

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850



State Demonstrations Group

October 12, 2022

Tom Wallace
Deputy Secretary for Medicaid
Florida Agency for Health Care Administration
2721 Mahan Drive, Mail Stop 8
Tallahassee, FL 32308

Dear Mr. Wallace:

The Centers for Medicare & Medicaid Services (CMS) completed its review of the Monitoring Protocol, which is required by the Special Terms and Conditions (STC), specifically, STC #75, of Florida's section 1115 demonstration, "Florida Managed Medical Assistance (MMA)" (Project Number 11-W-00206/4 and 21-W-00069/4), effective through June 30, 2030. CMS determined that the Monitoring Protocol, which was originally submitted on December 17, 2021 and revised on September 1, 2022 meets the requirements set forth in the STCs, and thereby approves the state's Monitoring Protocol.

The Monitoring Protocol is approved for the demonstration period through June 30, 2030 and is hereby incorporated into the demonstration STCs as Attachment D (see attached). In accordance with STC 127 (Public Access), the approved Monitoring Protocol may now be posted to your state's Medicaid website.

We look forward to our continued partnership with Florida on the MMA section 1115 demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

Danielle Daly
Director
Division of Demonstration
Monitoring and Evaluation

**Danielle
Daly -S**

Digitally signed by
Danielle Daly -S
Date: 2022.10.12
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cc: Tandra Hodges, State Monitoring Lead, CMS Medicaid and CHIP Operations Group



Medicaid Section 1115 Eligibility and Coverage Demonstrations Monitoring Protocol (Version 2.0)

Overview: The Monitoring Protocol for the section 1115 eligibility and coverage demonstrations consists of a Monitoring Protocol Workbook (Part A) and a Monitoring Protocol Template (Part B). Each state with an approved eligibility and coverage policy in its section 1115 demonstration should complete only one Monitoring Protocol Workbook (Part A) that encompasses all eligibility and coverage policies approved in its demonstration as well as the demonstration overall, in accordance with the demonstration's special terms and conditions (STCs). This state-specific Part A Workbook reflects the composition of the eligibility and coverage policies in the state's demonstration. For more information and any questions, the state should contact the CMS section 1115 demonstration team.



Overview: The Monitoring Protocol for the section 1115 eligibility and coverage demonstrations consists of a Monitoring Protocol Workbook (Part A) and a Monitoring Protocol Template (Part B). Each state with an approved eligibility and coverage demonstration should complete one Monitoring Protocol Template that encompasses every eligibility and coverage policy in its demonstration and the demonstration overall, as outlined in the state’s special terms and conditions (STC).¹ CMS will work with the state to ensure there is no duplication in the reporting requirements for different policy components of the demonstration. Each state with an approved eligibility and coverage demonstration should complete one Monitoring Protocol Template (Part B) that applies to each eligibility and coverage policy in its demonstration and the demonstration overall (unlike Part A where every eligibility and coverage policy included in the state’s demonstration, as well as the demonstration overall, has a separate section for the state to complete). This state-specific template reflects the composition of the eligibility and coverage policies in the state’s demonstration. For more information, the state should contact the section 1115 eligibility and coverage demonstration monitoring and evaluation mailbox (1115MonitoringandEvaluation@cms.hhs.gov), copying the state’s CMS demonstration team on the message.

¹ States should complete Parts A and B for any of the following eligibility and coverage policies included in the demonstration: premiums or account payments, health behavior incentives, community engagement, retroactive eligibility waivers, and non-eligibility periods. There is no standalone Monitoring Protocol Workbook for non-eligibility periods policies. Monitoring metrics that capture non-eligibility periods are captured as part of other standard eligibility and coverage monitoring metrics. For other eligibility and coverage policies that do not have a Monitoring Protocol, such as waiver of non-emergency medical transportation and marketplace-focused premium assistance, states should follow the guidance in the STCs.

1. Title page for the state’s eligibility and coverage demonstrations or eligibility and coverage policy components of the broader demonstration

The state should complete this title page as part of its eligibility and coverage monitoring protocol.

This section collects information on the approval features of the state’s section 1115 demonstration overall, followed by information for each eligibility and coverage policy. This form should be submitted as the title page for all eligibility and coverage monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are provided below the table.

Overall section 1115 demonstration	
State	Florida.
Demonstration name	Managed Medical Assistance Waiver
Approval period for section 1115 demonstration	01/15/2021 – 06/30/2030
Health behavior incentives	
Health behavior incentives start date ^a	01/15/2021
Implementation date, if different from health behavior incentives start date ^b	N/A
Retroactive eligibility waiver	
Retroactive eligibility waiver start date	01/15/2021
Implementation date, if different from retroactive eligibility waiver start date	N/A

^a **Eligibility and coverage demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state’s STCs at time of eligibility and coverage demonstration approval. For example, if the state’s STCs at the time of eligibility and coverage demonstration approval note that the demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the demonstration. Note that the effective date is considered to be the first day the state may begin its eligibility and coverage demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on December 15, 2020, with an effective date of January 1, 2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

^b **Implementation date of policy:** The date of implementation for each eligibility and coverage policy in the state’s demonstration.

2. Acknowledgement of narrative reporting requirements

The state has reviewed the narrative questions in Sections 3, 4, and 5 of the Monitoring Report Template provided by the CMS demonstration team and understands the expectations for quarterly and annual monitoring reports. The state will report the requested narrative information in quarterly and annual monitoring reports (no modifications).

3. Acknowledgement of budget neutrality reporting requirements

The state has reviewed the Budget Neutrality Workbook provided by the CMS demonstration team and understands the expectations for quarterly and annual monitoring reports. The state will provide the requested budget neutrality information (no modifications).

4. Retrospective reporting

The state is not expected to submit metrics data until after protocol approval, to ensure that data reflects the monitoring plans agreed upon by CMS and the state. Prior to protocol approval, the state should submit quarterly and annual monitoring reports with narrative updates on implementation progress and other information that may be applicable, according to the requirements in its STCs.

If a state's monitoring protocol is approved after one or more of its initial quarterly monitoring report submissions, it should report data to CMS retrospectively, for any prior quarters of the section 1115 eligibility and coverage demonstration that precede the monitoring protocol approval date. The state is expected to submit retrospective metrics data—provided there is adequate time for preparation of these data—in its second monitoring report submission that contains metrics.

