Centennial Care Reporting Instructions
Admissions and Readmissions – Report #5

Report Objective

To monitor the number of members who are readmitted to a facility such as a residential treatment center (RTC), treatment foster care (TFC) and inpatient psychiatric facility or unit (IPF), within thirty (30) calendar days of a previous discharge and to track follow-up appointments after discharge. This report ties to performance measure #8: Follow-up after Hospitalization for Mental Illness, from the Centennial Care contract.

General Instructions

The managed care organization (MCO) is required to submit the Admissions and Readmissions report on a quarterly basis. This report is due on April 30, July 30, October 30, and January 30 of each year. Please adhere to the following reporting periods and due dates.

Quarter	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

The following paragraph only applies to Section II of the report. The MCO is required to update Section II (with rolling quarters) for each submission of the report. All other sections of the report collect data specific to the current reporting period.

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 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 date 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 applicable to the particular item or category.

The MCO shall submit the electronic version of the report with the following file name labeling format: MCO Name.HSD5.Q1CY14.v1. With each report submission, please change the reporting period reference (e.g., Q1), the calendar year (e.g., CY14), and the version number (e.g., v1), as appropriate.

The MCO's name, the reporting period, and the report run date must be entered on the top portion of the first worksheet in the report. The report run date refers to the date that the data was retrieved from the MCO's system. The dates and MCO name entered on the first worksheet will automatically appear on the

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top of all other worksheets of the report. The start and end of the reporting period must be entered in the format illustrated below:

Reporting Period	1/1/2014	through	3/31/2014
MCO Name	MCO A		
Report Run Date	4/1/2014		

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 liquidated damages of $5,000 per report, per occurrence.

The MCO shall include a signed attestation with each report. Failure to submit a signed attestation form by the report due date will result in the entire report being late. Per Section 7.3 of the Centennial Care contract, failure to submit timely reports in accordance with the contract may result in liquidated damages 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 4.21 – Reporting Requirements
2. Section 7.3 – Failure to Meet Agreement Requirements
3. Section 4.12.8.2.8 – PM #8 – Follow-up after Hospitalization for Mental Illness

Definitions

Inpatient Psychiatric Facility/Unit (IPF) – Discharges and Follow-Up Evaluations	Includes psychiatric units in general hospitals and freestanding psychiatric hospitals. For the purposes of tracking discharges and follow-ups, claims data should be used.
Residential Treatment Center (RTC) – Discharges and Follow-Up Evaluations	For the purposes of tracking RTC discharges and follow-ups, authorization data and claims data should be used, where applicable.
Treatment Foster Care (TFC) – Discharges and Follow-Up Evaluations	For the purposes of tracking TFC discharges and follow-ups, authorization and claims data should be used, where applicable.
Performance Measure #8	Follow-up after Hospitalization for Mental Illness Discharges for members six (6) years of age and older who were hospitalized for treatment of selected mental health disorders with follow-up with a mental health practitioner within seven (7) calendar days or thirty (30) calendar days after discharge. Includes outpatient visits, intensive outpatient encounters, or partial hospitalizations that occur on the date of discharge.

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Members	Members who are eligible for Medicaid services under New Mexico's State Plan. For the purposes of this report, members also refer to individuals who are enrolled in the Centennial Care program as dually eligible members. This report collects data on both dually eligible members and non-dual members enrolled in Centennial Care.

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 admissions and readmissions to facilities. Please respond to the following question in the analysis worksheet, 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. Additionally, describe any action plans or performance improvement activities addressing any negative changes found during the current reporting period or previous reporting periods.

1. How is the MCO ensuring timely follow-ups (both at 7 days and at 30 days) with members discharged from a facility? How does the MCO's approach compare to previous reporting periods?

2. What steps is the MCO taking to decrease readmission rates to each type of facility? Please address each type of facility (RTC, TFC and IPF) when responding. How does the MCO's approach compare to previous reporting periods?

3. What next steps or corrective actions have been identified by the MCO to address facilities identified with high readmission rates? How does the MCO's plan compare to previous reporting periods?

4. What trends has the MCO identified regarding readmissions for each age group and facility? How does this compare to previous reporting periods?

5. How is care coordination addressing discharge planning and follow-up planning in order to reduce readmission rates? How does this compare to previous reporting periods?

Section II: All Facility Readmissions

Before entering data in the workbook, ensure that the "Facility Readmissions" tab is selected. This section of the report captures facility follow-up and readmission rates for members within 7 and 30 calendar days following discharge using a rolling quarter format.

