

Sample 372 Report Notifications

The following are samples of 372 report notifications sent to State Medicaid Director users and primary Regional Office users assigned to a corresponding waiver. These notifications contain guidance on completing both the Data and Quality sections of the 372 report to avoid some of the more common issues found in 372 report reviews.

Sample 1 - In Process 372 Reports Due in 30 Days Notification

Timing

This notification is sent 30 days prior to when the annual 372 report is due. Since the 372 report is due 18 months following the end of the waiver year, this notification is sent 17 months following the end of the waiver year. The waiver year for 372 reporting begins on the effective date of the renewal and concludes at the end of the 12th month, continuing each year of the active waiver.

Note: A 372 Report can be due even if a waiver has been renewed past the 372-reporting period.

Sample Notification

Please refer below for a sample of this notification.

The state's annual 372 report for <inserted waiver number> is due to CMS on <inserted date>.

The items below provide guidance for both the *Data and Quality* sections to avoid some of the more common issues found in 372 reviews:

Data Section

Information in this section should be submitted approximately 18 months after the last day of the waiver reporting period. For example, data for waiver report year 2017 covering 03/01/2016 to 02/28/2017 should be reported by 09/01/2018,

1. Service definitions should be worded in the same way as in Appendix J-2: Derivation of Estimates of the approved waiver. You can insert a comma or dash, but it should be clear the definition is identical.
2. All services in the approved waiver should be included on the 372 Report. *If there was no utilization, enter zero for the number of beneficiaries.*
3. There should not be services on the 372 that are not in the approved waiver. If a waiver service includes sub-components that are individually estimated in the approved waiver, EACH service sub-component must be separately reported on the 372. Your 372 Report should be based on the specific services and service sub-components enumerated in Appendix C-1 and Appendix J-2 of the approved waiver.
4. Any time the Factors vary significantly from the approved waiver, you will need to explain the reason for the variation in the Additional Information text box, which appears on page 2 of the 372 web application below the Level/s of Care checkboxes:
 - a. FACTOR C
 - i. If Factor C exceeds the approved estimate at all, please explain the reason.
 - ii. If Factor C is lower by at least 10%, please explain the reason.

- b. FACTOR D and D': If either factor varies from the approved estimate by at least 10% OR \$5 million, please explain the reason.
 - c. FACTOR G and G': These should be the same numbers that are approved in the waiver.
5. In the Additional Information text box, the 372 Report should discuss the use of *Money Follows the Person (MFP)* for the waiver. If MFP is not used, please state this.

Quality Section

Information in this section should pertain to the most recent waiver year. For example, if the information in the data section is for waiver report year 2017, the quality information should be for waiver report year 2018.

1. Item 6 - Deficiencies were detected - The state is required to report on any deficiencies detected. To report deficiencies, check this box and provide the following details in the corresponding textbox for ANY Performance Measure (PM) in the approved waiver that has a performance level less than 86% compliance:
 - a. Description of the actual performance measure for EACH PM below the threshold.
 - b. Provide a summary of the significant areas where deficiencies were detected.
 - c. The number of substantiated instances of abuse, neglect, exploitation and/or death, the actions taken regarding the incidents and how they were resolved.
2. Item 7 - Deficiencies have been, or are being corrected - for each PM where performance was measured at less than the threshold, the state should provide an explanation of how these deficiencies have been, or are being, corrected as well as the steps that have been taken to ensure that these deficiencies do not reoccur.

Reporting Managed Care

The following instructions provide guidance on how to report data for waivers that utilize managed care.

1. In the Additional Information text box report the following.
 - a. Name of managed care (MC) program
 - b. Number of unduplicated MC participants receiving waiver services
 - c. Per member per month (pmpm) cost
2. In the Annual Number of Section 1915c Recipients and Expenditures Table report the following:
 - a. Service Name - List "Managed Care" as a service name
 - b. Participants - The total number of unduplicated participants receiving managed care through the waiver
 - c. Expenses in \$:
 - i. Calculate the average number of months services were received per participant: $\text{Average Length of Stay (ALOS)} / 30.42 \text{ days} = \text{months rounded to the nearest hundredth (e.g. ALOS 171 days} / 30.42 \text{ days} = 5.62 \text{ months)}$

- ii. Calculate the total expense per year: Unduplicated participants x the pmpm cost x average months services received (e.g. 2,000 unduplicated participants x \$4,500 pmpm x 5.62 = \$50,580,000 Expense in \$)
3. Then continue to use the Add Service Line link at the bottom of the page to also list the following for each service provided via managed care:
 - a. Service Name - Name of service provided via managed care
 - b. Participants - Number of unduplicated participants receiving that managed care service
 - c. Expenses in Percent - Percentage of the total unduplicated participants receiving the service, e.g. Residential Habilitation. For example, there are 2,000 unduplicated participants receiving waiver services and only 500 of them received Residential Habilitation services via managed care. To calculate the percent of unduplicated participants receiving managed care Residential Habilitation, divide 500 by 2,000 = .25 or 25%.

Note: All services provided via fee for service are reported separately listing their dollar amount in this section.

Sample 2 - CMS 372 Report Transaction Summary Overdue 30 Days Notification

Timing

This notification is sent for a 372 Report overdue by 30 days. Since the 372 report is due 18 months following the end of the waiver year, this notification is sent 19 months following the end of the waiver year. The waiver year for 372 reporting begins on the effective date of the renewal and concludes at the end of the 12th month, continuing each year of the active waiver.

Note: A 372 Report can be due even if a waiver has been renewed past the 372-reporting period.

Sample Notification

Please refer below for a sample of this notification.

The state's annual 372 report for <inserted waiver number> is 30 days overdue to CMS on <inserted date>.

The items below provide guidance for both the *Data and Quality* sections to avoid some of the more common issues found in 372 reviews:

Data Section

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1. Service definitions should be worded in the same way as in Appendix J-2: Derivation of Estimates of the approved waiver. You can insert a comma or dash, but it should be clear the definition is identical.
2. All services in the approved waiver should be included on the 372 Report. *If there was no utilization, enter zero for the number of beneficiaries.*

3. There should not be services on the 372 that are not in the approved waiver. If a waiver service includes sub-components that are individually estimated in the approved waiver, EACH service sub-component must be separately reported on the 372. Your 372 Report should be based on the specific services and service sub-components enumerated in Appendix C-1 and Appendix J-2 of the approved waiver.
4. Any time the Factors vary significantly from the approved waiver, you will need to explain the reason for the variation in the Additional Information text box, which appears on page 2 of the 372 web application below the Level/s of Care checkboxes:
 - a. FACTOR C
 - i. If Factor C exceeds the approved estimate at all, please explain the reason.
 - ii. If Factor C is lower by at least 10%, please explain the reason.
 - b. FACTOR D and D': If either factor varies from the approved estimate by at least 10% OR \$5 million, please explain the reason.
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5. In the Additional Information text box, the 372 Report should discuss the use of *Money Follows the Person (MFP)* for the waiver. If MFP is not used, please state this.

Quality Section

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 - a. Service Name - List "Managed Care" as a service name
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 - c. Expenses in \$:
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 - ii. Calculate the total expense per year: $\text{Unduplicated participants} \times \text{the pmpm cost} \times \text{average months services received (e.g. 2,000 unduplicated participants} \times \$4,500 \text{ pmpm} \times 5.62 = \$50,580,000 \text{ Expense in \$)}$
3. Then continue to use the Add Service Line link at the bottom of the page to also list the following for each service provided via managed care:
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