



Overview: The Monitoring Report for the section 1115 eligibility and coverage demonstrations consists of a Monitoring Report Workbook (Part A), Monitoring Report Template (Part B), and a Budget Neutrality Workbook (Part C). This Monitoring Report Template contains information for section 1115 demonstrations **with any eligibility and coverage** policies. Each state with an approved eligibility and coverage demonstration should complete a Monitoring Report Template that includes sections applicable for each eligibility and coverage policy in its demonstration and the demonstration overall, as outlined in the state’s special terms and conditions (STC).¹ A state with any eligibility and coverage policy will be completing information outlined in this template; however, this document is provided for illustrative purposes. The state will receive a state-specific version of this template, supplemented with other relevant Monitoring Report Template sections, that reflects the eligibility and coverage policies in the state’s demonstration. If the eligibility and coverage policies are part of a broader section 1115 demonstration, the state should report on the entire demonstration in the sections that apply to all eligibility and coverage demonstrations.²

CMS will work with the state to ensure there is no duplication in the reporting requirements for different components of the 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.³

¹ 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. For other eligibility and coverage policies that do not have a Monitoring Report, such as waiver of non-emergency medical transportation and marketplace-focused premium assistance, states should follow the guidance in the STCs.

² Detailed guidance is available in the Monitoring Report Instructions.

³ Note: PRA disclosure statement to be added here.

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

The state should complete this title page at the beginning of a demonstration and submit as the title page of all monitoring reports.

This section collects information on the approval features of the state’s section 1115 demonstration overall. 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 section 1115 demonstration	
State	Wisconsin
Demonstration name	BadgerCare Reform
Approval period for section 1115 demonstration	(10/31/2018 - 12/31/2023)
Demonstration year and quarter	DY8 Q1
Reporting period	1/1/2021-03/31/2021

2. Executive summary

The executive summary should be reported in the fillable box below. It is intended for summary level information only. The recommended word count is 500 words or less.

The State of Wisconsin was approved for the extension and amendment of the BadgerCare Reform Waiver as of October 31, 2018, authorizing the Wisconsin Division of Medicaid Services to operate the BadgerCare Reform Services through December 31, 2023.

The BadgerCare Reform demonstration primarily provides authority for the state to provide a robust benefit package to non-pregnant, non-disabled, non-elderly childless adults with incomes of up to and including 100 percent of the FPL. This demonstration approval continues coverage for this population for five years. It also allows Wisconsin to require these childless adult beneficiaries, ages 19 through 49, with certain exceptions, to participate in and timely document and report 80 hours per month of community engagement activities. Qualifying activities include employment, job training, community service, or enrollment in an allowable work program. The community engagement incentive will not apply to beneficiaries ages 50 and older so as to ensure alignment and consistency with the state's Supplemental Nutrition Assistance Program (SNAP) requirements, which is intended to minimize confusion for beneficiaries who may receive both SNAP and Medicaid. To help ensure the success of these beneficiaries, CMS is allowing states to align the community engagement requirements in Medicaid with the work requirements in other federal programs.

Per guidance from CMS, starting in DY7 the Transitional Medicaid Assistance (TMA) population is no longer considered a part of the target population for the waiver. Based on this, the State of Wisconsin will no longer be submitting data on this population.

3. Narrative information on implementation, by eligibility and coverage policy

The state should refer to the templates for each eligibility and coverage policy included in its demonstration for policy-specific narrative information on implementation relevant to its demonstration.

4. Narrative information on implementation for any demonstration with eligibility and coverage policies

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
AD.Mod_1. Metrics and operations for any demonstrations with eligibility and coverage policies (Any demonstration topics are applicable for reporting on the state’s broader section 1115 demonstration. In support of CMS's efforts to simplify data collection and support analysis across states, report for all beneficiaries in the demonstration, not only those subject to eligibility and coverage policies.)			
AD.Mod_1.1. Metric trends			
1.1.1 Discuss any data trends related to overall enrollment in the demonstration. Describe and explain changes (+ or -) greater than two percent.		AD_1-6	In the first quarter of demonstration year 8 the number of unique program participants increased from 225,423 to 239,174. This represents a 6% increase from the prior quarter of the total number of unique program participants. Please note that this data reflects enrollment that occurred after the implementation of comprehensive changes in response to COVID-19, based on provisions in the Families First Coronavirus Response Act, to stop terminations and reinstate benefits for individuals whose eligibility was denied or terminated based on policies in the demonstration waiver. There were 21,336 new enrollees this quarter.
1.1.2 Discuss any data trends related to mid-year loss of demonstration eligibility. At a minimum, changes (+ or -) greater than two percent should be described.		AD_7-10	The State of Wisconsin does not have any mid-year loss of demonstration eligibility data trend to report this quarter. Please note that this data reflects disenrollment that occurred after the implementation of comprehensive changes to stop terminations and reinstate eligibility in response to COVID-19. Any disenrollment during this time occurred only if a beneficiary voluntarily declined assistance or if they were no longer a resident of Wisconsin (including if they passed away). There were 4,649 beneficiaries who were determined ineligible for Medicaid other than at renewal and 4,510 after the state processed a change in circumstance. 4,931 beneficiaries were no longer eligible for the demonstration due to transfer to another Medicaid eligibility group.

