#### **DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-25-26 Baltimore, Maryland 21244-1850



#### **State Demonstrations Group**

October 12, 2022

Tom Wallace Deputy Secretary for Medicaid Florida Agency for Health Care Administration 2721 Mahan Drive, Mail Stop 8 Tallahassee, FL 32308

Dear Mr. Wallace:

The Centers for Medicare & Medicaid Services (CMS) completed its review of the Monitoring Protocol, which is required by the Special Terms and Conditions (STC), specifically, STC #75, of Florida's section 1115 demonstration, "Florida Managed Medical Assistance (MMA)" (Project Number 11-W-00206/4 and 21-W-00069/4), effective through June 30, 2030. CMS determined that the Monitoring Protocol, which was originally submitted on December 17, 2021 and revised on September 1, 2022 meets the requirements set forth in the STCs, and thereby approves the state's Monitoring Protocol.

The Monitoring Protocol is approved for the demonstration period through June 30, 2030 and is hereby incorporated into the demonstration STCs as Attachment D (see attached). In accordance with STC 127 (Public Access), the approved Monitoring Protocol may now be posted to your state's Medicaid website.

We look forward to our continued partnership with Florida on the MMA section 1115 demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

Danielle Daly Director Division of Demonstration Monitoring and Evaluation

cc:

Danielle Daly -S Digitally signed by Danielle Daly -S Date: 2022.10.12 10:02:55 -04'00'

Tandra Hodges, State Monitoring Lead, CMS Medicaid and CHIP Operations Group



## Medicaid Section 1115 Eligibility and Coverage Demonstrations Monitoring Protocol (Version 2.0)

Overview: The Monitoring Protocol for the section 1115 eligibility and coverage demonstrations consists of a Monitoring Protocol Workbook (Part A) and a Monitoring
Protocol Template (Part B). Each state with an approved eligibility and coverage policy in its section 1115 demonstration should complete only one Monitoring Protocol
Workbook (Part A) that encompasses all eligibility and coverage policies approved in its demonstration as well as the demonstration overall, in accordance with the
demonstration's special terms and conditions (STCs). This state-specific Part A Workbook reflects the composition of the eligibility and coverage policies in the state's
demonstration. For more information and any questions, the state should contact the CMS section 1115 demonstration team.



**Overview:** The Monitoring Protocol for the section 1115 eligibility and coverage demonstrations consists of a Monitoring Protocol Workbook (Part A) and a Monitoring Protocol Template (Part B). Each state with an approved eligibility and coverage demonstration should complete one Monitoring Protocol Template that encompasses every eligibility and coverage policy in its demonstration and the demonstration overall, as outlined in the state's special terms and conditions (STC). CMS will work with the state to ensure there is no duplication in the reporting requirements for different policy components of the demonstration. Each state with an approved eligibility and coverage demonstration should complete one Monitoring Protocol Template (Part B) that applies to each eligibility and coverage policy in its demonstration and the demonstration overall (unlike Part A where every eligibility and coverage policy included in the state's demonstration, as well as the demonstration overall, has a separate section for the state to complete). This state-specific template reflects the composition of the eligibility and coverage policies in the state's 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.

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<sup>&</sup>lt;sup>1</sup> 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. There is no standalone Monitoring Protocol Workbook for non-eligibility periods policies. Monitoring metrics that capture non-eligibility periods are captured as part of other standard eligibility and coverage monitoring metrics. For other eligibility and coverage policies that do not have a Monitoring Protocol, such as waiver of non-emergency medical transportation and marketplace-focused premium assistance, states should follow the guidance in the STCs.

Florida Managed Medical Assistance (MMA)

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

The state should complete this title page as part of its eligibility and coverage monitoring protocol.

This section collects information on the approval features of the state's section 1115 demonstration overall, followed by information for each eligibility and coverage policy. 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 se	Overall section 1115 demonstration											
State	Florida.											
Demonstration name	Managed Medical Assistance Waiver											
Approval period for section 1115 demonstration	01/15/2021 - 06/30/2030											
Health behavior incentives												
Health behavior incentives start date <sup>a</sup>	01/15/2021											
Implementation date, if different from health behavior incentives start date <sup>b</sup>	N/A											
Retro	active eligibility waiver											
Retroactive eligibility waiver start date	01/15/2021											
Implementation date, if different from retroactive eligibility waiver start date	N/A											

<sup>&</sup>lt;sup>a</sup> Eligibility and coverage demonstration start date: For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state's STCs at time of eligibility and coverage demonstration approval. For example, if the state's STCs at the time of eligibility and coverage demonstration approval note that the demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the demonstration. Note that that the effective date is considered to be the first day the state may begin its eligibility and coverage demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on December 15, 2020, with an effective date of January 1, 2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

<sup>&</sup>lt;sup>b</sup> **Implementation date of policy:** The date of implementation for each eligibility and coverage policy in the state's demonstration.

Florida Managed Medical Assistance (MMA)

#### 2. Acknowledgement of narrative reporting requirements

☑ The state has reviewed the narrative questions in Sections 3, 4, and 5 of the Monitoring Report Template provided by the CMS demonstration team and understands the expectations for quarterly and annual monitoring reports. The state will report the requested narrative information in quarterly and annual monitoring reports (no modifications).

### 3. Acknowledgement of budget neutrality reporting requirements

☑ The state has reviewed the Budget Neutrality Workbook provided by the CMS demonstration team and understands the expectations for quarterly and annual monitoring reports. The state will provide the requested budget neutrality information (no modifications).

## 4. Retrospective reporting

The state is not expected to submit metrics data until after protocol approval, to ensure that data reflects the monitoring plans agreed upon by CMS and the state. Prior to protocol approval, the state should submit quarterly and annual monitoring reports with narrative updates on implementation progress and other information that may be applicable, according to the requirements in its STCs.

If a state's monitoring protocol is approved after one or more of its initial quarterly monitoring report submissions, it should report data to CMS retrospectively, for any prior quarters of the section 1115 eligibility and coverage demonstration that precede the monitoring protocol approval date. The state is expected to submit retrospective metrics data—provided there is adequate time for preparation of these data—in its second monitoring report submission that contains metrics.

The retrospective report for a state with a first eligibility and coverage demonstration year of less than 12 months, should include data for any baseline period quarters preceding the demonstration, as described in Part A of the state's monitoring protocol. (See Appendix B of the instructions for further guidance determining baseline periods for first eligibility and coverage demonstration years that are less than 12 months.) If a state needs additional time for preparation of these data, it should propose an alternative plan (i.e., specify the monitoring report that would capture the data) for reporting retrospectively on its section 1115 eligibility and coverage demonstration.

In the monitoring report submission containing retrospective metrics data, the state should also provide a general assessment of metrics trends from the start of its demonstration through the end of the current reporting period. The state should report this information in Part B of its monitoring report submission (Table 3: Narrative information on implementation, by eligibility and coverage policy). This general assessment is not intended to be a comprehensive description of every trend observed in metrics data. Unlike other monitoring report submissions, for

Medicaid Section 1115 Eligibility and Coverage Demonstrations Monitoring Protocol – Part B
Version 2.0
Florida Managed Medical Assistance (MMA)

instance, the state is not required to describe all metrics changes (+ or -) greater than 2 percent for retrospective reporting periods. Rather, the assessment is an opportunity for the state to provide context on its retrospective metrics data and to support CMS's review and interpretation of these data. For example, consider a state that submits data showing a decrease in beneficiaries who did not complete renewal and were disenrolled from Medicaid (metric AD\_19) over the course of the retrospective reporting period. The state could highlight this change and specify that during this period the state conducted additional outreach to beneficiaries about the renewal process. For further information on how to compile and submit a retrospective report, the state should review Section B of the Monitoring Report Instructions document.

⊠ The state will report retrospectively for any quarters prior to monitoring protocol approval as described above, in the state's second monitoring report submission that contains metrics after protocol approval.
☐ The state proposes an alternative plan to report retrospectively for any quarters prior to
monitoring protocol approval: Insert narrative description of proposed alternative plan for
retrospective reporting. The state should provide justification for its proposed alternative plan.

