

**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)
<b>State and Demonstration Name</b>	<i>Connecticut-Covered CT</i>
<b>Monitoring Lead reviewing MR</b>	<i>Marie DiMartino</i>
<b>MR Time Period (please specify quarterly vs. annual report and time period covered by MR)</b>	<i>Quarterly Report Demonstration Year: 1 Q4 (12/15/2022 – 012/31/2022) Demonstration Year: 2 Q1 (1/01/2023 – 03/31/2023)</i>
<b>Was MR submitted timely? If not, please note length of delay and reasons for delay (if known)</b>	<i>Yes</i>
<b>Please specify if there are any required elements missing in the MR per STCs</b>	<i>None</i>
<b>Summary of key accomplishments activities during reporting period</b>	<i>Demonstration year one was comprised of the last two-weeks of 2022, during which time open enrollment was underway for Connecticut and the COVID-19 Public Health Emergency (PHE) declaration remained in place. The combined effect of both events impacted enrollment during the last quarter and caused a slight fluctuation with minimal growth.</i>

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	<p><i>Demonstration year two, quarter one, which began on January 1, 2023 was also impacted by the continued PHE and saw modest growth month over month.</i></p> <p><i>The Connecticut Office of Health Strategy (OHS) was mandated by the Connecticut General Assembly in June 2021 to procure outreach, engagement and navigation services for the Covered Connecticut Demonstration for SFY 2023. The OHS Covered Connecticut outreach and engagement program kicked off in March 2023 and provides ten community and consumer focused organizations that have deep connections in their respective communities, with funds to assist in outreach, education and enrollment in CoveredCT. Geographic service areas by county include New Haven, Hartford, Fairfield, New London, Litchfield, Windham, Middlesex and Tolland. Each of the New Haven, Hartford and Fairfield County. The organizations awarded must have knowledge and experience with Medicaid, CHIP, CoveredCT, the Public Health Emergency and health insurance plans and subsidies offered through AHCT. Each agency is required to submit outcomes which is completed monthly and will begin May 1, 2023.</i></p> <p><i>The Department of Social Services (DSS) launched a statewide website and media campaign called “Update Us so we can Update You” which began the first week of January of 2023 on platforms that included streaming services, social media, billboards, posters, advertisements on transit systems and in newspapers, to create awareness around the end of the PHE. The campaign, through the state website Public Health Emergency (ct.gov) provided guidance and toolkits to benefit partners to keep members informed about the steps they need to take to maintain Medicaid benefits. The campaign seeks to also create awareness around options available to members that no longer qualify for Medicaid, including information regarding eligibility and enrollment in the CoveredCT program. DSS also created a member facing website “Covered Connecticut Program” (ct.gov) that provides information about the program, eligibility</i></p>

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	requirements, how to enroll, where to get help with enrolling and information about enrollment events.
<b>Enrollment numbers for MR period</b>	15, 872 DY1 Q4 16, 175 DY2 Q1
<b>Enrollment numbers for past MR period (for quarterly MR please refer to previous quarter; for annual MR please refer to previous year)</b>	<i>First monitoring report, will monitoring ongoing enrollment</i>
<b>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.</b>	<i>First monitoring report, will monitoring ongoing enrollment</i>
<b>For eligibility and coverage demonstrations, please enter disenrollment numbers for report period.</b>	<i>Not included in MR.</i>
<b>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.</b>	<i>Not included in MR.</i>
<b>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.</b>	<i>Not included in MR.</i>

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<p><b>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.</b></p>	<p><i>Not included in MR.</i></p>
<p><b>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.</b></p>	<p><i>Not included in MR.</i></p>
<p><b>Operational, implementation and beneficiary Issues identified in MR (Note: these should be entered in <a href="#">Monitoring Issue Register</a>)</b></p>	<p>In October 2022, the DSS became aware that contracts executed with the insurance carriers by the Office of Health Strategy (OHS), the state agency initially charged with administering the program, contained financial terms tied to program utilization. As part of the contract terms with the Carriers, a fee was negotiated and is paid as a percentage of all CoveredCT premiums monthly in addition to the premium payment, to mitigate against risk from induced utilization with health insurance plans that have “0” cost share for members. The financial terms are impacting the program budget and currently there is limited data on the CoveredCT program utilization that details a full year of experience under the expanded eligibility implemented on July 1, 2022. The state and one carrier produced analysis with consistent results for utilization under CoveredCT; analysis from the second carrier contracted to serve the CoveredCT population has shown utilization to be slightly higher. Utilization is not at the level predicted by each carrier at the program inception and DSS is confident it can reach consensus with the carriers and execute new contracts with financial terms consistent with what the data supports.</p>