The retrospective report for a state with a first eligibility and coverage demonstration year of less than 12 months, should include data for any baseline period quarters preceding the demonstration, as described in Part A of the state's monitoring protocol. (See Appendix B of the instructions for further guidance determining baseline periods for first eligibility and coverage demonstration years that are less than 12 months.) If a state needs additional time for preparation of these data, it should propose an alternative plan (i.e., specify the monitoring report that would capture the data) for reporting retrospectively on its section 1115 eligibility and coverage demonstration.

In the monitoring report submission containing retrospective metrics data, the state should also provide a general assessment of metrics trends from the start of its demonstration through the end of the current reporting period. The state should report this information in Part B of its monitoring report submission (Table 3: Narrative information on implementation, by eligibility and coverage policy). This general assessment is not intended to be a comprehensive description of every trend observed in metrics data. Unlike other monitoring report submissions, for

instance, the state is not required to describe all metrics changes (+ or -) greater than 2 percent for retrospective reporting periods. Rather, the assessment is an opportunity for the state to provide context on its retrospective metrics data and to support CMS’s review and interpretation of these data. For example, consider a state that submits data showing a decrease in beneficiaries who did not complete renewal and were disenrolled from Medicaid (metric AD_19) over the course of the retrospective reporting period. The state could highlight this change and specify that during this period the state conducted additional outreach to beneficiaries about the renewal process. For further information on how to compile and submit a retrospective report, the state should review Section B of the Monitoring Report Instructions document.

The state will report retrospectively for any quarters prior to monitoring protocol approval as described above, in the state’s second monitoring report submission that contains metrics after protocol approval.

The state proposes an alternative plan to report retrospectively for any quarters prior to monitoring protocol approval: *Insert narrative description of proposed alternative plan for retrospective reporting. The state should provide justification for its proposed alternative plan.*

#	Metric name	Metric description	Reporting base*	Data source	Calculation lag	Measurement period	Reporting frequency	Reporting priority	State will report (Y/N)	Baseline reporting period (MM/DD/YYYY - MM/DD/YYYY)	Annual goal	Overall demonstration target	Must that planned reporting matches the CMS-provided technical specifications manual (Y/N)	Explanation of any deviations from the CMS-provided technical specifications manual (different data sources or state-specific definitions, policies, codes, error prevention, etc.)	State plans to phase in reporting (Y/N)	Report to which metric will be phased in if current "Live" FY and (Y, N, or TBD)	Explanation of any plans to phase in reporting over time
AD_39-1	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (EUA-AD)	Percentage of ED visits for beneficiaries age 18 and older who have a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, and who had a follow-up visit with a corresponding principal diagnosis for AOD. Two rates are reported: 1. Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit (30 total days) 2. Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit (7 total days)	1.1.4 Quality of care and health outcomes	Claims and encounters	90 days	Calendar year	Annually	Required	Y	01/01/2021 - 12/31/2021	Increase	Increase	Y		N		
AD_39-2	Follow-Up After Emergency Department Visit for Mental Illness (EMI-AD)	Percentage of ED visits for beneficiaries age 18 and older who have a principal diagnosis of mental illness or emotional and behavioral disorders and who had a follow-up visit with a corresponding principal diagnosis for AOD. Two rates are reported: 1. Percentage of ED visits for mental illness or emotional and behavioral disorders for which the beneficiary received follow-up within 30 days of the ED visit (30 total days) 2. Percentage of ED visits for mental illness or emotional and behavioral disorders for which the beneficiary received follow-up within 7 days of the ED visit (7 total days)	1.1.4 Quality of care and health outcomes	Claims and encounters	90 days	Calendar year	Annually	Required	Y	01/01/2021 - 12/31/2021	Increase	Increase	Y		N		
AD_40	Treatment of Alcohol and Other Drug Abuse or Dependence (EUA-AD)	Percentage of beneficiaries age 18 and older who were reported of AOD abuse or dependence who received the following: 1. Treatment of AOD Treatment. Percentage of beneficiaries who initiate treatment through an outpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication-assisted treatment (MAT) within 14 days of the diagnosis. 2. Engagement of AOD Treatment. Percentage of beneficiaries who initiate treatment and who had two or more additional AOD services or MAT within 14 days of the initiation visit. The following diagnosis cohorts are reported for each one: (1) Alcohol abuse or dependence, (2) Opioid abuse or dependence, (3) Other drug abuse or dependence, and (4) Total AOD abuse or dependence. A total of 8 separate rates are reported for this measure.	1.1.4 Quality of care and health outcomes	Claims and encounters or EDR	90 days	Calendar year	Annually	Required	Y	01/01/2021 - 12/31/2021	Increase	Increase	Y		N		
AD_41	PQ10 Chronic Heart Failure Complication Admission Rate (PQ10-AD)	Number of equated hospital admissions for chronic heart failure per 100,000 beneficiary months for beneficiaries age 18 and older	1.1.4 Quality of care and health outcomes	Claims and encounters	90 days	Calendar year	Annually	Required	Y	01/01/2021 - 12/31/2021	Decrease	Decrease	Y		N		
AD_42	PQ10 Chronic Obstructive Pulmonary Disease (COPD) or Asthma or Other Adh. Admission Rate (PQ10-AD)	Number of equated hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 beneficiary months for beneficiaries age 18 and older	1.1.4 Quality of care and health outcomes	Claims and encounters	90 days	Calendar year	Annually	Required	Y	01/01/2021 - 12/31/2021	Decrease	Decrease	Y		N		
AD_43	PQ10 Heart Failure Admission Rate (PQ10-AD)	Number of equated hospital admissions for heart failure per 100,000 beneficiary months for beneficiaries age 18 and older	1.1.4 Quality of care and health outcomes	Claims and encounters	90 days	Calendar year	Annually	Required	Y	01/01/2021 - 12/31/2021	Decrease	Decrease	Y		N		
AD_44	PQ10 Asthma or Chronic Adh. Admission Rate (PQ10-AD)	Number of equated hospital admissions for asthma per 100,000 beneficiary months for beneficiaries age 18 to 39	1.1.4 Quality of care and health outcomes	Claims and encounters	90 days	Calendar year	Annually	Required	Y	01/01/2021 - 12/31/2021	Decrease	Decrease	Y		N		
AD_45	Administrative cost of demonstration operation	Cost of contracts or contract amendments and staff time equivalents required to administer demonstration policies, including premium collection, health behavior incentives, premium assistance, community engagement requirements and/or alternative eligibility routes	1.1.9 Administrative cost	Administrative records	None	Demonstration year	Annually	Recommended	N								

State-specific metrics

AD rates for any state-specific metrics

* The revenue codes correspond to the revenue for the non-demonstration (AD) revenue track in Section 4 of the revenue code manual.

