

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Protocol -

State [Enter State Name]

Demonstration Name [Enter Demonstration Name]

Submitted on [Enter Date] (Format: MM/DD/YYYY)

State will report (Y/N)	Reporting topic ^a	Reporting priority	#
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1.1.1 Enrollment Required AD_1

1.1.1 Enrollment Required AD_2

1.1.1 Enrollment Required AD_3

1.1.1 Enrollment Required AD_4

1.1.1 Enrollment Required for states with a defined re-enrollment or re-instatement pathway AD_5

1.1.1 Enrollment Required AD_6

1.1.2 Mid-year loss of demonstration eligibility	Required	AD_7
1.1.2 Mid-year loss of demonstration eligibility	Required	AD_8
1.1.2 Mid-year loss of demonstration eligibility	Required	AD_9
1.1.2 Mid-year loss of demonstration eligibility	Required	AD_10
1.1.2 Mid-year loss of demonstration eligibility	Recommended	AD_11
1.1.3 Enrollment duration at time of disenrollment	Recommended	AD_12
1.1.3 Enrollment duration at time of disenrollment	Recommended	AD_13
1.1.3 Enrollment duration at time of disenrollment	Recommended	AD_14
1.1.4 Renewal	Required	AD_15
1.1.4 Renewal	Required	AD_16
1.1.4 Renewal	Required	AD_17
1.1.4 Renewal	Required	AD_18
1.1.4 Renewal	Required	AD_19
1.1.4 Renewal	Required	AD_20
1.1.4 Renewal	Required	AD_21

1.1.4 Renewal	Recommended	AD_22
1.1.5 Cost sharing limit	Required	AD_23
1.1.6 Appeals and grievances	Recommended	AD_24
1.1.6 Appeals and grievances	Recommended	AD_25
1.1.6 Appeals and grievances	Recommended	AD_26
1.1.6 Appeals and grievances	Recommended	AD_27
1.1.6 Appeals and grievances	Recommended	AD_28
1.1.7 Access to care	Required	AD_29
1.1.7 Access to care	Required	AD_30
1.1.7 Access to care	Required	AD_31
1.1.7 Access to care	Required	AD_32
1.1.7 Access to care	Recommended	AD_33
1.1.7 Access to care	Recommended	AD_34

1.1.7 Access to care Recommended AD_35

1.1.7 Access to care Recommended.
Required for states
with copayments AD_36
for non-emergency
use.

1.1.7 Access to care Recommended AD_37

1.1.8 Quality of care and
health outcomes Required (AD_38A
or AD_38B-1 - 3.
States do not have
to report both.) AD_38A

1.1.8 Quality of care and
health outcomes Required (AD_38A
or AD_38B. States
do not have to
report both.) AD_38B

1.1.8 Quality of care and
health outcomes Required AD_39-1

1.1.8 Quality of care and health outcomes	Required	AD_39-2
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1.1.8 Quality of care and health outcomes	Required	AD_40
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1.1.8 Quality of care and health outcomes	Required	AD_41
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1.1.8 Quality of care and health outcomes	Required	AD_42
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1.1.8 Quality of care and health outcomes	Required	AD_43
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1.1.8 Quality of care and health outcomes	Required	AD_44
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1.1.9 Administrative cost	Recommended	AD_45
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Add rows for any additional state-identified metrics

^a The reporting topics correspond to the prompts for reporting topic AD.Mod_1 in th

End of workbook

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services (42 CFR § 431.428) will be used to support more efficient, timely and accurate review of Eligibility and Coverage Demonstrations, increase in reporting accuracy, and reduce the burden on providers and the public. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. Public burden for all of the collection of information is 0938-1148 (CMS-10398 # 58). Public burden for all of the collection of information, including suggestions for reducing this burden, to CMS, 750

Planned metrics (AD)

Star
Metric name

Total enrollment in the demonstration

Beneficiaries in suspension status for noncompliance

Beneficiaries in a non-eligibility period who are prevented from re-enrolling for a defined period of time

New enrollees

Re-enrollments or re-instatements using defined pathways after disenrollment or suspension of benefits for noncompliance with demonstration policies

Re-enrollments or re-instatements for beneficiaries not using defined pathways after disenrollment or suspension of benefits for noncompliance

Beneficiaries determined ineligible for Medicaid, any reason, other than at renewal

Beneficiaries no longer eligible for Medicaid, failure to provide timely change in circumstance information

Beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiary

Beneficiaries no longer eligible for the demonstration due to transfer to another Medicaid eligibility group

Beneficiaries no longer eligible for the demonstration due to transfer to CHIP

Enrollment duration, 0-3 months

Enrollment duration, 4-6 months

Enrollment duration 6-12 months

Beneficiaries due for renewal

Beneficiaries determined ineligible for the demonstration at renewal, disenrolled from Medicaid

Beneficiaries determined ineligible for the demonstration at renewal, transfer to another Medicaid eligibility category

Beneficiaries determined ineligible for the demonstration at renewal, transferred to CHIP

Beneficiaries who did not complete renewal, disenrolled from Medicaid

Beneficiaries who had pending/uncompleted renewals and were still enrolled

Beneficiaries who retained eligibility for the demonstration after completing renewal forms

Beneficiaries who renewed ex parte

Beneficiaries who reached 5% limit

Appeals, eligibility

Appeals, denial of benefits

Grievances, care quality

Grievances, provider or managed care entities

Grievances, other

Primary care provider availability

Primary care provider active participation

Specialist provider availability

Specialist provider active participation

Preventive care and office visit utilization

Prescription drug use

Emergency department utilization, total

Emergency department utilization, non-emergency

Inpatient admissions

Medical Assistance with Smoking and Tobacco Use
Cessation (MSC-AD)

[NCQA; NQF #0027; Medicaid Adult Core Set; Adjusted
HEDIS measure]

Preventive Care and Screening: Tobacco Use: Screening
and Cessation Intervention (rate 1)

[PCPI Foundation; NQF #0028]

Follow-Up After Emergency Department Visit for Alcohol
and Other Drug Abuse or Dependence (FUA-AD)

[NCQA; NQF # 2605; Medicaid adult Core Set; Adjusted
HEDIS measure]

Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD)

[NCQA; NQF # 2605; Medicaid adult Core Set; Adjusted HEDIS measure]

Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD)

[NCQA; NQF #0004; Medicaid Adult Core Set; Adjusted HEDIS measure]

PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)

[AHRQ; NQF #0272; Medicaid Adult Core Set]

PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)

[AHRQ; NQF #0275; Medicaid Adult Core Set]

PQI 08: Heart Failure Admission Rate (PQI08-AD)

[AHRQ; NQF #0277; Medicaid Adult Core Set]

PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD)

[AHRQ; NQF #0283; Medicaid Adult Core Set]

Administrative cost of demonstration operation


e monitoring report template.

for Medicare & Medicaid Services in program monitoring of
states' eligibility and coverage 1115 demonstrations mon
timeframes required for monitoring and evaluation. Unde
and to, a collection of information unless it displays a cur
requirements under this control number is estimated to
100 Security Boulevard, Attn: Paperwork Reduction Act Rep

Standard information on CMS-provided metrics

Metric description	Data source
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<p>The unduplicated number of beneficiaries enrolled in the demonstration at any time during the measurement period. This indicator is a count of total program enrollment. It includes those newly enrolled during the measurement period and those whose enrollment continues from a prior period. This indicator is not a point-in-time count. It captures beneficiaries who were enrolled for at least one day during the measurement period.</p>	<p>Administrative records</p>
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<p>The number of demonstration beneficiaries in suspension status for noncompliance with demonstration policies as of the last day of the measurement period</p>	<p>Administrative records</p>
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<p>The number of prior demonstration beneficiaries who are in a non-eligibility period, meaning they are prevented from re-enrolling for some defined period of time, because they were disenrolled for noncompliance with demonstration policies. The count should include those prevented from re-enrolling until their redetermination date.</p>	<p>Administrative records</p>
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<p>Number of beneficiaries in the demonstration who began a new enrollment spell during the measurement period, have not had Medicaid coverage within the prior 3 months and are not using a state-specific pathway for re-enrollment after being disenrolled for noncompliance</p>	<p>Administrative records</p>
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<p>Number of beneficiaries in the demonstration who began a new enrollment spell (or had benefits re-instated) in the current measurement period by using a state-defined pathway for re-enrollment (or re-instatement of benefits), i.e., meeting certain requirements, after being disenrolled (or having benefits suspended) for noncompliance with premium requirements, community engagement requirements, or other demonstration-specific requirements.</p>	<p>Administrative records</p>
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<p>Number of beneficiaries in the demonstration who began a new enrollment spell (or had benefits re-instated) in the current measurement period, have had Medicaid coverage within the prior 3 months and are not using a state-specific pathway for re-enrollment after being disenrolled for noncompliance (or re-instatement of benefits after being suspended for noncompliance)</p>	<p>Administrative records</p>
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Total number of beneficiaries in the demonstration determined ineligible for Medicaid and disenrolled during the measurement period (separate reasons reported in other indicators), other than at renewal	Administrative records
Number of beneficiaries enrolled in the demonstration and who lost eligibility for Medicaid during the measurement period due to failure to provide timely change in circumstance information	Administrative records
Number of beneficiaries who were enrolled in the demonstration and lost eligibility for Medicaid during the measurement period because they are determined ineligible after the state processes a change in circumstance	Administrative records
Number of beneficiaries who were enrolled in the demonstration and transferred from the demonstration to a Medicaid eligibility group not included in the demonstration during the measurement period	Administrative records
Number of beneficiaries who were enrolled in the demonstration and transferred from the demonstration to CHIP during the measurement period	Administrative records
Number of demonstration beneficiaries who lost eligibility for Medicaid during the measurement period and whose enrollment spell had lasted 3 or fewer months at the time of disenrollment	Administrative records
Number of demonstration beneficiaries who lose eligibility for Medicaid during the measurement period whose enrollment spell had lasted between 4 and 6 months at the time of disenrollment	Administrative records
Number of demonstration beneficiaries who lost eligibility for Medicaid during the measurement period whose enrollment spell had lasted 6 or more months (up to 12 months) at the time of disenrollment	Administrative records
Total number of beneficiaries enrolled in the demonstration who were due for renewal during the measurement period	Administrative records
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who complete the renewal process and are determined ineligible for Medicaid	Administrative records
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who complete the renewal process and move from the demonstration to a Medicaid eligibility group not included in the demonstration	Administrative records
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who complete the renewal process, but move from the demonstration to CHIP	Administrative records
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who are disenrolled from Medicaid for failure to complete the renewal process	Administrative records
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period for whom the state had not completed renewal determination by the end of the measurement period and were still enrolled	Administrative records
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who remained enrolled in the demonstration after responding to renewal notices	Administrative records

Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who remained enrolled as determined by third-party data sources or available information, rather than beneficiary response to renewal notices	Administrative records
Number of beneficiaries enrolled in the demonstration who reached the 5% of income limit on cost sharing and premiums during the month	Administrative records
Number of appeals filed by beneficiaries enrolled in the demonstration during the measurement period regarding Medicaid eligibility	Administrative records
Number of appeals filed by beneficiaries enrolled in the demonstration during the measurement period regarding denial of benefits	Administrative records
Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement period regarding the quality of care or services provided	Administrative records
Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement period regarding a provider or managed care entity. Managed care entities include Managed Care Organizations (MCO), Prepaid Inpatient Health Plans (PIHP), and Prepaid Ambulatory Health Plans (PAHP).	Administrative records
Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement period regarding other matters that are not subject to appeal	Administrative records
Number of primary care providers enrolled to deliver Medicaid services at the end of the measurement period	Provider enrollment databases
Number of primary care providers enrolled to deliver Medicaid services with service claims for 3 or more demonstration beneficiaries during the measurement period	Provider enrollment databases and claims and encounters
Number of specialists enrolled to deliver Medicaid services at the end of the measurement period	Provider enrollment databases
Number of specialists enrolled to deliver Medicaid services with service claims for 3 or more demonstration beneficiaries during the measurement period	Provider enrollment databases and claims and encounters
Total utilization of preventive care and office visits per 1,000 demonstration beneficiary months during the measurement period	Claims and encounters and other administrative records
Total utilization of 30-day prescription fills per 1,000 demonstration beneficiary months in the measurement period	Claims and encounters; other administrative records

<p>Total number of emergency department (ED) visits per 1,000 demonstration beneficiary months during the measurement period</p>	<p>Claims and encounters; other administrative records</p>
<p>Total number of ED visits for non-emergency conditions per 1,000 demonstration beneficiary months during the measurement period. If the state differentiates emergent/non-emergent visit copayments, then non-emergency visits should be identified for monitoring purposes using the same criteria used to assess the differential copayment. If the state does not differentiate emergent/non-emergent copayments, then non-emergency visits should be defined as all visits not categorized as emergent using the method below.</p>	<p>Claims and encounters; other administrative records</p>
<p>Total number of inpatient admissions per 1,000 demonstration beneficiary months during the measurement period</p>	<p>Claims and encounters; other administrative records</p>
<p>This metric consists of the following components; each assesses different facets of providing medical assistance with smoking and tobacco use cessation:</p> <ul style="list-style-type: none"> • Advising smokers and tobacco users to quit • Discussing cessation medications • Discussing cessation strategies 	<p>Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan survey, Adult Version</p>
<p>This metric consists of the following components:</p> <ol style="list-style-type: none"> 1. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months 2. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention 3. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation intervention if identified as a tobacco user 	<p>Claims and encounters</p>
<p>Percentage of ED visits for beneficiaries age 18 and older who have a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, and who had a follow-up visit with a corresponding principal diagnosis for AOD. Two rates are reported:</p> <ol style="list-style-type: none"> 1. Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit (31 total days). 2. Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit (8 total days). 	<p>Claims and encounters</p>

Percentage of ED visits for beneficiaries age 18 and older who have a principal diagnosis of mental illness or intentional self-harm, and who had a follow-up visit with a corresponding principal diagnosis for mental illness. Two rates are reported:

1. Percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 30 days of the ED visit (31 total days).
2. Percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 7 days of the ED visit (8 total days).

Claims and encounters

Percentage of beneficiaries age 18 and older with a new episode of AOD abuse or dependence who received the following:

1. Initiation of AOD Treatment. Percentage of beneficiaries who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication assisted treatment (MAT) within 14 days of the diagnosis
2. Engagement of AOD Treatment. Percentage of beneficiaries who initiate treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit

Claims and encounters or EHR

The following diagnosis cohorts are reported for each rate: (1) Alcohol abuse or dependence, (2) Opioid abuse or dependence, (3) Other drug abuse or dependence, and (4) Total AOD abuse or dependence. A total of 8 separate rates are reported for this measure.