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Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
1.1.3 Discuss any data trends related to enrollment duration at time of disenrollment. Describe and explain changes (+ or -) greater than two percent.		<i>AD_11-14</i>	This metric is recommended, but not required. The state of Wisconsin has reviewed the recommended metrics provided by CMS but at this point Wisconsin plans to satisfy the required metrics prior to completing any recommended metrics.
1.1.4 Discuss any data trends related to renewals. Describe and explain changes (+ or -) greater than two percent.		<i>AD_15-21</i>	The total beneficiaries whose renewals were completed this quarter increased from 398 to 511. This represents a 28% increase from the previous quarter. During this public Health Emergency (PHE), the state of Wisconsin has adjusted its policies where we have been postponing renewals for beneficiaries. However, members may still complete their renewals voluntarily – for example, if they also have a renewal for SNAP due in the same month. These renewals are completed at member request, and a relatively small drop in the number of renewing members translates into a large drop in percentage. 239 of those beneficiaries were determined ineligible and disenrolled from Medicaid for the same reasons noted above: voluntarily declining benefits or no longer being a resident of the state (including individuals who passed away). 221 were determined ineligible because they transferred to another Medicaid eligibility category. No beneficiaries were disenrolled from Medicaid because they did not complete their renewal and 24 retained eligibility by completing their renewal forms. This data reflects renewal trends after comprehensive changes to ensure that no member lost eligibility during the COVID-19 public health emergency.
1.1.5 Discuss any data trends related to cost sharing limits. Describe and explain changes (+ or -) greater than two percent.		<i>AD_23</i>	The total beneficiaries who met their cost sharing limit this quarter decreased from 505 to 461. This represents a 9% decrease from the previous quarter.

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[State] [Demonstration name]

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
1.1.6 Discuss any data trends related to appeals and grievances. Describe and explain changes (+ or -) greater than two percent.		AD_24-28	This is a recommended metric, but not required. The state of Wisconsin has reviewed the recommended metrics provided by CMS but at this point Wisconsin plans to satisfy the required metrics prior to completing any recommended metrics. The state will review its ability to provide CMS recommended metrics for future quarterly reports.
1.1.7 Discuss any data trends related to access to care. Describe and explain changes (+ or -) greater than two percent.		AD_29-36	<p>The total number of primary care providers enrolled to deliver Medicaid services this quarter decreased from 24,213 to 23,966. This represents a 1% change from the prior quarter. Of those primary care providers 9,154 delivered Medicaid services with service claims for 3 or more demonstration beneficiaries.</p> <p>The total number of specialist providers enrolled to deliver Medicaid services this quarter decreased from 52,984 to 51,133. This represents a 3% change from the prior quarter. Of those specialist providers 14,604 delivered Medicaid services with service claims for 3 or more demonstration beneficiaries</p> <p>The total utilization of emergency department (ED) visits for the demonstration beneficiary months during this quarter is 131.37 per 1000. There were no non-emergent ED visits this quarter.</p> <p>AD-34 is a recommended metric, but not required. The state of Wisconsin has reviewed the recommended metrics provided by CMS but at this point Wisconsin plans to satisfy the required metrics prior to completing any recommended metrics.</p>

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[State] [Demonstration name]

<p>1.1.8 Discuss any data trends related to quality of care and health outcomes. Describe and explain changes (+ or -) greater than two percent.</p>		<p>AD_37-44</p>	<p>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD)</p> <p>1. Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit (31 total days) is 37% for calendar year 2020.</p> <p>2. Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit (8 total days) is 30% for calendar year 2020.</p> <hr/> <p>Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD)</p> <p>1. Percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 30 days of the ED visit (31 total days) is 72% for calendar year 2020.</p> <p>2. Percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 7 days of the ED visit (8 total days) is 64% for calendar year 2020.</p> <hr/> <p>Initiation of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD)</p> <p>"Percentage of beneficiaries age 18 and older with a new episode of AOD abuse or dependence who received the following:</p> <p>1. Initiation of AOD Treatment. Percentage of beneficiaries who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication assisted treatment (MAT) within 14 days of the diagnosis</p> <p>a. Initiation of AOD Treatment - Alcohol abuse or dependence (rate 1, cohort 1) is 62% for calendar year 2020.</p>
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			<p>b. Initiation of AOD Treatment - Opioid abuse or dependence (rate 1, cohort 2) is 73% for calendar year 2020.</p> <p>c. Initiation of AOD Treatment - Other drug abuse or dependence (rate 1, cohort 3) is 42% for calendar year 2020</p> <p>d. Initiation of AOD Treatment - Total AOD abuse or dependence (rate 1, cohort 4) is 56% for calendar year 2020.</p> <p>2. Engagement of AOD Treatment. Percentage of beneficiaries who initiate treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit</p> <p>a. Engagement of AOD Treatment - Alcohol drug abuse or dependence (rate 2 cohort 1) is 24% for calendar year 2020.</p> <p>b. Engagement of AOD Treatment - Opioid drug abuse or dependence (rate 2, cohort 2) is 48% for calendar 2020.</p> <p>c. Engagement of AOD Treatment - Other AOD abuse or dependence (rate 2, cohort 3) is 14% for calendar year 2020.</p> <p>d. Engagement of AOD Treatment - Total AOD abuse or dependence (rate 2, cohort 4) is 26% for calendar year 2020.</p> <hr/> <p>PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)</p> <p>The total number of inpatient hospital admissions for diabetes short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 beneficiary months for beneficiaries age 18 and older rate for calendar year 2020 is 7.19.</p> <p>PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)</p>
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 [State] [Demonstration name]