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State Florida
Bussept Modical Assistance (MMA)

		Standard information on C									annual goals, and demon			nt with CMS-provided technical specifications manual				
	Martin	Marie Assessed	Barratin trata		Calculation has	Measurement	Reporting		State will assess 200	Baseline reporting period (MMDD/YYYY		Overall demonstratio	Affect that planned reporting matches the CMS-provided technical specifications manual	Explanation of any deviations from the CMS-provided technical specifications manual (different data sources or state-specific	State plans to phase in reporting	Report in which metric will be phased in (Format EandC DV and O: Ex. DV103)		
PLE: i t delete er edit this	EXAMPLE: Presentive core and office visit acilization	Motife description  EXAMPLE: Total artifaction of presentive care and office visits per 1,900 demonstration beneficiary mombs during the measurement period	EXAMPLE: 1.1.7 Access to cure	EXAMPLE: Claims and encounters and	EXAMPLE: 90 days	EXOPTE:	EXAMPLE: Quarterly	EXAMPLE: Recommended	EXAMPLE: Y	EXAMPLE: 10/01/2019 - 01/01/2020	EXAMPLE: Increase	EXAMPLE: Increase	EXAMPLE:	Generalization, Delectors, Colores, 1977-01 Delector brokes, (CC.)	EXAMPLE:	EXAMPLE: DTTQ4		ne de processor over tour
				other administrative records														
	Total enreliment in the demonstration	The undeplicated number of beneficiaries carefold in the demonstration at any time during the measurement parted. This indicates it a count of todal programs ensolment. It tockshic these newly accepted during the measurement parted and those whose carefoliate contraine from a pair parted. This indicates in not a point-to-time count. It explains bundiciaries who were counted for a discuss only displaying the measurement point.	1.1.1 Euroliment	Administrative records	30 days	Month	Quarterly	Required	Y	07/01/2021 - 06/30/2022	Consistent	Consistent	Y		N			
	Heneficiaries in suspension status for noncomplance	at last one ofly during the measurement protect.  The randor of dimensional beneficiaries in supposition status for nencompliance with demonstration reclicious in supposition status for tenecompliance with demonstration reclicious as of the last dark or of the measurement network.  The randor of prior demonstration beneficiaries who are in a non-depth play period, meaning they are presented from re-surriding for some defined period of time, because they were discarded for neconceptions with demonstration policios. The creat should include those prevented from re-serviding until their redoctrimination date.	1.1.1 Enrollment				Quarterly Quarterly	Required if state has a state entire policy					N	The State confirms that it does not have a suspension policy; thus, this matric is not areokcable.  The State confirms that it does not have such a policy; thus, this metric is				
	Beneficiaries in suspension status for noncomblance Beneficiaries in a non-eligibility period who are prevented from re- servoling for a defined period of time	The number of prior demonstration benefic arise who are in a non-slightly period, meaning they are prevented from re-meeling for some defined period of time, because they were disentedled for neccompliance with demonstration policies. The court should include those prevented from	1.1.1 Encolment	Administrative records	30 days	Month	Quarterly	Required if state has a non-eligibility period policy	N				N	The State confirms that it does not have such a policy; thus, this metric is not applicable.				
	New enrollees	re-enrolling until their redetermination date.  Number of beneficiaries in the demonstration who began a new enrollment spell during the measurement period, have not hald Medicaid coverage within the price 3 months and are not using a state-specific pathway for re-enrollment after being disenrolled for noncomplance	1.1.1 Euroliment	Administrative records	30 days	Month	Quetaly	Required	Y	07/01/2021 - 06/30/2022	Consistent	Consistent	Y		N			
	Re-enrollments or re-instatements using defined pathways after discretifinant or suspension of benefits for noncompliance with	Number of beneficiaries in the demonstration who began a new enrollment spell (or had benefits re-institute) in the current measurement period by using a state-defined pulsway for re-instituted (or re-instituted or bondish). Let meeting centain requirements, after being discorded (or having burdles suspended) for measurements even the proxima requirements, community engagement requirements, or other demonstrations-period: requirements.	1.1.1 Enrollment	Administrative records	30 days	Month	Quarterly	Required for states with a defined re- enrollment or re- instatement pathway	N				N	The State confirms that it does not have discussionant or suspension policies.				
	Re-enrollments or re-instatements for beneficiaries not using defined pathways after discusollment or	requirements, or other communitations—species conjuments.  Number of beneficiaries in the demonstration who began new ceredinent spell (or had benefits re-institute) in the current measurement period, how had Medicaid coverage within the prior 3 months and are not using a state-specific pathway for re-enrelment after being themshad for monocomplance (or n-institutement of benefits after being supposed for monocomplance) or n-institutement of benefits after being supposed for monocomplance)	1.1.1 Enrollment	Administrative records	30 days	Month	Quarterly	Required	N				N	The State confirms that it does not have a discreolizent policy.				
	suspension of benefits for noncompliance Beneficiaries determined ineligible	moncoupleme (or ne instanteurs of benefits after being suspended for nanocomplines). Total number of breaktriates in the demonstration described subleylike for Medical and destern field during the measurement period (separate museus reposted in other tellication), other than at reasonal.  Number of beneficiaries corolled in the demonstration and who but slightly for Medical during the measurement period due to fallette to provide stretch (maybe in circumstance information).	1.1.2 Mid-year loss of	Administrative	30 days	Month	Quarterly	Required	Y	07.01/2021 - 06/30/2022	Consistant	Convintent	Y		N			
	for Medicaid, any reason, other than at renewal Beneficiaries no longer eligible for	discrete Red during the measurement period (separate reasons reported in other indicators), other than at renewal. Number of beneficiaries enrolled in the demonstration and who last eligibility for Medicaid during	demonstration eligibility 1.1.2 Mid-year loss of	necords Administrative	30 days	Month	Quarterly	Required	N				■ N	The State confirms that it does not discreed beneficiaries for failure to				
	comprare accumulate annual ann			records										provide a change in circumstance.				
	Beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiary	Number of beneficiaries who were careful in the demonstration and lost elightly for Medicaid during the measurement period because they are determined ineligible after the state processes a change in circumstance	1.1.2 Mid-year loss of demonstration eligibility	Administrative records	30 days	Month	Quarterly	Required	N				N	The State confirms that it does not discreed beneficiaries after determining that beneficiaries experienced a change in circumstance.				
	Heneficiaries no longer eligible for the demonstration due to transfer to another Medicaid eligibility group	Number of beneficiaries who were careded in the demonstration and transferred from the demonstration to a Medicaid eligibility group not included in the demonstration during the measurement period	1.1.2 Mid-year loss of demonstration eligibility	Administrative records	30 days	Month	Quetaly	Required	Y	07/01/2021 - 06/30/2022	Consistent	Consistent	Y		N			
	Beneficiaries no longer eligible for the demonstration due to transfer to	Number of beneficiaries who were enrolled in the demonstration and transferred from the demonstration to CHIP during the measurement period	1.1.2 Mid-year loss of demonstration eligibility	Administrative records	30 days	Month	Quarterly	Recommended	N									
	Enrollment duration, 0-3 months	Number of demonstration beneficiaries who lost eligibility for Medicaid during the measurement period and whose enrollment spell had lasted 3 or fewer months at the time of discure/liment	1.1.3 Enrollment duration at time of disenrollment	Administrative records	30 days	Month	Quarterly	Recommended	N									
	Exrollment duration, 4-6 months	Number of demonstration beneficiaries who lose eligibility for Medicaid during the measurement period whose emoliteant spell had hasted between 4 and 6 months at the time of discarcollment	1.1.3 Enrollment duration at time of disensolment	Administrative records	30 days	Month	Quarterly	Recommended	N									
	Enrollment duration 7-12 months	Number of demonstration beneficiaries who lost eligibility for Medicaid during the measurement period whose emolitront spell had lasted 7 or more menths (up to 12 months) at the time of	1.1.3 Enrollment duration at time of disenrollment	Administrative records	30 days	Month	Quarterly	Recommended	N									
	Beneficiaries due for renewal	disconstruct.  Total number of beneficiaries corolled in the demonstration who were due for received charing the measurement toroid.  Number of beneficiaries corolled in the demonstration and due for received during the measurement princip who coupling the presence and are determined indisplict for Medicaid.	1.1.4 Renewal	records	30 days 30 days	Month	Quarterly	Required	Y Y	07/01/2021 - 06/30/2022 07/01/2021 - 06/30/2022		Consistent	Y	A reason has been sent to the Department of Children and Families to re	·	TED	The Agency is working with the Department of Child tensing for the mater. Sollowing the and of the Public	ns and Families to coordinate a phone in Health Emergency
	Beneficiaries determined ineligible for the demonstration at renewal, discursibled from Medicaid	Number of beneficiaries enrolled in the demonstration and due for eneroid during the measurement period who complete the renewal process and are determined ineligible for Medicaid	1.1.4 Reneval	Administrative records	30 days	Month	Quarterly	Required	Y	07/01/2021 - 06/30/2022	Consistent	Convictors	Y		N			
	Beneficiaries determined ineligible for the demonstration at renewal, transfer to another Medicaid diability category	Number of beneficiaries enrolled in the demonstration and due for sensoral during the measurement period who complete the renoval process and move from the demonstration to a Malicial eligibility group not included in the demonstration	1.1.4 Renewal	Administrative records	30 days	Month	Quarterly	Required	Y	07/01/2021 - 06/30/2022	Consistent	Consistent	Y		N			
	Beneficiaries determined ineligible for the demonstration at renewal, transferred to CHIP	Number of beneficiaries emolied in the demonstration and due for renewal during the measurement period who complete the renewal process, but move from the demonstration to CHIP	1.1.4 Renewal	Administrative records	30 days	Month	Quarterly	Required	N				N	The State confirms that it does not have policy that transfers ineligible beneficiaries to CHP.				
	Beneficiaries who did not complete renewal, discurolled from Medicaid	Number of beneficiaries emolled in the demonstration and due for renewal during the measurement period who are discareded from Medicaid for failure to complete the renewal	1.1.4 Reneval	Administrative records	30 days	Month	Quarterly	Required	Y	07/01/2021 - 06/30/2022	Consistent	Consistent	Y		N			
	Beneficiaries who had pending/uncompleted renewals and were still enrolled	process  Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period for whom the state had not completed renewal determination by the end of the measurement seriod and were still enrolled	1.1.4 Renewal	Administrative records	30 days	Month	Quarterly	Required	N				N	The State confirms that it does not have a policy to keep beneficiaries enrolled for pending or uncompleted renewals.	N			
	Beneficiaries who retained eligibility	Number of beneficiaries enrolled in the demonstration and due for renewal during the	1.1.4 Renewal	Administrative records	30 days	Month	Quarterly	Required	Y	07/01/2021 - 06/30/2022	Consistent	Consistent	Ψ Υ		N			
	completine renewal forms Beneficiaries who renewed ex parte	measurement period wiso immania currount in the commontration inter responsing to removal notices from the control of the Number of beneficiaries carrolled as descrimined by find-party data sources or available information, either than branching reasons to recent notices.  Number of beneficiaries crowdid as the demonstration who reached the 5% of income limit on	1.1.4 Renewal	Administrative records	30 days	Month	Quarterly	Recommended	N									
	Beneficiaries who reached 5% limit	information, inther than beneficiary response to renewal notices.  Number of beneficiaries enrolled in the demonstration who reached the 5% of income limit on cost sharing and permisure during the month.	1.1.5 Cost sharing limit	Administrative records	30 days	Month	Quarterly	Required for states with cost-sharing or	N				N	The State confirms that it does not have a policy for beneficianies who rei 5% of income limit on cost sharing and premiums during the month.	à.			
	Appeals, eligibility	Number of appeals filed by beneficiaries enrolled in the demonstration during the measurement noticed remediate Medicaid eliability	1.1.6 Appeals and grievance	s Administrative records	None	Quarter	Quarterly	premiums Recommended	N									
	Appeals, denial of benefits Grievances, care quality	notion from final Multi-said eliability.  Number of appeals filled by beneficiaries enrolled in the demonstration during the measurement monitor rememble desiral of benefits.  Number of pierances filled by beneficiaries enrolled in the demonstration during the measurement period regarding the quality of case or survivos provided.	1.1.6 Appeals and grievance	ncords ncords	None None	Quarter Quarter	Quarterly	Recommended	N N									
	Grievances, provider or managed care entities	Number of grievances filed by beneficiaries encolled in the demonstration during the measurement period regarding a provider or managed care entity. Managed care entities include Managed Care Organizations (MCO), Prepaid Inputent Health Plans (PHP), and Prepaid Ambulatory Health	1.1.6 Appeals and grievance	records		Quarter	Quarterly	Recommended	N									
	Grievances, other	Plans (PAIR).  Number of prisonaces flad by boneficiaries encoled in the domontration during the measurement paried regarding other matters that are not subject to appeal.  Number of prismay care providen caredad to definer Medicaid services at the end of the measurement netted.	1.1.6 Appeals and grievance	s Administrative records			Quarterly	Recommended	N									
	Primary care provider availability  Primary care provider active	Number of primary care providers enroded to deliver Medicaid services at the end of the measurement terried.  Number of primary care providers enroded to deliver Medicaid services with service claims for 3.	1.1.7 Access to care		90 days 90 days		Quarterly Quarterly	Required Required	Y V	07/01/2021 - 06/30/2022 07/01/2021 - 06/30/2022		Consistent	Y		N N			
	participation	or more demonstration beneficiaries during the measurement period		databases and claims and encounters														
	Specialist provider availability  Specialist provider active	Number of specialists enrolled to deliver Medicaid services at the end of the measurement period.		Provider enrollment databases			Quarterly Quarterly	Required Required	Y Y	07/01/2021 - 06/30/2022 07/01/2021 - 06/30/2022		Consistent Consistent	Y		N U			
	participation	Number of specialists excelled 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 asys	Quarter	Quantry	Required		0701/2021 - 06/30/2022	Consister	Consumer	1		*			
	Preventive care and office visit utilization	Total utilization of preventive case and office visits per 1,000 demonstration beneficiary months during the measurement period	1.1.7 Access to care	Chins and encounters and other administrative	90 days	Quarter	Quetaly	Recommended	Y	07/01/2021 - 06/30/2022	Consistent	Consistent	Y		N			
	Prescription drug use	Total utilization of 30-day prescription fills per 1,000 demonstration beneficiary months in the measurement period		encounters; other administrative records		Quarter	Quarterly	Recommended	Y	07/01/2021 - 06/30/2022		Consistent	Y		N			
		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	Quarter		Recommended	Y	07/01/2021 - 06/30/2022		Consistent	Y		N			
	Emergency department utilization, non-emergency	Total number of IEI visis for non-energincy conditions per 1,000 demonstration beneficiny mostle during the measurants practic. If the taste officiarities energial rest-energial visit capsyments, then non-energiacy visits school by destribed for resolving repurses using the same criterius and its assocs the differential conjugates. If the case does not differential comparison-energiant copyrisment, then non-energiacy visits school by defined as at visits not causiyative as energial using the marked below.	1.1.7 Access to care	Claims and encounters; other administrative records	90 days	Quarter	Quetally	Recommended. Required for states with copayments for non-emergency use.	Υ	07/01/2021 - 06/30/2022	Consistent	Consistent	Y		N			
	Inputient admissions	Total number of inpatient admissions per 1,000 demonstration beneficiary months during the measurement period	1.1.7 Access to care	Claims and encounters; other administrative	90 days	Quarter	Quetaly	Recommended	Y	07/01/2021 - 06/30/2022	Consistent	Consistent	Y		N			
	Medical Assistance with Smoking and Tobacco Use Cossation (MSC- AD)	This metric consists of the following components; each assesses different facets of providing medical assistance with studing and tobacco use consistent:  - Advising member and behacco users to quilt - Electroning consistent medications - Electroning consistent medications - Electroning consistent studieges	1.1.8 Quality of care and health outcomes	records Consumer Assessment of Healthcare Providers and Systems (CABPS) Health Plan	90 days	Calendar year	Amually	Required (AD 38A or AD 38B. States do	. Y	01/01/2021 - 12/31/2022	Increase	Increase	Υ		N			
	AD) [NCQA; NQF #0027; Medicaid Adult Core Set; Adjusted HEDIS	- our range manages and 1000ccc treets to que.  - Discussing constain medication  - Discussing constains strategies		Healthcare Providers and Systems (CAHPS) Health Plan survey. Adult				not have to report both.)										
	Adult Core Set; Adjusted HEDES measure)			survey, Adult Version		Calendar year	Amushy	Required (AD_38A or AD_38B. States do	. N				N					
	Preventive Case and Screening: Tohacco Use: Screening and Constition Intervention (rate 1)	This metric consists of the following components:  1. Proceedings of bunchicians agad 18 years and older who were screened for tobacco use one or more times within 74 membs  2. Proceedings of bunchicians agad 18 years and older who were screened for tobacco use and identified as a short-colour bunched to the colour services of the colour screening of the colour services of the colour services of the colour screening of the colour services and identified as a short-colour services to the colour screening of the colour services of the colour services of the colour services and the colour services of the colour serv	health outcomes	encounters				AD 38B. States do not have to report both.)										
	[PCPI Foundation; NQF #0028]	identified as a tobacco user who received tobacco constitute intervention.  3. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received constitute intervention if identified as a tobacco user.																
		their											#					

