



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 Q3
Reporting period	07/1/2021-09/30/2021

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.

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[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.		<i>AD_1-6</i>	In the third quarter of demonstration year 8 the number of unique program participants increased from 248,936 to 257,316. This represents a 3% 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 21,200 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.		<i>AD_7-10</i>	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 5,180 beneficiaries who were determined ineligible for Medicaid other than at renewal and 4,910 after the state processed a change in circumstance. 6,010 beneficiaries were no longer eligible for the demonstration due to transfer to another Medicaid eligibility group.

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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 increased from 348 to 380. This represents a 9% increase 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. 131 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). 200 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 32 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 453 to 408. This represents a 10% decrease from the previous quarter.

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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 24150 to 24466. This represents a 1% change from the prior quarter. Of those primary care providers 9,557 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 increased from 49126 to 50254. This represents a 2% change from the prior quarter. Of those specialist providers 14,345 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 142.7 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>

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<p>1.1.8 Discuss any data trends related to quality of care and health outcomes. Describe and explain changes (+ or -) greater than two percent.</p>		<p><i>AD_37-44</i></p>	<p>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD)</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) is 38% for calendar year 2020.</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) is 31% for calendar year 2020.</p> <hr/> <p>Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD)</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) is 73% for calendar year 2020.</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) is 66% for calendar year 2020.</p> <hr/> <p>Initiation of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD)</p> <p>"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>a. Initiation of AOD Treatment - Alcohol abuse or dependence (rate 1, cohort 1) is 45% for calendar year 2020.</p>
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			<p>b. Initiation of AOD Treatment - Opioid abuse or dependence (rate 1, cohort 2) is 71% for calendar year 2020.</p> <p>c. Initiation of AOD Treatment - Other drug abuse or dependence (rate 1, cohort 3) is 42% for calendar year 2020</p> <p>d. Initiation of AOD Treatment - Total AOD abuse or dependence (rate 1, cohort 4) is 47% for calendar year 2020.</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>a. Engagement of AOD Treatment - Alcohol drug abuse or dependence (rate 2 cohort 1) is 17% for calendar year 2020.</p> <p>b. Engagement of AOD Treatment - Opioid drug abuse or dependence (rate 2, cohort 2) is 46% for calendar 2020.</p> <p>c. Engagement of AOD Treatment - Other AOD abuse or dependence (rate 2, cohort 3) is 14% for calendar year 2020.</p> <p>d. Engagement of AOD Treatment - Total AOD abuse or dependence (rate 2, cohort 4) is 21% for calendar year 2020.</p> <hr/> <p>PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)</p> <p>The total 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 rate for calendar year 2020 is 7.11.</p>
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Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
			<p>PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD) The total number of inpatient hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 beneficiary months for beneficiaries age 40 and older rate for calendar 2020 is 5.87.</p> <hr/> <p>PQI 08: Heart Failure Admission Rate (PQI08-AD) The total number of inpatient hospital admissions for heart failure per 100,000 beneficiary months for beneficiaries’ age 18 and older rate for calendar year 2020 is 6.40.</p> <hr/> <p>PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD) The total number of inpatient hospital admissions for asthma per 100,000 beneficiary months for beneficiaries aged 18 to 39 rate for calendar year 2020 is 0.66.</p>
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.

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Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
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.		
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. The State of Wisconsin requested 30-day extension beyond the 60-day timeframe through PMDA to complete the requested revisions to CMS’s feedback. CMS approved the State’s extension request. The State submitted the requested response memo and revised evaluation design through PMDA on September, 20, 2021.
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. The State of Wisconsin requested 30-day extension beyond the 60-day timeframe through PMDA to complete the requested revisions to CMS’s feedback. CMS approved the State’s extension request. The State submitted the requested response memo and revised evaluation design through PMDA on September, 20, 2021.
2.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.		

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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.		

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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.

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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 Q3
 Calendar Dates for Reporting Period 07/01/2021 - 09/30/2021
 Submitted on 11/24/2021

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

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
1.1.8 Quality of care and health outcomes	AD_39-1	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD) [NCQA; NQF # 2605; Medicaid adult Core Set; Adjusted HEDIS measure] ^j
1.1.8 Quality of care and health outcomes	AD_39-2	Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD) [NCQA; NQF # 2605; Medicaid adult Core Set; Adjusted HEDIS measure] ^j

1.1.8 Quality of care and health outcomes	AD_40	<p>Initiation of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD)</p> <p>[NCQA; NQF #0004; Medicaid Adult Core Set; Adjusted HEDIS measure]^j</p>
1.1.8 Quality of care and health outcomes	AD_41	<p>PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)</p> <p>[AHRQ; NQF #0272; Medicaid Adult Core Set]</p>
1.1.8 Quality of care and health outcomes	AD_42	<p>PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)</p> <p>[AHRQ; NQF #0275; Medicaid Adult Core Set]</p>
1.1.8 Quality of care and health outcomes	AD_43	<p>PQI 08: Heart Failure Admission Rate (PQI08-AD)</p> <p>[AHRQ; NQF #0277; Medicaid Adult Core Set]</p>
1.1.8 Quality of care and health outcomes	AD_44	<p>PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD)</p> <p>[AHRQ; NQF #0283; Medicaid Adult Core Set]</p>

Add rows for any additional state-identified metrics

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

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

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

Certain non-NCQA measures in the CMS 1115 eligibility and coverage demonstration contain HEDIS Value Sets (VS) of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NCQA disclaims

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

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

c Report metrics that are one annual value for a demonstration year only in the report specified in the reporting 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 less than or equal to 100%

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

Beneficiaries determined ineligible for Medicaid, any reason, other than at renewal	Administrative records	30 days
Beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiary	Administrative records	30 days
Beneficiaries no longer eligible for the demonstration due to transfer to another Medicaid eligibility group	Administrative records	30 days
Total number of beneficiaries enrolled in the demonstration who were due for renewal during the measurement period	Administrative records	30 days
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who complete the renewal process and are determined ineligible for Medicaid	Administrative records	30 days
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who complete the renewal process and move from the demonstration to a Medicaid eligibility group not included in the demonstration	Administrative records	30 days
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who are disenrolled from Medicaid for failure to complete the renewal process	Administrative records	30 days
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who remained enrolled in the demonstration after responding to renewal notices	Administrative records	30 days
Beneficiaries who reached 5% limit	Administrative records	30 days

Number of primary care providers enrolled to deliver Medicaid services at the end of the measurement period	Provider enrollment databases	90 days
Number of primary care providers enrolled to deliver Medicaid services with service claims for 3 or more demonstration beneficiaries during the measurement period	Provider enrollment databases and claims and encounters	90 days
Number of specialists enrolled to deliver Medicaid services at the end of the measurement period	Provider enrollment databases	90 days
Number of specialists enrolled to deliver Medicaid services with service claims for 3 or more demonstration beneficiaries during the measurement period	Provider enrollment databases and claims and encounters	90 days
Total number of emergency department (ED) visits per 1,000 demonstration beneficiary months during the measurement period	Claims and encounters; other administrative records	90 days
Total number of ED visits for non-emergency conditions per 1,000 demonstration beneficiary months during the measurement period. If the state differentiates emergent/non-emergent visit copayments, then non-emergency visits should be identified for monitoring purposes using the same criteria used to assess the differential copayment. If the state does not differentiate emergent/non-emergent copayments, then non-emergency visits should be defined as all visits not categorized as emergent using the method below.	Claims and encounters; other administrative records	90 days
Percentage of ED visits for beneficiaries age 18 and older who have a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, and who had a follow-up visit with a corresponding principal diagnosis for AOD. Two rates are reported:	--	--
1. Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)	Claims and encounters	90 days
2. Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit (8 total days)	Claims and encounters	90 days
Percentage of ED visits for beneficiaries age 18 and older who have a principal diagnosis of mental illness or intentional self-harm, and who had a follow-up visit with a corresponding principal diagnosis for mental illness. Two rates are reported:	--	--
1. Percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)	Claims and encounters	90 days
2. Percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 7 days of the ED visit (8 total days)	Claims and encounters	90 days

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

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

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

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


1. Initiation of AOD Treatment - Alcohol abuse or dependence (rate 1, cohort 1)	Claims and encounters or EHR	90 days
2. Initiation of AOD Treatment - Opioid abuse or dependence (rate 1, cohort 2)	Claims and encounters or EHR	90 days
3. Initiation of AOD Treatment - Other drug abuse or dependence (rate 1, cohort 3)	Claims and encounters or EHR	90 days
4. Initiation of AOD Treatment - Total AOD abuse or dependence (rate 1, cohort 4)	Claims and encounters or EHR	90 days
5. Engagement of AOD Treatment - Alcohol drug abuse or dependence (rate 2 cohort 1)	Claims and encounters or EHR	90 days
6. Engagement of AOD Treatment - Opioid drug abuse or dependence (rate 2, cohort 2)	Claims and encounters or EHR	90 days
7. Engagement of AOD Treatment - Other AOD abuse or dependence (rate 2, cohort 3)	Claims and encounters or EHR	90 days
8. Engagement of AOD Treatment - Total AOD abuse or dependence (rate 2, cohort 4)	Claims and encounters or EHR	90 days

Number of inpatient hospital admissions for diabetes short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 beneficiary months for beneficiaries age 18 and older Claims and encounters 90 days

Number of inpatient hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 beneficiary months for beneficiaries age 40 and older. Claims and encounters 90 days

Number of inpatient hospital admissions for heart failure per 100,000 beneficiary months for beneficiaries age 18 and older Claims and encounters 90 days

Number of inpatient hospital admissions for asthma per 100,000 beneficiary months for beneficiaries aged 18 to 39. Claims and encounters 90 days



Performance Data and Information Set (“HEDIS®”) measures that are owned and copyrighted by the National
the quality of any organization or physician that uses or reports performance measures and NCQA has no

and the adjusted measure specifications but has granted CMS permission to adjust. Calculated measure results,

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

link to AD_7

Y	N	Month 2	8/1/2021-8/31/2021
		Month 3	9/1/2021-9/30/2021
		Month 1	7/1/2021-7/31/2021
Y	N	Month 2	8/1/2021-8/31/2021
		Month 3	9/1/2021-9/30/2021
		Month 1	7/1/2021-7/31/2021
Y	N	Month 2	8/1/2021-8/31/2021
		Month 3	9/1/2021-9/30/2021
		Month 1	7/1/2021-7/31/2021
Y	N	Month 2	8/1/2021-8/31/2021
		Month 3	9/1/2021-9/30/2021
		Month 1	7/1/2021-7/31/2021
Y	N	Month 2	8/1/2021-8/31/2021
		Month 3	9/1/2021-9/30/2021
		Month 1	7/1/2021-7/31/2021
Y	N	Month 2	8/1/2021-8/31/2021
		Month 3	9/1/2021-9/30/2021
		Month 1	7/1/2021-7/31/2021
Y	N	Month 2	8/1/2021-8/31/2021
		Month 3	9/1/2021-9/30/2021
		Month	7/1/2021-7/31/2021
Y	N	Month	8/1/2021-8/31/2021

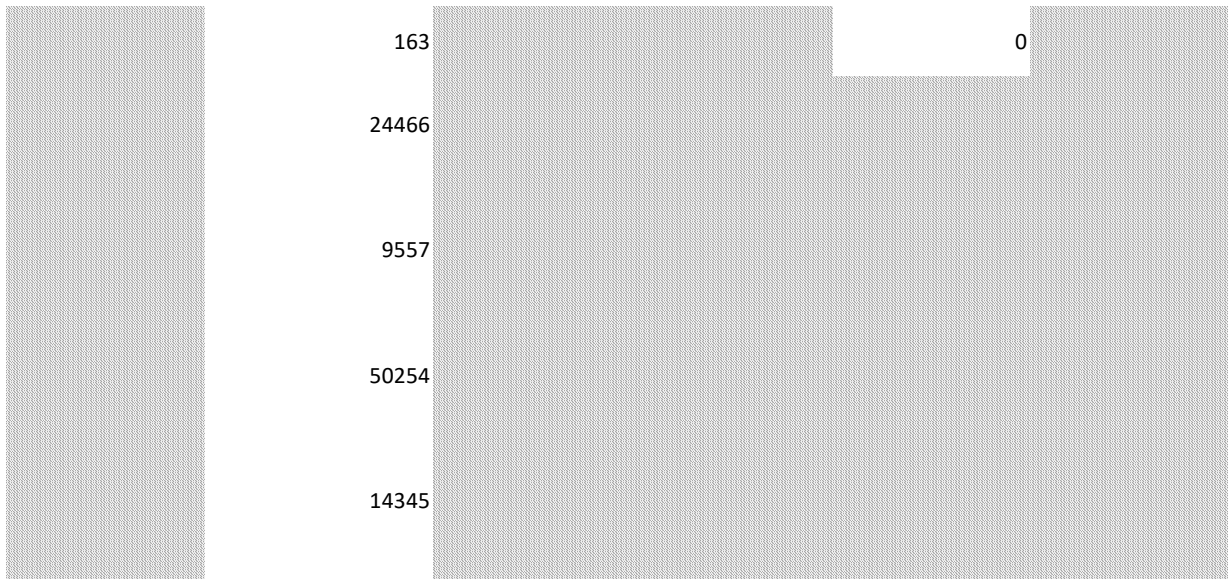
		Month	9/1/2021-9/30/2021
Y	N	Quarter	04/01/2021-06/30/2021
Y	N	Quarter	04/01/2021-06/30/2021
Y	N	Quarter	04/01/2021-06/30/2021
Y	N	Quarter	04/01/2021-06/30/2021
Y	N	Quarter	04/01/2021-06/30/2021
Y	N	Quarter	04/01/2021-06/30/2021
Y	N	Quarter	04/01/2021-06/30/2021
Y	N	--	
Y	N	Calendar year	01/01/2020-12/31/2020
Y	N	Calendar year	01/01/2020-12/31/2020
Y	N	--	
Y	N	Calendar year	01/01/2020-12/31/2020
Y	N	Calendar year	01/01/2020-12/31/2020



Demonstration			< 50% FPL ^f		
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e
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	249880			191198	
	252888			194020	
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	0			0	
	0			0	
	13548			10648	
	13692			10912	
	13556			10801	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	1589			1188	

1678
1918
1516
1594
1805
4585
4720
4915
123
123
134
45
47
39
67
67
66
0
0
0
9
11
12
188
165

1270
1468
1127
1192
1374
2196
2253
2359
75
73
91
25
25
20
32
32
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85500

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731497

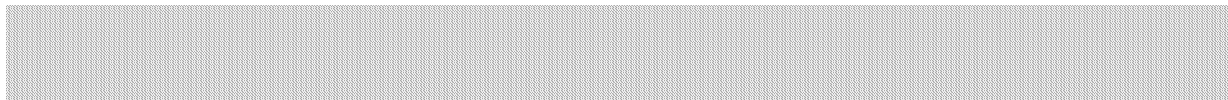
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1388

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1219

38.01

3635

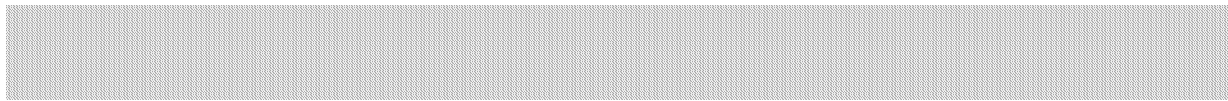
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30.78



3244

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72.72

2783

2002

71.94

3244

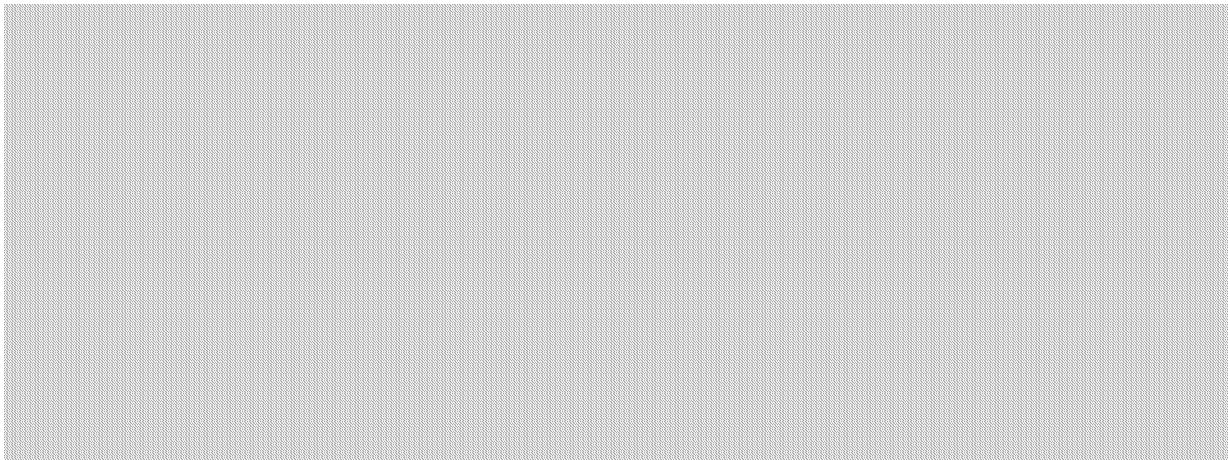
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65.72

