



Overview: The Monitoring Report for the section 1115 eligibility and coverage demonstrations consists of a Monitoring Report Workbook (Part A), Monitoring Report Template (Part B), and a Budget Neutrality Workbook (Part C). This Monitoring Report Template contains information for section 1115 demonstrations **with any eligibility and coverage** policies. Each state with an approved eligibility and coverage demonstration should complete a Monitoring Report Template that includes sections applicable for each eligibility and coverage policy in its demonstration and the demonstration overall, as outlined in the state’s special terms and conditions (STC).¹ A state with any eligibility and coverage policy will be completing information outlined in this template; however, this document is provided for illustrative purposes. The state will receive a state-specific version of this template, supplemented with other relevant Monitoring Report Template sections, that reflects the eligibility and coverage policies in the state’s demonstration. If the eligibility and coverage policies are part of a broader section 1115 demonstration, the state should report on the entire demonstration in the sections that apply to all eligibility and coverage demonstrations.²

CMS will work with the state to ensure there is no duplication in the reporting requirements for different components of the demonstration. For more information, the state should contact the section 1115 eligibility and coverage demonstration monitoring and evaluation mailbox (1115MonitoringandEvaluation@cms.hhs.gov), copying the state’s CMS demonstration team on the message.³

¹ States should complete Parts A and B for any of the following eligibility and coverage policies included in the demonstration: premiums or account payments, health behavior incentives, community engagement, retroactive eligibility waivers, and non-eligibility periods. For other eligibility and coverage policies that do not have a Monitoring Report, such as waiver of non-emergency medical transportation and marketplace-focused premium assistance, states should follow the guidance in the STCs.

² Detailed guidance is available in the Monitoring Report Instructions.

³ Note: PRA disclosure statement to be added here.

1. Title page for the state’s eligibility and coverage demonstration or eligibility and coverage policy components of the broader demonstration

The state should complete this title page at the beginning of a demonstration and submit as the title page of all monitoring reports.

This section collects information on the approval features of the state’s section 1115 demonstration overall. This form should be submitted as the title page for all eligibility and coverage monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are provided below the table.

Overall section 1115 demonstration	
State	Wisconsin
Demonstration name	BadgerCare Reform
Approval period for section 1115 demonstration	(10/31/2018 - 12/31/2023)
Demonstration year and quarter	DY8 Q2
Reporting period	4/1/2021-06/30/2021

2. Executive summary

The executive summary should be reported in the fillable box below. It is intended for summary level information only. The recommended word count is 500 words or less.

The State of Wisconsin was approved for the extension and amendment of the BadgerCare Reform Waiver as of October 31, 2018, authorizing the Wisconsin Division of Medicaid Services to operate the BadgerCare Reform Services through December 31, 2023.

The BadgerCare Reform demonstration primarily provides authority for the state to provide a robust benefit package to non-pregnant, non-disabled, non-elderly childless adults with incomes of up to and including 100 percent of the FPL. This demonstration approval continues coverage for this population for five years.

The state of Wisconsin received a letter from CMS about our ongoing effort to implement the requirements for our Continuous Engagement module. The letter explained that in light of the ongoing disruptions caused by the COVID-19 pandemic, Wisconsin's community engagement requirement risks significant coverage losses and harm to beneficiaries. For the reasons discussed below, CMS is now withdrawing approval of the community engagement requirement in the October 31, 2018 extension of the BadgerCare Reform demonstration, which is not currently in effect and which would have expired by its terms on December 31, 2023.

Section 1115 of the Social Security Act (the Act) provides that the Secretary of Health and Human Services (HHS) may approve any experimental, pilot, or demonstration project that, in the judgment of the Secretary, is likely to assist in promoting the objectives of certain programs under the Act. In so doing, the Secretary may waive Medicaid program requirements of section 1902 of the Act, and approve federal matching funds per section 1115(a)(2) for state spending on costs not otherwise match-able under section 1903 of the Act, which permits federal matching payments only for "medical assistance" and specified administrative expenses. Under section 1115 authority, the Secretary can allow states to undertake projects to test changes in Medicaid eligibility, benefits, delivery systems, and other areas across their Medicaid programs that the Secretary determines are likely to promote the statutory objectives of Medicaid.

The letter also stated, under section 1115 and its implementing regulations, CMS has the authority and responsibility to maintain continued oversight of demonstration projects in order to ensure that they are currently likely to assist in promoting the objectives of Medicaid. CMS may withdraw waivers or expenditure authorities if it "find[s] that [a] demonstration project is not likely to achieve the statutory purposes." 42 C.F.R. § 431.420(d); see 42 U.S.C. § 1315(d)(2)(D). 2018, the state has not yet implemented the community engagement requirement. Since that time, the COVID-19 pandemic and its expected aftermath have made the BadgerCare Reform community engagement requirement infeasible. In addition, implementation of the community engagement requirement is currently prohibited by the Families First Coronavirus Response Act (FFCRA), Pub. L. No. 116-127, Div. F, § 6008(a) and (b), 134 Stat. 208 (2020), which conditioned a state's receipt of an increase in federal Medicaid funding during the pandemic on the state's maintenance of certain existing Medicaid parameters. Wisconsin has chosen to claim the 6.2 percentage point FFCRA Federal Medical Assistance Percentage (FMAP) increase, and therefore, while it does so, must maintain the enrollment of beneficiaries who were enrolled as of, or after, March 18, 2020.

Medicaid Section 1115 Eligibility and Coverage Demonstrations Monitoring Report –

Part B Version 2.0

[State] [Demonstration name]

The letter noted that, although the FFCRA's bar on disenrolling such beneficiaries will expire after the COVID-19 public health emergency ends, CMS still has serious concerns about testing policies that create a risk of substantial loss of health care coverage and harm to beneficiaries even after the expiration of the bar on disenrolling beneficiaries. The COVID-19 pandemic has had a significant impact on the health of Medicaid beneficiaries. Uncertainty regarding the current crisis and the pandemic's aftermath, and the potential impact on economic opportunities (including job skills training, work and other activities used to satisfy the community engagement requirement, i.e., work and other similar activities), and access to transportation and affordable child care, have greatly increased the risk that implementation of the community engagement requirement approved in this demonstration will result in substantial coverage loss. In addition, the uncertainty regarding the lingering health consequences of COVID-19 infections further exacerbates the harms of coverage loss for Medicaid beneficiaries.

Accordingly, the letter indicated that, taking into account the totality of circumstances, CMS had preliminarily determined that allowing the community engagement requirement to take effect in Wisconsin would not promote the objectives of the Medicaid program. Therefore, CMS provided the state notice that we were commencing a process of determining whether to withdraw the authorities approved in the BadgerCare Reform demonstration that permit the state to require work and other community engagement activities as a condition of Medicaid eligibility through the demonstration. The letter explained that if CMS ultimately determined to withdraw those authorities, it would "promptly notify the state in writing of the determination and the reasons for the amendment and withdrawal, together with the effective date, and afford the state an opportunity to request a hearing to challenge CMS's determination prior to the effective date." Id.

