service between 01/01/2016-12/31/2016. Will track annual trends over time to monitor if a higher proportion of beneficiaries are using services.
Process MEASURE 2	How did beneficiaries utilize covered health services?	Enrollees will continue to utilize PCR services during the transitional period.	Number of services utilized/total number of beneficiaries	PCR claims data from the MT claims reporting system pulled from the database and the total PCR transitional Enrollment Data pulled from the database that receives information from the eligibility system. Will pull the total count of services to get an average annual per beneficiary count of services utilized.	Base line data will be claims with Dates of Service between 01/01/2016-12/31/2016. Will track annual trends to see if service utilization per beneficiary increases, decreases, or remains flat.
Process MEASURE 3	How did beneficiaries utilize covered health services?	Enrollees will continue to utilize PCR services during the transitional period.	Top ten utilized services in each year of the demonstration/total number of beneficiaries	PCR claims data from the MT claims reporting system pulled from the database and the total PCR transitional Enrollment Data pulled from the database that receives information from the eligibility system. Will pull the total services each year by total count of claims and report the top ten most highly utilized services/ total PCR count to get the Top 10 service per beneficiary.	Base line data will be claims with Dates of Service between 01/01/2016-12/31/2016. Will compare the top services from one year to the next to see how the services change or remain the same over time. Compare the trend of like services to see if service utilization per beneficiary increases, decreases, or remains flat.

## PCR Data

Process Measure	Baseline CY2016	CY2017	CY2018	CY2019	CY2020					
#1	93.288% Members Treated /Total Members	98.533%	91.339%	93.319%	97.486%					
#2	19.26	0.99	0.91	0.93	0.97					
#3	<b>Top 10 Services</b>		<b>Top 10 Services</b>		<b>Top 10 Services</b>		<b>Top 10 Services</b>		<b>Top 10 Services</b>	
	<b>Service</b>	<b>Service Utilization Per Beneficiary</b>	<b>Service</b>	<b>Service Utilization Per Beneficiary</b>	<b>Service</b>	<b>Service Utilization Per Beneficiary</b>	<b>Service</b>	<b>Service Utilization Per Beneficiary</b>	<b>Service</b>	<b>Service Utilization Per Beneficiary</b>
	99213- Office/ Outpatient Visit Est	4,308	99213- Office/ Outpatient Visit Est	376	99213- Office/ Outpatient Visit Est	332	99213- Office/ Outpatient Visit Est	2,064	90837- PSYTX PT&/Family 60 Minutes	4,871
	T1016- Case Manageme nt	3,042	99214- Office/ Outpatient Visit Est	207	99214- Office/ Outpatient Visit Est	197	90837- PSYTX PT&/Family 60 Minutes	1,885	99213- Office/Outpa tient Visit Est	4,061
	90837- PSYTX PT&/Family 60 Minutes	2,599	90837- PSYTX PT&/Family 60 Minutes	176	97110- Therapeutic Exercises	165	S0109- Methadone Oral 5mg	1,364	99214- Office/ Outpatient Visit Est	2,594
	99214- Office/ Outpatient Visit Est	1,991	T1016- Case Management	99	90837- PSYTX PT&/Family 60 Minutes	142	99214- Office/ Outpatient Visit Est	1,312	S0109- Methadone Oral 5mg	2,546
	99283- Emergency Dept Visit	1,015	97140- Manual Therapy 1/> Regions	97	97140- Manual Therapy 1/> Regions	114	97530- Therapeutic Activities	562	97530- Therapeutic Activities	1,432
	H2020- Ther Behav Svc, Per Diem	823	99283- Emergency Dept Visit	78	97113- Aquatic Therapy/ Exercises	65	90471- Immunization Admin	452	97110- Therapeutic Exercises	1,129

