

Monitoring Metrics for Demonstrations with Community Engagement and Other Eligibility and Coverage Policies

This document provides an overview of monitoring metrics for states with section 1115 demonstrations that include community engagement (CE), premium or other monthly payment, marketplace-focused premium assistance, health behavior incentives, or retroactive eligibility waiver policies. These demonstrations are collectively referred to as eligibility and coverage demonstrations.

An important goal of monitoring eligibility and coverage demonstrations is to identify trends that suggest the need for adjustments to improve demonstration performance and protect beneficiaries. These metrics are designed to monitor demonstration performance while minimizing state reporting burden. This set focuses on metrics that can be calculated from Medicaid administrative data. Monitoring metrics may be useful to include in formal evaluations along with more complex outcome measures and those that draw on non-administrative data sources, including beneficiary surveys.

These monitoring metrics were developed with input from subject matter experts in the Centers for Medicare & Medicaid Services (CMS). While most eligibility and coverage metrics track administrative processes and monitor protections provided to beneficiaries, a few refer to established quality measures.¹ Note that these metrics are not stand-alone quality measures themselves and were not tested as such for the demonstrations. They are intended only for monitoring progress of eligibility and coverage demonstrations.

The eligibility and coverage metrics are organized into six modules. States will be asked to report the metrics in module 1 (any demonstration with eligibility and coverage policies) and those in any additional modules corresponding to the policies included in their demonstration. For example, a state with section 1115 authority for community engagement and premiums will report the metrics in the corresponding modules (2 and 5), as well as the module for any demonstration with eligibility and coverage policies (1). States will only be asked to report metrics that are relevant given the state's overall demonstration design. Depending on the operational details of a state's demonstration, some metrics may not be applicable. CMS will work with states to align reporting requirements with specific state policies as needed.

The metrics are listed by module in the tables that follow, beginning with metrics for any demonstration with eligibility and coverage policies (module 1), and followed by modules for demonstrations with premiums, premium assistance, health behavior incentives, CE, and retroactive eligibility waivers (modules 2 through 6). The table for each module includes the following information:

- **Required or Recommended.** Metrics are either required or recommended
 - *Required metrics* provide information that is critical for monitoring the success of eligibility and coverage demonstrations and could be constructed with data that are readily available to states.

¹ Metrics AD_38 through AD_44 in module 1 refer to established quality measures. Metrics AD_38_A and AD_39 through AD_44 are Adult Core Set measures.

- *Recommended metrics* might be more difficult to obtain than required metrics, but still provide important information on the operation of a demonstration.
- **Subpopulations.** Some populations may be uniquely impacted by eligibility and coverage demonstrations. When instructed by metric specifications, states should calculate and report metrics separately for subpopulations, including:
 - *Income groups* includes reported income subpopulations defined as less than 50% of the federal poverty level (FPL), 50-100% FPL, and more than 100% FPL. States should report income subpopulations using these categories, unless states want to report finer gradations for income groups along which a policy varies (e.g., 100-115% FPL and 115%+ FPL), in which case those should be reported instead.
 - *Specific demographic groups* includes age, sex, and race/ethnicity.
 - ◆ Age is defined in groups as follows: 19-26, 27-35, 36-45, 46-55, or 56-64.
 - ◆ Sex is defined as male or female.
 - ◆ Race is defined as White, Black or African American, Asian, American Indian or Alaskan Native, other, or unknown.
 - ◆ Ethnicity is defined Hispanic, non-Hispanic, or unknown.
 - *Exempt groups* are in eligibility and income groups that are enrolled in the demonstration but are not required to participate in elements of the demonstration (such as community engagement requirements). For example, exempt groups may include geographic exemptions, employer sponsored insurance exemptions, or exemptions due to medical frailty. Exempt groups will vary by state based on the special terms and conditions (STCs) authorizing a demonstration. Exempt groups are included in metrics in the any demonstration module (module 1), but states are asked to report on them separately.
 - *Specific eligibility groups* include section 1931 parents, the new adult group, transitional medical assistance beneficiaries, and other Medicaid eligibility groups included in the state's demonstration. Eligibility groups will vary by state based on the STCs authorizing a demonstration. Reporting by specific eligibility groups is required for applicable metrics.
- **Measurement period.** This parameter identifies the data collection time frame for each metric. Measurement periods may be a month, quarter, or demonstration year or calendar year. Calendar year metrics, which are the quality of care and health outcomes measures in module 1, may have additional requirements, such as a continuous eligibility period that begins in the prior year. Monthly metrics are reported to CMS in quarterly and annual reports, according to specifications.