													Attest that planned reporting matches the			
													CMS-provided technical			
	Metric name	Metric description	Reportion took*	Data source	Calculation b	Measurement or period	Reporting	Reporting prior	ity State will report (V)	period (MM:DD/YYY N) MM:DD/YYYY)	Y - Annual real	Overall demonstration farret	specifications manual (Y/N)	specifications manual (different data sources or state-specific definitions, policies, codes, target populations, etc.)	State plans to phase in reporting phased in (Format EandC (V/N) and Q: Ex. DVIQ3)	Fxplanation of any plans to phase in reporting over time
AD_39-1	Other Drug Abuse or Dependence (FUA-AD) [NCQA; NQF # 2605; Medicaid	Pocuting of ED wish for bandlerinin sage It and older who have a principal diagnosis of stacholor orthor for (IOD) between of quadrance, and who list a distrovery via with a contraposing principal diagnosis for JOD. Two rates are appetude.  I. Procutings of ED his for JOD Dave or dependence for which the bandciary received following until 30 deays of the ED wisk (II and days).  2. Procutings of ED wish for JOD Dave or dependence for which the bandciary received following writing 10 days of the ED wisk (II stand days).	1.1.8 Quality of care and health outcomes	Claims and encounters	90 days	Calendar year	Amoully	Required	Y	05.01.2021 - 12/31/202		Івсецью	Y		N	
AD_39-2	Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD) [NCQA; NQF # 2605; Medicaid	Pracetage of ED visits for boundriaries ago It and older who have a principal diagnosis of month illustor or internised self-lime, and who had so filter with a corresponding principal diagnosis for most filture. Two who are approximately also also also are approximately also and the self-lime of the principal diagnosis for most filters. Two who are approximately-lamm for which the baseful superiorised following within 30 days of the ED visit (31 and days).  2. Pracetage of ED visits for remaid libers or internised self-lamm for which the baseful size of the self-lamm for which the self-lamm for whic	1.18 Quality of care and health outcomes	Claims and encounters	90 days	Calendar year	Amushy	Required	Y	00.012021 - 12/31/202	I Increase	Івстане	Y		N	
AD_40	massare] Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD) [NCQA; NQF #00004; Medicaid	necessed fibro-eye within 7 days of the ED viol (8 sould days).  Peccuting of Postericiane gas II and old-with a new episode of ACO draws or dependence who necessed the following:  1. Initiation of ACO Transments Processing of beneficiaries who initiate treatment through an impation ACO draws into, computate viole, iterative computate excession or partial hospitalization inhability or model-term assisted naturant (MAI) within 14 days of the diagnosis.  2. Engapement of ACO Transments, Processing of beneficiaries who initiate treatment and who has one errors and inflanda ACO streatment of Aco.	health outcomes	Claims and encounters or EHR	90 days	Calendar year	Amoully	Required	Y	01/01/2021 - 12/31/202	I Increase	Increase	Y		N	
	POI 01: Diabetes Short-Term	The following diagnosis cohorts are reported for each rate: (1) Alcohol abuse or dependence, (2, Opixid abuse or dependence, (3) Other drug abuse or dependence, and (4) Total ADD abuse or dependence. A total of 8 separate rates are expected for the measure.				Calendar year	Amendo	Remited	,	01/01/2021 - 12/31/202		Decrease	v			
AD_41	Complications Admission Rate (PQ001-AD) [AHRQ: NQF #0272; Medicaid	Namber of inpatient hospital admissions for diabetes short-turn complications (testsaccidosis, hypersonnolarity, or cosmi) per 100,000 beneficiary months for beneficiarism age 18 and older	1.1.8 Quality of care and health outcomes	encounters	90 days	Cameryor	Annualy	Required		9091001-129100	. Daries	I.A.C. Hall				
AD_42	Adult Core Set] PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthras in Older Adults Admission Rate (PQI05-AD)	Number of inpatient hospital admissions for chronic obstructive polanosacy disease (COPD) or archana per 100,000 beneficiary months for beneficiaries age 40 and older	1.1.8 Quality of care and health outcomes	Claims and encounters	90 days	Calendar year	Amually	Required	Υ	01/01/2021 - 12/31/202	2 Decrease	Decrease	Y		N	
AD_43	[AHRQ: NQF #0275; Medicaid Adult Core Set] PQI 08: Heart Fallare Admission Rate (PQI08-AD)	Number of inpatient hospital admissions for heart failure per 100,000 beneficiary months for beneficiates age 15 and older	1.1.8 Quality of care and health extremes	Claims and encounters	90 days	Calendar year	Amushy	Required	Υ	01/01/2021 - 12/31/202	2 Decrease	Decrease	Y		N	
AD 44	[AHRQ: NQF #0277; Medicaid Adult Core Set]	Number of innation bosoital admissions for asthma ner 190,000 beneficiary months for	LLS Outlity of care and	Claims and	90 days	Calendar year	Amushy	Required	v	01/01/2021 - 12/31/202	Decrease	Decrease	v		N	
	Admission Rate (PQE15-AD)  [AHRQ: NQF #0283; Medicaid Adult Core Set]		health outcomes	encounters									•			
AD_45	Administrative cost of demonstration operation	Cost of contracts or contract anandments and staff time equivalents required to administer demonstration policies, including premium collection, health behavior incentives, permium assistance, community engagement requirements and/or netrocutive eligibility sudvers	1.1.9 Administrative cost	Administrative records	None	Demonstration year	Annually	Recommended	N							
State-specific metrics																
Add react for one state.	executive metators															