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
			<p>The total number of inpatient hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 beneficiary months for beneficiaries age 40 and older rate for calendar 2020 is 5.87.</p> <hr/> <p>PQI 08: Heart Failure Admission Rate (PQI08-AD) The total number of inpatient hospital admissions for heart failure per 100,000 beneficiary months for beneficiaries’ age 18 and older rate for calendar year 2020 is 6.31.</p> <hr/> <p>PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD) The total number of inpatient hospital admissions for asthma per 100,000 beneficiary months for beneficiaries aged 18 to 39 rate for calendar year 2020 is 0.66.</p> <p>AD_ 37 is a recommended metric, but not required. The state of Wisconsin has reviewed the recommended metrics provided by CMS but at this point Wisconsin plans to satisfy the required metrics prior to completing any recommended metrics.</p>
1.1.9 Discuss any data trends related to administrative costs. Describe and explain changes (+ or -) greater than two percent.		AD_45	This is a recommended metric, but not required. The state of Wisconsin has reviewed the recommended metrics provided by CMS but at this point Wisconsin plans to satisfy the required metrics prior to completing any recommended metrics. The state will review its ability to provide CMS recommended metrics for future quarterly reports.

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Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
AD.Mod_1.2. Implementation update			
1.2.1 Highlight significant demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, compliance with requirements, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See Monitoring Report Instructions for more detail.			To comply with the requirements related to enhanced FMAP authorized by the Families First Coronavirus Response Act, for this fourth quarter, the State of Wisconsin has maintained eligibility for individuals who no longer meet the rules for Medicaid, with the exception of individuals who voluntarily declined benefits or who are no longer residents of Wisconsin.
AD.Mod_2. State-specific metrics			
AD.Mod_2.1 Metric trends			
2.1.1 Discuss any data trends related to state-specific metrics. Discuss each state-specific metric trend in a separate row. Describe and explain changes (+ or -) greater than two percent.			

5. Narrative information on other reporting topics

Prompt	State has no update (place an X)	State response
1. Budget neutrality		
1.1 Current status and analysis		
1.1.1 Discuss the current status of budget neutrality and provide an analysis of the budget neutrality to date. If the eligibility and coverage policy component is part of a comprehensive demonstration, the state should provide an analysis of the eligibility and coverage policy related budget neutrality and an analysis of budget neutrality as a whole.		
1.2 Implementation update		
1.2.1 Describe any anticipated program changes that may impact financial/budget neutrality.		
2. Eligibility and coverage demonstration evaluation update		
2.1 Narrative information		
2.1.1 Provide updates on eligibility and coverage policy evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. There are specific requirements per Code of Federal Regulations for annual monitoring reports. See Monitoring Report Instructions for more details.		The state of Wisconsin is in the process of determining next steps for the evaluation based on communication from CMS received in February.
2.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.		The state of Wisconsin is in the process of determining next steps for the evaluation based on communication from CMS received in February. On February 18, 2021, DHS submitted the DY 1 Interim Evaluation Report to CMS per STC 75. On February 22, 2020, DHS submitted the Revised Evaluation Design to CMS per STC 72. These documents are still going through CMS review.
2.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.		

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Prompt	State has no update (place an X)	State response
3. Other demonstration reporting		
3.1 General reporting requirements		
3.1.1 Describe whether the state foresees the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes.		The state of Wisconsin plans on submitting its monitoring protocol once we have an approved implementation plan. SUD Update: As of 5/25/2021, the benefit has been live since 2/1/2021 and available to Medicaid members. Outcome data are not yet available for reporting purpose. Currently, the Residential Substance Use Disorder Treatment benefit team is focusing on getting members into care, enrolling providers, paying claims, and holding technical assistance meetings with providers. Residential Substance Use Disorder Treatment has had no denials for service and has had no grievances or appeals.
3.1.2 Compared to the details outlined in the STCs and the monitoring protocol, describe whether the state has formally requested any changes or whether the state expects to formally request any changes to: 3.1.2.i The schedule for completing and submitting monitoring reports		The state of Wisconsin plans to continue submitting the metrics that pertain to any demonstration as scheduled.
3.1.2.ii The content or completeness of submitted monitoring reports and or future monitoring reports		
3.1.3 Describe whether the state has identified any real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.		
3.2 Post-award public forum		
3.2.1 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held indicating any resulting action items or issues. A summary of the post-award public forum should be included here for the period during which the forum was held and in the annual monitoring report.		

