

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: 6 (01/01/21 – 12/31/21)

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Introduction

The 2015 Montana Legislature enacted Senate Bill 405, the Montana Health and Economic Livelihood Partnership (HELP) Act, that provides for the expansion of health care services through the Medicaid HELP Program to new adults ages 19-64 years old who are below 138 percent of the federal poverty level (FPL). HELP Program coverage was effective January 1, 2016, and the State implemented the benefit plan 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 of 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 of 2019 and ended in late April of 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 called for the addition of new community engagement requirements and updates to the premium structure.

In late August of 2019, Montana submitted an amendment and extension application to extend the authorities of the HELP ACT and to meet the requirements of HB 658. On December 1, 2020, Montana received a temporary extension of the prior approved authorities that were to expire on December 31, 2021. The temporary extension was granted to allow the state and CMS to continue working together on approval of the previously submitted application for amendment and extension of this demonstration.

In response to the federal Public Health Emergency (PHE), Montana implemented several temporary changes including:

- A moratorium on involuntary dis-enrollment is halted during the PHE. Some dis-enrollments still occur. Members can still be dis-enrolled due to:
 - Death.
 - Moving out of the state (including extended inability to contact); or
 - By member request.
- Expedited provider enrollment process.
- More services became available through telehealth.
- Removal of most referral and prior authorization requirements.
- Allowed pharmacy early refills for members on a case-by-case basis.
- Authorized non-preferred medications due to shortages.
- Extended pharmacy existing prior authorizations.
- Extended day supply for MAT therapy if provider deemed appropriate.
- Allowing a 90-day supply for all drugs except C II drugs; and
- Authorized to bill for COVID-19 vaccine administration of specific vaccines and doses.

As of end-of-year 2021, the above temporary federal PHE related adjustments remained in place.

During the 2021 Montana biennial legislative session, Legislature passed a budget that explicitly removed funding for 12-month continuous eligibility and directed DPHHS to terminate the policy. The General Appropriations Act, HB 2, states “[the] Legislature intends that the Department of Public Health and Human Services eliminate the policy of 12-month continuous eligibility for the Medicaid expansion population.”

In light of this statutory directive, in early September of 2021, Montana DPHHS submitted a waiver amendment to remove expenditure authority for 12-month continuous eligibility from the underlying 1115 Montana HELP Waiver. In August of 2019 submitted an extension and amendment request to have this change reflected in the final negotiated 1115 HELP Waiver Special Terms and Conditions for the waiver period January 1, 2022-January 1, 2027.

In late December of 2021, Montana received approval of the amendment to remove the expenditure authority for 12-month continuous eligibility from the 1115 Montana HELP Waiver and a one-year temporary extension of the presently extended authorities. This approval authorizes a one-year period for the state to phase out its requirement for Medicaid beneficiaries to pay monthly premiums beyond those authorized under the Medicaid statute. The state’s section 1115 authority for charging premiums will not extend past December 31, 2022. While continuous eligibility will no longer be authorized in the demonstration, the state must maintain the coverage of current beneficiaries consistent with the requirements of the Families First Coronavirus Response Act for the period that it elects to receive the associated Federal Medical Assistance Percentage (FMAP) enhancement. Additionally, the temporary extension period allows time for the state to determine the need for section 1115 authorities in the future. The HELP demonstration will continue as is through December 31, 2022.

Enrollment Event:

As a condition of receiving the temporary FMAP increase under section 6008 of the Families First Coronavirus Response Act (FFCRA), Montana may not disenroll Medicaid beneficiaries for failure to pay premiums. As such, Montana has continued to collect monthly premiums but has not discontinued enrollment for failure to pay timely premiums for individuals with income above 100 percent of the FPL. Montana continued this operational policy through December 31, 2021.

Public Meetings:

During the public review and comment process related to the September waiver amendment request to remove expenditure authority for 12-month continuous eligibility, two virtual public meetings were held regarding this Demonstration application.

On July 28, of 2021, Montana held the first public input hearing related to the extension and amendment application. Thirty-seven people attended the virtual meeting, and 10 comments were heard and recorded.

On July 29, of 2021, the extension and amendment public input meeting and the 2021 1115 post award forum were held in conjunction with the Montana Health Coalition annual meeting. Twenty-five people attended via Zoom and no comments were received regarding the HELP/Expansion Waiver in general, but 8 comments were related to the amendment application specifically.

All the comments on the 2021 amendment application, including those received in the public meetings, are available for review with the application documents on the Medicaid Expansion web pages within the DPHHS website.

Participant and Provider Education:

Health Resources Division of DPHHS is assisting our members and providers to obtain the information and the understanding they need to effectively utilize the health care system through the following services.

For 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.).
- Provide child wellness schedule magnets and annual mailings on the member's birthday as a reminder to get their annual wellness visit; and
- Provide extensive and on-going participant information throughout the year related to the PHE response and the effect on member eligibility and benefits.

For 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
- Provide extensive and on-going provider information throughout the year related to the federal PHE response.

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.

The summative evaluation report asserts the following: Allowing Montana to use a section 1115 demonstration resulted in a program that achieved a key goal of both the ACA and the state—a significant expansion in health insurance coverage relative to the comparison states that did not expand Medicaid (Georgia, North Carolina, and Wyoming). As of December 2018, nearly 100,000 Montanans were enrolled in HELP, accounting for about 10 percent of the state's total population. Moreover, based on results from the impact analysis, the expansion in health insurance coverage exceeded the gains that would have been expected relative to the comparison states that expanded Medicaid without a demonstration (Kentucky and North Dakota) or with a different demonstration (Michigan and New Hampshire). Apart from assessing the impacts of the HELP demonstration itself, results from the evaluation may be informative to other states considering implementing a section 1115 Medicaid demonstration.

Challenges

The biggest challenge for Montana in 2021 was the continuing PHE. Montana’s priorities in addressing the challenges included:

- Access to behavioral health services.
- COVID-19 testing, treatment and vaccinations.
- Providing healthcare coverage to those individuals who were diagnosed with COVID-19 and are un-insured (this program ceased July 1, 2021); and
- Expanding telehealth options for exposure protection of members and others.