State-specific mercus

Add rows for any state-specific merics

\* The amornium tonics contained to the promotes for the any demonstration (AD) reporting tonic in Section 4 of the medicina record teambles.

Medicald Social IIIS Eighbilty and Coverage Demonstrations Menioring Protocol (Part A) - Planned metrics (HB) (Version 2.0)
State Plevida
Demonstration Name Managed Medical Assistance (MMA)

Eligibility and Coverage Demonstration Planned Metrics (HB) EXAMPLE DESCRIPT.

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Example description of many des 01.012021- NCREASE NCREASE Y 12/31/2021 1-TL does not have access and conset provide information for the number V of members who have completed as an entire and hashed before each provide and the second behavior and the second behavior and the second behavior and the second behavior and the second of the second o Renderies usig incentised and the demonstration at any point during the measurement. HII Mod. 11 Health behavior. Administrative will draw the demonstration at the december of the control of the contro 01/01/2021- INCREASE INCREASE N 12/31/2021 Completion of Securitional Insulin. Number of Number's complete for disconnections of any point during the responsement part of IRMAs § I Halsh behavior. A Assistantive. We doy. Quarter Quartely Required behavior to the complete day in the contrast from the behavior and disconnected from the contrast fro Complicate of all associational banks. Number of branchesis consider a fine formation of the second property of th 01/01/2021- INCREASE INCREASE Y 12/31/2021 HB\_4 1-FL does not provide rewards for health incentives in the form of additional covered benefits or services. 

# Morte came Mothe describie Resertise bais."

gibility and Coverage Demonstration Planned Metrics (RW)  Number differentian on CMS-provided mores.										Baseline,	annual goals, and demo	etration target	Aligam	ent with CMS-provided technical specifications manual	n	used-in metrics reporting
					Baseline reporting period			Attest that planned reporting matches the CMS-provided technical specifications								
	Metric name	Metric description	Reporting took*	Data source		Measurement		Reporting priorit		(MM/DD/YYY-	Arrendment	Overall demonstration farret	(VN)	specifications manual (different data sources or state-specific definitions, policies, codes, turnet populations, etc.)	State plans to phase in reporting phased in (Format RW DV and (V/N) O: Ex. DV1O3)	Explination of any plans to phase in reporting over time
UE:	EX DIFF.E-	EVAMPLE:		ET AMPLE:	EX-MPLE:			EXOPLE:	EXAMPLE:	EXOPLE:	EXAMPLE:		EXAMPLE:	definitions, beaches, come, turvet beneathers, etc.1	EXAMPLE: EXAMPLE:	EXHIBITION OF THE REAL OF DEAL IS CONTRIBUTED OVER THE
delete or edit this	Beneficiaries who indicated that they had unpaid medical bills at the time of application	The number of demonstration beneficiaries in income and eligibility groups that were subject to the water of remonstrate eligibility policy; who began a new confinence period in the reporting enough, and who indicates at the time of application for Medicalist dett shey had unspeal medical bill from the past three morehs or other time period specified in the state's Medicalist application quantities.	RW.Mod_1: Retroactive	Administrative records	30 days	Month	Quarterly	Required	Y	61/01/2026 - 61/31/2026	Consistor	Consistent	Y		N DYIQ4	
	had unpaid medical bills at the time' of application	hilds from the post free months or other time period specified in the state's Medicald application equation	digibility and demonstration requirements		30 days	Month	Quetarly	Required	Y				N	The Retroactive Eligibility Report uses credit reporting agency monthly data on new Medicald enrollee medical and total debt burdens by mornth of application. These data were obtained under a contract between Transchiron, LLC and the Liviversity of Florida about now errorbed financial burdens. The Agency for Health Care Admissistation does not have entered to the contract burdens of the Contract	Y TRID	The Agency has recombed and continued the very disor have necess to the date that the continue and or collabole to make a few time. We will be recombing on as the Agency and of Children of CLS with the Continued of CLS will be continued to the CLS with the CLS will be continued to the CLS with CLS with the CLS with
	gap at senewal	The number of dismonstrates beneficiates in increase and slightly proper for two subject to what our of entirests of the value of entirests of the dismonstrates with 50 days after the value of entirests of the size of the	digibility and demonstration requirements		90 days	Quarter	Quarterly	Required	Y				N	The Retroactive Eligibility Report uses monthly data for the prior year supplied by the Department of Children and Farmies. This data contains: Basic demangaphics and eligibility group membership for individual new errolled applicant by pagelosism from their bing for and subsequent to the change in retroactive errollment policy. The state will and errolled the productive contribution of the change in tertinactive errollment policy. The state will and errollment (PR) "2") that could be used to calculate here metrics, or whether the state may be able to phase in this mention for future mortiforing reports.	Y TRID	The Agency Dan researched and was usually to destify any phasmiss chain servers the many and a real-scale due more and new time. We will be the long out to the Department of Child and a real-scale due more and new time. The contract the long of the Department of Child and the Child
		The number of dismonstration beneficiates in increase and alphibly groups that was subject to whether the variety of the value of manufacture of the value of manufacture of the process our when may all the following states of the following states of the values than were administrated from the process our administrated from the process outside of the values of the value of the values of the value of the values of the va	eligibility and demonstration		90 days	Quarter	Quartarly	Required	Y				N	The Retoactive Eighbilty Report uses monthly data for the prior year supplied by the Department of Children and Families to assess enrollment innerest distate (according to the prior year supplied to the prior year supplied to the prior year of year they be decided enrollen enrollen dones to year one year year. The state will research whether there are alternative sources of chains (RIV.) all other than the cold the state of the year of the year. The year of the year.	Y THD	The Agency has recurred and was usually is deathly any phasmistry dates some that could use and on calculate the manifest and the calculates the manifest and the calculates the manifest and the calculates the manifest and the state of the Hamman and the state of the s

\* The renorine tonic commonade to the retroactive diability waivers (RW) renortine tonic in Section 3 of the monitorine renort template.