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 [State] [Demonstration name]

Prompt	State has no update (place an X)	State response
4. Notable state achievements and/or innovations		
4.1 Narrative information		
4.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies (1) pursuant to the eligibility and coverage policy hypotheses (or if broader demonstration, then eligibility and coverage policy related) or (2) that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.		

*The state should remove all example text from the table prior to submission.

Note: States must prominently display the following notice on any display of measure rates based on NCQA technical specifications for 1115 eligibility and coverage demonstration monitoring metrics:

Measures MSC-AD, FUA-AD, FUM-AD, and IET_AD (metrics AD_38A, AD_39, and AD_40) are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided “as is” without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under such measures and specifications.

The measure specification methodology used by CMS is different from NCQA’s methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. A calculated measure result (a “rate”) from a HEDIS measure that has not been certified via NCQA’s Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called a “HEDIS rate” until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as “Adjusted, Uncertified, Unaudited HEDIS rates.”

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Limited proprietary coding is contained in the measure specifications and HEDIS VS for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NCQA disclaims all liability for use or accuracy of any coding contained in the specifications and HEDIS VS.

The American Medical Association holds a copyright to the CPT® codes contained in the measure specifications and HEDIS VS.

The American Hospital Association holds a copyright to the Uniform Billing Codes ("UB") contained in the measure specifications and HEDIS VS. The UB Codes are included with the permission of the AHA. Anyone desiring to use the UB Codes in a commercial product to calculate measure results, or for any other commercial use, must obtain a commercial use license directly from the AHA. To inquire about licensing, contact ub04@aha.org.

Medicaid Section 1115 Eligibility and Coverage Demonstration Report - Metrics reporting (AD)
 State WISCONSIN
 Demonstration Name BadgerCare Reform
 Demonstration Year (DY) DY8
 Calendar Dates for DY 01/01/2021 - 12/31/2021
 Reporting Period Q1
 Calendar Dates for Reporting Period 01/01/2021 - 03/31/2021
 Submitted on 05/12/2021

Eligibility and Coverage Demonstration Metrics (AD)^a

Reporting topic ^b	#	Metric name
1.1.1 Enrollment	AD_1	Total enrollment in the demonstration
1.1.1 Enrollment	AD_3	Beneficiaries in a non-eligibility period who are prevented from re-enrolling for a defined period of time
1.1.1 Enrollment	AD_4	New enrollees
1.1.1 Enrollment	AD_5	Re-enrollments or re-instatements using defined pathways after disenrollment or suspension of benefits for noncompliance with demonstration policies
1.1.1 Enrollment	AD_6	Re-enrollments or re-instatements for beneficiaries not using defined pathways after disenrollment or suspension of benefits for noncompliance
1.1.2 Mid-year loss of demonstration eligibility	AD_7	Monthly count of beneficiaries determined ineligible for Medicaid, any reason, other than at renewal

State of Renewal

1.1.2 Mid-year loss of demonstration eligibility	AD_9	Monthly count of beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiary
1.1.2 Mid-year loss of demonstration eligibility	AD_10	Monthly count of beneficiaries no longer eligible for the demonstration due to transfer to another Medicaid eligibility group
1.1.4 Renewal	AD_15	Beneficiaries due for renewal
1.1.4 Renewal	AD_16	Beneficiaries determined ineligible for the demonstration at renewal, disenrolled from Medicaid
1.1.4 Renewal	AD_17	Beneficiaries determined ineligible for the demonstration at renewal, transfer to another Medicaid eligibility category
1.1.4 Renewal	AD_19	Beneficiaries who did not complete renewal, disenrolled from Medicaid
1.1.4 Renewal	AD_21	Beneficiaries who retained eligibility for the demonstration after completing renewal forms
1.1.5 Cost sharing limit	AD_23	Monthly count of beneficiaries who reached 5% limit
1.1.7 Access to care	AD_29	Primary care provider availability

1.1.7 Access to care	AD_30	Primary care provider active participation
1.1.7 Access to care	AD_31	Specialist provider availability
1.1.7 Access to care	AD_32	Specialist provider active participation
1.1.7 Access to care	AD_35	Emergency department utilization, total
1.1.7 Access to care	AD_36	Emergency department utilization, non-emergency
1.1.8 Quality of care and health outcomes	AD_39-1	<p>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD)</p> <p>[NCQA; NQF # 2605; Medicaid adult Core Set; Adjusted HEDIS measure]^j</p>
1.1.8 Quality of care and health outcomes	AD_39-2	<p>Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD)</p> <p>[NCQA; NQF # 2605; Medicaid adult Core Set; Adjusted HEDIS measure]^j</p>

1.1.8 Quality of care and health outcomes	AD_40	<p>Initiation of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD)</p> <p>[NCQA; NQF #0004; Medicaid Adult Core Set; Adjusted HEDIS measure]^j</p>
1.1.8 Quality of care and health outcomes	AD_41	<p>PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)</p> <p>[AHRQ; NQF #0272; Medicaid Adult Core Set]</p>
1.1.8 Quality of care and health outcomes	AD_42	<p>PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)</p> <p>[AHRQ; NQF #0275; Medicaid Adult Core Set]</p>
1.1.8 Quality of care and health outcomes	AD_43	<p>PQI 08: Heart Failure Admission Rate (PQI08-AD)</p> <p>[AHRQ; NQF #0277; Medicaid Adult Core Set]</p>