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<p><b>Any notable policy, operational and implementation updates or changes included in MR</b></p>	<p><b><u>Dental</u></b>                      The dental benefit implemented in July 2022, is administered by BeneCare. BeneCare is a great partner and strong supporter of the CoveredCT program. BeneCare manages the distribution of the member packets for the dental and Non-Emergency Transportation benefits for the CoveredCT program for DSS. In DY2 Q1, BeneCare, at the request of the DSS updated the member packet to provide more detail on the transportation benefit. BeneCare also supports a dashboard for the CoveredCT dental program that details utilization in real time. Utilization of the dental benefit was slow to build in the initial months of the program but rose steadily in the last quarter of 2022 and remained strong in the first quarter of 2023. Utilization of dental services has been highest for preventative care, restorative care and exams.</p> <p>The dental benefit was implemented utilizing existing system infrastructure and there was no report of any member issues related to enrollment or services in DY1 Q4. For DY2 Q1, only one member issue was reported and was related to enrollment in the CoveredCT dental benefit. A member reported that they were informed by a provider that they were enrolled in a pediatric dental benefit. The member received outreach from DSS staff who provided the member information detailing what should be presented for a member id at the time of service, ensured an updated member packet was sent to the member and the issue was resolved within 24-hours.</p> <p><b><u>Connecticut Health Insurance Exchange, Access Health CT (AHCT)</u></b></p>

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	<p>Access Health Connecticut (AHCT) is a strong supporter of the CoveredCT program and a responsive, flexible partner. AHCT worked closely with the state to implement needed changes to the eligibility system to ensure the Covered Connecticut program was implemented on time and has continued to be responsive when called upon. AHCT has conducted marketing campaigns on behalf of the CoveredCt program and following program expansion in July 2022, AHCT launched a press release about the updated eligibility requirements and expanded benefits. In the last two quarters of 2022, AHCT conducted a direct mail effort targeted at 44,000 Connecticut residents who at one time were enrolled in or applied for coverage on the health insurance exchange and may qualify for the Covered Connecticut program. AHCT also conducted email campaigns promoting enrollment fairs; worked with the carriers to provide language for outreach and engagement materials; conducted campaigns on open enrollment and CoveredCT on social media; and provided updates and FAQs on CoveredCT on the AHCT homepage.</p> <p>AHCT also responded to requests for changes to the eligibility system for the consumer-facing screens. In December 2022, concern was raised by consumer advocates that some of the information displayed during the eligibility and enrollment process was confusing and may cause some to abandon the enrollment process. AHCT met with DSS program leads and worked to streamline some of the language to ensure there are prompts and alerts, that the language is unambiguous and will provide the consumer with necessary information to aid in decisions around enrollment; these updates are scheduled for release in August of 2023. AHCT also</p>

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	<p>prepares and submits weekly reporting on enrollment stratified by age, gender, zip code and income level. This information is shared with our state partners engaged in outreach and engagement efforts, utilized for internal planning and utilized for reporting to the state legislature. Representatives from AHCT participate in monthly CoveredCT team meetings and CoveredCt Executive Committee meetings, offering subject matter expertise and further strengthening the partnership through the continued engagement.</p> <p><b><u>Non-Emergency Medical Transportation (NEMT)</u></b> The NEMT benefit was implemented in July 2022 and is administered by VEYO. VEYO has been a strong supporter of the program and worked with DSS to ensure the benefit was implemented on time for CoveredCT members. Utilization of the benefit has been low but not unexpected. Most new CoveredCT members would not have had access to this benefit unless they were former Medicaid recipients so early on there was a lack of awareness regarding the benefit. Utilization for December was very low, with only 9 rides provided to members. Utilization has been steadily climbing month over month, increasing by 211% from the prior quarter.</p>
<p><b>Evaluation updates included in MR</b></p>	<p>The Connecticut General Assembly, through SB 978, is proposing to expand eligibility for CoveredCT up to 200% FPL beginning in SFY 2024 and would require the Commissioner of Social Services to (1) amend the Medicaid 1115 Covered Connecticut waiver to expand health care coverage to persons whose earnings do not exceed two hundred per cent of the federal poverty level, and (2) develop a second tier of such program to cover</p>

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	<p>persons whose earnings are between two hundred per cent and three hundred per cent of the federal poverty level. The SFY 2024/2025 Appropriations Committee recommended budget includes funding to expand CoveredCT to 200% FPL with no cost sharing.</p>

Monitoring Report/Issue/Requirement Information	Summary of Information