Number of inpatient hospital admissions for diabetes short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 beneficiary months for beneficiaries age 18 and older

Claims and encounters

Number of inpatient hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 beneficiary months for beneficiaries age 40 and older

Claims and encounters

Number of inpatient hospital admissions for heart failure per 100,000 beneficiary months for beneficiaries age 18 and older

Claims and encounters

Number of inpatient hospital admissions for asthma per 100,000 beneficiary months for beneficiaries aged 18 to 39

Claims and encounters

Cost of contracts or contract amendments and staff time equivalents required to administer demonstration policies, including premium collection, health behavior incentives, premium assistance, community engagement requirements and/or retroactive eligibility waivers

Administrative records



of Medicaid Section 1115 Eligibility and Coverage Demonstrations. This mandatory information collection (42 CFR 431.100) requires monitoring reports submissions to support consistency of monitoring and evaluation of Medicaid Section 1115 demonstrations. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-0001. Responses should take about 12 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Field Office, Paperwork Project Director, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

			Baseline, an
Calculation lag	Measurement period	Reporting frequency	Baseline reporting period (MM/DD/YYYY--MM/DD/YYYY)

30 days	Month	Quarterly	
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30 days	Month	Quarterly	
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30 days	Month	Quarterly	
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30 days	Month	Quarterly	
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30 days	Month	Quarterly	
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30 days	Month	Quarterly	
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30 days Month Quarterly

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30 days Month Quarterly

30 days	Month	Quarterly
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30 days	Month	Quarterly
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None	Quarter	Quarterly
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None	Quarter	Quarterly
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None	Quarter	Quarterly
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None	Quarter	Quarterly
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None	Quarter	Quarterly
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90 days	Quarter	Quarterly
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90 days	Quarter	Quarterly
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90 days	Quarter	Quarterly
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90 days	Quarter	Quarterly
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90 days	Quarter	Quarterly
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90 days	Quarter	Quarterly
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90 days	Quarter	Quarterly
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90 days	Quarter	Quarterly
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90 days	Quarter	Quarterly
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90 days	Calendar year	Annually
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90 days	Calendar year	Annually
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90 days	Calendar year	Annually
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90 days Calendar year Annually

90 days Calendar year Annually

90 days Calendar year Annually

90 days Calendar year Annually

90 days Calendar year Annually

90 days Calendar year Annually

None Demonstration year Annually



Annual goals, and demonstration target		Align
Annual goal	Overall demonstration target	Attest that planned reporting matches the CMS-provided specification (Y/N)

alignment with CMS-provided technical specifications

Explanation of any deviations from the CMS-provided specifications.
Could include different data sources or state-specific definitions,
policies, codes, target populations, etc.

Dates covered by first
measurement period for
metric (MM/DD/YYYY -
MM/DD/YYYY)

Initial reporting date

Report name of first report in
which the metric will be
submitted (Format: DY1 Q3
quarterly report)

Submission date of first report
in which the metric will be
reported (MM/DD/YYYY)

State plans to phase in
reporting (Y/N)

Explanation of any plans to phase in reporting over time

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Protoccc

State [Enter State Name]

Demonstration Name [Enter Demonstration Name]

Submitted on [Enter Date] (Format: MM/DD/YYYY)

State will report (Y/N)	Reporting Topic ^a	Reporting priority	#
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	CE.Mod_1: Specify community engagement policies	Required	CE_1
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	CE.Mod_1: Specify community engagement policies	Required	CE_2
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	CE.Mod_1: Specify community engagement policies	Required	CE_3
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	CE.Mod_1: Specify community engagement policies	Required	CE_4
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	CE.Mod_1: Specify community engagement policies	Required	CE_5
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	CE.Mod_1: Specify community engagement policies	Required	CE_6
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	CE.Mod_1: Specify community engagement policies	Required	CE_7
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	CE.Mod_1: Specify community engagement policies	Required	CE_8
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CE.Mod_1: Specify community engagement policies	Required	CE_9
CE.Mod_1: Specify community engagement policies	Required	CE_10
CE.Mod_1: Specify community engagement policies	Required	CE_11
CE.Mod_1: Specify community engagement policies	Required	CE_12
CE.Mod_1: Specify community engagement policies	Required	CE_13
CE.Mod_1: Specify community engagement policies	Required	CE_14
CE.Mod_1: Specify community engagement policies	Required	CE_15
CE.Mod_1: Specify community engagement policies	Required	CE_16
CE.Mod_1: Specify community engagement policies	Required	CE_17
CE.Mod_1: Specify community engagement policies	Required	CE_18

CE.Mod_1: Specify community engagement policies	Required	CE_19
CE.Mod_1: Specify community engagement policies	Required	CE_20
CE.Mod_1: Specify community engagement policies	Required	CE_21
CE.Mod_1: Specify community engagement policies	Required	CE_22
CE.Mod_1: Specify community engagement policies	Required	CE_23
CE.Mod_1: Specify community engagement policies	Required	CE_24
CE.Mod_2: Establish beneficiary supports and modifications	Required	CE_25
CE.Mod_2: Establish beneficiary supports and modifications	Recommended	CE_26
CE.Mod_2: Establish beneficiary supports and modifications	Recommended	CE_27
CE.Mod_2: Establish beneficiary supports and modifications	Recommended	CE_28
CE.Mod_2: Establish beneficiary supports and modifications	Recommended	CE_29
CE.Mod_2: Establish beneficiary supports and modifications	Recommended	CE_30
CE.Mod_2: Establish beneficiary supports and modifications	Recommended	CE_31

CE.Mod_2: Establish beneficiary supports and modifications	Recommended	CE_32
CE.Mod_4: Operationalize strategies for noncompliance	Required	CE_33
CE.Mod_4: Operationalize strategies for noncompliance	Required	CE_34
CE.Mod_4: Operationalize strategies for noncompliance	Required if state has a suspension policy	CE_35
CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_36
CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_37
CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_38
CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_39
CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_40
CE.Mod_4: Operationalize strategies for noncompliance	Required	CE_41

CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_42
CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_43
CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_44
CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_45
CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_46

Planned metrics (CE)

Stand
Metric name

Total beneficiaries subject to the community engagement requirement, not exempt

Total beneficiaries who were exempt from the community engagement requirement in the month

Beneficiaries with approved good cause circumstances

Beneficiaries subject to the community engagement requirement and in suspension status due to failure to meet requirement

Beneficiaries subject to the community engagement requirement and receiving benefits who met the requirement for qualifying activities

Beneficiaries subject to the community engagement requirement and receiving benefits, but in a grace period or allowable month of noncompliance

Beneficiaries who successfully completed make-up hours or other activities to retain active benefit status after failing to meet the community engagement requirement in a previous month

Beneficiaries in a non-eligibility period who were disenrolled for noncompliance with the community engagement requirement and are prevented from re-enrolling for a defined period of time

Beneficiaries who met the community engagement requirement by satisfying requirements of other programs

Beneficiaries who met the community engagement requirement through employment for the majority of their required hours

Beneficiaries who met the community engagement requirement through job training or job search for the majority of their required hours

Beneficiaries who met the community engagement requirement through educational activity for the majority of their required hours

Beneficiaries who met the community engagement requirement who were engaged in other qualifying activity for the majority of their required hours

Beneficiaries who met the community engagement requirement by combining two or more activities

Beneficiaries exempt from Medicaid community engagement requirements because they were exempt from requirements of SNAP and/or TANF

Beneficiaries exempt from Medicaid community engagement requirements on the basis of pregnancy

Beneficiaries exempt from Medicaid community engagement requirements due to former foster youth status

Beneficiaries exempt from Medicaid community engagement requirements due to medical frailty

Beneficiaries exempt from Medicaid community engagement requirements on the basis of caretaker status

Beneficiaries exempt from Medicaid community engagement requirements on the basis of unemployment insurance compensation

Beneficiaries exempt from Medicaid community engagement requirements due to substance abuse treatment status

Beneficiaries exempt from Medicaid community engagement requirements due to student status

Beneficiaries exempt from Medicaid community engagement requirements because they were excused by a medical professional

Beneficiaries exempt from Medicaid community engagement requirements, other

Total beneficiaries receiving supports to participate and placement assistance

Beneficiaries provided with transportation assistance

Beneficiaries provided with childcare assistance

Beneficiaries provided with language supports

Beneficiaries assisted with placement in community engagement activities

Beneficiaries provided with other non-Medicaid assistance

Beneficiaries who requested reasonable modifications to community engagement processes or requirements due to disability

Beneficiaries who were granted reasonable modifications to community engagement processes or requirements due to disability

Beneficiaries newly suspended for failure to complete community engagement requirements

Beneficiaries newly disenrolled for failure to complete community engagement requirements

Total beneficiaries whose benefits were reinstated after being in suspended status for noncompliance

Beneficiaries whose benefits were reinstated because their time-limited suspension period ended

Beneficiaries whose benefits were reinstated because they completed required community engagement activities

Beneficiaries whose benefits were reinstated because they completed "on-ramp" activities other than qualifying community engagement activities

Beneficiaries whose benefits were reinstated because they newly meet community engagement exemption criteria or had a good cause circumstance

Beneficiaries whose benefits were reinstated after successful appeal of suspension for noncompliance

Total beneficiaries re-enrolling after disenrollment for noncompliance

Beneficiaries re-enrolling after completing required community engagement activities

Beneficiaries re-enrolling after completing "on-ramp" activities other than qualifying community engagement activities

Beneficiaries re-enrolling after re-applying, subsequent to being disenrolled for noncompliance with community engagement requirements

Beneficiaries re-enrolling because they newly met community engagement exemption criteria or had a good cause circumstance

Beneficiaries re-enrolling after successful appeal of disenrollment for noncompliance

ard information on CMS-provided metrics

Metric description	Data source
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<p>The number of beneficiaries enrolled in the demonstration whose income and eligibility group were subject to the community engagement requirement and who did not have an individual exemption from the requirement or an approved good cause circumstance</p>	<p>Administrative records</p>
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<p>The number of beneficiaries enrolled in income and eligibility groups that were subject to the community engagement requirement, but had an individual exemption from the policy. This excludes circumstances that give rise to good cause.</p>	<p>Administrative records</p>
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<p>The number of beneficiaries enrolled in the demonstration who met the state criteria for good cause circumstances, such as serious illness, birth or death of a family member, severe weather, family emergencies, or life-changing event</p>	<p>Administrative records</p>
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<p>The number of demonstration beneficiaries in suspension status due to failure to meet the community engagement requirement, including those newly suspended for noncompliance during the measurement period</p>	<p>Administrative records</p>
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<p>The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement by engaging in qualifying activities</p>	<p>Administrative records</p>
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<p>The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement, but did not meet the requirement. This includes beneficiaries who have not yet begun qualifying activities and those who logged some hours, but failed to meet total required hours.</p>	<p>Administrative records</p>
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<p>The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met additional requirements to retain active benefit status after previously failing to meet the requirement. This captures beneficiaries who successfully satisfy the “opportunity to cure” requirement and therefore are not suspended (if state has this policy).</p>	<p>Administrative records</p>
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<p>The number of prior demonstration beneficiaries who were disenrolled from Medicaid for noncompliance with the community engagement requirement and are in a non-eligibility period, meaning they are prevented from re-enrolling for some defined period of time. The count should include those prevented from re-enrolling until their redetermination date.</p>	<p>Administrative records</p>
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The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement by satisfying requirements in other programs such as SNAP or TANF, regardless of whether they are “deemed” by the state to be in compliance with Medicaid requirements or must take reporting action

Administrative records

The number of beneficiaries enrolled in the demonstration who were subject to and met the community engagement requirement, who were self-employed or employed in subsidized and/or unsubsidized settings. Includes both those “deemed” by the state to be in compliance with Medicaid requirements because they are working more than the number of required hours and those who must report their hours.

Administrative records

The number of beneficiaries enrolled in the demonstration who were subject to and met the community engagement requirement by engaging in on-the-job training, job skills training, vocational education and training, job search activities, job search training, a state-sponsored workforce program, or similar activity

Administrative records

The number of beneficiaries enrolled in the demonstration who were subject to and met the community engagement requirement by engaging in education related to employment, general education, accredited English-as-a-second-language education, accredited homeschooling, or a state-designated class

Administrative records

The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement through a state-specified activity not captured by other reporting categories, including community work experience, community service/public service, volunteer work, caregiving for a dependent, participation in substance use disorder treatment, enrollment in Medicaid employer-sponsored insurance premium assistance, or other activity

Administrative records

The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement by engaging in a combination of activities defined in metrics CE_10 through CE_13, such as a combination of employment and education

Administrative records

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they were exempt from the SNAP and/or TANF work requirements. This does not include beneficiaries who are meeting SNAP and/or TANF work requirements.

Administrative records

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are pregnant

Administrative records

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they were formerly part of the foster care system

Administrative records

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are identified as medically frail

Administrative records

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are primary caregiver of a dependent child or incapacitated/disabled household member	Administrative records
The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are receiving unemployment insurance compensation	Administrative records
The number of beneficiaries enrolled in the demonstration who were exempt the community engagement requirement because they are participating in a drug or alcohol treatment and rehabilitation program	Administrative records
The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are a student enrolled a number of hours/week, defined by state	Administrative records
The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because a medical professional determined the beneficiary had an acute medical condition separate from disability or frailty	Administrative records
The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are exempt for another reason not captured by other reporting categories, including age above the upper limit defined by the state and enrollment in employer-sponsored insurance through premium assistance	Administrative records
The number of beneficiaries enrolled in the demonstration who were given supports to enable them to participate, including supports due to disability and assistance from other agencies and entities complementing Medicaid efforts	Administrative records
The number of beneficiaries enrolled in the demonstration who were given transportation assistance to enable participation in community engagement activities	Administrative records
The number of beneficiaries enrolled in the demonstration who were given childcare assistance to enable participation in community engagement activities	Administrative records
The number of beneficiaries enrolled in the demonstration who were given language supports to enable participation in community engagement activities	Administrative records
The number of beneficiaries enrolled in the demonstration who were given placement assistance, including through state department of labor support centers	Administrative records
The number of beneficiaries enrolled in the demonstration who were given other assistance, including assistance from other agencies and entities complementing Medicaid efforts, to participate in community engagement activities	Administrative records
The number of beneficiaries enrolled in the demonstration who requested a reasonable modification of community engagement processes (such as assistance with exemption requests or appeals) or requirements (such as the number of hours) due to disability	Administrative records

The number of beneficiaries enrolled in the demonstration who were granted a modification of community engagement processes (such as assistance with exemption requests or appeals) or requirements (such as the number of hours) due to disability	Administrative records
The number of demonstration beneficiaries newly suspended for noncompliance during the measurement period (if state has a suspension policy)	Administrative records
The number of demonstration beneficiaries newly disenrolled for noncompliance with community engagement requirements during the measurement period	Administrative records
The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements, including those reinstated due to compliance, determination of exemption, and successful appeal or good cause circumstances	Administrative records
The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy), because a defined suspension period ended	Administrative records
The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy), because they completed qualifying activities	Administrative records
The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy) because they used a special pathway for re-enrollment such as a state-approved educational course	Administrative records
The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy) because they were newly determined exempt or had a good cause circumstance	Administrative records
The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy) because they successfully appealed	Administrative records
Total number of beneficiaries re-enrolled in the demonstration during the measurement period after disenrollment in the last 12 months for noncompliance or because they were in suspended status on their redetermination date (depending on state policy), including those re-enrolling after being determined exempt or after successful appeal	Administrative records

Total number of beneficiaries re-enrolled in the demonstration during the measurement period because they completed qualifying activities, subsequent to disenrollment in the last 12 months for noncompliance or because they were in suspended status on their redetermination date (depending on state policy)

Administrative records

Total number of demonstration beneficiaries re-enrolled during the measurement period because they used a special pathway for re-enrollment such as a state-approved educational course, subsequent to disenrollment in the last 12 months for noncompliance or because they were in suspended status on their redetermination date (depending on state policy)

Administrative records

The number of beneficiaries re-enrolled in the demonstration during the measurement period because they re-applied, subsequent to disenrollment in the last 12 months for noncompliance (or because they were in suspended status on their redetermination date). This includes those who re-applied immediately after disenrollment and those who did so after a disenrollment (non-eligibility) period.

Administrative records

The number of beneficiaries re-enrolled in the demonstration during the measurement period because they were newly determined exempt, subsequent to disenrollment in the last 12 months for noncompliance (or because they were in suspended status on their redetermination date)

Administrative records

The number of beneficiaries re-enrolled in the demonstration during the measurement period after successful appeal (including retroactive determination of a good cause circumstance by the state), subsequent to disenrollment in the last 12 months for noncompliance (or because they were in suspended status on their redetermination date)

Administrative records

30 days Month Quarterly

30 days Month Quarterly

30 days Month Quarterly

30 days Month Quarterly

30 days Month Quarterly

30 days Month Quarterly

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Quarterly

30 days

Month

Quarterly

Annual goals, and demonstration target		Align
Annual goal	Overall demonstration target	Attest that planned reporting matches the CMS-provided specification (Y/N)

alignment with CMS-provided technical specifications

Explanation of any deviations from the CMS-provided specifications.
Could include different data sources or state-specific definitions,
policies, codes, target populations, etc.