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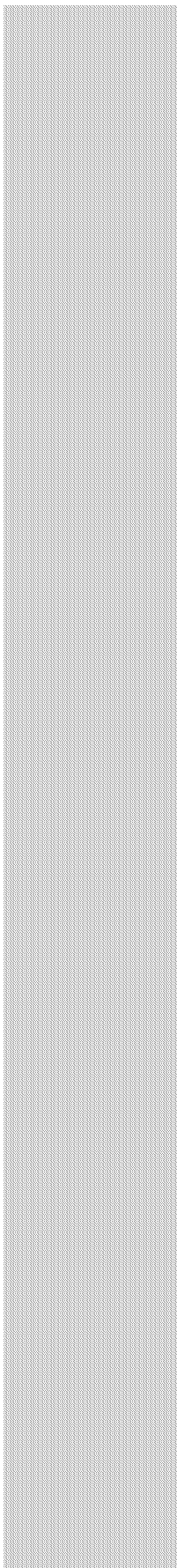
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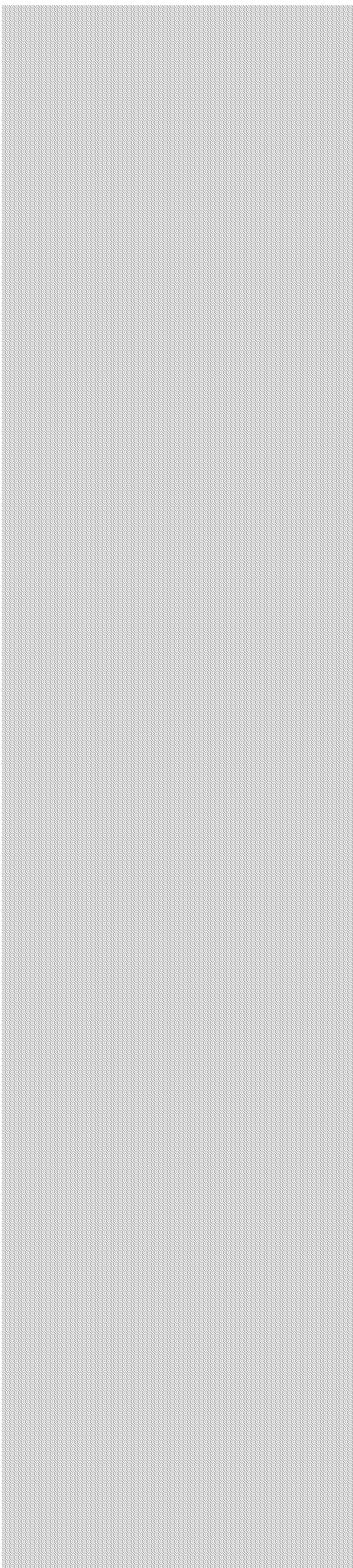
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3852	2738	71.08	3439	2451	71.27
7350	3083	41.95	6431	2718	42.26
17352	8190	47.2	14849	7110	47.88
8524	1424	16.71	7058	1206	17.09
3852	1753	45.51	3439	1566	45.54
7350	1026	13.96	6431	892	13.87
17352	3682	21.22	14849	3215	21.65
2265980	161	7.1051	1771827	125	7.0549
1056366	62	5.8692	786314	45	5.7229
2265980	145	6.399	1771827	114	6.434
1209614	8	0.6614	985513	8	0.8118



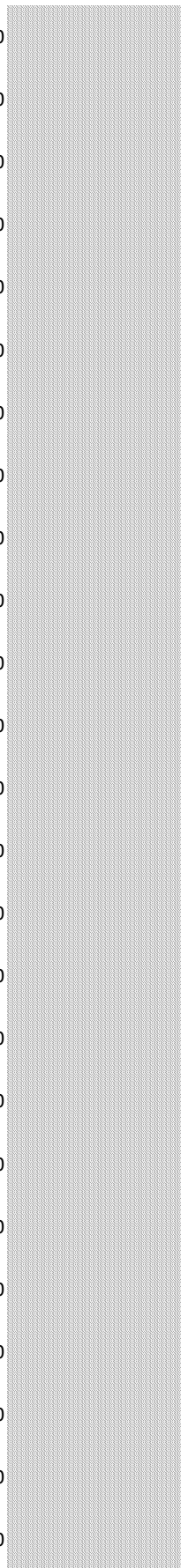
50-100% FPL ^f			>100% FPL ^f		
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	2597			0	
	2623			0	
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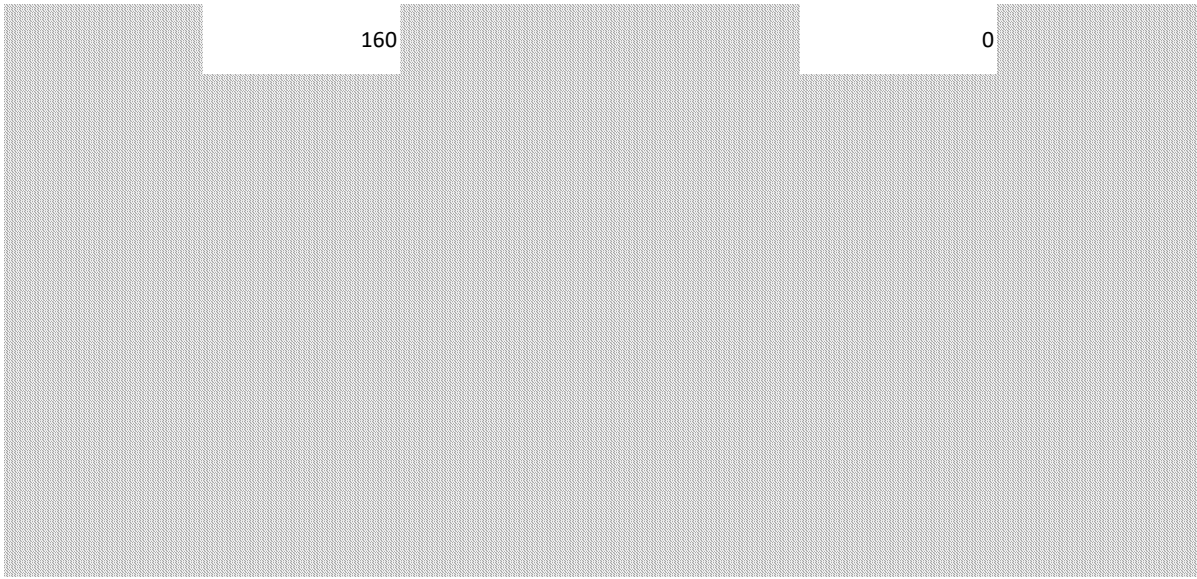


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 3
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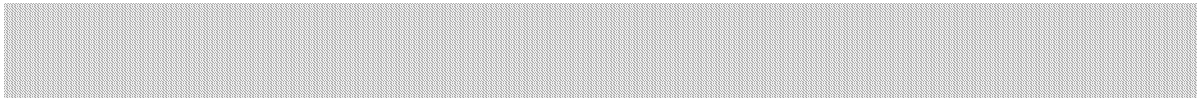
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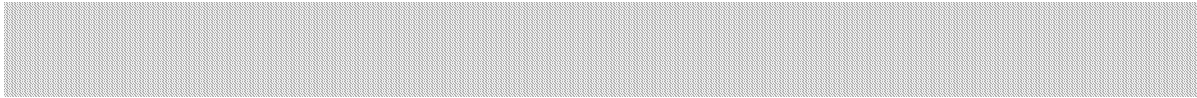
169835	18846	110.9665263	0	0	0
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169835	0	0	0	0	0
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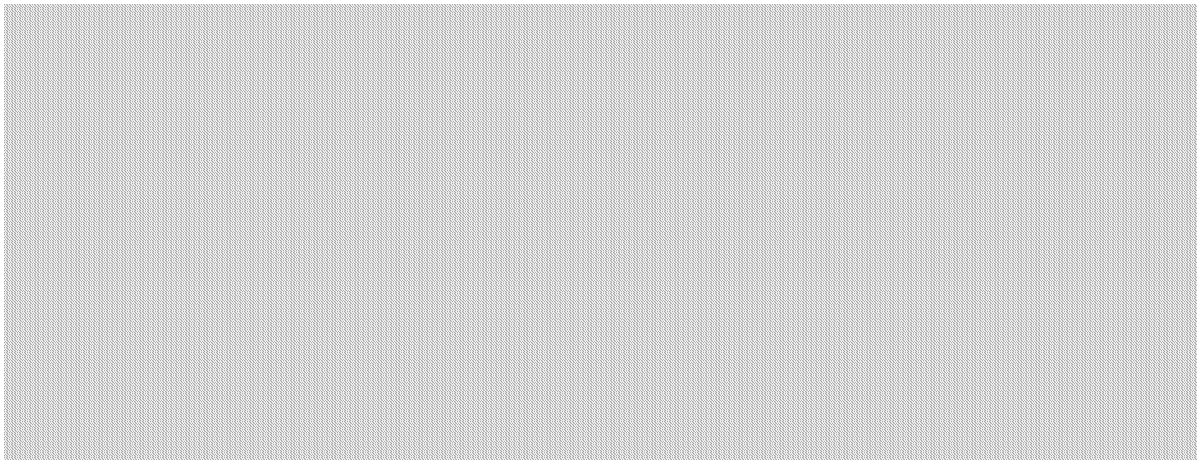
425	168	39.53	0	0	0
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425	138	32.47	0	0	0
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460	356	77.39	0	0	0
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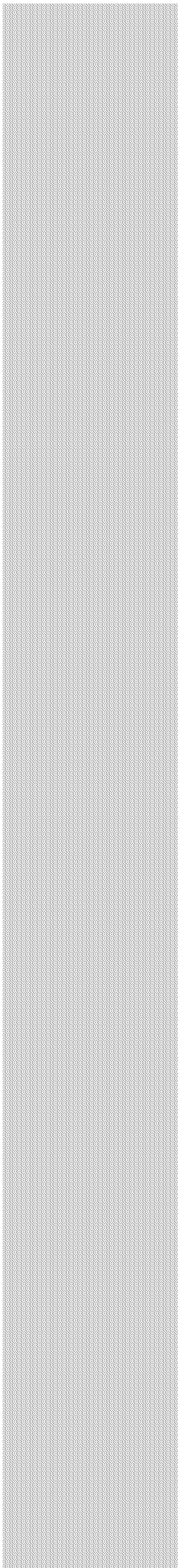
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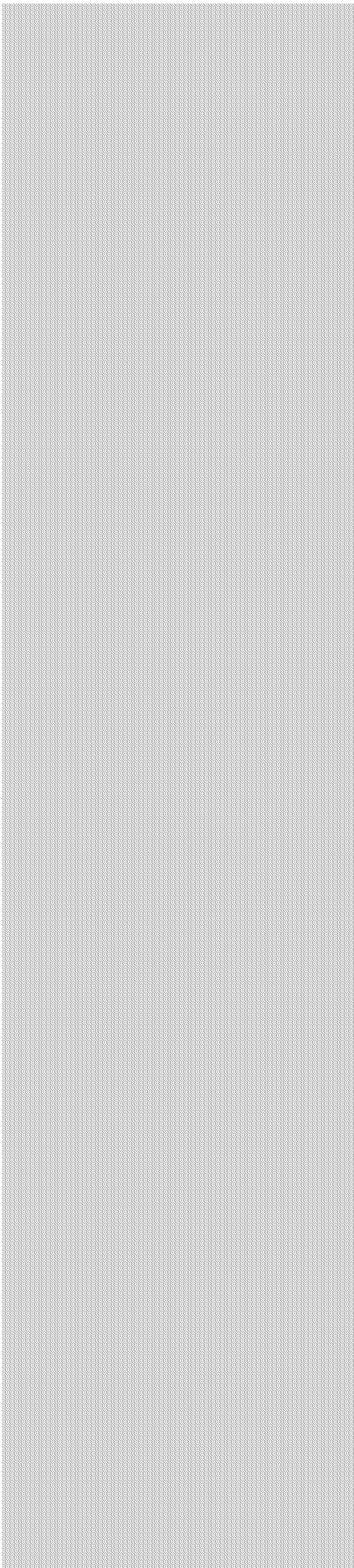
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413	287	69.49	0	0	0
917	364	39.69	0	0	0
2496	1077	43.15	0	0	0
1460	218	14.93	0	0	0
413	187	45.28	0	0	0
917	134	14.61	0	0	0
2496	467	18.71	0	0	0
487894	35	7.1737	0	0	0
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487894	31	6.3538	0	0	0
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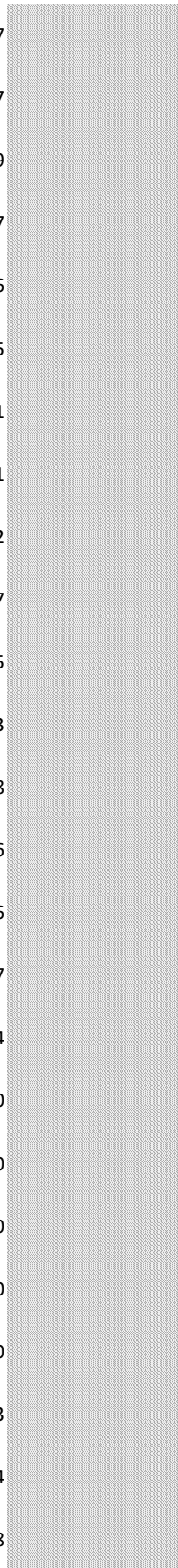
Age 19-26			Age 27-35		
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	57818			58063	
	58196			58892	
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	0			0	
	0			0	
	3019			3217	
	2931			3270	
	2844			3212	
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	381			417	

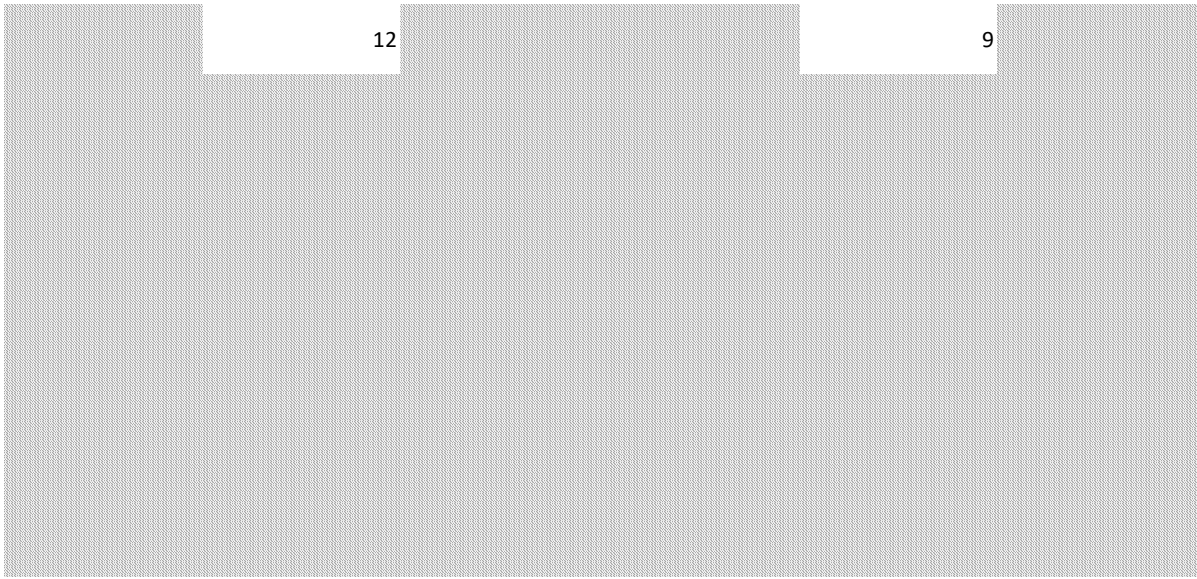


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0
1
6
7



457
497
409
447
476
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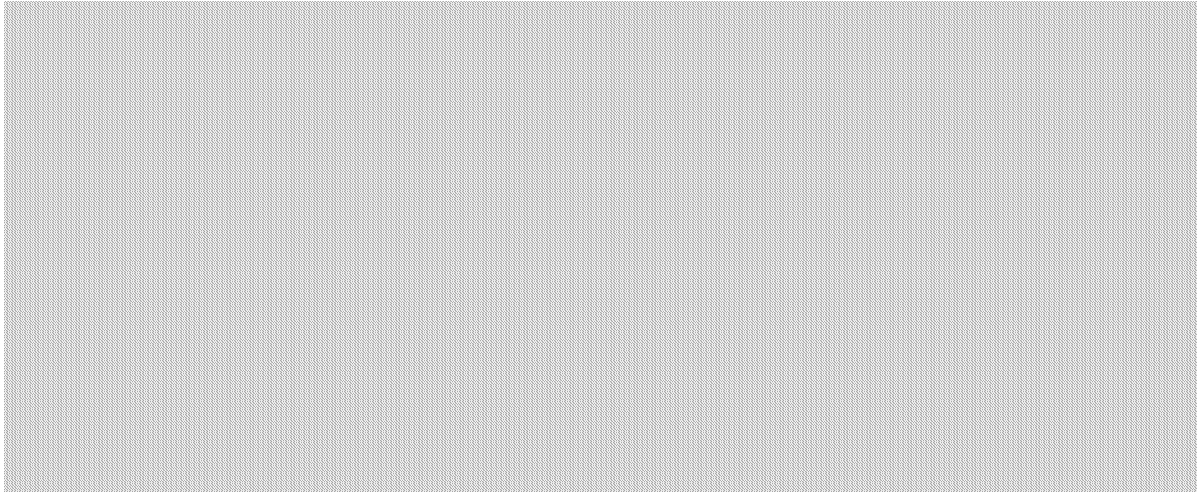


