

## Centennial Care

### MCO Reports

Report No.	Report Title	Frequency	Report Objective	Comment
1	<b>Native American Members Report</b>	Quarterly	To ensure Native American members have access to care and are receiving needed services.	
2	<b>Call Center Report - Monthly</b>	Monthly	To capture call center statistics and ensure that callers can access a call center agent in a timely manner.	
3	<b>Network Adequacy Report</b>	Quarterly	To monitor the MCO's compliance in maintaining an adequate and efficient provider network, tracking new and terminated providers and single-case agreements (SCAs).	
4	<b>Self-Directed Report</b>	Quarterly	To (i) monitor the amount of the annual self-directed community benefit budget used by members, (ii) identify the services that are highly utilized, (iii) identify members that have over-utilized or under-utilized their annual community benefit budget; and (iv) identify members whose cost of care in the community is greater than 80% of the cost of care in a private nursing facility.	
5	<b>Admissions and Readmissions Report</b>	Quarterly	To monitor the number of members who are readmitted to a facility such as, an RTC, TFC, hospital, 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.	
6	<b>Care Coordination Report</b>	Quarterly	The Care Coordination report monitors assessments, ongoing care coordination activities, and changes of care coordination levels for all levels of care coordination.	
7	<b>Care Transitions Report</b>	Quarterly	To monitor member assessments and transitions from nursing facilities to the community and to track the number of members readmitted to a nursing facility after transitioning to the community.	
8	<b>Level of Care (LOC) Report</b>	Monthly	To capture data regarding the nursing facility (NF) Level of Care (LOC) determination process including timeframes, activities of daily living, and care settings.	

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9	Agency-Based Community Benefit Report	Quarterly	To (i) monitor the number of members that changed to agency-based community benefit, (ii) identify the services used by members receiving agency-based community benefit, and (iii) identify members whose cost of care in the community is greater than 80% of the cost of care in a private nursing facility.	
10	Caseload and Staffing Ratio Report	Monthly	To ensure an adequate number of care coordinators are available and that staffing ratios are sufficient to address member needs.	DISCONTINUED – LOD #29
11	Unreachable Members Report	Monthly	To capture information regarding efforts to contact members who are difficult to reach.	DISCONTINUED – LOD #29C
12	Provider Satisfaction Survey Report	Annually	To review the results from the survey, including information regarding overall satisfaction (claims, provider relations, network, utilization and quality management, pharmacy and drug benefits, and continuity of care).	
13	Call Center Report - Daily	Daily	To capture daily call center statistics and ensure that callers can access a call center agent in a timely manner.	DISCONTINUED – LOD #29
14	Call Center Report - Weekly	Weekly	To capture weekly call center statistics and ensure that callers can access a call center agent in a timely manner.	DISCONTINUED – LOD #29
15	Audited HEDIS Results	Annually	To monitor and review audited HEDIS results.	
16	Encounter Processing and Submission Report	Monthly	To track encounters paid in a reporting period and to provide a cross tabulation of service delivery cost by month of service and month of payment for managed care encounters including all professional, institutional, dental and pharmacy encounters.	DISCONTINUED – LOD #29
17	Member Care Coordination Activities Report	Quarterly		DISCONTINUED – LOD #29C
18	UM Program Description, Associated Work Plan and Evaluation	Annually	To monitor the MCO's UM Program Evaluation to monitor overall effectiveness, an overview of UM activities, and an assessment of the impact of the UM program on management and administrative activities. The MCO's review and analysis shall be incorporated in the development of its following	

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			year's UM Work Plan.	
19	UM Program Evaluation	Annually	To evaluate the overall effectiveness of UM including an overview of UM activities and an assessment of the impact of the UM program on management and administrative activities.	LOD #29: Combined with 18
20	Disease Management Description and Evaluation	Annually	To monitor and review the MCO's Disease Management program which includes a description of MCO activities regarding chronic conditions identified in the DM program description. DM is a component of care coordination and must include behavioral health as part of the program.	
21	Disease Management Annual Evaluation	Annually	To evaluate the MCO's Disease Management program.	LOD #29: – Combined with 20
22	QM/QI Program Description and Associated Work Plan	Annually	To monitor and review the MCO's Annual QM/QI Program Description and Associated Work Plan to include goals, objectives, structure, and policies and procedures that address continuous quality improvement for physical and behavioral health.	
23	QM/QI Program Annual Evaluation	Annually	To monitor the MCO's QM/QI Program Evaluation for the previous year's activities.	
24	Report on Performance Improvement Projects	Annually	To evaluate the MCO's plans to implement Performance Improvement Projects (PIPs)	<b>DISCONTINUED - LOD #29B.</b>
25	CAHPS Results Report	Annually	To review and evaluate the Consumer Assessment of Healthcare Providers and Systems (CAHPS) results report.	
26	Payment Reform	Quarterly & Semi-Annually	To review MCO accomplishments, barriers, and challenges encountered within the network, engagement with providers, and evaluation of performance measures (ER visits, hospital readmission rates, asthma medication adherence, well child checks, diabetes, colorectal cancer screening, breast cancer screening, and total cost of care).	