Key Milestones and Accomplishments

COVID-19 Federal PHE Related Efforts

While Montana put into place the temporary policy changes identified in the Delivery System section to address potential healthcare access issues, the state also created the following communication methods to promote providers and beneficiaries awareness and understanding of the temporary policy modifications:

- A webpage with frequently asked questions and resources about the COVID-19 federal PHE for providers and the public.
- A help line to respond directly to questions and concerns.
- Weekly and bi-weekly meetings with provider associations and groups to address concerns as they arise; and
- Disaster State Plan Amendments and Waivers were quickly submitted and approved by CMS to ensure continued access to health care.

In 2020, this communication strategy proved effective in addressing the needs of Montana residents including providers and Medicaid members and continued to be effective throughout 2021.

Enrollment

The HELP enrollment began 2021 with 96,935 members (as of the first of January) and ended the year with 107,812, an 11.2% increase over the twelve months. During the federal PHE, beginning April 1, 2020, and continuing throughout 2021, the suspension of involuntary dis-enrollments is believed to be a contributing factor in this increase. The PHE related job losses and small business profit reductions likely increased the pool of eligible HELP applications. Montana continues to focus on ensuring the barriers to individuals accessing care are addressed.

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	116,370
2021 (temporary extension year)	119,403
2022 (2 nd temporary extension year)	(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. As of December 31, 2021, the ten most used preventive services, excluding pharmaceuticals, in 2021 are below:

Preventive Service	Unduplicated Number of Members
Dental preventive	27,203
Cholesterol screening	16,486
Diabetes screening	13,068
Preventive/Wellness exams	12,813
Vaccines	12,259
Chlamydia screening	9,801
Gonorrhea screening	9,725
Colorectal cancer screening	8,335
Cervical cancer screening	7,515
Depression	7,251

Oversight and Monitoring

Conduent Oversight

The Montana's Program for Automating and Transforming Healthcare (MPATH) team has been designated to monitor the contract between DPHHS and Conduent (state fiscal agent) for claim processing.

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 Utilization Review Section (SURS) is responsible for protecting the integrity of the Montana Medicaid Program from fraud, waste, and abuse by Medicaid Providers.
 - There have been no identified SURS 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 PERM Reporting Year 2021 audit, for claims paid 07/01/2019 – 06/30/2020, resulted in minimal errors found. Overall errors consisted of the following: incorrect number of units billed, provider records missing documentations, Provider Enrollment errors, redeterminations not conducted timely, a missing application, and verifications not requested per the verification plan.

- 424 Medical Record Reviews, resulting in 10 errors (3 of which were HELP/Expansion)
- 476 Data Processing Reviews, resulting in 6 errors (1 of which was HELP/Expansion)
- 140 Eligibility reviews, resulting in 16 errors and 2 Technical Deficiencies (9 of which were HELP/Expansion)

Montana maintains open communication with Providers during all audit processes, as well as provides the opportunity to discuss issues or concerns on specific findings.

Below is the Monitoring Activity Work Plan used during 2021.

Task / Responsible Party	Timeframe for Task
Data Pulls from the Office of Public Assistance	One month prior to quarterly and annual report submission dates

Task / Responsible Party	Timeframe for Task
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: 05/31/2021 Q2: 08/31/2021 Q3: 11/30/2021 Annual: 03/31/2022

New Benefit Coverage

Montana offers the demonstration population the same benefit package in the Aligned Medicaid Alternative Benefit Plan (ABP) as under the Medicaid Standard Benefit Plan. In 2021, these new benefits were added to the Standard Benefit Plan.

- Licensed Marriage and Family Therapists added as eligible providers
- Providers were authorized to bill for COVID-19 vaccine administration of specific vaccines and doses

Economic Impact

Independent evaluations of the economic impact of Montana’s HELP program were 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; compiled 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 (HELP) 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 (the HELP/Medicaid Expansion) had positive economic impacts by decreasing hospital uncompensated care costs and stimulating economic growth in the state.

More recently, in late January of 2021, the Montana Healthcare Foundation (MHF) and Manatt Health released a report on the impact of Montana’s Medicaid Program on health in Montana. Key findings related to the economic impact of the HELP/Medicaid Expansion program were as follows:

- Medicaid expansion supports a healthy workforce and local businesses: Nearly 75% of Medicaid expansion enrollees are working adults, many of whom stay on the program for less than two years. Nearly 60% of businesses in Montana have at least one employee enrolled in Medicaid. 25% of businesses have at least 25% of their employees enrolled.
- Medicaid expansion supports Tribal communities: Of the 50,000 American Indians enrolled in Medicaid, 16,000 enrolled as part of the expansion. Medicaid expansion has vastly expanded access to preventive care and specialty referrals for American Indian people in Montana.
- Rural hospitals stay in business: Medicaid expansion helped halve uncompensated care costs for hospitals in Montana, as Medicaid provided a stable, reliable source of payment for medical claims. Nationally, hospitals in states that have not expanded Medicaid are six times more likely to close than those in expansion states. No hospitals in Montana have closed since Medicaid expanded in 2015.

A companion report to the one above, compiled by the MHF and Headwaters Foundation, a health conversion foundation that works with organizations throughout Western Montana to address health care issues, released the following excerpt of their report, also in late January of 2021.

Montana's Medicaid expansion introduces \$650 million into the economy each year, supporting 6,000 new jobs and \$400 million in personal income. Although Montana pays for a share of this coverage, the program's savings and the revenue generated by increased economic activity have a net positive effect on the state budget. The report was produced by economist Bryce Ward of ABMJ Consulting and commissioned by Headwaters Foundation and the Montana Healthcare Foundation.

"Medicaid expansion has been a success in Montana. One in ten Montanans can now access care, no rural hospital has closed in Montana since the Medicaid expansion, and millions of additional dollars are flowing through the Montana economy because of the expansion. This study signals the value and importance of the Medicaid expansion to our state," said Headwaters Foundation CEO Brenda Solorzano.

"Medicaid expansion continues to pay for itself through a combination of savings and increased state revenues. In 2020, the program played a key role in helping Montana families and the state's health care system whether the coronavirus pandemic," said Montana Healthcare Foundation CEO Dr. Aaron Wernham.