Dates covered by first
measurement period for
metric (MM/DD/YYYY -
MM/DD/YYYY)

Initial reporting date

Report name of first report in
which the metric will be
submitted (Format: DY1 Q3
quarterly report)

Submission date of first report
in which the metric will be
reported (MM/DD/YYYY)

State plans to phase in
reporting (Y/N)

Explanation of any plans to phase in reporting over time

Medicaid Section 1115 Eligibility and Coverage Demonstration Report - Metrics reporting (AD)

State [Enter State Name]
 Demonstration Name [Enter Demonstration Name]
 Demonstration Year (DY) [Enter Demonstration Year] (Format: DY1, DY2, DY3, etc.)
 Calendar Dates for DY [Enter Calendar Dates for Demonstration Year] (Format: MM/DD/YYYY - MM/DD/YYYY)
 Reporting Period [Enter Reporting Period] (Format: Q1, Q2, Q3, Q4)
 Calendar Dates for Reporting Period [Enter Calendar Dates for Reporting Period] (Format: MM/DD/YYYY - MM/DD/YYYY)
 Submitted on [Enter Date] (Format: MM/DD/YYYY)

Eligibility and Coverage Demonstration Metrics (AD)^a

Reporting topic ^b	#	Metric name
1.1.1 Enrollment	AD_1	Total enrollment in the demonstration
1.1.1 Enrollment	AD_2	Beneficiaries in suspension status for noncompliance
1.1.1 Enrollment	AD_3	Beneficiaries in a non-eligibility period who are prevented from re-enrolling for a defined period of time
1.1.1 Enrollment	AD_4	New enrollees
1.1.1 Enrollment	AD_5	Re-enrollments or re-instatements using defined pathways after disenrollment or suspension of benefits for noncompliance with demonstration policies
1.1.1 Enrollment	AD_6	Re-enrollments or re-instatements for beneficiaries not using defined pathways after disenrollment or suspension of benefits for noncompliance

1.1.2 Mid-year loss of demonstration eligibility	AD_7	Monthly count of beneficiaries determined ineligible for Medicaid, any reason, other than at renewal
1.1.2 Mid-year loss of demonstration eligibility	AD_8	Monthly count of beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiary
1.1.2 Mid-year loss of demonstration eligibility	AD_9	Monthly count of beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiary
1.1.2 Mid-year loss of demonstration eligibility	AD_10	Monthly count of beneficiaries no longer eligible for the demonstration due to transfer to another Medicaid eligibility group
1.1.2 Mid-year loss of demonstration eligibility	AD_11	Monthly count of beneficiaries no longer eligible for the demonstration due to transfer to CHIP
1.1.3 Enrollment duration at time of disenrollment	AD_12	Enrollment duration 0-3 months
1.1.3 Enrollment duration at time of disenrollment	AD_13	Enrollment duration 4-6 months
1.1.3 Enrollment duration at time of disenrollment	AD_14	Enrollment duration 6-12 months

1.1.4 Renewal	AD_15	Beneficiaries due for renewal
1.1.4 Renewal	AD_16	Beneficiaries determined ineligible for the demonstration at renewal, disenrolled from Medicaid
1.1.4 Renewal	AD_17	Beneficiaries determined ineligible for the demonstration at renewal, transfer to another Medicaid eligibility category
1.1.4 Renewal	AD_18	Beneficiaries determined ineligible for the demonstration at renewal, transferred to CHIP
1.1.4 Renewal	AD_19	Beneficiaries who did not complete renewal, disenrolled from Medicaid
1.1.4 Renewal	AD_20	Beneficiaries who had pending/uncompleted renewals and were still enrolled
1.1.4 Renewal	AD_21	Beneficiaries who retained eligibility for the demonstration after completing renewal forms
1.1.4 Renewal	AD_22	Beneficiaries who renewed ex parte
1.1.5 Cost sharing limit	AD_23	Monthly count of beneficiaries who reached 5% limit

1.1.6 Appeals and grievances	AD_24	Appeals, eligibility
1.1.6 Appeals and grievances	AD_25	Appeals, denial of benefits
1.1.6 Appeals and grievances	AD_26	Grievances, care quality
1.1.6 Appeals and grievances	AD_27	Grievances, provider or managed care entities
1.1.6 Appeals and grievances	AD_28	Grievances, other
1.1.7 Access to care	AD_29	Primary care provider availability
1.1.7 Access to care	AD_30	Primary care provider active participation
1.1.7 Access to care	AD_31	Specialist provider availability
1.1.7 Access to care	AD_32	Specialist provider active participation
1.1.7 Access to care	AD_33	Preventive care and office visit utilization
1.1.7 Access to care	AD_34	Prescription drug use
1.1.7 Access to care	AD_35	Emergency department utilization, total
1.1.7 Access to care	AD_36	Emergency department utilization, non-emergency

1.1.7 Access to care	AD_37	Inpatient admissions
1.1.8 Quality of care and health outcomes	AD_38A	Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) [NCQA; NQF #0027; Medicaid Adult Core Set; Adjusted HEDIS measure] ¹
1.1.8 Quality of care and health outcomes	AD_38B	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention [PCPI Foundation; NQF #0028]
1.1.8 Quality of care and health outcomes	AD_39-1	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD) [NCQA; NQF # 2605; Medicaid adult Core Set; Adjusted HEDIS measure] ¹
1.1.8 Quality of care and health outcomes	AD_39-2	Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD) [NCQA; NQF # 2605; Medicaid adult Core Set; Adjusted HEDIS measure] ¹

1.1.8 Quality of care and health outcomes AD_40 Initiation of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD)
[NCQA; NQF #0004; Medicaid Adult Core Set; Adjusted HEDIS measure]¹

1.1.8 Quality of care and health outcomes AD_41 PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)
[AHRQ; NQF #0272; Medicaid Adult Core Set]

1.1.8 Quality of care and health outcomes AD_42 PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)
[AHRQ; NQF #0275; Medicaid Adult Core Set]

1.1.8 Quality of care and health outcomes	AD_43	PQI 08: Heart Failure Admission Rate (PQI08-AD) [AHRQ; NQF #0277; Medicaid Adult Core Set]
1.1.8 Quality of care and health outcomes	AD_44	PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD) [AHRQ; NQF #0283; Medicaid Adult Core Set]
1.1.9 Administrative cost	AD_45	Administrative cost of demonstration operation

Add rows for any additional state-identified metrics

Note: States must prominently display the following notice on any display of Measure rates:

The MSC-AD, FUA-AD, FUM-AD, and IET_AD measures (metrics AD_38A, AD_39, and AD_40) are Healthcare Effectiveness Data and Research Center (HEDIS) measures. NCQA makes no representations, warranties, or endorsement about liability to anyone who relies on such measures or specifications.

The measure specification methodology used by CMS is different from NCQA's methodology. NCQA has not validated results, based on the adjusted HEDIS specifications, may be called only "Uncertified, Unaudited HEDIS rates."

Certain non-NCQA measures in the CMS 1115 eligibility and coverage demonstration contain HEDIS Value Sets (VS). Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NCQA does not own the VS.

^a States should create a new metrics report for each reporting quarter.

^b The reporting topics correspond to the prompts for reporting topic AD.Mod_1 in the monitoring report template

^c Report metrics that are one annual value for a demonstration year only in the report specified in the reporting section

^d Report count metrics in the numerator column. Administrative costs (AD_45) should also be reported in the numerator

^e If applicable. See CMS-provided technical specifications.

^f Add columns as necessary to report additional income groups.

^g Add columns as necessary to report exempt groups.

^h Add columns as necessary to report specific edibility groups.

ⁱ Add columns as necessary to report phase-in cohorts, if applicable.

^j Rates for these metrics reflect Uncertified, Unaudited HEDIS rates.

Checks:

AD_8, AD_9, AD_11, AD_12, AD_13, AD_14 should each be less than or equal to 100%

M/DD/YYYY)

D/YYYY)

Metric description	Data source	Calculation lag
The unduplicated number of beneficiaries enrolled in the demonstration at any time during the measurement period. This indicator is a count of total program enrollment. It includes those newly enrolled during the measurement period and those whose enrollment continues from a prior period. This indicator is not a point-in-time count. It captures beneficiaries who were enrolled for at least one day during the measurement period.	Administrative records	30 days
The number of demonstration beneficiaries in suspension status for noncompliance with demonstration policies as of the last day of the measurement period	Administrative records	30 days
The number of prior demonstration beneficiaries who are in a non-eligibility period, meaning they are prevented from re-enrolling for some defined period of time, because they were disenrolled for noncompliance with demonstration policies. The count should include those prevented from re-enrolling until their redetermination date.	Administrative records	30 days
Number of beneficiaries in the demonstration who began a new enrollment spell during the measurement period, have not had Medicaid coverage within the prior 3 months and are not using a state-specific pathway for re-enrollment after being disenrolled for noncompliance	Administrative records	30 days
Number of beneficiaries in the demonstration who began a new enrollment spell (or had benefits re-instated) in the current measurement period by using a state-defined pathway for re-enrollment (or re-instatement of benefits), i.e., meeting certain requirements, after being disenrolled (or having benefits suspended) for noncompliance with premium requirements, community engagement requirements, or other demonstration-specific requirements.	Administrative records	30 days
Number of beneficiaries in the demonstration who began a new enrollment spell (or had benefits re-instated) in the current measurement period who have had Medicaid coverage within the prior 3 months and are not using a state-specific pathway for re-enrollment after being disenrolled for noncompliance (or re-instatement of benefits	Administrative records	30 days

after being suspended for noncompliance).

Beneficiaries determined ineligible for Medicaid, any reason, other than at renewal	Administrative records	30 days
Beneficiaries no longer eligible for Medicaid, failure to provide timely change in circumstance information	Administrative records	30 days
Beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiary	Administrative records	30 days
Beneficiaries no longer eligible for the demonstration due to transfer to another Medicaid eligibility group	Administrative records	30 days
Beneficiaries no longer eligible for the demonstration due to transfer to CHIP	Administrative records	30 days
Number of demonstration beneficiaries who lost eligibility for Medicaid during the measurement period and whose enrollment spell had lasted 3 or fewer months at the time of disenrollment	Administrative records	30 days
Number of demonstration beneficiaries who lose eligibility for Medicaid during the measurement period whose enrollment spell had lasted between 4 and 6 months at the time of disenrollment	Administrative records	30 days
Number of demonstration beneficiaries who lost eligibility for Medicaid during the measurement period whose enrollment spell had lasted 6 or more months (up to 12 months) at the time of disenrollment	Administrative records	30 days

Total number of beneficiaries enrolled in the demonstration who were due for renewal during the measurement period	Administrative records	30 days
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who complete the renewal process and are determined ineligible for Medicaid	Administrative records	30 days
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who complete the renewal process and move from the demonstration to a Medicaid eligibility group not included in the demonstration	Administrative records	30 days
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who complete the renewal process but move from the demonstration to CHIP	Administrative records	30 days
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who are disenrolled from Medicaid for failure to complete the renewal process	Administrative records	30 days
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period for whom the state had not completed renewal determination by the end of the measurement period and were still enrolled	Administrative records	30 days
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who remained enrolled in the demonstration after responding to renewal notices	Administrative records	30 days
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who remained enrolled as determined by third-party data sources or available information, rather than beneficiary response to renewal notices	Administrative records	30 days
Beneficiaries who reached 5% limit	Administrative records	30 days

Number of appeals filed by beneficiaries enrolled in the demonstration during the measurement period regarding Medicaid eligibility	Administrative records	None
Number of appeals filed by beneficiaries enrolled in the demonstration during the measurement period regarding denial of benefits	Administrative records	None
Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement period regarding the quality of care or services provided	Administrative records	None
Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement period regarding a provider or managed care entity. Managed care entities include Managed Care Organizations (MCO), Prepaid Inpatient Health Plans (PIHP), and Prepaid Ambulatory Health Plans (PAHP).	Administrative records	None
Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement period regarding other matters that are not subject to appeal	Administrative records	None
Number of primary care providers enrolled to deliver Medicaid services at the end of the measurement period	Provider enrollment databases	90 days
Number of primary care providers enrolled to deliver Medicaid services with service claims for 3 or more demonstration beneficiaries during the measurement period	Provider enrollment databases and claims and encounters	90 days
Number of specialists enrolled to deliver Medicaid services at the end of the measurement period	Provider enrollment databases	90 days
Number of specialists enrolled to deliver Medicaid services with service claims for 3 or more demonstration beneficiaries during the measurement period	Provider enrollment databases and claims and encounters	90 days
Total utilization of preventive care and office visits per 1,000 demonstration beneficiary months during the measurement period	Claims and encounters and other administrative records	90 days
Total utilization of 30-day prescription fills per 1,000 demonstration beneficiary months in the measurement period.	Claims and encounters; other administrative records	90 days
Total number of emergency department (ED) visits per 1,000 demonstration beneficiary months during the measurement period	Claims and encounters; other administrative records	90 days
Total number of ED visits for non-emergency conditions per 1,000 demonstration beneficiary months during the measurement period. If the state differentiates emergent/non-emergent visit copayments, then non-emergency visits should be identified for monitoring purposes using the same criteria used to assess the differential copayment. If the state does not differentiate emergent/non-emergent copayments, then non-emergency visits should be defined as all visits not categorized as emergent using the method below.	Claims and encounters; other administrative records	90 days

Total number of inpatient admissions per 1,000 demonstration beneficiary months during the measurement period	Claims and encounters; other administrative records	90 days
This metric consists of the following components; each assesses different facets of providing medical assistance with smoking and tobacco use cessation: <ul style="list-style-type: none"> • Advising smokers and tobacco users to quit • Discussing cessation medications • Discussing cessation strategies 	Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan survey, Adult Version	90 days
This metric consists of the following components: 1. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months 2. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention 3. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation intervention if identified as a tobacco user	--	--
1. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months	Claims and encounters or registry data	90 days
2. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention	Claims and encounters or registry data	90 days
3. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation intervention if identified as a tobacco user	Claims and encounters or registry data	90 days
Percentage of ED visits for beneficiaries age 18 and older who have a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, and who had a follow-up visit with a corresponding principal diagnosis for AOD. Two rates are reported:	--	--
1. Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)	Claims and encounters	90 days
2. Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit (8 total days)	Claims and encounters	90 days
Percentage of ED visits for beneficiaries age 18 and older who have a principal diagnosis of mental illness or intentional self-harm, and who had a follow-up visit with a corresponding principal diagnosis for mental illness. Two rates are reported:	--	--
1. Percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)	Claims and encounters	90 days
2. Percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 7 days of the ED visit (8 total days)	Claims and encounters	90 days

Percentage of beneficiaries age 18 and older with a new episode of AOD abuse or dependence who received the following:

1. Initiation of AOD Treatment. Percentage of beneficiaries who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication assisted treatment (MAT) within 14 days of the diagnosis

2. Engagement of AOD Treatment. Percentage of beneficiaries who initiate treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit -- --

The following diagnosis cohorts are reported for each rate: (1) Alcohol abuse or dependence, (2) Opioid abuse or dependence, (3) Other drug abuse or dependence, and (4) Total AOD abuse or dependence. A total of 8 separate rates are reported for this measure.