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27	Activities of the Member Advisory Boards	Semi-Annually	To review Member Advisory Board meeting agendas for general MCO membership, Native American representation, behavioral health, and community benefit subgroups.	<b>LOD #29: Report 27 Combined with 27a and 32; now semi-annual.</b>
27a	Subgroup of the Member Advisory Board (BH, Self-Directed, etc.)	10 days following each meeting		<b>LOD #29: Combined with 27 and 32.</b>
28	Privacy/Security Incident Report	Annually or more frequently as requested	To monitor all privacy and security incidents that occur. The MCO will provide information pertaining to the date of the incident, date of notification to HSD's privacy officer and the nature and scope of the incident. Additionally, information pertaining to the MCO's response to the incident, mitigating issues taken by MCO to prevent similar incidents.	<b>DISCONTINUED – LOD #29</b>
29	Business Continuity and Disaster Recovery (BC-DR) Plan	Annually	To monitor and review the MCO's Business Continuity and Disaster Recovery (BC-DR) Plan for review and written approval as specified by HSD.	<b>DISCONTINUED – LOD #29</b>
30	Health Education Plan and Evaluation	Annually	To review the MCO's health education plan.	<b>DISCONTINUED – LOD #29C</b>
31	Health Education Evaluation Report	Annually	To evaluate the MCO's Health Education Plan, relating to initiatives in the plan and present findings, lessons learned and performance improvement initiatives as a result of the findings.	LOD #29: Combined with 30.
32	Activities of the Native American Advisory Board Report	10 days following each meeting	To monitor the activities of the Native American Advisory Board, including a summary of the MCO's approach to inviting Native American advisory members, the meeting agenda, minutes, attendees and scheduling of the next meeting.	<b>LOD #29: Combined with 27 and 27a.</b>
33	Member Satisfaction Survey Report	Annually	To monitor and review the results of the member satisfaction survey (MHSIP).	<b>DISCONTINUED – LOD #29</b>
34	Cultural Competency / Sensitivity Plan	Annually	To review the MCO's cultural competency/sensitivity plan.	<b>DISCONTINUED – LOD #29</b>
35	Electronic Visit Verification	Monthly	To review and evaluate the use of Electronic Visit Verification systems of the MCOs.	<b>On Hold – LOD #29</b>

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36A	Critical Incidents Report - Monthly	Monthly	To monitor key metrics regarding critical incidents for members of Centennial Care and specific subpopulations.	<b>DISCONTINUED – LOD #29</b>
36	Critical Incidents Report - Quarterly	Quarterly	To monitor key metrics regarding critical incident reporting for specific subpopulations and the MCO's actions in response to critical incidents.	<b>LOD #29: Report Number changed from 36B to 36.</b>
37	Grievances and Appeals Report	Monthly	To monitor member and provider grievances, appeals and fair hearings and to track MCO adherence to contractual timeframes.	
38	Provider Training and Outreach Plan and Evaluation Report	Annually	To monitor and review the MCO's plans for provider training and outreach.	
39	Provider Training and Outreach Plan Evaluation Report	Annually	To evaluate specific training topics such as (i) prior authorization process; (ii) Claims/Encounter Data submission; (iii) how to access ancillary providers; (iv) members rights and responsibilities; (v) quality improvement program/quality improvement initiatives; (vi) provider and Member Appeals and Grievances; (vii) recoupment of funds processes and procedures; (viii) Critical Incident management; and (ix) EPSDT benefit requirements, including preventative healthcare guidelines.	LOD #29B: Combined with #38
40	Over-and-Under Utilization of Services Report	Quarterly	To monitor the over- and under-utilization of prenatal services, behavioral health services, DME products/services, emergency room services, dental services, and pharmacy services for members.	
41	Utilization Management Report	Quarterly	To monitor unduplicated member utilization of behavioral health services, physical health services, and long-term care services, and the amounts paid for these services.	
42	Prior Authorization Report	Quarterly	To capture information on services requiring prior authorization and examine changes and trends in authorizations and denials of services over time.	
43	CMS-416	Annually	To monitor compliance with the Medicaid Children's Health Insurance Program (CHIP) and federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements.	<b>DISCONTINUED - LOD #29</b>