Key findings in the report include:

- An increase in workforce participation: The number of Montanans with low incomes who joined the workforce increased by more than 2% through 2019. This increase may be due to the improved health of Medicaid expansion enrollees and the HELP-Link program. HELP-Link is a voluntary employment assistance program that connects up to 9,000 Medicaid expansion enrollees each year to workforce training, employment services, and local job openings.
- A positive impact on the state budget: When the revenue associated with the increased economic activity is added to the savings created by Medicaid expansion, the net fiscal benefit to the state is positive, covering between 110% and 159% of the state's share of the cost of the program.
- An effective response to the coronavirus pandemic: Medicaid expansion is cushioning the pandemic's economic blow for families with low incomes. Over 12,000 Montanans have enrolled in Medicaid expansion since the start of the pandemic. National research shows that Medicaid coverage reduces the number of bills that go into collections, improves credit scores, improves food security, reduces the odds of eviction, and reduces poverty.

Participant Enrollment

HELP enrollment has increased to 107,812, as of December 2021. The main drivers of this increase are believed to be the 2021 federal PHE measures, implemented on April 1, 2020, that will expire at the end of the federal PHE, including:

- The continuation of enrollment even after failure to pay premiums for individuals with income above 100 percent of the FPL; and
- The suspension of involuntary dis-enrollments. Note that some dis-enrollments still occur. Members can be dis-enrolled due to:
 - Death.
 - Moving out of the state (including extended inability to contact); or
 - By member request.

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 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.

Montana notes that the provider network has remained stable throughout 2021.

Additional Events Related to Health Care Delivery

Participant Enrollment

HELP/Medicaid expansion enrollment increased by 10,877 members between the end of December 2020 and the end of December 2021. Again, these numbers reflect members who have been retained during the federal PHE that may have otherwise been disenrolled.

As of December 31, 2021, enrollment was 107,812 members.. Montana continues to work closely with enrollment assisters, tribal communities, advocates, and Medicaid providers around the state to educate them on the program details and eligibility requirements. Montana strives to make HELP/Medicaid Expansion available to all qualified persons.

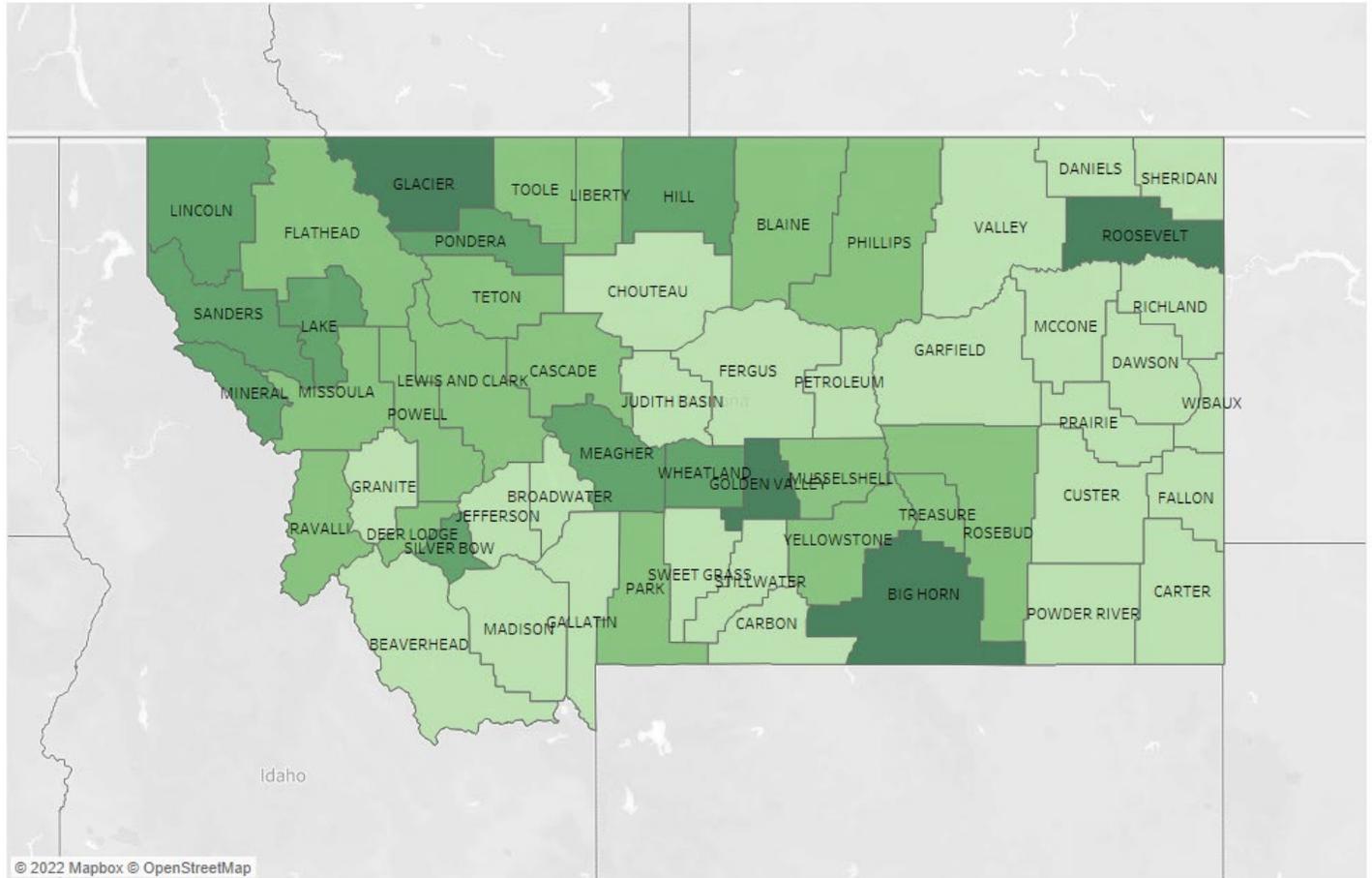
During the pandemic, HELP/Medicaid Expansion has been able to help rural Montana thrive as more Montanans have health coverage than ever before which means more people can get the care they need. Our hospitals, health clinics and centers of many rural and tribal communities across our state continue to see greater revenue for the care they provide for Montana families during these uncertain times.

The map below further shows HELP/Medicaid Expansion enrollment as of December 2021 by percent of county population.

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

Medicaid Expansion Enrollment by County

(December 2021)



Enrollment as a Percent of 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 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; 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.

