

Appendix I - MCO Report Matrix

| Report Type | Report Name | Frequency of Report | Description | Elements |
|-------------|---|---------------------|--|---|
| Consumer | Geographic Access | Monthly | Monitor MCO geographic access standards | <ul style="list-style-type: none"> a. Access (time and distance) by provider type and geographic location b. Time and distance standards used (including exception standards for rural areas) |
| | Geographic Access – Key Issues | Monthly | Monitor MCO geographic access standards | <ul style="list-style-type: none"> a. Date geographic access report submitted to DHS b. Access issues identified: “Yes” or “No” c. Issue identified d. Provider Type(s) e. Geographic Area(s) f. Corrective action plan submitted: “Yes” or “No” g. Date corrective action plan submitted to DHS h. MCO Comments / Responses i. Resolved? Yes/No |
| | 24-Hour Provider Access | Quarterly | Monitor MCO provider network for providers available 24 hours, seven days a week | <ul style="list-style-type: none"> a. Date 24-Hour Provider Access Report Submitted to DHS b. Providers [Count] <ul style="list-style-type: none"> i. Providers Identified with Less than 24/7 Availability [Count and %] c. Corrective Action Plan Submitted [Drop Down List] <ul style="list-style-type: none"> i. Yes ii. No d. Date Corrective Action Plan Submitted to DHS |
| | Member Enrollment and Disenrollment | Quarterly | Monitor the volume of MCO enrollment | <ul style="list-style-type: none"> a. Member Enrollment [Count] <ul style="list-style-type: none"> i. New Members Enrolled [Count and %] b. Members Disenrolled [Count] <ul style="list-style-type: none"> i. Number of Members Disenrolled Within 90 Days [Count and %] ii. Number of Members Disenrolled After First 90 Days for Cause [Count and %] |
| | Member Grievances and Appeals | Monthly | Monitor the volume of MCO member grievances | <p><u>Grievances:</u></p> <ul style="list-style-type: none"> a. Member Grievances Received [Count] <ul style="list-style-type: none"> i. Member Grievances Resolved in Same Day or Next Day [Count and %] ii. Member Grievances Resolved within 30 Days [Count and %] b. Expedited Member Grievances Received [Count] <ul style="list-style-type: none"> i. Expedited Member Grievances Resolved within 3 Days [Count and %] c. All Member Grievances Pending from Previous Periods [Count] d. All Member Grievances Not Resolved as of Report Submission Date [Count and %] <p><u>Appeals:</u></p> <ul style="list-style-type: none"> a. Member Appeals Received [Count] <ul style="list-style-type: none"> i. Member Appeals Resolved in Same Day or Next Day [Count and %] ii. Member Appeals Resolved within 45 Days [Count and %] b. Expedited Member Appeals Received [Count] <ul style="list-style-type: none"> i. Expedited Member Appeals Resolved within 3 Days [Count and %] c. All Member Appeals Pending from Previous Periods [Count] d. All Member Appeals Not Resolved as of Report Submission Date [Count and %] |
| | PASSR Screenings and Specialized Services | Quarterly | Monitor MCO PASSR screenings | <ul style="list-style-type: none"> a. Members Receiving a PASRR Level I Screening [Count] b. Members Receiving a PASRR Level II Screening [Count] <ul style="list-style-type: none"> i. Members Receiving a PASRR Level II Screening Who Have Required Specialized Services Identified [Count and %] <ul style="list-style-type: none"> 1. Members Receiving Specialized Services as Defined in the Plan [Count and %] c. Report of Action Taken When Specialized Services Not Provided to DHS [Drop Down List] <ul style="list-style-type: none"> i. Yes ii. No |
| | MDS Section Q Screens | Quarterly | Monitor MCO MDS Section Q screens | <ul style="list-style-type: none"> a. Members Identifying Desire to Return to Community through MDS Section Q Screening [Count] <ul style="list-style-type: none"> i. Members Receiving Follow-Up Planning for Community Transition [Count and %] ii. Members Who Moved to the Community through Referral of MDS Section Q [Count and %] |