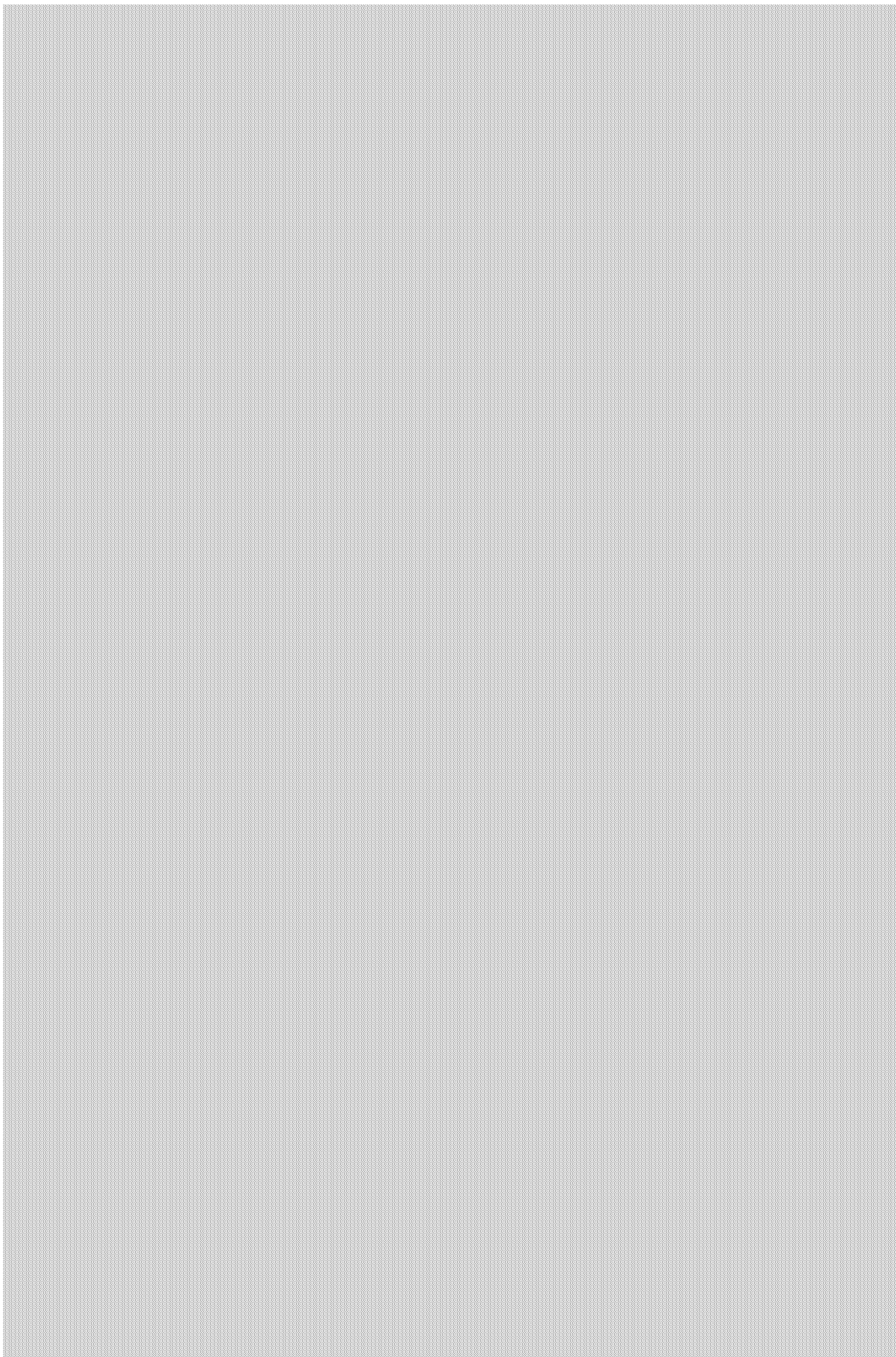
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9

171660 23322 135.8615869 169570 26444 155.9473964

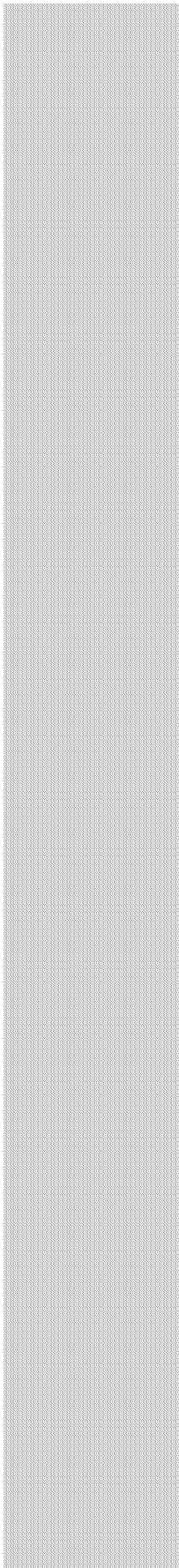
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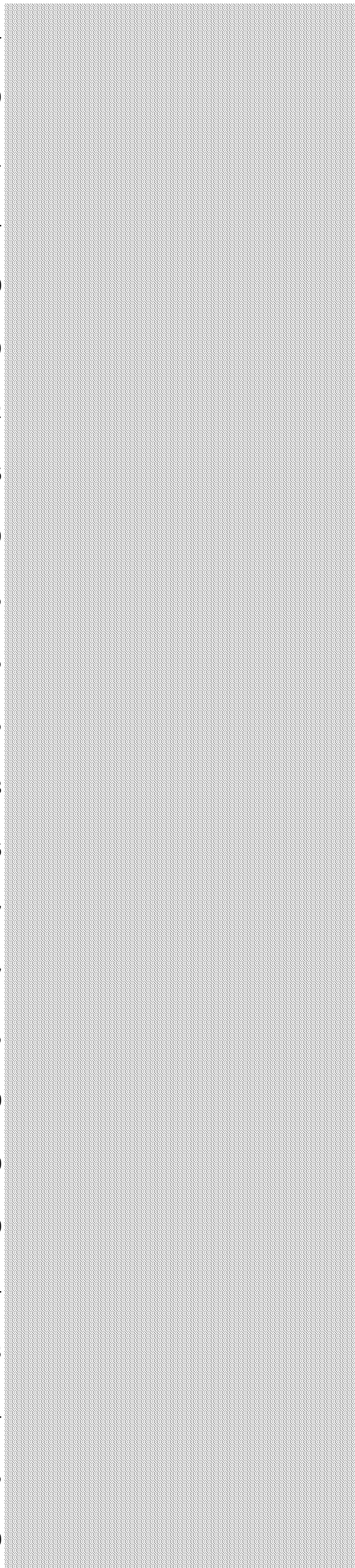




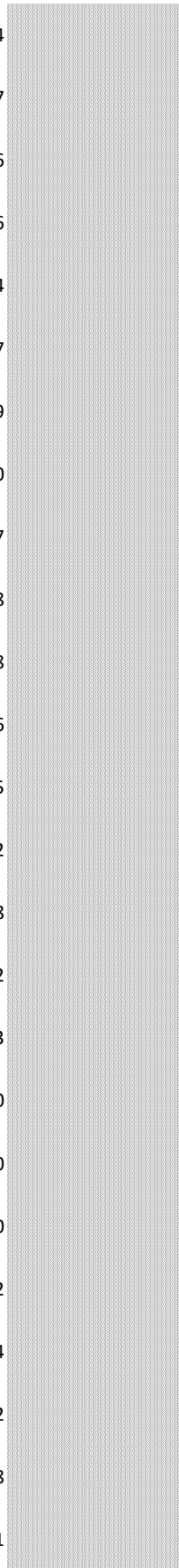
Age 36-45			Age 46-55		
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e
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	42133			45769	
	42780			46215	
	0			0	
	0			0	
	0			0	
	2109			2542	
	2145			2610	
	2123			2612	
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	0			0	
	0			0	
	240			216	

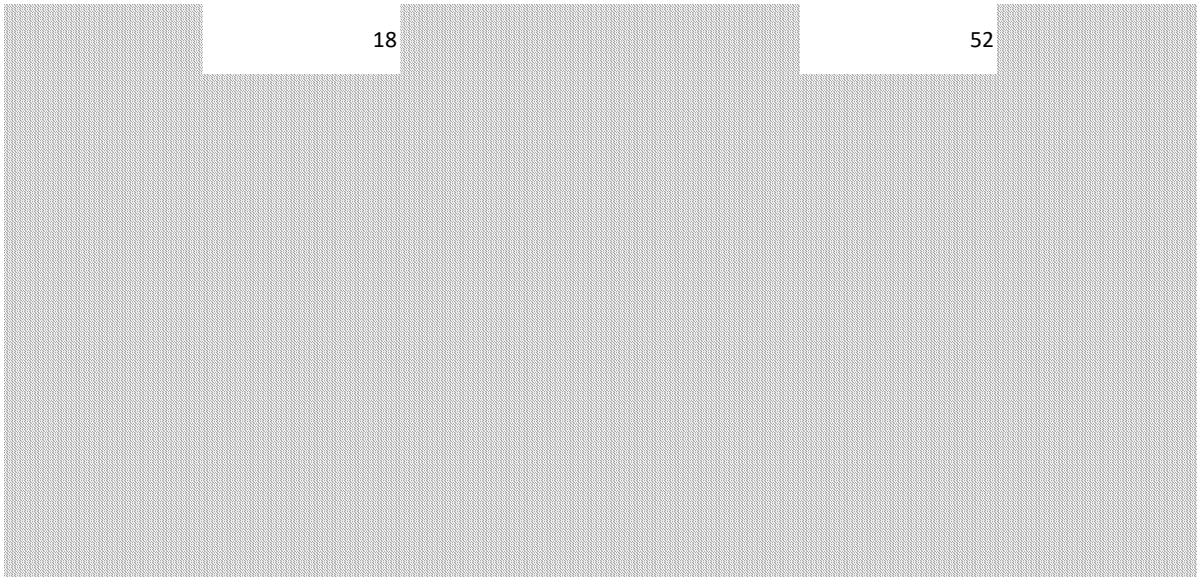


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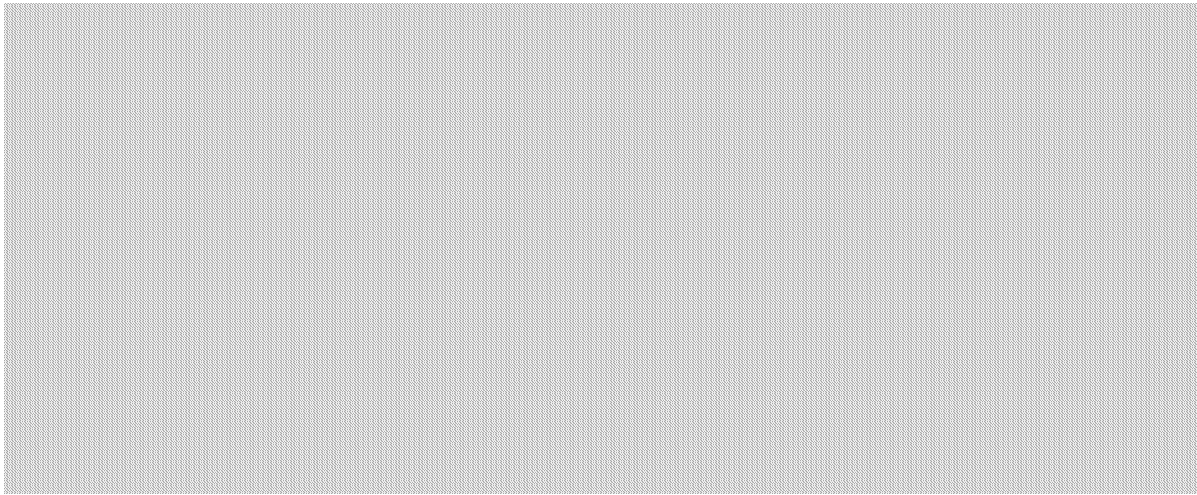
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68
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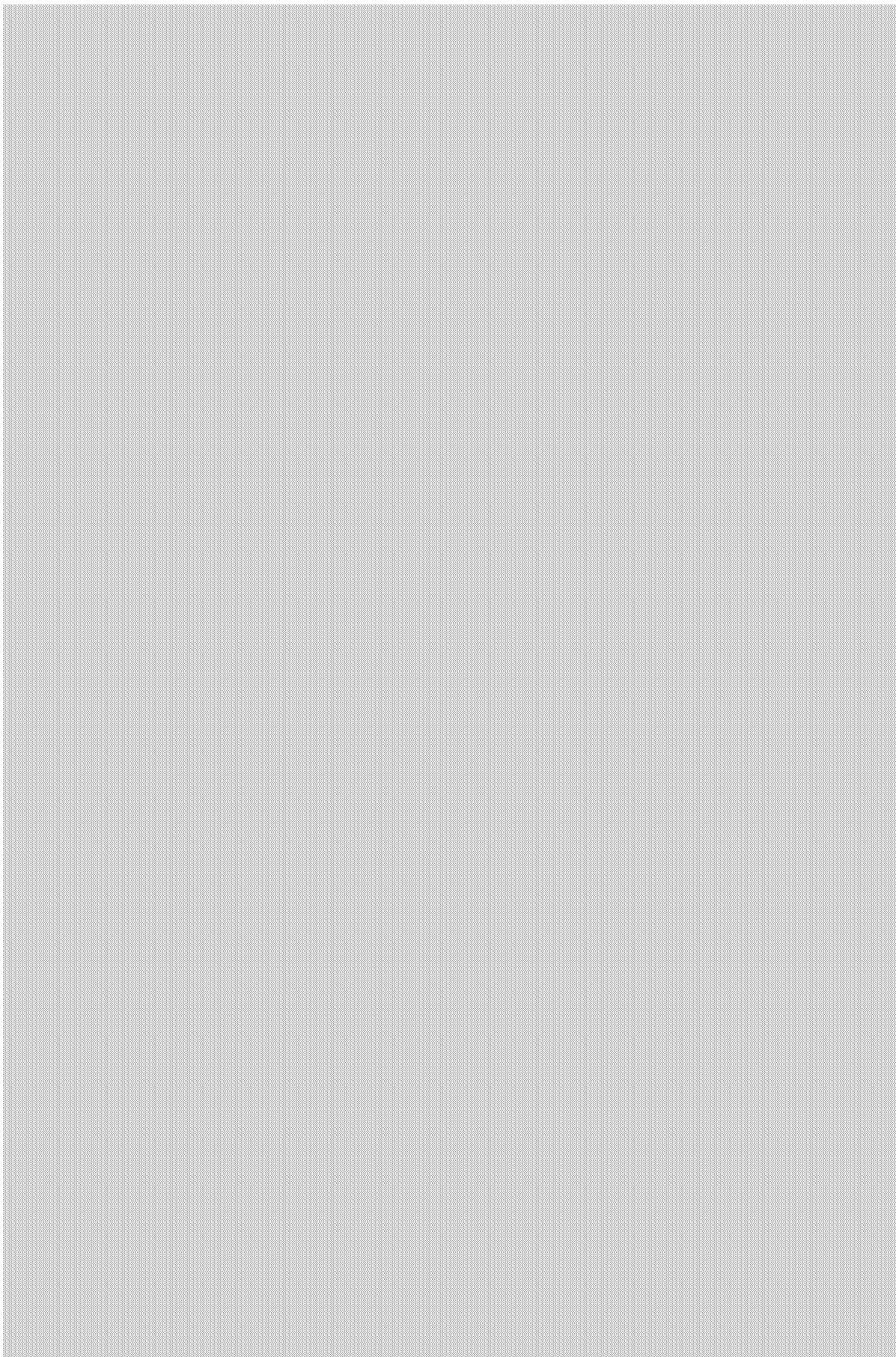




122608	21449	174.939645	133920	19706	147.1475508
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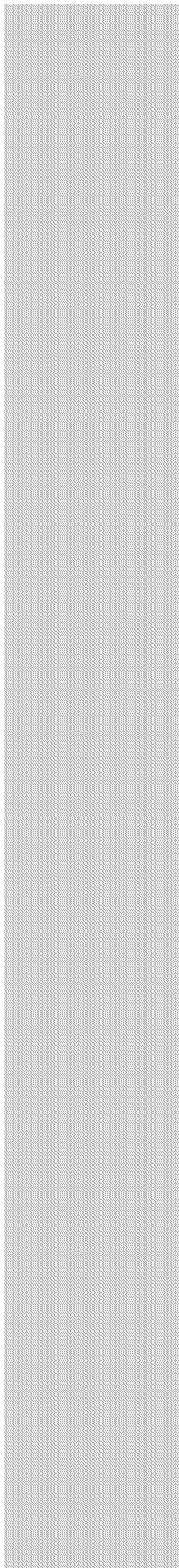
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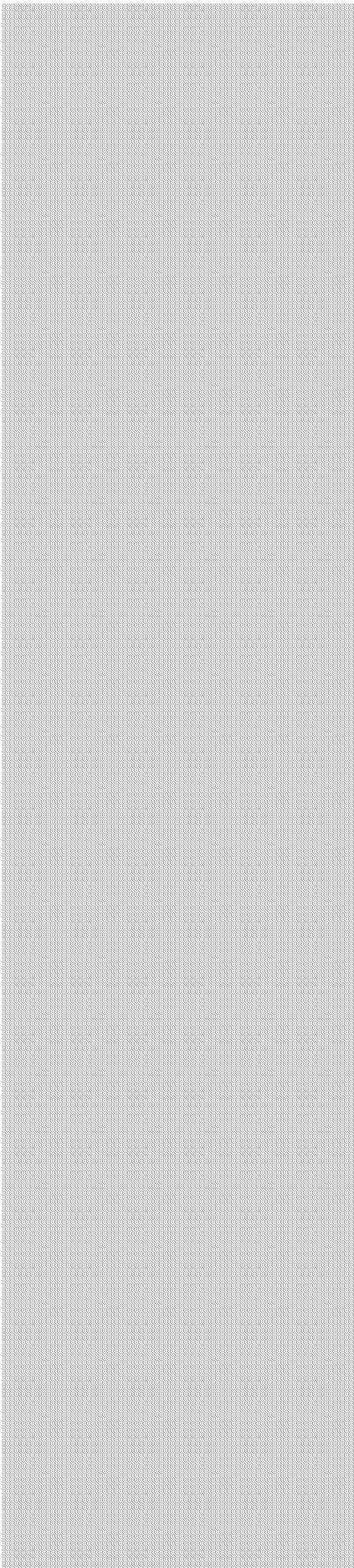




