



# Centennial Care Reporting Instructions

## Disease Management Program Description and Annual Evaluation Report #20

### Related Contract Requirements

1. Section 4.12.9 Disease Management
2. Section 4.21 – Reporting Requirements
3. Section 7.3 – Failure to Meet Agreement Requirements

### Attestation and Penalties

The managed care organization (MCO) shall ensure that all data is accurate and appropriately formatted in the report prior to submitting the report. Per Sections 4.21 and 7.3 of the Centennial Care contract, failure to submit accurate reports and/or failure to submit properly formatted reports may result in monetary penalties of \$5,000 per report, per occurrence.

The MCO shall include a signed Centennial Care Report Attestation Form with each report submitted. Failure to submit a signed attestation form by the report due date will result in the entire report being late. Per Sections 4.21 and 7.3 of the Centennial Care contract, failure to submit timely reports may result in monetary penalties of \$1,000 per report, per calendar day. The \$1,000 per calendar day damage amounts will double every ten calendar days.

### Instructions

The MCO is required to submit the Disease Management (DM) Program Description and Annual Evaluation report on an annual basis no later than **June 30<sup>th</sup>** of each calendar year. If the report due date falls on a weekend or a State of New Mexico scheduled holiday, receipt of the report the next business day is acceptable.

An electronic version of the report must be submitted to HSD and shall be submitted via the State's secure DMZ FTP site. The date of receipt of the electronic version will serve as the date of receipt for the report. The MCO shall submit the electronic version of the report with the following file name: MCO.HSD20.CY##-CY##.v#. The "MCO" part of the labeling should be the MCO's acronym for their business name. With each report submission, change the calendar year (e.g., CY19-CY20) and the version number (e.g., v1), as appropriate. CY##'s shall correspond to the year of data provided for the evaluation and the year of data provided for the DM program description. The version number should be "1" unless the MCO is required to resubmit a report for a specified reporting period. In those instances, the MCO will use "2" and so on for each resubmission.

The report shall describe the DM program and activities for the current calendar year including how the MCO intends to evaluate the current year's DM program. The report should also include the DM Annual Evaluation of the prior calendar year including a description of the evaluation methods and results for the previous year. The combined program description and evaluation shall be limited to no more than fifty (50) pages, including all relevant written information, graphs, charts, tables, and appendices. All documents, when submitted to HSD will be in PDF, highlighted, text-boxed, etc., for easily identifying contract and report requirements described below.



## **Centennial Care Reporting Instructions Disease Management Program Description and Annual Evaluation Report #20**

### **Section I: Disease Management Program Description**

This section of the report must describe the DM program and the evaluation methods that will be used to evaluate the DM program. The resulting programmatic changes to the DM program identified in the evaluation of the prior year's DM program must be incorporated in the DM program description for the current year. Include a description of the comprehensive evaluation of the MCOs activities regarding the chronic conditions identified in the DM program description. Disease management is a component of care coordination and not a separate, freestanding program. The DM Program Description must include behavioral health conditions as part of the program.

The MCO shall submit annually to HSD a written report of the MCO's DM Program including, but not limited to, a description of the DM program and activities for the current calendar year including how the MCO will conduct the DM Annual Evaluation of the current year's DM program. The report shall describe the evaluation methods and anticipated changes to the current year's DM program resulting from the previous year's evaluation.

Clearly identifiable sections with elements describing both the DM Program Description and DM Program Evaluation shall include but not limited to:

- a) Scope of the DM program and annual evaluation;
- b) Program structure, including organizational structure;
- c) Description of at least two (2) chronic disease states: one applicable/relevant to the adult population and one to the pediatric population;
- d) Description and methodology for identifying other diseases/conditions for potential DM strategies and interventions that are integrated with quality management;
- e) Overall and measurable objectives;
- f) Methodology for determining targeted interventions and education;
- g) Specific mechanisms for periodic data tracking and trending of DM performance indicators; and
- h) Periodic evaluation of the effectiveness of the DM interventions and an assessment of the impact of the DM program on management and administrative activities.



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### **Section II: Disease Management Annual Evaluation**

The DM Annual Evaluation section must include a comprehensive evaluation about programs to improve health to determine and document actual DM performance results achieved during of the previous year's activities regarding DM initiatives described in the prior year's DM Program Description and Evaluation Report (or in the initial Annual DM Program Description submitted for the first year of Centennial Care, as applicable).

A comprehensive DM program evaluation shall include an evaluation of:

- An overview of DM strategies to Members with identified chronic conditions as part of Care Coordination processes and activities;
- The overall effectiveness of the DM program to include the identification of populations;
- An overview of DM activities and an assessment of the impact of the DM program on management and administrative activities; and
- An overview of evidence-based practice guidelines and collaborative practice models designed to target individual with a specific disease.

The report shall describe the DM program and activities for the upcoming year.

The MCO shall define and submit annually to HSD a written copy of the MCO's DM annual evaluation which shall include but not be limited to the minimum requirements listed below. Please note that disease management is a component of care coordination and not a separate, freestanding program. The Disease Management Annual Evaluation must include behavioral health conditions as part of the program evaluation.

The DM Annual Evaluation portion of the report shall include at minimum:

- a) A narrative summary assessing the performance of all of the defined DM program description requirements;
- b) A description of how the MCO defined and detailed strategies and interventions that were accomplished during the previous year;
- c) The effectiveness of the DM Program during the previous year as evidenced by the MCO's defined goals and objectives;
- d) Identification of revisions necessary for existing/current DM projects or initiatives; and
- e) Successes and failures noted in the previous year's DM strategy including analysis of contributing factors for both, including cumulative data-driven measurements with written analysis describing the effectiveness of its DM interventions as well as any modifications implemented by the MCO's to improve its DM performance.