Eligibility and Coverage Demonstration Planned Metrics (HM)

Standard information on CMS-provided metrics										Baseline, annual goals, and demonstration target			Alignment with CMS-provided technical specifications manual			Planned metrics reporting		
ID	Metric name	Metric description	Reporting type ^a	Measurement period	Reporting frequency	Reporting period	Reporting start date	Reporting end date	Baseline reporting period (MM/YY-YYYY - MM/YY-YYYY)	Annual goal	Overall demonstration target	Aligns that planned reporting matches the CMS-provided technical specifications manual	Explanation of any deviations from the CMS-provided technical specifications manual (different data source or state-specific population, policy, rules, target population, etc.)	State plans to phase in reporting (Y/N)	Report in which metrics will be placed in Form ID-10 and (Y/N, D, Y1/Q)	Explanation of any plans to phase in reporting over time		
																	EXAMPLE: 01/01/2021-12/31/2021	EXAMPLE: 100/2019-01/01/2020
HM_1	Yield on health care services	Number of beneficiaries subject to health behavior incentive policies who were enrolled in the demonstration at any time during the measurement period	HM Mod. 1: Health behavior incentives	Administrative records	90 days	Quarterly	Quarterly	Required	Y	01/01/2021-12/31/2021	INCREASE	INCREASE	Y					
HM_2	Beneficiaries using incentive services that can be documented through claims, by service	Total number of beneficiaries enrolled in the demonstration at any point during the measurement period who utilized financially incentivized services that can be documented through claims since the beginning of their enrollment cycle	HM Mod. 1: Health behavior incentives	Administrative records, claims and encounter	90 days	Quarterly	Quarterly	Required	Y	01/01/2021-12/31/2021	INCREASE	INCREASE	N		DY1/Q4	Reporting will be implemented in conjunction with the last quarter of State Fiscal Year 2022-2023.		
HM_3	Completion of incentivized health behaviors (not documented through claims analysis (i.e. health risk assessment), by health behavior	Number of beneficiaries enrolled in the demonstration at any point during the measurement period who have completed each incentivized health behavior not documented through claims analysis (i.e. health risk assessment) since the beginning of their enrollment cycle	HM Mod. 1: Health behavior incentives	Administrative records	90 days	Quarterly	Quarterly	Required	Y	01/01/2021-12/31/2021	INCREASE	INCREASE	N		DY1/Q4	Reporting will be implemented in conjunction with the last quarter of State Fiscal Year 2022-2023.		
HM_4	Completion of all incentivized health behaviors (both claims-based and other), if there are multiple	Number of beneficiaries enrolled in the demonstration at any point during the measurement period who have completed all incentivized health behaviors (including incentivized services documented through claims and other health behaviors not documented through claims) since the beginning of their enrollment cycle	HM Mod. 1: Health behavior incentives	Administrative records, claims and encounter	90 days	Quarterly	Quarterly	Required	Y	01/01/2021-12/31/2021	INCREASE	INCREASE	Y					
HM_5	Beneficiaries granted a premium reduction for completion of incentivized health behaviors	Number of beneficiaries enrolled in the demonstration who were flagged for or granted a premium reduction since the measurement period, regardless of whether the premium reduction occurs during the measurement period or in the future	HM Mod. 1: Health behavior incentives	Administrative records	90 days	Quarterly	Quarterly	Required	N				N			1-FI does not provide records for health incentives in the form of premium reductions.		
HM_6	Beneficiaries granted a financial reward other than a premium reduction for completion of incentivized health behaviors	Number of beneficiaries enrolled in the demonstration who were flagged for or granted a financial reward other than a premium reduction during the measurement period, regardless of when the reward is realized	HM Mod. 1: Health behavior incentives	Administrative records	90 days	Quarterly	Quarterly	Required	Y	01/01/2021-09/30/2022	INCREASE	INCREASE	Y					
HM_7	Beneficiaries granted a reward in the form of additional covered benefits for completion of incentivized health behaviors	Number of beneficiaries enrolled in the demonstration who were flagged for or granted a reward that takes the form of an additional covered benefit or service, by benefit or service type, during the measurement period	HM Mod. 1: Health behavior incentives	Administrative records	90 days	Quarterly	Quarterly	Required	N				N			1-FI does not provide records for health incentives in the form of additional covered benefits or services.		

^aSub-specific metrics
 Add rows for any state-specific metrics

#	Machine name	Machine description	Prevention code*
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* The prevention code, according to the health behavior assessment (HBA) prevention code in Section 7 of the environmental impact statement.