Process Measure	Baseline CY2016		CY2017		CY2018		CY2019		CY2020	
		H2019- Ther Behav Svc, Per 15 Min	725	90471- Immunization Admin	73	90471- Immunization Admin	60	J0572- Buprenorphin/ Nalox up to 3mg	433	J0574 - Buprenorph/ Nalox 6.1 to 10mg
	90471- Immunization Admin	626	9507- Speech/ Hearing Therapy	72	99283- Emergency Dept Visit	59	97140- Manual Therapy 1/> Regions	427	97140- Manual Therapy 1/> Regions	1,023
	92015- Determine Refractive State	615	92015- Determine Refractive State	62	36415- Routine Venipuncture	46	97110- Therapeutic Exercises	401	9507- Speech/ Hearing Therapy	915
	V2020- Vision Svcs Frames Purchases	605	97110- Therapeutic Exercises	50	92015- Determine Refractive State	45	36415- Routine Venipuncture	371	H0016- Alcohol and/or Drug Services	816

### PCR Data Analysis

Process Measure	Analysis
#1	The percent of members receiving services was an overall increase.
#2	The baseline data was significantly higher than all subsequent years. CY 2017 through CY 2020 was consistent with an overall slight decrease from CY 2017 to CY 2020.
#3	The Top services for the PCR group did vary from one year to the next, but office visits and therapies were consistently in the top services.

## Summary of PCR Findings

All three evaluation measures are within reason to what was expected. PCR recipients are using the benefits and utilizing the benefits as we would expect. Measure one showed a slight decrease, however the percent of recipients using benefits is above 90% for every year. The top services rendered as shown in measure three are in line with the top physician services we are seeing in other areas of Medicaid.

## PCR Goal: Data Collection Process

Measure	Source
Number of beneficiaries who had at least one service encounter in each year of the demonstration/total number of beneficiaries	PCR claims data from the MT claims reporting system pulled from the database and the total PCR transitional Enrollment Data pulled from the database that receives information from the eligibility system.
Number of services utilized/total number of beneficiaries	PCR claims data from the MT claims reporting system pulled from the database and the total PCR transitional Enrollment Data pulled from the database that receives information from the eligibility system.
Top ten utilized services in each year of the demonstration/total number of beneficiaries	PCR claims data from the MT claims reporting system pulled from the database and the total PCR transitional Enrollment Data pulled from the database that receives information from the eligibility system.

## PCR Quantitative Methods

Evaluation Question	Method of Evaluation
How did beneficiaries utilize covered health services?	Measure trend over the demonstration life cycle.
Does the demonstration improve health outcomes?	Measure trend over the demonstration life cycle.
Are beneficiaries satisfied with services?	n/a

## **ABD Dental Population Goal**

The goal of including the ABD Dental population into the WASP coverage is to provide individuals determined categorically eligible for ABD with dental treatment services above the \$1,125 State Plan dental treatment cap.

The ABD population began receiving this singular benefit under WASP on March 1, 2016. There are no similar groups to compare with this ABD population or any additional services covered for them under WASP, only the absence of the dental treatment cap. Likely, most ABD WASP members do not realize they are participants in the WASP as its action is invisible to them. The ABD population is aged, blind and disabled. They are offered this additional annual coverage because of the hardship inherent in providing dental services incrementally. This population is especially difficult to serve with dental care, sometimes needs to be anesthetized, often prone to behavioral combativeness and emotional trauma. The service itself is offered at the request of providers who find this population especially in need of dental care that is not limited by timeframe or dollar amount. This is a population who, if offered a survey, would likely have it completed by a proxy if able to complete one at all. Therefore, member satisfaction surveys and outside comparisons for this population are purposely excluded.

**ABD Dental Goal: provide individuals determined categorically eligible for ABD with dental treatment services above the \$1,125 State Plan dental treatment cap.**