1. Initiation of AOD Treatment - Alcohol abuse or dependence (rate 1, cohort 1)	Claims and encounters or EHR	90 days
2. Initiation of AOD Treatment - Opioid abuse or dependence (rate 1, cohort 2)	Claims and encounters or EHR	90 days
3. Initiation of AOD Treatment - Other drug abuse or dependence (rate 1, cohort 3)	Claims and encounters or EHR	90 days
4. Initiation of AOD Treatment - Total AOD abuse or dependence (rate 1, cohort 4)	Claims and encounters or EHR	90 days
5. Engagement of AOD Treatment - Alcohol drug abuse or dependence (rate 2 cohort 1)	Claims and encounters or EHR	90 days
6. Engagement of AOD Treatment - Opioid drug abuse or dependence (rate 2, cohort 2)	Claims and encounters or EHR	90 days
7. Engagement of AOD Treatment - Other AOD abuse or dependence (rate 2, cohort 3)	Claims and encounters or EHR	90 days
8. Engagement of AOD Treatment - Total AOD abuse or dependence (rate 2, cohort 4)	Claims and encounters or EHR	90 days
Number of inpatient hospital admissions for diabetes short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 beneficiary months for beneficiaries age 18 and older	Claims and encounters	90 days
Number of inpatient hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 beneficiary months for beneficiaries age 40 and older.	Claims and encounters	90 days

Number of inpatient hospital admissions for heart failure per 100,000 beneficiary months for beneficiaries age 18 and older	Claims and encounters	90 days
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Number of inpatient hospital admissions for asthma per 100,000 beneficiary months for beneficiaries aged 18 to 39.	Claims and encounters	90 days
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Cost of contracts or contract amendments and staff time equivalents required to administer demonstration policies, including premium collection, health behavior incentives, premium assistance, community engagement requirements and/or retroactive eligibility waivers	Administrative records	None
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tiveness Data and Information Set ("HEDIS®") measures that are owned and copyrighted by the National the quality of any organization or physician that uses or reports performance measures and NCQA has no

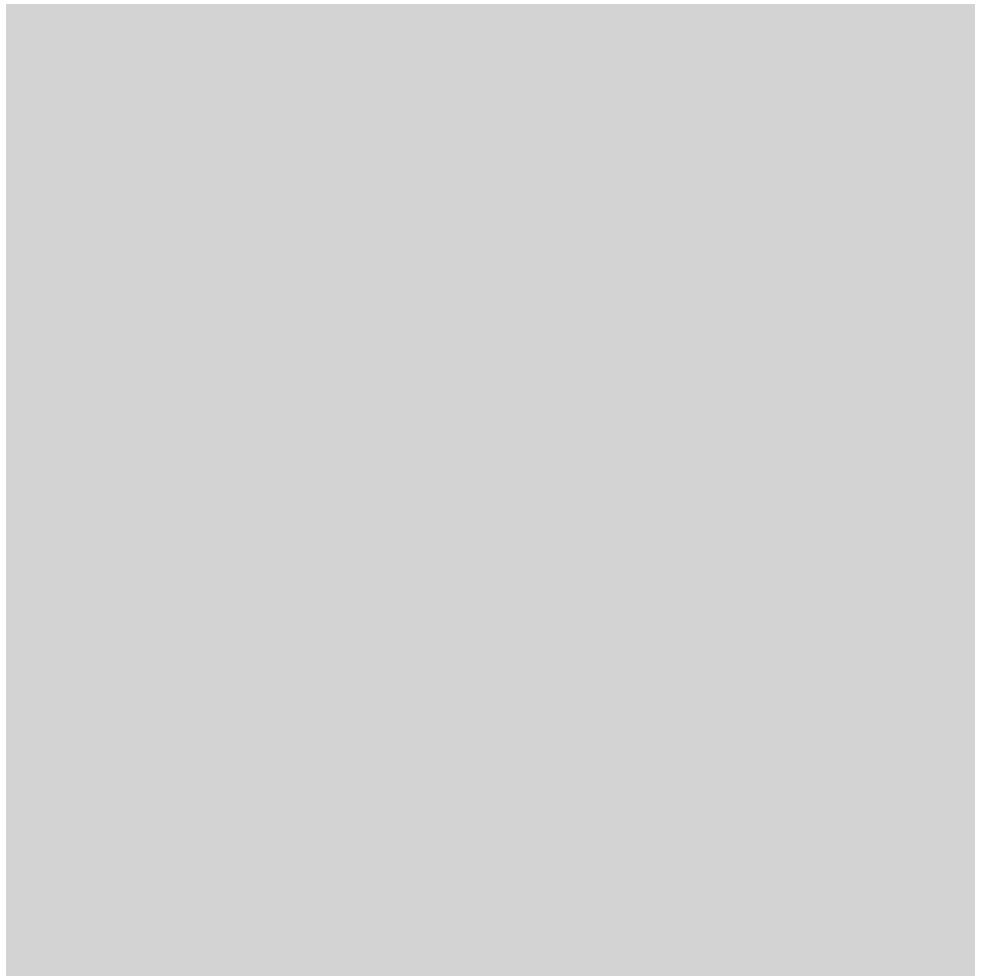
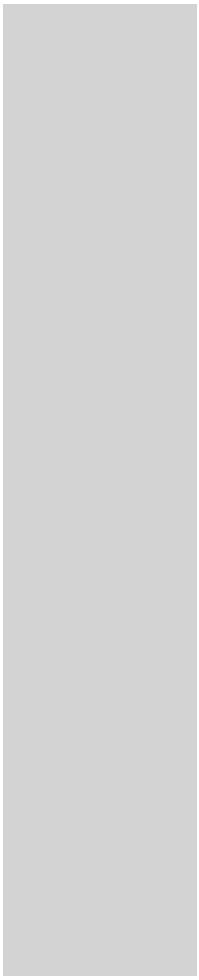
ated the adjusted measure specifications but has granted CMS permission to adjust. Calculated measure

5) developed by and included with the permission of the NCQA. Proprietary coding is contained in the VS. disclaims all liability for use or accuracy of the VS with the non-NCQA measures and any coding contained in

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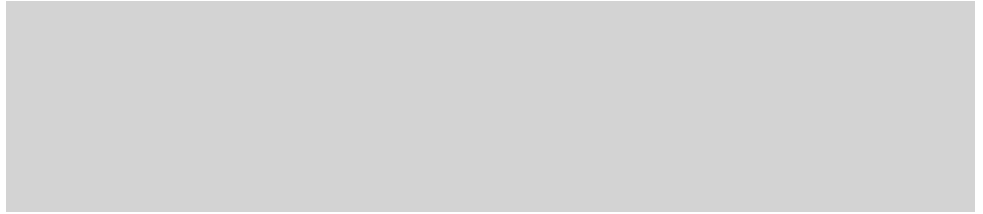
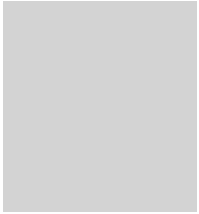
al to AD_7

Demonstration			< 50% FPL ^f			
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator





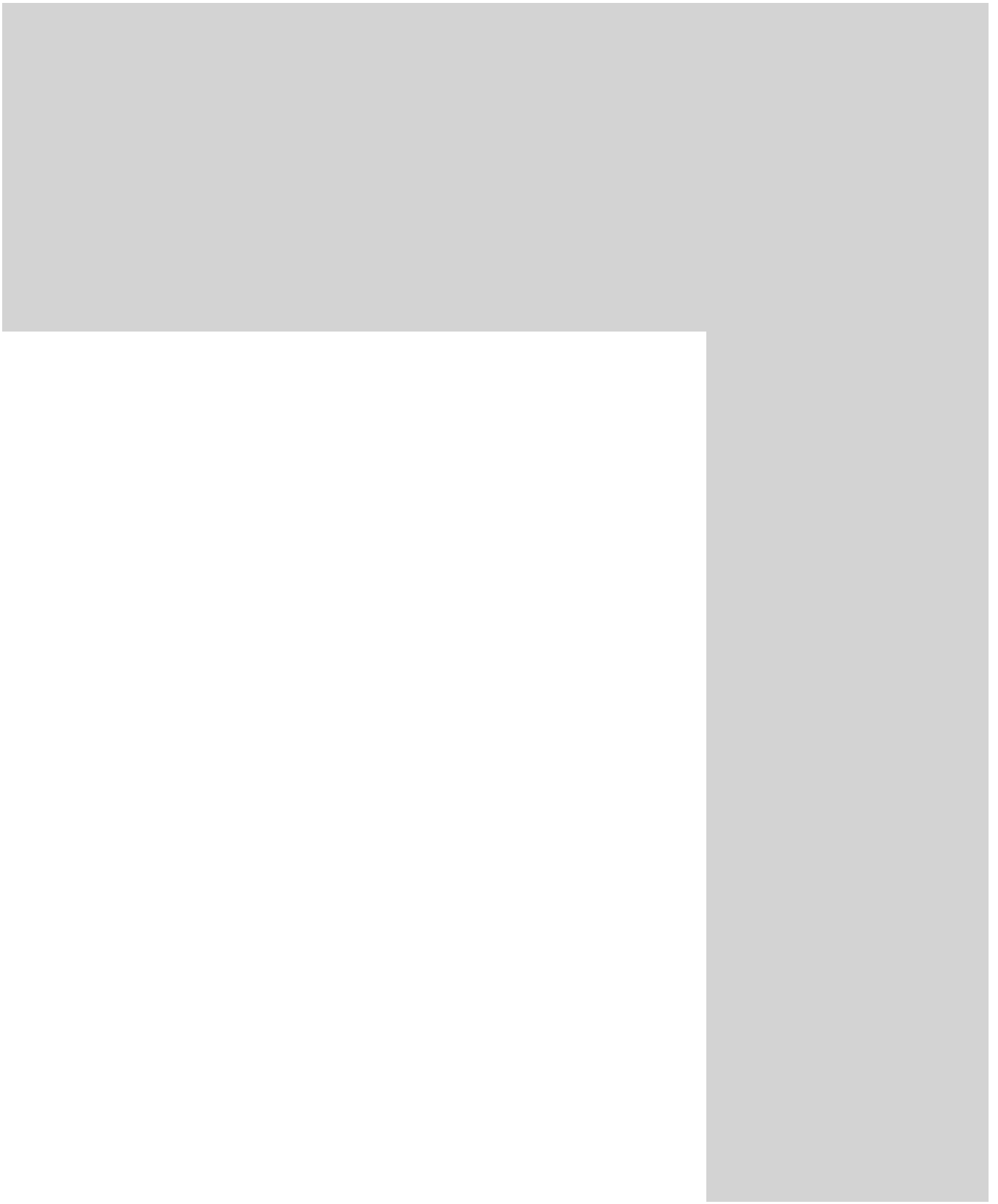




50-100% FPL ^f			>100% FPL ^f			Age 19-26
Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d