Medicaid Section 113 Eligibility and Coverage Demonstrations Monitoring Protected (Part A) - Planned subpopulations (AD) (Version 2.0)
Sane Fords
Demonstration Name Managed Medical Assistance (MMA)

Eligibility and Coverage Demonstra	ation Planned Subpopulations (AD)								
	Planned subpopu	lation reporting					Alignment with CMS-provided	technical specifications manu	al
						Attest that planned subpopulation reporting within each category matches the description in	Subpopulations  If the planned reporting of subpopulations does not	Attest that metrics reporting for subpopulation category matches CMS-provided	
					State will	the CMS-provided technical	I match (i.e., column G = "N"), list the subpopulations	technical specifications	which state plans to report for each subpopulation
Subpopulation category <sup>a</sup>	Subpopulations	Reporting priority	Relevant metrics	Subpopulation type		specifications manual (Y/N)		manual (Y/N)	category (Format: metric number, comma separated)
EXAMPLE:	EXAMPLE:	EXAMPLE:	EXAMPLE:	EXAMPLE:	EXAMPLE:	EXAMPLE:	EXMITE	EXAMPLE:	1.1.1107.12
(Do not delete or edit this row)	Less than 50% of the federal poverty level (FPL), 50- 100% FPL, and greater than 100% FPL	Recommended	AD_1 = AD_23, AD_33 = AD_44	CMS-provided	Y	Y		¥	
(Do not aciete or east this row) Income groups	Less than 50% of the federal poverty level (FPL), 50-	Recommended	AD 1 - AD 23, AD 33 - AD 44	CMS-provided	N			Ħ	
meome groups	100% FPL, and greater than 100% FPL	Recommended	AD_1 - AD_23, AD_33 - AD_44	CM3-provided	IN .				
Specific demographic groups	Age (less than 19, 19-26, 27-35, 36-45, 46-55, or 56- 64), sex (male or female), race (White, Black or Africa American, Asian, American Indian or Alaskan Native, other, or unknown), and ethnicity (Hispanic, non- Hispanic, or unknown)	Recommended n	AD_1 - AD_11, AD_15 - AD_23, AD_33 - AD_37	CMS-provided	Y	Y		Y	
Exempt groups	Eligibility and income groups that are enrolled in the demonstration but are not required to participate in elements of the demonstration (such as paying premiums) for reasons other than income EXAMPLE:	Recommended	AD_1 - AD_11, AD_15 - AD_23, AD_33 - AD_37	State-specific	N				
Specific eligibility groups	Geographic exemptions, employer sponsored insurance exemptions, exemptions due to medical feality Medicaid eligibility groups included in the state's	Required	AD_1 - AD_11, AD_15 - AD_23,	State-specific	Y		MEG aged & Disabled: Blind Disabled Children,	Y	
	demonstration based on the STCs authorizing the demonstration.  EXAMPLE: Section 1931 parents, the new adult group, transitional	,	AD_33 - AD_44				Aged/Disabled Adults, Individuals eligible under a hospice- related eligibility group, Institutionalized individuals eligible under the special income level group specified at 42 CFR 435.236, Institutionalized individuals eligible under the special home and community-based waiver group specified		
	medical assistance beneficiaries						at 42 CFR 435.217.  TANF & related grp: Infants under age 1, Children 1-5, Children 6-18, IV-E Foster Care and Adoption Assistance, Pregnant women, Section 1931 parents or other caretaker		
							relatives, Former foster care children up to age 26, and optional State Plan State-funded Adoption MEDS AD Aged or disabled Individuals (Income at or below 88% FPL, Assets that do not exceed \$5,000		
							(individual) or \$6,000 (couple)): Medicaid-only eligibles not receiving hospice, HCBS, or institutional care services Medicaid-only eligibles receiving hospice, HCBS, or institutional care services		
							institutional care services Medicare Eligible receiving hospice, HCBS, or institutional care services		

For definitions of subpopulations, see CMS-provided technical specifications on subpopulation categories.

If applicable. See CMS-provided technical specifications on subpopulation categories.

Medicaid Section 1115 Elighility and Coverage Demonstrations Monitoring Protocol (Part A) - Planned subpopulations (HB) (Version 2.0)
State Flexish
Managed Medical Assistance (AMA)

Eligibility and Coverage Demonstration Planned Subpopulations (HB)

gibility and Coverage Demonstration Planned Subpopulations (HB) Planaced subpopulation reporting Aligument with CMS-provided technical specifications manual													
	Planned subpopu	lation reporting						technical specifications manua					
						Attest that planned subpopulation reporting	Subpopulations	Attest that metrics reporting					
						within each category matches the description in the CMS-provided technica	match (i.e., column G = "N"), list the subpopulations	matches CMS-provided technical specifications	If the planned reporting of relevant metrics does n match (i.e., column I = "N"), list the metrics for which state plans to report for each subpopulation				
Subpopulation category*	Subpopulations	Reporting priority	Relevant metrics	Subpopulation type		specifications manual (Y/N		manual (Y/N)	category (Format: metric number, comma separate				
EXAMPLE:	EXAMPLE:	EXAMPLE: Recommended	EXAMPLE:	EXAMPLE:	EXAMPLE:	EXAMPLE:	EXIMPLE	EXAMPLE:	EX IMPLE:				
Income groups (Do not delete or edit this row)	Less than 50% of the federal poverty level (FPL), 50- 100% FPL, and greater than 100% FPL	Kecommenaea	HB_1 - HB_7	CMS-provided	1	1		ľ					
income groups	Less than 50% of the federal poverty level (FPL), 50- 100% FPL, and greater than 100% FPL	Recommended	HB_1 - HB_7	CMS-provided	Y	Y		N	HB_I				
Specific demographic groups	Age (less than 19, 19-26, 27-35, 36-45, 46-55, or 56- 64), sex (male or female), race (White, Black or Africa American, Asian, American Indian or Alaskan Native, other, or unknown), and ethnicity (Hispanic, non- Hispanic, or unknown)	Recommended	HB_1 - HB_7	CMS-provided	Y	N	Age (0-20, 21-40,41-60, Over 60), sex (male or female), race (White, Black or African American, Asian, American Indian or Alaskan Native, other, or unknown), and ethnicity (Hispanic, non-Hispanic, or unknown)		HB_1, HB_2, HB_3, HB_4, HB_6				
Specific eligibility groups	Medicaid eligibility groups included in the state's demonstration based on the STCs authorizing the demonstration.  EXAMPLE: Section 1931 purents, the new abulg group, transitional medical assistance beneficiaries		НВ_1 - НВ_7	State-specific	Y		1. F.I. will continue to stratify the HIII metric data using the demographic categories the state indicated for Specific demographic groups. To further stratify the HIII metric date of the stratification of the stratification of the stratification of the HIII metric data, which was the strategies and the strategies are required HIII programs for IVI 4 and IVI 5.  2. Multiple subpopulations included within the specific chiphility groups are not eligible to prefix their in the required HIII programs (Smoking Counter, Weight Loss, and Alcohal's Marinach Awdre, as when a fairness under I, and Alcohal's Marinach Awdre, as when a fairness under I, the strategies of the st						
hase-in cohort <sup>b</sup>	Cobort(s) the state is using to phase in demonstration policies and requirements to manage the gradual implementation of new operational processes or to support evaluation goals. EXMPLE: Age groups	Recommended	All metrics if state is phasing in health behavior incentives by cohort	1 State-specific	N								

<sup>\*</sup>For definitions of subpopulations, see CMS-provided technical specifications on subpopulation categories.

b ff applicable. See CMS-provided technical specifications on subpopulation categories.

Medicaid Section 1115 Eligibility and Coverage Demonstrations Monitoring Protocol (Part A) - Reporting Schedule
State Florida
Demonstration Name Managed Medical Assistance (MMA)

(1) In the reporting periods input table (Table 1), use the prompt in column A to enter the requested information in the corresponding row of column B. All report names and reporting periods should use the format DYFQ® or CY® and all dates should use the format MMDDYYYY with no spaces in the cell. The information entered in these cells will auto-populate the eligibility and coverage demonstration reporting schedule in Table 2. All cells in the input table must be completed in entirety for the standard reporting gashedule to be accurately use populated.

(2) Review the state's reporting schedule in the eligibility and coverage demonstration reporting schedule table (Table 2). For each of the reporting categories listed in columns E and F, select Y or N in the "Deviation from standard reporting schedule (Y/N)" column to indicate whether the state plans to report according to the standard reporting schedule. If a state's planned reporting does not match the standard reporting schedule for any quarter and/or reporting category, the state should describe these deviations in the "Esphastian for deviations" column and use the "Proposed deviations from standard reporting schedule" column to indicate the measurement periods with which it wishes to overwrite the standard schedule. All other columns are locked for editing and should not be altered by the state.