Please note that all involuntary dis-enrollments ceased effective April 1, 2020, in an effort by Montana to keep all currently eligible Montana Healthcare Programs members secure in their health care coverage through the duration of the federal PHE.

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 do not 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 2021

Measure 1 – Slow upward trend

- Due to the FFCRA Section 6008 continuous coverage provisions, Montana ceased disenrolling members from the HELP Waiver effective March 18, 2020. The steady climb in overall enrollment is likely due to this retention of almost all enrolled members since March 18, 2020. Additionally, we expect there has been an increasing need for Medicaid coverage related to income reductions and loss of private insurance coverage due to employment reductions connected with the efforts to curb the virus spread. Montana notes that the rate of enrollment increase appears to be slowing. We believe this may be due to the state's gradual relaxing of COVID-19 restrictions and the beginnings of economic recovery as the pandemic appears to wane.

Measure 2 – Strong upward trend during open enrollment

- Montana hypothesizes that counts of new enrollees who were not covered under any Medicaid program in the previous three months increased this quarter as newly eligible individuals steadily seek Marketplace assistance as their need for health insurance corresponds to their resource depletion during the pandemic duration. The stronger upward trend may be due to applicants seeking Marketplace coverage on-line, and discovering they qualify for Medicaid Expansion/HELP.

Measure 3 – Flat

- Montana believes the number of individuals who began new enrollment spells each month of this quarter, who have had Medicaid coverage within the prior three months is leveling off as most qualified members who choose to enroll in HELP coverage due to circumstances related to the pandemic, have already done so and remain enrolled. Those scheduled for redetermination are automatically redetermined eligible without the need to requalify.

April, May and June 2021

Measure 1 – Slow upward trend

- As noted above, and in the quarter one report, all involuntary dis-enrollments ceased effective April 1, 2020, in an effort by Montana to keep all currently eligible Montana Healthcare Programs members secure in their health care coverage through the duration of the COVID-19 federal PHE. The steady climb in overall enrollment is likely due to this retention of almost all enrolled members since April 1, 2020. Additionally, we expect there has been an increasing need for Medicaid coverage related to income reductions and loss of private insurance coverage due to employment reductions connected with the efforts to curb the virus spread. Montana notes that the rate of enrollment increase continues to be slowing. We believe this may be due to the state's gradual relaxing of COVID-19 restrictions and the beginnings of economic recovery as the pandemic appears to wane.

Measure 2 – Slight decrease

- Montana hypothesizes that the counts of new enrollees who were not covered under any Medicaid program in the previous three months is beginning to decline due to last quarter's increase likely being tied to open enrollment, and the possible saturation, or near saturation of the population seeking Medicaid assistance in response to pandemic related need response.

Measure 3 – Slight decrease

- Montana believes the number of individuals who began new enrollment spells each month of this quarter, who have had Medicaid coverage within the prior three months is beginning to decline as most qualified members who choose to enroll in HELP coverage due to circumstances related to the pandemic, have already done so and remain enrolled. Those scheduled for redetermination are automatically redetermined eligible without the need to requalify.

July, August and September 2021

Measure 1 – Slow upward trend

- As noted above, and in the quarter one report, all involuntary dis-enrollments ceased effective April 1, 2020, in an effort by Montana to keep all currently eligible Montana Healthcare Programs members secure in their health care coverage through the duration of the federal PHE. The steady climb in overall enrollment is likely due to this retention of almost all enrolled members since April 1, 2020. Additionally, we expect there has been an increasing need for Medicaid coverage related to income reductions and loss of private insurance coverage due to employment reductions connected with the efforts to curb the virus spread. Montana notes that the rate of enrollment increase had been slowing but has gained some momentum this third quarter. We believe this may be due to the state's gradual relaxing of COVID-19 restrictions and the beginnings of economic recovery as the pandemic began to wane. Montana hypothesizes the recent extra increase in enrollment rate may be due to the of the Delta variant and the related employment departures (both voluntary and involuntary).

Measure 2 – Slight upward trend

- The counts of new enrollees who were not covered under any Medicaid program in the previous three months began to climb again. Montana hypothesizes his may be due to job losses and financial reserve depletion as the pandemic continued longer than some businesses or family savings could endure.

Measure 3 – Strong upward trend

- Montana believes the number of individuals who began new enrollment spells each month of this quarter, who have had Medicaid coverage within the prior three months is increasing because the rise of the Delta variant dampened hopes of a quick economic recovery. Those scheduled for redetermination are automatically redetermined eligible without the need to requalify.

October, November and December 2021

Measure 1 – Slow upward trend

- The analysis for Q4 of 2021, Measure 1, mirrors much of the analysis above for Q3 of 2021, Measure 1. Montana's moratorium on involuntary dis-enrollments remained in place through Q4. The new virus variant, Omicron, seems to have created many short-term absences from work and school so perhaps those getting back to more predictable working schedules are reluctant to pull out of HELP coverage until the landscape appears more secure.

Measure 2 – Slow Upward trend

- Montana hypothesizes that counts of new enrollees who were not covered under any Medicaid program in the previous three months remains fairly level, though with slight increase this quarter as newly eligible individuals steadily seek assistance as their need for public assistance corresponds to their resource depletion during the pandemic duration.

Measure 3 – -Slight Upward trend

- Montana hypothesizes that the slight increase in number of individuals who began new enrollment spells this quarter, who have had Medicaid coverage within the prior 3 months is likely due to open enrollment, possibly also due to our regularly scheduled cost of living adjustment that is done in December.

2021 Annual Summary

Measure 1 - Slow upward trend each quarter

- The monthly enrollment count grew slowly each quarter of 2021, likely due FFCRA Section 6008 continuous coverage provisions.

Measure 2 – Upward trend overall

- Q1 showed a strong uptick during open enrollment followed by a slight decrease during Q2 and then a steady but slight climb the last half of the year.

Measure 3 – Flat early on, then slight decrease followed by gentle increase the rest of the year.

- The number of individuals who began new enrollment spells over the year made a slow but marked climb the last half of 2021.