Using the rolling quarter format where sections of this report capture data for multiple reporting periods (both current and prior quarters), the MCO is required to restate previously submitted data. Please note that counts captured in this section are to be based on paid claims with dates of service within each of the quarterly periods specified in Row 6. With each submission, the MCO is required to restate quarterly data from previous submissions with updated 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 (i.e., authorization data) 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.

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The MCO is required to enter the applicable reporting periods in the template (Row 6) with each submission of the report. The MCO must restate/update previously reported data in this section of the report only.

Rolling Quarters

With each report submission the MCO is required to enter data for the current reporting period, as well as the three previous reporting periods noted in Row 6 of the report.

Columns Q – U: Enter data for the **current** reporting period. For example, if the report is submitted for the fourth quarter on January 30. The MCO is required to enter data for the current reporting period and label the header Q4CY14 in Row 6.

Columns L – P: Enter data for the **previous** report submission. For example, if the current report is submitted for the fourth quarter, the MCO is required to enter data for the third quarter in these columns and label it as Q3CY14 in Row 6.

Columns G – K: Enter data for 2 quarters back. For example, if the current report is submitted for the fourth quarter, the MCO is required to enter data for the second quarter in these columns and label it as Q2CY14 in Row 6.

Columns B – F: Enter data for 3 quarters back. For example, if the current report is submitted for the fourth quarter, the MCO is required to enter data for the first quarter and label it as Q1CY14 in Row 6.

Data Fields

Note: Follow-up evaluation counts and facility readmission counts are to be reported within the particular reporting period in which the associated discharge is reported.

Each discharge and readmission must be counted and reported.

Columns B, G, L, and Q capture the number of members under the age of 18 at time of discharge. Columns C, H, M, and R capture the number of members between the ages of 18 and 20 at time of discharge. Columns D, I, N, S capture the number of members between the ages of 21 and 64. Columns E, J, O, and T capture the number of members 65 or older at the time of discharge.

Data for members 21 and over must not be reported for RTCs and TFCs.

Columns F, K, P, and U capture the quarterly total for each row outlined below; the MCO is required to enter and update data in these columns with each submission.

Column V captures the four –quarter total for the quarterly periods displayed in Row 6; data entry is not required in this column.

Note: Each time a member is discharged from a facility, the MCO must restart the count of days from discharge to the follow-up visit. For members with multiple discharges, use the most recent discharge date to determine the number of days from discharge to a follow-up visit.

Row Header	Row	Description
Inpatient Psychiatric Facility/Unit	8	This is a row header; data entry is not required in this field.

Row Header	Row	Description
(IPF)		
IPF Discharges	9	The number of members discharged from an IPF during the applicable reporting period.
Number of Members Seen for Follow-Up within 7 Days of Discharge from IPF	10	Of the number of members discharged from an IPF during the applicable reporting period, enter the number of members who received a follow-up evaluation within 7 calendar days of discharge from the IPF. Note: A follow-up is a service received in an outpatient setting following discharge from a facility.
Percent of Members Seen for Follow-Up within 7 Days of Discharge from IPF	11	The number of members who received a follow-up evaluation within 7 calendar days of discharge from an IPF divided by the number of members discharged from an IPF during the applicable reporting period. Data entry is not required in this field.
Number of Members Seen for Follow-Up within 30 Days of Discharge from IPF	12	Of the number of members discharged from an IPF during the applicable reporting period, enter the number of members who received a follow-up evaluation within 30 calendar days of discharge from the IPF. This count must also include the counts reported in Row 10 for members seen for follow-up within 7 calendar days of discharge. Note: A follow-up is a service received in an outpatient setting following discharge from a facility.
Percent of Members Seen for Follow-Up within 30 Days of Discharge from IPF	13	The number of members who received a follow-up evaluation within 30 calendar days of discharge from an IPF divided by the number of members discharged from an IPF during the applicable reporting period. Data entry is not required in this field.
Total Number of Readmissions to an IPF within 30 Days of Discharge from IPF	14	Of the number of members discharged from an IPF during the applicable reporting period, enter the total number of members who were readmitted to an IPF within 30 calendar days of being discharged from an IPF.
Percent of IPF Readmissions within 30 Days of Discharge from IPF	15	The total number of members readmitted to an IPF within 30 calendar days of discharge divided by the number of members discharged from an IPF during the applicable reporting period. Data entry is not required in this field.
Residential Treatment Center (RTC)	17	This is a row header; data entry is not required in this field.
RTC Discharges	18	The number of members discharged from an RTC during