The letter indicated that, if the state of Wisconsin wished to submit to CMS any additional information that in the state's view may warrant not withdrawing those authorities, such information should be submitted to CMS within 30 days. CMS have not received any additional information from Wisconsin in response to the February 12, 2021 letter.

In light of these concerns, for the reasons set forth below, CMS has determined that, on balance, the authorities that permit Wisconsin to require work and community engagement as a condition of eligibility are not likely to promote the objectives of the Medicaid statute. Therefore, we are withdrawing the community engagement authorities that were added in the Secretary's October 31, 2018 extension approval of the BadgerCare Reform demonstration.

Per guidance from CMS, starting in DY7 the Transitional Medicaid Assistance (TMA) population is no longer considered a part of the target population for the waiver. Based on this, the State of Wisconsin will no longer be submitting data on this population.

3. Narrative information on implementation, by eligibility and coverage policy

The state should refer to the templates for each eligibility and coverage policy included in its demonstration for policy-specific narrative information on implementation relevant to its demonstration.

4. Narrative information on implementation for any demonstration with eligibility and coverage policies

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
AD.Mod_1. Metrics and operations for any demonstrations with eligibility and coverage policies (Any demonstration topics are applicable for reporting on the state’s broader section 1115 demonstration. In support of CMS's efforts to simplify data collection and support analysis across states, report for all beneficiaries in the demonstration, not only those subject to eligibility and coverage policies.)			
AD.Mod_1.1. Metric trends			
1.1.1 Discuss any data trends related to overall enrollment in the demonstration. Describe and explain changes (+ or -) greater than two percent.		AD_1-6	In the second quarter of demonstration year 8 the number of unique program participants increased from 239,174 to 248,936. This represents a 4% increase from the prior quarter of the total number of unique program participants. Please note that this data reflects enrollment that occurred after the implementation of comprehensive changes in response to COVID-19, based on provisions in the Families First Coronavirus Response Act, to stop terminations and reinstate benefits for individuals whose eligibility was denied or terminated based on policies in the demonstration waiver. There were 22,306 new enrollees this quarter.
1.1.2 Discuss any data trends related to mid-year loss of demonstration eligibility. At a minimum, changes (+ or -) greater than two percent should be described.		AD_7-10	The State of Wisconsin does not have any mid-year loss of demonstration eligibility data trend to report this quarter. Please note that this data reflects disenrollment that occurred after the implementation of comprehensive changes to stop terminations and reinstate eligibility in response to COVID-19. Any disenrollment during this time occurred only if a beneficiary voluntarily declined assistance or if they were no longer a resident of Wisconsin (including if they passed away). There were 4,778 beneficiaries who were determined ineligible for Medicaid other than at renewal and 4,620 after the state processed a change in circumstance. 5,613 beneficiaries were no longer eligible for the demonstration due to transfer to another Medicaid eligibility group.

Medicaid Section 1115 Eligibility and Coverage Demonstrations Monitoring Report – Part B Version 2.0

[State] [Demonstration name]

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
1.1.3 Discuss any data trends related to enrollment duration at time of disenrollment. Describe and explain changes (+ or -) greater than two percent.		<i>AD_11-14</i>	This metric is recommended, but not required. The state of Wisconsin has reviewed the recommended metrics provided by CMS but at this point Wisconsin plans to satisfy the required metrics prior to completing any recommended metrics.
1.1.4 Discuss any data trends related to renewals. Describe and explain changes (+ or -) greater than two percent.		<i>AD_15-21</i>	The total beneficiaries whose renewals were completed this quarter decreased from 511 to 348. This represents a 32% decrease from the previous quarter. During this public Health Emergency (PHE), the state of Wisconsin has adjusted its policies where we have been postponing renewals for beneficiaries. However, members may still complete their renewals voluntarily – for example, if they also have a renewal for SNAP due in the same month. These renewals are completed at member request, and a relatively small drop in the number of renewing members translates into a large drop in percentage. 146 of those beneficiaries were determined ineligible and disenrolled from Medicaid for the same reasons noted above: voluntarily declining benefits or no longer being a resident of the state (including individuals who passed away). 159 were determined ineligible because they transferred to another Medicaid eligibility category. No beneficiaries were disenrolled from Medicaid because they did not complete their renewal and 21 retained eligibility by completing their renewal forms. This data reflects renewal trends after comprehensive changes to ensure that no member lost eligibility during the COVID-19 public health emergency.
1.1.5 Discuss any data trends related to cost sharing limits. Describe and explain changes (+ or -) greater than two percent.		<i>AD_23</i>	The total beneficiaries who met their cost sharing limit this quarter decreased from 461 to 453. This represents a 2% decrease from the previous quarter.

Medicaid Section 1115 Eligibility and Coverage Demonstrations Monitoring Report – Part B Version 2.0
 [State] [Demonstration name]

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
1.1.6 Discuss any data trends related to appeals and grievances. Describe and explain changes (+ or -) greater than two percent.		AD_24-28	This is a recommended metric, but not required. The state of Wisconsin has reviewed the recommended metrics provided by CMS but at this point Wisconsin plans to satisfy the required metrics prior to completing any recommended metrics. The state will review its ability to provide CMS recommended metrics for future quarterly reports.
1.1.7 Discuss any data trends related to access to care. Describe and explain changes (+ or -) greater than two percent.		AD_29-36	<p>The total number of primary care providers enrolled to deliver Medicaid services this quarter increased from 23,966 to 24150. This represents a 1% change from the prior quarter. Of those primary care providers 9,466 delivered Medicaid services with service claims for 3 or more demonstration beneficiaries.</p> <p>The total number of specialist providers enrolled to deliver Medicaid services this quarter decreased from 51,133 to 49126. This represents a 4% change from the prior quarter. Of those specialist providers 14,183 delivered Medicaid services with service claims for 3 or more demonstration beneficiaries</p> <p>The total utilization of emergency department (ED) visits for the demonstration beneficiary months during this quarter is 123.1 per 1000. There were no non-emergent ED visits this quarter.</p> <p>AD-34 is a recommended metric, but not required. The state of Wisconsin has reviewed the recommended metrics provided by CMS but at this point Wisconsin plans to satisfy the required metrics prior to completing any recommended metrics.</p>

Medicaid Section 1115 Eligibility and Coverage Demonstrations Monitoring Report – Part B Version 2.0
 [State] [Demonstration name]