Premium Payment

January, February and March 2021

Measure 4 – Slight upward trend

Measure 5 – Slight upward trend

Measure 6 – Decreasing trend

Measure 7 - Flat

April, May and June 2021

Measure 4 – Slight decrease

Measure 5 – Slight upward trend

Measure 6 – Upward trend

Measure 7 - Flat

July, August and September 2021

Measure 4 – Strong decrease

Measure 5 – Strong decrease

Measure 6 – Strong upward trend

Measure 7 – Flat

October, November and December 2021

Measure 4 – Slight upward trend

Measure 5 – Flat

Measure 6 – Slight upward trend

Measure 7 – Flat

2021 Annual Summary

Measure 4 – Mostly flat the first ½ of the year, then strong decrease followed by gentle increase

Measure 5 – Gentle increase the first ½ of the year, then strong decrease followed by a flattening out

Measure 6 – Flat the first ½ of the year followed by increase the second ½

Measure 7 – Flat

Mid-year change in circumstance in household composition or income

January, February and March 2021

Measure 8 – Flat

Measure 9 – Flat

Measure 10 – Flat

Measure 11 - Flat

April, May and June 2021

Measure 8 – Flat

Measure 9 – Flat

Measure 10 - Flat

Measure 11 - Flat

July, August and September 2021

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

October, November and December 2021

Measure 8 – Slight decreasing trend
Measure 9 – Flat
Measure 10 - Flat
Measure 11 - Flat

2021 Annual Summary

Measure 8 –Flat all year until Q4, then a slow decrease

Measure 9 –Flat

Measure 10 - Flat

Measure 11 - Flat

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

January, February and March 2021

Measure 12 – Flat

- Even though involuntary dis-enrollment is halted during the federal PHE, some dis-enrollments still occur. Members can still be dis-enrolled due to death, moving out of the, or by request. Like the analysis on measure 3, this type of movement off the Medicaid Expansion/HELP Program happens during non-pandemic months, but the temporary elimination of the involuntary dis-enrollments contributed, in past months, to a steadily increasing pool of members who would not be dis-enrolled. However, like the analysis on measure 3, we believe, after nine months of federal PHE, the majority of qualified members who choose to enroll in HELP coverage due to circumstances related to the pandemic, have already done so and remain enrolled.

Measure 13 –Flat at 0

- Beginning April 1, 2020, during the COVID-19 federal PHE Montana implemented a moratorium on dis-enrollment due to failure to pay premiums. Therefore, this measure is at zero for all three months of the quarter.

Measure 14 –Flat

- This category measures dis-enrollments outside annual renewal determinations due to specifically noted continuous eligibility exceptions for individuals. Continuous eligibility exceptions include:
 - Not being located for a period of more than one month, after good faith efforts by the state to do so.
 - No longer being a Montana resident.
 - Requesting termination of eligibility.
 - Death.
 - Failure to provide, or cooperate in obtaining, a Social Security Number, if otherwise required.
 - Providing an incorrect or fraudulent Social Security Number.
 - Being determined eligible for Medicaid in error; and
 - Failure to provide the documentation of citizenship or immigration status required under federal law.

The flattening out of occurrences in this measure in quarter one of 2021 is again believed to be due to Montana's response to the COVID-19 federal PHE that has the similar effect on this measure as it does on measures 3 and 12. This type of movement off the Medicaid Expansion/HELP Program also happens during non-pandemic months, but the temporary

elimination of the involuntary dis-enrollments contributes to steadily increasing pool of members who would not be dis-enrolled. However, the duration of the pandemic itself seems to have slowed the momentum.

Measure 15 – Flat

- This category measures dis-enrollments outside annual renewal determinations for movement to different coverage. Again, the flat movement in this measure in quarter one is believed to be due to Montana’s response the COVID-19 federal PHE. This has a similar effect on this measure as it does on measures 3, 12 and 14. This type of movement off the Medicaid Expansion/HELP Program also happens during non-pandemic months, but the temporary elimination of the involuntary dis-enrollments contributes to steadily increasing pool of members who would not be dis-enrolled. However, the duration of the pandemic itself seems to have slowed the momentum.

April, May and June 2021

Measure 12 – Decrease

- Even though involuntary dis-enrollment is halted during the federal PHE, some dis-enrollments still occur. Members can still be dis-enrolled due to death, moving out of the state (including extended inability to contact), or by request. Like the analysis on measure 3, this type of movement off the Medicaid Expansion/HELP Program happens during non-pandemic months, but the temporary elimination of the involuntary dis-enrollments contributed, in past months, to a steadily increasing pool of members who would not be dis-enrolled. However, like the analysis on measure 3, we believe, after a full year of federal PHE response, the majority of qualified members who choose to enroll in HELP coverage due to circumstances related to the pandemic, have already done so and remain enrolled. The data shows this number has declined each month from January through June of 2021. The approximately 10.5% decrease in the number of beneficiaries who were disenrolled in quarter two, compared to quarter one may be due to a natural fluctuation in member deaths, members not responding to contact requests and out-of-state movement. The total count in this measure for any month in quarter one or quarter two is fewer than 1,000 with the quarter two average decline being only 89 members.

Measure 13 – Flat at 0

- Beginning April 1, 2020, during the COVID-19 federal PHE Montana implemented a moratorium on dis-enrollment due to failure to pay premiums. Therefore, this measure is at zero for all three months of the quarter.

Measure 14 – Upward trend

- This category measures dis-enrollments outside annual renewal determinations due to specifically noted continuous eligibility exceptions for individuals. Continuous eligibility exceptions include:
 - Not being located for a period of more than one month, after good faith efforts by the state to do so.
 - No longer being a Montana resident.
 - Requesting termination of eligibility.
 - Death.
 - Failure to provide, or cooperate in obtaining, a Social Security Number, if otherwise required.
 - Providing an incorrect or fraudulent Social Security Number.
 - Being determined eligible for Medicaid in error; and
 - Failure to provide the documentation of citizenship or immigration status required under federal law.

The upward trend of occurrences in this measure in quarter two of 2021 is again believed to be due to Montana’s response to the COVID-19 federal PHE that has the similar effect on this measure as it does on measures 3 and 12. This type of movement off the Medicaid

Expansion/HELP Program also happens during non-pandemic months, but the temporary elimination of the involuntary dis-enrollments contributes to steadily increasing pool of members who would not be dis-enrolled. However, the duration of the pandemic itself seems to have slowed the momentum and now the beginnings of recovery from pandemic related economic issues may influence this measure gaining movement again.

