



Monitoring and Evaluation for Eligibility and Coverage Demonstrations



*Community Engagement
Monitoring Metrics
Technical Specifications
and Monitoring Protocol
Rollout*

*June 25, 2019
12:00 PM – 1:00 PM ET*

Agenda

- I. Introduction
- II. Monitoring and Evaluation for Eligibility and Coverage Demonstrations
- III. “Point and Click” Agreement Process
- IV. Delivery of Technical Specifications
- V. CMS 1115 Monitoring and Evaluation Resource Mailbox
- VI. Introduction to the Technical Specifications Manual
- VII. Expectations and Next Steps for Monitoring Protocol Submission

Welcome and Introductions

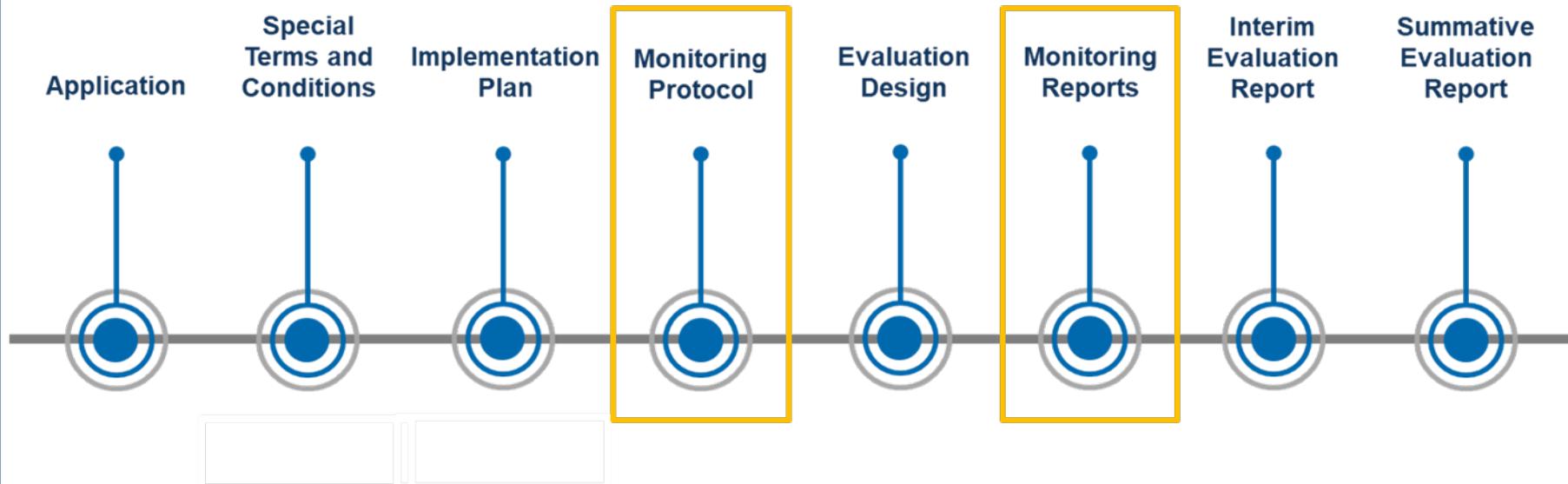
Speakers

- Teresa DeCaro, Deputy Director, State Demonstrations Group, CMS
- Danielle Daly, Technical Director, Division of Demonstration Monitoring and Evaluation, State Demonstrations Group, CMS
- Paula Kazi, Analyst, Division of Demonstration Monitoring and Evaluation, State Demonstrations Group, CMS

Importance of Monitoring and Evaluation

- All section 1115 demonstrations are policy experiments that must be carefully implemented, monitored, and evaluated (CFR 432.420, 432.424, 432.428)
- With robust and more standardized reporting, states can make course corrections as needed, and learning within and across states can be accelerated
- CMS designed monitoring and evaluation resources to:
 - Support states' monitoring and evaluation of section 1115 demonstrations, including community engagement (CE) and other eligibility and coverage policies
 - Meet monitoring and evaluation expectations laid out in the state Medicaid director letter (<https://www.medicaid.gov/federal-policy-guidance/downloads/smd18002.pdf>) and required in special terms and conditions (STC) of approved demonstrations

Monitoring and Evaluation Process



Eligibility and Coverage Monitoring and Evaluation Resources

- In March 2019, CMS released CE monitoring and evaluation resources, including:
 - Implementation plan template
 - Monitoring report
 - Evaluation design guidance
- CMS is developing similar resources for other eligibility and coverage policies, including:
 - Premiums*
 - Non-eligibility periods*
 - Retroactive eligibility waivers*
 - Health behavior incentives

