Centennial Care Reporting Instructions
Patient-Centered Medical Home (PCMH) – Report #48

Report Objective

To track (i) the number of Patient-Centered Medical Homes (PCMHs) established, (ii) the number of members that were referred to and joined a PCMH, (iii) outcomes, including emergency room (ER) utilization and hospital admission and readmission, and (iv) PCMH NCQA recognition and other accreditation.

General Instructions

The managed care organization (MCO) is required to submit the PCMH report on a quarterly basis. This report is due on April 30, July 30, October 30, and January 30 of each year. If a report due date falls on a weekend or a State of New Mexico holiday, receipt of the report the next business day is acceptable. Please adhere to the following reporting periods and due dates.

Submission	Reporting Period	Report Due Date
1	January 1 – March 31	April 30
2	April 1 – June 30	July 30
3	July 1 – September 30	October 30
4	October 1 – December 31	January 30

An Excel workbook is provided as a separate attachment for submission. Quantitative data and any qualitative data **must** be entered in the Excel workbook. The MCO must ensure that data is entered in all fields. The report will be considered incomplete if any field is left blank. Use "ND" if there is no data available to report. Use "N/A" if the data field is not applicable. All formulas provided in the workbook are locked and shall not be altered by the MCO. An electronic version of the report in Excel must be submitted to the New Mexico Human Services Department (HSD) by the report due dates listed above. The report 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.

To assist MCOs with the use of the template, all cells within the template are viewable. This allows the user to move the cursor into any cell of the template and enables the user to see the formulas in the cells that calculate automatically. Although certain cells are locked and protected, the user's ability to view the formulas should assist in the MCO's understanding of the template and calculations performed. It is important to note that when populating the templates with data, users are not to use the "cut and paste" function in Excel, as this may cause errors to the cell formulas. Additionally, certain cells have been shaded and locked to prevent data entry where data is not required or not applicable to the particular item or category.

The MCO shall submit the electronic version of the report using the following file labeling format: MCO.HSD48.Q#CY##.v#. The "MCO" part of the labeling should be the MCO's acronym for their business name. With each report submission, change the quarter reference (Q# - e.g., Q1), the calendar year (CY## - e.g., CY19), and the version number (v# - e.g., v1), as appropriate. The version number

should be "1" unless the MCO is required to resubmit a report for a specified quarter. In those instances, the MCO will use "2" and so on for each resubmission.

The Reporting Period, MCO Name, and Report Run Date must be entered in the fields provided at the very top left corner of the first worksheet in the report. Using the format illustrated below, enter the start and end dates for the Reporting Period. The MCO Name should be the MCO's full business name. Using the format illustrated below, enter the Report Run Date. The Report Run Date refers to the date that the data was retrieved from the MCO's system. All dates and the MCO name entered on the first worksheet will automatically populate the top of all other worksheets in the report.

Reporting Period	MM/DD/YYYY	through	MM/DD/YYYY
MCO Name	MCO's Full Name		
Report Run Date	MM/DD/YYYY		

Attestation and Penalties

The MCO shall ensure that all data is accurate and appropriately formatted in the workbook prior to submitting the report. Per Section 7.3 of the Centennial Care contract, failure to submit accurate reports and/or failure to submit properly formatted reports in accordance with the contract 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.

Related Contract Requirements

1. Section 4.13.1 – Patient-Centered Medical Home Initiative (PCMH)
2. Section 4.21 – Reporting Requirements
3. Section 7.3 – Failure to Meet Agreement Requirements

Definitions

Patient-Centered Medical Home (PCMH)	A team-based model of care led by a personal physician who provides continuous and coordinated care throughout a patient's lifetime to maximize health outcomes.
Paneled	Member selected a PCMH provider or has been assigned a PCMH provider.

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Section I: Analysis

Before entering data in the workbook, ensure that the "Analysis" tab is selected. This section of the report collects qualitative analysis regarding PCMH activities. Please respond to the following questions taking into consideration the data reported for the reporting period. For each question, identify any changes compared to previous reporting periods and trends over time and provide an explanation of the identified changes. Interpret trends observed over time and describe any actions taken in the last quarter to influence the trends. Additionally, describe any action plans or performance improvement activities addressing any negative changes found during the current reporting period or previous reporting periods. Address how successful past efforts have been in terms of influencing trends or addressing negative changes.

1. What measures are you actively taking to reduce high emergency room utilization and hospital readmission for members in a PCMH? How does this compare to previous reporting periods?