1.1.8 Quality of care and health outcomes

AD_44

PQI 15: Asthma in Younger Adults
Admission Rate (PQI15-AD)

[AHRQ; NQF #0283; Medicaid Adult Core Set]

Add rows for any additional state-identified metrics

Note: States must prominently display the following notice on any display of Measure rates:

The MSC-AD, FUA-AD, FUM-AD, and IET_AD measures (metrics AD_38A, AD_39, and AD_40) are He owned and copyrighted by the National Committee for Quality Assurance ("NCQA"). NCQA makes n organization or physician that uses or reports performance measures and NCQA has no liability to a

The measure specification methodology used by CMS is different from NCQA's methodology. NCQA permission to adjust. Calculated measure results, based on the adjusted HEDIS specifications, may b

Certain non-NCQA measures in the CMS 1115 eligibility and coverage demonstration contain HEDIS Proprietary coding is contained in the VS. Users of the proprietary code sets should obtain all neces or accuracy of the VS with the non-NCQA measures and any coding contained in the VS.
a States should create a new metrics report for each reporting quarter.

b The reporting topics correspond to the prompts for reporting topic AD.Mod_1 in the monitoring r
c Report metrics that are one annual value for a demonstration year only in the report specified in the reporting schedule.

d Report count metrics in the numerator column. Administrative costs (AD_45) should also be reported in the numerator column.

e If applicable. See CMS-provided technical specifications.

f Add columns as necessary to report additional income groups.

g Add columns as necessary to report exempt groups.

h Add columns as necessary to report specific edibility groups.

i Add columns as necessary to report phase-in cohorts, if applicable.

j Rates for these metrics reflect Uncertified, Unaudited HEDIS rates.

Checks:

AD_8, AD_9, AD_11, AD_12, AD_13, AD_14 should each be l

Metric description	Data source	Calculation lag
<p>The unduplicated number of beneficiaries enrolled in the demonstration at any time during the measurement period. This indicator is a count of total program enrollment. It includes those newly enrolled during the measurement period and those whose enrollment continues from a prior period. This indicator is not a point-in-time count. It captures beneficiaries who were enrolled for at least one day during the measurement period.</p>	Administrative records	30 days
<p>The number of prior demonstration beneficiaries who are in a non-eligibility period, meaning they are prevented from re-enrolling for some defined period of time, because they were disenrolled for noncompliance with demonstration policies. The count should include those prevented from re-enrolling until their redetermination date.</p>	Administrative records	30 days
<p>Number of beneficiaries in the demonstration who began a new enrollment spell during the measurement period, have not had Medicaid coverage within the prior 3 months and are not using a state-specific pathway for re-enrollment after being disenrolled for noncompliance</p>	Administrative records	30 days
<p>Number of beneficiaries in the demonstration who began a new enrollment spell (or had benefits re-instated) in the current measurement period by using a state-defined pathway for re-enrollment (or re-instatement of benefits), i.e., meeting certain requirements, after being disenrolled (or having benefits suspended) for noncompliance with premium requirements, community engagement requirements, or other demonstration-specific requirements.</p>	Administrative records	30 days
<p>Number of beneficiaries in the demonstration who began a new enrollment spell (or had benefits re-instated) in the current measurement period who have had Medicaid coverage within the prior 3 months and are not using a state-specific pathway for re-enrollment after being disenrolled for noncompliance (or re-instatement of benefits after being suspended for noncompliance).</p>	Administrative records	30 days
<p>Beneficiaries determined ineligible for Medicaid, any reason, other than at renewal</p>	Administrative records	30 days

Beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiary	Administrative records	30 days
Beneficiaries no longer eligible for the demonstration due to transfer to another Medicaid eligibility group	Administrative records	30 days
Total number of beneficiaries enrolled in the demonstration who were due for renewal during the measurement period	Administrative records	30 days
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who complete the renewal process and are determined ineligible for Medicaid	Administrative records	30 days
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who complete the renewal process and move from the demonstration to a Medicaid eligibility group not included in the demonstration	Administrative records	30 days
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who are disenrolled from Medicaid for failure to complete the renewal process	Administrative records	30 days
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who remained enrolled in the demonstration after responding to renewal notices	Administrative records	30 days
Beneficiaries who reached 5% limit	Administrative records	30 days
Number of primary care providers enrolled to deliver Medicaid services at the end of the measurement period	Provider enrollment databases	90 days

Number of primary care providers enrolled 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 days
Number of specialists enrolled to deliver Medicaid services at the end of the measurement period	Provider enrollment databases	90 days
Number of specialists enrolled 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 days
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
Total number of ED visits for non-emergency conditions per 1,000 demonstration beneficiary months during the measurement period. If the state differentiates emergent/non-emergent visit copayments, then non-emergency visits should be identified for monitoring purposes using the same criteria used to assess the differential copayment. If the state does not differentiate emergent/non-emergent copayments, then non-emergency visits should be defined as all visits not categorized as emergent using the method below.	Claims and encounters; other administrative records	90 days
Percentage of ED visits for beneficiaries age 18 and older who have a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, and who had a follow-up visit with a corresponding principal diagnosis for AOD. Two rates are reported:	--	--
1. Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)	Claims and encounters	90 days
2. Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit (8 total days)	Claims and encounters	90 days
Percentage of ED visits for beneficiaries age 18 and older who have a principal diagnosis of mental illness or intentional self-harm, and who had a follow-up visit with a corresponding principal diagnosis for mental illness. Two rates are reported:	--	--
1. Percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)	Claims and encounters	90 days
2. Percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 7 days of the ED visit (8 total days)	Claims and encounters	90 days