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
1.1.8 Discuss any data trends related to quality of care and health outcomes. Describe and explain changes (+ or -) greater than two percent.		AD_37-44	AD_37 is a recommended metric, but not required. The state of Wisconsin has reviewed the recommended metrics provided by CMS but at this point Wisconsin plans to satisfy the required metrics prior to completing any recommended metrics.
1.1.9 Discuss any data trends related to administrative costs. Describe and explain changes (+ or -) greater than two percent.		AD_45	This is a recommended metric, but not required. The state of Wisconsin has reviewed the recommended metrics provided by CMS but at this point Wisconsin plans to satisfy the required metrics prior to completing any recommended metrics. The state will review its ability to provide CMS recommended metrics for future quarterly reports.
AD.Mod_1.2. Implementation update			
1.2.1 Highlight significant demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, compliance with requirements, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See Monitoring Report Instructions for more detail.			To comply with the requirements related to enhanced FMAP authorized by the Families First Coronavirus Response Act, for this fourth quarter, the State of Wisconsin has maintained eligibility for individuals who no longer meet the rules for Medicaid, with the exception of individuals who voluntarily declined benefits or who are no longer residents of Wisconsin.
AD.Mod_2. State-specific metrics			
AD.Mod_2.1 Metric trends			
2.1.1 Discuss any data trends related to state-specific metrics. Discuss each state-specific metric trend in a separate row. Describe and explain changes (+ or -) greater than two percent.			

5. Narrative information on other reporting topics

Prompt	State has no update (place an X)	State response
1. Budget neutrality		
1.1 Current status and analysis		
1.1.1 Discuss the current status of budget neutrality and provide an analysis of the budget neutrality to date. If the eligibility and coverage policy component is part of a comprehensive demonstration, the state should provide an analysis of the eligibility and coverage policy related budget neutrality and an analysis of budget neutrality as a whole.		
1.2 Implementation update		
1.2.1 Describe any anticipated program changes that may impact financial/budget neutrality.		

Medicaid Section 1115 Eligibility and Coverage Demonstrations Monitoring Report – Part B Version 2.0
 [State] [Demonstration name]

Prompt	State has no update (place an X)	State response
2. Eligibility and coverage demonstration evaluation update		
2.1 Narrative information		
2.1.1 Provide updates on eligibility and coverage policy evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. There are specific requirements per Code of Federal Regulations for annual monitoring reports. See Monitoring Report Instructions for more details.		On April 6, 2021, CMS sent a letter to the state updating the STCs for this demonstration and requesting that the state update the list of provisions, hypotheses, and research questions—and commensurate design elements—to reflect these changes. After conferring with our vendor, the Institute for Research on Poverty (IRP), the State of Wisconsin requested and received a 30-day extension beyond the 60-day timeframe to complete the requested revisions to CMS’s feedback. The State expects to submit the requested feedback to CMS by September 22, 2021 and made the required extension request through PMDA in August.
2.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.		On April 6, 2021, CMS sent a letter to the state updating the STCs for this demonstration and requesting that the state update the list of provisions, hypotheses, and research questions—and commensurate design elements—to reflect these changes. After conferring with our vendor, the Institute for Research on Poverty (IRP), the State of Wisconsin requested and received a 30-day extension beyond the 60-day timeframe to complete the requested revisions to CMS’s feedback. The State expects to submit the requested feedback to CMS by September 22, 2021 and made the required extension request through PMDA in August.
2.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.		

Medicaid Section 1115 Eligibility and Coverage Demonstrations Monitoring Report – Part B Version 2.0
 [State] [Demonstration name]

Prompt	State has no update (place an X)	State response
3. Other demonstration reporting		
3.1 General reporting requirements		
3.1.1 Describe whether the state foresees the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes.		The state of Wisconsin plans on submitting its monitoring protocol once we have an approved implementation plan.
3.1.2 Compared to the details outlined in the STCs and the monitoring protocol, describe whether the state has formally requested any changes or whether the state expects to formally request any changes to: 3.1.2.i The schedule for completing and submitting monitoring reports		The state of Wisconsin plans to continue submitting the metrics that pertain to any demonstration as scheduled.
3.1.2.ii The content or completeness of submitted monitoring reports and or future monitoring reports		
3.1.3 Describe whether the state has identified any real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.		
3.2 Post-award public forum		
3.2.1 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held indicating any resulting action items or issues. A summary of the post-award public forum should be included here for the period during which the forum was held and in the annual monitoring report.		

Medicaid Section 1115 Eligibility and Coverage Demonstrations Monitoring Report – Part B Version 2.0
 [State] [Demonstration name]

Prompt	State has no update (place an X)	State response
4. Notable state achievements and/or innovations		
4.1 Narrative information		
4.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies (1) pursuant to the eligibility and coverage policy hypotheses (or if broader demonstration, then eligibility and coverage policy related) or (2) that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.		

*The state should remove all example text from the table prior to submission.

Note: States must prominently display the following notice on any display of measure rates based on NCQA technical specifications for 1115 eligibility and coverage demonstration monitoring metrics:

Measures MSC-AD, FUA-AD, FUM-AD, and IET_AD (metrics AD_38A, AD_39, and AD_40) are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided “as is” without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under such measures and specifications.

The measure specification methodology used by CMS is different from NCQA’s methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. A calculated measure result (a “rate”) from a HEDIS measure that has not been certified via NCQA’s Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called a “HEDIS rate” until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as “Adjusted, Uncertified, Unaudited HEDIS rates.”

Limited proprietary coding is contained in the measure specifications and HEDIS VS for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NCQA disclaims all liability for use or accuracy of any coding contained in the specifications and HEDIS VS.

Medicaid Section 1115 Eligibility and Coverage Demonstrations Monitoring Report – Part B Version 2.0
[State] [Demonstration name]

The American Medical Association holds a copyright to the CPT® codes contained in the measure specifications and HEDIS VS.

The American Hospital Association holds a copyright to the Uniform Billing Codes ("UB") contained in the measure specifications and HEDIS VS. The UB Codes are included with the permission of the AHA. Anyone desiring to use the UB Codes in a commercial product to calculate measure results, or for any other commercial use, must obtain a commercial use license directly from the AHA. To inquire about licensing, contact ub04@aha.org.