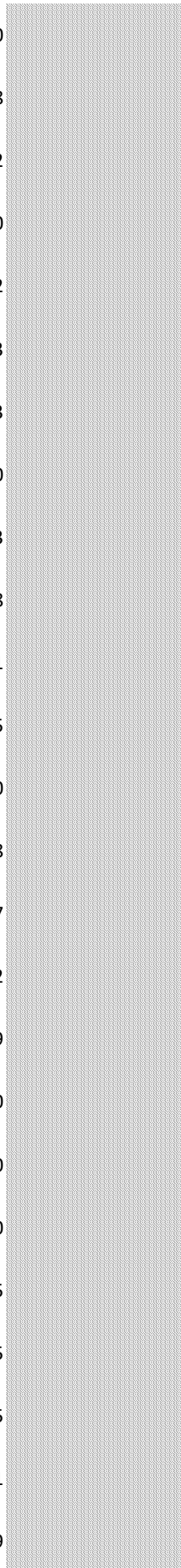
Age 56-64			Male		
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	45732			144686	
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	0			0	
	2633			8014	
	2705			8077	
	2736			7971	
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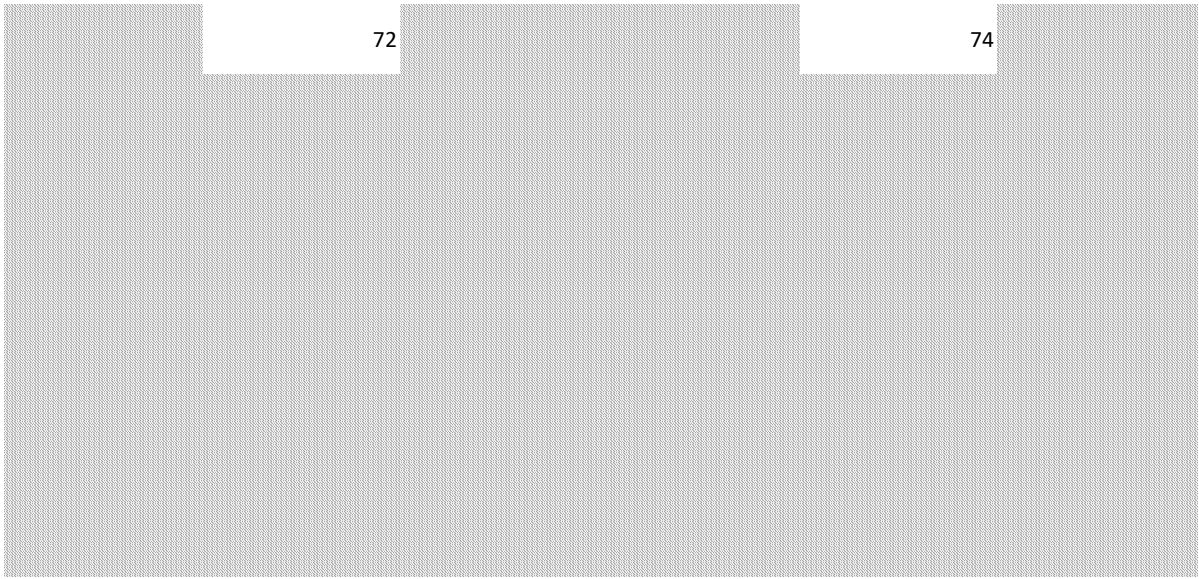


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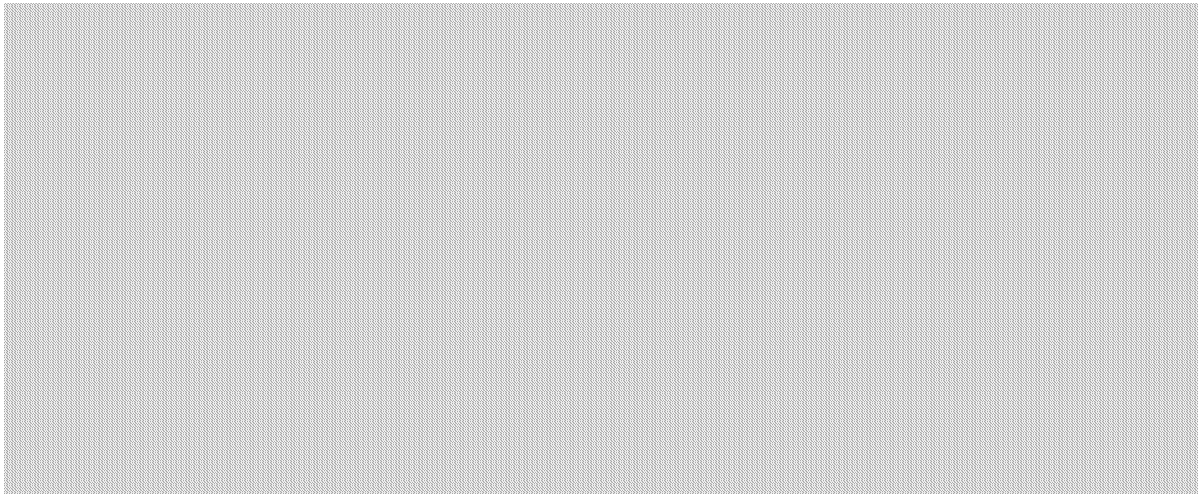
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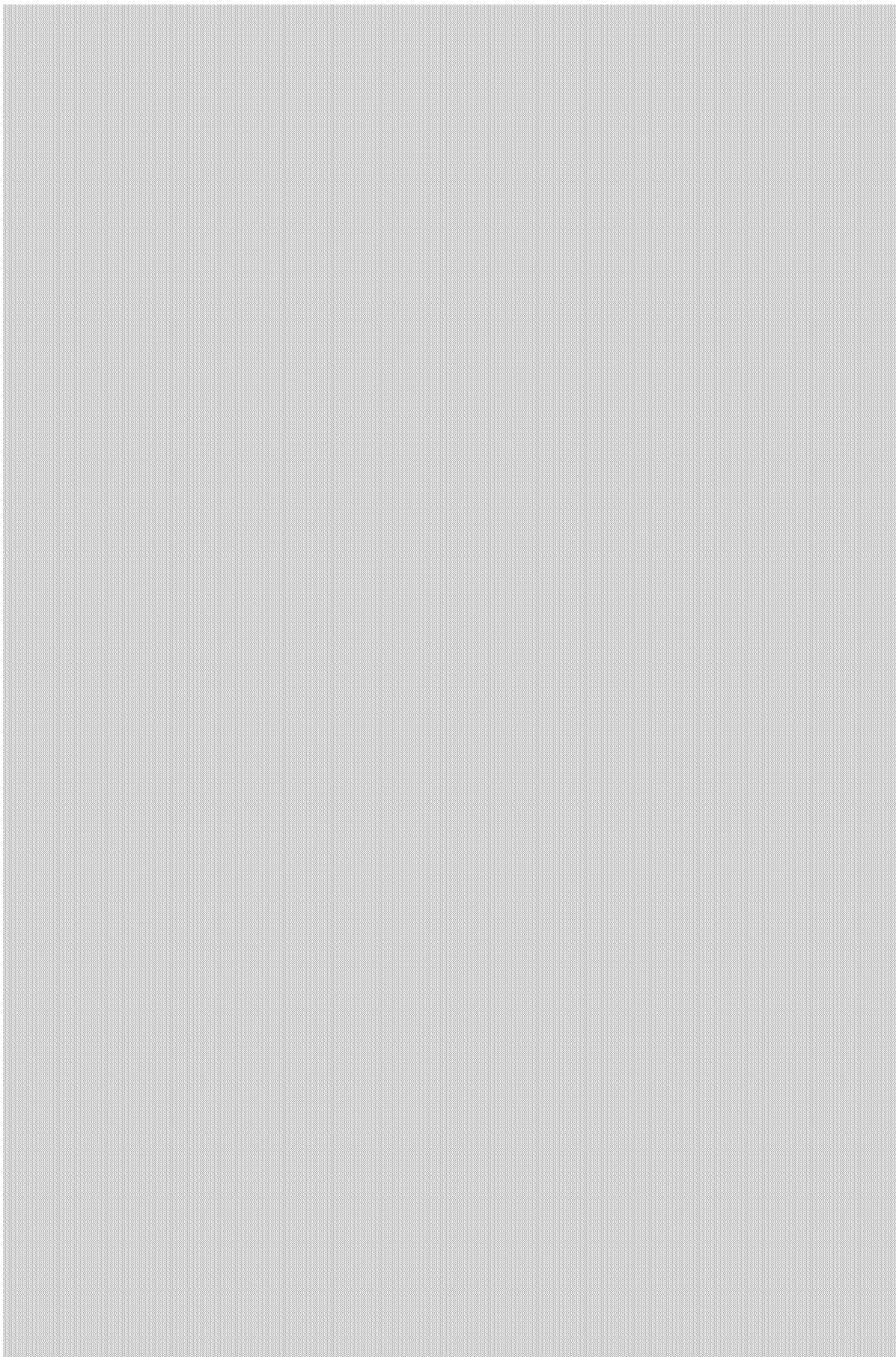




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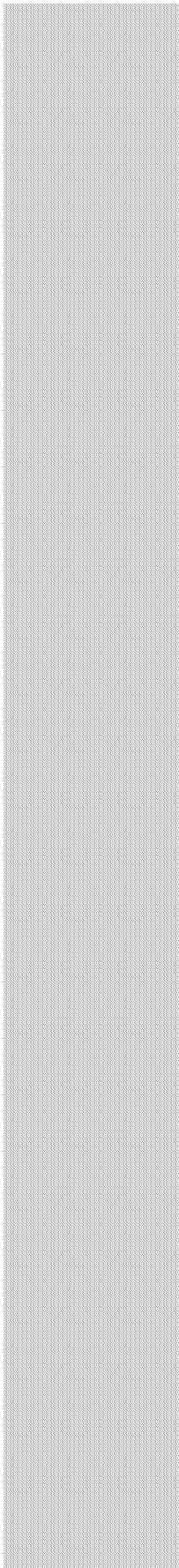
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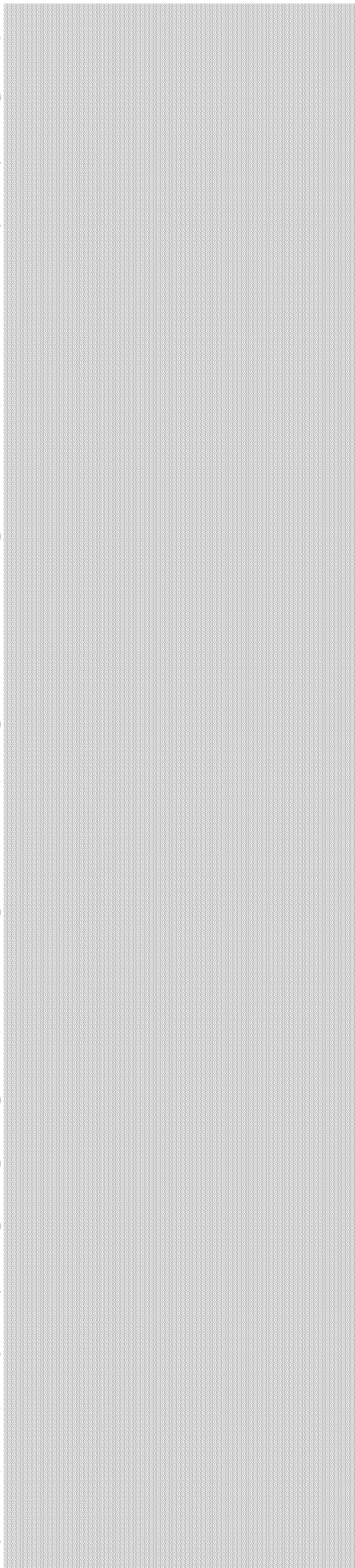




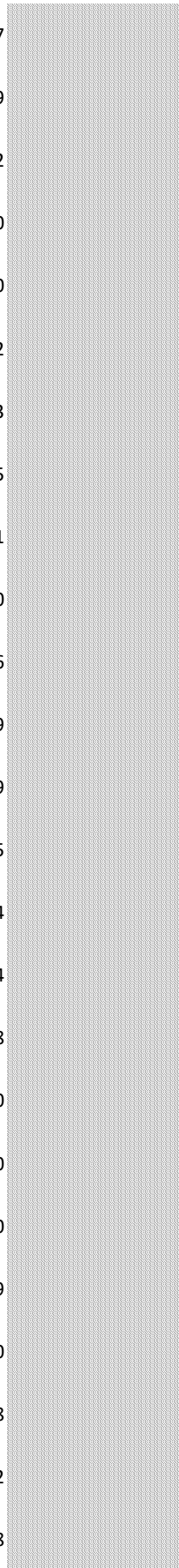
Female			White		
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e
	106005			151545	
	106949			153060	
	108202			154709	
	0			0	
	0			0	
	0			0	
	5534			8439	
	5615			8616	
	5585			8423	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	784			1016	

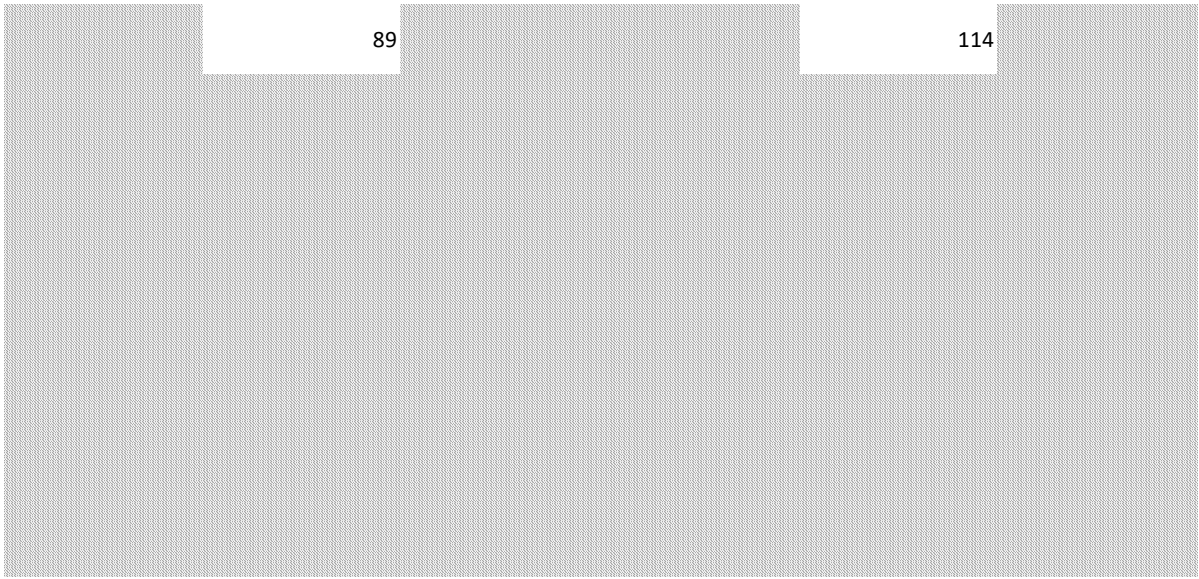


888
960
764
864
933
2422
2497
2605
60
65
63
20
27
21
30
35
37
0
0
0
4
6
7
97
96



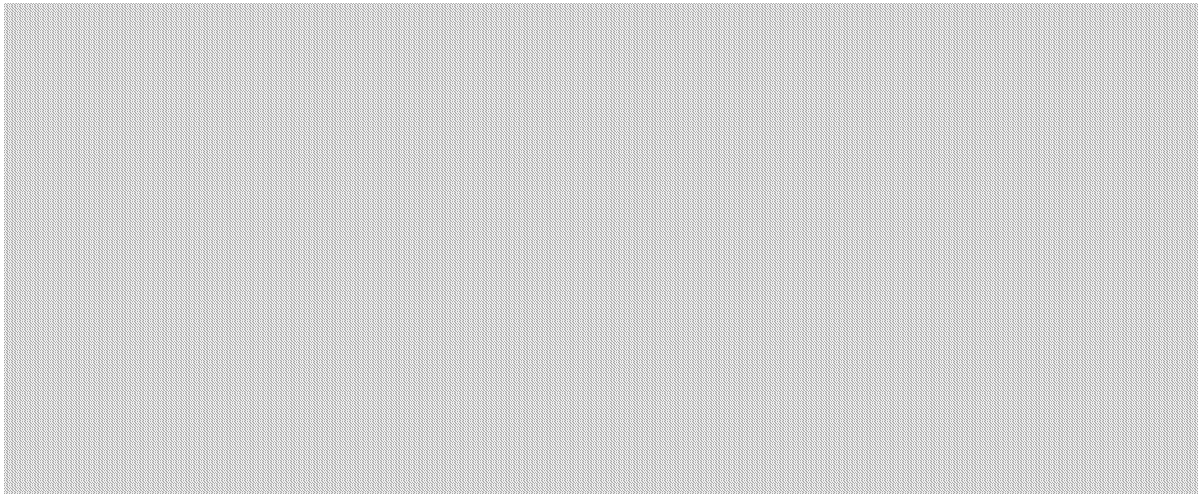
1057
1159
962
1010
1090
3032
3123
3255
81
100
86
29
39
25
44
54
48
0
0
0
9
10
8
142
118