<p>Percentage of beneficiaries age 18 and older with a new episode of AOD abuse or dependence who received the following:</p> <p>1. Initiation of AOD Treatment. Percentage of beneficiaries who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication assisted treatment (MAT) within 14 days of the diagnosis</p> <p>2. Engagement of AOD Treatment. Percentage of beneficiaries who initiate treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit</p> <p>The following diagnosis cohorts are reported for each rate: (1) Alcohol abuse or dependence, (2) Opioid abuse or</p>	--	--
1. Initiation of AOD Treatment - Alcohol abuse or dependence (rate 1, cohort 1)	Claims and encounters or EHR	90 days
2. Initiation of AOD Treatment - Opioid abuse or dependence (rate 1, cohort 2)	Claims and encounters or EHR	90 days
3. Initiation of AOD Treatment - Other drug abuse or dependence (rate 1, cohort 3)	Claims and encounters or EHR	90 days
4. Initiation of AOD Treatment - Total AOD abuse or dependence (rate 1, cohort 4)	Claims and encounters or EHR	90 days
5. Engagement of AOD Treatment - Alcohol drug abuse or dependence (rate 2 cohort 1)	Claims and encounters or EHR	90 days
6. Engagement of AOD Treatment - Opioid drug abuse or dependence (rate 2, cohort 2)	Claims and encounters or EHR	90 days
7. Engagement of AOD Treatment - Other AOD abuse or dependence (rate 2, cohort 3)	Claims and encounters or EHR	90 days
8. Engagement of AOD Treatment - Total AOD abuse or dependence (rate 2, cohort 4)	Claims and encounters or EHR	90 days
Number of inpatient hospital admissions for diabetes short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 beneficiary months for beneficiaries age 18 and older	Claims and encounters	90 days
Number of inpatient hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 beneficiary months for beneficiaries age 40 and older.	Claims and encounters	90 days
Number of inpatient hospital admissions for heart failure per 100,000 beneficiary months for beneficiaries age 18 and older	Claims and encounters	90 days

Number of inpatient hospital admissions for asthma per 100,000 beneficiary months for beneficiaries aged 18 to 39.	Claims and encounters	90 days
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Healthcare Effectiveness Data and Information Set (“HEDIS®”) measures that are not representations, warranties, or endorsement about the quality of any product or service. No one who relies on such measures or specifications.

NCQA has not validated the adjusted measure specifications but has granted CMS the right to use the data for the purpose of the HEDIS program. The data is called only “Uncertified, Unaudited HEDIS rates.”

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Report template.

Less than or equal to AD_7

Attest that reporting matches CMS-provided specification (Y/N)	Reporting issue (Y/N) (further describe in the data and reporting issues tab [AD])	Measurement period (month, quarter, year ^c)	Dates covered by measurement period (MM/DD/YYYY-MM/DD/YYYY)
Y	N	Month 1	01/01/2021-01/31/2021
		Month 2	02/01/2021-02/28/2021
		Month 3	3/1/2021-3/31/2021
Y	N	Month 1	01/01/2021-01/31/2021
		Month 2	02/01/2021-02/28/2021
		Month 3	3/1/2021-3/31/2021
Y	N	Month 1	01/01/2021-01/31/2021
		Month 2	02/01/2021-02/28/2021
		Month 3	3/1/2021-3/31/2021
Y	N	Month 1	01/01/2021-01/31/2021
		Month 2	02/01/2021-02/28/2021
		Month 3	3/1/2021-3/31/2021
Y	N	Month 1	01/01/2021-01/31/2021
		Month 2	02/01/2021-02/28/2021
		Month 3	3/1/2021-3/31/2021
Y	N	Month 1	01/01/2021-01/31/2021
		Month 2	02/01/2021-02/28/2021

		Month 3	3/1/2021-3/31/2021
Y	N	Month 1	01/01/2021-01/31/2021
		Month 2	02/01/2021-02/28/2021
		Month 3	3/1/2021-3/31/2021
Y	N	Month 1	01/01/2021-01/31/2021
		Month 2	02/01/2021-02/28/2021
		Month 3	3/1/2021-3/31/2021
Y	N	Month 1	01/01/2021-01/31/2021
		Month 2	02/01/2021-02/28/2021
		Month 3	3/1/2021-3/31/2021
Y	N	Month 1	01/01/2021-01/31/2021
		Month 2	02/01/2021-02/28/2021
		Month 3	3/1/2021-3/31/2021
Y	N	Month 1	01/01/2021-01/31/2021
		Month 2	02/01/2021-02/28/2021
		Month 3	3/1/2021-3/31/2021
Y	N	Month 1	01/01/2021-01/31/2021
		Month 2	02/01/2021-02/28/2021
		Month 3	3/1/2021-3/31/2021
Y	N	Month 1	01/01/2021-01/31/2021
		Month 2	02/01/2021-02/28/2021
		Month 3	3/1/2021-3/31/2021
Y	N	Month 1	01/01/2021-01/31/2021
		Month 2	02/01/2021-02/28/2021
		Month 3	3/1/2021-3/31/2021
Y	N	Month 1	01/01/2021-01/31/2021
		Month 2	02/01/2021-02/28/2021
		Month 3	3/1/2021-3/31/2021
Y	N	Quarter	10/01/2021-12/31/2021