Eligibility and Coverage Demonstration Planned Metrics (RW)

Standard Information on CMS-provided metrics		Baseline, annual goals, and demonstration target										Agreed with CMS-provided technical specifications manual			Planned metrics reporting		
#	Metric name	Metric description	Reporting time ¹	Data source	Calculation for	Measurement period	Reporting frequency	Reporting start date	State will report (Y/N)	Baseline reporting period (MM/YY-YY/YY)	Annual goal	Demonstration target	Agreed that planned reporting matches the CMS-provided technical specifications manual (Y/N)	Explanation of any deviations from the CMS-provided technical specifications manual (data source or non-specific definition, include code, level, conditions, etc.)	State plans to phase in reporting (Y/N)	Report in which metrics will be placed as planned (RW, FY, and CY, Ex. Q1/Q2/Q3)	Substitution of any plans to share in executive order date
<i>EXAMPLE</i>	<i>EXAMPLE RW_1</i>	<i>Beneficiaries who indicated that they had original medical bills at the time of application</i>	<i>EXAMPLE: RW Mod. 1. Retrospective eligibility and demonstration requirements</i>	<i>EXAMPLE: Administrative records</i>	<i>EXAMPLE: 30 days</i>	<i>EXAMPLE: Month</i>	<i>EXAMPLE: Quarterly</i>	<i>EXAMPLE: Required</i>	<i>EXAMPLE: Y</i>	<i>EXAMPLE: 01/01/2020 - 01/31/2020</i>	<i>EXAMPLE: 100%</i>	<i>EXAMPLE: 100%</i>	<i>EXAMPLE: Y</i>		<i>EXAMPLE: N</i>	<i>EXAMPLE: Q1/Q2</i>	
RW_1	Beneficiaries who indicated that they had original medical bills at the time of application	The number of demonstration beneficiaries in income and eligibility groups that were subject to the waiver of retrospective eligibility policy, who began a new enrollment period at the reporting month, and who indicated at the time of application for Medicaid that they had original medical bills from the past three months or other time period specified in the state's Medicaid application questionnaire.	RW Mod. 1. Retrospective eligibility and demonstration requirements	Administrative records	30 days	Month	Quarterly	Required	Y	01/01/2020 - 01/31/2020	100%	100%	Y	The Retrospective Eligibility Report uses credit reporting agency monthly data on new Medicaid enrollee medical and total debt balances by month of application. These data were obtained under a contract between TransUnion, LLC and the University of Florida about new enrollee financial histories. The Agency for Health Care Administration does not have access to this data per the contract. The Agency also does not have access to the Medicaid application data, this information is held by the administrative data custodians at the Department of Children and Families.	Y	TBD	The Agency has researched and confirmed that we do not have access to the data that could be used to calculate this metric at this time. We will be reaching out to the Department of Children and Families to explore ways to phase in the data into its future monitoring reports. We will provide updates on the monthly 1115 Monitoring Call with CMS on progress towards being able to report this data.
RW_2	Beneficiaries who had a coverage gap at renewal	The number of demonstration beneficiaries in income and eligibility groups that were subject to the waiver of retrospective eligibility policy who re-enrolled in the demonstration within 90 days after a previous enrollment ended in the demonstration cohort, and for whom there were submitted for services rendered during the period of disenrollment that were denied by the state	RW Mod. 1. Retrospective eligibility and demonstration requirements	Administrative records	90 days	Quarter	Quarterly	Required	Y				N	The Retrospective Eligibility Report uses monthly data for the prior year supplied by the Department of Children and Families. This data contains: Basic demographics and eligibility group membership for individual new enrollee applicants by application month both prior to and subsequent to the change in retrospective enrollment policy. The state will research whether there are alternative sources of eligibility and enrollment (RW_2) that could be used to calculate these metrics, or whether the state may be able to phase in this metric for future monitoring reports.	Y	TBD	The Agency has researched and was unable to identify any alternative data sources that could be used to calculate this metric at this time. We will be reaching out to the Department of Children and Families to explore ways to phase in the data into its future monitoring reports. We will provide updates on the monthly 1115 Monitoring Call with CMS on progress towards being able to report this data.
RW_3	Beneficiaries who had a coverage gap at renewal and had claims denied	The number of demonstration beneficiaries in income and eligibility groups that were subject to the waiver of retrospective eligibility policy who re-enrolled in the demonstration within 90 days after a previous enrollment ended in the demonstration cohort, and for whom there were submitted for services rendered during the period of disenrollment that were denied by the state	RW Mod. 1. Retrospective eligibility and demonstration requirements	Administrative records	90 days	Quarter	Quarterly	Required	Y				N	The Retrospective Eligibility Report uses monthly data for the prior year supplied by the Department of Children and Families to assess enrollment renewal status (business, failure, or interrupted) basic demographics, and eligibility group for monthly Medicaid enrollee renewal cohorts by renewal month. The state will research whether there are alternative sources of claims (RW_3) data that could be used to calculate these metrics, or whether the state may be able to phase in this metric for future monitoring reports.	Y	TBD	The Agency has researched and was unable to identify any alternative data sources that could be used to calculate this metric at this time. We will be reaching out to the Department of Children and Families to explore ways to phase in the data into its future monitoring reports. We will provide updates on the monthly 1115 Monitoring Call with CMS on progress towards being able to report this data.

State-specific metrics

All rows for any state-specific metrics

¹ The reporting time corresponds to the retrospective disability waiver (RW) reporting time in Section 5 of the monitoring protocol template.

Eligibility and Coverage Demonstration Planned Subpopulations (AD)