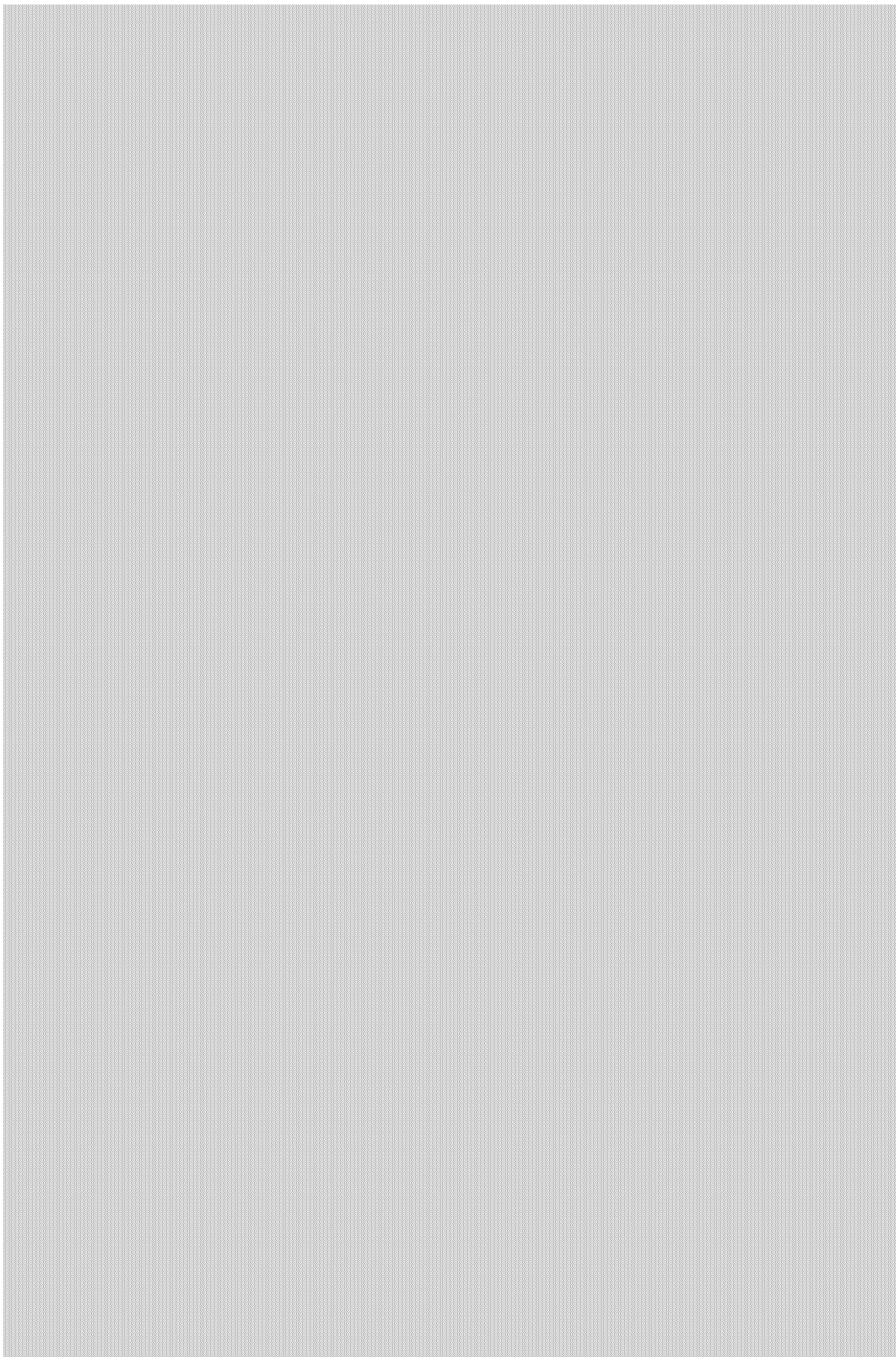




313059 44721 142.8516669 447929 57263 127.8394567

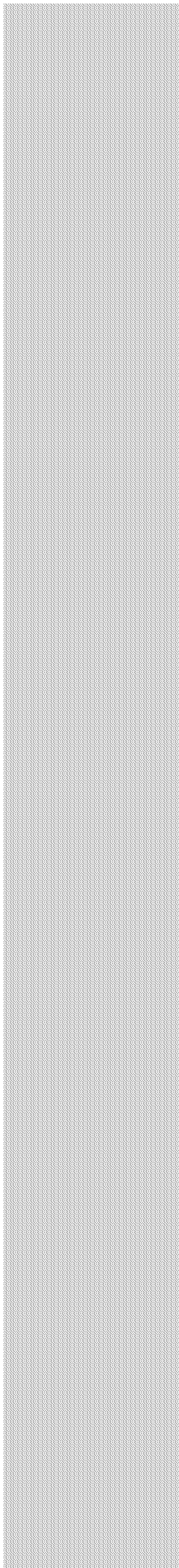
313059 0 0 447929 0 0



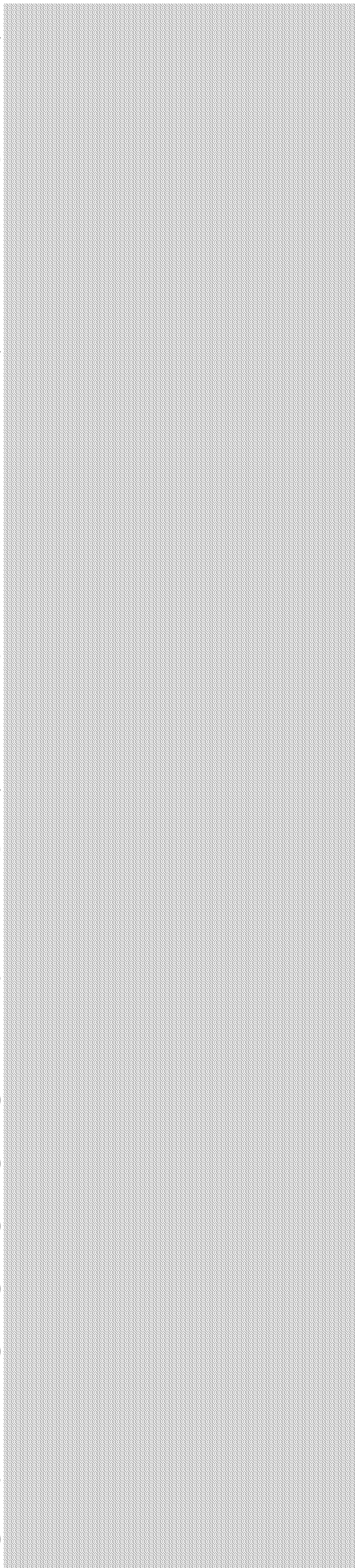




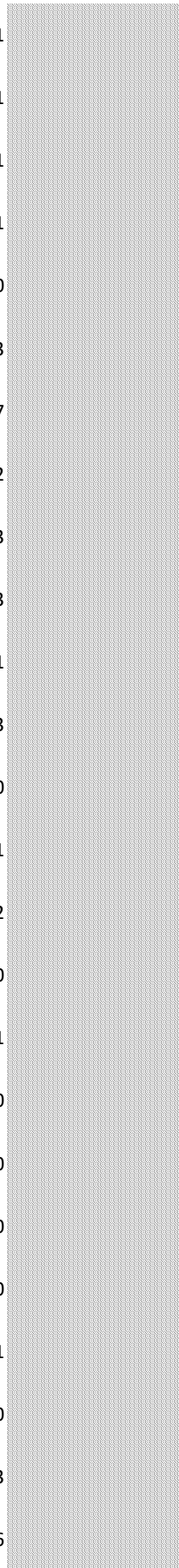
Black or African American			Asian		
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e
	53915			6570	
	54171			6659	
	54930			6761	
	0			0	
	0			0	
	0			0	
	2667			327	
	2626			341	
	2697			344	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	295			43	

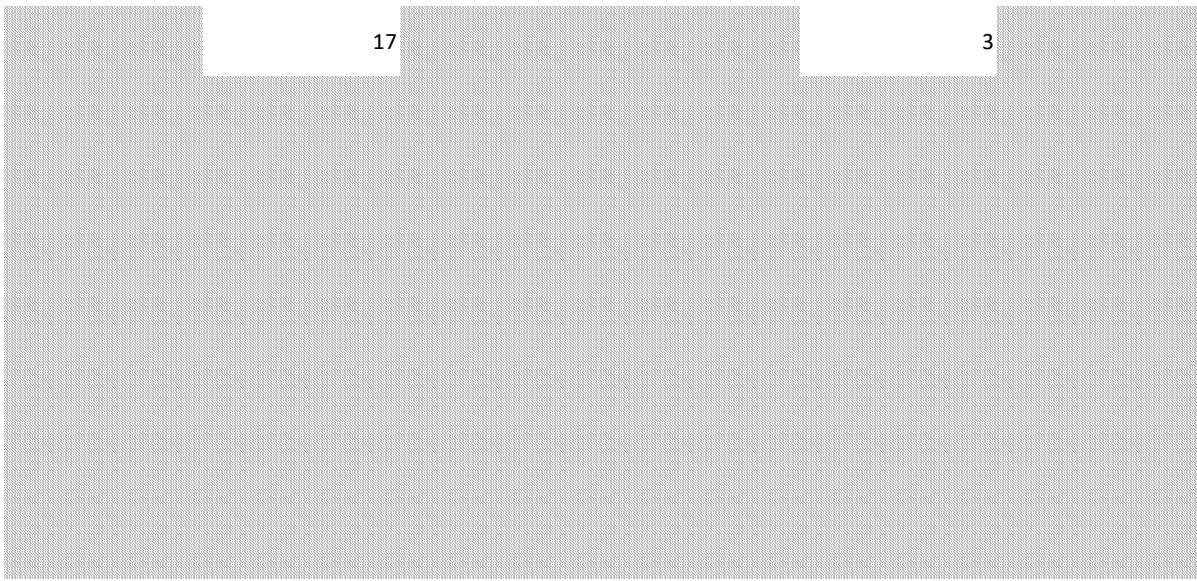


314
415
289
295
391
884
922
963
21
13
27
5
4
9
11
8
11
0
0
0
0
0
0
2
18
20



41
51
41
41
50
93
87
82
3
3
1
3
0
1
2
0
0
0
0
0
1
0
3
6





159590

30202

189.2474466

20208

978

48.39667458

159590

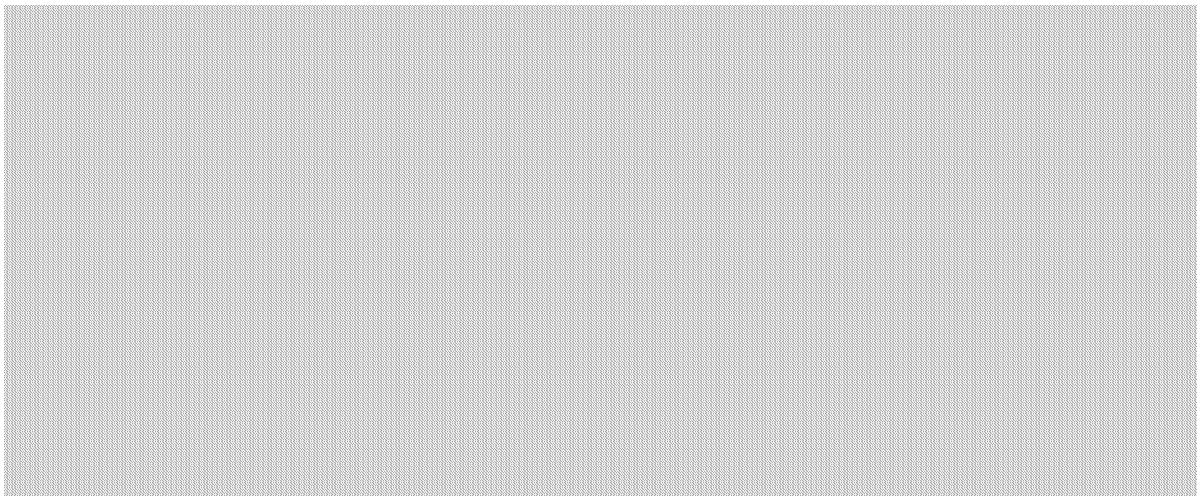
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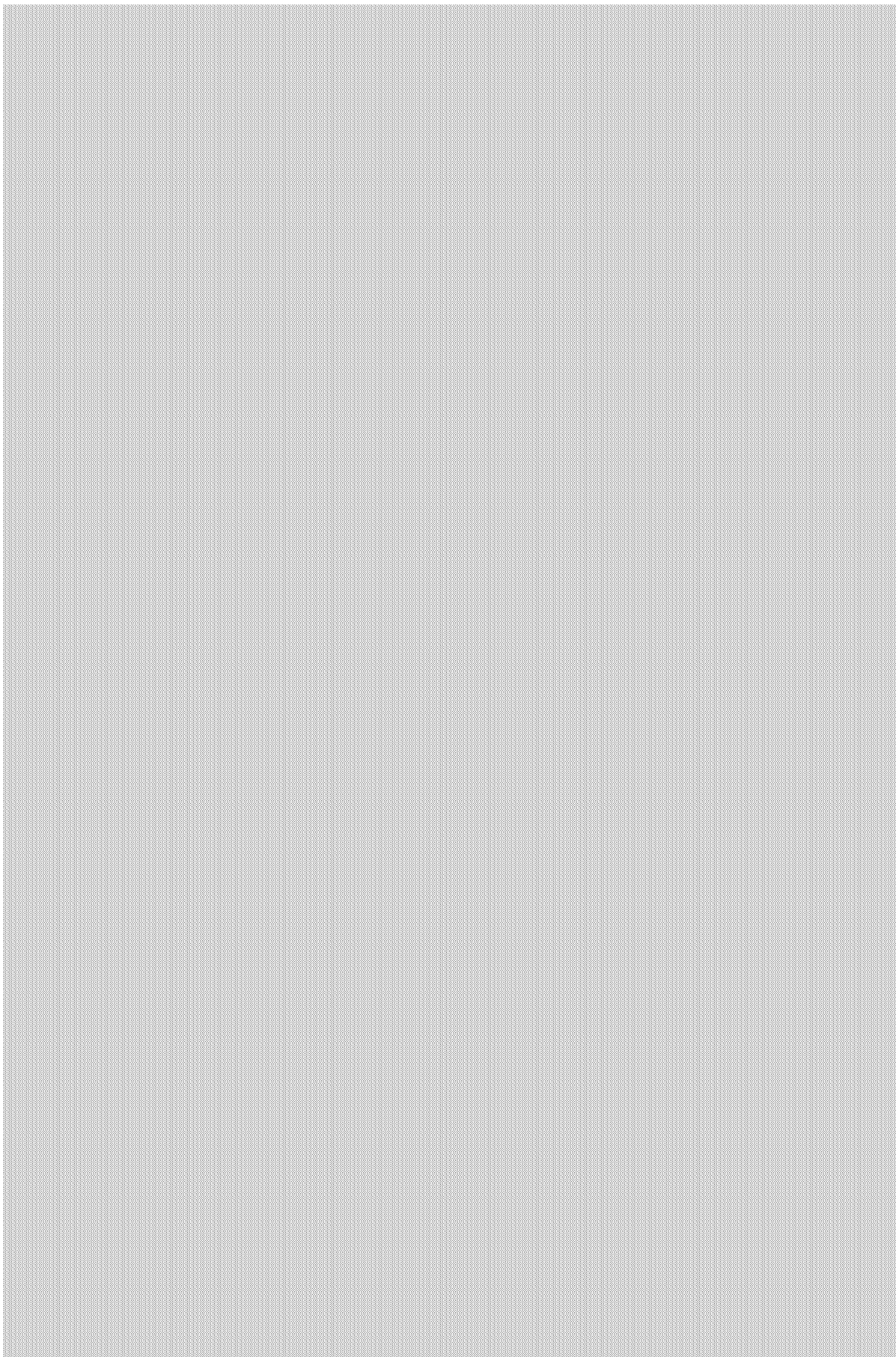
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20208