Medicaid Section 1115 Eligibility and Coverage Demonstration Report - Metrics reporting (AD)
 State WISCONSIN
 Demonstration Name BadgerCare Reform
 Demonstration Year (DY) DY8
 Calendar Dates for DY 01/01/2021 - 12/31/2021
 Reporting Period Q2
 Calendar Dates for Reporting Period 04/01/2021 - 06/30/2021
 Submitted on 08/12/2021

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_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

^a Monthly count of beneficiaries

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_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
1.1.4 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_19	Beneficiaries who did not complete renewal, disenrolled from Medicaid
1.1.4 Renewal	AD_21	Beneficiaries who retained eligibility for the demonstration after completing renewal forms
1.1.5 Cost sharing limit	AD_23	Monthly count of beneficiaries who reached 5% limit

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_35	Emergency department utilization, total
1.1.7 Access to care	AD_36	Emergency department utilization, non-emergency

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 He owned and copyrighted by the National Committee for Quality Assurance ("NCQA"). NCQA makes r organization or physician that uses or reports performance measures and NCQA has no liability to a

The measure specification methodology used by CMS is different from NCQA's methodology. NCQA/ permission to adjust. Calculated measure results, based on the adjusted HEDIS specifications, may I

Certain non-NCQA measures in the CMS 1115 eligibility and coverage demonstration contain HEDIS Proprietary coding is contained in the VS. Users of the proprietary code sets should obtain all neces or accuracy of the VS with the non-NCQA measures and any coding contained in 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 i
- c Report metrics that are one annual value for a demonstration year only in the report specified in the reporting schedule.
- d Report count metrics in the numerator column. Administrative costs (AD_45) should also be reported 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 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 l

Metric description	Data source	Calculation lag	Attest that reporting matches CMS-provided specification (Y/N)
<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>	Administrative records	30 days	Y
<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>	Administrative records	30 days	Y
<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>	Administrative records	30 days	Y
<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>	Administrative records	30 days	Y
<p>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 after being suspended for noncompliance).</p>	Administrative records	30 days	Y

Beneficiaries determined ineligible for Medicaid, any reason, other than at renewal	Administrative records	30 days	Y
Beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiary	Administrative records	30 days	Y
Beneficiaries no longer eligible for the demonstration due to transfer to another Medicaid eligibility group	Administrative records	30 days	Y
Total number of beneficiaries enrolled in the demonstration who were due for renewal during the measurement period	Administrative records	30 days	Y
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	Y
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	Y
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	Y
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	Y
Beneficiaries who reached 5% limit	Administrative records	30 days	Y

Number of primary care providers enrolled to deliver Medicaid services at the end of the measurement period	Provider enrollment databases	90 days	Y
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	Y
Number of specialists enrolled to deliver Medicaid services at the end of the measurement period	Provider enrollment databases	90 days	Y
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	Y
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	Y
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.	Claims and encounters; other administrative records	90 days	Y
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.			

Healthcare Effectiveness Data and Information Set (“HEDIS[®]”) measures that are not representations, warranties, or endorsement about the quality of any product or service that anyone who relies on such measures or specifications.

NCQA has not validated the adjusted measure specifications but has granted CMS permission to be called only “Uncertified, Unaudited HEDIS rates.”

NCQA Value Sets (VS) developed by and included with the permission of the NCQA. NCQA has obtained necessary licenses from the owners of these code sets. NCQA disclaims all liability for use of these code sets.

report template.

ess than or equal to AD_7

Reporting issue (Y/N) (further describe in the data and reporting issues tab [AD])	Measurement period (month, quarter, year ^c)	Dates covered by measurement period (MM/DD/YYYY- MM/DD/YYYY)	Demonstration	
			Denominator	Numerator ^d
N	Month 1	04/01/2021-04/30/2021		237339
	Month 2	05/01/2021-05/31/2021		241531
	Month 3	06/01/2021-06/30/2021		244475
N	Month 1	04/01/2021-04/30/2021		0
	Month 2	05/01/2021-05/31/2021		0
	Month 3	06/01/2021-06/30/2021		0
N	Month 1	04/01/2021-04/30/2021		12851
	Month 2	05/01/2021-05/31/2021		13537
	Month 3	06/01/2021-06/30/2021		13811
N	Month 1	04/01/2021-04/30/2021		0
	Month 2	05/01/2021-05/31/2021		0
	Month 3	06/01/2021-06/30/2021		0
N	Month 1	04/01/2021-04/30/2021		0
	Month 2	05/01/2021-05/31/2021		0
	Month 3	06/01/2021-06/30/2021		0
	Month 1	04/01/2021-04/30/2021		1525

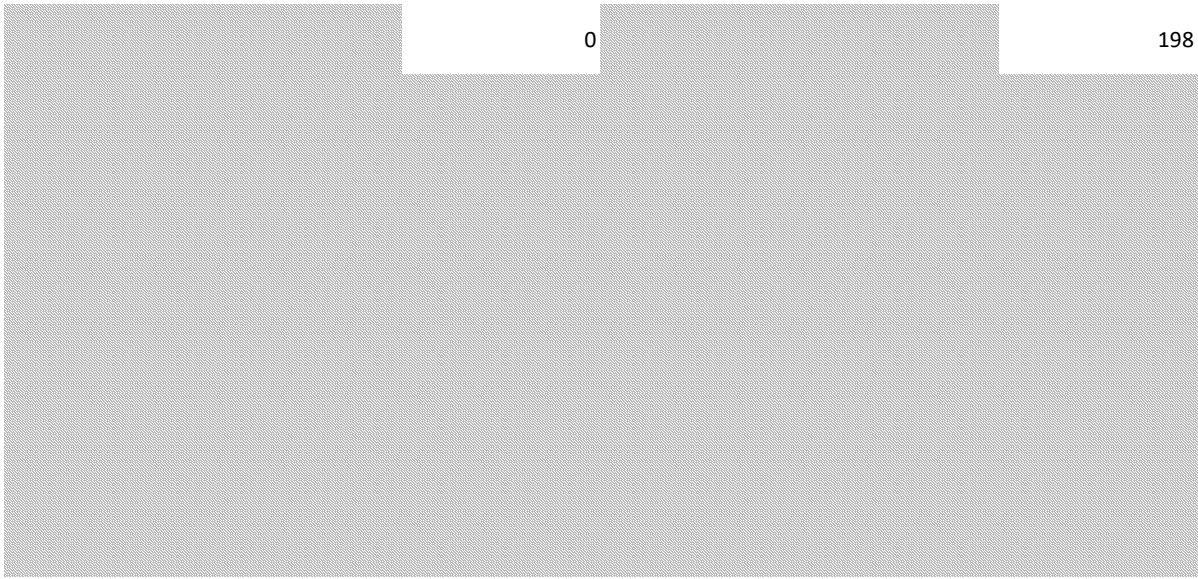
N	Month 2	05/01/2021-05/31/2021		1532
	Month 3	06/01/2021-06/30/2021		1725
	Month 1	04/01/2021-04/30/2021		1478
N	Month 2	05/01/2021-05/31/2021		1474
	Month 3	06/01/2021-06/30/2021		1672
	Month 1	04/01/2021-04/30/2021		3966
N	Month 2	05/01/2021-05/31/2021		4270
	Month 3	06/01/2021-06/30/2021		4534
	Month 1	04/01/2021-04/30/2021		141
N	Month 2	05/01/2021-05/31/2021		84
	Month 3	06/01/2021-06/30/2021		123
	Month 1	04/01/2021-04/30/2021		60
N	Month 2	05/01/2021-05/31/2021		35
	Month 3	06/01/2021-06/30/2021		51
	Month 1	04/01/2021-04/30/2021		63
N	Month 2	05/01/2021-05/31/2021		42
	Month 3	06/01/2021-06/30/2021		54
	Month 1	04/01/2021-04/30/2021		0
N	Month 2	05/01/2021-05/31/2021		0
	Month 3	06/01/2021-06/30/2021		0
	Month 1	04/01/2021-04/30/2021		5
N	Month 2	05/01/2021-05/31/2021		5
	Month 3	06/01/2021-06/30/2021		11
	Month 1	04/01/2021-04/30/2021		182
N	Month 2	05/01/2021-05/31/2021		191