<b>Evaluation Component</b>	<b>Evaluation Question</b>	<b>Evaluation Hypotheses</b>	<b>Measure (to be reported for each Demonstration Year)</b>	<b>Recommended Data Source</b>	<b>Analytic Approach</b>
Process MEASURE 1	How did beneficiaries utilize covered health services?	Enrollees will continue to utilize ABD dental services above the dental treatment cap.	Number of beneficiaries who had at least one dental service encounter above the cap in each year of the demonstration/total number of beneficiaries above the dental cap.	ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system. Both the numerator and the denominator will be a distinct count of ABD beneficiaries above the dental limit, counting the beneficiary only once regardless of the number of services covered by their ABD transitional Enrollment.	Base line data will be claims with Dates of Service between 03/01/2016-02/28/2017. Will track annual trends over time to monitor if a higher proportion of beneficiaries are using services.
Process MEASURE 2	How did beneficiaries utilize covered health services?	Enrollees will continue to utilize ABD dental services above the dental treatment cap.	Number of services utilized/total number of beneficiaries.	ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system. Will pull the total count of services to get an average annual per beneficiary count of services utilized.	Base line data will be claims with Dates of Service between 03/01/2016-02/28/2017. Will track annual trends to see if service utilization per beneficiary increases, decreases, or remains flat.
Process MEASURE 3	How did beneficiaries utilize covered health services?	Enrollees will continue to utilize ABD dental services above the dental treatment cap.	Top ten utilized dental services in each year of the demonstration/total number of beneficiaries.	ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system. Will pull the total services each year by total count of claims and report the top ten most highly utilized services/ total ABD count to get the Top 10 service per beneficiary.	Base line data will be claims with Dates of Service between 03/01/2016-02/28/2017. Will compare the top services from one year to the next to see how the services change or remain the same over time. Compare the trend of like services to see if service utilization per beneficiary increases, decreases, or remains flat.

## ABD Data and Analysis

Process Measure	Baseline 3/1/2016 through 2/28/2017	3/1/2017 through 2/28/2018	3/1/2018 through 2/28/2019	3/1/2019 through 2/28/2020	3/1/2020 through 2/28/2021					
<b>#1</b>	1.022% Members Treated /Total Members	3.010%	2.377%	2.811%	2.994%					
<b>#2</b>	0.019	0.060	0.057	0.061	0.062					
<b>#3</b>	<b>Top 10 Services</b>		<b>Top 10 Services</b>		<b>Top 10 Services</b>		<b>Top 10 Services</b>		<b>Top 10 Services</b>	
	<b>Service</b>	<b>Service Utilization Per Beneficiary</b>	<b>Service</b>	<b>Service Utilization Per Beneficiary</b>	<b>Service</b>	<b>Service Utilization Per Beneficiary</b>	<b>Service</b>	<b>Service Utilization Per Beneficiary</b>	<b>Service</b>	<b>Service Utilization Per Beneficiary</b>
	<b>D7210-</b> Rem Imp Tooth w Mucoper Flp	869	<b>D7210-</b> Rem Imp Tooth w Mucoper Flp	1,962	<b>D7210-</b> Rem Imp Tooth w Mucoper Flp	1,773	<b>D7210-</b> Rem Imp Tooth w Mucoper Flp	1,962	<b>D7210-</b> Rem Imp Tooth w Mucoper Flp	1,831
	<b>D7140-</b> Extraction Erupted Tooth/Exr	826	<b>D7140-</b> Extraction Erupted Tooth/Exr	1,617	<b>D7140-</b> Extraction Erupted Tooth/Exr	1,512	<b>D7140-</b> Extraction Erupted Tooth/Exr	1,725	<b>D7140-</b> Extraction Erupted Tooth/Exr	1,194
	<b>D2751-</b> Crown Porcelain Fused Base M	220	<b>D2751-</b> Crown Porcelain Fused Base M	658	<b>D2392-</b> Post 2 Srfc Resinbased Cmpst	723	<b>D2751-</b> Crown Porcelain Fused Base M	607	<b>D2950-</b> Core Build- up Incl any Pins	449
	<b>D7310-</b> Alveoplasty W/ Extraction	182	<b>D2392-</b> Post 2 Srfc Resinbased Cmpst	438	<b>D4341-</b> Periodontal Scaling & Root	645	<b>D2392-</b> Post 2 Srfc Resinbased Cmpst	471	<b>D2740-</b> Crown Porcelain/Ce ramic Subs	411
	<b>D2950-</b> Core Build- up Incl any Pins	148	<b>D4341-</b> Periodontal Scaling & Root	401	<b>D2393-</b> Post 3 Srfc Resinbased Cmpst	542	<b>D7310-</b> Alveoplasty W/ Extraction	396	<b>D2392-</b> Post 2 Srfc Resinbased Cmpst	407