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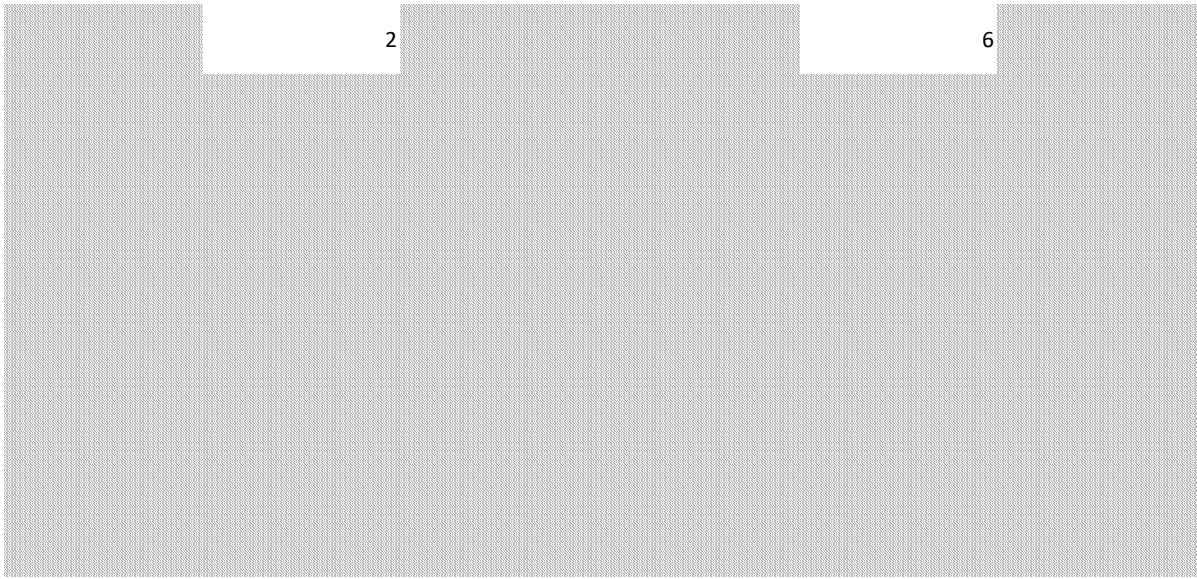
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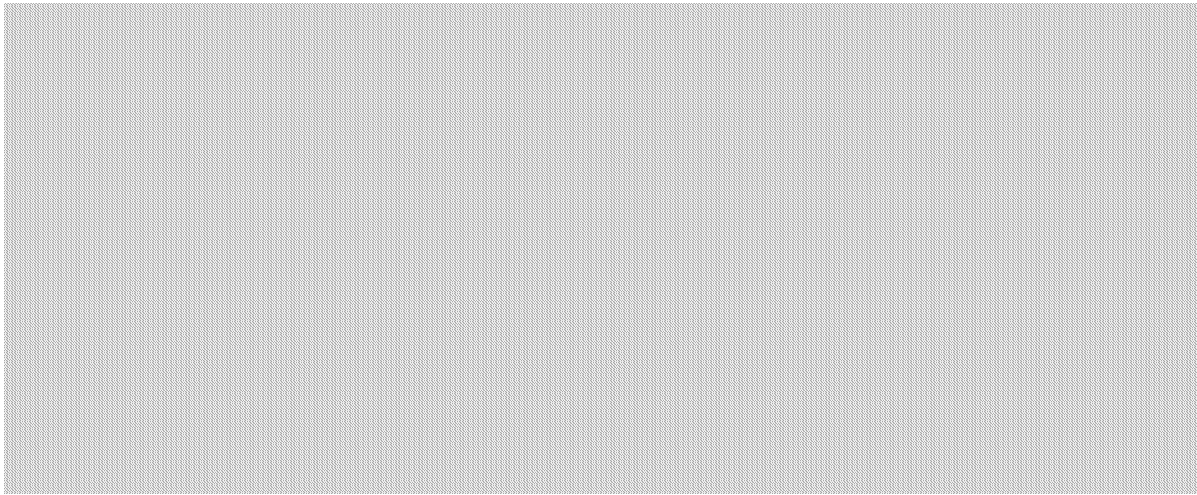


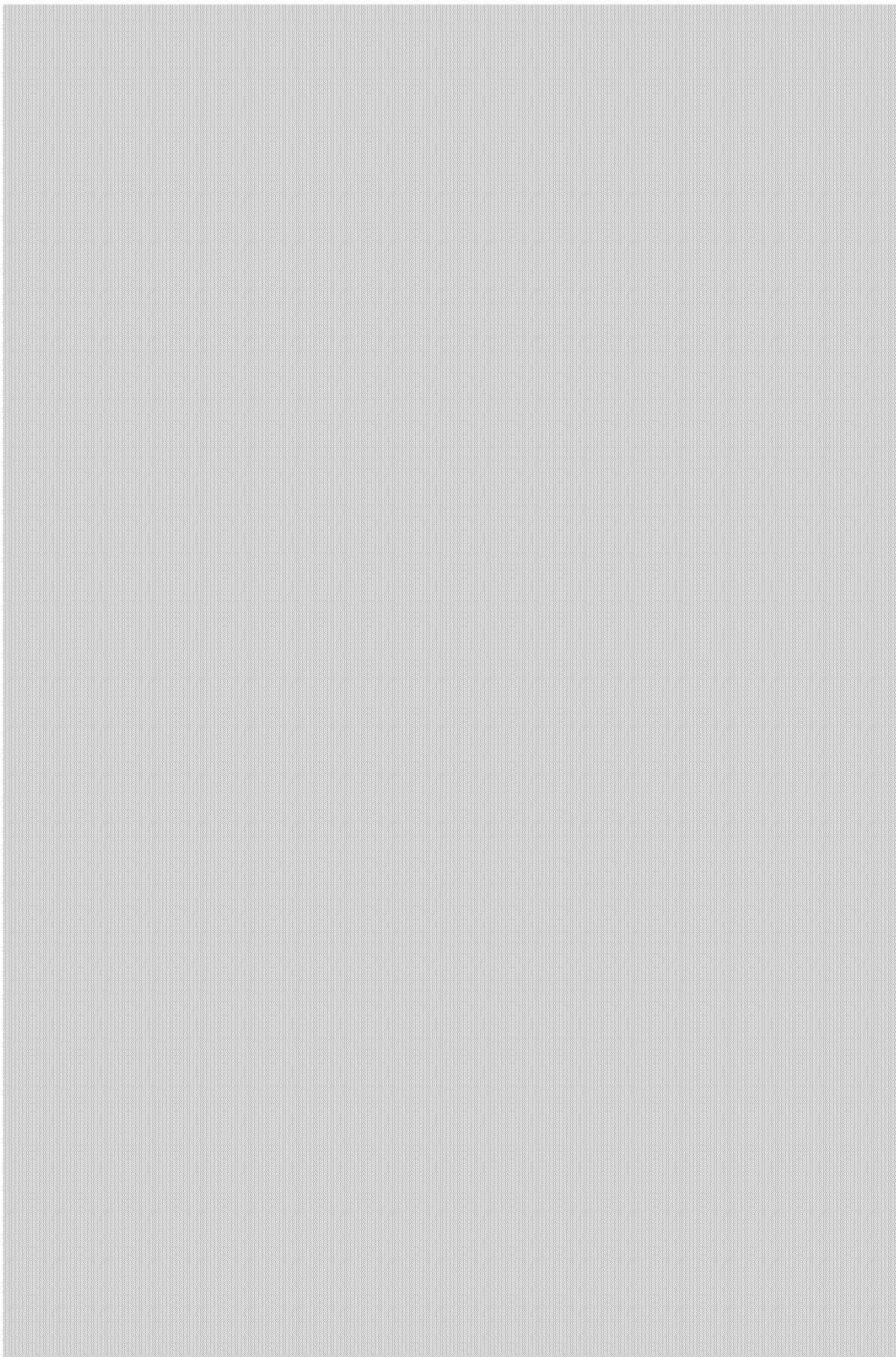
American Indian or Alaskan Native			Other race		
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e
	5409			6426	
	5464			6502	
	5526			6628	
	0			0	
	0			0	
	0			0	
	294			324	
	301			303	
	282			314	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	29			37	



15914 3063 192.4720372 18134 3113 171.6664828

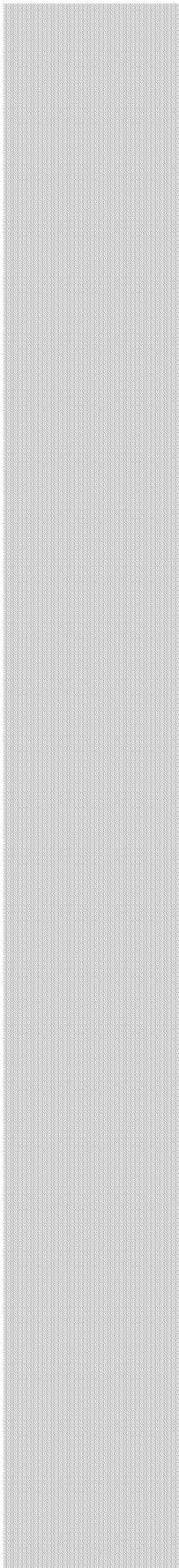
15914 0 0 18134 0 0



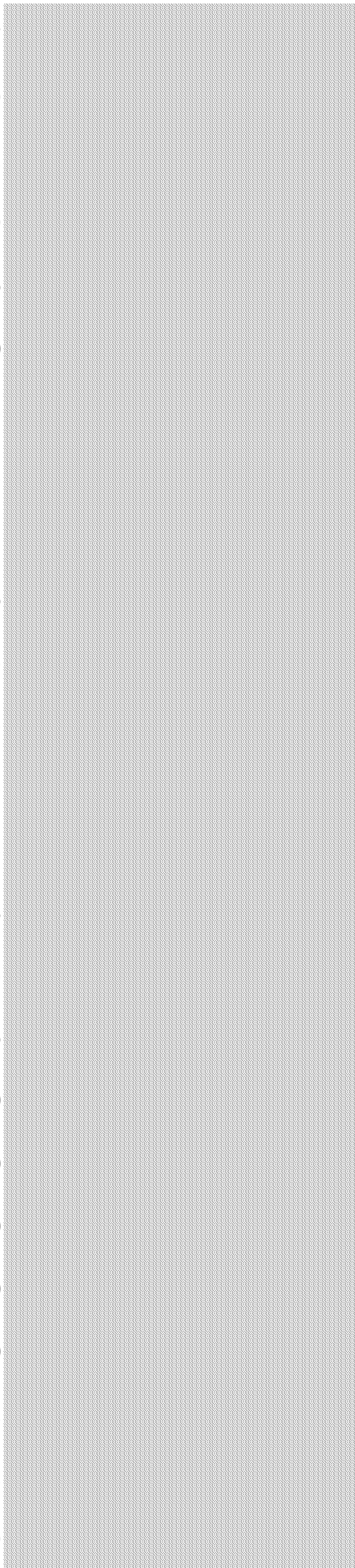




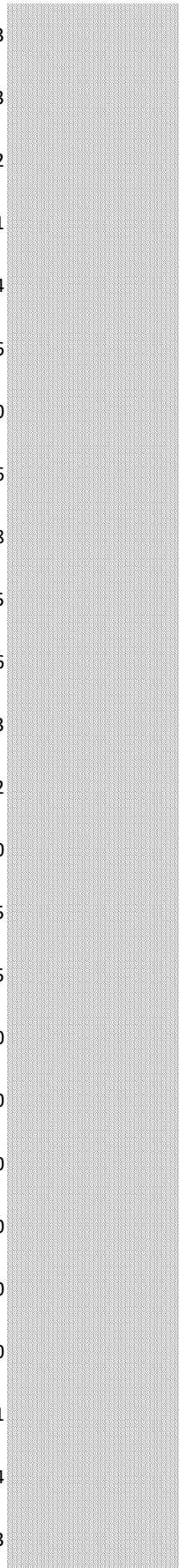
Unknown race			Hispanic ethnicity		
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e
	23774			20358	
	24024			20610	
	24334			20962	
	0			0	
	0			0	
	0			0	
	1497			1113	
	1505			1095	
	1496			1121	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	169			125	

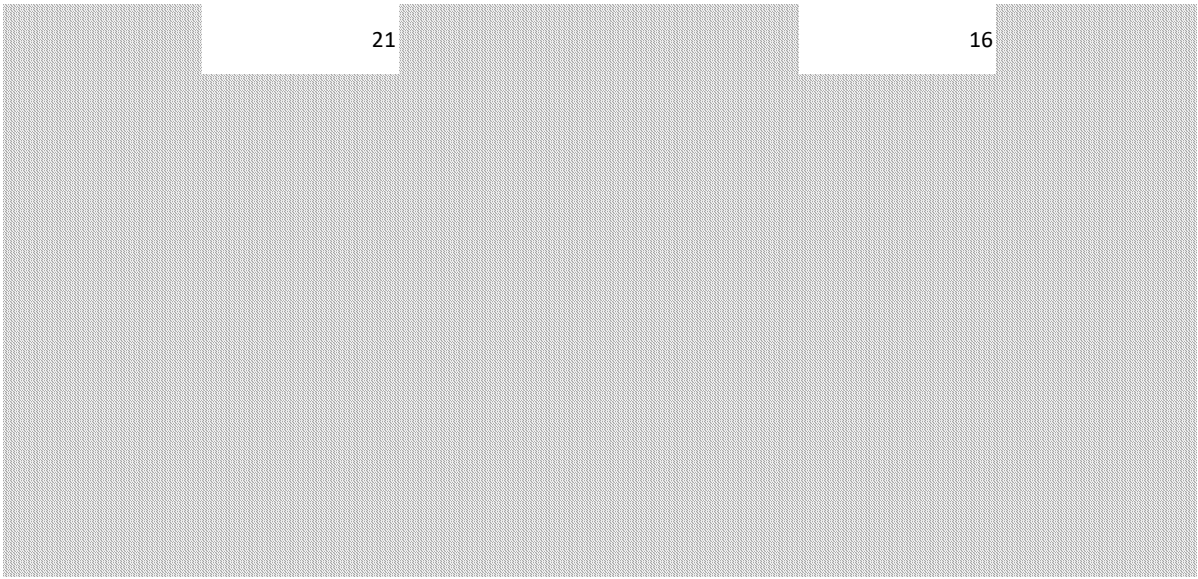


167
179
162
159
166
410
413
422
13
6
15
5
3
3
8
5
6
0
0
0
0
0
0
1
22
19



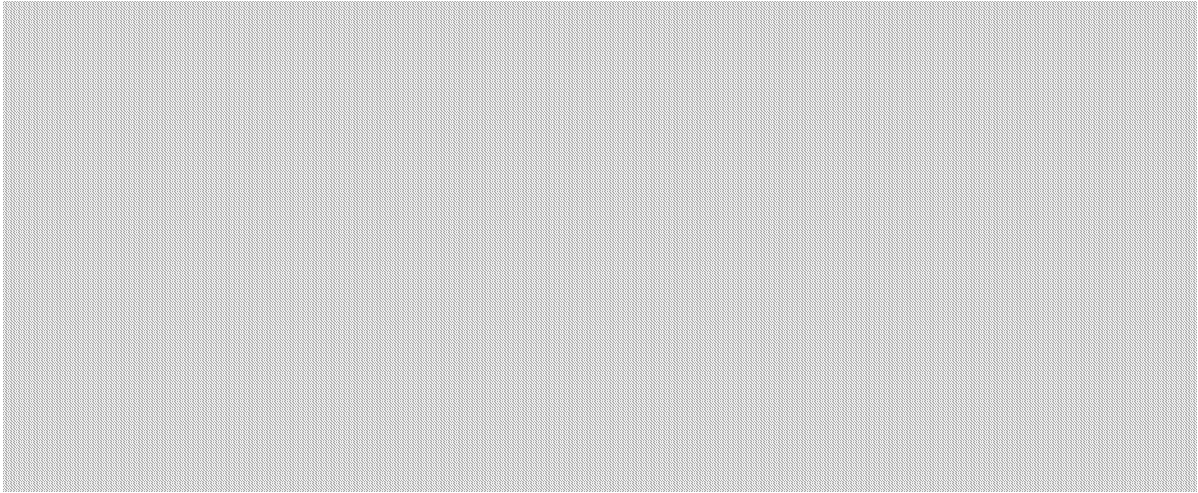
123
153
122
121
144
296
300
316
8
5
6
3
2
0
5
5
0
0
0
0
0
0
1
14
13