Planned subpopulation reporting							Alignment with CMS-provided technical specifications manual			
Subpopulation category*	Subpopulations	Reporting priority	Relevant metrics	Subpopulation type	State will report (Y/N)	Subpopulations		Relevant metrics		
						Attest that planned subpopulation reporting within each category matches the description in the CMS-provided technical specifications manual (Y/N)	If the planned reporting of subpopulations does not match (i.e., column G = "N"), list the subpopulations state plans to report (Format: comma separated)	Attest that metrics reporting for subpopulation category matches CMS-provided technical specifications manual (Y/N)	If the planned reporting of relevant metrics does not match (i.e., column I = "N"), list the metrics for which state plans to report for each subpopulation category (Format: metric number, comma separated)	
<i>EXAMPLE:</i> Income groups <i>(Do not delete or edit this row)</i>	<i>EXAMPLE:</i> Less than 50% of the federal poverty level (FPL), 50-100% FPL, and greater than 100% FPL.	<i>EXAMPLE:</i> Recommended	<i>EXAMPLE:</i> AD_1 - AD_23, AD_33 - AD_44	<i>EXAMPLE:</i> CMS-provided	<i>EXAMPLE:</i> Y			<i>EXAMPLE:</i> Y		
Income groups	Less than 50% of the federal poverty level (FPL), 50-100% FPL, and greater than 100% FPL	Recommended	AD_1 - AD_23, AD_33 - AD_44	CMS-provided	N					
Specific demographic groups	Age (less than 19, 19-26, 27-35, 36-45, 46-55, or 56-64), sex (male or female), race (White, Black or African American, Asian, American Indian or Alaska Native, other, or unknown), and ethnicity (Hispanic, non-Hispanic, or unknown)	Recommended	AD_1 - AD_11, AD_15 - AD_23, AD_33 - AD_37	CMS-provided	Y	Y		Y		
Exempt groups	Eligibility and income groups that are enrolled in the demonstration but are not required to participate in elements of the demonstration (such as paying premiums) for reasons other than income	Recommended	AD_1 - AD_11, AD_15 - AD_23, AD_33 - AD_37	State-specific	N					
Specific eligibility groups	<i>EXAMPLE:</i> Geographic exemptions, employer sponsored insurance exemptions, exemptions due to medical frailty Medical eligibility groups included in the state's demonstration based on the STCs authorizing the demonstration. <i>EXAMPLE:</i> Section 1931 parents, the new adult group, transitional medical assistance beneficiaries	Required	AD_1 - AD_11, AD_15 - AD_23, AD_33 - AD_44	State-specific	Y		MEG aged & Disabled: Blind/Disabled Children, Aged/Disabled Adults, Individuals eligible under a hospice-related eligibility group, Institutionalized individuals eligible under the special income level group specified at 42 CFR 435.216, Institutionalized individuals eligible under the special home and community-based waiver group specified at 42 CFR 435.217, TANF & related gpr: Infants under age 1, Children 1-5, Children 6-18, IV-E Foster Care and Adoption Assistance, Pregnant women, Section 1931 parents or other caretaker relatives, Former foster care children up to age 26, and optional State Plan State-funded Adoption MEDS: AD_Aged or disabled individuals (Income at or below 88% FPL - Assets that do not exceed \$5,000 (individual) or \$6,000 (couple); Medicaid-only eligibles not receiving hospice, HCBS, or institutional care services Medicaid-only eligibles receiving hospice, HCBS, or institutional care services Medicare Eligible receiving hospice, HCBS, or institutional care services	Y		

* For definitions of subpopulations, see CMS-provided technical specifications on subpopulation categories.

† If applicable. See CMS-provided technical specifications on subpopulation categories.

Eligibility and Coverage Demonstration Planned Subpopulations (HB)

Planned subpopulation reporting					Alignment with CMS-provided technical specifications manual				
Subpopulation category ^a	Subpopulations	Reporting priority	Relevant metrics	Subpopulation type	State will report (Y/N)	Subpopulations		Relevant metrics	
						Attest that planned subpopulation reporting matches the description in the CMS-provided technical specifications manual (Y/N)	If the planned reporting of subpopulations does not match (i.e., column G = "N"), list the subpopulations state plans to report (Format: comma separated)	Attest that metrics reporting for subpopulation category matches CMS-provided technical specifications manual (Y/N)	If the planned reporting of relevant metrics does not match (i.e., column I = "N"), list the metrics for which state plans to report for each subpopulation category (Format: metric number, comma separated)
<i>EXAMPLE:</i> Income groups <i>(Do not delete or edit this row)</i>	<i>EXAMPLE:</i> Less than 50% of the federal poverty level (FPL), 50-100% FPL, and greater than 100% FPL	<i>EXAMPLE:</i> Recommended	<i>EXAMPLE:</i> HB_1 - HB_7	<i>EXAMPLE:</i> CMS-provided	<i>EXAMPLE:</i> Y	<i>EXAMPLE:</i> Y		<i>EXAMPLE:</i> Y	
Income groups	Less than 50% of the federal poverty level (FPL), 50-100% FPL, and greater than 100% FPL	Recommended	HB_1 - HB_7	CMS-provided	Y	Y		N	HB_1
Specific demographic groups	Age: (less than 19, 19-26, 27-35, 36-44, 45-54, or 55-64); sex (male or female); race (White, Black or African American, Asian, American Indian or Alaska Native, other, or unknown); and ethnicity (Hispanic, non-Hispanic, or unknown)	Recommended	HB_1 - HB_7	CMS-provided	Y	N	Age (0-20, 21-40,41-60, Over 60), sex (male or female), race (White, Black or African American, Asian, American Indian or Alaska Native, other, or unknown), and ethnicity (Hispanic, non-Hispanic, or unknown)	N	HB_1, HB_2, HB_3, HB_4, HB_6
Specific eligibility groups	Medical eligibility groups included in the state's demonstration based on the STCs authorizing the demonstration. <i>EXAMPLE:</i> Section 1931 parents, the new adult group, transitional medical assistance beneficiaries	Required	HB_1 - HB_7	State-specific	Y		1. FL will continue to stratify the HB metric data using the demographic categories the state indicated for Specific demographic groups. To further stratify the HB metric data by eligibility would not be meaningful due to the historically low enrollee participation in the HB program, i.e., less than 4,000 enrollees reported as participating in the required HB programs for DV14 and DV15. 2. Multiple subpopulations included within the specific eligibility groups are not eligible to participate in the required HB programs (Smoking Cessation, Weight Loss, and Alcohol/Substance Abuse), such as Infants under 1, Children 1-5, and Medicaid-eligible individuals receiving hospice. Therefore, those groups would not be included within the HB data reported by the plans.		
Phase-in cohort ^b	Cohort(s) the state is using to phase in demonstration policies and requirements to manage the gradual implementation of new operational processes or to support evaluation goals. <i>EXAMPLE:</i> Age groups	Recommended	All metrics if state is phasing in health behavior incentives by cohort	State-specific	N				

^a For definitions of subpopulations, see CMS-provided technical specifications on subpopulation categories.
^b If applicable. See CMS-provided technical specifications on subpopulation categories.

Instructions:

(1) In the reporting periods input table (Table 1), use the prompt in column A to enter the requested information in the corresponding row of column B. All report names and reporting periods should use the format DY#Q# or CY# and all dates should use the format MM/DD/YYYY with no spaces in the cell. The information entered in these cells will auto-populate the eligibility and coverage demonstration reporting schedule in Table 2. All cells in the input table must be completed in entirety for the standard reporting schedule to be accurately auto-populated.