Module 1: Overview of eligibility and coverage metrics standard across any demonstration with premiums, Marketplace-focused premium assistance, health behavior incentives, community engagement requirements, or retroactive eligibility waivers

Metric	Metric name and description	Required or recommended	Subpopulations			Measurement period	
			Income groups	Specific demographic groups	Exempt groups		
Enrollment							
AD_1	Total enrollment in the demonstration. 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.	Required	X	X	X	X	Month
AD_2	Beneficiaries in suspension status for noncompliance. The number of demonstration beneficiaries in suspension status for noncompliance with demonstration policies as of the last day of the measurement period.	Required	X	X	X	X	Month
AD_3	Beneficiaries in a non-eligibility period who are prevented from re-enrolling for a defined period of time. 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.	Required	X	X	X	X	Month

Module 1 (continued)

Metric	Metric name and description	Required or recommended	Subpopulations				Measurement period
			Income groups	Specific demographic groups	Exempt groups	Specific eligibility groups	
AD_4	Re-enrollments or re-instatements using defined pathways after disenrollment or suspension of benefits for noncompliance with demonstration policies. 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.	Required	X	X	X	X	Month
AD_5	New enrollees. 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.	Required	X	X	X	X	Month
AD_6	Re-enrollments or re-instatements for beneficiaries not using defined pathways after disenrollment or suspension of benefits for noncompliance. 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).	Required	X	X	X	X	Month
Mid-year loss of demonstration eligibility							
AD_7	Beneficiaries determined ineligible for Medicaid, any reason, other than at renewal. 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.	Required	X	X	X	X	Month

Module 1 (continued)

Metric	Metric name and description	Required or recommended	Subpopulations				Measurement period
			Income groups	Specific demographic groups	Exempt groups	Specific eligibility groups	
AD_8	Beneficiaries no longer eligible for Medicaid, failure to provide timely change in circumstance information. 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.	Required	X	X	X	X	Month
AD_9	Beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiary. 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.	Required	X	X	X	X	Month
AD_10	Beneficiaries no longer eligible for the demonstration due to transfer to another Medicaid eligibility group. 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.	Required	X	X	X	X	Month
AD_11	Beneficiaries no longer eligible for the demonstration due to transfer to CHIP. Number of beneficiaries who were enrolled in the demonstration and transferred from the demonstration to CHIP during the measurement period.	Recommended	X	X	X	X	Month
Enrollment duration at time of disenrollment							
AD_12	Enrollment duration 0-3 months. 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.	Recommended	X				Month

Module 1 (continued)

Metric	Metric name and description	Required or recommended	Subpopulations				Measurement period
			Income groups	Specific demographic groups	Exempt groups	Specific eligibility groups	
AD_13	Enrollment duration 4-6 months. 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.	Recommended	X				Month
AD_14	Enrollment duration 6-12 months. 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.	Recommended	X				Month
Renewal							
AD_15	Beneficiaries due for renewal. Total number of beneficiaries enrolled in the demonstration who were due for renewal during the measurement period.	Required	X	X	X	X	Month
AD_16	Beneficiaries determined ineligible for the demonstration at renewal, disenrolled from Medicaid. 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.	Required	X	X	X	X	Month
AD_17	Beneficiaries determined ineligible for the demonstration at renewal, transfer to another Medicaid eligibility category. 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.	Required	X	X	X	X	Month
AD_18	Beneficiaries determined ineligible for the demonstration at renewal, transferred to CHIP. 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.	Required	X	X	X	X	Month

Module 1 (continued)

Metric	Metric name and description	Required or recommended	Subpopulations				Measurement period
			Income groups	Specific demographic groups	Exempt groups	Specific eligibility groups	
AD_19	Beneficiaries who did not complete renewal, disenrolled from Medicaid. 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.	Required	X	X	X	X	Month
AD_20	Beneficiaries who had pending/ uncompleted renewals and were still enrolled. 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.	Required	X	X	X	X	Month
AD_21	Beneficiaries who retained eligibility for the demonstration after completing renewal forms. 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.	Required	X	X	X	X	Month
AD_22	Beneficiaries who renewed ex parte. 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.	Recommended	X	X	X	X	Month
Cost sharing limit							
AD_23	Beneficiaries who reached 5% limit. Number of beneficiaries enrolled in the demonstration who reached the 5% of income limit on cost sharing and premiums during the month.	Required	X	X	X	X	Month
Appeals and grievances							
AD_24	Appeals, eligibility. Number of appeals filed by beneficiaries enrolled in the demonstration during the measurement period regarding Medicaid eligibility.	Recommended					Quarter