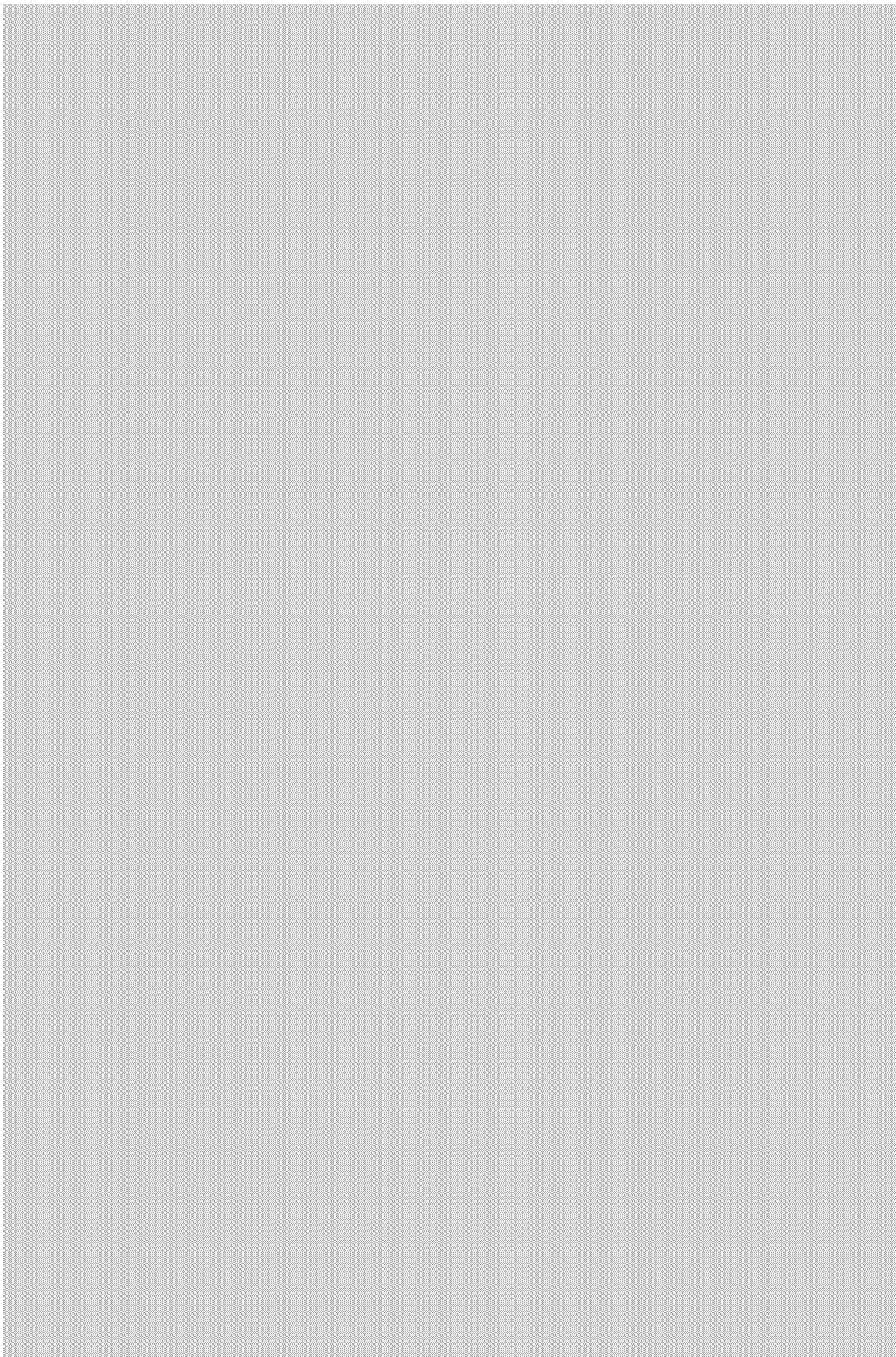




69722 9786 140.3574195 59833 9259 154.7473802

69722 0 0 59833 0 0



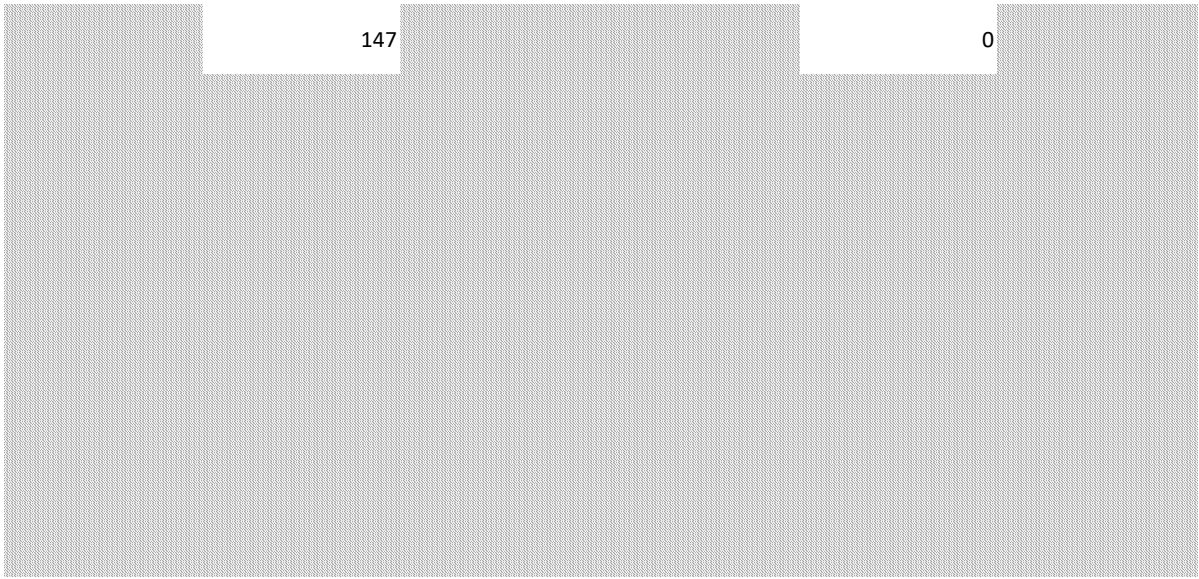




Non-Hispanic ethnicity			Unknown ethnicity		
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e
	201517			25764	
	203070			26200	
	205306			26620	
	0			0	
	0			0	
	0			0	
	10665			1770	
	10784			1813	
	10703			1732	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	1262			202	

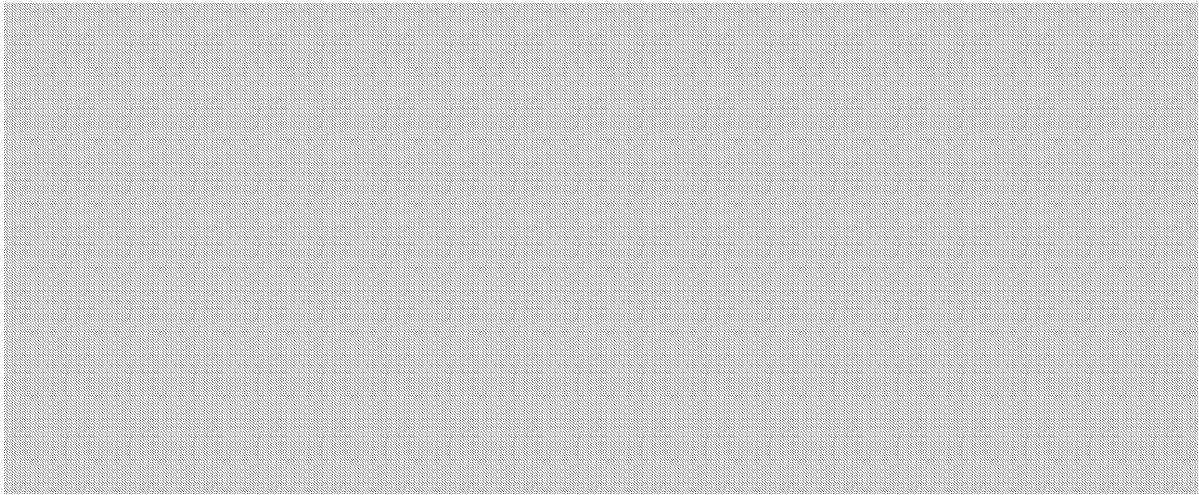
1326
1518
1204
1252
1422
3973
4102
4257
109
113
117
39
44
35
58
62
59
0
0
0
9
10
11
174
152

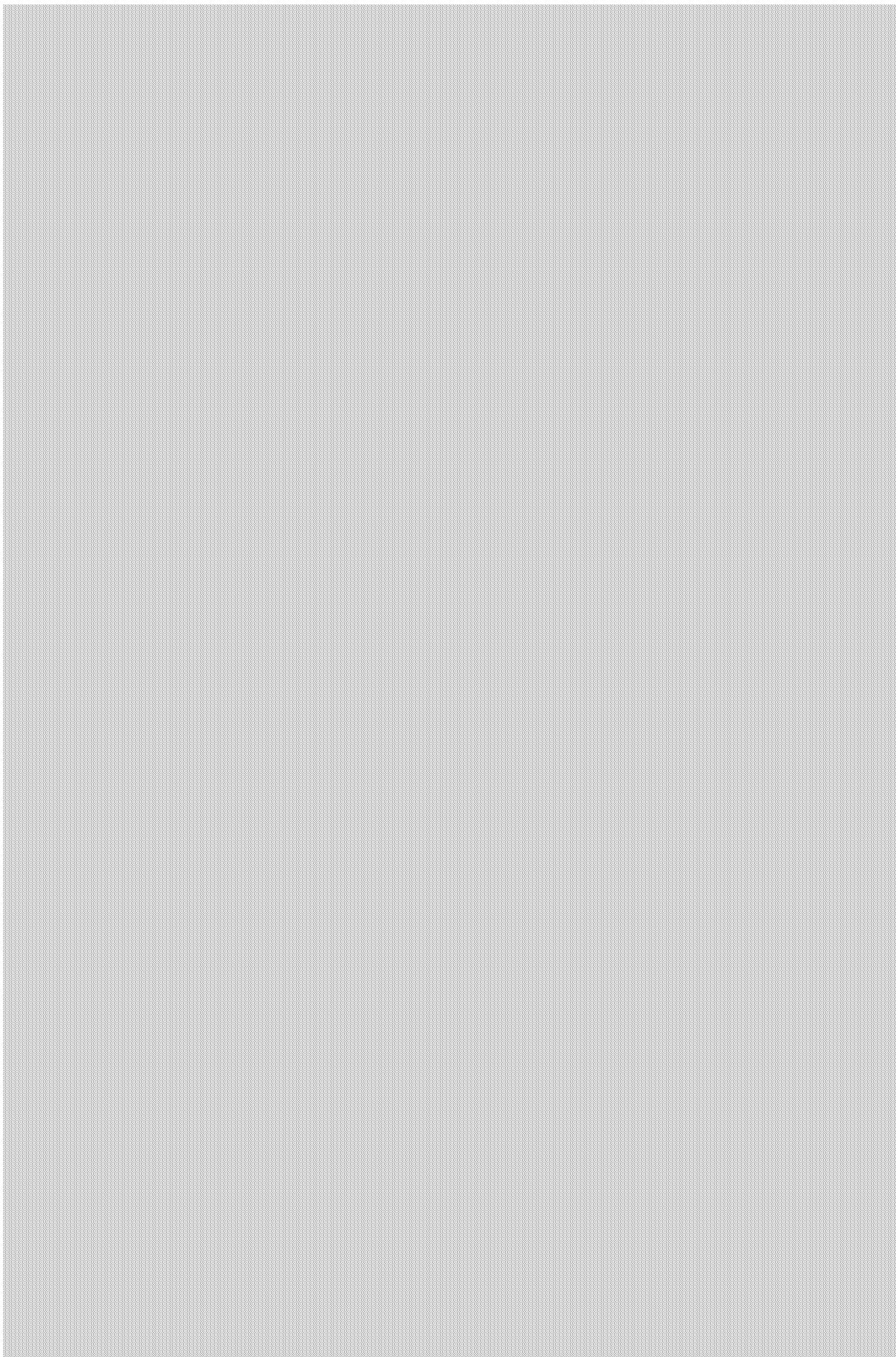
229
247
190
221
239
316
318
342
6
5
11
3
1
4
4
0
7
0
0
0
0
1
0
0
0



671456 95139 141.6905948 208 7 33.65384615

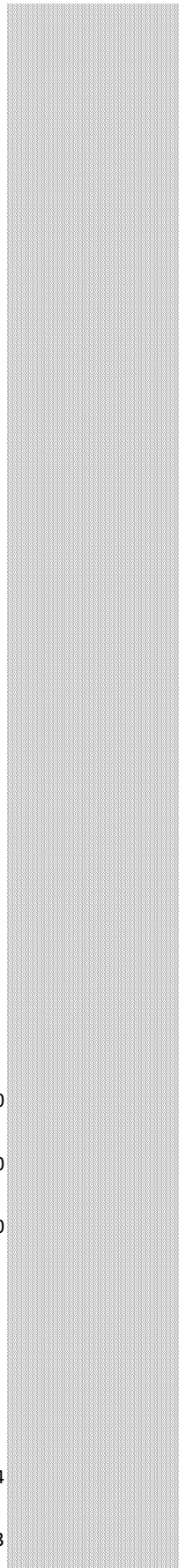
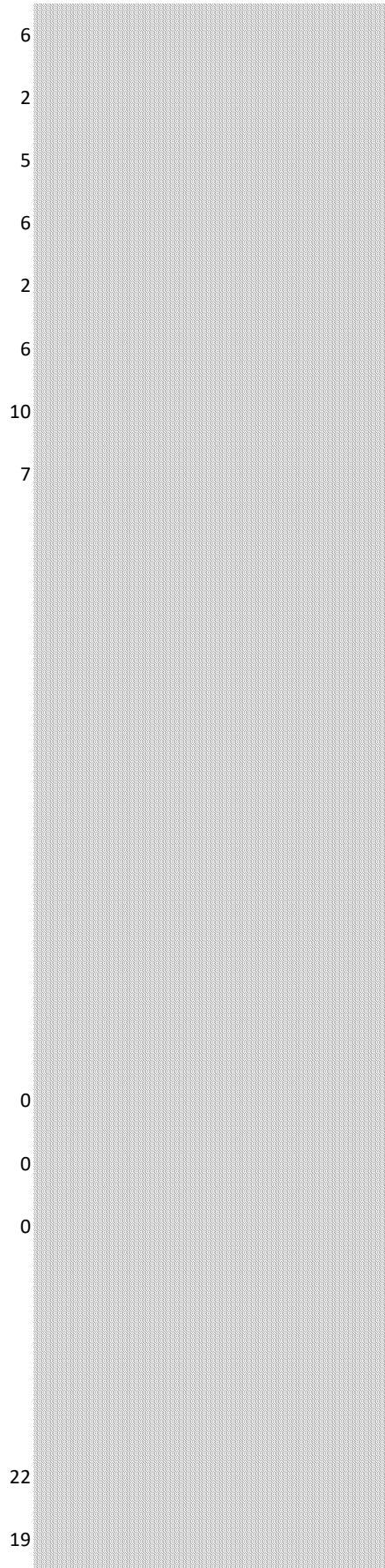
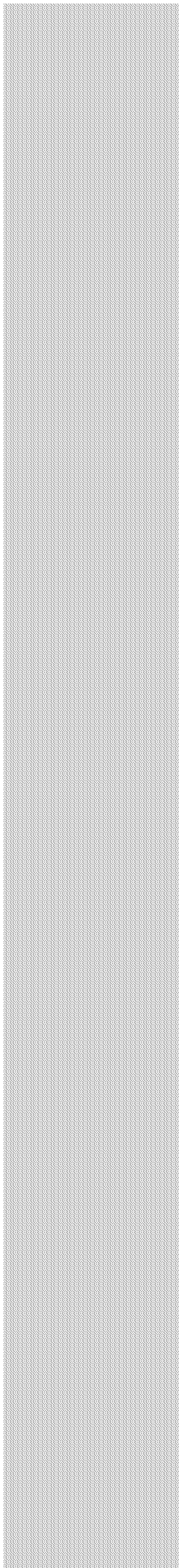
671456 0 0 208 0 0

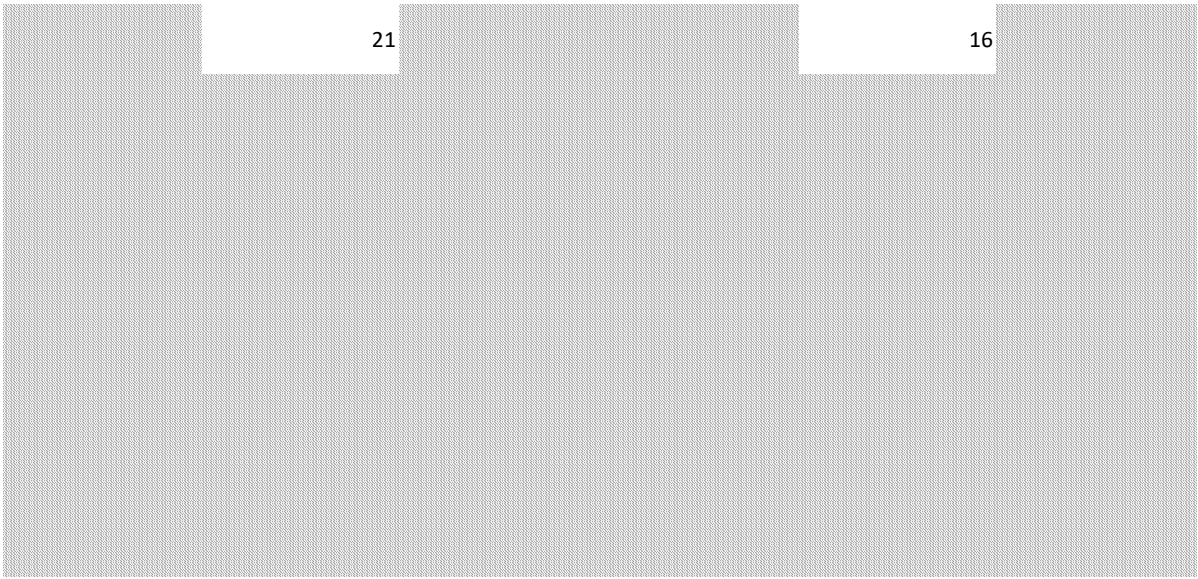






American Indian or Alaskan native Exempt groups ^g			Deceased Exempt groups ^g		
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e
	659			0	
	668			0	
	671			0	
	0			0	
	0			0	
	0			0	
	22			0	
	10			0	
	18			0	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	6				



