Medicaid Section 1115 Demonstration Monitoring Report
(Template Version 1.1)

Note: All cells of the monitoring report contain text to ensure digital accessibility and to comply with section 508 of the Rehabilitation Act; this text should not be removed or modified by the state.

The monitoring report is made up of the following tabs. Instructions for completing each tab can be found below:

1. Overview: The state should complete Table 1 (below), titled Demonstration Information.

2. Executive Summary: The state should provide an executive summary of the content of the monitoring report, including specific topics identified in the tab.

3. Implementation Updates: To track demonstration progress, the state should respond to the narrative prompts for each Reporting Topic, including policy-specific prompts that are relevant to the demonstration, or note "The state has no update to report."

4. Metrics: The workbook has one tab for Base metrics, one tab for each possible demonstration policy and a tab for state-specific metrics. The state should enter monitoring metric data for each metric. The state should explain metrics trends in the "Metric Trends and Explanation" column. The state is only expected to complete metrics tabs relevant to the demonstration.

5. Metrics Context: The state should use the Metrics Context tab to document reporting issues (such as delays in data availability), methodology information (such as state-specific codes the state used to calculate a metric), deviations from the technical specifications, and/or plans to phase in metrics, as applicable.

Table 1. Demonstration Information	
State	Mississippi
Demonstration Name	MS Family Planning §1115 Wavier No. 11-W-00157/4
Demonstration Year (DY)	22
Calendar Dates for DY	01/01/2025 - 12/31/2025

Note: Paperwork Reduction Act Disclosure Statement to be added here

Executive Summary

Overview: Each state with an approved section 1115 demonstration is expected to utilize a monitoring report workbook to complete its monitoring reports, per the demonstration's STCs. In the monitoring report, the state will submit information on monitoring metrics, qualitative summaries of metrics trends, and implementation updates associated with waivers and expenditure authorities approved in its section 1115 demonstration. The state should contact its CMS demonstration team with any questions on the use of this workbook or submitting monitoring reports.

Executive Summary
This Executive Summary should provide a brief overview of the key achievements, highlights, challenges, and/or risks identified during the current reporting period. This section should also identify key changes since the last monitoring report, including the implementation of new program components; programmatic improvements (e.g., increased outreach or any beneficiary or provider education efforts); and/or any unexpected issues or changes (e.g., unexpected increases or decreases in demonstration eligibility and participation or beneficiary complaints, such as appeals and grievances, etc.). The recommended word count for this section is 1000 words or less.
During Demonstration Year (DY) 22, there were no significant programmatic changes, new components, or system modifications implemented under the demonstration. Program operations remained consistent with prior demonstration years. There were no grievances, however there was one appeal filed during DY 22. The provider requested a review of a denied inpatient stay for treatment of choledocholithiasis. The denial was upheld as the findings indicated the services billed were not family planning related. There was no unexpected program disruptions identified during DY 22. *DOM coordinated outreach and education activities with the Mississippi State Department of Health (MSDH) to improve Family Planning Waiver (FPW) enrollment and participation. During DY 22, MSDH partnered with coordinators from other MSDH Health Services' programs who organized outreach events and health fairs with community partners to increase awareness and improve access to family planning services. During DY 22, approximately 1,307 clients participated in outreach and health fair events, where a total of 1,348 brochures were distributed. This included 522 FPW brochures and 826 brochures on other educational topics. MSDH Family Planning website is consistently updated under the agency's guidelines and continues to promote and provide educational resources on Family Planning services for the clients who visit the site. The main Family Planning webpage garnered 4,618 views, while the FPW page received 2,286 views. MSDH continued targeted outreach through their "Operation Going Gold" initiative. The goal of the initiative is to increase enrollment in the FPW program. MSDH staff educate clients on the benefits offered by the FPW program, assist clients with completing the FPW Medicaid application, and follow-up with the client to ensure all required information is provided to DOM to complete the enrollment process. During DY 22, a total of 4,943 FPW applications state-wide were submitted to DOM under the "Operation Going Gold" initiative, with 30% (1,426) of the applications approved. DOM staff actively participated in various community health fairs, conferences, and Medicaid members and provider workshops to increase awareness of programs such as the FPW. Through these events, the team provided education on FPW services and engaged in discussions with providers about their vital role in educating patients and guiding them to DOM for enrollment assistance. During DY 22, DOM' staff attended 30 events, providing FPW education and outreach information to 4,068 individuals, including Medicaid Regional Office staff, beneficiaries, providers and other health professionals.* *The data reflects a consistent quarter-over-quarter decline throughout the demonstration year. Beginning in Q1 with an enrollment at 22,041, then decreased to 21,509 in Q2, representing a decline of 532, or 2.41%. In Q3, enrollment further declined to 21,197, a reduction of 312, or 1.45% from the previous quarter. By Q4, enrollment had fallen to 20,602, reflecting the largest quarterly decrease of 595, or 2.81%. Overall, enrollment declined from 22,041 in Q1 to 20,602 in Q4, resulting in a total decrease of 1,439, or 6.53% over the course of the demonstration year. The trend demonstrates a steady downward trajectory across all four quarters.* *The utilization trend over the four quarters showed moderate fluctuation throughout the year. Utilization increased from 4,420 in Q1 to 4,733 in Q2, representing an increase of 313, or 7.08%. This upward movement was followed by a decline in Q3 to 4,508, a decrease of 225, or 4.75% from the previous quarter. In Q4, utilization declined slightly again to 4,397, reflecting a decrease of 111, or 2.46%. Overall, utilization decreased marginally from 4,420 in Q1 to 4,397 in Q4, resulting in a net decline of 23, or 0.52% across the four-quarter period. Despite the temporary increase observed in Q2, the overall trend remained relatively stable with slight downward movement by the end of the demonstration year.*

CMS = Centers for Medicare & Medicaid Services; STCs = special terms and conditions.