Module 1 (continued)

Metric	Metric name and description	Required or recommended	Subpopulations			Measurement period
			Income groups	Specific demographic groups	Exempt groups	
AD_25	Appeals, denial of benefits. Number of appeals filed by beneficiaries enrolled in the demonstration during the measurement period regarding denials of benefits.	Recommended				Quarter
AD_26	Grievances, care quality. Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement period regarding the quality of care or services provided.	Recommended				Quarter
AD_27	Grievances, provider or managed care entities. 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).	Recommended				Quarter
AD_28	Grievances, other. Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement period regarding other matters that are not subject to appeal.	Recommended				Quarter
Access to care						
AD_29	Primary care provider availability. Number of primary care providers enrolled to deliver Medicaid services at the end of the measurement period.	Required				Quarter
AD_30	Primary care provider active participation. Number of primary care providers enrolled to deliver Medicaid services with service claims for 3 or more demonstration beneficiaries during the measurement period.	Required				Quarter
AD_31	Specialist provider availability. Number of specialists enrolled to deliver Medicaid services at the end of the measurement period.	Required				Quarter
AD_32	Specialist provider active participation. Number of specialists enrolled to deliver Medicaid services with service claims for 3 or more demonstration beneficiaries during the measurement period.	Required				Quarter

Module 1 (continued)

Metric	Metric name and description	Required or recommended	Subpopulations				Measurement period
			Income groups	Specific demographic groups	Exempt groups	Specific eligibility groups	
AD_33	Preventive care and office visit utilization. Total utilization of preventative care and office visits per 1,000 demonstration beneficiary months during the measurement period.	Recommended	X	X	X	X	Quarter
AD_34	Prescription drug use. Total utilization of 30-day prescription fills per 1,000 demonstration beneficiary months in the measurement period.	Recommended	X	X	X	X	Quarter
AD_35	Emergency department utilization, total. Total number of emergency department (ED) visits per 1,000 demonstration beneficiary months during the measurement period.	Recommended	X	X	X	X	Quarter
AD_36	Emergency department utilization, non-emergency. 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.	Recommended	X	X	X	X	Quarter
AD_37	Inpatient admissions. Total number of inpatient admissions per 1,000 demonstration beneficiary months during the measurement period.	Recommended	X	X	X	X	Quarter

Module 1 (continued)

Metric	Metric name and description	Required or recommended	Subpopulations			Measurement period	
			Income groups	Specific demographic groups	Exempt groups		Specific eligibility groups
Quality of care and health outcomes							
AD_38A	<p>Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD). 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 	Required (AD_38A or AD_38B)	X			X	Calendar year
AD_38B	<p>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention. 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. 	Required (AD_38A or AD_38B)	X			X	Calendar year

Module 1 (continued)

Metric	Metric name and description	Required or recommended	Subpopulations			Measurement period	
			Income groups	Specific demographic groups	Exempt groups		
AD_39-1	<p>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD). Percentage of ED visits for beneficiaries age 18 and older who have a principal 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> <p>(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).</p> <p>(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>	Required	X			X	Calendar year
AD_39-2	<p>Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD). 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:</p> <p>(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).</p> <p>(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).</p>	Required	X			X	Calendar year

Module 1 (continued)

Metric	Metric name and description	Required or recommended	Subpopulations			Measurement period
			Income groups	Specific demographic groups	Exempt groups	
AD_40	<p>Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD). Percentage of beneficiaries age 18 and older with a new episode of AOD abuse or dependence who received the following:</p> <p>(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.</p> <p>(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.</p> <p>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.</p>	Required	X		X	Calendar year
AD_41	<p>PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD). 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.</p>	Required	X		X	Calendar year
AD_42	<p>PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD). Number of inpatient hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 beneficiary months for beneficiaries age 40 and older.</p>	Required	X		X	Calendar year

Module 1 (continued)