	Month 3	06/01/2021-06/30/2021		199
N	Quarter	04/01/2021-06/30/2021		24150
N	Quarter	04/01/2021-06/30/2021		9466
N	Quarter	04/01/2021-06/30/2021		49126
N	Quarter	04/01/2021-06/30/2021		14183
N	Quarter	04/01/2021-06/30/2021	701917	86405
N	Quarter	04/01/2021-06/30/2021	701917	0



	< 50% FPL ^f			50-100% FPL ^f		
Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	
		182185			54927	
		184681			56595	
		186618			57674	
		0			0	
		0			0	
		0			0	
		9938			2720	
		10446			2869	
		10764			2896	
		0			0	
		0			0	
		0			0	
		0			0	
		0			0	
		1149			376	

		1136			396
		1303			422
		1113			365
		1086			388
		1257			415
		1917			2019
		2062			2178
		2182			2322
		82			58
		51			33
		75			48
		24			36
		19			16
		26			25
		22			40
		19			23
		26			28
		0			0
		0			0
		0			0
		3			2
		3			2
		3			8
		0			181
		0			190



0

198

123.0986

540783

71420

132.067761

160095

14931

0

540783

0

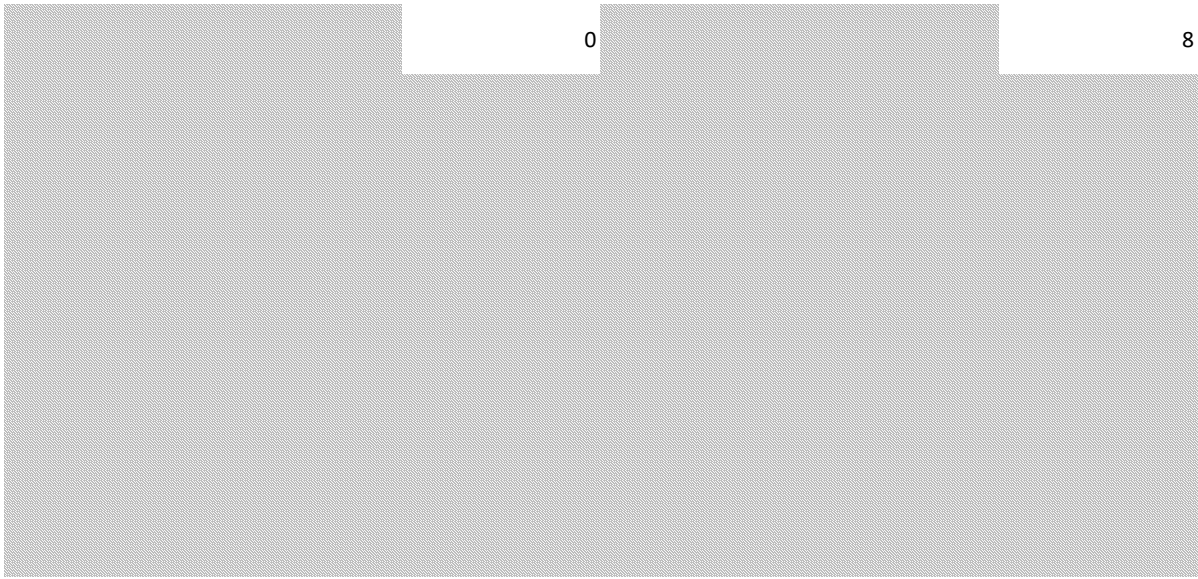
0

160095

0



		0			336
		0			381
		0			321
		0			331
		0			377
		0			464
		0			488
		0			480
		0			13
		0			4
		0			11
		0			5
		0			3
		0			9
		0			5
		0			2
		0			6
		0			0
		0			0
		0			0
		0			0
		0			0
		0			1
		0			8
		0			10



0

8

93.26337487

0

0

0

167149

19571

0

0

0

0

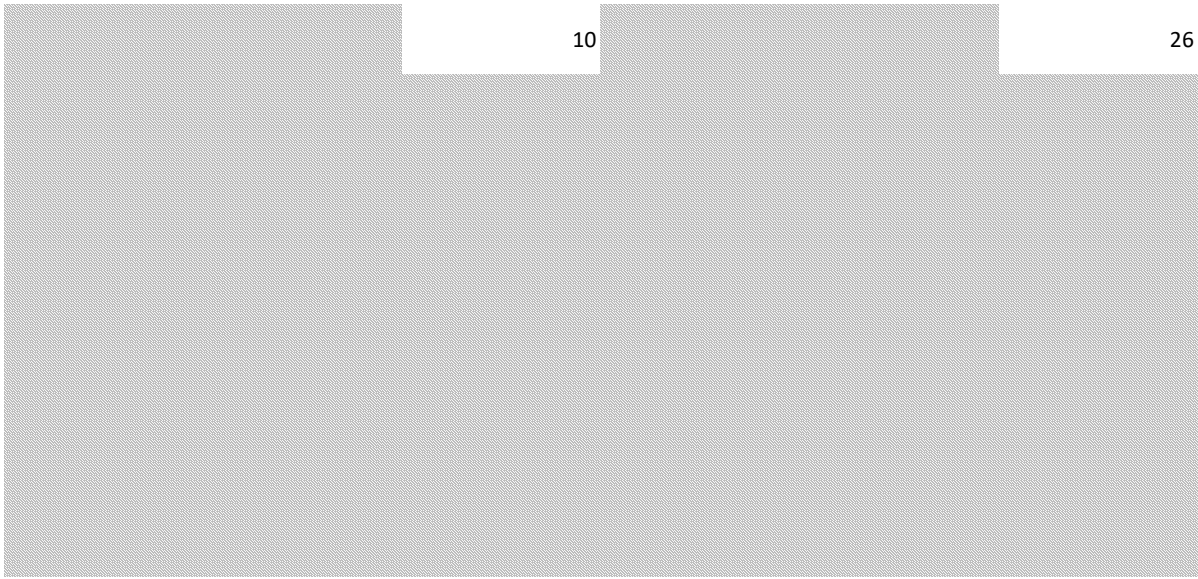
167149

0



Rate/Percentage ^e	Age 27-35		Rate/Percentage ^e	Age 36-45	
	Denominator	Numerator ^d		Denominator	Numerator ^d
		54436			39715
		55706			40468
		56526			40973
		0			0
		0			0
		0			0
		3040			2011
		3271			2130
		3288			2164
		0			0
		0			0
		0			0
		0			0
		0			0
		359			234