Measure 15 – Decrease

- This category measures dis-enrollments outside annual renewal determinations for movement to different coverage. The movement in this measure in quarter two seems to be declining quite sharply, dropping by 84 members from April to May and then by 94 members from May to June. It is believed to be due to Montana’s response the COVID-19 federal PHE. This has a similar effect on this measure as it does on measures 3, 12 and 14. This type of movement off the Medicaid Expansion/HELP Program also happens during non-pandemic months, but the temporary elimination of the involuntary dis-enrollments contributed to steadily increasing pool of members who would not be dis-enrolled. However, in this case, the duration of the pandemic itself seems to have slowed the momentum to movement off HELP to different coverage.

July, August and September 2021

Measure 12 – Upward trend

- Even though involuntary dis-enrollment is halted during the federal PHE, some dis-enrollments still occur. Members can still be dis-enrolled due to death, moving out of the state (including extended inability to contact), or by request. Like the analysis on measure 3, this type of movement off the Medicaid Expansion/HELP Program happens during non-pandemic months, but the temporary elimination of the involuntary dis-enrollments contributed, in past months, to a steadily increasing pool of members who would not be dis-enrolled. However, like the analysis on measure 3, we believe, after more than a year of the federal PHE response, most qualified members who choose to enroll in HELP coverage due to circumstances related to the pandemic, have already done so and remain enrolled. The data shows this number had declined each month from January through August of 2021. Beginning in September of 2021, the above reported upward trend began increasing the monthly count of total disenrollments from 574 in August to 732 in September 2021, an increase of 158 persons in a single month. This may be due to a natural fluctuation in member deaths, members not responding to contact requests and out-of-state movement. The total count in this measure for any month in quarter three is fewer than 1,000 with the quarter three average increase being only 64 members.

Measure 13 – Flat at 0

- Beginning April 1, 2020, during the COVID-19 federal PHE Montana implemented a moratorium on dis-enrollment due to failure to pay premiums. Therefore, this measure is at 0 for all 3 months of the quarter.

Measure 14 – Upward trend

- This category measures dis-enrollments outside annual renewal determinations due to specifically noted continuous eligibility exceptions for individuals. Continuous eligibility exceptions include:
 - Not being located for a period of more than one month, after good faith efforts by the state to do so.
 - No longer being a Montana resident.
 - Requesting termination of eligibility.
 - Death.
 - Failure to provide, or cooperate in obtaining, a Social Security Number, if otherwise required.
 - Providing an incorrect or fraudulent Social Security Number.
 - Being determined eligible for Medicaid in error; and
 - Failure to provide the documentation of citizenship or immigration status required under federal law.

The upward trend of occurrences in this measure in quarter three of 2021 is again believed to be due to Montana's response to the COVID-19 federal PHE that has the similar effect on this measure as it does on measures 3 and 12. This type of movement off the Medicaid Expansion/HELP Program also happens during non-pandemic months, but the temporary elimination of the involuntary dis-enrollments contributes to steadily increasing pool of members who would not be dis-enrolled. However, the modulating impact of the pandemic itself seems to have created an ebb and flow in the momentum of this measure, with thus far in 2021, a gradually building increase.

Measure 15 – Upward trend

- This category measures dis-enrollments outside annual renewal determinations for movement to different coverage. The movement in this measure in quarter three increases somewhat, rising by 10 members from July to August and then by 46 members from August to September. This again is believed to be due to Montana's response to the COVID-19 federal PHE. A similar effect is seen on measures 3, 12 and 14. This type of movement off the Medicaid Expansion/HELP Program also happens during non-pandemic months, but the temporary elimination of the involuntary dis-enrollments contributed to steadily increasing pool of members who would not be dis-enrolled. However, in this case, the modulating momentum of pandemic itself seems to have increased the movement off HELP to different coverage.

October, November and December 2021

Measure 12 –Flat

- The analysis for Q4 of 2021, Measure 12, mostly mirrors the analysis above for Q3 of 2021, Measure 12. The data shows this number had declined each month from January through August of 2021 except for April and May. September 2021 showed an increase over August with the last quarter moving down, up, and down again for an overall flat trend.

Measure 13 – Flat at 0

- The analysis for Q4 of 2021, Measure 13, mirrors the analysis above for Q3 of 2021, Measure 13.

Measure 14 – Declining trend

- This category measures dis-enrollments outside annual renewal determinations due to specifically noted continuous eligibility exceptions for individuals. Continuous eligibility exceptions include:
 - Not being located for a period of more than one month, after good faith efforts by the state to do so.
 - No longer being a Montana resident.
 - Requesting termination of eligibility.
 - Death.
 - Failure to provide, or cooperate in obtaining, a Social Security Number, if otherwise required.
 - Providing an incorrect or fraudulent Social Security Number.
 - Being determined eligible for Medicaid in error; and
 - Failure to provide the documentation of citizenship or immigration status required under federal law.

The declining trend in this measure in Q4 of 2021 is again believed to be due to Montana's response to the COVID-19 federal PHE that has the similar effect on this measure as it does on measures 3 and 12. This type of fluctuating movement off the HELP Program also happens during non-pandemic months, but the temporary elimination of the involuntary dis-enrollments contributes to a now slowly increasing pool of members who would not be dis-enrolled.

Measure 15 – Slight declining trend

This category measures dis-enrollments outside annual renewal determinations for movement to different coverage. Again, the flattening out or slight movement of this measure in Q4 is believed to be due to Montana's response the COVID-19 federal PHE. This has a similar effect on this measure as it does on measures 3, 12 and 14. This type of movement (and flattening) off

the HELP Program also happens during non-pandemic months, but the temporary elimination of the involuntary dis-enrollments contributes to a now slowly increasing pool of members who would not be dis-enrolled.