Row Header	Row	Description
		the applicable reporting period.
Number of Members Seen for Follow-Up within 7 Days of Discharge from RTC	19	Of the number of members discharged from an RTC during the applicable reporting period, enter the number of members who received a follow-up evaluation within 7 calendar days of discharge from the RTC. Note: A follow-up is a service received in an outpatient setting following discharge from a facility.
Percent of Members Seen for Follow-Up within 7 Days of Discharge from RTC	20	The number of members who received a follow-up evaluation within 7 calendar days of discharge from an RTC divided by the number of members discharged from an RTC during the applicable reporting period. Data entry is not required in this field.
Number of Members Seen for Follow-Up within 30 Days of Discharge from RTC	21	Of the number of members discharged from an RTC during the applicable reporting period, enter the number of members who received a follow-up evaluation within 30 calendar days of discharge from the RTC. This count must also include the counts reported in Row 19 for members seen for follow-up within 7 calendar days of discharge. Note: A follow-up is a service received in an outpatient setting following discharge from a facility.
Percent of Members Seen for Follow-Up within 30 Days of Discharge from RTC	22	The number of members who received a follow-up evaluation within 30 calendar days of discharge from an RTC divided by the number of members discharged from an RTC during the applicable reporting period. Data entry is not required in this field.
Total Number of Readmissions to an RTC within 30 Days of Discharge from RTC	23	Of the number of members discharged from an RTC during the applicable reporting period, enter the total number of members who were readmitted to an RTC within 30 calendar days of being discharged from an RTC.
Percent of RTC Readmissions within 30 Days of Discharge from RTC	24	The total number of members readmitted to an RTC within 30 calendar days of discharge divided by the number of members discharged from an RTC during the applicable reporting period. Data entry is not required in this field.
Total Number of Admissions to an IPF within 30 Days of Discharge from RTC	25	Of the number of members discharged from an RTC during the applicable reporting period, enter the number of members admitted to an IPF within 30 calendar days of discharge from an RTC.
Percent of IPF Admissions within 30 Days of Discharge	26	The total number of members admitted to an IPF within 30 calendar days of discharge from an RTC divided by the

Row Header	Row	Description
from RTC		number of members discharged from an RTC during the applicable reporting period. Data entry is not required in this field.
Treatment Foster Care (TFC)	28	This is a row header; data entry is not required in this field.
TFC Discharges	29	The number of members discharged from a TFC during the applicable reporting period.
Number of Members Seen for Follow-Up within 7 Days of Discharge from TFC	30	Of the number of members discharged from a TFC during the applicable reporting period, enter the number of members who received a follow-up evaluation within 7 calendar days of discharge from the TFC. Note: A follow-up is a service received in an outpatient setting following discharge from a facility.
Percent of Members Seen for Follow-Up within 7 Days of Discharge from TFC	31	The number of members who received a follow-up evaluation within 7 calendar days of discharge from a TFC divided by the number of members discharged from a TFC during the applicable reporting period. Data entry is not required in this field.
Number of Members Seen for Follow-Up within 30 Days of Discharge from TFC	32	Of the number of members discharged from a TFC during the applicable reporting period, enter the number of members who received a follow-up evaluation within 30 calendar days of discharge from the TFC. This count must also include the counts reported in Row 30 for members seen for follow-up within 7 calendar days of discharge. Note: A follow-up is a service received in an outpatient setting following discharge from a facility.
Percent of Members Seen for Follow-Up within 30 Days of Discharge from TFC	33	The number of members who received a follow-up evaluation within 30 calendar days of discharge from a TFC divided by the number of members discharged from a TFC during the applicable reporting period. Data entry is not required in this field.
Total Number of Readmissions to a TFC within 30 Days of Discharge from TFC	34	Of the number of members discharged from a TFC during the applicable reporting period, enter the total number of members who were readmitted to a TFC within 30 calendar days of being discharged from a TFC.
Percent of TFC Readmissions within 30 Days of Discharge from TFC	35	The total number of members readmitted to a TFC within 30 calendar days of discharge divided by the number of members discharged from a TFC during the applicable reporting period. Data entry is not required in this field.