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44	Pharmacy Report	Monthly	To monitor pharmacy utilization and cost, including dispensing fees, over- and under- utilization of drugs including controlled substances, utilization of formulary drugs, non-formulary drugs, over the counter, generic, and brand drugs.	
45	<u>Behavioral Health Members Services/Core Service Agency (CSA) Report</u>	Quarterly	To monitor the number and types of members served through CSAs and the types of services provided to such members.	<b>ON HOLD as of 1/20/16</b>
46	Claims Payment Accuracy Report	Quarterly	To report the findings of the MCO's internal audit of quarterly claim payments and to monitor the accuracy of those claims paid.	<b>DISCONTINUED – LOD #29C</b>
47	Claims Activity Report	Quarterly	Claims Activity Section – To capture data related to the disposition of claims, timeliness of claims adjudication, payments on clean claims to providers, interest paid, and claim aging. This section of the report captures claims data separately for physical health providers, behavioral health providers, I/T/Us (Indian Health Service, Tribal health providers, and Urban Indian providers), and specialty-pay providers (day activity providers, assisted living providers, nursing facilities, home care agencies, and community benefit providers). Claims Payment Accuracy Section– To report the findings of the managed care organization's (MCO's) internal audit of quarterly claim payments and to monitor the accuracy of those claims paid.	<b>LOD #29 C: Frequency of submission changed from Monthly to Quarterly</b>
48	Patient Centered Medical Homes Report	Quarterly	To track (i) the number of Patient-Centered Medical Homes established, (ii) the number of members that were referred to and joined a PCMH, (iii) outcomes, including ER utilization and hospital admission and readmission, and (iv) PCMH NCQA recognition and other accreditation.	<b>LOD #29: Frequency of submission changed from Semi-Annually to Quarterly</b>
49	Provider Network Development, Management Plan and Evaluation	Annually	To monitor and review the MCO's plans for developing and managing its provider network to ensure all medically necessary services are accessible and available.	

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50	Provider Network Development and Management Evaluation Report	Annually	To evaluate the Provider Network Development and Management Plan that provides information on a summary of providers, monitoring activities, contract provider issues, network deficiencies and on-going activities for provider development and expansion.	LOD #29:– Combined with 49
51	Provider Suspensions and Terminations Report	Semi-Annually	To monitor the suspensions and terminations of providers and the number of members impacted.	LOD #29: Frequency of report submission changed from Quarterly to Semi-Annually
52	Care Plan Report	Monthly	To capture information on the number of members in an existing Home and Community-Based Services waiver program transitioning (with existing care plans) in the first year of the program (also known as the Transition Period).	DISCONTINUED – LOD #29
53	PCP Report	Quarterly	To capture information regarding PCP member ratios, open panels and assignment/change activity for non-dual members.	LOD #29: Frequency of submission changed from Monthly to Quarterly
54	Telemedicine Report	Quarterly	To monitor the utilization of telemedicine services.	DISCONTINUED – LOD #29C
55	Geographic Access Report	Quarterly	To monitor access to services by county and across urban, rural, and frontier counties.	
56	Program Integrity Report	Quarterly	To monitor fraud, waste, and abuse cases, preliminary investigations, suspicious activities, adverse actions, and financial program integrity activities of the managed care organization.	
57	Claims Activity Report - Weekly	Weekly	To capture information on the processing of claims and the timeliness of payments to providers on claims.	DISCONTINUED – LOD #29
58	Member Enrollment Materials Report	Quarterly	To monitor the timeliness of mailing member enrollment materials.	DISCONTINUED – LOD #29
59	Hiring Report	Quarterly	To monitor staffing levels of the managed care organization including vacancies and number of days positions are vacant.	DISCONTINUED – LOD #29
60	Systems Availability and Performance	Quarterly	To capture and monitor any MCO system availability and performance, including scheduled downtime.	DISCONTINUED – LOD #29

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61	<b>Medicaid School-Based Health Centers (SBHC)</b>	Quarterly	To track the quantity and types of services billed by school-based health centers.	<b>On Hold – LOD #29 (pending revision)</b>
62	<b>Value Added Services Report</b>	Semi-Annually	To monitor the types and quantities of value added services offered by the MCO	<b>DISCONTINUED – LOD #29C</b>
63	<b>Developmental Disabilities Specialty Dental Report</b>	Quarterly	To monitor dental visits for members with developmental disabilities.	
64	<b>Jackson Class Members Report</b>	Quarterly	To monitor MCO performance in processing requests for and delivering new adaptive equipment and modifications or repairs to adaptive equipment.	
65	<b>Member Rewards Report</b>	Quarterly	The details of this report are still pending.	<b>DISCONTINUED – LOD #29C</b>
66	<b>Health Homes Report</b>	Quarterly	To track (i) the number of Health Homes established; (ii) the number of members referred to and joined a Health Home; (iii) outcomes, including ER utilization and hospital admissions and readmissions.	<b>On Hold – LOD #29 This report is in development</b>