Implementation Updates

Prompt Number	Reporting Topic and Prompt	State Response
EXAMPLE: *1.3*	*EXAMPLE:* *Summarize other contextual factors (e.g., emergencies or disasters), initiatives (e.g., notable innovations), or state activity (e.g., system-wide Medicaid enrollment changes, stakeholder communications, and/or unexpected achievements or outcomes) that may accelerate or create delays in achieving the goals and objectives of the overall demonstration and its individual authorities. [The recommended word count is 200-300 words.]*	*EXAMPLE:* *The state experienced a three-day delay when launching the demonstration website due to IT issues. This delay limited the number of enrollees that could apply for demonstration benefits using the online application during the initial launch of the website. The state worked with its IT vendor to correct the IT issues and has added in additional quality assurance days into future demonstration website update release schedules to mitigate future delays in website update launches. Additionally, since the website and application will remain active during future updates, the state does not anticipate additional delays related to this issue in the future.*
1	**Demonstration Operations and Policy.** Using the subsection prompts below, highlight critical demonstration implementation, operations, or policy considerations that might have affected (positively or negatively) eligibility and participation in demonstration programs, access to services, timely provision of services, or any other areas affecting beneficiaries. Summarize any related state activity that may have either a positive or negative effect on achieving the demonstration's approved goals or objectives.	
1.1	Summarize implementation, operations, or policy considerations that may affect the demonstration or its beneficiaries, including eligibility and participation in the demonstration. [The recommended word count is 500 words.]	During the current reporting period, there were no significant changes to demonstration implantation, operational processes, or governing policies that materially affected beneficiary eligibility, enrollment, or participation. The demonstration continued to operate in accordance with Special Terms and Conditions (STCs), existing state policies, and established administrative procedures. Eligibility and enrollment processes remained stable throughout the reporting period. There were no changes to eligibility criteria, verification procedures, or redetermination processes specific to the demonstration.
1.2	Describe activities under the below topics as they pertain to the demonstration:	
1.2.1	Organizational, administrative, or service delivery changes. [The recommended word count is 200-300 words.]	Operationally, program administration continued without modification to benefits, service delivery models, reimbursement methodologies, or provider participation requirements.
1.2.2	Legislative activities. [The recommended word count is 150-200 words.]	No new legislative or regulatory changes at the state level were implemented during the reporting period that affected the demonstration structure or covered services.

Implementation Updates

Prompt Number	Reporting Topic and Prompt	State Response
1.2.3	Fiscal changes and related processes or definitions that would result in changes in access, benefits, populations, enrollment, etc. [The recommended word count is 150-200 words.]	During the current reporting period, there were no fiscal changes to the demonstration that resulted in modifications to beneficiary access, covered benefits, eligible populations, enrollment processes, or provider reimbursement methodologies. The state did not implement changes to funding structures, payment rates, or budget neutrality methodologies that would affect the demonstration participation or service delivery.
1.2.4	Audit or investigation activity, including findings. [The recommended word count is 150-200 words.]	DOM's Office of Medical Services is responsible for monitoring providers who are reimbursed for family planning and family planning related services. Desk audits are performed by registered nurses (RNs) to ensure provider documentation supports the services reimbursed under the FPW program, participants are receiving appropriate medical care, and referrals are made for primary care and other needed services that are not covered under the FPW. During DY22, the Office of Medical Services audited a total of 65 FPW providers reviewing 835 medical records. Documentation indicated all services rendered were for family planning or family planned related services. There were 12 referrals made for issues identified that could not be addressed under the family planning waiver coverage.
1.2.5	Litigation activities. [The recommended word count is 200-300 words].	Durning Demonstration Year (DY) 22, there were no litigation activities that impacted the demonstration. The state was not subject to any lawsuits, class actions, administrative hearings, or judicial proceedings related to the design, implementation, administration, eligibility processes, covered benefits, reimbursement methodologies, or overall operation of the demonstration.
1.3	Summarize other contextual factors (e.g., emergencies or disasters), initiatives (e.g., notable innovations), or state activity (e.g., system-wide Medicaid enrollment changes, stakeholder communications, and/or unexpected achievements or outcomes) that may accelerate or create delays in achieving the goals and objectives of the overall demonstration and its individual authorities. [The recommended word count is 200-300 words.]	The program operated consistently and without material policy, administrative, or system changes that would accelerate or delay achievement of demonstration goals and objectives, enrollment, and participation processes remained stable, and no implantation challenges were identified the adversely affected beneficiaries or program administration.