*Evaluation guidance is currently available for these policies

What's New in this Rollout: Additional CE Monitoring Resources

- Technical specifications manual for eligibility and coverage monitoring metrics
 - Accompanying this manual, we are releasing an instructions document to help states use the monitoring protocol tools
- Part A: Monitoring workbook (Excel) for CE, which includes two components related to metrics:
 - Protocol – Planned Metrics
 - Report – Metrics Reporting
- Part B: Monitoring protocol template (Word) for CE
 - This document is used to capture proposed modifications to the narrative information on implementation, where states describe proposed modification and summarize the reasoning for the modification

Introduction to Metrics Technical Specifications

- Technical specifications include:
 - CMS-defined metrics
 - Quality of care and health outcomes measures developed by measure stewards:
 - National Committee for Quality Assurance (NCQA)
 - Physician Consortium for Performance Improvement (PCPI) Foundation
 - Agency for Healthcare Research and Quality (AHRQ)
- Most of the quality of care and health outcomes metrics are adapted Adult Core Set measures
- CMS assigned each monitoring metric a reporting priority level:
 - Required
 - Recommended
- The technical specifications provide detailed guidance on metric definitions, subpopulations, relationships among metrics

“Point and Click” Agreement Process

- CMS leveraged value sets from NCQA for eligibility and coverage monitoring metrics
- To receive the technical specifications, states must read and agree to the terms and conditions identified by NCQA
- To complete this “point and click” agreement, each state must:
 - Watch for an email containing agreement from 1115MonitoringAndEvaluation@cms.hhs.gov
 - Read agreement and respond to the email that you have read it, and agree to the terms and conditions stated within

Delivery of Technical Specifications

- After CMS receives the “point and click” email response from a state, CMS (from 1115MonitoringAndEvaluation@cms.hhs.gov) will email the technical specifications to the state
- The email will contain the following materials:
 - Manual for the technical specifications
 - Value sets that contain code lists

1115 Monitoring and Evaluation Mailbox

- CMS has a dedicated mailbox for section 1115 monitoring and evaluation: 1115MonitoringAndEvaluation@cms.hhs.gov
- Serves three broad functions:
 - Manage the “point and click” agreement process
 - Share technical specifications
 - Provide technical assistance regarding specifications
- After receiving technical specifications, states can use the mailbox to:
 - Ask questions
 - Seek technical assistance
- Note: Copy your CMS project officer when emailing the mailbox

Technical Specifications Manual

Technical Specifications Manual

- Introductory sections include overarching guidance (Chapter I)
- Body of manual includes specifications for each metric (Chapter II)
- Appendices explain how to use measure specifications and value sets from NCQA (where applicable). They also include:
 - Technical specifications for adapted Adult Core Set measures
 - Healthcare Effectiveness Data and Information Set (HEDIS) value sets referenced in metric specifications
 - Reference list of relationships among metrics

Eligibility and Coverage Metric Modules

Module	Demonstration Type	Metric Prefix	Total Number of Metrics	Number of Required Metrics
1	Any demonstration with premiums, marketplace-focused premium assistance, health behavior incentives, community engagement, or retroactive eligibility waivers	AD	45	30
2	Demonstrations with premiums or account payments	PR	21	9
3	Demonstrations with marketplace-focused premium assistance	PA	3	2
4	Demonstrations with health behavior incentives	HB	7	7
5	Demonstrations with community engagement requirements	CE	46	29
6	Demonstrations with retroactive eligibility waivers	RW	3	3
Total			125	80

Module 1: Metrics for Any Demonstration with Eligibility and Coverage Policies

1. Enrollment

2. Mid-year loss of demonstration eligibility

3. Enrollment duration at time of disenrollment

4. Renewal

5. Cost sharing limit

6. Appeals and grievances

7. Access to care

8. Quality of care and health outcomes

9. Administrative cost

Module 5: Metrics for Demonstrations with CE Requirements

1. CE enrollment counts

2. CE requirement qualifying activities

3. Basis of beneficiary exemptions from CE requirement

4. Supports and assistance

5. Reasonable modifications for beneficiaries with disabilities

6. New suspensions and disenrollments during the measurement period

7. Reinstatement of benefits after suspension

8. Re-entry after disenrollment

Sample Metric Specification #1 - Enrollment

Metric AD_1: Total enrollment in the demonstration

Metric element	Description
Description	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.
Counted variable	Step 1. Identify beneficiaries enrolled in the demonstration for at least one day during the measurement period. Step 2. Count unique beneficiaries (de-duplicated) who meet the criteria in Step 1.
Required or recommended	Required
Measurement period (calculation lag)	Month (30 days)
Subpopulations	Income groups Specific demographic groups Exempt groups Specific eligibility groups (required)
Relationship to other metrics	This metric provides an overall count of demonstration enrollment that can be used to check against other enrollment metrics (each should be equal to or smaller than this metric).
Data source	Administrative records