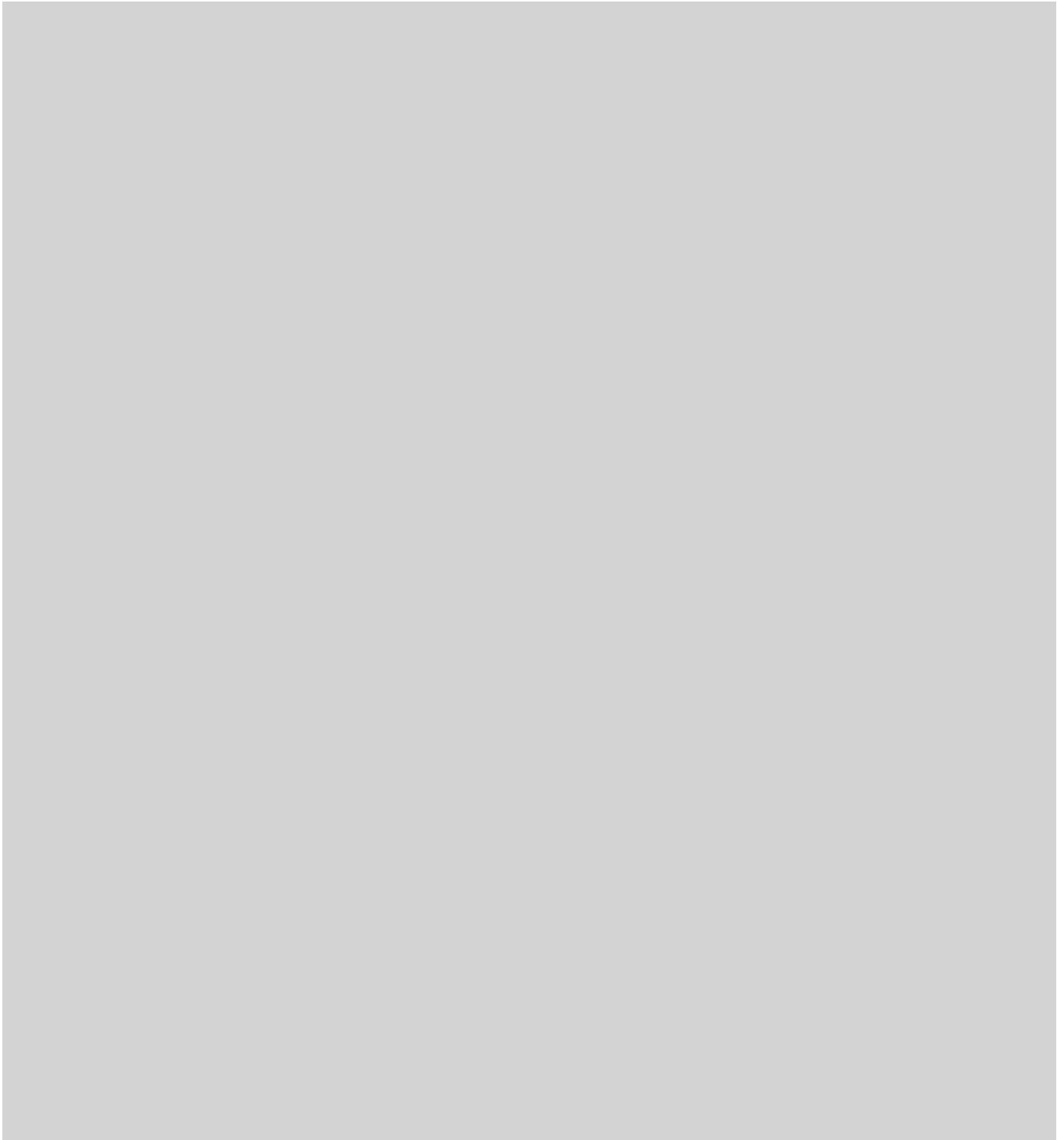






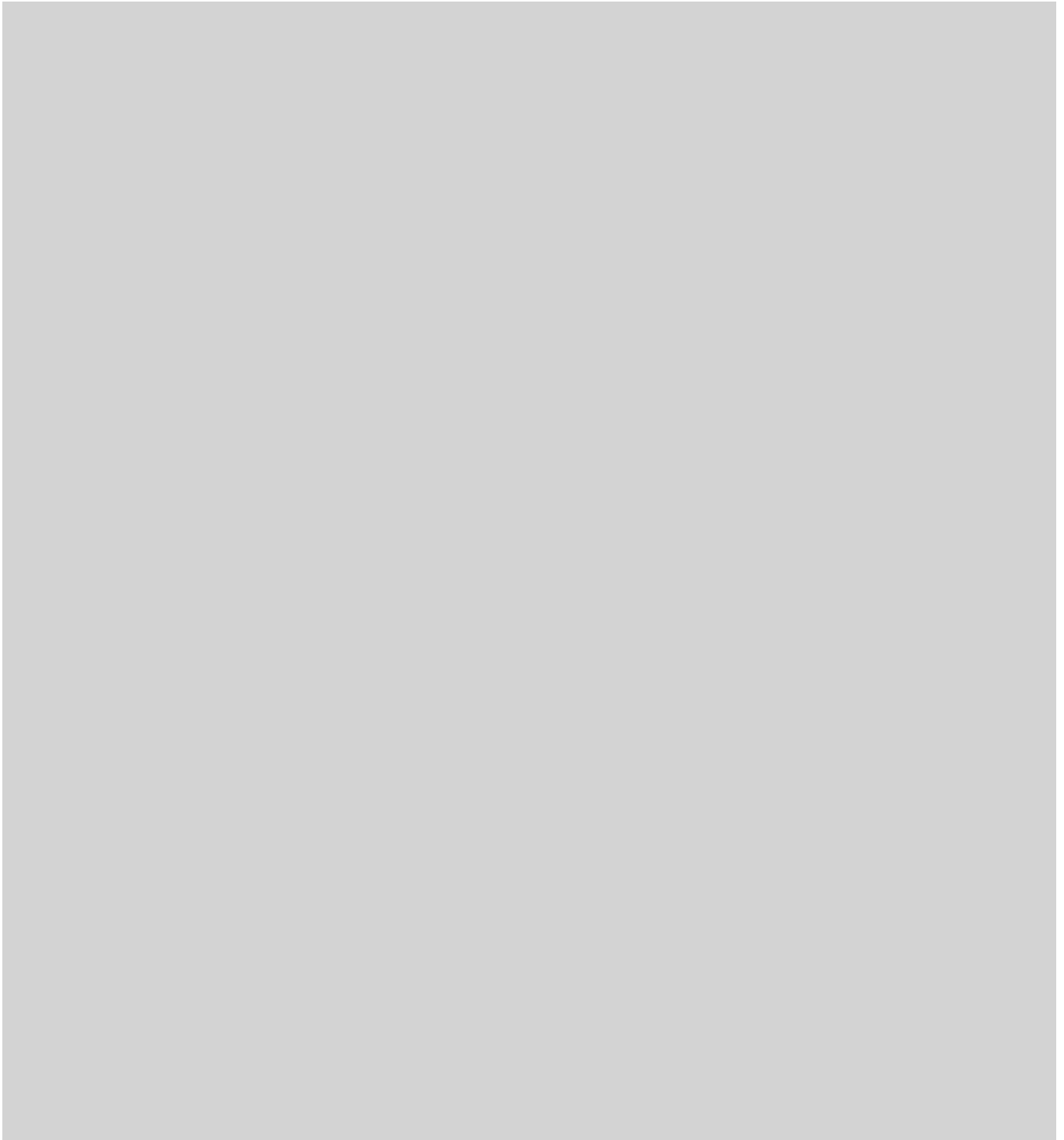
Rate/Percentage ^e	Age 27-35			Age 36-45		
	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e





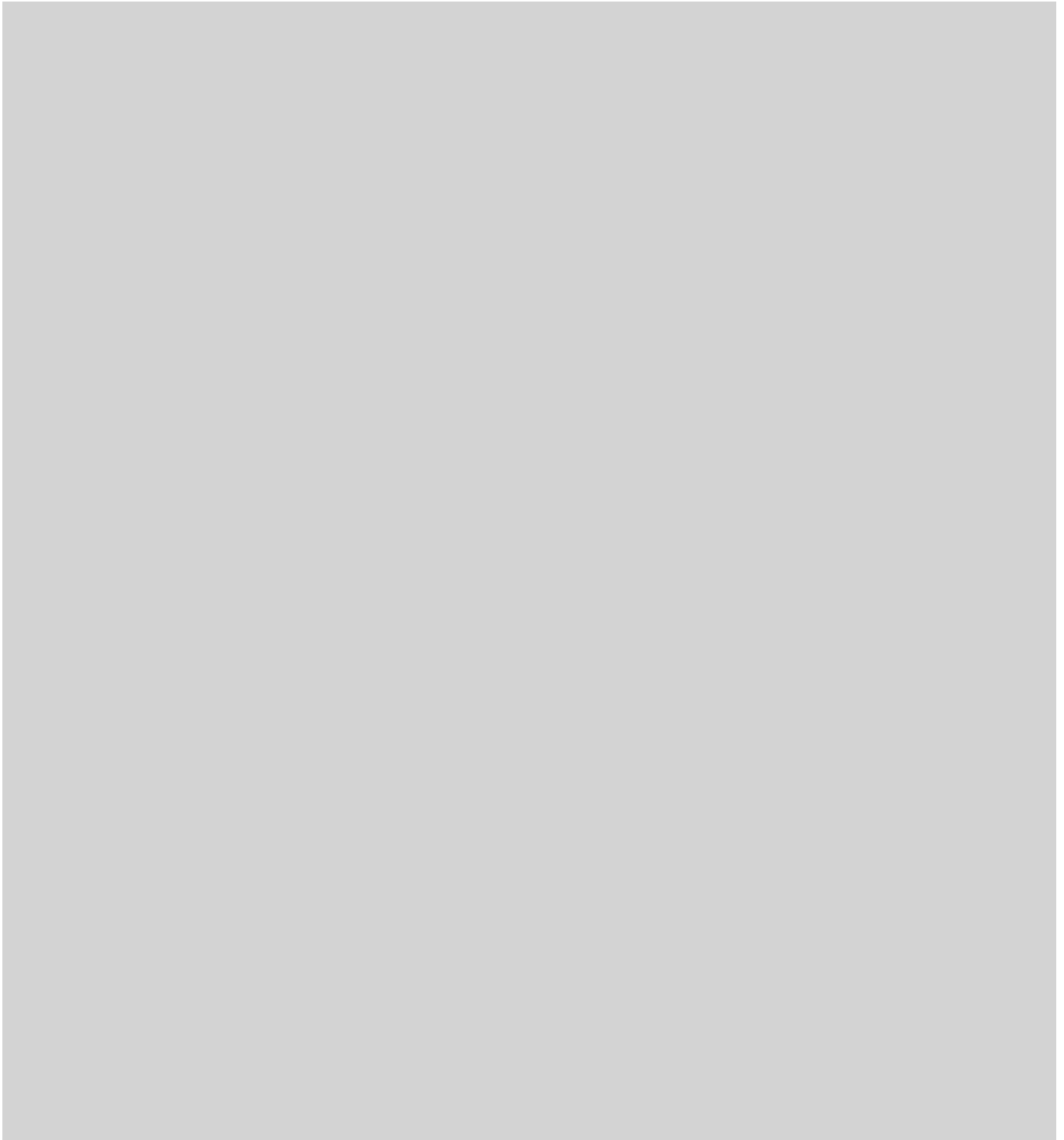
Age 46-55			Age 56-64			
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator





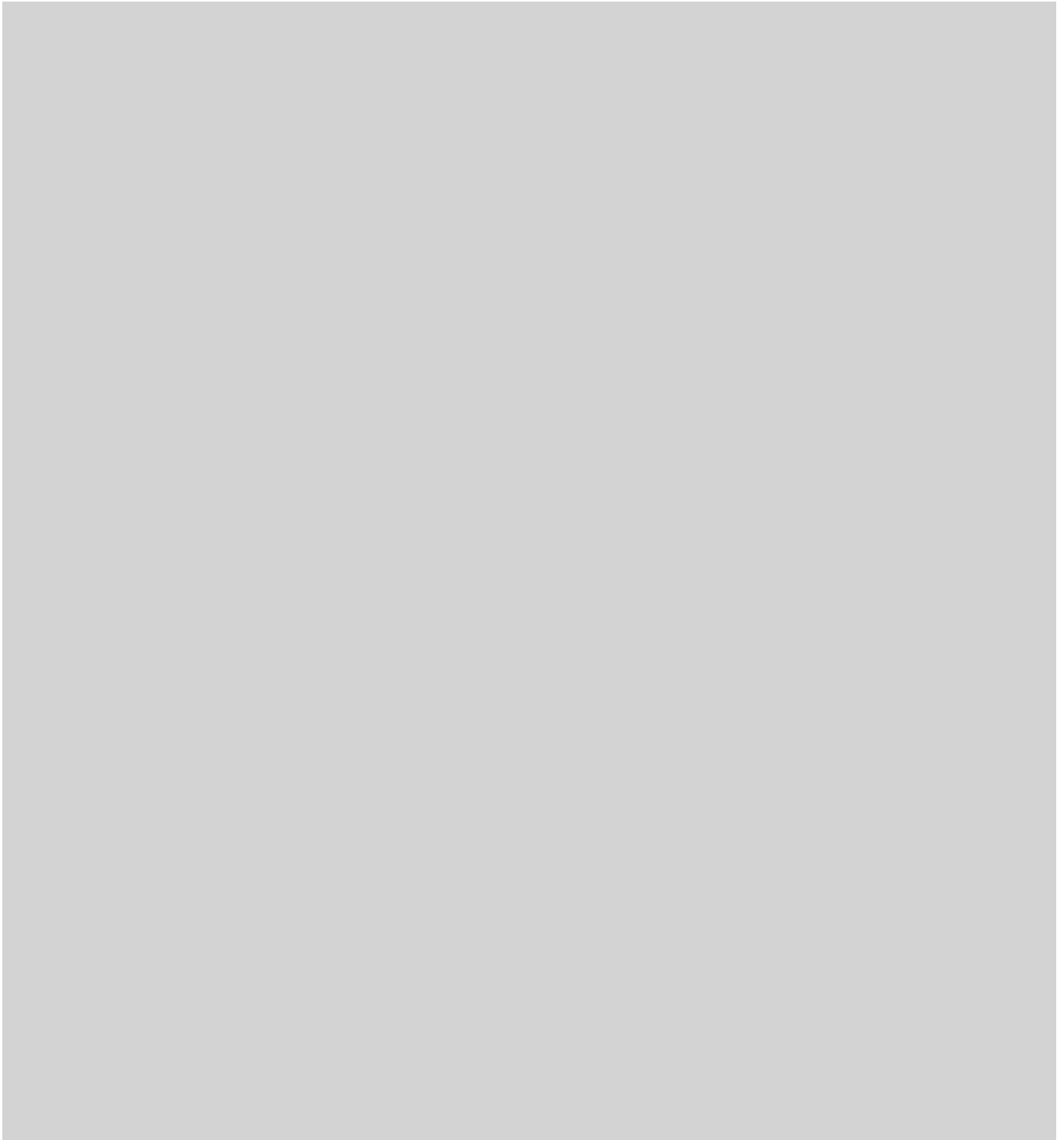
Male		Female			White	
Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d





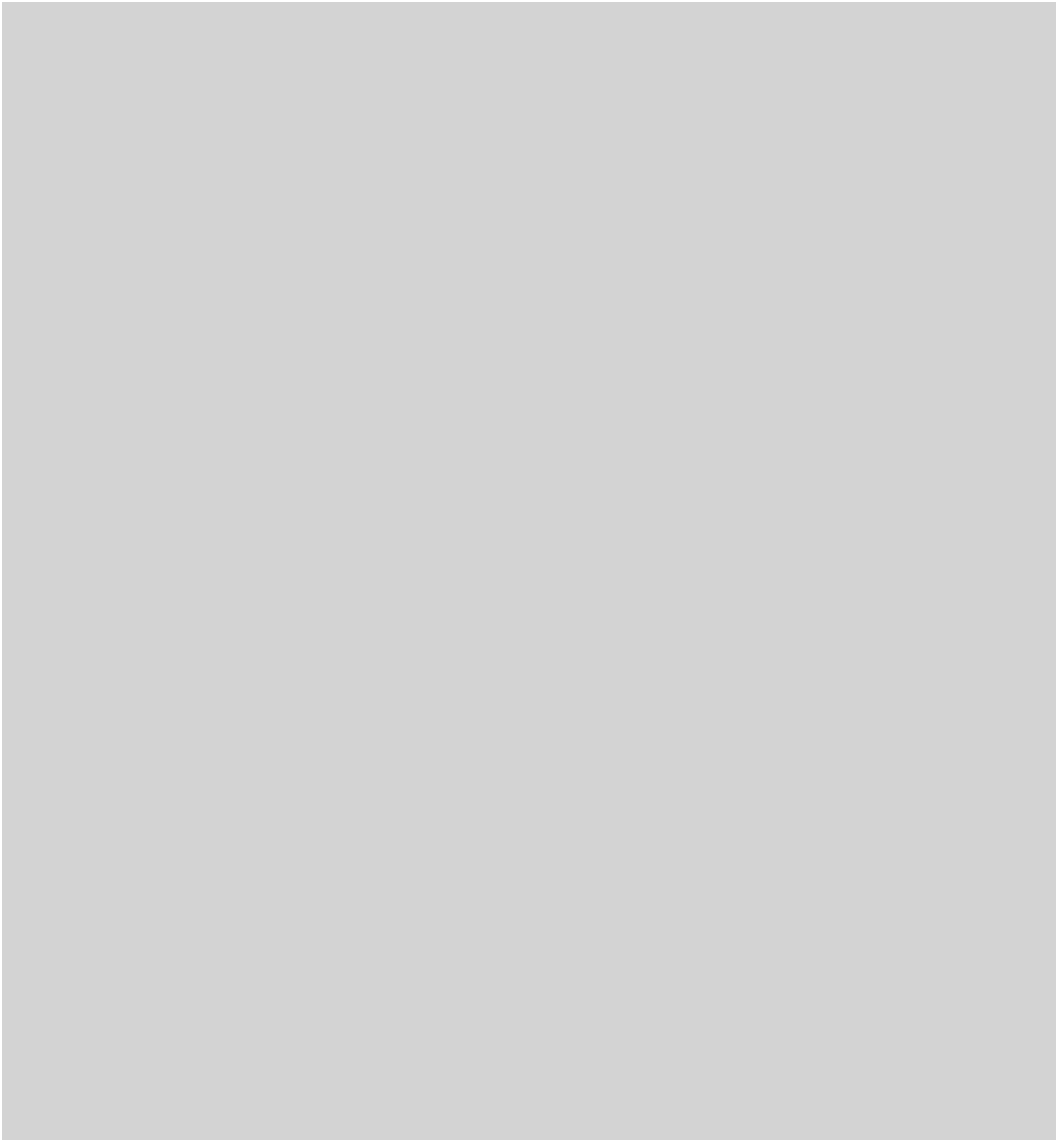
	Black or African American			Asian		
Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e



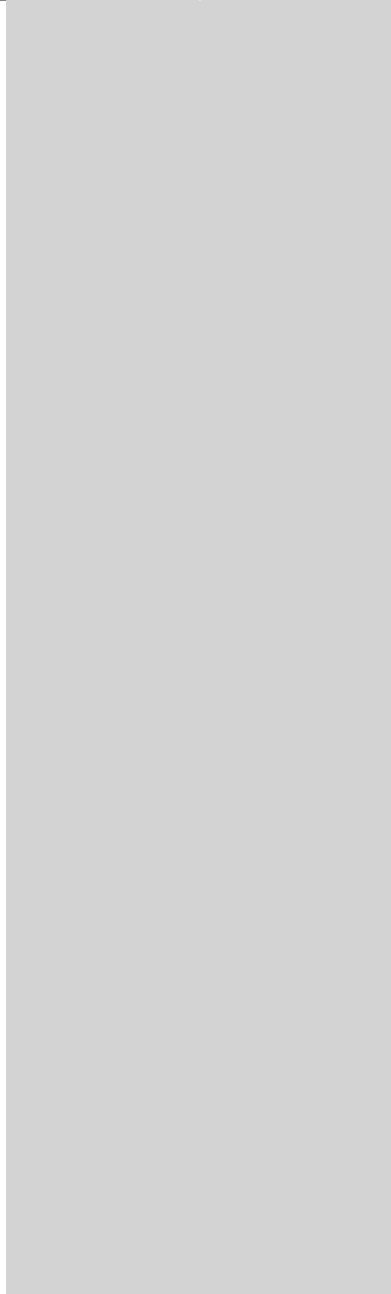
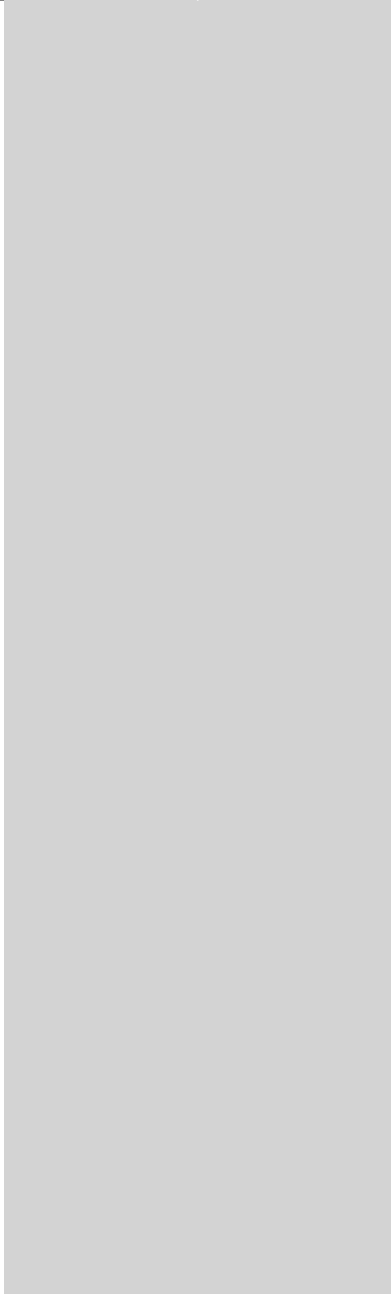