Metric	Metric name and description	Required or recommended	Subpopulations			Measurement period
			Income groups	Specific demographic groups	Exempt groups	
AD_43	PQI 08: Heart Failure Admission Rate (PQI08-AD). Number of inpatient hospital admissions for heart failure per 100,000 beneficiary months for beneficiaries age 18 and older.	Required	X		X	Calendar year
AD_44	PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD). Number of inpatient hospital admissions for asthma per 100,000 beneficiary months for beneficiaries aged 18 to 39.	Required	X		X	Calendar year
Administrative cost						
AD_45	Administrative cost of demonstration operation. Cost of contracts or contract amendments and staff time equivalents required to administer demonstration policies, including premium collection, health behavior incentives, premium assistance, and/or community engagement.	Recommended				Demonstration year

Module 2: Additional metrics relevant for states that require premiums or account payments

Metric	Metric name and description	Required or recommended	Subpopulations			Measurement period
			Income groups	Specific demographic groups	Exempt groups	
Enrollment by premium payment status						
PR_1	Beneficiaries subject to premium policy (or account contribution) during the month, not exempt. The number of beneficiaries enrolled in the demonstration whose income and eligibility group were subject to the premium policy (or account contribution policy), regardless of whether they paid or did not pay during the measurement period.	Required	X		X	Month
PR_2	Beneficiaries who were exempt from premiums for that month. Among beneficiaries enrolled in the demonstration who were subject to the premium (or account contribution) policy on the basis of income or eligibility group, the count of those exempt from owing premiums or other monthly payments, and therefore not required to make payments. For example, demonstration policies may exempt beneficiaries who would otherwise be subject to premiums as health behavior incentives or other activities.	Required	X		X	Month
PR_3	Beneficiaries who paid a premium during the month. Among beneficiaries enrolled in the demonstration whose income and eligibility group were subject to the premium (or account contribution) policy, number of beneficiaries who paid this month.	Required	X		X	Month
PR_4	Beneficiaries who were subject to premium policy but declare hardship for that month. Among beneficiaries enrolled in the demonstration whose income and eligibility group were subject to the premium (or account contribution) policy, number of beneficiaries who were able to claim temporary hardship and were therefore not required to make a payment in the measurement period.	Required	X		X	Month
PR_5	Beneficiaries in short-term arrears (grace period). Among beneficiaries enrolled in the demonstration whose income and eligibility group were subject to the premium (or account contribution) policy, the number of those who did not pay in the measurement period, but have not yet exceeded their grace period.	Recommended	X		X	Month

Module 2 (continued)

Metric	Metric name and description	Required or recommended	Subpopulations				Measurement period
			Income groups	Specific demographic groups	Exempt groups	Specific eligibility groups	
PR_6	Beneficiaries in long-term arrears. Among beneficiaries enrolled in the demonstration whose income and eligibility group were subject to the premium (or account contribution) policy, number of beneficiaries who did not pay this month, and who remain enrolled even though they have exceeded the grace period.	Recommended	X			X	Month
PR_7	Beneficiaries with collectible debt. Among beneficiaries enrolled in the demonstration whose income and eligibility group were subject to the premium policy (or account contribution policy), number of beneficiaries who had collectible debt.	Required	X			X	Month
Cumulative enrollment duration in states with time-variant premium policies							
PR_8	Beneficiaries in enrollment duration tier 1. Number of beneficiaries enrolled in the demonstration and subject to premium policies whose cumulative length of enrollment fell in tier 1 - the shortest enrollment duration, during which beneficiaries are subject to the first set of program rules and requirements. Tiers are defined in terms of enrollment periods that are distinguished by different premium or copayment liabilities.	Recommended	X			X	Month
PR_9	Beneficiaries in enrollment duration tier 2. Number of beneficiaries enrolled in the demonstration and subject to premium policies whose cumulative length of enrollment fell in tier 2 - the enrollment duration that follows tier 1, during which beneficiaries are subject to the set of program rules and requirements in effect after exceeding the enrollment duration for tier 1. Tiers are defined in terms of enrollment periods that are distinguished by different premium or copayment liabilities.	Recommended	X			X	Month

Module 2 (continued)