		373			234
		470			227
		353			226
		365			224
		461			217
		525			441
		590			485
		650			519
		14			16
		11			8
		16			17
		4			6
		5			4
		9			5
		7			3
		4			4
		5			7
		0			0
		0			0
		0			0
		1			2
		1			0
		1			3
		11			15
		10			30



10

26

117.0871498

161049

21515

133.5928817

117308

18019

0

161049

0

0

117308

0



Rate/Percentage ^e	Age 46-55		Rate/Percentage ^e	Age 56-64	
	Denominator	Numerator ^d		Denominator	Numerator ^d
		43658			42279
		44279			43060
		44777			43733
		0			0
		0			0
		0			0
		2414			2372
		2518			2487
		2589			2607
		0			0
		0			0
		0			0
		0			0
		0			0
		244			322

		227			319
		257			337
		228			309
		206			305
		246			318
		729			1370
		777			1487
		832			1569
		31			47
		19			31
		30			38
		10			16
		5			8
		6			11
		10			20
		8			15
		10			16
		0			0
		0			0
		0			0
		1			1
		2			2
		4			3
		61			86
		52			89



59

95

153.6041873

129251

16615

128.5483284

125030

10562

0

129251

0

0

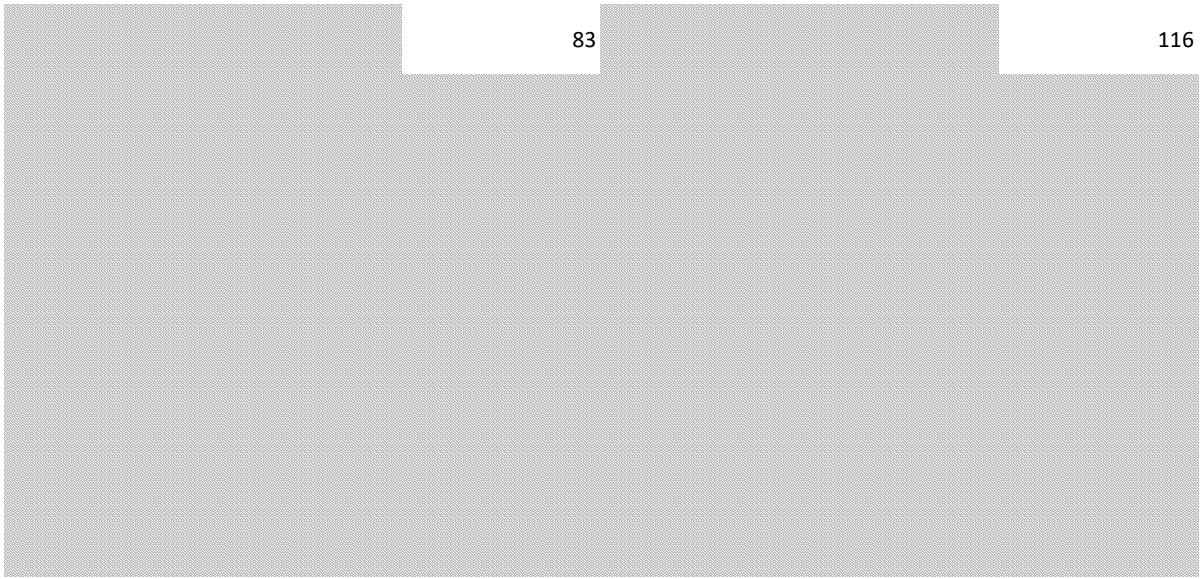
125030

0



Rate/Percentage ^e	Male			Female	
	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d
		135775			101564
		138194			103337
		139826			104649
		0			0
		0			0
		0			0
		7698			5153
		7960			5577
		8122			5689
		0			0
		0			0
		0			0
		0			0
		0			0
		0			0
		768			757

		768			764
		809			916
		737			741
		725			749
		772			900
		1828			2138
		1970			2300
		2110			2424
		77			64
		53			31
		68			55
		30			30
		21			14
		23			28
		29			34
		28			14
		28			26
		0			0
		0			0
		0			0
		1			4
		2			3
		5			6
		79			103
		75			116



83

116

84.47572583

400674

49798

124.2855788

301243

36607

0

400674

0

0

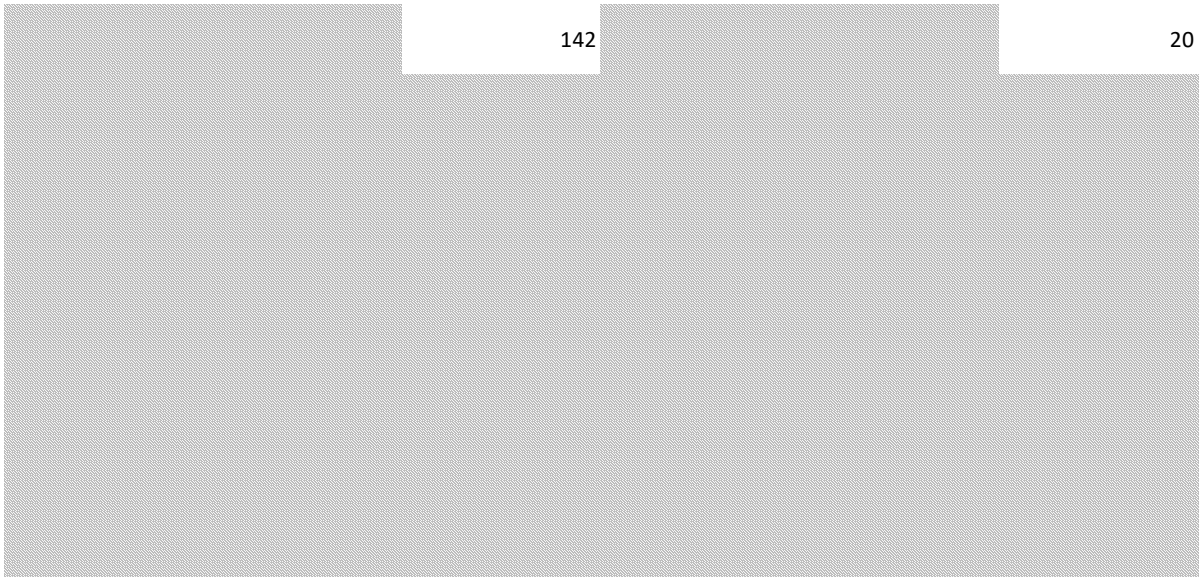
301243

0



Rate/Percentage ^e	White			Black or African American	
	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d
		145122			52037
		147700			52884
		149553			53354
		0			0
		0			0
		0			0
		8042			2460
		8546			2545
		8666			2616
		0			0
		0			0
		0			0
		0			0
		0			0
		0			0
		972			299