2. What other member outcomes or provider performance is the MCO monitoring for PCMHs?

3. How is the MCO tracking outcomes for disease management through PCMHs?

Section II: Member Outcomes

Before entering data in the workbook, ensure that the "Member Outcomes" tab is selected. This section of the report captures information regarding the number of members serviced by PCMHs and outcomes, including ER utilization and hospital admission and readmission. The MCO shall use the most current HEDIS specifications (as applicable) when completing this report. Please note that counts for certain outcomes captured in this section of the report are to be based on paid claims with dates of service within each of the quarterly and year-to-date (YTD) columns.

For all submissions of this report, the MCO is required to restate quarterly and YTD data from the previous submissions updating data as necessary. Reporting data in this manner will take advantage of the most recent look at the claims paid data and other information necessary for completing this report, thus benefiting from the additional months of claims paid run out and reporting lag. Amounts entered into this report are to be based on actual data and exclude any estimates or accruals.

Row Header	Row Number	Description
Unique Members who are paneled to a PCMH	7	An unduplicated count of the members who are paneled to a PCMH during the quarter. The YTD amount should reflect the count of unique Members paneled to a PCMH at any time during the YTD reporting period.

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Row Header	Row Number	Description
PCMH Member hospital admissions	8	For PCMH Members reported in Row 7, the number of all admissions (including readmissions) to a hospital. The quarter in which the date of the applicable hospital admission occurred is to be used for the purpose of reporting counts within this section of the report. Each hospital admission must be counted separately. For example, if one member was admitted twice during the reporting period, the MCO must report both admissions. Counts for the YTD admissions should reflect the sum of counts from each quarter.

Row Header	Row Number	Description

PCMH Member hospital readmissions within 30 days after discharge	9	The number of PCMH Member hospital readmissions that followed a hospital inpatient admission (Row 8) within 30 calendar days after discharge.
		
		The quarter in which the date of the initial hospital admission (Row 8) occurred is to be used for the purpose of reporting counts within this section of the report. Any discharge from a hospital admission or readmission shall restart the 30 day time period.
		
		Multiple readmissions for the same member must be counted separately. For example, if one member was admitted to a hospital twice during the quarter and readmitted within 30 calendar days after each discharge, the MCO must report both readmission occurrences.
		
		- Includes members of all ages.
		- Excludes members in hospice.
		- Exclude hospital stays for the following reasons:
		  - Member died during the stay;
		  - Female member with a principle diagnosis of pregnancy; and
		  - Principle diagnosis of a condition originating in the perinatal period.
		- Exclude readmits that were planned. This includes hospitalization for services such as Chemotherapy or specified transplants (refer to HEDIS for specific list).
		- For acute to acute transfers, keep the original admission date as the admission date, but use the direct transfer's discharge date.
		
		Counts for the YTD readmissions should reflect the sum of counts from each quarter.

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Row Header	Row Number	Description
PCMH Member visits to the PCMH within 7 days after hospital inpatient discharge	10	The number of occurrences where a PCMH member was seen by a PCMH at least once within 7 calendar days after a hospital inpatient discharge. Discharges used to determine these counts shall correspond to the hospital admissions reported in Row 8. The quarter in which the date of the applicable hospital inpatient admission occurred is to be used for the purpose of reporting counts within this section of the report. Each PCMH visit following a hospital inpatient admission must be counted separately. For example, if one member was admitted to a hospital twice during the quarter and visited the PCMH at least once within 7 calendar days after each discharge, the MCO must report both occurrences. If the member only visited the PCMH after one admission, the MCO must report one PCMH visit. - Includes members of all ages. - Excludes visits with a practitioner that occur on the date of discharge. - Excludes discharges that are followed by a readmission or direct transfer to a non-acute inpatient care setting within the 30-day follow-up period. Counts for the YTD visits should reflect the sum of counts from each quarter.