Table 1. Reporting Periods Input Table

			Demonstration reporting pe	riods/dates
		AD		
Dates of first repor				
	Reporting period (Format DY Q;	DY15Q3	DY15Q3	DY15Q3
		01/01/2021	01/01/2021	01/01/2021
	End date	03/31/2021	03/31/2021	03/31/2021
Broader section 1115 demonstration teporting period corresponding with the first EandC reporting quarter, if applicable. If there is no broader demonstration, fill in the first cligibility and coverage policy reporting period. Format DY Q; Ex. DY1Q3)		DY15Q3	DY15Q3	DY15Q3
First report due da (MM/DD/YYYY)	ate (per STCs)	05/30/2021	05/30/2021	05/30/2021
First report where report calendar ye with a 90 day lag				
	Reporting period (Format CY; Ex.	CY2021		
	associated with report (Format DY Q;	DY17QI		
		07/01/2022		
	End date	09/30/2022		
Dates of last repor	ting quarter:			
		04/01/2030		
	End date	06/30/2030		

Table 2. Eligibility a	and Coverage Demonstration Repo	orting Schedule											
Dates of reporti Start date	og quarter (MM/DDYYYY- MM/DDYYYY) End date	Report due (per STC3) (MMDD YYYY)	Broader section 1115 DY (if applicable, otherwise the first eligibility and coverage policy reporting period) (Format DY Q; Ex. DY1Q3)	Calculation lag	rting category Measurement period	For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Formati DVQ; Ex. DV1Q3).		RW	Deviation from standard reporting schedule (Y/N)	Explanation for deviations	Proposed deviations from standard reporting schedule (Format DVQ; Ex. DV1Q3)	IIB	RW
01/01/2021	03/31/2021	05/30/2021	DY15Q3	None	Narrative information	DY15Q3	DY15Q3	DY15Q3	Y	1			
				30 days	Month	DY15Q3		DY15Q3	Y	1			
				None	Quarter	DY15Q3			Y	Due to the public health	Florida will report these metrics	Florida will report these metrics	Florida will report these
				90 days	Quarter				Y	emergency, Florida has received a	in the DY16Q1 report (due October 29, 2021)	in the DY16Q1 report (due October 29, 2021)	metrics in the DY16Q1 repor (due October 29, 2021)
				90 days	Calendar year				Y	reporting extension for DY15.	October 29, 2021)	October 29, 2021)	(due October 29, 2021)
				None	Demonstration year				Y	1			1
04/01/2021	06/30/2021	09/28/2021	DY15Q4	None	Narrative information	DY15Q4	DY15Q4	DY15Q4	Y				
			1 1	30 days	Month	DY15Q4	1	DY15Q4	Y	1			1
				None	Quarter	DY15Q4			Y	Due to the public health	Florida will report these metrics	Florida will report these metrics	Florida will report these
				90 days	Quarter		DY15Q3	DY15Q3	Y	emergency, Florida has received a	in the DY16Q1 report (due	in the DY16Q1 report (due	metrics in the DY16Q1 repor
				90 days	Calendar year				Y	reporting extension for DY15.	October 29, 2021)	October 29, 2021)	(due October 29, 2021)
				None	Demonstration year				Y	1			1
07/01/2021	09/30/2021	11/29/2021	DY16Q1	None	Narrative information	DY16Q1	DY16Q1	DY16Q1	N				
701/2021				30 days	Month	DY16Q1		DY16Q1	N				
				None	Quarter	DY16Q1			N		i	i	
				90 days	Quarter		DY15Q4	DY15Q4	N				
				90 days	Calendar year				N		i	i	
				None	Demonstration year				N				
10/01/2021	12/31/2021	03/01/2022	DY16Q2	None	Narrative information	DY16Q2	DY16Q2	DY16Q2	N				
	1			30 days	Month	DY16Q2		DY16Q2	N				
				None	Quarter	DY16Q2			N		i	i	
				90 days	Quarter	DY16Q1	DY16Q1	DY16Q1	N				
				90 days	Calendar year				N		i		
				None	Demonstration year				N				
01/01/2022	03/31/2022	05/30/2022	DY16Q3	None	Narrative information	DY16Q3	DY16Q3	DY16Q3	N				
				30 days	Month	DY16Q3		DY16Q3	N		i	i	
				None	Quarter	DY16Q3			N		i	İ	
				90 days	Quarter	DY16Q2	DY16Q2	DY16Q2	N		i	i	
				90 days	Calendar year	511002	DITOUL	DITIOUL	N				
				None	Demonstration year				N		i	i	
04/01/2022	06/30/2022	09/28/2022	DY16Q4	None	Narrative information	DY16Q4	DY16Q4	DY16Q4	N		i	i	
				30 days	Month	DY16Q4		DY16Q4	N		i	i	
				None	Quarter	DY16Q4			N		i	i	
				90 days	Quarter	DY16Q3	DY16Q3	DY16Q3	N		i	i	
				90 days	Calendar year				N				
				None	Demonstration year	DY16			N		i	i	
07/01/2022	09/30/2022	11/29/2022	DY17Q1	None	Narrative information	DY17Q1	DY17Q1	DY17Q1	N				
				30 days	Month	DY17Q1		DY17Q1	N		i	i	
				None	Quarter	DY17Q1			N				
				90 days	Quarter	DY16Q4	DY16Q4	DY16Q4	N		i	i	
				90 days	Calendar year	CY2021			N			i	
				None	Demonstration year				N		i	i	

10/01/2022	12/31/2022	03/01/2023	DY17Q2	None	Narrative information	DY17Q2	DY17Q2	DY17Q2	N		
				30 days	Month	DY17Q2		DY17Q2	N		
				None	Quarter	DY17Q2			N		
				90 days	Quarter	DY17Q1	DY17Q1	DY17Q1	N		

								N				
			None					N				
01/2023 03/31/2023	05/30/2023	DY17Q3	None		DY17Q3	DY17Q3		N				
			30 days	Month	DY17Q3		DY17Q3	N				
			None	Quarter	DY17Q3			N				
			90 days	Quarter	DY17Q2	DY17Q2	DY17Q2	N				
			90 days	Calendar year				N				
			None	Demonstration year				N				
06/30/2023	09/28/2023	DY17Q4	None	Narrative information	DY17Q4	DY17Q4	DY17Q4	N				
			30 days	Month	DY17Q4		DY17Q4	N				
			None	Quarter	DY17Q4			N				
			90 days	Quarter	DY17Q3	DY17Q3	DY17Q3	N				
			90 days	Calendar year				N				
			None	Demonstration year	DY17			N				
09/30/2023	11/29/2023	DY18Q1	None	Narrative information	DY18Q1	DY18Q1	DY18Q1	N				
			30 days	Month	DY18Q1		DY18Q1	N				
			None	Quarter	DY18Q1			N				
			90 days	Quarter	DY17Q4	DY17Q4	DY17Q4	N				
			90 days	Calendar year	CY2022			N				
			None	Demonstration year				N				
12/31/2023	02/29/2024	DY18Q2	None	Narrative information	DY18Q2	DY18Q2	DY18Q2	N				
			30 days	Month	DY18Q2		DY18Q2	N				
			None	Quarter	DY18Q2			N				
			90 days	Quarter	DY18Q1	DY18Q1	DY18Q1	N				
			90 days	Calendar year				N				
			None	Demonstration year				N				
	09/30/2023	06/30/2023	06/30/2023 09/28/2023 DY1704 09/30/2023 11/29/2023 DY1801	10 days   None   10 days   10 days	Ox71/2023   Ox70/2023   Ox70	None   Demonstration year	None	None   Demonstration year	None	None	None	Note

01/01/2024	01/01/2024 03/31/2024	05/30/2024	DY18Q3	None	Narrative information	DY18Q3	DY18Q3	DY18Q3	N		
				30 days	Month	DY18Q3		DY18Q3	N		
				None	Quarter	DY18Q3			N		
				90 days	Quarter	DY18Q2	DY18Q2	DY18Q2	N		
				90 days	Calendar year				N		
				None	Demonstration year				N		
04/01/2024	06/30/2024 09/28/2024	09/28/2024	DY18Q4	None	Narrative information	DY18Q4	DY18Q4	DY18Q4	N		
				30 days	Month	DY18Q4		DY18Q4	N		
				None	Quarter	DY18Q4			N		
				90 days	Quarter	DY18Q3	DY18Q3	DY18Q3	N		
				90 days	Calendar year				N		
				None	Demonstration year	DY18			N		
07/01/2024	/2024 09/30/2024	11/29/2024	DY19Q1	None	Narrative information	DY19Q1	DY19Q1	DY19Q1	N		
				30 days	Month	DY19Q1		DY19Q1	N		
				None	Quarter	DY19Q1			N		
				90 days	Quarter	DY18Q4	DY18Q4	DY18Q4	N		
				90 days	Calendar year	CY2023			N		
				None	Demonstration year				N		
10/01/2024	12/31/2024	03/01/2025	DY19Q2	None	Narrative information	DY19Q2	DY19Q2	DY19Q2	N		
				30 days	Month	DY19Q2		DY19Q2	N		
				None	Quarter	DY19Q2			N		
				90 days	Quarter	DY19Q1	DY19Q1	DY19Q1	N		
				90 days	Calendar year				N		
				None	Demonstration year				N		