(2) Review the state's reporting schedule in the eligibility and coverage demonstration reporting schedule table (Table 2). For each of the reporting categories listed in columns E and F, select Y or N in the "Deviation from standard reporting schedule (Y/N)" column to indicate whether the state plans to report according to the standard reporting schedule. If a state's planned reporting does not match the standard reporting schedule for any quarter and/or reporting category, the state should describe these deviations in the "Explanation for deviations" column and use the "Proposed deviations from standard reporting schedule" column to indicate the measurement periods with which it wishes to overwrite the standard schedule. All other columns are locked for editing and should not be altered by the state.

Table 1. Reporting Periods Input Table

	Demonstration reporting periods/dates		
	AD	HB	RW
Dates of first reporting quarter:			
Reporting period (Format DY Q;)	DY15Q3	DY15Q3	DY15Q3
Start date	01/01/2021	01/01/2021	01/01/2021
End date	03/31/2021	03/31/2021	03/31/2021
Broadser section 1115 demonstration reporting period corresponding with the first EandC reporting quarter, if applicable. If there is no broadser demonstration, fill in the first eligibility and coverage policy reporting period. (Format DY Q; Ex. DY1Q3)	DY15Q3	DY15Q3	DY15Q3
First report due date (per STCs) (MM/DD/YYYY)	05/30/2021	05/30/2021	05/30/2021
First report where the state plans to report calendar year (C) metrics with a 90 day lag:			
Reporting period (Format CY; Ex. associated with report (Format DY Q;)	CY2021		
Start date	07/01/2022		
End date	09/30/2022		
Dates of last reporting quarter:			
Start date	04/01/2030		
End date	06/30/2030		

Table 2. Eligibility and Coverage Demonstration Reporting Schedule

Dates of reporting quarter (MM/DD/YYYY - MM/DD/YYYY)	Reporting period (Format DY Q; Ex. DY1Q3)	Report due (per STCs) (MM/DD/YYYY)	Broadser section 1115 DY (if applicable, otherwise the first eligibility and coverage policy reporting period) (Format DY Q; Ex. DY1Q3)	Calculation lag	Reporting category	Measurement period	For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Format DY Q; Ex. DY1Q3)			Deviation from standard reporting schedule (Y/N)	Explanation for deviations	Proposed deviations from standard reporting schedule (Format DY Q; Ex. DY1Q3)		
							AD	HB	RW			AD	HB	RW
							AD	HB	RW			AD	HB	RW
01/01/2021	03/31/2021	05/30/2021	DY15Q3	None	Narrative information	DY15Q3	DY15Q3	DY15Q3	Y	Due to the public health emergency, Florida has received a reporting extension for DY15.	Florida will report these metrics in the DY16Q1 report (due October 29, 2021)	Florida will report these metrics in the DY16Q1 report (due October 29, 2021)	Florida will report these metrics in the DY16Q1 report (due October 29, 2021)	
				30 days	Month	DY15Q3	DY15Q3	Y						
				None	Quarter	DY15Q3		Y						
				90 days	Quarter			Y						
				None	Calendar year			Y						
				None	Demonstration year			Y						
04/01/2021	06/30/2021	09/28/2021	DY15Q4	None	Narrative information	DY15Q4	DY15Q4	DY15Q4	Y	Due to the public health emergency, Florida has received a reporting extension for DY15.	Florida will report these metrics in the DY16Q1 report (due October 29, 2021)	Florida will report these metrics in the DY16Q1 report (due October 29, 2021)	Florida will report these metrics in the DY16Q1 report (due October 29, 2021)	
				30 days	Month	DY15Q4	DY15Q4	Y						
				None	Quarter	DY15Q4		Y						
				90 days	Quarter	DY15Q3	DY15Q3	Y						
				None	Calendar year			Y						
				None	Demonstration year			Y						
07/01/2021	09/30/2021	11/29/2021	DY16Q1	None	Narrative information	DY16Q1	DY16Q1	DY16Q1	N					
				30 days	Month	DY16Q1	DY16Q1	N						
				None	Quarter	DY16Q1		N						
				90 days	Quarter	DY15Q4	DY15Q4	N						
				None	Calendar year			N						
				None	Demonstration year			N						
10/01/2021	12/31/2021	03/01/2022	DY16Q2	None	Narrative information	DY16Q2	DY16Q2	DY16Q2	N					
				30 days	Month	DY16Q2	DY16Q2	N						
				None	Quarter	DY16Q2		N						
				90 days	Quarter	DY16Q1	DY16Q1	N						
				None	Calendar year			N						
				None	Demonstration year			N						
01/01/2022	03/31/2022	05/30/2022	DY16Q3	None	Narrative information	DY16Q3	DY16Q3	DY16Q3	N					
				30 days	Month	DY16Q3	DY16Q3	N						
				None	Quarter	DY16Q3		N						
				90 days	Quarter	DY16Q2	DY16Q2	N						
				None	Calendar year			N						
				None	Demonstration year			N						
04/01/2022	06/30/2022	09/28/2022	DY16Q4	None	Narrative information	DY16Q4	DY16Q4	DY16Q4	N					
				30 days	Month	DY16Q4	DY16Q4	N						
				None	Quarter	DY16Q4		N						
				90 days	Quarter	DY16Q3	DY16Q3	N						
				None	Calendar year			N						
				None	Demonstration year	DY16		N						
07/01/2022	09/30/2022	11/29/2022	DY17Q1	None	Narrative information	DY17Q1	DY17Q1	DY17Q1	N					
				30 days	Month	DY17Q1	DY17Q1	N						
				None	Quarter	DY17Q1		N						
				90 days	Quarter	DY16Q4	DY16Q4	N						
				None	Calendar year	CY2021		N						
				None	Demonstration year			N						

10/01/2022	12/31/2022	03/01/2023	DY17Q2	None	Narrative information	DY17Q2	DY17Q2	DY17Q2	N				
				30 days	Month	DY17Q2		DY17Q2	N				
				None	Quarter	DY17Q2			N				
				90 days	Quarter	DY17Q1	DY17Q1	DY17Q1	N				