Sample Metric Specification #2 – Community Engagement Enrollment

Metric AD_2: Beneficiaries in suspension status for noncompliance

Metric element	Description
Description	The number of demonstration beneficiaries in suspension status for noncompliance with demonstration policies as of the last day of the measurement period
Counted variable	<p>Step 1. Identify beneficiaries who were in suspension status from Medicaid benefits during the measurement period as a result of noncompliance with demonstration policies in the current or a prior measurement period and who remained in suspended status as of the last day of the measurement period.</p> <p>Step 2. Count unique demonstration beneficiaries (deduplicated) who meet the criteria in Step 1.</p>
Required or recommended	Required if state has a suspension policy
Measurement period (calculation lag)	Month (30 days)
Subpopulations	<p>Income groups</p> <p>Specific demographic groups</p> <p>Exempt groups</p> <p>Specific eligibility groups (required)</p> <p>Note: Exempt groups may not be an applicable subpopulation for this metric in every state. For example, this metric is not applicable to states that have a demonstration that focuses solely on one eligibility and coverage policy, such as community engagement. Only states that have multiple eligibility and coverage policies, where some groups are exempt from noncompliance penalties associated with one policy, but not others, should report exempt subgroups for this metric.</p>
Relationship to other metrics	Beneficiaries in suspension status are not included in AD_1
Data source	Administrative records

Sample Metric Specification #3 – Community Engagement Requirement Qualifying Activities

Metric CE_9: Beneficiaries who met the community engagement requirement by satisfying requirements of other programs

Metric element	Description
Description	The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement by satisfying requirements in other programs such as SNAP or TANF, regardless of whether they are “deemed” by the state to be in compliance with Medicaid requirements or must take reporting action
Counted variable	<p>Step 1. Identify beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement by engaging in qualifying activities (metric CE_5).</p> <p>Step 2. Retain beneficiaries who met the community engagement requirement by satisfying requirements in other programs (e.g. SNAP or TANF). Include those “deemed” by the state to be in compliance with Medicaid requirements and those who must take reporting action.</p> <p>Step 3. Count unique beneficiaries (deduplicated) who meet the criteria in Steps 1 and 2.</p>
Required or recommended	Required
Measurement period (calculation lag)	Month (30 days)
Subpopulations	<p>Specific demographic groups</p> <p>Specific eligibility groups (required)</p>
Relationship to other metrics	This metric is a subset of metric CE_5
Data source	Administrative records

Monitoring Protocol

Protocol Components

- Part A: Monitoring workbook (Excel), including two components related to metrics
- Part B: Monitoring protocol template (Word) to capture proposed modifications to the narrative information on implementation
- Instructions document to help states use the monitoring protocol resources

Live Demo

Reporting Schedule

- States should report data to CMS in accordance with the agreed-upon reporting schedule and format established in the protocol
- Most metrics should be calculated with a lag following the last day of the measurement period, which varies by metric:
 - Monthly metrics are calculated after a 30-day lag
 - Claims-based metrics and other closely connected metrics should be calculated after a 90-day lag
 - Quarterly appeals and grievances metrics require no lag

Reporting Schedule (*continued*)

- States should calculate metrics at the same time for each measurement period throughout the demonstration, even if data are not shared with CMS until a later date
 - Example: Quarterly measurement period is March 1 through May 31
 - Calculate metrics for the calendar month of March on April 30, for the calendar month of April on May 31, and for the calendar month of May on June 30
 - The quarterly submission to CMS should contain three monthly metric values, each for March, April, and May

Reporting Schedule (*continued*)

- Each quarterly report should contain:
 - Monthly metrics from the most recent quarter
 - Quarterly appeals and grievances metrics that do not require a lag from the most recent quarter
 - Quarterly metrics that require a 90-day lag from the prior quarter
- Demonstration year (DY) metrics should be included in the annual report
- Calendar year (CY) metrics should be reported in the first quarterly (or annual) report that allows for 90 days of run-out after the end of the calendar year; this schedule is defined in the technical specifications manual

Reporting Schedule (*continued*)

Report name:	DY1 Q1 report	DY1 Q2 report	DY1 Q3 report	DY1 Q4 (annual) report	DY2 Q1 report	DY2 Q2 report	DY2 Q3 report
Report due date:	Due 60 days after quarter ends	Due 60 days after quarter ends	Due 60 days after quarter ends	Due 90 days after quarter ends	Due 60 days after quarter ends	Due 60 days after quarter ends	Due 60 days after quarter ends

