

**CENTER FOR MEDICAID & CHIP SERVICES (CMCS)
SECTION 1115 MONITORING REPORT SUMMARY TEMPLATE**



Section 1115 Monitoring Report Summary Template

This document provides a template for Monitoring Leads to summarize and capture key content of section 1115 Demonstration Monitoring Reports (MRs) submitted by states for approved section 1115 Demonstrations on quarterly and annual basis. For additional guidance please refer to [Section 1115 Monitoring Report Review Guide.pdf](#).

If a Demonstration has many policy areas, please clarify applicability of information (i.e. if information is applicable to the entire Demonstration or only a portion of the Demonstration such as SUD).

If the MR does not include information for some elements below, please note “not included in MR” under the “Summary of Information” column below. Please review whether that particular element was a required MR element in the Demonstration Special Terms and Conditions (STCs) or not and include that information in the summary column.

Monitoring Report Information	Summary of Information (if included in MR)
State and Demonstration Name	Connecticut-Covered CT
Monitoring Lead reviewing MR	Marie DiMartino
MR Time Period (please specify quarterly vs. annual report and time period covered by MR)	Quarterly Report Demonstration Year: 2 Q3 (07/01/2023 – 09/30/2023)
Was MR submitted timely? If not, please note length of delay and reasons for delay (if known)	Yes
Please specify if there are any required elements missing in the MR per STCs	Disenrollment numbers. State was instructed to report on metrics when monitoring protocol is finalized. State will report on past quarters if requested
Summary of key accomplishments activities during reporting period	DY2 Q3 began on July 1, 2023, during which time Connecticut’s Public Health Emergency unwind and redetermination process for Medicaid, halted during the PHE, continued. Monthly on a rolling, first-in first-out

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	<p>basis, Connecticut Medicaid members are redetermined for Medicaid eligibility and provided with options for and assistance with health insurance coverage should they no longer qualify for Medicaid. The Connecticut state health insurance exchange has estimated that between 10-15% of the Continuous Medicaid enrollment population and the new limited benefit population will qualify for a Qualified Health Plan including the Covered CT program during the unwind period. Enrollment in Covered CT increased an average of 5% month over month during quarter three.</p> <p>During DY2 Q3, DSS focused on implementing carrier contract supports for the contract amendments assigned to DSS and extended until December 31, 2023. The state met with both carriers to discuss and implement processes for submission and payment of invoices, reporting requirements and processes for oversight and issue mitigation. The state will continue monthly oversight meetings with each carrier for the duration of the contract.</p> <p>DSS also prepared for new contracts with the insurance carriers which will be implemented in 2024, meeting with both carriers to discuss terms and reach consensus. A decision was made in September that more time was needed to finalize the terms and DSS requested of each carrier an extension of the amendments that are currently in place until December 31, 2023 to February</p>

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	<p>29, 2024. The amendment extensions are in process and should be final and executed by the end of November.</p> <p>DSS continued to meet with state partners monthly to provide updates on program progress, to ensure continued collaboration and to address and mitigate any decision, risk or issue related to Covered CT that state partners need to be aware of or included in with respect to solution/resolution.</p>
Enrollment numbers for MR period	20, 321DY2 Q3 (July: 18,193 August: 19,948, September 20, 321)
Enrollment numbers for past MR period (for quarterly MR please refer to previous quarter; for annual MR please refer to previous year)	17, 723 DY2 Q2 (April: 16,244, May: 16,993, June 17,723)
Did enrollment increase or decrease by more than 2%? If yes, please enter reason if identified in report. If not, please review with state in future Monitoring Call.	Yes, increase is greater than 2%. The state outreach team is actively continuing to enroll new beneficiaries into the 1115.
For eligibility and coverage demonstrations, please enter disenrollment numbers for report period.	<i>Not included in MR. State will report on disenrollment if required following monitoring protocol finalization</i>
Did grievances for MR period increase or decrease by more than 2% from previous MR period? If yes, please enter reason if identified in report. If not, please review with state in future Monitoring Call.	<i>Not included in MR.</i>
Did appeals for MR period increase or decrease by more than 2% from	<i>Not included in MR.</i>

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<p>previous MR period? If yes, please enter reason if identified in report. If not, please review with state in future Monitoring Call.</p>	
<p>Did denial of services for MR period increase or decrease by more than 2% from previous MR period? If yes, please enter reason if identified in report. If not, please review with state in future Monitoring Call.</p>	<p><i>Not included in MR.</i></p>
<p>Did number of providers for MR period increase or decrease by more than 2% from previous MR period? If yes, please enter reason if identified in report. If not, please review with state in future Monitoring Call.</p>	<p><i>Not included in MR.</i></p>
<p>Operational, implementation and beneficiary Issues identified in MR (Note: these should be entered in Monitoring Issue Register)</p>	<p>No issues requiring monitoring issue registry</p>
<p>Any notable policy, operational and implementation updates or changes included in MR</p>	<p><u>Connecticut Health Insurance Exchange, Access Health CT (AHCT)</u></p> <p>AHCT, worked in collaboration with DSS staff to develop requirements to implement auto-enrollment for members to opt-in to or decline Covered CT auto enrollment and Covered CT plan selections during the subsidized application flow. If the consumer opts-in to Covered CT auto-enrollment they will be auto-enrolled into their pre-selected Covered CT plan if they are losing HUSKY coverage (except for losing coverage because they failed to complete the manual Medicaid renewal) and newly eligible for Covered CT. This change will be performed for both online and batch flows. The auto-enrollment feature will be implemented in October of 2023. AHCT continued to support weekly reporting during DY2 Q3, providing information on enrollment stratified by age, gender, zip code and income level. This information is shared</p>

