



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	Medicaid Redesign Team
Monitoring Lead reviewing MR	Melvina Harrison



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

<p>MR Time Period (please specify quarterly vs. annual report and time period covered by MR)</p>	<p>Quarterly Report Demonstration Year: 24 (4/1/2022-3/31/2023) Federal Fiscal Quarter: 3 (4/1/2022-6/30/2022)</p>
<p>Did the State submit the MR timely? If not, please note length of delay and reasons for delay (if known)</p>	<p>Yes</p>
<p>Please specify if there are any required elements missing in the MR per STCs</p> <p>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.</p>	<p>No</p>
<p>Summary of key accomplishments and activities during reporting period</p>	<p>During the April 2022 through June 2022 quarter, 1 MAP plan expanded service area operations.</p> <p>New York’s Enrollment Broker, NYMC, conducts the MLTC Post Enrollment Outreach Survey which contains questions specifically designed to measure the degree to which consumers could maintain their relationship with the services they were receiving prior to mandatory transitions to MLTC. For the April 2022 through June 2022 quarter, post enrollment surveys were completed for 2 enrollees. Of the 2 surveilled, 1 (50%) indicated that they continued to receive services from the same caregivers once they became members of an MLTC plan, the remaining enrollee had case specific reasons why they did not continue. The percentage of affirmative responses is lower than the previous quarter.</p>



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

	<p>Enrollment: Total enrollment in MLTC Partial Capitation plans increased 2% from 243,193 the previous quarter to 247,942 during the April 2022 through June 2022 quarter. For that period, 13,187 individuals who were being transitioned into MLTC made an affirmative choice, a 63% increase from the previous quarter, and brings the 12- month total for affirmative choice to 38,782.</p> <p>Monthly plan-specific enrollment for Partial Capitation plans, PACE plans, MAP plans, and FIDA IDD plans during the July 2021 through June 2022 annual period is submitted as an attachment.</p>
Enrollment numbers for MR period	1,109,558 (0.62% increase since previous quarter)
Enrollment numbers for past MR period (for quarterly MR please refer to previous quarter; for annual MR please refer to previous year)	1,102,720
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 discussion item in an upcoming monitoring call.	<p>Yes. Total enrollment in MLTC Partial Capitation plans increased 2% from 243,193 the previous quarter to 247,942 during the April 2022 through June 2022 quarter. For that period, 13,187 individuals who were being transitioned into MLTC made an affirmative choice, a 63% increase from the previous quarter, and brings the 12- month total for affirmative choice to 38,782. Monthly plan-specific enrollment for Partial Capitation plans, PACE plans, MAP plans, and FIDA IDD plans during the July 2021 through June 2022 annual period is submitted as an attachment.</p>
For eligibility and coverage demonstrations, please enter disenrollment numbers for report period.	<p>Voluntary - 27,120 or an approximate 23.2% increase from last Quarter Involuntary - 4,447 or an approximate 84.7% decrease from last Quarter</p>
Did the state provide context/explanation for increases or decreases in grievances? If yes, please provide detail here. If no,	<p>24Q3 Grievances - 12,254 (11,611 in previous quarter) 5.5% increase. Unless otherwise noted, changes from last quarter were presumed to be due to COVID-19 pandemic. For the April 2022 through June 2022 quarter, the top reasons for</p>



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

<p>please consider whether to include as a discussion item in an upcoming monitoring call agenda.</p>	<p>complaints/appeals changed from last quarter: Dissatisfaction with Transportation, Dissatisfaction with quality of other covered services, Dissatisfaction with Quality Home Care (Other than lateness or absences), Dissatisfaction with member services and plan operations, Home Care Aides Late or Absent.</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>24Q3 Appeals – 8,803 (8,489 for previous quarter) 3.7% increase. Unless otherwise noted, changes from last quarter were presumed to be due to COVID-19 pandemic. For the April 2022 through June 2022 quarter, the top reasons for complaints/appeals changed from last quarter: Dissatisfaction with Transportation, Dissatisfaction with quality of other covered services, Dissatisfaction with Quality Home Care (Other than lateness or absences), Dissatisfaction with member services and plan operations, Home Care Aides Late or Absent.</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>24Q3 Denials – 238 (237 for previous quarter) 0.42% increase. NYS continues to monitor plan-specific data in the three key areas: inpatient denials, outpatient denials, and claims payment. These activities assist with detecting system inadequacies as they occur and allow the State to initiate steps in addressing identified issues as soon as possible.</p>
<p>Did number of providers for MR period increase or decrease significantly from the previous MR period? If yes, please enter reason if identified in report. If no reason provided, please review with state in an upcoming Monitoring Call.</p>	<p>NYS did not report on a significant increase/decrease of provider enrollment.</p>
<p>Operational, implementation and beneficiary Issues identified in MR (Note: Discuss with team and</p>	<p>No significant issues reported</p>



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

<p>determine whether these should be entered in Monitoring Issue Register)</p>	
<p>Any notable policy, operational and implementation updates or changes included in MR</p>	<p>Health Insurance Plan of New York dba Emblem Healthcare was approved to provide Integrated Benefits for the Dually Eligible population in the following counties: Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk, and Westchester.</p> <p>HealthPlus HP was approved to provide Integrated Benefits for the Dually Eligible population in the following counties: Orange, Rockland, Suffolk, and Westchester.</p> <p>New York Quality Healthcare Corporation dba Fidelis Care was approved to offer Medicaid Advantage Plus in the following counties: Allegany, Broome, Cattaraugus, Cayuga, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Greene, Hamilton, Lewis, Niagara, Oneida, Onondaga, Orange, Orleans, Oswego, Otsego, Putnam, Rockland, Saratoga, Schoharie, Schuyler, Seneca, St Lawrence, Steuben, Sullivan, Tioga, Ulster, Warren, Washington, Wyoming, Yates.</p>
<p>Were there any evaluation updates included in MR? If yes, please summarize here.</p>	<p>See Page 25, section VI. Evaluation of the Demonstration</p>

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):



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

Monitoring Report/Issue/Requirement Information	Summary of Information
	No feedback to provide at this time

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

Monitoring Report/Issue/Requirement Information	Summary of Information
	<p>The state does not provide quality data on the BH-HCBS that are rendered in the 1115 Demonstration, outside of the 1915(c) program. Per the approved STCs, the state is not required to report quality data of the BH-HCBS. <i>CMS strongly suggest the state consider incorporating the BH-HCBS in its Quality Improvement Strategy to align with the 1915(c) program.</i> The state should review the HCBS quality measures and reporting requirements outlined in the 2014 Center for Medicaid & CHIP Services (CMCS) Informational Bulletin (CIB), Modifications to Quality Measures and Reporting in §1915(c) Home and Community-Based Waivers, regarding Quality Improvement Strategy (QIS).</p>