										_			
01/01/2025	03/31/2025	05/30/2025	DY19Q3	None 30 days	Narrative information Month	DY19Q3	DY19Q3	DY19Q3 DY19Q3	N N				
				None	Month Quarter	DY19Q3 DY19Q3		DY 19Q3	N N				
				None 90 days	Quarter Quarter	DY19Q2	DY19Q2	DY19Q2	N				
				90 days	Calendar year				N				
4/01/2025	06/30/2025	09/28/2025	DY19Q4	None	Demonstration year Narrative information	DY19Q4	DY19Q4	DY19Q4	N N				
W01/2023	00/30/2023	09/28/2023	DIIIO	None 30 days	Month	DY19Q4	D119Q4	DY19Q4	N				
						DY19Q4			N				
				90 days 90 days	Quarter Calendar year	DY19Q3	DY19Q3	DY19Q3	N				
				None	Calendar year	DY19			N N				
7/01/2025	09/30/2025	11/29/2025	DY20Q1	None	Demonstration year Narrative information	DY20O1	DY20Q1	DY20Q1	N				
			1	None 30 days	Month	DY20Q1 DY20Q1		DY20Q1	N				
					Ouarter	DY20Q1			N				
				90 days 90 days	Quarter Calendar year	DY19Q4 CY2024	DY19Q4	DY19Q4	N N				
				None	Demonstration year				N		1		
0/01/2025	12/31/2025	03/01/2026	DY20Q2	None	Narrative information	DY20Q2	DY20Q2	DY20Q2	N				
				None 30 days	Month	DY20Q2 DY20Q2		DY20Q2	N				
				None on days	Quarter	DY20Q2 DY20Q1	DY20Q1	DY20Q1	N N				
				90 days 90 days	Quarter Calendar year	512001	D12001	D120Q1	N				
				None	Demonstration year Narrative information				N				
/01/2026	03/31/2026	05/30/2026	DY20Q3	None	Narrative information Month	DY20Q3 DY20Q3	DY20Q3	DY20Q3 DY20Q3	N				
				30 days None	Quarter	DY20Q3		D120Q3	N				
				90 days	Quarter	DY20Q2	DY20Q2	DY20Q2	N				
				90 days 90 days	Quarter Calendar year				N				
V01/2026	06/30/2026	09/28/2026	DY20Q4	None None	Demonstration year Narrative information	DY20Q4	DY20Q4	DY20Q4	N				
W01/2026	06/30/2026	09/28/2026	D120Q4	30 days	Month	DY20Q4 DY20O4	D120Q4	DY20Q4 DY20Q4	N N				
				None	Quarter	DY20Q4			N		i		
				90 days	Ouarter	DY20Q3	DY20Q3	DY20Q3	N				
				90 days	Calendar year	DV20			N N			<del>                                     </del>	
7/01/2026	09/30/2026	11/29/2026	DY21Q1	None None	Demonstration year Narrative information	DY20 DY21Q1	DY21Q1	DY21Q1	N N	1	+	+	
.0.,2020	09/30/2020	11/29/2020	DIZIQI	None 30 days	Month	DY21Q1 DY21Q1	D121Q1	DY21Q1 DY21Q1	N		1	<del>                                     </del>	
					Quarter	DY21Q1			N				
				None 90 days	Quarter	DY20Q4	DY20Q4	DY20Q4	N				
				90 days None	Calendar year Demonstration year	CY2025			N		+		
0/01/2026	12/31/2026	03/01/2027	DY21Q2	None	Narrative information	DY2102	DY21Q2	DY21Q2	N		1	1	
			1	None 30 days	Narrative information Month	DY21Q2 DY21Q2		DY21Q2	N				
				None 90 days	Quarter	DY21Q2			N				
				90 days	Quarter	DY21Q1	DY21Q1	DY21Q1	N				
				90 days None	Calendar year Demonstration year				N N		+		
1/01/2027	03/31/2027	05/30/2027	DY21Q3	None	Narrative information Month	DY21Q3 DY21Q3	DY21Q3	DY21Q3	N				
				None 30 days	Month	DY21Q3		DY21Q3 DY21Q3	N				
				None 90 days	Quarter	DY21Q3			N				
				90 days	Quarter Calendar year	DY21Q2	DY21Q2	DY21Q2	N N				
				None	Demonstration year				N				
4/01/2027	06/30/2027	09/28/2027	DY21Q4	None 30 days	Narrative information Month	DY21Q4 DY21Q4	DY21Q4	DY21Q4 DY21Q4	N				
				30 days	Month	DY21Q4		DY21Q4	N				
				None 90 days	Quarter	DY21Q4 DY21Q3	DY21Q3	DY21Q3	N				
				90 days	Quarter Calendar year	D121Q3	D121Q3	D121Q3	N N		1		
				None	Demonstration year	DY21			N				
7/01/2027	09/30/2027	11/29/2027	DY22Q1	None	Narrative information	DY22Q1 DY22Q1	DY22Q1	DY22Q1	N				
				30 days None	Month	DY22Q1 DY22Q1		DY22Q1	N N				
				90 days	Quarter Quarter	DY21Q4	DY21Q4	DY21Q4	N				
				90 days	Calendar year	CY2026			N				
				None	Demonstration year				N				
0/01/2027	12/31/2027	02/29/2028	DY22Q2	None 30 days	Narrative information	DY22Q2	DY22Q2	DY22Q2	N				
				None Storage	Month Quarter	DY22Q2 DY22Q2		DY22Q2	N N		<u> </u>		
				90 days	Quarter	DY22Q1	DY22Q1	DY22Q1	N				
				90 days	Calendar year				N		i		
				None	Demonstration year				N				
1/01/2028	03/31/2028	05/30/2028	DY22Q3	None 30 days	Narrative information	DY22Q3	DY22Q3	DY22Q3	N				
				30 days	Month	DY22Q3		DY22Q3	N				
				None 90 days	Quarter Quarter	DY22Q3 DY22Q2	DY22Q2	DY22Q2	N N				
				90 days	Calendar year	D122Q2	D122Q2	D122Q2	N				
				None	Demonstration year				N				
1/01/2028	06/30/2028	09/28/2028	DY22Q4	None 30 days	Narrative information	DY22Q4	DY22Q4	DY22Q4	N				
				30 days None	Month Quarter	DY22Q4 DY22Q4		DY22Q4	N N		+		
				None 90 days	Quarter	DY22Q4 DY22Q3	DY22Q3	DY22Q3	N		1	<del>                                     </del>	
				90 days	Calendar year				N				
				None	Demonstration year	DY22			N				
7/01/2028	09/30/2028	11/29/2028	DY23Q1	None 30 days	Narrative information Month	DY23Q1 DY23Q1	DY23Q1	DY23Q1 DY23Q1	N N	+	+		
				None None	Month Quarter	DY23Q1 DY23Q1		D123Q1	N	+	+	<del>                                     </del>	
				None 90 days	Quarter	DY22Q4	DY22Q4	DY22Q4	N				
				90 days	Calendar year	CY2027			N				
					None	Demonstration year	DY23Q2	DV2202	DY23Q2	N N	1	+	
V01/2028	12/31/2029	03/01/2020	DY23Q2	None 30 days	Narrative information Month	DY23Q2 DY23Q2	DY23Q2	DY23Q2 DY23Q2	N	+	†	<del>                                     </del>	
//01/2028	12/31/2028	03/01/2029	DY23Q2		Quarter	DY23Q2			N				
//01/2028	12/31/2028	03/01/2029	DY23Q2	None		DY23Q1	DY23Q1	DY23Q1	N				
0/01/2028	12/31/2028	03/01/2029	DY23Q2	None 90 days	Quarter	DIESQI							
W01/2028	12/31/2028	03/01/2029	DY23Q2	None 90 days 90 days	Quarter Calendar year	512,01			N N				
				None 90 days 90 days	Quarter Calendar year Demonstration year		DY23O3	DY2303	N N N				
	12/31/2028	03/01/2029	DY23Q2	None 90 days 90 days	Quarter Calendar year Demonstration year Narrative information Month	DY23Q3 DY23Q3	DY23Q3	DY23Q3 DY23Q3	N N N				
				None 90 days 90 days None None 30 days	Quarter Calendar year Demonstration year Narrative information Month Ouarter	DY23Q3 DY23Q3 DY23Q3			N N N N				
				None 90 days 90 days None None 30 days	Quarter Calendar year Demonstration year Narrative information Month Ouarter	DY23Q3 DY23Q3	DY23Q3 DY23Q2	DY23Q3 DY23Q3 DY23Q2	N N N N N				
				None 90 days 90 days None None 30 days None 90 days None 90 days	Quarter Calendar year Demonstration year Narrative information Month Quarter Quarter Calendar year	DY23Q3 DY23Q3 DY23Q3			N N N N N N				
1/01/2029	03/31/2029	0.5/30/2029	DY23Q3	None 90 days 90 days None None None 30 days None 90 days None 90 days	Quarter Calendar year Demonstration year Nearative information Month Quarter Quarter Calendar year Demonstration year	DY23Q3 DY23Q3 DY23Q3 DY23Q2	DY23Q2	DY23Q2	N N N N N N N N N N N N N N N N N N N				
1/01/2029				None 90 days 90 days None None None 30 days None 90 days None 90 days	Quarter Calendar year Demonstration year Narrative information Month Quarter Quarter Calendar year Lenontration year Narrative information Month Month	DY23Q3 DY23Q3 DY23Q3 DY23Q2		DY23Q2 DY23Q4	N N N N N N N N N N N N N N N N N N N				
1/01/2029	03/31/2029	0.5/30/2029	DY23Q3	None 90 days 90 days None None None None 90 days None 90 days None 90 days None 10 days	Quarter Cledenda year Demonstration year Narrative information Month Quarter Quarter Cledenda year Demonstration year Narrative information Month Ounter Ounter Cledenda year Demonstration year Narrative information Month Ounter	DY23Q3 DY23Q3 DY23Q3 DY23Q2 DY23Q4 DY23Q4 DY23Q4	DY23Q2 DY23Q4	DY23Q2 DY23Q4 DY23Q4	N N N N N N N N N N N N N N N N N N N				
1/01/2029	03/31/2029	0.5/30/2029	DY23Q3	None 90 days 90 days None None None None 90 days None 90 days None 90 days None 10 days	Quarter Cledenda year Demonstration year Narrative information Month Quarter Quarter Cledenda year Demonstration year Narrative information Month Ounter Ounter Cledenda year Demonstration year Narrative information Month Ounter	DY23Q3 DY23Q3 DY23Q3 DY23Q2	DY23Q2	DY23Q2 DY23Q4	N				
1/01/2029	03/31/2029	0.5/30/2029	DY23Q3	None 90 days 90 days None None None None None None 90 days 90 days 90 days	Quarter Calendar year Demonstration year Nurardwi information Monals Ounter Quarter Calendar year Demonstration year Nurardw information Monals Monals Ounter Calendar year Nurardw information Monath Counter Calendar year	DY23Q3 DY23Q3 DY23Q3 DY23Q2 DY23Q4 DY23Q4 DY23Q4 DY23Q4 DY23Q3	DY23Q2 DY23Q4	DY23Q2 DY23Q4 DY23Q4	N				
1/01/2029 1/01/2029	03/31/2029 06/30/2029	05:30:2029 09:28:2029	DY23Q3	None 90 days 90 days 90 days None None 10 days None 90 days None 90 days 10 days None 10 days None 10 days None None None None None None None None	Quarter Calendar year Demonstration year Nurardwi information Monals Ounter Quarter Calendar year Demonstration year Nurardw information Monals Monals Ounter Calendar year Nurardw information Monath Counter Calendar year	DY23Q3 DY23Q3 DY23Q3 DY23Q3 DY23Q2  DY23Q4 DY23Q4 DY23Q4 DY23Q5 DY23Q5 DY23Q5	DY23Q2 DY23Q4 DY23Q3	DY23Q2 DY23Q4 DY23Q4 DY23Q3	N				
1/01/2029 4/01/2029	03/31/2029	0.5/30/2029	DY23Q3	None 90 days 90 days 90 days None None 10 days None 90 days None 90 days 10 days None 10 days None 10 days None None None None None None None None	Quarter Calendar year Demonstration year Neuralize information Ounter Quarter Calendar year Demonstration year Demonstration year Demonstration year Mental Ounter Quarter Quarter Quarter Quarter Quarter Calendar year Demonstration year Demonstration year Mental Demonstration year Demonstration year Demonstration year Demonstration year	DY23Q3 DY23Q3 DY23Q3 DY23Q3 DY23Q2 DY23Q4 DY23Q4 DY23Q4 DY23Q4 DY23Q3 DY23Q3 DY24Q1 DY34Q1	DY23Q2 DY23Q4	DY23Q2 DY23Q4 DY23Q4	N				
001/2028 1/01/2029 4/01/2029	03/31/2029 06/30/2029	05:30:2029 09:28:2029	DY23Q3	None 90 days 90 days 90 days None 1 None 1 Odays None 50 days None 50 days None 50 days None 1 Odays None 1 None	Quarter Calenda year Demonstration year Nurardwin information Month Quarter Calendar year Calendar year Nurardwin information Month Quarter Calendar year Nurardwinformation Month Quarter Calendar year Calendar year Nurardwinformation Month Quarter Calendar year	DY23Q3 DY23Q3 DY23Q3 DY23Q2 DY23Q2  DY23Q4 DY23Q4 DY23Q4 DY23Q4 DY23Q3  DY24Q1 DY24Q1 DY24Q1 DY24Q1	DY23Q2 DY23Q4 DY23Q3 DY24Q1	DY23Q2  DY23Q4  DY23Q4  DY23Q3  DY24Q1  DY24Q1	N				
1/01/2029 4/01/2029	03/31/2029 06/30/2029	05:30:2029 09:28:2029	DY23Q3	None 90 days 90 days 90 days None 1 None 1 Odays None 50 days None 50 days None 50 days None 1 Odays None 1 None	Quarter Calenda year Demonstration year Nurardwin information Month Quarter Calendar year Calendar year Nurardwin information Month Quarter Calendar year Nurardwinformation Month Quarter Calendar year Calendar year Nurardwinformation Month Quarter Calendar year	DY23Q3 DY23Q3 DY23Q3 DY23Q3 DY23Q4 DY23Q4 DY23Q4 DY23Q4 DY23Q3 DY23Q3 DY23Q3 DY24Q1 DY24Q1 DY24Q1 DY24Q1 DY24Q1 DY23Q4	DY23Q2 DY23Q4 DY23Q3	DY23Q2  DY23Q4  DY23Q4  DY23Q3  DY24Q1	N				
1.01/2029 4/01/2029 7/01/2029	03/31/2029 06/30/2029 09/30/2029	05:30:2029 09:28:2029 11/29:2029	DY23Q3  DY23Q4  DY24Q1	None 90 days 100 days	Quarter Calendar year Demonstration year Nurardw information Month Month Ounter Quarter Calendar year Demonstration year Nurardw information Nurardw information Month Ounter Calendar year Demonstration year Nurardw information Month Ounter Calendar year Demonstration year Nurardw information Month Ounter Calendar year Demonstration year Nurardw information Month Ounter Calendar year Calendar year Demonstration year Nurardw information Month Ounter Calendar year Demonstration year	DY23Q3 DY23Q3 DY23Q3 DY23Q2 DY23Q4 DY23Q4 DY23Q4 DY23Q4 DY23Q4 DY23Q4 DY23Q4 DY23Q4 DY23Q5 DY24Q1 DY24Q1 DY24Q1 DY24Q1 DY24Q1 DY24Q1 DY24Q2	DY23Q4  DY23Q4  DY23Q3  DY24Q1  DY23Q4	DY23Q2  DY23Q4  DY23Q4  DY23Q3  DY24Q1  DY24Q1  DY24Q1  DY23Q4	N				
1/01/2029 1/01/2029	03/31/2029 06/30/2029	05:30:2029 09:28:2029	DY23Q3	None 90 days 90 days 90 days None 10 days None 10 days None 90 days None 10 days None None None None None None None None	Quarter Calenda year Demonstration year Nurarive information Mouth Quarter Counter Counter Demonstration year Nurarive information Mouth Quarter Demonstration year Nurarive information Mouth Quarter Calenda year Calenda year Demonstration year Nurarive information Mouth Counter Calenda year Demonstration year Nurarive information Mouth Counter Calenda year Demonstration year Demonstration year	DY2103 DY2103 DY2103 DY2104 DY2105 DY2101 DY2401 DY2402	DY23Q2 DY23Q4 DY23Q3 DY24Q1	DY23Q2  DY23Q4  DY23Q4  DY23Q3  DY24Q1  DY24Q1  DY23Q4  DY23Q4	N				
1/2029 1/2029	03/31/2029 06/30/2029 09/30/2029	05:30:2029 09:28:2029 11/29:2029	DY23Q3  DY23Q4  DY24Q1	None 90 days 100 days	Quarter Calendar year Demonstration year Nurardw information Month Month Ounter Quarter Calendar year Demonstration year Nurardw information Nurardw information Month Ounter Calendar year Demonstration year Nurardw information Month Ounter Calendar year Demonstration year Nurardw information Month Ounter Calendar year Demonstration year Nurardw information Month Ounter Calendar year Calendar year Demonstration year Nurardw information Month Ounter Calendar year Demonstration year	DY23Q3 DY23Q3 DY23Q3 DY23Q2 DY23Q4 DY23Q4 DY23Q4 DY23Q4 DY23Q4 DY23Q4 DY23Q4 DY23Q4 DY23Q5 DY24Q1 DY24Q1 DY24Q1 DY24Q1 DY24Q1 DY24Q1 DY24Q2	DY23Q4  DY23Q4  DY23Q3  DY24Q1  DY23Q4	DY23Q2  DY23Q4  DY23Q4  DY23Q3  DY24Q1  DY24Q1  DY24Q1  DY23Q4	N				