Implementation Updates

Prompt Number	Reporting Topic and Prompt	State Response
2	**Data Infrastructure and Health IT.** Provide updates to data infrastructure, IT, or any other system changes or enhancements relevant to the demonstration, including any activities since the state's last update. Include information on system changes affecting demonstration eligibility and enrollment processing, MMIS, how IT is being used to support demonstration initiatives to identify and effectively treat and serve individuals in the demonstration, etc. In addition, include details on adoption and enhancement of IT systems to support data sharing between state Medicaid agencies, participating service providers and facilities, or partner entities assisting in the administration of the demonstration. Describe activities, challenges, and any remediation steps to establishing or maintaining the state's capacity for reporting key demographic data. [The recommended word count is 500 words.]	Since the state's last update, there have been no changes to the data infrastructure, Health Information Technology (IT) systems, or other technology platforms supporting the demonstration. No system modifications, enhancements, or configuration changes were implemented that affected demonstration eligibility and enrollment processing, claims processing, or related data analytics and reporting systems.
3	**Demonstration Evaluation.** Provide an update on evaluation efforts. The state should also provide CMS with any information on challenges related to executing the evaluation, such as independent evaluator procurement and data availability, completeness, and quality. The state should include similar updates, as applicable, for any other post-approval assessments (e.g., mid-point assessments or annual availability assessments). If applicable, the state should include an attachment to report the results of beneficiary satisfaction surveys conducted during the year. [The recommended word count is 400 words, not including any applicable attachment.]	The evaluation was completed in accordance with the approved Evaluation Design and applicable Special Terms and Conditions (STCs). During the reporting period, FPW staff continued to assess demonstration outcomes consistent with established hypotheses and performance measures. The evaluation incorporated administrative claims data, eligibility files, and other relevant program data necessary to assess beneficiary enrollment trends, utilization patterns, and program impacts. Note: See attachment for results from the beneficiary satisfaciton surveys.
4	**Post-Award Public Forum.** Provide a summary of the most recent annual post-award public forum indicating any resulting action items or issues. Include a summary of the public comments for the period during which the forum was held. [The recommended word count is 300 words.]	The Post Award Forum was held on Wednesday July 8, 2026, at 10 a.m in the Cobb Conference Room, located on the 8th floor of the Sillers Building, 550 High Street, Jackson, MS 39201, with the option of teleconference. There were no comments recorded for this foum.

Implementation Updates

Prompt Number	Reporting Topic and Prompt	State Response
Policy-Specific Prompts		
[The following prompt is applicable to a demonstration with a DSHP and/or SDOH/HRSN policy.]		
5	**Provider Payment Rate Increase.** Attest that any required FFS and managed care provider rate increases for primary care services, obstetric care services, and behavioral health services, subject to the STCs, were at least sustained from, if not higher than, the previous year. [The recommended word count is 150 words.]	N/A
[The following prompt is applicable to a demonstration with a continuous eligibility policy.]		*blank*
6	**Collecting and Providing Eligibility Information for Beneficiaries who Qualify for Continuous Eligibility.** Describe successes and challenges related to activities to annually update beneficiary contact information, provide beneficiaries reminder of continued eligibility, verify beneficiary residency, and confirm that the beneficiary is not deceased, for all beneficiaries who qualify for a continuous eligibility period that exceeds 12 months. [The recommended word count for this section is 250 words.]	N/A
[The following prompts are applicable to a demonstration with an SMI/SED policy and any other relevant authorities per the STCs.]		*blank*
7	**SMI/SED MOE Funding Outpatient Community-Based Mental Health Services.** Provide the dollar amount, including the level of state appropriations and local funding for outpatient community-based mental health services, for the most recently completed state fiscal year (specify the start and end dates as MM/DD/YYYY).	N/A
7.1	Describe and explain any reductions in the MOE dollar amount below the amount provided in the state's application materials. If true, the state should confirm that it did not move resources to increase access to treatment in inpatient or residential settings at the expense of community-based services. [The recommended word count is 250 words.]	N/A
8	**Activities to Support Early Intervention in SMI/SED.** Describe activities to promote the availability and use of early intervention services such as screenings, structured assessments, and brief initial interventions. Discuss any challenges encountered and changes in the approach outlined in past monitoring reports, if applicable. [The recommended word count for this section is 250 words.]	N/A
9	**Activities to Support Crisis Stabilization Services.** Describe activities to increase access to and utilization of crisis stabilization services, specifically crisis stabilization services for mental health and substance use disorders, including mobile crisis units, crisis observation and assessment centers, crisis stabilization units, and coordinated community crisis response teams. Discuss any challenges encountered and changes in the approach outlined in past monitoring reports, if applicable. [The recommended word count is 250 words.]	N/A
[The following prompt is applicable to a demonstration with a reentry, SDOH/HRSN, SMI/SED, and/or SUD policy, and any other relevant authorities per the STCs.]		
10	**Case Management and Care Coordination.** Describe activities to connect beneficiaries to services, including primary or behavioral health (specifically, mental health and substance use disorder) care or services to address health-related social needs, including for beneficiaries transitioning from institutional settings, if applicable.[a] Discuss any challenges encountered, changes in the approach outlined in the implementation plan(s), and any changes to the timeline, if applicable. [The recommended word count is 400 words.]	N/A
[The following prompt is applicable to a demonstration with a reentry, SDOH/HRSN, and/or THCP[b] policy.]		*blank*