2021 Annual Summary

Measure 12 – Overall flat

- **The quarters trend flat, down, up, and flat for an overall flat trend**

Measure 13 – Flat

- **No involuntary dis-enrollments in 2021 so this year's trend is flat at zero**

Measure 14 – Overall flat

- **The increasing trends of Q2 and Q3 were mostly off set by the flat trend of Q1 and the decreasing trend of Q4.**

Measure 15 – Overall flat

- **Up and down trending over the year created a generally flat annual**

Cost sharing limit

January, February and March 2021

Measure 16 – No longer applicable

Measure 17 – No longer applicable

April, May and June 2021

Measure 16 – No longer applicable

Measure 17 – No longer applicable

July, August and September 2021

Measure 16 – No longer applicable

Measure 17 – No longer applicable

October, November and December 2021

Measure 16 – No longer applicable

Measure 17 – No longer applicable

2021 Annual Summary

Measure 16 – No longer applicable

Measure 17 – No longer applicable

Use of preventative services by FPL and demographic categories

January, February and March 2021

Measure 18 – Flat

Measure 19 – Flat

April, May and June 2021

Measure 18 – Flat

Measure 19 – Flat

July, August and September 2021

Measure 18 – Upward trend

Measure 19 – Flat

October, November and December 2021

Measure 18 – Flat

Measure 19 – Flat

2021 Annual Summary

Measure 18 – Slight increase in Q3 but overall, mostly flat

Measure 19 – Flat

Use of other services

January, February and March 2021

Measure 20a – Flat

Measure 20b – Flat

Measure 21 - Flat

Measure 22 - Flat

Measure 23 – Flat

Measure 24 – Flat

April, May and June 2021

Measure 20a – Slight decrease

Measure 20b – Slight decrease

Measure 21 – Slight decrease

Measure 22 - Flat

Measure 23 – Flat at 0

Measure 24 – Flat

July, August and September 2021

Measure 20a – Flat

Measure 20b – Slight increase

Measure 21 - Decrease

Measure 22 – Slight decrease

Measure 23 – Flat at 0

Measure 24 – Slight decrease

October, November and December 2021

Measure 20a – Slight increase

Measure 20b – Slight increase

Measure 21 – Slight decrease

Measure 22 – Slight increase

Measure 23 – Flat at 0

Measure 24 – Slight increase

2021 Annual Summary

Measure 20a – Overall flat

Measure 20b – Overall mostly flat

Measure 21 – Overall decrease

Measure 22 – Overall flat

Measure 23 – Flat

Measure 24 – Overall flat

Renewal

January, February and March 2021

Measure 25 – Sharp upward trend

Measure 26 – Flat

Measure 27 – Flat at 0

Measure 28 – Strong upward trend

Measure 29 – Flat

Measure 30 – Flat

April, May and June 2021

Measure 25 – Sharp upward trend

Measure 26 – Sharp upward trend

Measure 27 – Upward trend

Measure 28 – Upward trend

Measure 29 – Flat

Measure 30 – Flat

July, August and September 2021

Measure 25 – Flat

Measure 26 – Flat

Measure 27 – Upward trend

Measure 28 – Upward trend

Measure 29 – Flat

Measure 30 – Flat

October, November and December 2021

Measure 25 – Flat overall, but with high numbers in Oct and Nov followed by sharp decline in Dec

Measure 26 – Flat

Measure 27 – Slight upward trend

Measure 28 – Flat

Measure 29 – Flat

Measure 30 – Flat

**NOTE: there is a sharp decrease in renewals in December. Montana advanced all renewals due in 2021 to 2022 as a response to the COVID-19 federal Public Health Emergency. Thus, there were very few HELP renewals due in the last few months of 2021.*

2021 Annual Summary

Measure 25 – Upward trend the first ½ of the year then flattens the 2nd half

Measure 26 – Mostly flat

Measure 27 – Upward trend through last ¾ of the year

Measure 28 – Upward trend through first ¾ of the year

Measure 29 – Flat

Measure 30 – Flat

Complaints, grievances, and appeals

January, February and March 2021

Measure 31 – Flat

- Montana has no record of complaints and grievances filed regarding the Medicaid HELP program itself.

Measure 32 – Flat

- Montana has no record of complaints and grievances filed regarding the plan administrator

Measure 33 – Flat

- Montana has no record of complaints and grievances filed regarding a provider

Measure 34 – Flat

- Total number of eligibility appeals filed this quarter regarding eligibility averaged 17 per month with little variation. Quarter four of 2020 showed a similar trend. Montana hypothesizes an earlier decreasing trend, and now leveling off may be due to the cessation of non-voluntary disenrollments that began April 1, 2020, and the processing lag time needed to adjudicate those appeals.

Measure 35 – Strong upward trend

- Total number of premium appeals filed this quarter regarding the size of premium payments averaged just over 13 per month but doubled from February to March. This increase may simply be due to the time it took to schedule and adjudicate the appeals. However, it is also possible that no conclusion should be drawn regarding trends when the numbers considered are so statically insignificant.

Measure 36 – Decreasing trend

- Total number of benefits appeals filed this quarter regarding denial of benefits averaged just over 8 per month. In quarter 4, 2020, denial of benefits averaged just over fourteen per month with eight in October, twenty-one in November, and fifteen in December. Montana believes no conclusion should be drawn regarding trends when the numbers considered are so statically insignificant.

April, May and June 2021

Measure 31 – Flat

- Montana has no record of complaints and grievances filed regarding the Medicaid HELP program itself.

Measure 32 – Flat

- Montana has no record of complaints and grievances filed regarding the plan administrator

Measure 33 – Flat

- Montana has no record of complaints and grievances filed regarding a provider

Measure 34 – Flat

- Total number of eligibility appeals filed this quarter regarding eligibility averaged 14 per month with little variation. Quarter one of 2021 showed a similar trend. Montana hypothesizes an earlier decreasing trend, and now leveling off may be due to the cessation of non-voluntary disenrollments that began April 1, 2020, and the processing lag time needed to adjudicate those appeals.

Measure 35 – Strong decrease to flat

- Total number of premium appeals filed this quarter regarding the size of premium payments averaged just over 7.5 per month with little variation within the quarter. The reason for this decrease from the quarter one numbers is unknown, though the Office of Fair Hearings reported a declining trend in all their appeals. However, it is also possible that no conclusion should be drawn regarding trends when the numbers considered are so statically insignificant.

Measure 36 - Decreasing trend

Total number of benefits appeals filed this quarter regarding denial of benefits averaged just over thirteen per month. In quarter one, denial of benefits averaged just over eight per month

with fourteen in January, five in February and seven in March. Montana believes no conclusion should be drawn regarding trends when the numbers considered are so statically insignificant.

July, August and September 2021

Measure 31 – Flat at 0

- Montana has no record of complaints and grievances filed regarding the HELP program itself.

