Medicaid Section 1115 Demonstration Monitoring Report
(Template Version 1.0)

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

Table 1. Demonstration Information	
State	Minnesota
Demonstration Name	Reform: Pathways to Independence
Demonstration Year (DY)	12 and 13
Calendar Dates for DY	07/01/2024 to 06/30/2025

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.
Key achievements and highlights • The state added transitional services as a covered benefit effective March 1, 2025, and personal care services was expanded to include a self-direction option effective October 1, 2024. • The legacy system for MnCHOICES 1.0 was sunset on October 1, 2024, completing the transition to the revised MnCHOICES application. Several paper documents were incorporated into the revised MnCHOICES application which has created efficiencies for county and tribal human service agencies. Key challenges and/or risks • The primary challenge for the program is the workforce shortage and high staffing turnover that impacts providers, counties and tribal human service agencies. The workforce shortage contributes to increased backlogs of assessments, delays in case managers being assigned, and issues with consistent staffing and service delivery for participants. Key changes since the last monitoring report • The state added transitional services as a covered benefit effective March 1, 2025, and personal care services was expanded to include a self-direction option effective October 1, 2024. • The legacy system for MnCHOICES 1.0 was sunset on October 1, 2024, completing the transition to the revised MnCHOICES application. Several paper documents were incorporated into the revised MnCHOICES application which has created efficiencies for county and tribal human service agencies. • There were no unexpected issues or changes during this reporting period.

CMS = Centers for Medicare & Medicaid Services; STC = 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*
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.]	Personal care services was expanded to include self-direction options. Transition to this service started October 1, 2024. Transitional services was added as a covered benefit effective March 1, 2025. Effective October 1, 2024, married people who apply for Alternative Care have options about how their assets are treated. In all cases, participants must complete a financial disclosure form annually and when they have financial changes.
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.]	The Aging and Adult Services Division hired a new Home and Community Based Services manager in November 2024, and a new Fiscal and Quality supervisor in February 2025. Personal care services: Following CMS' approval of the Reform extension request on January 2, 2025, the state clarified on February 4, 2025 the policy that people on Alternative Care cannot use personal care services to purchase goods and services and personal emergency response systems. These items are covered under other Alternative Care services. Transitional services: The 2024 Minnesota State Legislature authorized the addition of transitional services as a covered benefit under Alternative Care. As part of the state's waiver extension request approved by CMS on January 2, 2025, transitional services was approved as a covered benefit. DHS' objective for adding transitional services was to provide support to participants who are transitioning from a licensed setting to independent or semi-independent community-based housing. The goal of the service is increased community integration and decreased institutional care. Transitional services were implemented March 1, 2025.

Implementation Updates

Prompt Number	Reporting Topic and Prompt	State Response
1.2.2	Legislative activities. [The recommended word count is 150-200 words.]	The 2024 Minnesota state legislature authorized the following: 1.Transitional services to be added as covered service. 2.Changes to the qualifications for certified assessors. The law removed the requirement that registered nurses must have two years of home and community-based service work experience. Certified assessors must: •Either have a bachelor's degree in social work, nursing with a public health nursing certificate, or other closely related field or be a registered nurse; and •Have received training and certification specific to assessment and consultation for long-term care services in the state. 3.The initial MnCHOICES assessment to be valid for 365 days. 4.Case managers must explain to participants how their consumer directed community supports (CDCS) budget was calculated, and provide a copy of the formula used and information appeal rights. 5.Rate and budget increases (see “Fiscal changes and related processes or definitions that would result in changes in access, benefits, populations, enrollment, etc.”). 6.MnCHOICES system changes for initial assessment to be completed in 20 working days instead of 20 calendar days.
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.]	DHS implemented rate and budget increases effective January 1, 2025 as authorized by the state legislature. • 4.53% increased to monthly case mix budget caps • 4.53% increased to consumer directed community supports (CDCS) budgets. • 6.195% increased to home-delivered meals • 3.14 increased to extended home care services, including home health aide, home care nursing, and skilled nursing • 4.37% increased to personal care services • Environmental accessibility adaptations (home and vehicle) service limit increased to $21,199.
1.2.4	Audit or investigation activity, including findings. [The recommended word count is 150-200 words.]	There were no audits or investigations during this period.
1.2.5	Litigation activities. [The recommended word count is 200-300 words].	There were no litigation activities during this reporting period.
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.]	There were no other factors during this reporting period.

