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	Maryland HealthChoice Demonstration (11-W-00099/3)
Monitoring Lead reviewing MR	Nicole Guess

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MR Time Period (please specify quarterly vs. annual report and time period covered by MR)	2nd Quarter Report (October-December 2023) Demonstration Year 27 07/01/2023-06/30/2024
Did the State submit the MR timely? If not, please note length of delay and reasons for delay (if known)	Yes
Please specify if there are any required elements missing in the MR per STCs **If this is an annual report, please review the list of required content in footnote 1 of the Monitoring Report Review Guide. Determine if any required content is missing, including the summary of the annual forum.**	N/A
Summary of key accomplishments and activities during reporting period	Continued planning and implementation of the Maryland HealthChoice renewal waiver that was approved on January 1, 2022. • Authorized the Maternal Opioid Misuse (MOM) initiative to reduce the burden of neonatal abstinence syndrome (NAS) • Modified Maryland's coverage of ASAM Level 4.0 to include not only providers located in Maryland, but also those based in contiguous states. • Expanded the allowable timeframe of eligibility in the Healthy Families America (HFA) evidence-based Home Visiting Services (HVS) Pilot from age two to age three.
Enrollment numbers for MR period	Population 1: Supplemental Security Income (SSI)/Blind or Disabled (BD)Adults **84,091**

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	Population 2: SSI/BD Children **21,798** Population 3: Medically-Needy Adults **29,107** Population 4: Medically-Needy Children **6,625** Population 5: Medicaid Children **565,522** Population 6: Parents/Caretaker Relations <116% Federal Poverty Level (FPL) and Former Foster Care **286, 067** Population 7: Sixth Omnibus Budget Reconciliation Act (SOBRA) Adults **20,186** Population 8: Affordable Care Act (ACA) Expansion Adults **455, 948** Population 9: Maryland Children's Health Program (MCHP) **121, 296** Population 10: MCHP Premium **35, 045** Population 11: Presumptively Eligible Pregnant Women (PEPW) Population 12: Increased Community Services (ICS) **17** Population 13: Women's Breast and Cancer Health Program (WBCCHP) **35**
Enrollment numbers for past MR period (for quarterly MR please refer to previous quarter; for annual MR please refer to previous year)	Population 1: Supplemental Security Income (SSI)/Blind or Disabled (BD)Adults **87,138** Population 2: SSI/BD Children **22,326** Population 3: Medically-Needy Adults **29,163** Population 4: Medically-Needy Children **6,743** Population 5: Medicaid Children **564,447** Population 6: Parents/Caretaker Relations <116% Federal Poverty Level (FPL) and Former Foster Care 3**08, 660** Population 7: Sixth Omnibus Budget Reconciliation Act (SOBRA) Adults **21,593** Population 8: Affordable Care Act (ACA) Expansion Adults **466, 465** Population 9: Maryland Children's Health Program (MCHP) **132, 029** Population 10: MCHP Premium **33, 146** Population 11: Presumptively Eligible Pregnant Women (PEPW) Population 12: Increased Community Services (ICS) **18** Population 13: Women's Breast and Cancer Health Program (WBCCHP) 4**2**
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.	Yes, the counts represent individuals enrolled at a point in time, as opposed to total member months.

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For eligibility and coverage demonstrations, please enter disenrollment numbers for report period.	
Did the state provide context/explanation for increases or decreases in grievances? If yes, please provide detail here. If no, please consider whether to include as a discussion item in an upcoming monitoring call agenda.	Yes, the most prevalent reason codes for member grievances across MCOs were "Billing and Financial," while "Unable to Schedule an Appointment" was newly added reason code to the top 5 reason codes reported.
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.	Yes, seven of the nine MCOs reported that more providers submitted appeals than members, while the remaining two MCOs met the non-emergency standard appeals TAT requirements.
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.	Pre-service denials varied across MCOs, with the highest rankings 33.91 per 1,000 and 32.59 [er 1,0000 member denials. The lowest denial rates were reported at 2.08 and 6.80 with the lowest in member denials. The highest rate of pre-service outpatient pharmacy denials was reported at 94 percent, while the lowest was reported at 24 percent. One MCO reported no outpatient pharmacy denials.
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	No, monitoring calls reviewed.

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provided, please review with state in an upcoming Monitoring Call.	
Operational, implementation and beneficiary Issues identified in MR (Note: Discuss with team and determine whether these should be entered in Monitoring Issue Register)	
Any notable policy, operational and implementation updates or changes included in MR	
Were there any evaluation updates included in MR? If yes, please summarize here.	

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

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

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Monitoring Report/Issue/Requirement Information	Summary of Information