



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



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<p>MR Time Period (please specify quarterly vs. annual report and time period covered by MR)</p>	<p>Quarterly and Annual Report Demonstration Year: 24 (4/1/2022-3/31/2023) Federal Fiscal Quarter: 4 (7/1/2022-9/30/2022)</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 July 2022 through September 2022 quarter, the Department of Health (Department) approved service area expansions for 2 partial capitation plans that were component to 2 merger and acquisition activities. Two plans merged for October 1, 2022, and 2 plans will be merging for December 1, 2022.</p> <p>During the annual period of October 2021 through September 2022, the Department of Health approved service area expansions for 2 partial capitation plans, and 1 MAP. New York’s Enrollment Broker, New York Medicaid Choice (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 July 2022 through</p>



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	September 2022 quarter, post enrollment surveys were completed for four enrollees. Of the four surveilled, two of them (50%) indicated that they continued to receive services from the same caregivers once they became members of an MLTCP. The percentage of affirmative responses is lower than the previous quarter.
Enrollment numbers for MR period	1,138,802 2.64% increase since previous quarter 0.67% increase since previous year
Enrollment numbers for past MR period (for quarterly MR please refer to previous quarter; for annual MR please refer to previous year)	Previous quarter - 1,109,558 Previous year – 1,102,173
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.	Enrollment: Total enrollment in MLTC partial capitation plans increased from 247,942 to 250,672 during the July 2022 through September 2022 quarter, a slight increase from the last quarter. For that period, 11,035 individuals who were being transitioned into Managed Long-Term Care made an affirmative choice, a 16% decrease from the previous quarter and brings the 12-month total for affirmative choice to 30,117. Monthly plan-specific enrollment for Partial Capitation plans, PACE plans, MAP plans, MA plans, and FIDA IDD plans during the October 2021 through September 2022 annual period is submitted as an attachment.
For eligibility and coverage demonstrations, please enter disenrollment numbers for report period.	Voluntary Disenrollments: 22,111 or an approximate 18.5% decrease from last Q Involuntary Disenrollments: 5,662 or an approximate 27.3% increase from last Q
Did the state provide context/explanation for increases or decreases in grievances? If yes, please provide detail here. If no,	No. Total complaints decreased 15% from 12,254 the previous quarter to 10,415 during the July 2022 through September 2022 quarter.



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<p>please consider whether to include as a discussion item in an upcoming monitoring call agenda.</p>	<p>For the annual period October 2021 through September 2022, the number of complaints decreased by 8%, and the number of appeals increased by 4%.</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>No. The total number of appeals decreased 4% from 8,803 during the last quarter to 8,437 during the July 2022 through September 2022 quarter.</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>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 determine whether these should be entered in Monitoring Issue Register)</p>	<p>On November 1, 2021, Molina Healthcare of New York, Inc. was approved to expand its MMC and HARP service areas to include Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, Suffolk, and Westchester counties. This expansion is the result of the acquisition of Affinity Health Plan, Inc.</p>



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	<p>On November 1, 2021, Affinity Health Plan, Inc. (Affinity) was approved to withdraw its MMC and HARP products from Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, Suffolk, and Westchester counties. This withdrawal was the result of the acquisition of Affinity by Molina Healthcare of New York, Inc.</p> <p>On November 29, 2021, HealthPlus HP, LLC was approved to expand its MMC and HARP service areas to include Dutchess, Orange, Rockland, Suffolk, Ulster, and Westchester counties.</p> <p>During the second, third and fourth quarters of FFY2021-2022, there were no plan expansions, withdrawals, or new Plans.</p>
Any notable policy, operational and implementation updates or changes included in MR	No updates to report for the 4th quarter.
Were there any evaluation updates included in MR? If yes, please summarize here.	See Page 33, section VI. Evaluation of the Demonstration

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



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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>Please note that although the state provides quality data on the Children’s 1915(c) services, which operate concurrently with the state’s 1115 Demo and are captured via the standard Quality Measures for (c) waivers, in the past, the state did not provide quality data on the BH-HCBS that live outside of the (c) program. However, with the recently approved renewal of the 1115 Demo, STCs 15-18, now require the state to report on the quality of the BH-HCBS. With this current review of the quarterly report, the state did not include quality but does have the option to include the required data in the forthcoming annual report.</p>