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.]	The MnCHOICES application was updated to align with initial assessments being completed in 20 working days. The legacy system for MnCHOICES 1.0 was sunset on October 1, 2024, completing the transition to the revised MnCHOICES application. All county and tribal human service agencies are using the revised MnCHOICES application. To assist with entering screening documents more efficiently, the state created a process that allows county and tribal human service agencies to export a text file from the MnCHOICES application, which then can be used to populate the screening document in MMIS.
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.]	Evaluation efforts. The state continues independent evaluation of the Alternative Care program. DHS contracts with the University of Minnesota to complete the independent evaluation. The evaluation period covers February 1, 2025, through January 31, 2030. The evaluator will submit the summative report covering data through January 2025, with a draft due to the state by April 1, 2026, and final due July 10, 2026. We are currently awaiting CMS' response on the draft evaluation plan for the extension period. Execution challenges. The principal execution risk is timeliness of complete Medicare claims being made available by CMS for acute-event outcomes. The evaluator is authorized to request Medicare data from CMS, stage analyses using MMIS and MDS, and integrate Medicare once received. There are no known procurement impediments.
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 state held two public forums during this reporting period: 1. Date held: 3/26/2025 Public comments received: Six people attended the March 26, 2025 forum virtually. There were no in-person attendees. One person asked a question about federal funding and there was one comment about Alternative Care fees. 2. Date held: 7/31/2025 Public comments received: Three people attended the July 31, 2025 forum virtually. There were no in-person attendees. There were no questions or comments.
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.]	
[The following prompt is applicable to a demonstration with a continuous eligibility policy.]		
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.]	
[The following prompts are applicable to a demonstration with an SMI/SED policy and any other relevant authorities per the STCs.]		

Implementation Updates

Prompt Number	Reporting Topic and Prompt	State Response
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).	
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.]	
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.]	
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.]	
[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.]	
[The following prompt is applicable to a demonstration with a reentry, SDOH/HRSN, and/or THCP[b] policy.]		
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.]	
[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.]	
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.]	
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.]	
[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.]	

Implementation Updates

Prompt Number	Reporting Topic and Prompt	State Response
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.]	
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.]	

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 dmeonstration 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: 1

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
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.*
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	Consistent	*This metric remained relatively consistent. The percent difference between the lowest (2621 in Dec 2024) and highest (2666 in June 2025) counts was 1.70%.*	Demonstration month 1	*07/01/2024 - 07/31/2024*	*2629*	
						Demonstration month 2	*08/01/2024 - 08/31/2024*	*2640*	
						Demonstration month 3	*09/01/2024 - 09/30/2024*	*2645*	
						Demonstration month 4	*10/01/2024 - 10/31/2024*	*2628*	
						Demonstration month 5	*11/01/2024 - 11/30/2024*	*2623*	
						Demonstration month 6	*12/01/2024 - 12/31/2024*	*2621*	
						Demonstration month 7	*01/01/2025 - 01/30/2025*	*2636*	
						Demonstration month 8	*02/01/2025 - 02/28/2025*	*2627*	
						Demonstration month 9	*03/01/2025 - 03/31/2025*	*2642*	
						Demonstration month 10	*04/01/2025 - 04/30/2025*	*2659*	
						Demonstration month 11	*05/01/2025 - 05/31/2025*	*2651*	
						Demonstration month 12	*06/01/2025 - 06/30/2025*	*2666*	
BA_2	Appeals, Eligibility	Number of appeals filed by demonstration beneficiaries during the measurement period regarding Medicaid eligibility.	Administrative records	Consistent	*X*	Demonstration Year	*07/01/2024 - 06/30/2025*	*1*	
BA_3	Appeals, Benefits	Number of appeals filed by demonstration beneficiaries during the measurement period regarding benefits.	Administrative records	Consistent	*X*	Demonstration Year	*07/01/2024 - 06/30/2025*	*8*	
BA_4	Grievances	Number of grievances filed by demonstration beneficiaries during the measurement period.	Administrative records	Consistent	*X*	Demonstration Year	*07/01/2024 - 06/30/2025*	*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.]*
						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.]*	