				None	Quarter	DY24Q2			N		
				90 days	Quarter	DY24Q1	DY24Q1	DY24Q1	N		
				90 days	Calendar year				N		
				None	Demonstration year				N		
01/01/2030	03/31/2030	05/30/2030	DY24Q3	None	Narrative information	DY24Q3	DY24Q3	DY24Q3	N		
				30 days	Month	DY24Q3		DY24Q3	N		
				None	Quarter	DY24Q3			N		
				90 days	Quarter	DY24Q2	DY24Q2	DY24Q2	N		
				90 days	Calendar year				N		
				None	Demonstration year				N		
04/01/2030	2030 06/30/2030 0	09/28/2030	DY24Q4	None	Narrative information	DY24Q4	DY24Q4	DY24Q4	N		
				30 days	Month	DY24Q4		DY24Q4	N		
				None	Quarter	DY24Q4			N		
				90 days	Quarter	DY24Q3	DY24Q3	DY24Q3	N		
				90 days	Calendar year				N		
				None	Demonstration year	DY24			N		
Add rows for all additional dem	ionstration reporting quarters										

Notes:

\*\*Eighility and coverage demonstration start date: For munitoring purposes, CMS defines the start date of the demonstration as the effective date is listed in the state's STCs at the time of eligibility and coverage demonstration. See that the effective date is desired from the approach and the effective date is considered to be the first day the state may begin its eligibility and coverage demonstration. In many cases, the effective date is distinct from the approach date of a demonstration is effective date in the first day the state may begin its eligibility and coverage demonstration. In many cases, the effective date is distinct from the approach date of a demonstration is in certain cases, CMS may approve an extension request or 12/15/2020, with an effective date of 11/1/2021 for the new demonstration period. In many cases, the effective date is also differ from the date a state begin implementing in demonstration. Please explayed. As of the Municipal Portional Instructions for more information demonstration quarter timing.

b The auto-generated reporting schedule in Table 2 outlines the data the state is expected to report for each demonstration year and quarter. However, states are not expected to begin reporting any metrics data until after protocol approval. The state should see Section B of the Monitoring Report Instructions for more information on retrospective reporting of data following protocol approval.