				90 days	Calendar year					N			
				None	Demonstration year					N			
01/01/2023	03/31/2023	05/30/2023	DY17Q3	None	Narrative information	DY17Q3	DY17Q3	DY17Q3		N			
				30 days	Month	DY17Q3				N			
				None	Quarter	DY17Q3				N			
				90 days	Quarter	DY17Q2	DY17Q2	DY17Q2		N			
				90 days	Calendar year					N			
				None	Demonstration year					N			
04/01/2023	06/30/2023	09/28/2023	DY17Q4	None	Narrative information	DY17Q4	DY17Q4	DY17Q4		N			
				30 days	Month	DY17Q4				N			
				None	Quarter	DY17Q4				N			
				90 days	Quarter	DY17Q3	DY17Q3	DY17Q3		N			
				90 days	Calendar year					N			
				None	Demonstration year	DY17				N			
07/01/2023	09/30/2023	11/29/2023	DY18Q1	None	Narrative information	DY18Q1	DY18Q1	DY18Q1		N			
				30 days	Month	DY18Q1				N			
				None	Quarter	DY18Q1				N			
				90 days	Quarter	DY17Q4	DY17Q4	DY17Q4		N			
				90 days	Calendar year	CY2022				N			
				None	Demonstration year					N			
10/01/2023	12/31/2023	02/29/2024	DY18Q2	None	Narrative information	DY18Q2	DY18Q2	DY18Q2		N			
				30 days	Month	DY18Q2				N			
				None	Quarter	DY18Q2				N			
				90 days	Quarter	DY18Q1	DY18Q1	DY18Q1		N			
				90 days	Calendar year					N			
				None	Demonstration year					N			

01/01/2024	03/31/2024	05/30/2024	DY18Q3	None	Narrative information	DY18Q3	DY18Q3	DY18Q3	N				
				30 days	Month	DY18Q3		DY18Q3	N				
				None	Quarter	DY18Q3			N				
				90 days	Quarter	DY18Q2	DY18Q2	DY18Q2	N				
				90 days	Calendar year				N				
				None	Demonstration year				N				
04/01/2024	06/30/2024	09/28/2024	DY18Q4	None	Narrative information	DY18Q4	DY18Q4	DY18Q4	N				
				30 days	Month	DY18Q4		DY18Q4	N				
				None	Quarter	DY18Q4			N				
				90 days	Quarter	DY18Q3	DY18Q3	DY18Q3	N				
				90 days	Calendar year				N				
				None	Demonstration year				N				
07/01/2024	09/30/2024	11/29/2024	DY19Q1	None	Narrative information	DY19Q1	DY19Q1	DY19Q1	N				
				30 days	Month	DY19Q1		DY19Q1	N				
				None	Quarter	DY19Q1			N				
				90 days	Quarter	DY18Q4	DY18Q4	DY18Q4	N				
				90 days	Calendar year	CY2023			N				
				None	Demonstration year				N				
10/01/2024	12/31/2024	03/01/2025	DY19Q2	None	Narrative information	DY19Q2	DY19Q2	DY19Q2	N				
				30 days	Month	DY19Q2		DY19Q2	N				
				None	Quarter	DY19Q2			N				
				90 days	Quarter	DY19Q1	DY19Q1	DY19Q1	N				
				90 days	Calendar year				N				
				None	Demonstration year				N				