Process Measure	Baseline 3/1/2016 through 2/28/2017		3/1/2017 through 2/28/2018		3/1/2018 through 2/28/2019		3/1/2019 through 2/28/2020		3/1/2020 through 2/28/2021	
		D2392- Post 2 Srfc Resinbased Cmpst	135	D2950- Core Build-up Incl any Pins	393	D2391- Post 1 Srfc Resinbased Cmpst	497	D4341- Periodontal Scaling & Root	381	D2751- Crown Porcelain Fused Base M
	D2391- Post 1 Srfc Resinbased Cmpst	123	D7310- Alveoplasty W/ Extraction	392	D2331- Resin Two Surfaces- Anterior	396	D2950- Core Build-up Incl and Pins	355	D4341- Periodontal Scaling & Root	307
	D4341- Periodontal Scaling & Root	115	D2391- Post 1 Srfc Resinbased Cmpst	345	D2330- Resin One Surfaces- Anterior	367	D2391- Post 1 Srfc Resinbased Cmpst	352	D7250- Tooth Root Removal	307
	D7250- Tooth Root Removal	112	D7250- Tooth Root Removal	338	D2335- Resin 4/> Surf or W Inscis An	330	D2393- Post 3 Srfc Resinbased Cmpst	304	D2391- Post 1 Srfc Resinbased Cmpst	300
	D2332- Resin Three Surfaces- Anterio	105	D2393- Post 3 Srfc Resinbased Cmpst	319	D2751- Crown Porcelain Fused Base	315	D2330- Resin One Surfaces- Anterior	291	D2393- Post 3 Srfc Resinbased Cmpst	296

## ABD Data Analysis

Process Measure	Analysis
#1	The percent of members receiving services was an overall slight increase.
#2	The baseline data was significantly lower than all subsequent years. CY 2017 through CY 2020 was consistent with an overall slight increase from 2017 to 2020.
#3	The top services for the ABD group were very consistent from one year to the next. The top code for each demonstration year was an extraction code.

### Summary of ABD Findings

All three evaluation measures are within reason to what was expected. ABD recipients are utilizing the benefits as we would expect. The waiver waives the adult dental limit for all ABD recipients. Measure one shows that approximately 3% of the ABD population is going above the max and utilizing the benefit. Measure one and two both showed slight increases. The top services rendered as shown in measure three are as expected and consistent across demonstration years.

## ABD Dental Goal: Data Collection Process

Measure	Source
Number of beneficiaries who had at least one dental service encounter above the cap in each year of the demonstration/total number of beneficiaries above the dental cap.	ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system.
Number of services utilized/total number of beneficiaries.	ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system.
Top ten utilized dental services in each year of the demonstration/total number of beneficiaries.	ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system.

## ABD Quantitative Methods

Evaluation Question	Method of Evaluation
How did beneficiaries utilize covered health services?	Measure trend over the demonstration life cycle.
Does the demonstration improve health outcomes?	Measure trend over the demonstration life cycle.
Are beneficiaries satisfied with services?	n/a

## Summary of Interim Evaluation Findings

As stated at the beginning of this report, the goal of the WASP Demonstration mirrors the state's Medicaid goal, that is to assure medically necessary medical care is available to all eligible Montanans within available funding resources.

During this evaluation period, WASP extended unique coverage opportunities for medically necessary medical care to three unique populations. The MHSP population utilized needed mental health services as well as other medical care in the single year evaluated. The ABD population were evaluated over a span of four years. During this time utilization of dental services above the standard benefit treatment cap grew slowly but steadily. Three percent of those eligible addressed those needs at the time attention was

needed avoiding the hardship of necessary procedure delays. Assessing WASP's role in assuring medically necessary medical care for the PCR population is more difficult. The PCR population's single benefit under WASP is 12-month continuous eligibility for medical care for which they are already eligible. Since the percentage of medical care utilization was over 90% each year, it is clear this population was receiving the needed care. The 12-month continuous eligibility removed the currently unmeasurable barrier of members losing care due to more frequent eligibility determination.

Note an amendment approved March 30, 2022 removed the 12-month continuous eligibility for the PCR population, and thus removes this population from WASP coverage, effective at the end of the federal PHE. A revised Evaluation Design, omitting this population, is expected to be submitted to CMS before the end of 2022.