Implementation Updates

Prompt Number	Reporting Topic and Prompt	State Response
11	**Implementation Planning and Capacity Building Expenditures.** Describe activities undertaken, as well as any deviations from the STCs, post-approval protocols,[c] and/or implementation plan, as may be applicable, regarding intended uses, amounts, and recipients of allowable implementation planning, capacity building, infrastructure, and transitional non-service expenditures, including any applicable changes to the timeline. In case of any deviation from previous reporting, include a discussion of corrective steps the state has implemented or will implement. [The recommended word count is 400 words.]	N/A
[The following prompts are applicable to demonstrations with a reentry and/or SDOH/HRSN policy, and any other relevant authorities per the STCs.]		
12	**Partnerships with Providers and Other Key Entities.** Describe coordination among key entities participating in the demonstration, including activities to establish and sustain informal or formal partnerships (such as through a contract, memorandum of understanding, or letter of agreement). For example, for demonstrations with an **SDOH/HRSN policy,** describe partnerships with health care providers, health plans, and SDOH/HRSN providers, including details on enrolling qualified providers to provide SDOH/HRSN services in the demonstration. For demonstrations with a **reentry policy,** describe coordination and communication among corrections systems, including the probation and parole system, health care providers and provider organizations, the State Medicaid Agency, and supported employment and supported housing agencies or organizations. Discuss any challenges encountered and any changes to the key entities, approach, or timeline outlined in the implementation plan or other protocols required by the STCs. [The recommended word count is 400 words.]	N/A
13	**Beneficiary Engagement.** Describe the activities that the state undertook to solicit input from Medicaid beneficiaries to identify barriers to participation and inform decisions about implementation, monitoring, and evaluation of the SDOH/HRSN and/or reentry demonstration(s). [The recommended word count is 300 words.]	N/A
14	**Phasing-In of Services.** Describe any changes to the state's plan for phasing-in of services, regions, or facilities, if applicable. Discuss any challenges encountered, changes in the approach outlined in the implementation plan, and any changes to the timeline, if applicable. [The recommended word count is 250 words.]	N/A
[The following prompts are applicable to a demonstration with an SDOH/HRSN policy.]		
15	**SDOH/HRSN Activities to Assist Beneficiaries in Obtaining Non-Medicaid Funded Housing and Nutrition Supports.** Describe the activities the state has undertaken to assist beneficiaries in obtaining non-Medicaid funded housing and nutrition supports, including progress made since the state's last reporting. The state should describe whether and to what extent beneficiaries are accessing the non-Medicaid funded supports. Include discussion of any deviations from the Implementation Plan or the Protocol for SDOH/HRSN Services,[d] including any changes to the timeline, if applicable, and information about mitigation steps the state has implemented or will implement to address any such deviation.[e] [The recommended word count is 250 words.]	N/A
16	**SDOH/HRSN MOE Funding Housing and/or Nutrition Programs.** Provide the dollar amount of state funding for social service programs related to housing supports and/or nutrition supports for the most recently completed state fiscal year (specify the start and end dates as MM/DD/YYYY). For annual reporting, the state should use the same methodology used in the baseline MOE report whenever possible. Otherwise, the state should provide an explanation for the deviation from the baseline methodology. [The recommended word count is 250 words.]	N/A

Implementation Updates

Prompt Number	Reporting Topic and Prompt	State Response
16.1	Describe and explain any reductions in the MOE dollar amount below the amount provided in the baseline spending submission. If accurate, the state should confirm that it did not move resources to increase access to approved Medicaid section 1115 housing supports and/or nutrition supports that address SDOH/HRSN at the expense of pre-existing social services in those categories. This may involve explaining any deviations from the methodology used in the baseline MOE report. [The recommended word count is 250 words.]	N/A

CMS = Centers for Medicare & Medicaid Services; DSHP = designated state health program; FFS = fee-for-service; IT = information technology; MMIS = Medicaid Management Information System; MOE = maintenance of effort; SDOH/HRSN = social determinants of health/health-related social needs; SMI/SED = serious mental illness/serious emotional disturbance; STCs = special terms and conditions; SUD = substance use disorder; THCP = traditional health care practices.

Note: The policy-specific prompts 5 through 16, including any sub-prompts, may apply to additional section 1115 demonstration initiatives in accordance with demonstration STCs.

[a] For demonstrations with a reentry policy, services can include case management to address primary or behavioral health needs and access to nutrition opportunities, education and/or employment, and housing supports, as indicated in the State Medicaid Director's Letter. Include any details on systems or processes for monitoring health and SDOH/HRSNs, for example, scheduled contact with beneficiaries after transitioning to the community.

[b] Applicable if the THCP authority in the demonstration includes implementation expenditures.

[c] For some states, this information for the HRSN policy is included in the protocol titled "Protocol for Assessment of Beneficiary Eligibility and Needs, Infrastructure Planning, and Provider Qualifications" or the Protocol for SDOH/HRSN Infrastructure.

[d] For some states, this information is included in the protocol titled "Protocol for Assessment of Beneficiary Eligibility and Needs, Infrastructure Planning, and Provider Qualifications."