Y	N	Quarter	10/01/2021-12/31/2021
Y	N	Quarter	10/01/2021-12/31/2021
Y	N	Quarter	10/01/2021-12/31/2021
Y	N	Quarter	10/01/2021-12/31/2021
Y	N	Quarter	10/01/2021-12/31/2021
Y	N	--	
Y	N	Calendar year	1/1/2020-12/1/2020
Y	N	Calendar year	1/1/2020-12/1/2020
Y	N	--	
Y	N	Calendar year	1/1/2020-12/1/2020
Y	N	Calendar year	1/1/2020-12/1/2020

Y	N	Calendar year	1/1/2020-12/1/2020
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Demonstration			< 50% FPL ^f		
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e
	227685			174751	
	226703			173884	
	235014			180411	
	0			0	
	0			0	
	0			0	
	14653			11266	
	9474			7307	
	13424			10419	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	1663			1200	
	1490			1130	

	1505			1115	
	1621			1164	
	1459			1109	
	1439			1062	
	3498			1696	
	3654			1773	
	3882			1879	
	162			95	
	170			118	
	179			119	
	72			37	
	83			53	
	84			56	
	72			24	
	60			33	
	89			47	
	0			0	
	0			0	
	0			0	
	6			4	
	5			3	
	13			9	
	192			0	
	171			0	
	213			0	
	23966				

	9154				
	51133				
	14604				
655486	86111	131.3697013	509338	71840	141.0458281
655486	0	0	509338	0	0
3374	1253	37.14	2990	1107	37.02
3374	1010	29.93	2990	888	29.7
2971	2136	71.89	2570	1829	71.17
2971	1913	64.39	2570	1637	63.7

8534	5327	62.42	7064	4485	63.49
3952	2871	72.65	3522	2578	73.2
7365	3076	41.77	6450	2716	42.11
17463	9798	56.11	14939	8469	56.69
8534	2088	24.47	7064	1790	25.34
3952	1889	47.8	3522	1698	48.21
7365	1028	13.96	6450	896	13.89
17463	4473	25.61	14939	3923	26.26
2266296	163	7.1924	1772151	127	7.1664
1056545	62	5.8682	786492	45	5.7216
2266296	143	6.3099	1772151	112	6.32

1209751	8	0.6613	985659	8	0.8116
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50-100% FPL ^f			>100% FPL ^f		
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e
	52635			0	
	52637			0	
	54422			0	
	0			0	
	0			0	
	0			0	
	3132			0	
	2013			0	
	2859			0	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	463			0	
	360			0	

	390			0	
	457			0	
	350			0	
	377			0	
	1764			0	
	1854			0	
	1972			0	
	67			0	
	51			0	
	60			0	
	35			0	
	30			0	
	28			0	
	48			0	
	26			0	
	42			0	
	0			0	
	0			0	
	0			0	
	2			0	
	2			0	
	4			0	
	190			0	
	166			0	
	209			0	

145280	14203	97.76294053	0	0	0
145280	0	0	0	0	0
381	145	38.06	0	0	0
381	121	31.76	0	0	0
400	306	76.5	0	0	0
400	275	68.75	0	0	0

1465	838	57.2	0	0	0
430	293	68.14	0	0	0
913	359	39.32	0	0	0
2518	1325	52.62	0	0	0
1465	298	20.34	0	0	0
430	191	7.59	0	0	0
913	132	14.46	0	0	0
2518	550	21.84	0	0	0
487922	35	7.1733	0	0	0
265878	16	6.0178	0	0	0
487922	31	6.3535	0	0	0

222044	0	0	0	0	0
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Age 19-26			Age 27-35		
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e
	54856			51804	
	54135			51714	
	56050			53817	
	0			0	
	0			0	
	0			0	
	3665			3564	
	2152			2316	
	3104			3260	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	347			397	
	305			356	

	281			376	
	344			391	
	303			353	
	280			367	
	455			480	
	439			509	
	448			536	
	12			21	
	23			23	
	7			12	
	8			13	
	12			19	
	3			6	
	2			7	
	5			2	
	3			7	
	0			0	
	0			0	
	0			0	
	0			0	
	1			1	
	0			1	
	11			10	
	10			9	
	12			12	

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Age 36-45			Age 46-55		
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e
	37963			42080	
	37818			41927	
	39314			43277	
	0			0	
	0			0	
	0			0	
	2332			2610	
	1510			1815	
	2156			2509	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	251			278	
	212			226	