American Indian or Alaskan Native			Other race			
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator

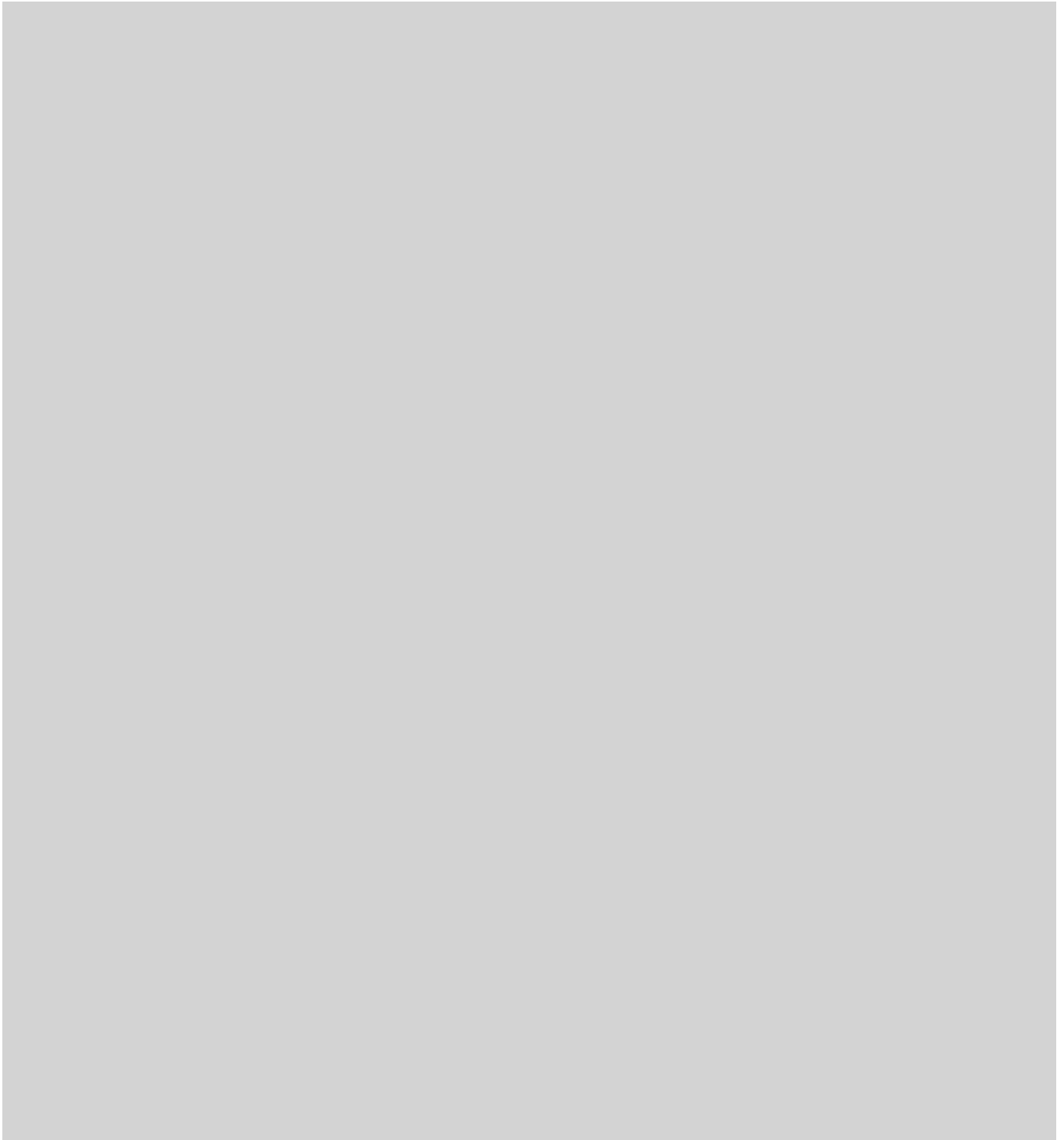




Unknown race		Hispanic ethnicity			Non-Hispanic ethnicit	
Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d

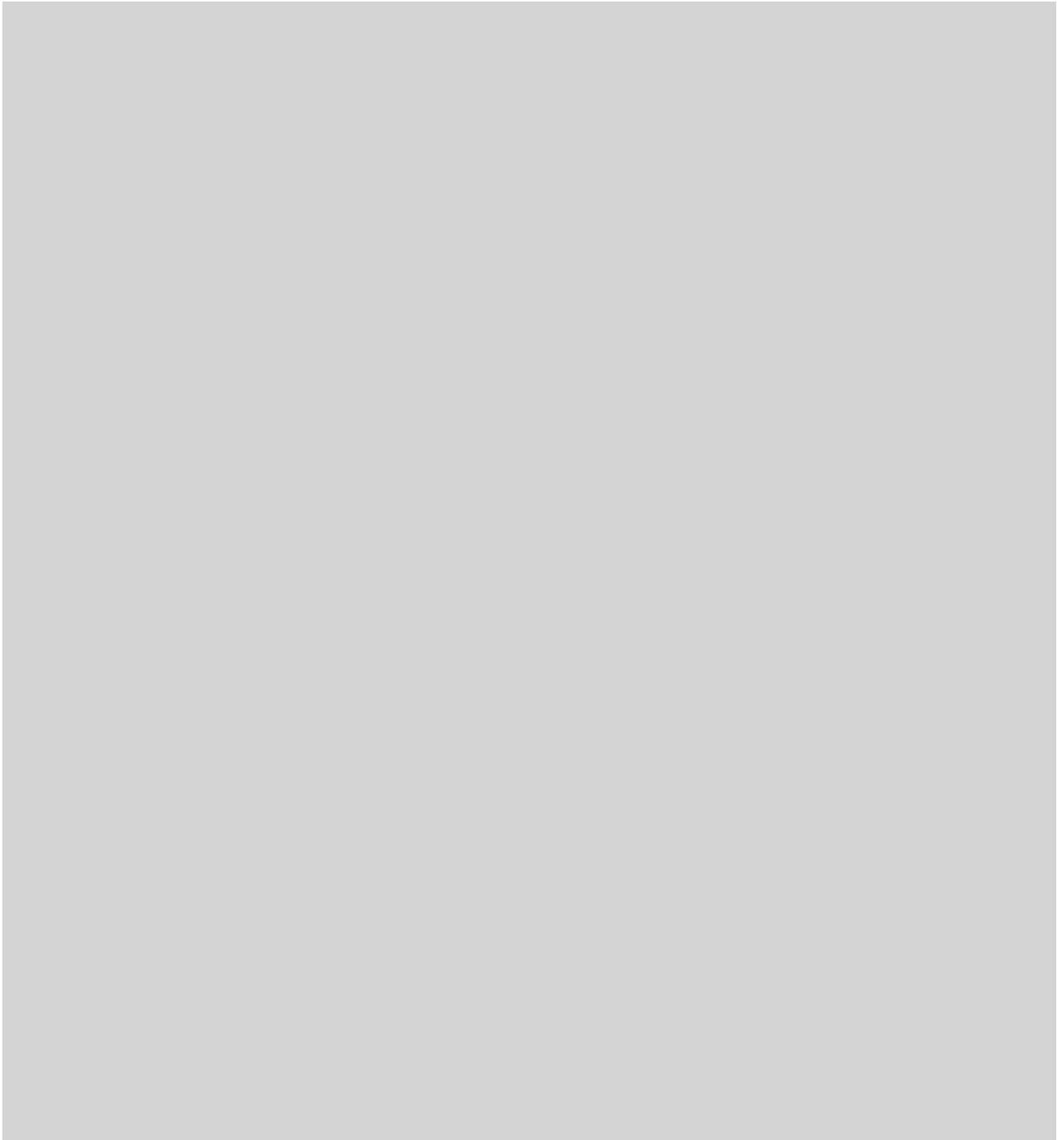






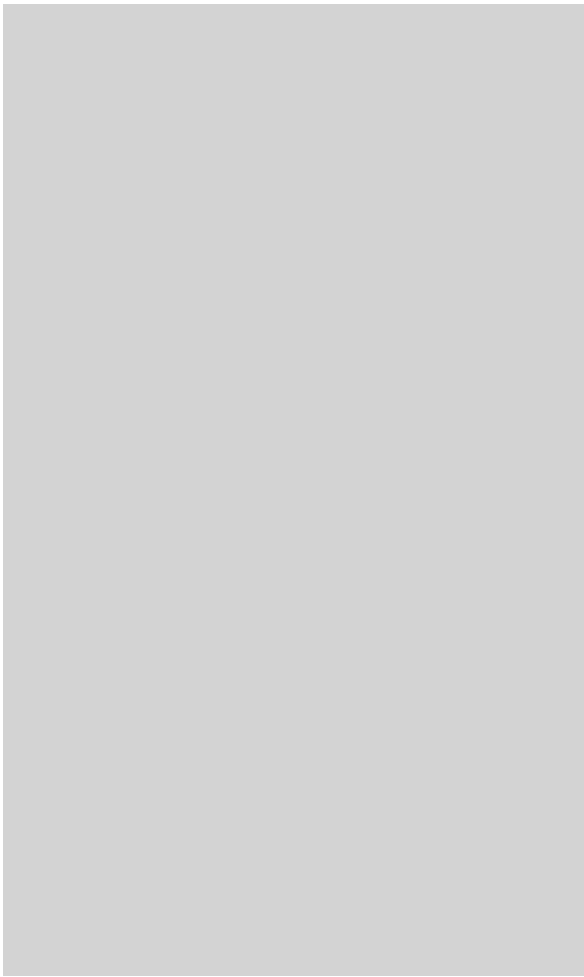
ty	Unknown ethnicity			Exempt groups ^g		
Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e





Specific eligibility groups^h

Denominator	Numerator ^d	Rate/Percentage ^e









Medicaid Section 1115 Eligibility and Coverage Demonstration Report - Metrics reporting (CE)

State [Enter State Name]

Demonstration Name [Enter Demonstration Name]

Demonstration Year (DY) [Enter Demonstration Year] (Format: DY1, DY2, DY3, etc.)

Calendar Dates for DY [Enter Calendar Dates for Demonstration Year] (Format: MM/DD/YYYY - MM/DD/YYYY)

Reporting Period [Enter Reporting Period] (Format: Q1, Q2, Q3, Q4)

Calendar Dates for Reporting Period [Enter Calendar Dates for Reporting Period] (Format: MM/DD/YYYY - MM/DD/YYYY)

Submitted on [Enter Date] (Format: MM/DD/YYYY)

Eligibility and Coverage Demonstration Metrics (CE)^a

Reporting Topic ^b	#	Metric name
CE.Mod_1: Specify community engagement policies	CE_1	Total beneficiaries subject to the community engagement requirement, not exempt
CE.Mod_1: Specify community engagement policies	CE_2	Total beneficiaries who were exempt from the community engagement requirement in the month
CE.Mod_1: Specify community engagement policies	CE_3	Beneficiaries with approved good cause circumstances
CE.Mod_1: Specify community engagement policies	CE_4	Beneficiaries subject to the community engagement requirement and in suspension status due to failure to meet requirement
CE.Mod_1: Specify community engagement policies	CE_5	Beneficiaries subject to the community engagement requirement and receiving benefits who met the requirement for qualifying activities
CE.Mod_1: Specify community engagement policies	CE_6	Beneficiaries subject to the community engagement requirement and receiving benefits but in a grace period or allowable month of noncompliance
CE.Mod_1: Specify community engagement policies	CE_7	Beneficiaries who successfully completed make-up hours or other activities to retain active benefit status after failing to meet the community engagement requirement in a previous month
CE.Mod_1: Specify community engagement policies	CE_8	Beneficiaries in a non-eligibility period who were disenrolled for noncompliance with community engagement requirement and are prevented from re-enrolling for a defined period of time

CE.Mod_1: Specify community engagement policies	CE_9	Beneficiaries who met the community engagement requirement by satisfying requirements of other programs
CE.Mod_1: Specify community engagement policies	CE_10	Beneficiaries who met the community engagement requirement through employment for the majority of their required hours
CE.Mod_1: Specify community engagement policies	CE_11	Beneficiaries who met the community engagement requirement through job training or job search for the majority of their required hours
CE.Mod_1: Specify community engagement policies	AD_12	Beneficiaries who met the community engagement requirement through educational activity for the majority of their required hours
CE.Mod_1: Specify community engagement policies	CE_13	Beneficiaries who met the community engagement requirement who were engaged in other qualifying activity for the majority of their required hours
CE.Mod_1: Specify community engagement policies	CE_14	Beneficiaries who met the community engagement requirement by combining two or more activities
CE.Mod_1: Specify community engagement policies	CE_15	Beneficiaries exempt from Medicaid community engagement requirements because they were exempt from requirements of SNAP and/or TANF
CE.Mod_1: Specify community engagement policies	CE_16	Beneficiaries exempt from Medicaid community engagement requirements on the basis of pregnancy
CE.Mod_1: Specify community engagement policies	CE_17	Beneficiaries exempt from Medicaid community engagement requirements due to former foster youth status
CE.Mod_1: Specify community engagement policies	CE_18	Beneficiaries exempt from Medicaid community engagement requirements due to medical frailty