Metric	Metric name and description	Required or recommended	Subpopulations				Measurement period
			Income groups	Specific demographic groups	Exempt groups	Specific eligibility groups	
PR_10	<p>Beneficiaries in enrollment duration tiers 3+. Number of beneficiaries enrolled in the demonstration and subject to premium policies whose cumulative length of enrollment fell in tier 3 - the enrollment duration that follows tier 2, during which beneficiaries are subject to the set of program rules and requirements in effect after exceeding the enrollment duration for tier 2. Tiers are defined in terms of enrollment periods that are distinguished by different premium or copayment liabilities.</p> <p>States with more than three tiers of program rules should calculate additional metrics to report enrollment counts for current enrollees within each tier.</p>	Recommended	X			X	Month
Mid-year change in circumstance by premium amount							
PR_11	<p>Beneficiaries for whom the state processed a mid-year change in circumstance in household or income information and who remained enrolled in the demonstration. Among beneficiaries enrolled in the demonstration who were not in their renewal month, number of beneficiaries for whom the state processed a change in household size or income during the measurement period and who remained enrolled in the demonstration.</p>	Recommended	X			X	Month
PR_12	<p>No premium change following mid-year processing of a change in household or income information. Among beneficiaries enrolled in the demonstration who experienced a change in household size or income during the month (not their renewal month) and remained enrolled in the demonstration as of the last day of the measurement period, the number whose premium obligations or other monthly payments did not change.</p>	Recommended	X			X	Month

Module 2 (continued)

Metric	Metric name and description	Required or recommended	Subpopulations				Measurement period
			Income groups	Specific demographic groups	Exempt groups	Specific eligibility groups	
PR_13	Premium increase following mid-year processing of change in household or income information. Among beneficiaries enrolled in the demonstration who experienced a change in household size or income during the month (not their renewal month) and remained enrolled in the demonstration as of the last day of the measurement period, the number whose premium obligations or other monthly payments increased.	Recommended	X			X	Month
PR_14	Premium decrease following mid-year processing of change in household or income information. Among beneficiaries enrolled in the demonstration who experienced a change in household size or income during the month (not their renewal month) and remained enrolled in the demonstration as of the last day of the measurement period, the number whose premium obligations or other monthly payments decreased.	Recommended	X			X	Month
Disenrollment or suspension for failure to pay							
PR_15	Beneficiaries disenrollment from the demonstration for failure to pay and therefore disenrolled from Medicaid. Number of demonstration beneficiaries disenrolled from Medicaid as of the last day of the measurement period for failure to pay premiums.	Required	X	X		X	Month
PR_16	Beneficiaries in a non-eligibility period who were disenrolled for failure to pay and are prevented from re-enrolling for a defined period of time. The number of prior demonstration beneficiaries who were disenrolled from Medicaid for failure to pay premiums 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.	Required	X	X		X	Month
PR_17	Beneficiaries whose benefits are suspended for failure to pay. Number of demonstration beneficiaries whose benefits were suspended during the measurement period for failure to pay premiums.	Required	X	X		X	Month

Module 2 (continued)

Metric	Metric name and description	Required or recommended	Subpopulations				Measurement period
			Income groups	Specific demographic groups	Exempt groups	Specific eligibility groups	
Renewal							
PR_18	No premium change. Number of beneficiaries enrolled in the demonstration due for renewal during the measurement period who are redetermined as eligible for the demonstration and remain in income and eligibility groups subject to premiums, with no change in premiums or other monthly payments.	Recommended	X			X	Month
PR_19	Premium increase. Number of beneficiaries enrolled in the demonstration due for renewal during the measurement period who were redetermined as eligible for the demonstration and remain in income and eligibility groups subject to premiums, with an increase in required premiums or other monthly payments.	Recommended	X			X	Month
PR_20	Premium decrease. Number of beneficiaries enrolled in the demonstration due for renewal during the measurement period who were redetermined as eligible for the demonstration and remained in income and eligibility groups subject to the demonstration, with a decrease in required premiums or other monthly payments.	Recommended	X			X	Month
Third party premium payment							
PR_21	Third-party premium payment. Number of beneficiaries enrolled in the demonstration who had any portion of their premium or other monthly payments paid by a third party.	Required	X			X	Month

Module 3: Additional metrics relevant for states with Marketplace-focused premium assistance programs

Metric	Metric name and description	Required or recommended	Subpopulations			Measurement period
			Income groups	Specific demographic groups	Exempt groups	
Enrollment by premium payment status						
PA_1	Beneficiaries who lost Medicaid eligibility due to mid-year change in circumstance, and transitioned to a qualified health plan offered in the Marketplace. Number of demonstration beneficiaries who lost eligibility for Medicaid during the measurement period due to a change in circumstance who transitioned to a qualified health plan offered in the Marketplace (Health Insurance Exchange).	Required	X	X	X	Month
PA_2	Beneficiaries who lost Medicaid eligibility at renewal, and transitioned to a qualified health plan offered in the Marketplace. Number of demonstration beneficiaries who lost eligibility for Medicaid during the measurement period due to the outcome of eligibility renewal processes and transitioned to a qualified health plan offered in the Marketplace (Health Insurance Exchange).	Required	X	X	X	Month
Access to care						
PA_3	Wraparound service utilization, by service. Total utilization of wraparound services during the measurement period per 1,000 demonstration beneficiary months during the measurement period.	Recommended	X	X	X	Quarter