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Row Header	Row	Description
Total Number of Admissions to an IPF within 30 Days of Discharge from TFC	36	Of the number of members discharged from a TFC during the applicable reporting period, enter the number of members admitted to an IPF within 30 calendar days of discharge from a TFC.
Percent of IPF Admissions within 30 Days of Discharge from TFC	37	The total number of members admitted to an IPF within 30 calendar days of discharge from a TFC divided by the number of members discharged from a TFC during the applicable reporting period. Data entry is not required in this field.

Section III: RTC Readmissions – Diagnostic Reasons

Before entering data in the workbook, ensure that the "RTC RDM Reasons" tab is selected. This section of the report captures the top 10 diagnoses for members readmitted to an RTC within 30 calendar days of discharge from an RTC. This section is only for members who had been discharged from an RTC and were readmitted to the same or another RTC within 30 calendar days of their discharge.

Each of the two tables in this section of the report represents a specific age category. Table 1 is for members under the age of 18 at the time of readmission. Table 2 is for members between the ages of 18 and 20 at the time of readmission.

Note: Members who were readmitted to an RTC more than 30 calendar days of discharge or members who visited an RTC within 30 calendar days of discharge, but were not readmitted shall not be reported in this section.

For each underline age category provide the top 10 diagnoses (including the ICD codes) resulting in member RTC readmissions.

Column A: List, in descending order by frequency, the most frequent ICD codes resulting in member readmissions within 30 calendar days following a discharge from the RTC. The most frequently occurring ICD diagnostic code for member readmissions should be entered as #1. The tenth most frequent ICD diagnostic code for member readmissions should be entered as #10.

Column B: For each ICD code listed in Column A, enter a short and concise description of the diagnosis in Column B.

Column D: For each ICD code listed in Column A, enter the number of members who were readmitted to an RTC within 30 calendar days of discharge from an RTC for that diagnosis.

Section IV: TFC Readmissions – Diagnostic Reasons

Before entering data in the workbook, ensure that the "TFC RDM Reasons" tab is selected. This section of the report captures the top 10 diagnoses for members readmitted to a TFC within 30 calendar days of discharge from a TFC. This section is only for members who had been discharged from a TFC and were readmitted to the same or another TFC within 30 calendar days of their discharge.

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Each of the two tables in this section of the report represents a specific age category. Table 1 is for members under the age of 18 at the time of readmission. Table 2 is for members between the ages of 18 and 20 at the time of readmission.

Note: Members who were readmitted to a TFC more than 30 calendar days of discharge or members who visited a TFC within 30 calendar days of discharge, but were not readmitted shall not be reported in this section.

For each <u>age category</u> provide the top 10 diagnoses (including the ICD codes) resulting in member TFC readmissions.

Column A: List, in descending order by frequency, the most frequent ICD codes resulting in member readmissions within 30 calendar days following a discharge from the TFC. The most frequently occurring ICD diagnostic code for member readmissions should be entered as #1. The tenth most frequent ICD diagnostic code for member readmissions should be entered as #10.

Column B: For each ICD code listed in Column A, enter a short and concise description of the diagnosis in Column B.

Column D: For each ICD code listed in Column A, enter the number of members who were readmitted to a TFC within 30 calendar days of discharge from a TFC for that diagnosis.

Section V: IPF Readmissions – Diagnostic Reasons

Before entering data in the workbook, ensure that the "IPF RDM Reasons" tab is selected. This section of the report captures the top 10 diagnoses for members readmitted to an IPF within 30 calendar days of discharge from an IPF. This section is only for members who had been discharged from an IPF and were readmitted to the same or another IPF within 30 calendar days of their discharge.

Each of the four tables in this section of the report represents a specific age category. Table 1 is for members under the age of 18 at the time of discharge. Table 2 is for members between the ages of 18 and 20 at time of discharge. Table 3 is for members between the ages of 21 and 64 at time of discharge. Table 4 is for members 65 years or older at time of discharge.

Note: Members who were readmitted to an IPF more than 30 calendar days of readmission or members who visited an IPF within 30 calendar days of readmission, but were not readmitted shall not be reported in this section.

For each <u>age category</u> provide the top 10 diagnoses (including the ICD codes) resulting in member IPF readmissions.

Column A: List, in descending order by frequency, the most frequent ICD codes resulting in member readmissions within 30 calendar days following a discharge from the IPF. The most frequently occurring ICD diagnostic code for member readmissions should be entered as #1. The tenth most frequent ICD diagnostic code for member readmissions should be entered as #10.

Column B: For each ICD code listed in Column A, enter a short and concise description of the diagnosis in Column B.