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Row Header	Row Number	Description
PCMH Member emergency department visits	11	For PCMH Members reported in Row 7, the number of emergency department (ED) visits that did not result in a hospital inpatient admission. The quarter in which the date of the applicable emergency department visit occurred is to be used for the purpose of reporting counts within this section of the report. Each visit must be counted separately. For example, if one member had two separate emergency department visits during the quarter, the MCO must report both visits. Count multiple ED visits on the same date of service as one visit. Counts for the YTD visits should reflect the sum of counts from each quarter.
PCMH Member visits to the PCMH within 7 days following an emergency department visit	12	The number of occurrences where a PCMH member was seen by a PCMH at least once within 7 calendar days after an ED visit. ED visits used to determine these counts shall correspond to the visits reported in Row 11. The quarter in which the date of the applicable ED visit occurred is to be used for the purpose of reporting counts within this section of the report. Each PCMH visit following an ED visit must be counted separately. For example, if one member had two visits to the ED during the quarter and visited the PCMH at least once within 7 calendar days of each visit, the MCO must report both occurrences. If the member visited the PCMH within 7 calendar days after only one of the ED visits, the MCO must report one PCMH visit. Count multiple ED visits on the same date of service as one visit. - Includes members of all ages. - If a member has more than one ED visit in a 31-day period, include only the first eligible visit. - Includes as follow-up, visits that occur on the date of ED visit. Counts for the YTD visits should reflect the sum of counts from each quarter.

Row Header	Row Number	Description
PCMH Members who visited the emergency department 1 time during the reporting period	13	Of the unique Members who are paneled to a PCMH (Row 7), the number who visited the ED 1 time during the quarter. Members must only be counted once in either Row 13, 14, or 15. For example, a Member who visited an ED 4 times in the quarter would be counted once and the count would be reported within Row 15 only. The YTD amount should reflect the count of unique Members paneled to a PCMH who visited the ED 1 time during the YTD reporting period.
PCMH Members who visited the emergency department 2-3 times during the reporting period	14	Of the unique Members who are paneled to a PCMH (Row 7), the number who visited the ED 2 or 3 times during the quarter. Members must only be counted once in either Row 13, 14, or 15. For example, a member who visited an ED 4 times in the quarter would be counted once and the count would be reported within Row 15 only. The YTD amount should reflect the count of unique Members paneled to a PCMH who visited the ED 2 or 3 times during the YTD reporting period.
PCMH Members who visited the emergency department 4 or more times during the reporting period	15	Of the unique Members who are paneled to a PCMH (Row 7), the number who visited the ED 4 or more times during the quarter. Members must only be counted once in either Row 13, 14, or 15. For example, a member who visited an ED 4 times in the quarter would be counted once and the count would be reported within Row 15 only. The YTD amount should reflect the count of unique Members paneled to a PCMH who visited the ED 4 or more times during the YTD reporting period.

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Section III: PCMH Data

Before entering data in the workbook, ensure that the "PCMH Data" tab is selected. This section of the report captures information regarding the number of PCMHs and associated PCMH sites in the MCO's network. PCMH's are not required to attain NCQA or Joint Commission recognition but are encouraged to achieve recognition as soon as possible (MCO contract section 4.13.1.1). This section of the report also captures information regarding the MCO's members and their participation in a PCMH.

Row Header	Row Number	Description
Number of PCMH site locations in the MCO's network	7	The total unduplicated count of PCMH site locations (including practices with formal PCMH recognition and practices applying the PCMH practice model) in the MCO's network each quarter and YTD.
Total unduplicated count of MCO's Members	10	Total unduplicated count of the MCO's members for each quarter and YTD, regardless of whether the member is paneled to a PCMH in the MCO's network.
Unique Members who are paneled to a PCMH	11	An unduplicated count of members who are paneled to a PCMH during the quarter and YTD. Data entry is not required in this field as counts are automatically populated using the counts reported in Section II of this report.
Percent of Members who are paneled to a PCMH	12	Of the MCO's members reported in Row 10, the percent of members who are paneled to a PCMH. Data entry is not required in this field as percentages in this row are automatically calculated by dividing counts reported in Row 11 by the counts reported in Row 10.

Section IV: PCMH List

Before entering data in the workbook, ensure that the "PCMH List" tab is selected. This section of the report collects information on PCMHs in the MCO's network including information about the PCMH's NCQA recognition status. Contracted provider site locations with Primary Care Medical Home certification from Joint Commission, and/or AAAHC Medical Home accreditation should also be listed although their NCQA PCMH recognition status may be "No". PCMH's are not required to attain NCQA or Joint Commission recognition but are encouraged to achieve recognition as soon as possible (MCO contract section 4.13.1.1).

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Column Header	Column	Description
PCMH Name	A	Name of PCMH.
Address	B	Street address of PCMH.
City	C	Location of PCMH.
Zip Code	D	Zip Code.
NCQA Recognition	E	Enter "Y" or "N" to indicate whether the PCMH has NCQA recognition as a Patient-Centered Medical Home.