[e] See the STC regarding Partnerships with State and Local Entities. The state must have in place partnerships with other state and local entities to assist beneficiaries in obtaining non-Medicaid funded housing and nutrition supports, if available, upon the conclusion of temporary Medicaid payment for such supports. The state must establish a plan and timeline in the implementation plan, then provide updates in the monitoring report, including whether and to what extent the non-Medicaid funded supports are being accessed by beneficiaries as planned. Once the state's plan is fully implemented, the state may conclude its status updates.

Base Metrics Data and Trends

Technical specifications manual version: [Enter Technical Specifications Manual Version Number]

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality	Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
EXAMPLE: *BA_1* ***(Do not delete or edit this row)***	*EXAMPLE:* *Total Eligibility for the Demonstration*	*EAMPLE:* *The unduplicated number of beneficiaries eligible for the demonstration and not suspended at any time during the measurement period. This indicator is the total number of unduplicated individuals in the overall demonstration. It includes those newly eligible for the demonstration during the measurement period and those whose eligibility continues from a prior period. This indicator is not a point-in-time count. It captures beneficiaries who were eligible for the demonstration for at least one day during the measurement period. For certain demonstration programs, this metric may capture the count of total program participation instead of count of individuals eligible for the program.*	*EXAMPLE:* *Administrative records*	*EXAMPLE:* *Consistent*	*EXAMPLE:* *This metric decreased by 5 percent due to an increase in eligibility redeterminations during Unwinding of continuous eligibility, resulting in more people being disenrolled from Medicaid and finding coverage in the Marketplace.*	*EXAMPLE:* *Month 1*	*EXAMPLE:* *01/01/2024-01/31/2024*	*EXAMPLE: 650*	*EXAMPLE: n.a.*	*EXAMPLE: n.a.*
BA_1	Total Eligibility for the Demonstration	The unduplicated number of beneficiaries eligible for the demonstration and not suspended at any time during the measurement period. This indicator is the total number of unduplicated individuals in the overall demonstration. It includes those newly eligible for the demonstration during the measurement period and those whose eligibility continues from a prior period. This indicator is not a point-in-time count. It captures beneficiaries who were eligible for the demonstration for at least one day during the measurement period. For certain demonstration programs, this metric may capture the count of total program participation instead of count of individuals eligible for the program.	Administrative records	Increase	*Over the 12-month demonstration period, FPW eligibles shows a steady overall downward trend with a modest rate of attrition and brief periods of stabilization.* *At the beginning of the demonstration year (January 2025), eligible FPW beneficiaries totaled 20,848. By the end of December 2025, the number declined to 19,532, representing a net decrease of 1,316 FPW beneficiaries, or approximately a 6.3% reduction over the demonstration year. On average, this reflects a monthly decline of about 110–120 beneficiaries.*	Demonstration month 1	*01/01/2025- 01/31/2025*	*20,848*		
						Demonstration month 2	*02/01/2025-02/28/2025*	*20,722*		
						Demonstration month 3	*03/01/2025-03/31/2025*	*20,481*		
						Demonstration month 4	*04/01/2025-04/30/2025*	*20,284*		
						Demonstration month 5	*05/01/2025-05/31/2025*	*20,036*		
						Demonstration month 6	*06/01/2025-06/30/2025*	*19,930*		
						Demonstration month 7	*07/01/2025-07/31/2025*	*19,856*		
						Demonstration month 8	*08/01/2025-08/31/2025*	*19,820*		
						Demonstration month 9	*09/01/2025-09/30/2025*	*19,505*		
						Demonstration month 10	*10/01/2025-10/31/2025*	*19,407*		
						Demonstration month 11	*11/01/2025-11/30/2025*	*19,422*		
						Demonstration month 12	*12/01/2025-12/31/2025*	*19,532*		
BA_2	Appeals, Eligibility	Number of appeals filed by demonstration beneficiaries during the measurement period regarding Medicaid eligibility.	Administrative records	Consistent	*There were no eligibility appeals filed during the demonstration year. The absence of eligibility appeals suggests that eligibility determinations were processed effectively and communicated clearly to beneficiaries during the reporting period. This may indicate stable eligibility operations, accurate determinations, and successful resolution of member questions or concerns prior to the formal appeals process. Given the zero-volume data, no trend analysis can be conducted for the demonstration year.*	DY 22	*01/01/2025 - 12/31/2025*	*0*		
BA_3	Appeals, Benefits	Number of appeals filed by demonstration beneficiaries during the measurement period regarding benefits.	Administrative records	Consistent	*Appeals remained stable year over year, with one appeal recorded DY 21 and 1 appeal recorded for DY 22, resulting in no numerical change. The consistent number of appeals indicates a steady trend with no increase in appeal activity between reporting periods.*	DY 22	*01/01/2025 - 12/31/2025*	*1*		
BA_4	Grievances	Number of grievances filed by demonstration beneficiaries during the measurement period.	Administrative records	Consistent	*There were no grievances reported during the demonstration period, therefore no trend analysis is available for this measure.*	DY 22	*01/01/2025 - 12/31/2025*	*0*		
BA_5	Emergency Department Utilization, All Use	Total number of ED visits per 1,000 demonstration beneficiary months during the measurement period.	Claims and encounters; other administrative records		*[Insert response here.]*	Demonstration quarter 1	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	
						Demonstration quarter 2	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	
						Demonstration quarter 3	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality	Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
						Demonstration quarter 4	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	
BA_6	Inpatient Admissions	Total number of inpatient admissions per 1,000 demonstration beneficiary months during the measurement period.	Claims and encounters and other administrative records		*[Insert response here.]*	Demonstration quarter 1	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	
						Demonstration quarter 2	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	
						Demonstration quarter 3	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	
						Demonstration quarter 4	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	
BA_7	Plan All-Cause Readmissions (PCR-AD) [NCQA; CMIT# 561; Medicaid Adult Core Set; Adjusted HEDIS specifications]	For beneficiaries aged 18 to 64, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories:	Claims and encounters	Decrease	*[Insert response here.]*	Calendar Year				
BA_7.1	Plan all-cause readmissions - index hospital stays	1. Count of Index Hospital Stays (IHS)					*[Insert dates here.]*	*[Insert value here.]*		
BA_7.2	Plan all-cause readmissions - observed 30 day readmissions	2. Count of Observed 30-Day Readmissions					*[Insert dates here.]*	*[Insert value here.]*		
BA_7.3	Plan all-cause readmissions - expected 30 day readmissions	3. Count of Expected 30-Day Readmissions					*[Insert dates here.]*	*[Insert value here.]*		
BA_7.4	Plan all-cause readmissions - beneficiaries in demonstration population	4. Count of beneficiaries in demonstration population					*[Insert dates here.]*	*[Insert value here.]*		
BA_7.5	Plan-all cause readmissions - number of outliers	5. Number of outliers					*[Insert dates here.]*	*[Insert value here.]*		
BA_c_7a	Plan all-cause readmissions - observed 30-day readmission rate <<This Rate is Auto calculated>>	c_7a. Count of observed 30-day readmissions divided by the count of index hospital stays (BA_7.2 / BA_7.1)*100					Blank	[Calculated Value.]	[Calculated Value.]	
BA_c_7b	Plan all-cause readmissions - expected readmission rate <<This Rate is Auto calculated>>	c_7b. Count of expected 30-day readmissions divided by the count of index hospital stays (BA_7.3 / BA_7.1)*100					Blank	[Calculated Value.]	[Calculated Value.]	
BA_c_7c	Plan all-cause readmissions - observed-to-expected ratio <<This Rate is Auto calculated>>	c_7c. Count of observed 30-day readmissions divided by count of expected 30-day readmissions (BA_7.2 / BA_7.3)					Blank	[Calculated Value.]	[Calculated Value.]	
BA_c_7d	Plan all-cause readmissions - outlier rate <<This Rate is Auto calculated>>	c_7d. Number of outliers divided by count of beneficiaries in demonstration population (BA_7.5 / BA_7.4)*1,000					Blank	[Calculated Value.]	[Calculated Value.]	

