



## Centennial Care Reporting Instructions Jackson Class Members – Report #64

### Report Objective

To monitor the managed care organization's (MCO's) performance in processing requests for and delivering new adaptive equipment and modifications or repairs to adaptive equipment for Jackson Class members.

### General Instructions

The MCO is required to submit the Jackson Class Members 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.

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 name labeling format: MCO Name.HSD64.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 top of 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:



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<b>Reporting Period</b>	1/1/2014	through	3/31/2014
<b>MCO Name</b>	MCO A		
<b>Report Run Date</b>	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 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. NMAC 8.308.2.12(N) – Access to Health Care Services

### 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 adaptive equipment. 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. Additionally, describe any action plans or performance improvement activities addressing any negative changes found during the current reporting period or previous reporting periods.

1. Provide a summary of the total number of requests received, fulfilled, and denied for new adaptive equipment and modification or repairs to adaptive equipment. How does this compare to previous reporting periods?
2. Please describe the justifications for noncompliance with timeframes for approving/denying requests and delivering adaptive equipment. How does this compare to previous reporting periods?
3. What MCO corrective actions are taken when timeframes are not met?
4. List each durable medical equipment (DME) provider, by name, responsible for providing adaptive equipment services to the members identified in the Member Detail section.



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### Section II: Member Detail

Before entering data in the workbook, ensure that the “Member Detail” tab is selected. This section of the report captures detailed information regarding requests for new adaptive equipment, repairs to adaptive equipment, and modifications to adaptive equipment. Each request must be reported on a separate line. Each request must remain on the report until the equipment is delivered. If the approval/denial date or delivery date carries over to a future report, then the MCO must include the request in the next reporting period.

Column Header	Column	Description
Member Last Name	A	The last name of the member that requested new adaptive equipment or modifications or repairs to adaptive equipment.
Member First Name	B	The first name of the member that requested new adaptive equipment or modifications or repairs to adaptive equipment.
Member Medicaid ID Number	C	The Medicaid ID number of the member that requested new adaptive equipment or modifications or repairs to adaptive equipment.
DME Provider Name	D	The first and last name of the provider fulfilling the request.
DME Provider NPI	E	The NPI of the provider fulfilling the request.
Item Requested	F	The type of new adaptive equipment requested or the adaptive equipment for which a repair or modification was requested.
Type of Request	G	Enter “N” if the member requested new adaptive equipment, “R” if the member requested a repair to adaptive equipment, or “M” if the member requested modifications to the adaptive equipment.
Date Requested	H	The date that the request was submitted.
Approved?	I	Enter “Y” if the request was approved and “N” if the request was denied. If the request has not been approved or denied, leave the field blank.
Date of Approval or Denial	J	Enter the date that the member’s request was approved or denied. If the request has not been approved or denied, leave the field blank.
Date Delivered	K	Enter the date that the request was completed and delivered to the member. If the request has not been completed, leave the field blank. If the request was denied, enter “N/A.”
Notes	L	Enter any relevant notes regarding the member’s request.
Days Elapsed from Request to Approval/Denial	M	Enter the number of business days from the member’s request date to the date the request was approved or denied.
Days Elapsed from Request to Delivery	N	The number of calendar days from the date requested to the date of delivery. This field does not require data entry.



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Column Header	Column	Description
		"N/A" will appear in the cell if the request was denied.
Timely Approval?	O	<p>The MCO shall approve or deny a request for new adaptive equipment, for modifications or for repairs to adaptive equipment within seven business days of the request date.</p> <p>This field does not require data entry. "Y" will appear in the cell if the request was approved or denied in a timely manner. "N" will appear if the request was approved or denied more than 7 business days after the request was submitted.</p>
Timely Delivery?	P	<p>All approved requests for new adaptive equipment must be completed and delivered within 150 calendar days of the request date.</p> <p>All approved requests for modifications or repairs must be completed and delivered within 60 calendar days of the request date.</p> <p>This field does not require data entry. "Y" will appear in the cell if the request was completed and delivered on time. "N" will appear if the request was not delivered on time. "N/A" will appear if the request was denied.</p>