CENTENNIALCARE

Centennial Care Reporting Instructions
Developmental Disabilities (DD) Specialty Dental Report – Report #63

Report Objective

To monitor dental visits for members with developmental disabilities.

General Instructions

The managed care organization (MCO) is required to submit the Developmental Disabilities (DD) Specialty Dental 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

An Excel workbook is provided as a separate attachment for submission. Quantitative data and any qualitative data **must** be entered in the Excel workbook. 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 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.

The MCO shall submit the electronic version of the report using the following file name labeling format: MCO Name.HSD63.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 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

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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

Definitions

Developmental Disability 1915(c) Waiver	The State of New Mexico's Medicaid home and community-based waiver program for individuals with developmental disabilities, authorized by CMS pursuant to section 1915(c) of the Social Security Act.
CDT – D9920	Behavior Management Code used when providing dental services for members with developmental disabilities.

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 dental services for members with developmental disabilities. 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. Please describe the utilization for the past quarter. If there have been any increases in utilization of services during specific times of the year, please address.

2. What efforts has the MCO made to provide access within the members' own community? How does this compare to previous reporting periods?

Section II: Development Disabilities Specialty Dental Utilization

Before entering data in the workbook, ensure that the "DD Dental Utilization" tab is selected. This section of the report captures dental utilization during the reporting period for members with developmental disabilities. Only include members with developmental disabilities who received a service with a CDT-D9920 procedure code during the reporting period.

Rows 6 and 7 capture the total number of encounters and the total amount paid for services for the reporting period. Data entry is not required in these fields. If additional rows are needed, add them to the bottom of the list.

Column Header	Column	Description
Member Last Name	A	The last name of the member.
Member First Name	B	The first name of the member.
Member Medicaid ID Number	C	The Medicaid identification number of the member.
Member Residence (City)	D	The city of residence for the member.

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Column Header	Column	Description
Member Age as of Date of Service	E	The age of the member on the day the service was performed.
Provider Name	F	The first and last name of the provider who performed the service.
NPI	G	The NPI number of the provider who performed the service.
Provider Location (City)	H	The city of the provider who provided the service. If the provider has multiple locations, enter only the city the provider provided services in for the specific member.
Date of Service	I	The date the service was performed.
Encounter Count	J	Enter "1" in each row where service data is reported.
Amount Paid for Service	K	The amount paid for the service rendered on the date of service in Column I.