Licensee and states must prominently display the following notice on any display of Measure rates:
The PCR-AD (BA_7) measure is a Healthcare Effectiveness Data and Information Set ("HEDIS®") measure that is owned and copyrighted by the National Committee for Quality Assurance ("NCQA"). NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures or 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. Calculated measure results, based on the adjusted HEDIS specifications, may be called only "Uncertified, Unaudited HEDIS rates."

Certain non-NCQA measures in the CMS Section 1115 Demonstration Base Metrics Set contain HEDIS Value Sets (VS) developed by and included with the permission of the NCQA. Proprietary coding is contained in the VS. 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 the VS with the non-NCQA measures and any coding contained in the VS.

CMS = Centers for Medicare & Medicaid Services; CMIT = CMS Measures Inventory Tool; ED = emergency department; HEDIS = Healthcare Effectiveness Data and Information Set; NCQA = National Committee for Quality Assurance.

Family Planning Metrics Data and Trends

Technical specifications manual version: [Enter Technical Specifications Manual Version Number]

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality	Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
EXAMPLE: *FP_1* ***(Do not delete or edit this row)***	*EXAMPLE:* *Total Eligibility for the FP Demonstration*	*EXAMPLE:* *The unduplicated number of demonstration participants in the family planning demonstration.*	*EXAMPLE:* *Administrative records*	*EXAMPLE:* *Consistent*	*EXAMPLE:* *This metric increased by 15 percent from the prior demonstration year. This is likely due to an increase in outreach efforts through partnerships with local FQHCs and a statewide enrollment campaign.*	*EXAMPLE:* *Demonstration Year*	*EXAMPLE:* *01/01/2024-12/31/2024*	*EXAMPLE: 750*	*EXAMPLE: n.a.*	*EXAMPLE: n.a.*
FP_1	Total Eligibility for the Family Planning Demonstration	The total number of unduplicated individuals in the family planning demonstration. This indicator is not a point-in-time count. It captures beneficiaries who were participating in the demonstration for at least one day during the measurement period.	Administrative records	Increase	*FPW eligibility data shows a decline across DY 21 and DY 22, decreasing from 33,766 to 27,616. This represents a reduction of 6,150 FPW beneficiaries, or approximately a 18.2% decrease over the period. The decrease from 33,766 to 27,616 suggests a significant contraction in FPW eligibility within DY 21. While this may reflect programmatic or population changes rather than reduced need, it is important to further investigate underlying drivers to determine whether the decline reflects improved access to alternative coverage or potential barriers to qualification. Continued monitoring is recommended to assess whether this trend stabilizes or continues into subsequent reporting periods.*	DY 22	*01/01/2025 - 12/31/2025*	*27,616*		
FP_2	Utilization of Services Provided by the Family Planning Demonstration	The percentage of demonstration participants who utilized at least one allowable service through the family planning demonstration during the measurement period. Note: This metric calculates a percentage using the numerator reported for FP_1 as the denominator for FP_2.	Claims and encounters	Increase	*FPW utilization showed a modest upward trend between DY 21 and DY 22. The utilization rate increased from 31% in DY 21 to 34% in DY 22, reflecting a 3 percentage point increase year-over-year.* *In relative terms, this represents approximately a 9.7% increase in utilization. While the increase from 31% to 34% is relatively modest, it reflects a positive and steady growth trend in FPW service utilization. Continued monitoring is important to determine whether this represents sustained program expansion or a short-term fluctuation. Further improvements may depend on maintaining outreach efforts and addressing remaining access gaps.*	DY 22	*01/01/2025 - 12/31/2025*	*9,474*		34%
