# ATTACHMENT C

**QUARTERLY MONITORING REPORT CONTENT AND FORMAT**

Under section X, the Commonwealth is required to submit quarterly progress reports to CMS. The purpose of the quarterly report is to inform CMS of significant demonstration activity from the time of approval through completion of the demonstration.

The reports are due to CMS 60 calendar days after the end of each quarter.

The following report guidelines are intended as a framework and can be modified when agreed upon by CMS and the Commonwealth. A complete quarterly progress report must include an updated budget neutrality monitoring workbook as well as updated Attachment E, Charts A-C.

# NARRATIVE REPORT FORMAT:

**Title Line One** – MassHealth

**Title Line Two –** Section 1115 Quarterly Report

# Demonstration/Quarter Reporting Period:

Example:

Demonstration Year: 21 (7/1/2017 – 6/30/2018) Quarter 1: (7/17 – 09/17)

# Introduction

Information describing the goal of the demonstration, what it does, and key dates of approval/ operation. (This should be the same for each report.)

# Enrollment Information

Please complete the following table that outlines all enrollment activity under the demonstration. The Commonwealth should indicate “N/A” where appropriate. If there was no activity under a particular enrollment category, the Commonwealth should indicate that by “0”.

**Note:** Enrollment counts should be person counts, not member months.

|  |  |
| --- | --- |
| **Eligibility Group** | Current Enrollees (to date) |
| **Base Families** |  |
| **Base Disabled** |  |
| **1902(r)(2) Children** |  |
| **1902(r)(2) Disabled** |  |
| **Base Childless Adults (19- 20)** |  |
| **Base Childless Adults (ABP1)** |  |
| **Base Childless Adults (CarePlus)** |  |
| **BCCTP** |  |

|  |  |
| --- | --- |
| **Eligibility Group** | Current Enrollees (to date) |
| **CommonHealth** |  |
| **e-Family Assistance** |  |
| **e-HIV/FA** |  |
| **SBE** |  |
| **Basic** |  |
| **DSHP- Health Connector Subsidies** |  |
| **Base Fam XXI RO** |  |
| **1902(r)(2) XXI RO** |  |
| **CommonHealth XXI** |  |
| **Fam Assist XXI** |  |
| **Asthma** |  |
| **TANF/EAEDC** |  |
| **End of Month Coverage** |  |
| **Total Demonstration** |  |

# Enrollment in Managed Care Organizations and Primary Care Clinician Plan

Comparative managed care enrollments for the previous quarter and reporting quarter are as follows: Delivery System for MassHealth-Administered Demonstration Populations

|  |  |  |  |
| --- | --- | --- | --- |
| **Plan Type** |  |  | Difference |
| MCO |  |  |  |
| PCC |  |  |  |
| MBHP |  |  |  |
| FFS |  |  |  |
| PA |  |  |  |
| ACO |  |  |  |

# Enrollment in Premium Assistance and Small Business Employee Premium Assistance

**Outreach/Innovative Activities**

Summarize outreach activities and/or promising practices for the current quarter.

# Safety Net Care Pool

Provide updates on any activities or planning related to payment reform initiatives or delivery system reforms affecting demonstration population and/or undertaken in relation to the SNCP. As per Section X, include projected or actual changes in SNCP payments and expenditures within the quarterly report. Please note that the annual report must also include SNCP reporting as required by Section X and XIII.

# Operational/Issues

Identify all significant program developments that have occurred in the current quarter or near future, including but not limited to, approval and contracting with new plans, the operation of MassHealth and operation of the Commonwealth Health Insurance Connector Authority. Any changes to the benefits, enrollment, grievances, quality of care, access, proposed changes to payment rates, health plan financial performance that is relevant to the demonstration, cost- sharing or delivery system for demonstration populations receiving premium assistance to purchase health insurance via the Commonwealth Health Insurance Connector Authority must be reported here.

# Policy Developments/Issues

Identify all significant policy and legislative developments/issues/problems that have occurred in the current quarter. Include updates on any state health care reform activities to coordinate the transition of coverage through the Affordable Care Act.

# Financial/Budget Neutrality Development/Issues

Identify all significant developments/issues/problems with financial accounting, budget neutrality, and CMS 64 reporting for the current quarter. Identify the Commonwealth’s actions to address these issues.

# Member Month Reporting

Enter the member months for each of the EGs for the quarter.

# For Use in Budget Neutrality Calculations

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Expenditure and Eligibility Group (EG) Reporting** | **Month 1** | **Month 2** | **Month 3** | **Total for Quarter Ending XX/XX** |
| **Base Families** |  |  |  |  |
| **Base Disabled** |  |  |  |  |
| **1902(r)(2) Children** |  |  |  |  |
| **1902(r)(2) Disabled** |  |  |  |  |
| **New Adult Group** |  |  |  |  |
| **BCCDP** |  |  |  |  |
| **CommonHealth** |  |  |  |  |
| **TANF/EAEDC** |  |  |  |  |

* 1. **For Informational Purposes Only**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Expenditure and Eligibility Group (EG) Reporting** | **Month 1** | **Month 2** | **Month 3** | **Total for Quarter Ending XX/XX** |
| **e-HIV/FA** |  |  |  |  |
| **Small Business Employee Premium Assistance** |  |  |  |  |
| **DSHP- Health Connector Subsidies** |  |  |  |  |
| **Base Fam XXI RO** |  |  |  |  |
| **1902(r)(2) RO** |  |  |  |  |
| **CommonHealth XXI** |  |  |  |  |
| **Fam Assist XXI** |  |  |  |  |

**Consumer Issues**

A summary of the types of complaints or problems consumers identified about the program in the current quarter. Include any trends discovered, the resolution of complaints, and any actions taken or to be taken to prevent other occurrences. Also, discuss feedback received from other consumer groups.

# Quality Assurance/Monitoring Activity

Identify any quality assurance/monitoring activity in the current quarter.

# Demonstration Evaluation

Discuss progress of evaluation design and planning.

# Enclosures/Attachments

Identify by title any attachments along with a brief description of what information the document contains.

# State Contact(s)

Identify individuals by name, title, phone, fax, and address that CMS may contact should any questions arise.

# Date Submitted to CMS