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Column D: For each ICD code listed in Column A, enter the number of members who were readmitted to an IPF within 30 calendar days of discharge from an IPF for that diagnosis.

Section VI: RTC Readmissions – Rates

Before entering data in the workbook, ensure that the "RTC RDM Rates" tab is selected. This section of the report captures RTCs with the highest readmission rates based on the age of members at the time of readmission.

This section should only include readmission for members who had been discharged from an RTC and whom were readmitted to the same or another RTC within 30 calendar days of their discharge.

Note: Members who were readmitted to an RTC more than 30 calendar days of discharge or members who visited an RTC within 30 calendar days of discharge, but were not readmitted shall not be included in the calculation of readmission rates.

For each <u>age category</u> rank the top 10 RTC facilities with the highest readmission rates.

Note: facilities should be ranked based on the percentage of readmissions (Column F).

In Column A, list the RTC facilities that have the highest rate of readmissions in the MCO's network. The RTC with the highest rate of readmission should be entered as RTC Facility #1. The RTC with the tenth highest rate of readmissions should be entered as RTC Facility #10.

Column Header	Column	Description
RTC	A	The name of the RTC.
NPI	B	The NPI number of the facility identified in Column A.
Location	C	The county of the facility. Please select from the drop down list.
Number of Discharges	D	The total number of members discharged from the facility during the applicable reporting period.
Number of Readmissions	E	Of the total number of members discharged from the facility during the applicable reporting period, enter the total number of members readmitted to the RTC within 30 calendar days following a discharge from the RTC.
Percent of Readmissions	F	The number of readmissions divided by the number of discharges. Data entry is not required in this field.

Section VII: TFC Readmissions – Rates

Before entering data in the workbook, ensure that the "TFC RDM Rates" tab is selected. This section of the report captures TFCs with the highest readmission rates based on the age of members at the time of readmission.

This section should only include readmissions for members who had been discharged from a TFC and who were readmitted to the same or another TFC within 30 calendar days of their discharge.

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Note: Members who were readmitted to a TFC more than 30 calendar days of discharge or members who visited a TFC within 30 calendar days of discharge, but were not readmitted shall not be included in the calculation of readmission rates.

For each age category rank the top 10 TFC facilities with the highest readmission rates.

Note: Facilities should be ranked based on the percentage of readmissions (Column F).

In Column A, list the TFC facilities that have the highest readmissions in the MCO's network. The TFC with the highest rate of readmission should be entered as TFC Facility #1. The TFC with the tenth highest rate of readmissions should be entered as TFC Facility #10.

Column Header	Column	Description
TFC	A	The name of the TFC.
NPI	B	The NPI number of the facility identified in Column A.
Location	C	The county of the facility. Please select from the drop down list.
Number of Discharges	D	The total number of members discharged from the facility during the applicable reporting period.
Number of Readmissions	E	Of the total number of members discharged from the facility during the applicable reporting period, enter the total number of members readmitted to the TFC within 30 calendar days following a discharge from the TFC.
Percent of Readmissions	F	The number of readmissions divided by the number of discharges. Data entry is not required in this field.

Section VIII: IPF Readmissions – Rates

Before entering data in the workbook, ensure that the "IPF RDM Rates" tab is selected. This section of the report captures IPFs with the highest readmission rates based on the age of members at the time of readmission.

This section should only include readmission for members who had been discharged from an IPF and who were readmitted to the same or another IPF within 30 calendar days of their discharge.

Note: Members who were readmitted to an IPF more than 30 calendar days of discharge or members who visited an IPF within 30 calendar days of discharge, but were not readmitted shall not be included in the calculation of readmission rates.

For each age category rank the top 10 IPF facilities with the highest readmission rates.

Note: Facilities should be ranked based on the percentage of readmissions (Column F).

In Column A, list the IPFs that have the highest rate of readmissions in the MCO's network. The IPF with the highest rate of readmission should be entered as IPF #1. The IPF with the tenth highest rate of readmissions should be entered as IPF #10.

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Column Header	Column	Description
IPF	A	The name of the IPF.
NPI	B	The NPI number of the facility identified in Column A.
Location	C	The county of the facility. Please select from the drop down list.
Number of Discharges	D	The total number of members discharged from the facility during the applicable reporting period.
Number of Readmissions	E	Of the total number of members discharged from the facility during the applicable reporting period, enter the total number of members readmitted to the IPF within 30 calendar days following a discharge from the IPF.
Percent of Readmissions	F	The number of readmissions divided by the number of discharges. Data entry is not required in this field.