Module 4: Additional metrics relevant for states with programs with health behavior incentives

Metric	Metric name and description	Required or recommended	Subpopulations			Measurement period	
			Income groups	Specific demographic groups	Exempt groups		Specific eligibility groups
Enrollment							
HB_1	Total enrollment among beneficiaries subject to health behavior incentives. Number of beneficiaries subject to health behavior incentive policies who were enrolled in the demonstration at any time during the measurement period.	Required	X	X		X	Quarter
Use of incentivized services: claims-based analysis							
HB_2	Beneficiaries using incentivized services that can be documented through claims, by service. Total number of beneficiaries enrolled in the demonstration at any point during the measurement period who utilized financially incentivized services that can be documented through claims since the beginning of their enrollment spell.	Required	X	X		X	Quarter
Other incentivized behaviors not documented through claims-based analysis							
HB_3	Completion of incentivized health behavior(s) not documented through claims analysis (i.e., health risk assessments), by health behavior. Number of beneficiaries enrolled in the demonstration at any point during the measurement period who have completed each incentivized health behavior <u>not</u> documented through claims analysis (i.e. health risk assessments) since the beginning of their enrollment spell.	Required	X	X		X	Quarter
HB_4	Completion of all incentivized health behaviors (both claims-based and other), if there are multiple. Number of beneficiaries enrolled in the demonstration at any point during the measurement period who have completed all health behaviors (including incentivized services documented through claims and other health behaviors not documented through claims) since the beginning of their enrollment spell.	Required	X	X		X	Quarter

Module 4 (continued)

Metric	Metric name and description	Required or recommended	Subpopulations			Measurement period	
			Income groups	Specific demographic groups	Exempt groups		Specific eligibility groups
Rewards granted for completion of incentivized health behaviors							
HB_5	Beneficiaries granted a premium reduction for completion of incentivized health behaviors. Number of beneficiaries enrolled in the demonstration who were flagged for or granted a reward related to premium obligations during the measurement period, regardless of whether the premium reduction occurs during the measurement period or in the future.	Required	X	X		X	Quarter
HB_6	Beneficiaries granted a financial reward other than a premium reduction for completion of incentivized health behaviors. Number of beneficiaries enrolled in the demonstration who were flagged for or granted a reward other than a premium reduction during the measurement period, regardless of when the reward is realized.	Required	X	X		X	Quarter
HB_7	Beneficiaries granted a reward in the form of additional covered benefits for completion of incentivized health behaviors. Number of beneficiaries enrolled in the demonstration who were flagged for or granted a reward that takes the form of an additional covered benefit or service, by benefit or service type, during the measurement period.	Required	X	X		X	Quarter

Module 5: Additional metrics relevant for states with community engagement requirements

Metric	Metric name and description	Required or recommended	Subpopulations			Measurement period	
			Income groups	Specific demographic groups	Exempt groups		Specific eligibility groups
Community engagement enrollment							
CE_1	Total beneficiaries subject to the community engagement requirement, not exempt. 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.	Required		X		X	Month
CE_2	Total beneficiaries who were exempt from the community engagement requirement in the month. 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.	Required		X		X	Month
CE_3	Beneficiaries with approved good cause circumstances. 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.	Required		X		X	Month
CE_4	Beneficiaries subject to the community engagement requirement and in suspension status due to failure to meet requirement. 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.	Required		X		X	Month
CE_5	Beneficiaries subject to the community engagement requirement and receiving benefits who met the requirement for qualifying activities. 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.	Required		X		X	Month

Module 5 (continued)

Metric	Metric name and description	Required or recommended	Subpopulations			Measurement period	
			Income groups	Specific demographic groups	Exempt groups		Specific eligibility groups
CE_6	Beneficiaries subject to the community engagement requirement and receiving benefits but in a grace period or allowable month of noncompliance. 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.	Required		X		X	Month
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. 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” and therefore are not suspended (if state has this policy).	Required		X		X	Month
CE_8	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. The number of prior demonstration beneficiaries who were disenrolled from Medicaid for noncompliance with 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.	Required		X		X	Month
Community engagement requirement qualifying activities							
CE_9	Beneficiaries who met the community engagement requirement by satisfying requirements of other programs. 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.	Required		X		X	Month