		978			297
		1075			337
		934			297
		933			291
		1040			329
		2526			821
		2762			884
		2979			897
		85			36
		51			25
		77			34
		38			10
		24			9
		35			8
		43			10
		27			10
		33			15
		0			0
		0			0
		0			0
		3			0
		5			0
		9			2
		145			12
		135			21



142

20

121.5198361

429043

47478

110.6602369

154567

25068

0

429043

0

0

154567

0



an	Asian			American Indian or Alaskan		
	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d
			6230			5153
			6361			5239
			6471			5324
			0			0
			0			0
			0			0
			333			282
			342			294
			376			310
			0			0
			0			0
			0			0
			0			0
			0			0
			31			31

		36			32
		31			46
		31			30
		36			30
		31			43
		102			83
		98			79
		90			84
		5			3
		1			2
		0			4
		3			1
		1			0
		0			2
		3			1
		0			2
		0			3
		0			0
		0			0
		0			0
		1			1
		0			0
		0			0
		3			2
		4			1



4

2

162.1820958

19028

909

47.77170486

15251

2506

0

19028

0

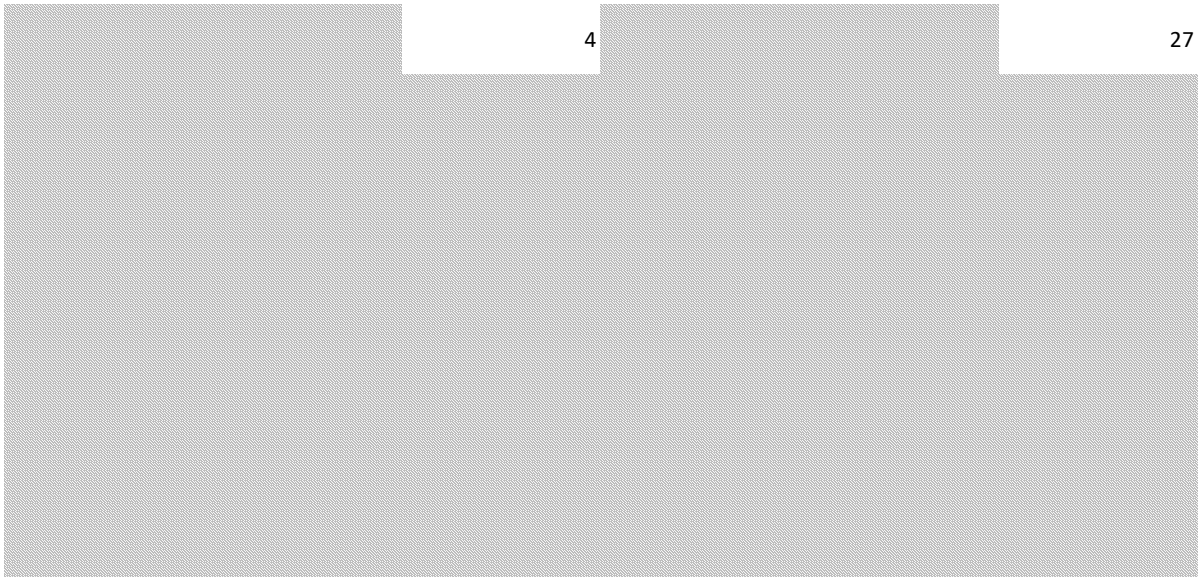
0

15251

0



Native	Other race			Unknown race		
	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d
			6068			22729
			6213			23134
			6328			23445
			0			0
			0			0
			0			0
			318			1416
			345			1465
			319			1524
			0			0
			0			0
			0			0
			0			0
			0			0
			27			165



4

27

164.317094

17133

2378

138.7964746

66895

8066

0

17133

0

0

66895

0



Rate/Percentage ^e	Hispanic ethnicity			Non-Hispanic ethnicity	
	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d
		19319			193846
		19726			197017
		20018			199172
		0			0
		0			0
		0			0
		1027			10102
		1083			10708
		1110			10919
		0			0
		0			0
		0			0
		0			0
		0			0
		0			0
		127			1191

		121			1224
		142			1373
		124			1153
		119			1172
		136			1331
		263			3414
		277			3686
		288			3927
		7			123
		5			75
		5			110
		5			51
		0			32
		4			42
		4			56
		3			38
		3			47
		0			0
		0			0
		0			0
		0			5
		0			5
		0			11
		13			169
		15			176