01/01/2025	03/31/2025	05/30/2025	DY19Q3	None	Narrative information	DY19Q3	DY19Q3	DY19Q3	N				
				30 days	Month	DY19Q3		DY19Q3	N				
				None	Quarter	DY19Q3			N				
				90 days	Quarter	DY19Q2	DY19Q2	DY19Q2	N				
				90 days	Calendar year				N				
04/01/2025	06/30/2025	09/28/2025	DY19Q4	None	Narrative information	DY19Q4	DY19Q4	DY19Q4	N				
				30 days	Month	DY19Q4		DY19Q4	N				
				None	Quarter	DY19Q4			N				
				90 days	Quarter	DY19Q3	DY19Q3	DY19Q3	N				
				90 days	Calendar year				N				
07/01/2025	09/30/2025	11/29/2025	DY20Q1	None	Narrative information	DY19			N				
				30 days	Narrative information	DY20Q1	DY20Q1	DY20Q1	N				
				None	Month	DY20Q1			N				
				90 days	Quarter	DY20Q1			N				
				90 days	Quarter	DY19Q4	DY19Q4	DY19Q4	N				
10/01/2025	12/31/2025	03/01/2026	DY20Q2	None	Narrative information	DY20Q2	DY20Q2	DY20Q2	N				
				30 days	Month	DY20Q2			N				
				None	Quarter	DY20Q2			N				
				90 days	Quarter	DY20Q1	DY20Q1	DY20Q1	N				
				90 days	Calendar year	CY2024			N				
01/01/2026	03/31/2026	05/30/2026	DY20Q3	None	Narrative information	DY20Q3	DY20Q3	DY20Q3	N				
				30 days	Narrative information	DY20Q3			N				
				None	Month	DY20Q3			N				
				90 days	Quarter	DY20Q3			N				
				90 days	Quarter	DY20Q2	DY20Q2	DY20Q2	N				
04/01/2026	06/30/2026	09/28/2026	DY20Q4	None	Narrative information	DY20Q4	DY20Q4	DY20Q4	N				
				30 days	Narrative information	DY20Q4			N				
				None	Month	DY20Q4			N				
				90 days	Quarter	DY20Q4			N				
				90 days	Quarter	DY20Q3	DY20Q3	DY20Q3	N				
07/01/2026	09/30/2026	11/29/2026	DY21Q1	None	Narrative information	DY20			N				
				30 days	Narrative information	DY21Q1	DY21Q1	DY21Q1	N				
				None	Month	DY21Q1			N				
				90 days	Quarter	DY21Q1			N				
				90 days	Quarter	DY20Q4	DY20Q4	DY20Q4	N				
10/01/2026	12/31/2026	03/01/2027	DY21Q2	None	Narrative information	CY2025			N				
				30 days	Narrative information	DY21Q2	DY21Q2	DY21Q2	N				
				None	Month	DY21Q2			N				
				90 days	Quarter	DY21Q2	DY21Q1	DY21Q1	N				
				90 days	Quarter	DY21Q1			N				
01/01/2027	03/31/2027	05/30/2027	DY21Q3	None	Narrative information	DY21Q3	DY21Q3	DY21Q3	N				
				30 days	Narrative information	DY21Q3			N				
				None	Month	DY21Q3			N				
				90 days	Quarter	DY21Q3			N				
				90 days	Quarter	DY21Q2	DY21Q2	DY21Q2	N				
04/01/2027	06/30/2027	09/28/2027	DY21Q4	None	Narrative information	DY21Q4	DY21Q4	DY21Q4	N				
				30 days	Narrative information	DY21Q4			N				
				None	Month	DY21Q4			N				
				90 days	Quarter	DY21Q3	DY21Q3	DY21Q3	N				
				90 days	Quarter	DY21Q3			N				
07/01/2027	09/30/2027	11/29/2027	DY22Q1	None	Narrative information	DY21			N				
				30 days	Narrative information	DY22Q1	DY22Q1	DY22Q1	N				
				None	Month	DY22Q1			N				
				90 days	Quarter	DY22Q1			N				
				90 days	Quarter	DY21Q4	DY21Q4	DY21Q4	N				
10/01/2027	12/31/2027	02/29/2028	DY22Q2	None	Narrative information	CY2026			N				
				30 days	Narrative information	DY22Q2	DY22Q2	DY22Q2	N				
				None	Month	DY22Q2			N				
				90 days	Quarter	DY22Q2			N				
				90 days	Quarter	DY22Q1	DY22Q1	DY22Q1	N				
01/01/2028	03/31/2028	05/30/2028	DY22Q3	None	Narrative information	DY22Q3	DY22Q3	DY22Q3	N				
				30 days	Narrative information	DY22Q3			N				
				None	Month	DY22Q3			N				
				90 days	Quarter	DY22Q2	DY22Q2	DY22Q2	N				
				90 days	Quarter				N				
04/01/2028	06/30/2028	09/28/2028	DY22Q4	None	Narrative information	DY22			N				
				30 days	Narrative information	DY22Q4	DY22Q4	DY22Q4	N				
				None	Month	DY22Q4			N				
				90 days	Quarter	DY22Q4			N				
				90 days	Quarter	DY22Q3	DY22Q3	DY22Q3	N				
07/01/2028	09/30/2028	11/29/2028	DY23Q1	None	Narrative information	DY22			N				
				30 days	Narrative information	DY23Q1	DY23Q1	DY23Q1	N				
				None	Month	DY23Q1			N				
				90 days	Quarter	DY23Q1			N				
				90 days	Quarter	DY22Q4	DY22Q4	DY22Q4	N				
10/01/2028	12/31/2028	03/01/2029	DY23Q2	None	Narrative information	CY2027			N				
				30 days	Narrative information	DY23Q2	DY23Q2	DY23Q2	N				
				None	Month	DY23Q2			N				
				90 days	Quarter	DY23Q1	DY23Q1	DY23Q1	N				
				90 days	Quarter				N				
01/01/2029	03/31/2029	05/30/2029	DY23Q3	None	Narrative information	DY23Q2			N				
				30 days	Narrative information	DY23Q3	DY23Q3	DY23Q3	N				
				None	Month	DY23Q3			N				
				90 days	Quarter	DY23Q3			N				
				90 days	Quarter	DY23Q2	DY23Q2	DY23Q2	N				
04/01/2029	06/30/2029	09/28/2029	DY23Q4	None	Narrative information	DY23Q3			N				
				30 days	Narrative information	DY23Q4	DY23Q4	DY23Q4	N				
				None	Month	DY23Q4			N				
				90 days	Quarter	DY23Q3	DY23Q3	DY23Q3	N				
				90 days	Quarter	DY23Q3			N				
07/01/2029	09/30/2029	11/29/2029	DY24Q1	None	Narrative information	DY23			N				
				30 days	Narrative information	DY24Q1	DY24Q1	DY24Q1	N				
				None	Month	DY24Q1			N				
				90 days	Quarter	DY24Q1			N				
				90 days	Quarter	DY23Q4	DY23Q4	DY23Q4	N				
10/01/2029	12/31/2029	03/01/2030	DY24Q2	None	Narrative information	CY2028			N				
				30 days	Narrative information	DY24Q2	DY24Q2	DY24Q2	N				
				None	Month	DY24Q2			N				
				90 days	Quarter	DY24Q2			N				
				90 days	Quarter	DY24Q2			N				

				None	Quarter	DY24Q2				N			
				90 days	Quarter	DY24Q1	DY24Q1	DY24Q1		N			
				90 days	Calendar year					N			
				None	Demonstration year					N			
01/01/2030	03/31/2030	05/30/2030	DY24Q3	None	Narrative information	DY24Q3	DY24Q3	DY24Q3		N			
				30 days	Month	DY24Q3		DY24Q3		N			
				None	Quarter	DY24Q3				N			
				90 days	Quarter	DY24Q2	DY24Q2	DY24Q2		N			
				90 days	Calendar year					N			
				None	Demonstration year					N			
04/01/2030	06/30/2030	09/28/2030	DY24Q4	None	Narrative information	DY24Q4	DY24Q4	DY24Q4		N			
				30 days	Month	DY24Q4		DY24Q4		N			
				None	Quarter	DY24Q4				N			
				90 days	Quarter	DY24Q3	DY24Q3	DY24Q3		N			
				90 days	Calendar year					N			
				None	Demonstration year	DY24				N			

Add rows for all additional demonstration reporting quarters

Notes:

¹ **Eligibility and coverage demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state's STCs at the time of eligibility and coverage demonstration approval. For example, if the state's STCs at the time of eligibility and coverage demonstration approval note that the demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the demonstration. Note that the effective date is considered to be the first day the state may begin its eligibility and coverage demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on 12/15/2020, with an effective date of 1/1/2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration. Please see Appendix A of the Monitoring Protocol Instructions for more information on determining demonstration quarter timing.

² The auto-generated reporting schedule in Table 2 outlines the data the state is expected to report for each demonstration year and quarter. However, states are not expected to begin reporting any metrics data until after protocol approval. The state should see Section B of the Monitoring Report Instructions for more information on retrospective reporting of data following protocol approval.