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
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 Autocalculated>>	c_7a. Count of observed 30-day readmissions divided by the count of index hospital stays (BA_7.2 / BA_7.1)*100					*[Insert dates here.]*	[Calculated Value.]	[Calculated Value.]
BA_c_7b	Plan all-cause readmissions - expected readmission rate <<This Rate is Autocalculated>>	c_7b. Count of expected 30-day readmissions divided by the count of index hospital stays (BA_7.3 / BA_7.1)*100					*[Insert dates here.]*	[Calculated Value.]	[Calculated Value.]
BA_c_7c	Plan all-cause readmissions - observed-to-expected ratio <<This Rate is Autocalculated>>	c_7c. Count of observed 30-day reasmissions divided by count of expected 30-day readmissions (BA_7.2 / BA_7.3)					*[Insert dates here.]*	[Calculated Value.]	[Calculated Value.]
BA_c_7d	Plan all-cause readmissions - outlier rate <<This Rate is Autocalculated>>	c_7d. Number of outliers divided by count of beneficiaries in demonstration population (BA_7.5 / BA_7.4)*1,000					*[Insert dates here.]*	[Calculated Value.]	[Calculated Value.]

Note: Licensee and state must prominently display the following notice on any display of Measure rates:
The PCR-AD measure (BA_7) is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure that is 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."

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.
end of worksheet

Metrics Context

The state should use this tab to enter any additional metrics context as outlined in the Monitoring Report Instructions.

Note: Some metrics require the state to report additional methodology information. Please refer to Appendix B of the Medicaid Section 1115 Demonstration Monitoring Report Instructions for further information.

Type	Summary	Relevant Metric(s)	Status
EXAMPLE: Reporting Issue ***(Do not delete or edit this row)***	*EXAMPLE:* *One large managed care plan updated its system for reporting its grievances in June 2023. This led to a significant increase in total number of grievances filed.*	*EXAMPLE:* *BA_4*	*EXAMPLE:* *Resolved. Trending from demonstration years prior to the update with demonstration years after the update should be interpreted with caution.*
Phased-In Reporting	The state had not been categorizing participant contacts in a way that would allow us to identify all grievances for this reporting period. We anticipate being able to report grievances accurately during the next reporting period.	BA_4	New
Methodology	Data is provided by the Appeals Division, and is based on reviewing appeals filed and associated decisions. Appeals are for participants eligible for the demonstration during the measurement period. Each appeal is counted once even if more than one appeal is filed by the same participant. Appeals are categorized as "eligibility" if someone's application and/or the decision is based on the person not meeting the eligiblity criteria for Alternative Care. Appeals are categorized as "benefits" if the application and/or decision is based on the person being dissatisfied with the services including the amount they are eligible for or their fee amount. Decisions that were filed but withdrawn or the person did not appear are included along with those with a determination. Since Alternative Care does not use managed care, this is not reported in MCPAR.	BA_2, BA_3	New
Deviation	Based on feedback from the state, CMS agreed on Oct. 23, 2025 that metrics BA_5 to BA_7 were optional for Minnesota's Reform demonstration.	BA_5 to BA_7	New