Module 5 (continued)

Metric	Metric name and description	Required or recommended	Subpopulations			Measurement period	
			Income groups	Specific demographic groups	Exempt groups		Specific eligibility groups
CE_10	Beneficiaries who met the community engagement requirement through employment for the majority of their required hours. 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.	Required		X		X	Month
CE_11	Beneficiaries who met the community engagement requirement through job training or job search for the majority of their required hours. The number of beneficiaries enrolled in the demonstration who were subject to and met the community engagement requirement, who were engaged 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.	Required		X		X	Month
CE_12	Beneficiaries who met the community engagement requirement through educational activity for the majority of their required hours. The number of beneficiaries enrolled in the demonstration who were subject to and met the community engagement requirement, who were engaged in education related to employment, general education, accredited English-as-a-second-language education, accredited homeschooling, or a state-designated class.	Required		X		X	Month
CE_13	Beneficiaries who met the community engagement requirement who were engaged in other qualifying activity for the majority of their required hours. 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.	Required		X		X	Month

Module 5 (continued)

Metric	Metric name and description	Required or recommended	Subpopulations			Measurement period	
			Income groups	Specific demographic groups	Exempt groups		Specific eligibility groups
CE_14	Beneficiaries who met the community engagement requirement by combining two or more activities. 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.	Required		X		X	Month
Basis of beneficiary exemptions from community engagement requirement							
CE_15	Beneficiaries exempt from Medicaid community engagement requirements because they were exempt from requirements of SNAP and/or TANF. 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.	Required		X		X	Month
CE_16	Beneficiaries exempt from Medicaid community engagement requirements on the basis of pregnancy. The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are pregnant.	Required		X		X	Month
CE_17	Beneficiaries exempt from community engagement requirements due to former foster youth status. 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.	Required		X		X	Month
CE_18	Beneficiaries exempt from Medicaid community engagement requirements due to medical frailty. The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are identified as medically frail.	Required		X		X	Month

Module 5 (continued)

Metric	Metric name and description	Required or recommended	Subpopulations			Measurement period	
			Income groups	Specific demographic groups	Exempt groups		Specific eligibility groups
CE_19	Beneficiaries exempt from Medicaid community engagement requirements on the basis of caretaker status. 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.	Required		X		X	Month
CE_20	Beneficiaries exempt from Medicaid community engagement requirements due to unemployment insurance compensation. The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are receiving unemployment insurance compensation.	Required		X		X	Month
CE_21	Beneficiaries exempt from Medicaid community engagement requirements due to substance abuse treatment status. 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.	Required		X		X	Month
CE_22	Beneficiaries exempt from Medicaid community engagement requirements due to student status. 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.	Required		X		X	Month
CE_23	Beneficiaries exempt from community engagement requirements because they were excused by a medical professional. 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.	Required		X		X	Month

Module 5 (continued)

Metric	Metric name and description	Required or recommended	Subpopulations			Measurement period	
			Income groups	Specific demographic groups	Exempt groups		Specific eligibility groups
CE_24	Beneficiaries exempt from Medicaid community engagement requirements, other. 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.	Required		X		X	Month
Supports and assistance							
CE_25	Total beneficiaries receiving supports to participate and placement assistance. 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.	Required		X		X	Month
CE_26	Beneficiaries provided with transportation assistance. The number of beneficiaries enrolled in the demonstration who were given transportation assistance to enable participation in community engagement activities.	Recommended		X		X	Month
CE_27	Beneficiaries provided with childcare assistance. The number of beneficiaries enrolled in the demonstration who were given childcare assistance to enable participation in community engagement activities.	Recommended		X		X	Month
CE_28	Beneficiaries provided with language supports. The number of beneficiaries enrolled in the demonstration who were given language supports to enable participation in community engagement activities.	Recommended		X		X	Month
CE_29	Beneficiaries assisted with placement in community engagement activities. The number of beneficiaries enrolled in the demonstration who were given placement assistance, including through state department of labor support centers.	Recommended		X		X	Month
CE_30	Beneficiaries provided with other non-Medicaid assistance. 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.	Recommended		X		X	Month

Module 5 (continued)