CE.Mod_1: Specify community engagement policies	CE_19	Beneficiaries exempt from Medicaid community engagement requirements on the basis of caretaker status
CE.Mod_1: Specify community engagement policies	CE_20	Beneficiaries exempt from Medicaid community engagement requirements on the basis of unemployment insurance compensation
CE.Mod_1: Specify community engagement policies	CE_21	Beneficiaries exempt from Medicaid community engagement requirements due to substance abuse treatment status
CE.Mod_1: Specify community engagement policies	CE_22	Beneficiaries exempt from Medicaid community engagement requirements due to student status
CE.Mod_1: Specify community engagement policies	CE_23	Beneficiaries exempt from Medicaid community engagement requirements because they were excused by a medical professional
CE.Mod_1: Specify community engagement policies	CE_24	Beneficiaries exempt from Medicaid community engagement requirements, other
CE.Mod_2: Establish beneficiary supports and modifications	CE_25	Total beneficiaries receiving supports to participate and placement assistance
CE.Mod_2: Establish beneficiary supports and modifications	CE_26	Beneficiaries provided with transportation assistance
CE.Mod_2: Establish beneficiary supports and modifications	CE_27	Beneficiaries provided with childcare assistance
CE.Mod_2: Establish beneficiary supports and modifications	CE_28	Beneficiaries provided with language supports
CE.Mod_2: Establish beneficiary supports and modifications	CE_29	Beneficiaries assisted with placement in community engagement activities
CE.Mod_2: Establish beneficiary supports and modifications	CE_30	Beneficiaries provided with other non-Medicaid assistance
CE.Mod_2: Establish beneficiary supports and modifications	CE_31	Beneficiaries who requested reasonable modifications to community engagement processes or requirements due to disability
CE.Mod_2: Establish beneficiary supports and modifications	CE_32	Beneficiaries who were granted reasonable modifications to community engagement processes or requirements due to disability

due to disability

CE.Mod_4: Operationalize strategies for noncompliance	CE_33	Beneficiaries newly suspended for failure to complete community engagement requirements
CE.Mod_4: Operationalize strategies for noncompliance	CE_34	Beneficiaries newly disenrolled for failure to complete community engagement requirements
CE.Mod_4: Operationalize strategies for noncompliance	CE_35	Total beneficiaries whose benefits were reinstated after being in suspended status for noncompliance
CE.Mod_4: Operationalize strategies for noncompliance	CE_36	Beneficiaries whose benefits were reinstated because their time-limited suspension period ended
CE.Mod_4: Operationalize strategies for noncompliance	CE_37	Beneficiaries whose benefits were reinstated because they completed required community engagement activities
CE.Mod_4: Operationalize strategies for noncompliance	CE_38	Beneficiaries whose benefits were reinstated because they completed "on-ramp" activities other than qualifying community engagement activities
CE.Mod_4: Operationalize strategies for noncompliance	CE_39	Beneficiaries whose benefits were reinstated because they newly meet community engagement exemption criteria or had a good cause circumstance
CE.Mod_4: Operationalize strategies for noncompliance	CE_40	Beneficiaries whose benefits were reinstated after successful appeal of suspension for noncompliance
CE.Mod_4: Operationalize strategies for noncompliance	CE_41	Total beneficiaries re-enrolling after disenrollment for noncompliance

CE.Mod_4: Operationalize strategies for noncompliance	CE_42	Beneficiaries re-enrolling after completing required community engagement activities
CE.Mod_4: Operationalize strategies for noncompliance	CE_43	Beneficiaries re-enrolling after completing “on-ramp” activities other than qualifying community engagement activities
CE.Mod_4: Operationalize strategies for noncompliance	CE_44	Beneficiaries re-enrolling after re-applying, subsequent to being disenrolled for noncompliance with community engagement requirements
CE.Mod_4: Operationalize strategies for noncompliance	CE_45	Beneficiaries re-enrolling because they newly met community engagement exemption criteria or had a good cause circumstance
CE.Mod_4: Operationalize strategies for noncompliance	CE_46	Beneficiaries re-enrolling after successful appeal of disenrollment for noncompliance

Add rows for any additional state-identified metrics

- ^a States should create a new metrics report for each reporting quarter.
- ^b The reporting topics correspond to the reporting topics in the CE.Mod_1 section of the monitoring report template.
- ^c The reporting topics correspond to the reporting topics in section CE.Mod_1 of the monitoring report template.
- ^d Report count metrics in the numerator column.
- ^e If applicable. See CMS-provided technical specifications.
- ^f Add columns as necessary to report additional income groups.
- ^g Add columns as necessary to report exempt groups.
- ^h Add columns as necessary to report specific eligibility groups.
- ⁱ Add columns as necessary to report phase-in cohorts, if applicable.

Checks:

CE_1 should be less than or equal to AD_1

CE_1 should be equal to the sum of metrics CE_5 and CE_6

CE_4 should be less than or equal to AD_2

CE_8 should be less than or equal to AD_3

CE_2 should be equal to the sum of metrics CE_15 - CE_24

CE_35 should be equal the sum of metrics CE_36 - CE_40

CE_41 should be equal to the sum of metrics CE_42 - CE_46

M/DD/YYYY)

D/YYYY)

Metric description	Data source
The number of beneficiaries enrolled in the demonstration whose income and eligibility group were subject to the community engagement requirement and who did not have an individual exemption from the requirement.	Administrative records
The number of beneficiaries enrolled in income and eligibility groups that were subject to the community engagement requirement, but had an individual exemption from the policy. This excludes circumstances that give rise to good cause.	Administrative records
The number of beneficiaries enrolled in the demonstration who met the state criteria for good cause circumstances, such as serious illness, birth or death of a family member, severe weather, family emergencies, or life-changing event	Administrative records
The number of demonstration beneficiaries in suspension status due to failure to meet the community engagement requirement, including those newly suspended for noncompliance during the measurement period	Administrative records
The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement by engaging in qualifying activities	Administrative records
The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement but did not meet the requirement. This includes beneficiaries who have not yet begun qualifying activities and those who logged some hours, but failed to meet total required hours.	Administrative records
The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met additional requirements to retain active benefit status after previously failing to meet the requirement. This captures beneficiaries who successfully satisfy the “opportunity to cure” requirement and therefore are not suspended (if state has this policy).	Administrative records
The number of prior demonstration beneficiaries who were disenrolled from Medicaid for noncompliance with the community engagement requirement and are in a non-eligibility period, meaning they are prevented from re-enrolling for some defined period of time. The count should include those prevented from re-enrolling until their redetermination date.	Administrative records

The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement by satisfying requirements in other programs such as SNAP or TANF, regardless of whether they are “deemed” by the state to be in compliance with Medicaid requirements or must take reporting action

Administrative records

The number of beneficiaries enrolled in the demonstration who were subject to and met the community engagement requirement, who were self-employed or employed in subsidized and/or unsubsidized settings. Includes both those “deemed” by the state to be in compliance with Medicaid requirements because they are working more than the number of required hours and those who must report their hours.

Administrative records

The number of beneficiaries enrolled in the demonstration who were subject to and met the community engagement requirement by engaging in on-the-job training, job skills training, vocational education and training, job search activities, job search training, a state-sponsored workforce program, or similar activity

Administrative records

The number of beneficiaries enrolled in the demonstration who were subject to and met the community engagement requirement by engaging in education related to employment, general education, accredited English-as-a-second-language education, accredited homeschooling, or a state-designated class

Administrative records

The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement through a state-specified activity not captured by other reporting categories, including community work experience, community service/public service, volunteer work, caregiving for a dependent, participation in substance use disorder treatment, enrollment in Medicaid employer-sponsored insurance premium assistance, or other activity.

Administrative records

The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement by engaging in a combination of activities defined in metrics CE_35 through CE_38, such as a combination of employment and education

Administrative records

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they were exempt from the Supplemental Nutrition Assistance Program (SNAP) and/or Temporary Assistance to Needy Families (TANF) work requirements. This does not include beneficiaries who are meeting SNAP and/or TANF work requirements

Administrative records

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are pregnant

Administrative records

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they were formerly part of the foster care system

Administrative records

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are identified as medically frail

Administrative records

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are primary caregiver of a dependent child or incapacitated/disabled household member	Administrative records
The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are receiving unemployment insurance compensation.	Administrative records
The number of beneficiaries enrolled in the demonstration who were exempt the community engagement requirement because they are participating in a drug or alcohol treatment and rehabilitation program.	Administrative records
The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are a student enrolled a number of hours/week, defined by state	Administrative records
The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because a medical professional determined the beneficiary had an acute medical condition separate from disability or frailty	Administrative records
The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are exempt for another reason not captured by other reporting categories, including age above the upper limit defined by the state and enrollment in employer-sponsored insurance through premium assistance.	Administrative records
The number of beneficiaries enrolled in the demonstration who were given supports to enable them to participate, including non-Medicaid supports and supports due to disability	Administrative records
The number of beneficiaries enrolled in the demonstration who were given transportation assistance to enable participation in community engagement activities	Administrative records
The number of beneficiaries enrolled in the demonstration who were given childcare assistance to enable participation in community engagement activities.	Administrative records
The number of beneficiaries enrolled in the demonstration who were given language supports to enable participation in community engagement activities	Administrative records
The number of beneficiaries enrolled in the demonstration who were given placement assistance, including through Department of Labor support centers.	Administrative records
The number of beneficiaries enrolled in the demonstration who were given other non-Medicaid assistance to participate in community engagement activities	Administrative records
The number of beneficiaries enrolled in the demonstration who requested a reasonable modification of community engagement processes (such as assistance with exemption requests or appeals) or requirements (such as the number of hours) due to disability	Administrative records
The number of beneficiaries enrolled in the demonstration who were granted a modification of community engagement processes (such as assistance with exemption requests or appeals) or requirements (such as the number of hours) due to disability	Administrative records

requests or appeals) or requirements (such as the number of hours) due to disability

The number of demonstration beneficiaries newly suspended for noncompliance during the measurement period (if state has a suspension policy) Administrative records

The number of demonstration beneficiaries newly disenrolled for noncompliance with community engagement requirements during the measurement period Administrative records

The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements, including those reinstated due to compliance, determination of exemption, and successful appeal or good cause circumstances Administrative records

The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy), because a defined suspension period ended. Administrative records

The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy), because they completed qualifying activities Administrative records

The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy), because they used a special pathway for re-enrollment such as a state-approved educational course Administrative records

The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy) because they were newly determined exempt or had a good cause circumstance Administrative records

The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy) because they successfully appealed Administrative records

Total number of beneficiaries re-enrolled in the demonstration during the measurement period after disenrollment in the last 12 months for noncompliance or because they were in suspended status on their redetermination date (depending on state policy), including those re-enrolling after being determined exempt or after Administrative records

successful appeal.

Total number of beneficiaries re-enrolled in the demonstration during the measurement period because they completed qualifying activities, subsequent to disenrollment in the last 12 months for noncompliance or because they were in suspended status on their redetermination date (depending on state policy).

Administrative records

Total number of demonstration beneficiaries re-enrolled during the measurement period because they used a special pathway for re-enrollment such as a state-approved educational course, subsequent to disenrollment in the last 12 months for noncompliance or because they were in suspended status on their redetermination date (depending on state policy).

Administrative records

The number of beneficiaries re-enrolled in the demonstration during the measurement period because they re-applied, subsequent to disenrollment in the last 12 months for noncompliance (or because they were in suspended status on their redetermination date). This includes those who re-applied immediately after disenrollment and those who did so after a disenrollment (non-eligibility) period.

Administrative records

The number of beneficiaries re-enrolled in the demonstration during the measurement period because they were newly determined exempt, subsequent to disenrollment in the last 12 months for noncompliance (or because they were in suspended status on their redetermination date).

Administrative records

The number of beneficiaries re-enrolled in the demonstration during the measurement period after successful appeal (including retroactive determination of a good cause exemption by the state), subsequent to disenrollment in the last 12 months for noncompliance (or because they were in suspended status on their redetermination date)

Administrative records

ate.

Calculation lag	Attest that reporting matches CMS-provided specification (Y/N)	Describe any deviations from CMS-provided measure specifications
-----------------	----------------------------------------------------------------	------------------------------------------------------------------

30 days

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Demonstration			
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator

< 50% FPL^f

50-100% FPL^f

Numerator^d

Rate/Percentage^e

Denominator

Numerator^d

--	--	--	--

>100% FPL^f

Rate/Percentage^e

Denominator

Numerator^d

Rate/Percentage^e

Age 19-26

Denominator

Numerator^d

Rate/Percentage^e

Denominator

Age 27-35

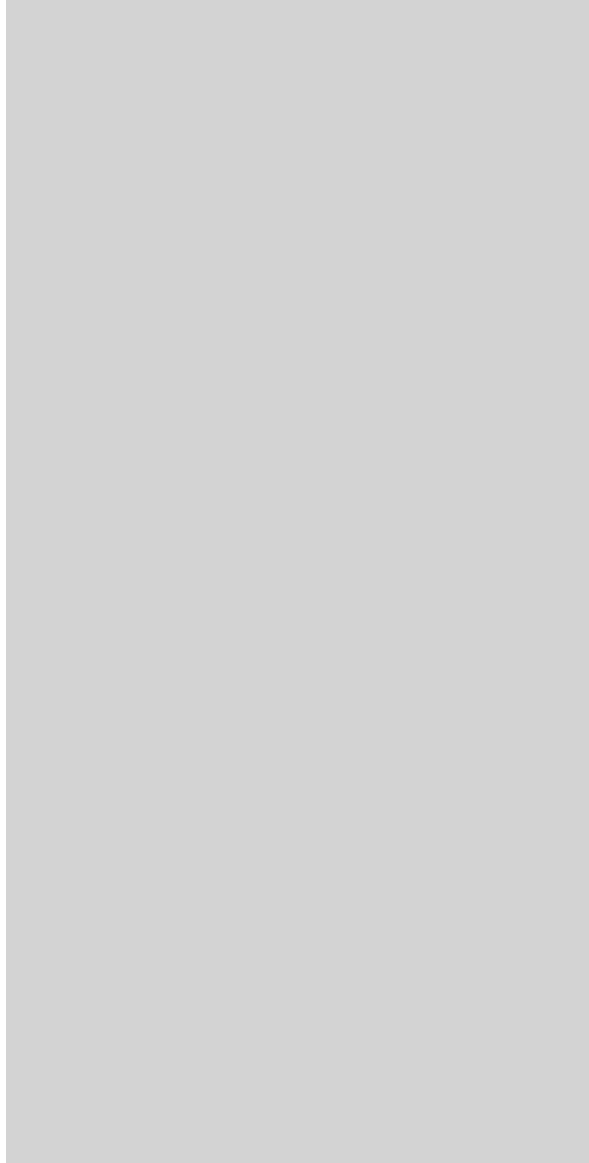
Age 36-45

Numerator^d

Rate/Percentage^e

Denominator

Numerator^d



Age 46-55

Rate/Percentage^e

Denominator

Numerator^d

Rate/Percentage^e

Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e

Age 56-64

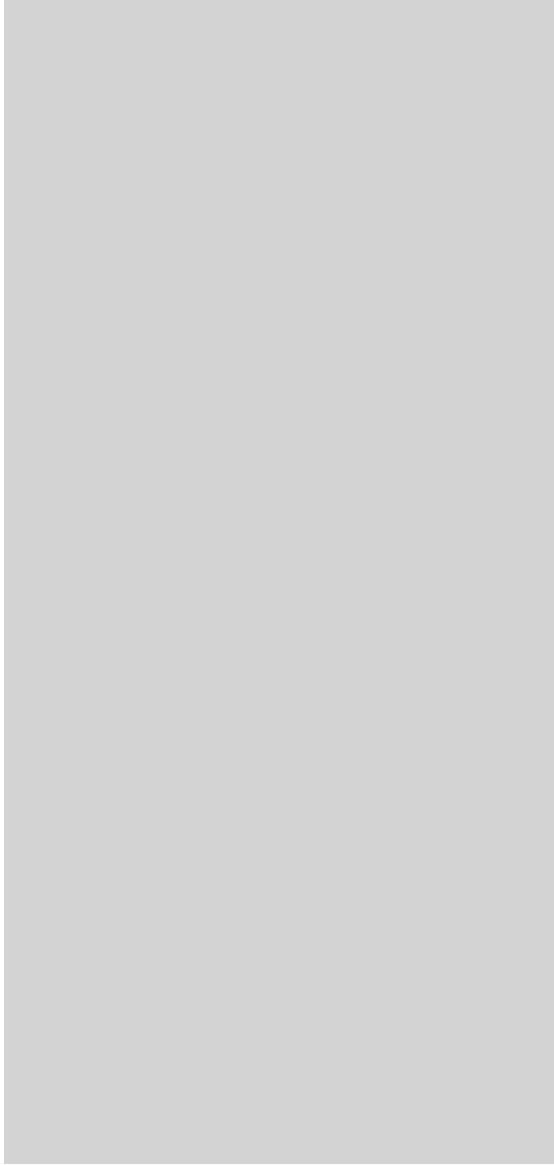
Denominator

Numerator^d

Rate/Percentage^e

Denominator

Male		Female	
Numerator ^c	Rate/Percentage ^d	Denominator	Numerator ^c



	White		
Rate/Percentage ^d	Denominator	Numerator ^d	Rate/Percentage ^e

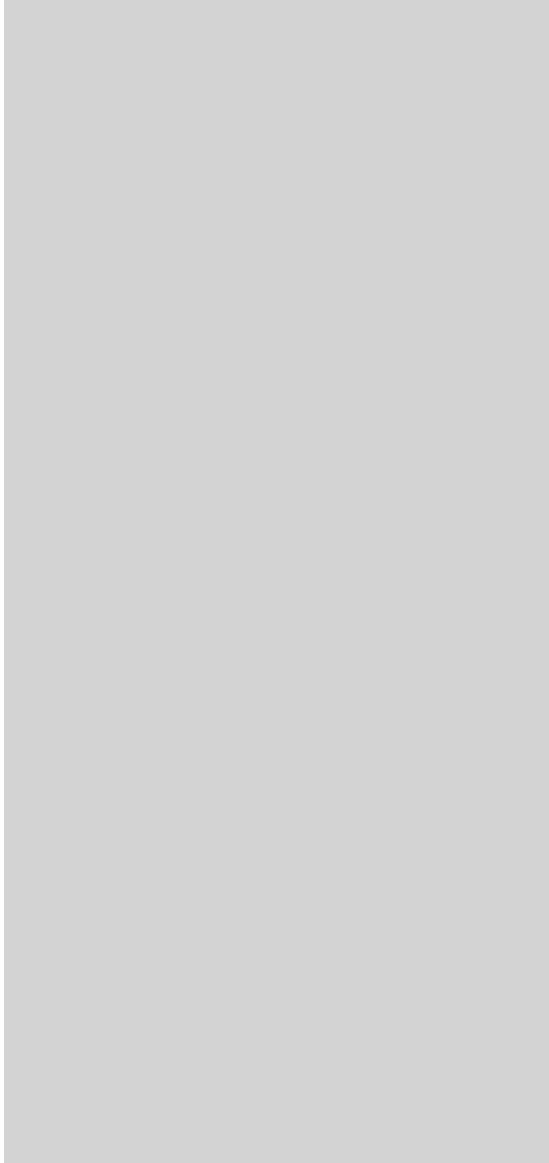
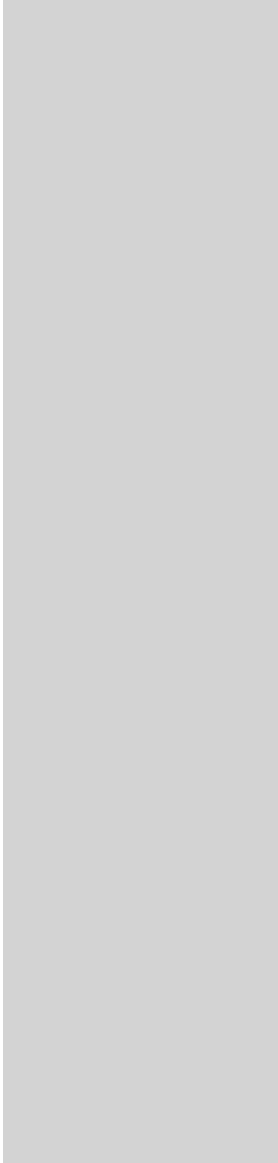
Black or African American

Denominator

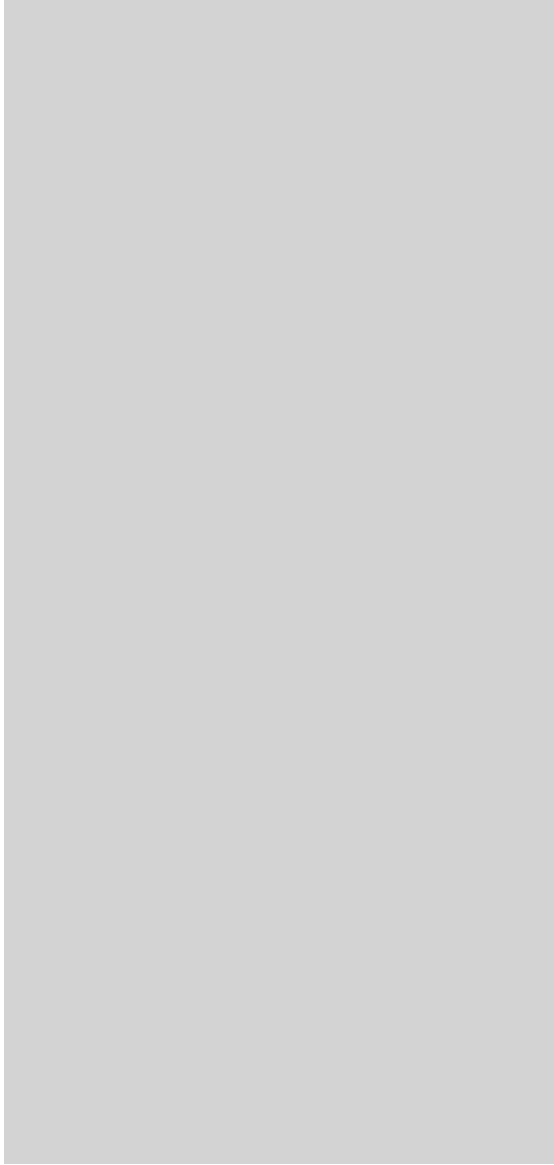
Numerator^d

Rate/Percentage^e

Denominator



Asian		American Indian or Alaskan I	
Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d



Native	Other race		
Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e

Unknown race

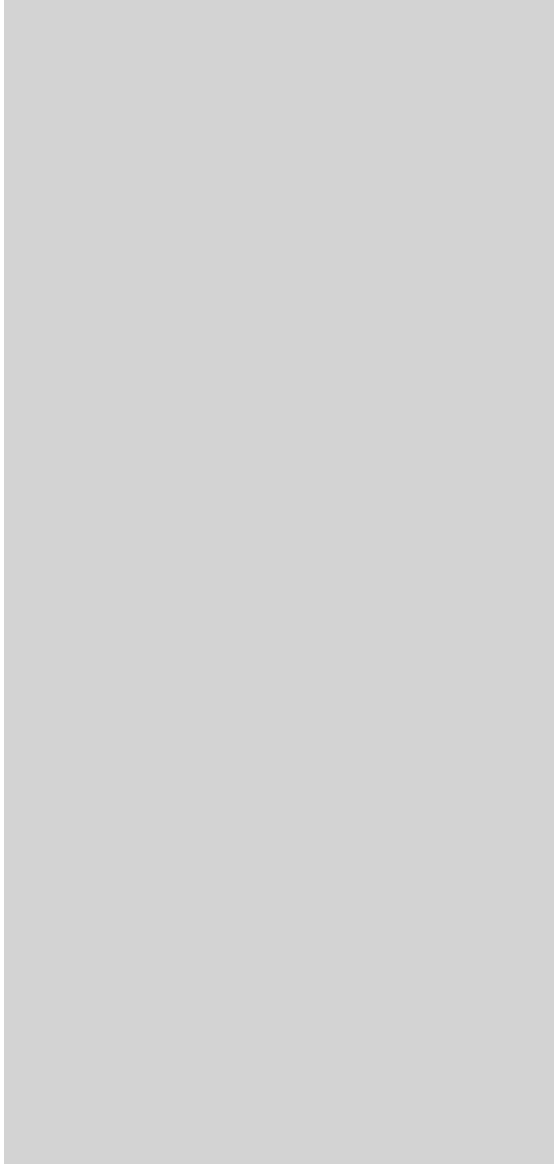
Denominator

Numerator^d

Rate/Percentage^e

Denominator

Hispanic ethnicity		Non-Hispanic ethnicity	
Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d



Unknown ethnicity

Rate/Percentage^e

Denominator

Numerator^d

Rate/Percentage^e

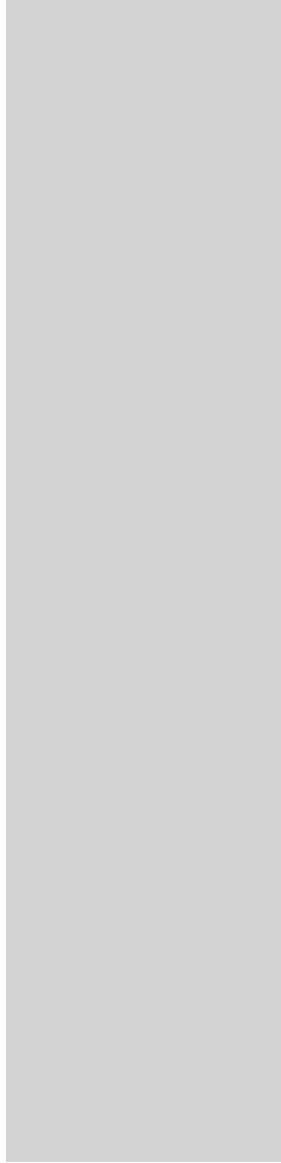
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Exempt groups ^b			Site
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator

specific eligibility groups^h

Numerator^d

Rate/Percentage^e



Medicaid Section 1115 Eligibility and Coverage Demonstration Report - Data and reporting issues (AD)

State [Enter State Name]
 Demonstration Name [Enter Demonstration Name]
 Demonstration Year (DY) [Enter Demonstration Year] (Format: DY1, DY2, DY3,
 Calendar Dates for DY [Enter Calendar Dates for Demonstration Year] (Forr
 Reporting Period [Enter Reporting Period] (Format: Q1, Q2, Q3, Q4)
 Calendar Dates for Reporting Period [Enter Calendar Dates for Reporting Period (Format:
 Submitted on [Enter Date] (Format: MM/DD/YYYY)

Data Reporting Issues (AD)

Category	Metric(s) impacted
EXAMPLE: Appeals and grievances (Delete row before submitting)	EXAMPLE: AD_23 Grievance, other

Enrollment	[Add rows as needed]
<input type="checkbox"/> The state does not have any data and reporting issues related to this section. All associated me	
Mid-year loss of demonstration eligibility	[Add rows as needed]
<input type="checkbox"/> The state does not have any data and reporting issues related to this section. All associated me	
Enrollment duration at time of disenrollment	[Add rows as needed]
<input type="checkbox"/> The state does not have any data and reporting issues related to this section. All associated me	
Renewal	[Add rows as needed]
<input type="checkbox"/> The state does not have any data and reporting issues related to this section. All associated me	
Cost sharing limit	[Add rows as needed]
<input type="checkbox"/> The state does not have any data and reporting issues related to this section. All associated me	
Appeals and grievances	[Add rows as needed]
<input type="checkbox"/> The state does not have any data and reporting issues related to this section. All associated me	
Access to care	[Add rows as needed]
<input type="checkbox"/> The state does not have any data and reporting issues related to this section. All associated me	
Quality of care and health outcomes	[Add rows as needed]
<input type="checkbox"/> The state does not have any data and reporting issues related to this section. All associated me	
Administrative cost	[Add rows as needed]
<input type="checkbox"/> The state does not have any data and reporting issues related to this section. All associated me	

Note: States must prominently display the following notice on any display of Measure rates:

The MSC-AD, FUA-AD, FUM-AD, and IET_AD measures (metrics AD_38A, AD_39, and AD_40) are Healthcare Ef copyrighted by the National Committee for Quality Assurance ("NCQA"). NCQA makes no representations, war or reports performance measures and NCQA has no liability to anyone who relies on such measures or specific

The measure specification methodology used by CMS is different from NCQA's methodology. NCQA has not va adjust. Calculated measure results, based on the adjusted HEDIS specifications, may be called only "Uncertific

Certain non-NCQA measures in the CMS 1115 eligibility and coverage demonstration contain HEDIS Value Sets coding is contained in the VS. Users of the proprietary code sets should obtain all necessary licenses from the c with the non-NCQA measures and any coding contained in the VS.

^a The state should also use this column to provide updates on any data or reporting issues described in previous End of workbook

, etc.)

nat: MM/DD/YYYY - MM/DD/YYYY)

MM/DD/YYYY - MM/DD/YYYY)

Summary of issue	Date and report in which issue was first reported
EXAMPLE: Difficulty collecting data for metric AD_23.	EXAMPLE: 8/1/18; DY 1 Qtr. 1
Metrics are reported as outlined in monitoring protocol.	
Metrics are reported as outlined in monitoring protocol.	
Metrics are reported as outlined in monitoring protocol.	
Metrics are reported as outlined in monitoring protocol.	
Metrics are reported as outlined in monitoring protocol.	
Metrics are reported as outlined in monitoring protocol.	
Metrics are reported as outlined in monitoring protocol.	
Metrics are reported as outlined in monitoring protocol.	
Metrics are reported as outlined in monitoring protocol.	

Effectiveness Data and Information Set ("HEDIS") measures that are owned and managed, or endorsement about the quality of any organization or physician that uses HEDIS.

State has adopted the adjusted measure specifications but has granted CMS permission to report Unaudited HEDIS rates."

(VS) developed by and included with the permission of the NCQA. Proprietary code sets. NCQA disclaims all liability for use or accuracy of the VS

reports. When applicable, the state should note when issues are resolved. If an issue was noted as resolved in the

Medicaid Section 1115 Eligibility and Coverage Demonstration Report - Data and reporting issues (CE)

State [Enter State Name]
 Demonstration Name [Enter Demonstration Name]
 Demonstration Year (DY) [Enter Demonstration Year] (Format: DY1, DY2, DY3,
 Calendar Dates for DY [Enter Calendar Dates for Demonstration Year] (For
 Reporting Period [Enter Reporting Period] (Format: Q1, Q2, Q3, Q4)
 Calendar Dates for Reporting Period [Enter Calendar Dates for Reporting Period (Format:
 Submitted on [Enter Date] (Format: MM/DD/YYYY)

Data Reporting Issues (CE)

Reporting Topic	Metric(s) impacted
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EXAMPLE: CE.Mod_2: Establish beneficiary supports and modifications
 (Delete before submitting)

EXAMPLE:
 CE_32 Beneficiaries exempt from Medicaid community engagement requirements for good cause

CE.Mod_1: Specify community engagement policies [Add rows as needed]

The state does not have any data and reporting issues related to this section. All associated metrics are re

CE.Mod_2: Establish beneficiary supports and modifications [Add rows as needed]

The state does not have any data and reporting issues related to this section. All associated metrics are re

CE.Mod_4: Operationalize strategies for noncompliance [Add rows as needed]

The state does not have any data and reporting issues related to this section. All associated metrics are re
 End of workbook

. etc.)

nat: MM/DD/YYYY - MM/DD/YYYY)

MM/DD/YYYY - MM/DD/YYYY)

Summary of issue	Date and report in which issue was first reported
<i>EXAMPLE: Awaiting additional data for metric CE_32 for September 2018.</i>	<i>EXAMPLE: 8/1/18; DY 1 Qtr. 1</i>

reported as outlined in monitoring protocol.

reported as outlined in monitoring protocol.

reported as outlined in monitoring protocol.

Estimated number of impacted beneficiaries

EXAMPLE:
100

Known or suspected cause(s) of issue (if applicable)

EXAMPLE:
Good cause exemption requests filed for the September 2018 are still being processed.

Remediation plan and timeline for resolution (if applicable)/Status update if issue previously reported

EXAMPLE:

Good cause exemption processing for September 2018 will be completed in November and at that time we will be able to report this metric accurately. An additional case worker is being assigned to these requests for more timely processing in the future.

Version 1.0.
End of workbook