



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

This document serves as 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](#).

Instructions: During your review of an 1115 quarterly/annual monitoring report, consider the following:

- (1) Engage the internal demonstration team in reviewing monitoring reports (especially for the first one or two reports submitted).
- (2) Discuss with the PO and others (where applicable) any issues or “high risk” areas identified during the initial review and approval of the 1115 demonstration or through previous monitoring reports (e.g. potential beneficiary access to care issues, financing arrangements, “grandfathered” IMD authority). This information will assist in identifying any issues that need to be monitored closely; documented in summary report; and/or entered into the Issue Register.
- (3) If the data provided in the report is unstructured, please work with your internal demonstration team to assess and ensure that any significant changes to enrollment, eligibility, grievances, appeals, and denial of services are identified and captured in the summary template.
- (4) If a Demonstration has different policy areas, clarify applicability of reported information (i.e. if information is applicable to the entire Demonstration or only a portion of the Demonstration, such as SUD, managed care, etc.).
- (5) If the MR does not include information for any of the elements below, state “Not included in MR” under the “Summary of Information” column below. Identify whether that particular element was a required MR element in the Demonstration Special Terms and Conditions (STCs) and include that information in the summary column.
- (6) For demonstration deliverables that include home and community-based (HCBS) and/or managed care authority, ensure that the DHCBSO and/or DCMO SME enters feedback in the sections at the end of the template.

Complete the following fields:

Monitoring Report Information	Summary of Information
State and Demonstration Name	<i>Iowa, Iowa Wellness Plan</i>
Monitoring Lead reviewing MR	Lee Herko



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

MR Time Period (please specify quarterly vs. annual report and time period covered by MR)	Quarterly Report DY3Q2 April 1, 2022 to June 30, 2022
Did the State submit the MR timely? If not, please note length of delay and reasons for delay (if known)	Yes, August 30, 2022
Please specify if there are any required elements missing in the MR per STCs If this is an annual report, please review the list of required content in footnote 1 of the <u>Monitoring Report Review Guide</u>. Determine if any required content is missing, including the summary of the annual forum.	Operational/Policy Development: None reported. Budget Neutrality and Financial Reporting: None reported. Action plans: No policy issues reported this quarter. Grievances/Appeals: None reported.
Summary of key accomplishments and activities during reporting period	The State reported the Healthy Behaviors phone survey ended on June 29, 2022. A Member Experience survey began and was mailed as of June 29, 2022. This survey includes transportation, valued based payments and health risk assessment data.
Enrollment numbers for MR period	For period ending June 30, 2022 Iowa had 241,046 enrollees in the Iowa Wellness plan.
Enrollment numbers for past MR period (for quarterly MR please refer to previous quarter; for annual MR please refer to previous year)	<i>Previous quarter ending March 31, 2022 the State reported 237,760 total enrollees.</i>
Did the state provide context/explanation for enrollment increases or decreases? If yes, please provide detail here. If no, please consider whether to include as a	Yes, Although the number of enrollees increased by one percent, overall new enrollees are viewed as decreasing per month as maintenance of effort (MOE) due to PHE as beneficiaries are not disenrolled during the pandemic.



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

<p>discussion item in an upcoming monitoring call.</p>	
<p>For eligibility and coverage demonstrations, please enter disenrollment numbers for report period.</p>	<p>Iowa did not identify disenrollment numbers. Members determined to be ineligible remain in the program per MOE.</p>
<p>Did the state provide context/explanation for increases or decreases in grievances? If yes, please provide detail here. If no, please consider whether to include as a discussion item in an upcoming monitoring call agenda.</p>	<p>Grievances were not identified in this report.</p>
<p>Did the state provide context/explanation for increases or decreases in appeals? If yes, please provide detail here. If no, please consider whether to include as a discussion item in an upcoming monitoring call agenda.</p>	<p>Appeals were not discussed in this report.</p>
<p>Did the state provide context/explanation regarding increases or decreases in denial of services? If yes, please provide detail here. If no, please consider whether to include as a discussion item in an upcoming monitoring call agenda.</p>	<p>Denial of services were not identified in this report.</p>
<p>Did number of providers for MR period increase or decrease significantly from the previous MR period? If yes, please enter reason if</p>	<p>The State did not report a change in the number of providers.</p>



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

identified in report. If no reason provided, please review with state in an upcoming Monitoring Call.	
Operational, implementation and beneficiary Issues identified in MR (Note: Discuss with team and determine whether these should be entered in Monitoring Issue Register)	Passive renewals continue to be processed by the state. Members that should be passively renewed, the renewal date is not updating with a future date resulting in a number of cases with renewal dates in the past. The State reflects a decrease in members eligible for renewal.
Any notable policy, operational and implementation updates or changes included in MR	Iowa reported to end Dental Healthy Behaviors prior to the end of the Public Health Emergency and has notified CMS of the removal.
Were there any evaluation updates included in MR? If yes, please summarize here.	The State began planning for the 2022-2023 process evaluation plan.

The following sections are only completed for demonstrations that include HCBS and/or managed care authority:

For 1115 Demonstrations authorizing managed care, the DMCO SME will complete the following fields (add as many rows as needed):

Monitoring Report/Issue/Requirement Information	Summary of Information

For 1115 Demonstrations authorizing HCBS services, the DHCBSO SME will complete the following fields (add as many rows as needed):



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

Monitoring Report/Issue/Requirement Information	Summary of Information