FP_3	Contraceptive Care - All Women (CCW) [HHS OPA; CMIT #1002; Medicaid Adult & Child Core Sets; Adjusted HEDIS specifications]	Among demonstration participants ages 15 to 20 (CCW-CH) and 21 to 44 (CCW-AD) and at risk of unintended pregnancy, the percentage that: 1) Were provided a most effective or moderately effective method of contraception; 2) Were provided a long-acting reversible method of contraception (LARC). Metric FP_3 consists of two separate measures that are included in the Child and Adult Core Set: CCW-CH for adolescents (ages 15-20) and CCW-AD for adults (ages 21-44). For each metric, two rates are reported to indicate provision of (1) a most effective or moderately effective method of contraception or (2) a LARC. The state should report both rates for both metrics.	Claims and encounters	Consistent	*Among adolescent females aged 15–20 years, 354 out of 755 adolestcent females were using a moderately effective contraceptive method, representing 46.9% of the population in this age group. In comparison, 32 adolescent females were using a long-acting reversible contraceptive (LARC), accounting for 4.2% of adolescent females aged 15–20 years. These findings suggest that moderately effective contraceptive methods were more commonly used than LARC methods among adolescents and younger women.* *Among adult women aged 21–44 years, 2,767 out of 10,767 adult women were using a moderately effective contraceptive method, representing 25.7% of the population in this age category. Additionally, 220 adult women were using a LARC method, accounting for 2.0% of adult women aged 21–44 years. Similar to the younger age group, moderately effective contraceptive methods were utilized more frequently than LARC methods among adult women of reproductive age.* *Overall, contraceptive use patterns indicate greater reliance on moderately effective contraceptive methods compared with LARC methods across both age groups. The proportion of women using*	DY 22				

FP_3.1	Most Effective or Moderately Effective, Adolescent (CCW-CH, rate 1)	The percentage of adolescents (15-20) at risk of unintended pregnancy that were provided a most effective or moderately effective method of contraception.			*moderately effective contraception was higher among adolescent females aged 15–20 years than among adult women aged 21–44 years, while LARC utilization remained relatively low in both groups.*		*01/01/2025 - 12/31/2025*	*354*	*755*	46.88741722
FP_3.2	Most Effective or Moderately Effective, Adult (CCW-AD, rate 1)	The percentage of adults (21-44) at risk of unintended pregnancy that were provided a most effective or moderately effective method of contraception.					*01/01/2025 - 12/31/2025*	*2,767*	*10,767*	25.69889477
FP_3.3	LARC, Adolescent (CCW-CH, rate 2)	The percentage of adolescents (15-20) at risk of unintended pregnancy that were provided a LARC.					*01/01/2025 - 12/31/2025*	*32*	*755*	4.238410596
FP_3.4	LARC, Adult (CCW-AD, rate 2)	The percentage of adults (21-44) at risk of unintended pregnancy that were provided a LARC.					*01/01/2025 - 12/31/2025*	*220*	*10,767*	2.043280394
FP_4	Utilization of STI/STD Test	The percentage of family planning demonstration participants who obtained an STI/STD test during the measurement period. Note: This metric calculates a percentage using the numerator reported for FP_1 as the denominator for FP_4.	Claims and encounters	Increase	*A review of STI/STD testing utilization demonstrates an increase in the proportion of eligible individuals receiving testing in 2025 compared to 2024. In 2025, a total of 4,606 individuals received STI/STD testing out of a population of 27,616, resulting in a utilization rate of 16.7%. In comparison, during 2024, 5,008 individuals received testing out of a population of 33,766, resulting in a utilization rate of 14.8%. Although the total number of individuals tested decreased from 5,008 in 2024 to 4,606 in 2025, the overall eligible population also declined substantially, as a result, the utilization rate increased by approximately 12.5% in testing utilization year over year. These findings suggest improved access and utilization of STI/STD testing services among the eligible population in 2025 despite a lower overall testing volume.*	DY 22	*01/01/2025 - 12/31/2025*	*4,606*		16.67873696
FP_5	Cervical Cancer Screening (CCS-AD) [NCQA; CMIT #118; Medicaid Adult Core Set; Adjusted HEDIS specifications]	The percentage of demonstration participants ages 21 to 64 who were recommended for routine cervical cancer screening and were screened using any of the following criteria: • Ages 21 to 64 who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years; or, • Ages 30 to 64 who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years; or, • Ages 30 to 64 who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.	Claims and encounters, ECDS, or EHR	Increase	*During the reporting period, a total of 10,767 women between the ages of 21 and 44 were eligible for cervical cancer screening. Of these, 2,671 women completed the recommended screening.* *This reflects a cervical cancer screening rate of 24.8% within the eligible population. The findings indicate that while a portion of the target population is receiving preventive screening services, additional outreach and education efforts may be needed to improve screening participation and increase early detection opportunities.*	DY 22	*01/01/2025 - 12/31/2025*	*25*	*10,767*	24.80728151