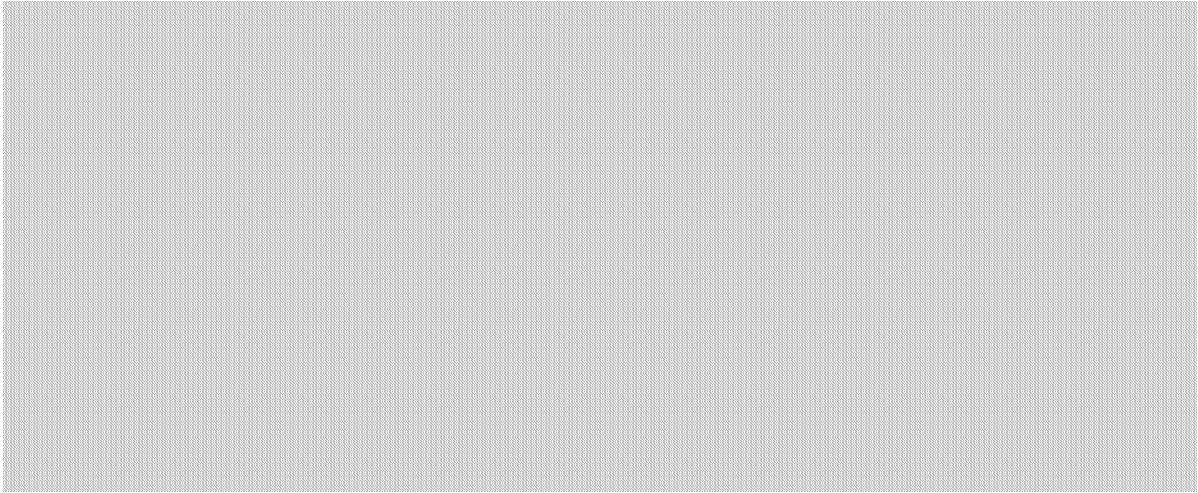


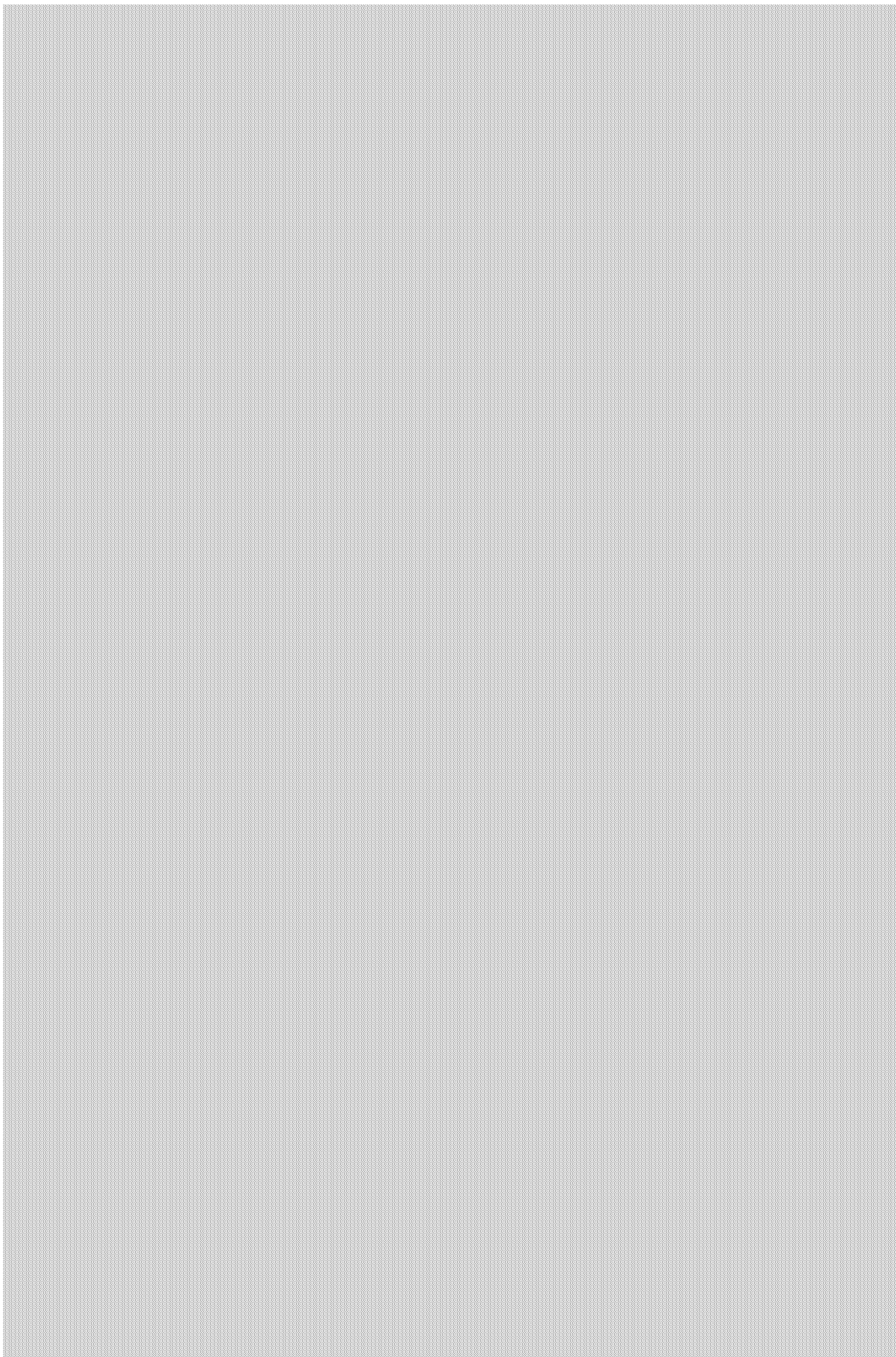
21

16

69722 9786 140.3574195 59833 9259 154.7473802

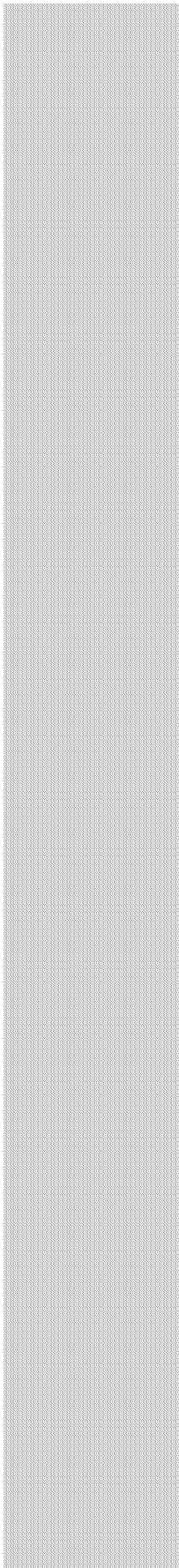
69722 0 0 59833 0 0







Disability Exempt groups ⁶			Homelessness Exempt groups ⁶		
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e
	197			3541	
	198			3642	
	205			3742	
				0	
				0	
				0	
	0			54	
	0			43	
	0			49	
				0	
				0	
				0	
				0	
				0	
				0	
	3			25	



4

7

3

4

7

10

9

13

0

0

0

0

0

0

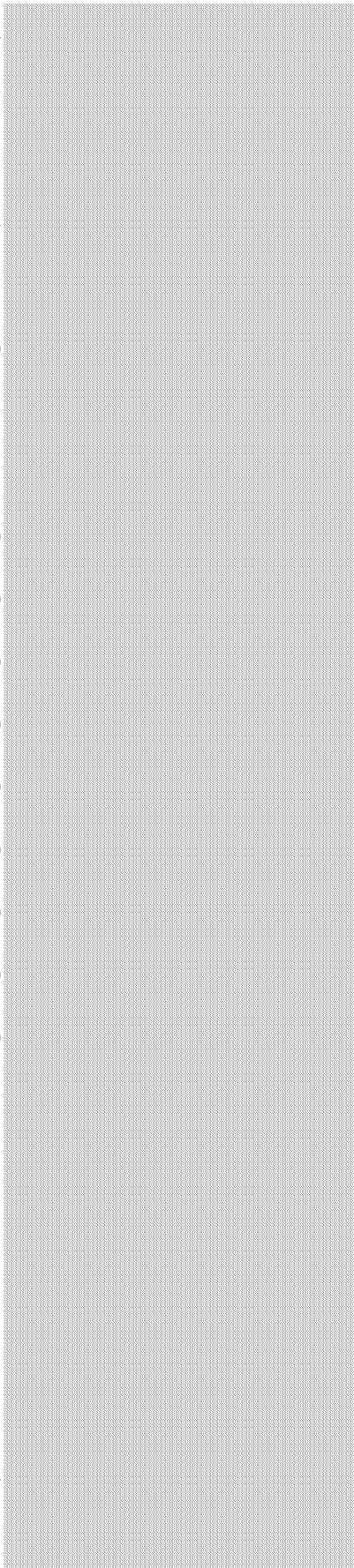
0

0

0

174

152



30

36

24

30

35

23

33

35

1

1

1

0

0

0

1

1

1

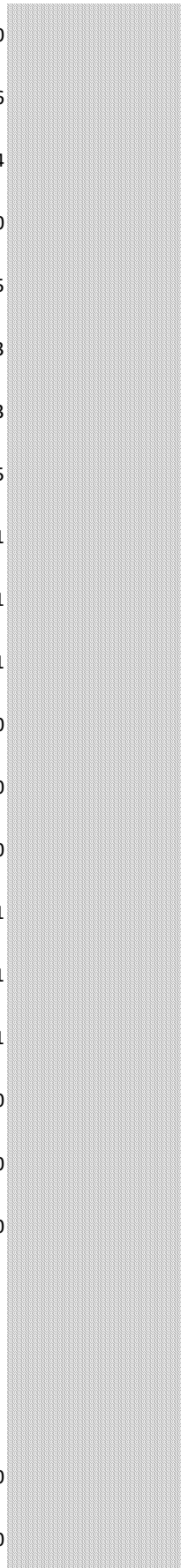
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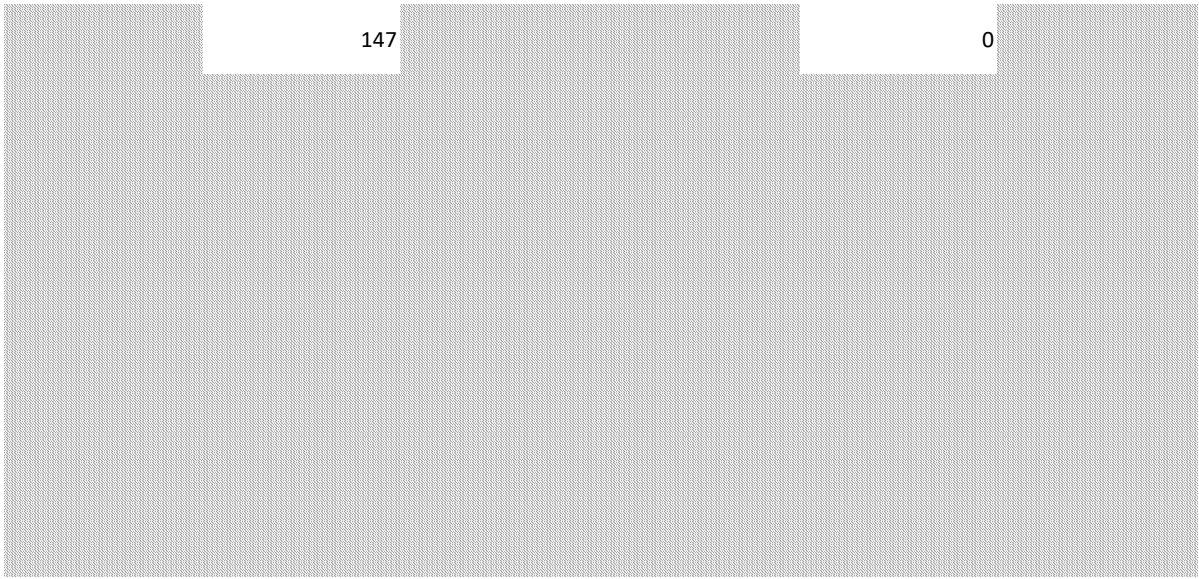
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0

0

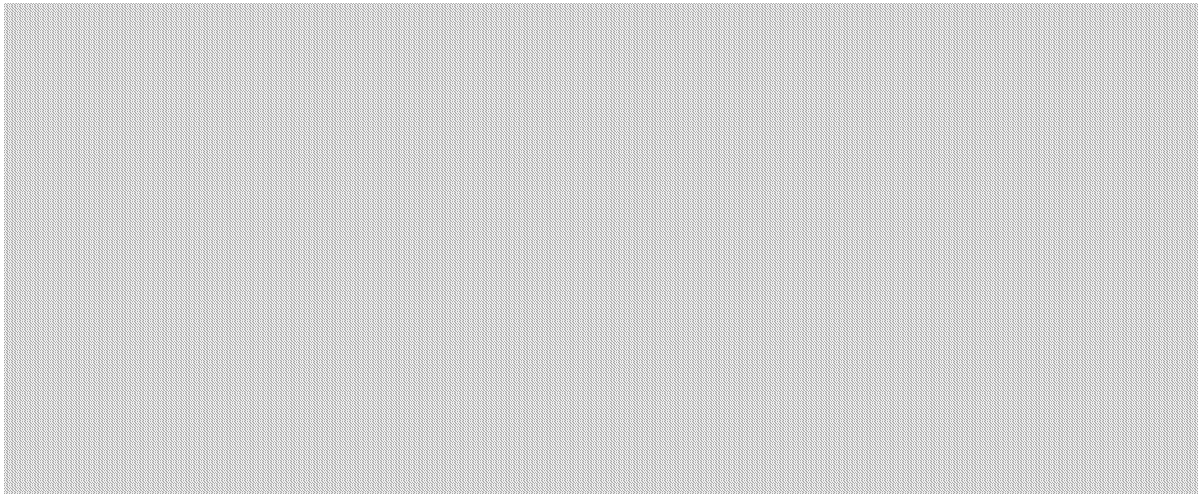
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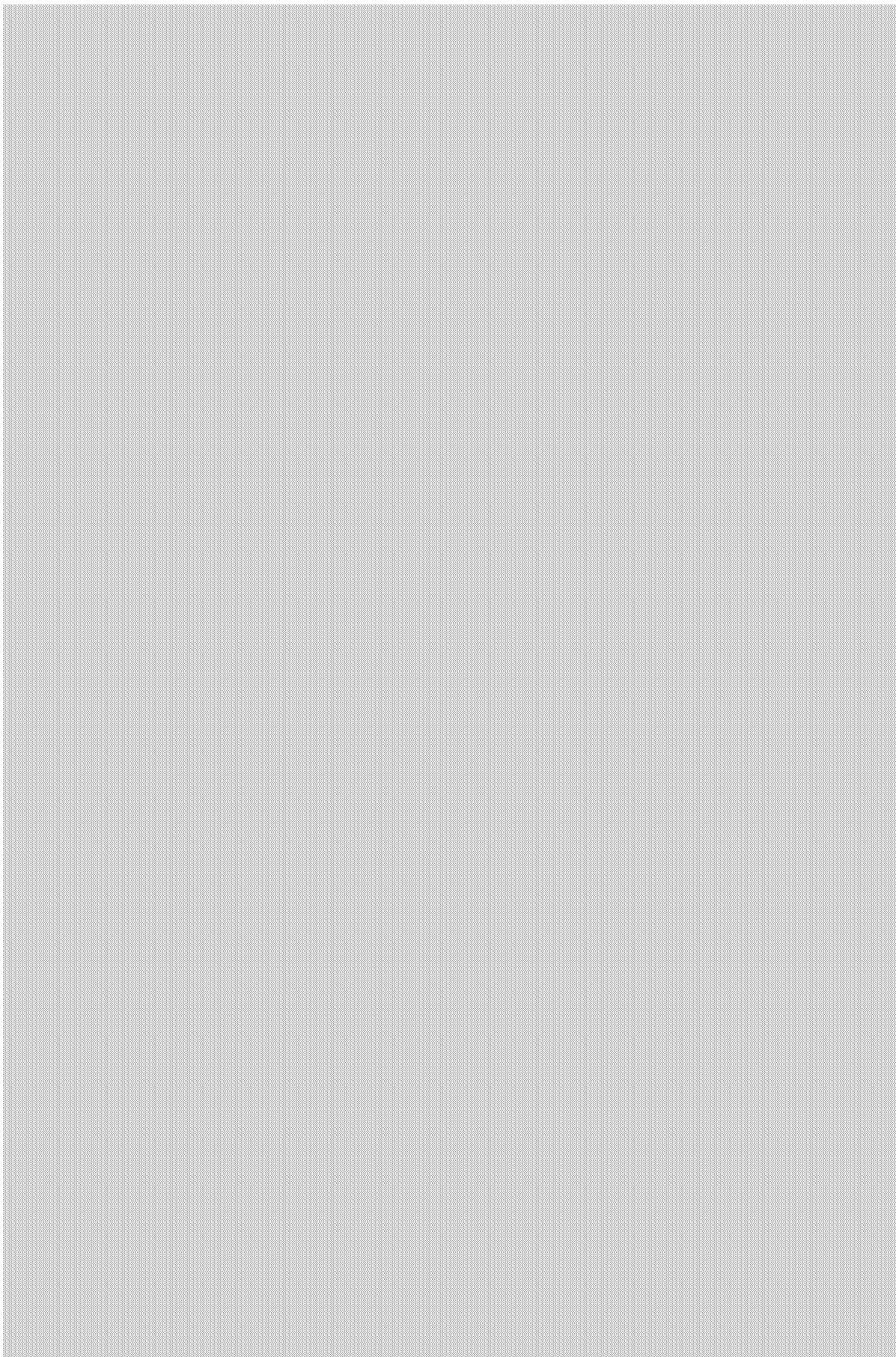




671456 95139 141.6905948 208 7 33.65384615

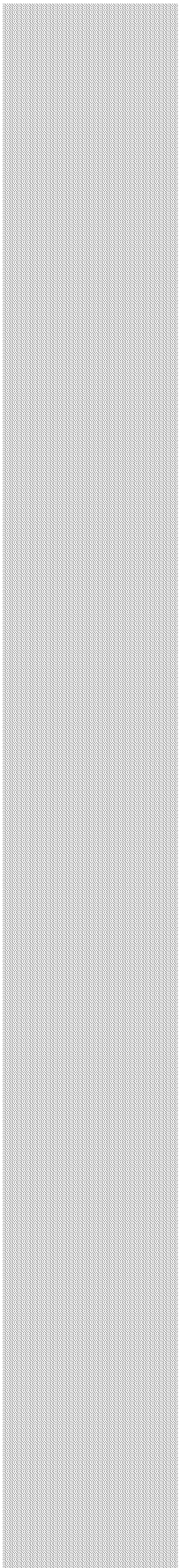
671456 0 0 208 0 0







Institutionalized Exempt groups ^g			Specific eligibility groups ^h		
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e
	12				
	13				
	12				



2

1

1