	212			241	
	246			268	
	206			219	
	201			221	
	433			631	
	425			672	
	453			702	
	23			50	
	13			38	
	21			50	
	13			15	
	5			17	
	6			22	
	8			18	
	1			18	
	8			13	
	0			0	
	0			0	
	0			0	
	1			2	
	1			1	
	2			5	
	29			59	
	23			55	
	22			66	

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Age 56-64			Male		
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e
	40168			129829	
	40168			129217	
	41658			134313	
	0			0	
	0			0	
	0			0	
	2469			8827	
	1678			5656	
	2379			8100	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	324			776	
	319			732	

	322			746	
	306			752	
	306			710	
	298			700	
	1093			1552	
	1187			1634	
	1290			1766	
	45			86	
	58			89	
	58			88	
	12			37	
	17			44	
	17			39	
	26			38	
	22			33	
	31			38	
	0			0	
	0			0	
	0			0	
	3			2	
	1			1	
	5			6	
	82			83	
	74			67	
	101			96	

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Female			White		
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e
	97856			138928	
	97486			138357	
	100701			143547	
	0			0	
	0			0	
	0			0	
	5826			9138	
	3818			5920	
	5324			8417	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	887			1048	
	758			934	

	759			935	
	869			1016	
	749			916	
	739			885	
	1946			2249	
	2020			2328	
	2116			2480	
	76			97	
	81			116	
	91			108	
	35			46	
	39			60	
	45			52	
	34			46	
	27			47	
	51			54	
	0			0	
	0			0	
	0			0	
	4			5	
	4			3	
	7			9	
	109			140	
	104			129	
	117			161	

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Black or African American			Asian		
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e
	50485			5832	
	50269			5829	
	51802			6120	
	0			0	
	0			0	
	0			0	
	2830			410	
	1887			226	
	2614			342	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	291			48	
	282			38	

	292			32	
	288			47	
	279			38	
	285			32	
	737			76	
	774			87	
	797			94	
	37			5	
	27			2	
	41			2	
	11			3	
	11			1	
	17			0	
	18			2	
	6			0	
	20			2	
	0			0	
	0			0	
	0			0	
	1			0	
	0			1	
	4			0	
	18			6	
	18			4	
	18			6	

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American Indian or Alaskan Native			Other race		
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e
	4917			5734	
	4876			5753	
	5098			5971	
	0			0	
	0			0	
	0			0	
	313			358	
	208			242	
	319			287	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	45			37	
	44			32	

	36			46	
	44			36	
	40			31	
	34			45	
	73			67	
	78			66	
	72			76	
	6			3	
	7			2	
	2			2	
	2			2	
	2			2	
	1			2	
	1			0	
	0			2	
	1			1	
	0			0	
	0			0	
	0			0	
	0			0	
	1			0	
	0			0	
	1			1	
	0			3	
	1			2	

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Unknown race			Hispanic ethnicity		
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e
	21789			18364	
	21619			18313	
	22476			19013	
	0			0	
	0			0	
	0			0	
	1604			1187	
	991			758	
	1445			1061	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	194			146	
	160			108	

	164			130	
	190			144	
	155			104	
	158			129	
	296			220	
	321			230	
	363			261	
	14			8	
	16			9	
	24			14	
	8			3	
	7			5	
	12			9	
	5			4	
	5			3	
	11			9	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	0			1	
	26			14	
	17			13	
	25			16	

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Non-Hispanic ethnicity			Unknown ethnicity		
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e
	186900			22421	
	186081			22309	
	192291			23630	
	0			0	
	0			0	
	0			0	
	11346			2120	
	7692			1024	
	10596			1767	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	1286			231	
	1184			198	

	1192			183	
	1253			224	
	1159			196	
	1137			173	
	3022			256	
	3150			274	
	3330			291	
	147			7	
	147			14	
	148			17	
	64			5	
	73			5	
	65			10	
	65			3	
	51			6	
	69			11	
	0			0	
	0			0	
	0			0	
	6			0	
	5			0	
	12			0	
	178			0	
	158			0	
	197			0	

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American Indian or Alaskan Native Exempt groups ^b			Deceased Exempt groups ^b		
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e
	511			0	
	528			0	
	560			0	
	0			0	
	0			0	
	0			0	
	24			0	
	6			0	
	19			0	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	0			0	
	2				
	6				

	7				
	1				
	5				
	6				
	5				
	2				
	6				
	0			0	
	0			0	
	14			178	
	13			158	
	16			197	

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Disability Exempt groups ^e			Homelessness Exempt groups ^e		
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e
	591			2497	
	4252			2609	
	606			2753	
				0	
				0	
				0	
	0			100	
	137			30	
	0			78	
				0	
				0	
				0	
				0	
				0	
	16			20	
	31			15	

	25			24	
	16			20	
	30			15	
	23			24	
	41			19	
	129			26	
	70			28	
	1				
	4			1	
	3				
	3			1	
	1				
	1				
	2			1	
	2				
				0	
				0	
	0				
	0				
	0				

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Institutionalized Exempt groups ^e			Specific eligibility groups ^h		
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e
	8				
	9				
	7				
	1				

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