CMIT = CMS Measure Inventory Tool; ECDS = electronic clinical data systems; EHR = electronic health record; FP = family planning; FQHC = federally qualified health center; HEDIS = Healthcare Effectiveness Data and Information Set; hrHPV = high-risk human papillomavirus; LARC = long-acting reversible contraceptive; NCQA = National Committee for Quality Assurance; OPA = Office of Population Affairs; STD = sexually transmitted disease; STI = sextually transmitted infection

CMS = Centers for Medicare & Medicaid Services; CMIT = CMS Measures Inventory Tool; ED = emergency department; HEDIS = Healthcare

State-Specific Metrics Data and Trends

The state should use this tab to enter any state-specific metrics as outlined in the Monitoring Report Instructions. Right click on the grey row at the end of the table and select insert to add additional rows. If prompted, select "Entire row."

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality	Metric Trends and Explanations	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
EXAMPLE: XX_S_1 ***(Do not delete or edit this row)***	*EXAMPLE: Peer Recovery Support Services*	*EXAMPLE: Number of members who receive peer recovery support services in conjunction with other SUD treatment during the measurement period.*	*EXAMPLE: Claims*	*EXAMPLE: Increase*	*EXAMPLE: There was a 10% increase in the use of peer recovery support services from December 2023 to January 2024 with the rollout of on-site peer specialists in emergency departments across the state. Peer specialists connections are required for all beneficiaries reporting to the emergency department with a chief complaint related to a substance use disorder.*	*EXAMPLE: Month 1*	*EXAMPLE: 01/01/2024-1/31/2024*	*EXAMPLE: 650*	*EXAMPLE: n.a.*	*EXAMPLE: n.a.*
MS FP_1	*Improving birth outcome and health of women in the demonstration population.*	*The number of low birthweight babies born to FWP beneficiaries during the measurement period.*	*Claims*	*Decrease*	*During DY 22, 13 low-birth weight babies were born to FPW beneficiaries, compared to 34 in DY 21, which is a 62% decrease.*	Calendar Year	*01/01/2025-12/31/2025*	*13*	*n/a*	*n/a*
MS FP_2	*Improving birth outcome and health of women in the demonstration population.*	*The number of premature babies born to FPW beneficiaries.*	*Claims*	*Decrease*	*During DY 22, 13 premature babies were born to FPW beneficiaries, compared to 22 in DY 21, which is a 41% decrease.*	Calendar Year	*01/01/2025-12/31/2025*	*13*	*n/a*	*n/a*
MS FP_3	*Increasing the child spacing interval among female FPW enrollees.*	*The number of FPW females with a second pregnancy less than 18 months of a previous birth.*	*Claims*	*Decrease*	*During DY 22, there were 10 reported FPW female beneficiaries with a claim indicating a second pregnancy less than 18 months of a previous birth compared to 13 in DY 21, which is a 24% decrease.*	Calendar Year	*01/01/2025-12/31/2025*	*10*	*n/a*	*n/a*
MS FP_4	*Reducing the number of unintended pregnancies among women enrolled in the FPW.*	*The number of unintended pregnancies among females ages 13-44.*	*Claims*	*Consistent*	*There were no unintended pregnancies for females ages 13-44 enrolled in the FPW for DY 22 or DY 21.*	Calendar Year	*01/01/2025- 12/31/2025*	*0*	*n/a*	*n/a*
MS FP_5	*Reducing overall pregnancy among teenage women in the demonstration population.*	*The number of pregnancies to FPW females ages 13-19.*	*Claims*	*Decrease*	*During DY 22, there were 58 FPW females ages 13-19 who became pregnant, compared to 45 in DY 21, which is a 28% increase.*	Calendar Year	*01/01/2025-12/31/2025*	*58*	*n/a*	*n/a*
MS FP_6	*Reducing the number of repeat births among teenage women in the demonstration population.*	*The number of FPW females ages 13-19 with a repeat birth.*	*Claims*	*Decrease*	*During DY 22, there were 28 FPW females ages 13-19 with a repeat birth compared to 23 in DY 21, which is a 33% increase.*	Calendar Year	*01/01/2025-12/31/2025*	*28*	*n/a*	*n/a*