Metric	Metric name and description	Required or recommended	Subpopulations			Measurement period	
			Income groups	Specific demographic groups	Exempt groups		Specific eligibility groups
Reasonable modifications for beneficiaries with disabilities							
CE_31	Beneficiaries who requested reasonable modifications to community engagement processes or requirements due to disability. 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.	Recommended		X		X	Month
CE_32	Beneficiaries granted reasonable modifications to community engagement processes or requirements due to disability. 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.	Recommended		X		X	Month
New suspensions and disenrollments during the measurement period							
CE_33	Beneficiaries newly suspended for failure to complete community engagement requirements. The number of demonstration beneficiaries newly suspended for noncompliance during the measurement period (if state has a suspension policy).	Required		X		X	Month
CE_34	Beneficiaries newly disenrolled for noncompliance with community engagement requirement. The number of demonstration beneficiaries newly disenrolled for noncompliance with community engagement requirements during the measurement period.	Required		X		X	Month
Reinstatement of benefits after suspension							
CE_35	Total beneficiaries whose benefits were reinstated after being in suspended status for noncompliance. 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.	Required		X		X	Month

Module 5 (continued)

Metric	Metric name and description	Required or recommended	Subpopulations				Measurement period
			Income groups	Specific demographic groups	Exempt groups	Specific eligibility groups	
CE_36	Beneficiaries whose benefits were reinstated because their time-limited suspension period ended. 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.	Recommended		X		X	Month
CE_37	Beneficiaries whose benefits were reinstated because they completed required community engagement activities. 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.	Recommended		X		X	Month
CE_38	Beneficiaries whose benefits were reinstated because they completed “on-ramp” activities other than qualifying community engagement activities. 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.	Recommended		X		X	Month
CE_39	Beneficiaries whose benefits were reinstated because they newly meet community engagement exemption criteria or had a good cause circumstance. 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.	Recommended		X		X	Month

Module 5 (continued)

Metric	Metric name and description	Required or recommended	Subpopulations			Measurement period	
			Income groups	Specific demographic groups	Exempt groups		Specific eligibility groups
CE_40	Beneficiaries whose benefits were reinstated after successful appeal of suspension for noncompliance. 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.	Recommended		X		X	Month
Re-entry after disenrollment							
CE_41	Total beneficiaries re-enrolling after disenrollment for noncompliance. 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.	Required		X		X	Month
CE_42	Beneficiaries re-enrolling after completing required community engagement activities. 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).	Recommended		X		X	Month
CE_43	Beneficiaries re-enrolling after completing “on-ramp” activities other than qualifying community engagement activities. 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).	Recommended		X		X	Month

Module 5 (continued)

Metric	Metric name and description	Required or recommended	Subpopulations			Measurement period	
			Income groups	Specific demographic groups	Exempt groups		
CE_44	Beneficiaries re-enrolling after re-applying, subsequent to being disenrolled for noncompliance with community engagement requirements. 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.	Recommended		X		X	Month
CE_45	Beneficiaries re-enrolling because they newly met community engagement exemption criteria or had a good cause circumstance. 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).	Recommended		X		X	Month
CE_46	Beneficiaries re-enrolling after successful appeal of disenrollment for noncompliance. 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).	Recommended		X		X	Month

Module 6: Additional metrics relevant for states with retroactive eligibility waivers

Metric	Metric name and description	Required or recommended	Subpopulations			Measurement period
			Income groups	Specific demographic groups	Exempt groups	
At application						
RW_1	Beneficiaries who indicated that they had unpaid medical bills at the time of application. The number of demonstration beneficiaries in income and eligibility groups that were subject to the waiver of retroactive eligibility policy, who began a new enrollment period in the reporting month, and who indicated at the time of application for Medicaid that they had unpaid medical bills from the past three months.	Required				Month
At renewal						
RW_2	Beneficiaries who had a coverage gap at renewal. The number of demonstration beneficiaries in income and eligibility groups that were subject to the waiver of retroactive eligibility policy and who re-enrolled in the demonstration within 90 days after a previous enrollment spell in the demonstration ended because the beneficiary did not comply with renewal processes on time.	Required				Quarter
RW_3	Beneficiaries who had a coverage gap at renewal and had claims denied. The number of demonstration beneficiaries in income and eligibility groups that were subject to the waiver of retroactive eligibility policy who re-enrolled in the demonstration within 90 days after a previous enrollment spell in the demonstration ended, and for whom claims were submitted for services rendered during the period of disenrollment and were denied by the state.	Required				Quarter