Montana will evaluate the effectiveness of the Basic Medicaid Waiver with this evaluation design from December 2010 through December 2013. We will study utilization data as well as conduct a participant survey of the 800 enrollees in the summer of 2012 to gather baseline data and again at the end of the waiver to learn about participants’ health status, access to health care, and quality of care. We will also identify lessons learned, unintended consequences, policy changes observed, and any recommendations going forward.

Basic Medicaid Waiver Goal
Montana’s goal is to continue to provide Basic Medicaid coverage, originally designed to replicate a basic health plan benefit as a welfare reform waiver, for Able Bodied Adults while using the generated federal waiver savings to provide Basic coverage for the previously uninsured Mental Health and Services Plan (MHSP) group.

Basic Medicaid Waiver Hypotheses for the MHSP Group:
1. The waiver will provide basic coverage.
2. The waiver will improve access to care, utilization of services, and quality of care.
3. The waiver will improve the health status.

Objectives:
- **Objective One:** Examine and measure utilization, access and expenditures for the MHSP population.
  - Measure One: Compare and contrast medical service utilization and service costs for MHSP waiver participants with Medicaid recipients for the major service components such as inpatient, outpatient, clinic, prescription drugs, physician services, specialty providers, emergency, and dental services.
  - Measure Two: Compare annual prescription drugs costs for the MHSP group for the year prior to the waiver while on the state only MHSP Program with the demonstration waiver years.
  - Measure Three: Measure the percentage of the MHSP population who have a primary care provider (PCP).
  - Measure Four: Measure the number and percentage of the MHSP population that access specialty care.

- **Objective Two:** Examine, through participant surveys in 2012 and at waiver end, the new MHSP waiver population perception of their health status, access to and quality of health care.
  - Measure One: Determine, through MHSP participant baseline and waiver end surveys, participants’ perceptions of their general physical and mental health.
  - Measure Two: Determine, through MHSP participant baseline and waiver end surveys, participants’ perceptions of access to care.
  - Measure Three: Determine, through MHSP participant baseline and waiver end surveys, participants’ perceptions of quality of care.
Data Sources:

National and State Uninsured or Underinsured Data Sources Used For Reporting:
The following are National and State organizations that offer information regarding demographics, insured, underinsured, and uninsured information. Montana will use these sites, among other sites, to analyze the above objectives and measures.

1. BRFSS - The Behavioral Risk Factor Surveillance System (BRFSS) is the primary source of State-based information on the health risk behaviors among primarily adult populations. BRFSS is administered by the DPHHS Public Health and Safety Division. Phone surveys are conducted annually with an intended sample size of 6,000 (with a typical response rate of 50%). The 2007, 2008, and 2009 BRFSS survey’s included State-added questions related to health care coverage for adults and children. The 2007 BRFSS results (including responses to the 10 State-added health care coverage questions) should be available in June 2008. (dphhs.mt.gov/brfss)

2. KIDS COUNT – Montana KIDS COUNT data is located at the Bureau of Business and Economic Research (BBER) at the University of Montana. Montana KIDS COUNT is a statewide effort to identify the status and well-being of Montana children by collecting data about them and publishing an annual data book. (bber.umt.edu)

3. Kaiser Foundation - The Kaiser Family Foundation is a non-profit, private operating foundation focusing on major health care issues. The Foundation serves as non-partisan source of health facts, information and analysis. State health facts include demographics, health status, health care and uninsured, health costs and budgets, managed care, providers and service use, Medicaid, SCHIP and Medicare. (statehealthfacts.org)

4. US Census Bureau and Current Population Survey – US Census Report on income, poverty and health insurance coverage in the United States. This site includes the Current Population Survey (CPS) Report, released annually in August of each year. This is the official source of national health insurance statistics, with state-by-state annual estimates of health insurance coverage. (census.gov/prod)

5. Medical Expenditure Panel Survey - US Census Bureau and Medical Expenditure Panel Survey. Is a national data source on employer based health insurance conducted via a survey of private business establishments and government employers. This survey is released annually in the summer. (meps.ahrq.gov)

6. Montana Area Health Education Center - The Montana Area Health Education Center (AHEC) and Office of Rural Health are located at Montana State University. The mission of AHEC is to improve the supply and distribution of health care professionals, with an emphasis on primary care, through community/academic educational partnership, to increase access to quality health care. The Office of Rural Health has as it’s mission: collecting and disseminating information within the State; improving recruitment and retention of health professionals into rural health areas; providing technical assistance to attract more Federal, State and foundation funding health and coordinating rural health interests and activities across the state. (healthinfo.montana.edu)

7. USDA Economic Research Services - The USDA Economic Research Services prepares State fact sheets on population, income, education, employment reported separately by rural and urban areas. (ers.usda.gov/StateFacts)