13

186

120.5770237

56861

7450

131.0212624

644873

78949

0

56861

0

0

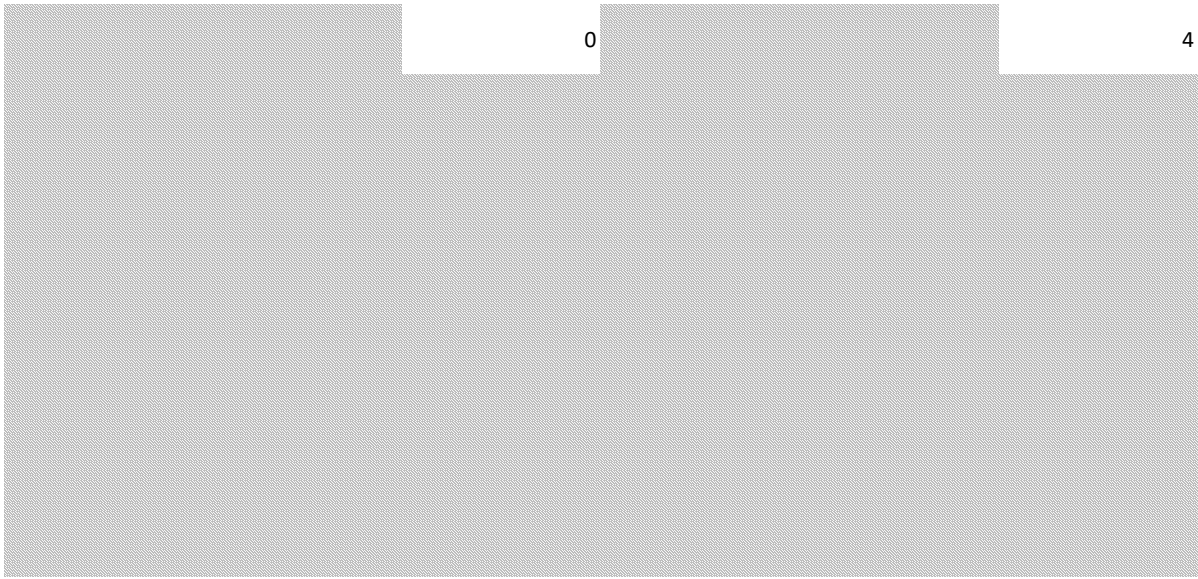
644873

0



y	Unknown ethnicity			American Indian or Alaskan Native		
	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d
			24174			587
			24788			622
			25285			642
			0			0
			0			0
			0			0
			1722			23
			1746			26
			1782			21
			0			0
			0			0
			0			0
			0			0
			0			0
			207			4

		187			4
		210			4
		201			4
		183			4
		205			4
		289			6
		307			7
		319			7
		11			
		4			
		8			
		4			
		3			
		5			
		3			
		1			
		4			
		0			
		0			
		0			
		0			
		0			
		0			
		0			0
		0			3



0

4

122.4256559

183

6

32.78688525

17133

2378

0

183

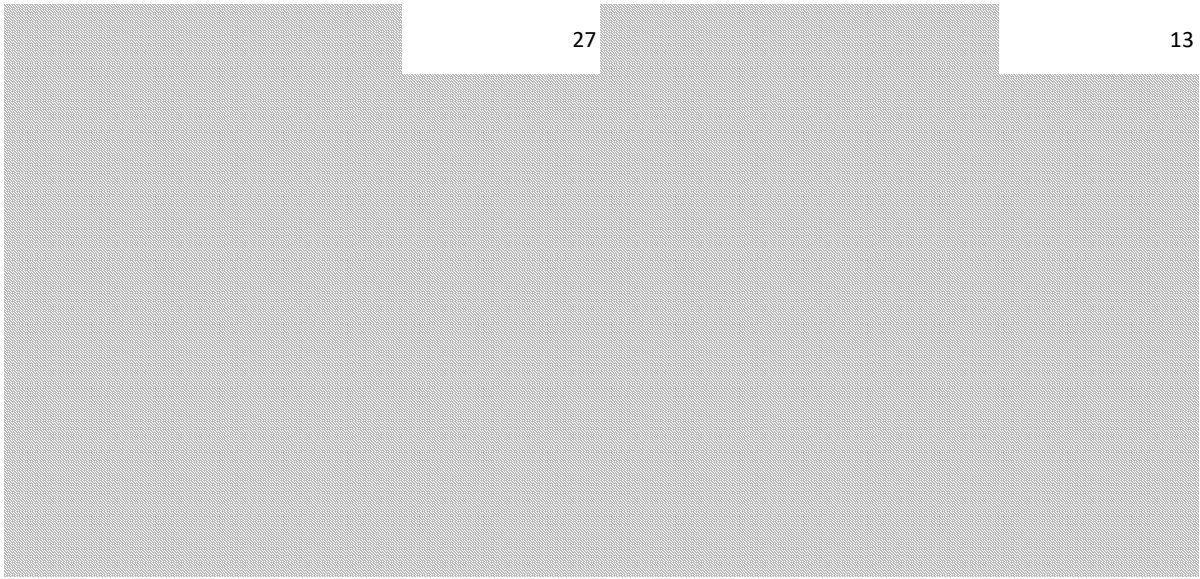
0

0

17133

0





27

13

138.7964746

66895

8066

120.5770237

56861

7450

0

66895

0

0

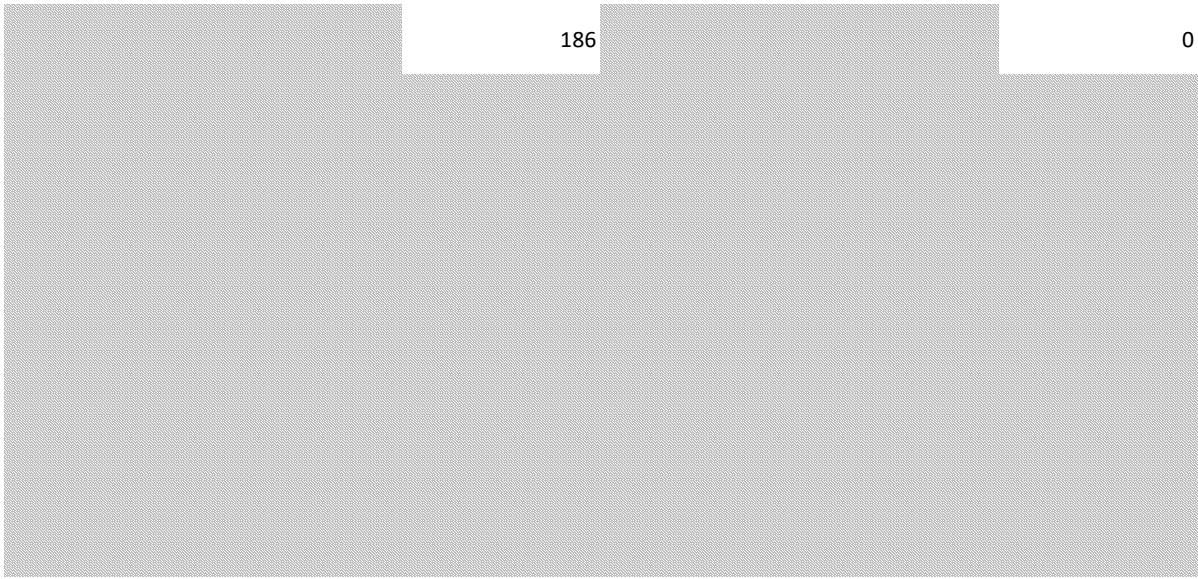
56861

0



os ^g	Homeless Exempt groups ^g			Institutionalized Exempt g	
	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e	Numerator ^d
			2898		9
			3154		9
			3376		9
			0		
			0		
			0		
			79		
			48		
			68		
			0		
			0		
			0		
			0		
			0		
			0		
			21		

		22			
		27			
		21			
		22			
		27			
		22			1
		20			
		26			
		0			
		0			
		0			
		0			
		0			
		0			
		0			
		0			
		0			
		0			
		0			
		169			0
		176			0



186

0

131.0212624

644873

78949

122.4256559

183

6

0

644873

0

0

183

0





32.78688525

0

