

**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	<i>Massachusetts - MassHealth</i>
Monitoring Lead reviewing MR	<i>Marie DiMartino</i>
MR Time Period (please specify quarterly vs. annual report and time period covered by MR)	<i>Annual Report FY 22 Q4 Demonstration Year: 25 (7/1/2021 – 6/30/2022) & Quarter 4: (4/01/22 – 6/30/22)</i>
Was MR submitted timely? If not, please note length of delay and reasons for delay (if known)	<i>Yes</i>
Please specify if there are any required elements missing in the MR per STCs	<i>None</i>

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<p>Summary of key accomplishments activities during reporting period</p>	<p>Activities throughout the year focused on ensuring CACs were informed about MassHealth’s health plan options and MassHealth’s response due to the COVID-19 public health emergency. Efforts included a series of virtual meetings, emails with reminders about important dates, and refreshers on rules for members wishing to enroll in or change a health plan or change primary care providers. In addition, a series of Lead CAC meetings were established as part of a learning collaborative, including sharing promising practices to support Assisters in their role.</p> <p>In response to COVID-19, MassHealth implemented temporary changes in eligibility-related policies and processes to support the public health efforts, to expedite access to necessary health care, and maintain health care coverage for existing members and new MassHealth applicants. MassHealth continued to support members, stakeholders, and health plans with COVID-19 related changes. MassHealth worked with plans to ensure that their websites, and our Member Service Centers, continued to be responsive with assisting members with access to care and supports.</p> <p>This year, the Provider Education and Communication focus continued to be on supporting our members and providers with the latest updates and guidance from MassHealth to respond to the COVID-19 emergency, including communication to providers regarding COVID-19 related updates. Virtual resources continue to play a key role in Provider Education and Communication. These tools, such as a dedicated COVID-19 webpage for providers (https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers), webinars using video conferencing tools, such as Zoom and Cisco WebEx, enhanced customer service, and provider support emails were continuously updated with the latest policy and guidance from MassHealth.</p>
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Enrollment numbers for MR period	1,783,893
Enrollment numbers for past MR period (for quarterly MR please refer to previous quarter; for annual MR please refer to previous year)	1,605,142
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, continued enrollment due COVID-19
For eligibility and coverage demonstrations, please enter disenrollment numbers for report period.	<i>Not included</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.</i>
Did appeals 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</i>
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.	<i>Not included</i>

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<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</i></p>
<p>Operational, implementation and beneficiary Issues identified in MR (Note: these should be entered in Monitoring Issue Register)</p>	
<p>Any notable policy, operational and implementation updates or changes included in MR</p>	
<p>Evaluation updates included in MR</p>	<p><i>Not included</i></p>

<p>Monitoring Report/Issue/Requirement Information</p>	<p>Summary of Information</p>
<p>1. <u>STC 52 – Cost-Sharing Overview:</u> <i>... Updates to the cost-sharing will be provided upon request and in the annual reports ...</i></p> <p>2. <u>Attachment K – Public Hospital Transformation and Incentive Initiative Protocol: Part V. 15 - Commonwealth Reporting to CMS in DYs 21 – 25 (p12):</u> <i>PHTII will be a component of the Commonwealth’s quarterly operational reports</i></p>	<p>DMCO Comment: The Q4/AR did not include a summary of updates to cost-sharing. SPA MA 21-0025 was approved 01/25/22 to update cost-sharing requirements effective 07/01/21 (DY25). To the extent that cost-sharing is the same for managed care Enrollees as for other MassHealth members, any changes in SPA 21-0025 would also apply to the managed care plans. Please provide a summary of updates to MassHealth cost-sharing during DY25, including any impacts on managed care programs.</p> <p>DMCO Comment: The Q4/AR does not discuss PHTII. Without this summary, DMCO cannot review for any impact on managed care. Please provide a</p>

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<p><i>and annual reports related to the demonstration. These reports will include:</i></p> <ul style="list-style-type: none"> <i>a. All PHTII payments made to the specific hospital that occurred in the quarter;</i> <i>b. Expenditure projections reflecting the expected pace of future disbursements for the participating hospital;</i> <i>c. An assessment by summarizing the hospital's PHTII activities during the given period; and</i> <i>d. Evaluation activities and interim findings of the evaluation design.</i> 	<p>summary of PHTII activity during DY25, as required in Attachment K, including any impacts on managed care programs.</p>