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	<p>with our state partners involved in outreach and engagement efforts, utilized for internal planning and utilized for reporting to the state legislature.</p> <p>Representatives from AHCT continued to participate in monthly Covered CT team meetings and Covered CT Executive Committee meetings, offering subject matter expertise and further strengthening the partnership through the continued engagement.</p> <p><u>Dental</u></p> <p>The dental benefit was implemented utilizing existing system infrastructure and there was no report of any member issues related to enrollment or services in DY2 Q3.</p> <p>BeneCare continues to support a dashboard for the Covered CT dental program that provides reporting on utilization monthly. Utilization of the dental benefit was slow to build in the initial months of the benefit roll-out to Covered CT members and has continued to increase steadily quarter over quarter. Utilization of dental services remains highest for exams, preventive care and restorative care.</p> <p><u>Non-Emergency Medical Transportation (NEMT)</u></p> <p>The NEMT benefit was implemented in July 2022 utilizing existing system infrastructure and is administered by MTM. Utilization of the benefit for DY2 Q3 increased by 247% over the last quarter. There was no report of any member issues related to enrollment or services in DY2 Q3.</p> <p><u>Outreach and Engagement</u></p> <p>The Connecticut Office of Health Strategy (OHS) was mandated by the Connecticut General Assembly (CGA) in June 2021 to procure outreach, engagement and navigation services for the Covered Connecticut Demonstration for SFY 2023; this was extended by the Connecticut General</p>

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	<p>Assembly in June 2023 for state fiscal year 2024. The OHS Covered Connecticut outreach and engagement program kicked off in March 2023 and provides ten community and consumer focused organizations with deep connections in their respective communities, funds to assist in outreach, education and enrollment in CoveredCT.</p> <p>During DY2 Q3 outreach activities and events included:</p> <ul style="list-style-type: none"> • Participated in local school meet and greets with parents and staff • Presentation at public libraries on CoveredCT and enrollment • Connected with congregants at local temples and churches in targeted communities • Participated in Chamber of Commerce events • Shared materials at food distributions sites in local communities • Distributed materials to attendees at Alianza Hispana in New London • Participated at the Hamden Pride Festival • Shared information at Central Connecticut State University • Provided flyers to participants of food pantries in Preston, Colchester, Norwich, Meriden and Griswold • Offered information at food truck firework event in Waterbury • Presented on Covered CT to Hispanic audience in Hartford • Held a Facebook live on health insurance, enrollment and covered CT • Tabled at the New London, Meriden and Waterbury libraries to provide information to attendees • Shared flyers with participants of the Greenwich Farmer’s Market

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	<ul style="list-style-type: none"> • Participated at the Community Fun and Fitness event in New Haven • Connected with Stamford Health Department to share information with families scheduled for physicals • Met with state agencies to strategize how to engage paraeducators • Participated in National Night Out Event in Norwich, Stamford and Windsor • Shared materials at Family Wellness Center Opening Activities in Hartford • Offered materials to CNA uninsured staff at different nursing homes in Waterbury • Tabled at Mount Aery Churches in Bridgeport to share material with attendees • Offered information at the Human Services Department in Meriden • Tabled at libraries in Torrington, Cheshire, Prospect, Waterbury and Bridgeport <p>Through the enrollment assistance offered by the program 148 members were enrolled in Covered CT during the quarter.</p> <p><u>Emergency situation/disaster</u></p> <p>Connecticut has nothing to report for Covered Connecticut for DY2 Q3.</p>
Evaluation updates included in MR	The amendments to the health plan contracts with the insurance carriers that support the Covered CT program were implemented on July 1, 2023 for a period of six months. The internal DSS team, simultaneously, during quarter two,

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	<p>prepared for negotiations on new contract terms that were originally planned to be effective on January 1, 2024. DSS met several times during July and August to discuss and reach consensus on new contract terms, developed a detailed schedule for the end-to-end process and drafted a master contract in preparation for Carrier review. Contract discussions with each Carrier on the new contracts were delayed and meetings to discuss new terms were held in August and September. DSS, recognizing that there was impact to the schedule to execute the new contracts on time for a January 1, 2024 implementation, requested an extension on the amendments currently in place of an additional two-months; new contracts will be executed for a March 1, 2024 implementation. New contract terms are scheduled to be finalized in November and then routed through state processes for execution.</p>

Monitoring Report/Issue/Requirement Information	Summary of Information