Metric measurement periods, by calculation lag^a

Narrative information on implementation	DY1 Q1	DY1 Q2	DY1 Q3	DY1 Q4	DY2 Q1	DY2 Q2	DY2 Q3
Month	DY1 Q1	DY1 Q2	DY1 Q3	DY1 Q4	DY2 Q1	DY2 Q2	DY2 Q3
Quarter, no lag	DY1 Q1	DY1 Q2	DY1 Q3	DY1 Q4	DY2 Q1	DY2 Q2	DY2 Q3
Quarter, 90 days	NA	DY1 Q1	DY1 Q2	DY1 Q3	DY1 Q4	DY2 Q1	DY2 Q2
Demonstration year, no lag	NA	NA	NA	DY1	NA	NA	NA
Calendar year, 90 days ^b	NA	NA	CY 1 if DY ends 6/30	CY 1 if DY ends 1/31 – 5/31	CY1 if DY ends 12/31	CY 2 if DY ends 9/30 – 11/30	CY 2 if DY ends 7/31– 8/31

^a All monthly metrics have a 30-day calculation lag, the annual DY metric has no lag; all annual CY metrics have a 90-day lag

^b Report due dates for calendar year metrics are defined in terms of the demonstration year measurement period. The demonstration year measurement period begins on the first day of the month in which the demonstration started (approval start date). For example, a demonstration that begins on July 15 would have a demonstration year start date of July 1 and end date of June 30. To determine which report should include the calendar year metrics for a demonstration that begins on July 15, identify the report associated with a demonstration year end of June 30 (i.e., DY1 Q3 report).

DY = Demonstration year

CY = Calendar year

CY 1 = The calendar year during which the demonstration begins

CY 2 = The calendar year that immediately follows CY 1

NA = not applicable (information not expected to be included in report)

Pop Quiz!

- Review the metrics listed below. Which of these metrics should be reported in the first annual report, for a demonstration year ending on May 31, 2020?

	Metric	Measurement Period
A	AD_4: New enrollees	Month
B	AD_35: Emergency department utilization, all use	Quarter
C	AD_40: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD)	Calendar year
D	CE_3: Beneficiaries with approved good cause circumstances	Month

How to Use Value Set Files

- Excel file with HEDIS value sets
- Appendix C explains how to use this information. For example:
 - For CMS-constructed metrics, states will pull codes from value sets to program and calculate metrics
 - For quality of care and health outcomes measures, states will follow guidance in adapted Adult Core Set or original specifications from measure stewards, and will also pull codes from value sets to program and calculate metrics
- Technical assistance and HEDIS value set file is available by contacting the CMS 1115 monitoring and evaluation mailbox:
 - 1115MonitoringAndEvaluation@cms.hhs.gov

Expectations for Completing the Monitoring Protocol

- Steps to complete the monitoring protocol:
 - Review the technical specifications
 - Complete Parts A and B of the monitoring protocol to identify the metrics the state will include in quarterly and annual monitoring reports
- Timeline for submission of monitoring protocol:
 - States are expected to submit monitoring protocols to CMS per reporting schedules included in STCs
 - A state must have an approved implementation plan for CMS to begin review of its monitoring protocol
 - For states with past-due monitoring protocols, CMS and the state will work together to ensure timely submission
 - Ideally, protocols will be submitted within 45 days of receipt of the technical specifications and in coordination with the timing of implementation plan approval

Next Steps After Completing the Monitoring Protocol

- CMS and states will work together to reach an approved monitoring protocol
- The monitoring protocol will specify the exact monitoring report in which each of the metrics relevant for a state's eligibility and coverage demonstration polices will *first* be reported in accordance with the technical specifications manual
- CMS will set expectations for timeline and content of monitoring reports for each state individually, factoring in demonstration reporting history, ongoing policy components, and expected implementation of CE policies
- Prior to implementation, states are expected to provide updates on pre-implementation activities via the monitoring reports (as applicable), while developing and finalizing the monitoring protocol
 - States are encouraged to talk with their CMS team about expectations

Questions?

Coming Soon

- Upcoming Webinars:
 - State experience with the Implementation Plan (July)
 - Review of CMS white papers on evaluation technical assistance (August)

Final Remarks

- Thank you again for participating in the CE Monitoring Protocol and Monitoring Metrics Technical Specifications rollout webinar!
- We value your time and questions, and encourage you to email for technical assistance:
1115MonitoringAndEvaluation@cms.hhs.gov