Measure 32 – Flat at 0

- Montana has no record of complaints and grievances filed regarding the plan administrator.

Measure 33 – Flat at 0

- Montana has no record of complaints and grievances filed regarding a provider.

Measure 34 – Sharp upward trend

- Total number of eligibility appeals filed this quarter was only 13, but 12 of those 13 were in September. The quarterly average in this category hasn't changed much in recent reports so it is possible the September surge was due to processing lag time needed to adjudicate these types of appeals.

Measure 35 – Upward trend

- Total number of premiums appeals filed this quarter regarding the size of premium payments averaged just over 3.3 per month with an uptick as the quarter progressed. July's count was 0, with August counting 3 and September 7. The reason for the total decrease from the quarter two numbers is unknown, though the Office of Administrative Hearings reported a declining trend in all their appeals. However, it is also possible that no conclusion should be drawn regarding trends when the numbers considered are so statically insignificant.

Measure 36 - Upward trend

- Total number of benefits appeals filed this quarter regarding denial of benefits averaged just over 4 per month but, like with measures 34 and 35, there was a sharp uptick in September. In quarter two, denial of benefits averaged just over thirteen per month with twenty-one in April, eight in May and ten in June. Montana believes no conclusion should be drawn regarding trends when the numbers considered are so statically insignificant.

October, November and December 2021

Measure 31 – Flat

- The analysis for Q4 of 2021, Measure 31, mirrors the analysis above for Q3 of 2021, Measure 31.

Measure 32 – Flat

- The analysis for Q4 of 2021, Measure 32, mirrors the analysis above for Q3 of 2021, Measure 32.

Measure 33 – Flat

- The analysis for Q4 of 2021, Measure 33, mirrors the analysis above for Q3 of 2021, Measure 33.

Measure 34 – Upward trend the last ½ of the year

- Total number of eligibility appeals filed this quarter regarding eligibility averaged just over 23 per month with the widest variation being 30 in November compared to 16 in October. Q3 of 2021 showed a sharp increase then Q4 followed with another increase. Montana hypothesizes this is trending up due to an increase in overall applications.

Measure 35 – Declining trend

- Total number of premiums appeals filed this quarter regarding the size of premium payments averaged just over 2 per month. This is trending down, possibly because failure to pay premiums currently has no adverse result. It is also possible that no conclusion should be drawn regarding trends when the numbers considered are so statically insignificant.

Measure 36 - Upward trend

- Total number of benefits appeals filed this quarter regarding denial of benefits averaged 16 per month. The Q4, 2020, denial of benefits averaged 14.5 per month. Montana believes no conclusion should be drawn regarding trends when the numbers considered are so statically insignificant.

2021 Annual Summary

Measure 31 – Flat

- All four quarters showed a flat trend for a net flat trend.

Measure 32 – Flat

- All four quarters showed a flat trend for a net flat trend.

Measure 33 – Flat

- All four quarters showed a flat trend for a net flat trend.

Measure 34 –Upward trend

- Flat trend both Q1 and Q2 followed by a sharp upward trend in Q3 and continuing upward in Q4 for a net upward trend.

Measure 35 – Overall flat

- Up and down each quarter for an overall flat trend.

Measure 36 – Overall flat

- Declining trends in Q1 and Q2 then upward in Q3 and Q4 for an overall flat trend.

Enrollment duration among dis-enrollees

January, February, and March 2021

Measure 37 – Decreasing trend

Measure 38 – Flat

Measure 39 - Flat

April, May, and June 2021

Measure 37 – Upward trend

Measure 38 – Decreasing trend

Measure 39 – Flat

July, August, and September 2021

Measure 37 – Flat

Measure 38 – Flat

Measure 39 - Upward trend

October, November and December 2021

Measure 37 – Slight upward trend

Measure 38 – Flat

Measure 39 – Upward trend

2021 Annual Summary

Measure 37 – Upward trend

Measure 38 – Flat

Measure 39 – Flat the first ½ of the year then upward trending the 2nd ½

Monthly premiums owed at dis-enrollment

January, February, and March 2021

Measure 40 – Flat

Measure 41 – Flat

Measure 42 – Flat

Measure 43 – Flat

Measure 44 – Flat

April, May, and June 2021

Measure 40 – Upward trend

Measure 41 – Decreasing trend
Measure 42 – Decreasing trend
Measure 43 – Flat
Measure 44 - Flat

July, August, and September 2021

Measure 40 – Flat
Measure 41 – Flat
Measure 42 – Decrease
Measure 43 – Flat
Measure 44 – Upward trend

October, November, and December 2021

Measure 40 – Flat
Measure 41 – Flat
Measure 42 – Flat
Measure 43 – Flat
Measure 44 - Flat

2021 Annual Summary

Measure 40 – Mostly flat
Measure 41 – Mostly flat
Measure 42 – Flat, decrease mid-year then flat again
Measure 43 – Flat
Measure 44 – Mostly flat

Total debt owed at dis-enrollment for failure to pay

January, February, and March 2021

Measure 45 – Flat
Measure 46 – Flat
Measure 47 - Flat
Measure 48 - Flat

April, May, and June 2021

Measure 45 – Flat
Measure 46 – Flat
Measure 47 – Flat
Measure 48 - Flat

July, August, and September 2021

Measure 45 –Flat
Measure 46 – Flat
Measure 47 – Flat
Measure 48 - Flat

October, November, and December 2021

Measure 45 – Flat
Measure 46 – Flat
Measure 47 – Flat
Measure 48 - Flat

2021 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 2021

Trend - Flat

April, May and June 2021

Trend – Flat

July, August and September 2021

Trend – Flat

October, November and December 2021

Trend –Flat at 0

2021 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
2021 – DY6, Q1	05/30/2021
Q2	08/29/2021
Q3	11/29/2021

Annual Reports	Submit to CMS
2017 - DY2	4/30/2018
2018 - DY3	03/01/2019
2019 - DY4	03/31/2020
2020 - DY5	03/31/2021
2021 – D6	03/31/2022
2022 – D7	03/31/2023

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	11/17/2020
2021 – DY6	07/29/2021
2022 – DY7	(pending)

Amendment and Extension Request	8/30/2019
Demonstration Ends	12/31/2020, extended to 12/31/2021, extended again to 12/31/2022

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