Appendix I - MCO Report Matrix

| | | | | |
|---------|-------------------------------------|-----------|--|---|
| | Member Helpline Performance | Monthly | Monitor member call center performance | <p><u>General:</u></p> <p>a. Member Calls that Enter Queue (T) [Count]</p> <p>i. Member Calls Answered [Count and %]</p> <p>1. Member Calls Answered After 30 Seconds (A) [Count and %]</p> <p>ii. Member Calls Abandoned After 30 Seconds (B) [Count and %]</p> <p>b. Calls Received After Hours [Count]</p> <p>c. Service Level = ((T-(A+B))/T)*100</p> <p><u>Pharmacy :</u></p> <p>a. Member Calls that Enter Queue (T) [Count]</p> <p>i. Member Calls Answered [Count and %]</p> <p>1. Member Calls Answered After 30 Seconds (A) [Count and %]</p> <p>ii. Member Calls Abandoned After 30 Seconds (B) [Count and %]</p> <p>b. Calls Received After Hours [Count]</p> <p>c. Service Level = ((T-(A+B))/T)*100</p> |
| Program | | | | |
| | Update of Care Plans | Monthly | Monitor MCO care plan updates | <p>a. Member Care Plans Up for Renewal [Count]</p> <p>i. Member Care Plans Updated Prior to Renewal Date [Count and %]</p> <p>ii. Member Care Plans Updated After Renewal Date [Count and %]</p> <p>b. Member Care Plans Updated Due to Change in Need [Count]</p> |
| | Case Coordination Report | Monthly | Monitor MCO care coordination procedures | <p>a. Members Assigned a Care Coordinator [Count]</p> <p>b. FTE Care Coordinators (Ratio is Members per Care Coordinator) [Count and Ratio]</p> <p>c. Average Care Coordinator Contacts Per Member</p> <p>d. Members Assigned a Community-Based Case Manager [Count]</p> <p>e. FTE Community-Based Case Managers (Ratio is Members per Community-Based Case Manager) [Count and Ratio]</p> <p>f. Average Community-Based Case Manager Contacts per Member</p> |
| | Average Length of Stay/Days of Care | Quarterly | Monitor MCO average length of stay | <p>a. Nursing Facility—Short Term</p> <p>b. Nursing Facility—Long Term</p> <p>c. Skilled Nursing Facility</p> <p>d. ICF/ID</p> <p>e. PMIC</p> |
| | Level of Care/Functional Assessment | Monthly | Monitor MCO hospital admissions | <p>a. LOC / Functional Assessments Due [Count]</p> <p>i. LOC / Functional Assessments Completed Timely [Count and %]</p> |
| | LTSS Care Plans Completed | Monthly | Monitor MCO completion of care plans | <p>a. Care Plans Due [Count]</p> <p>i. Care Plans Completed Timely [Count and %]</p> |
| | Employment | Quarterly | Monitor MCO employment outcomes for LTSS members | <p>a. Members Competitively Employed [Count]</p> <p>b. Members Receiving Supported Employment Services [Count]</p> <p>c. Members Receiving Prevocational Services [Count]</p> |

Appendix I - MCO Report Matrix

| | | | |
|--|---------|--|---|
| Prior Authorizations | Monthly | Monitor MCO service prior authorization performance | <p><u>Total Prior Authorizations:</u></p> <ul style="list-style-type: none"> a. Number of Authorizations Submitted [Count] <ul style="list-style-type: none"> i. Number of Authorizations Adjudicated [Count and %] <ul style="list-style-type: none"> 1. Number of Authorizations Approved [Count and %] 2. Number of Authorizations Fully Denied [Count and %] 3. Number of Authorizations Modified [Count and %] 4. Number of Authorization Decisions Rendered within Required Timeframe (Timely) [Count and %] b. Average Number of Days to Process: N/A c. Number of Appeals Filed Due to Denied / Modified Authorization [Count and %] <p><u>Standard Prior Authorizations:</u></p> <ul style="list-style-type: none"> a. Number of Authorizations Submitted [Count] <ul style="list-style-type: none"> i. Number of Authorizations Adjudicated [Count and %] <ul style="list-style-type: none"> 1. Number of Authorizations Approved [Count and %] 2. Number of Authorizations Fully Denied [Count and %] 3. Number of Authorizations Modified [Count and %] 4. Number of Authorization Decisions Rendered within 7 Calendar Days (Timely) [Count and %] b. Average Number of Days to Process c. Number of Appeals Filed Due to Denied / Modified Authorization [Count and %] <p><u>Expedited Prior Authorizations:</u></p> <ul style="list-style-type: none"> a. Number of Authorizations Submitted [Count] <ul style="list-style-type: none"> i. Number of Authorizations Adjudicated [Count and %] <ul style="list-style-type: none"> 1. Number of Authorizations Approved [Count and %] 2. Number of Authorizations Fully Denied [Count and %] 3. Number of Authorizations Modified [Count and %] 4. Number of Authorization Decisions Rendered within 3 Business Days (Timely) [Count and %] b. Average Number of Days to Process c. Number of Appeals Filed Due to Denied / Modified Authorization [Count and %] |
| Prior Authorization Denial and Modification | Monthly | Monitor prior authorization denial and modification reasons | <ul style="list-style-type: none"> a. Most Frequent Reason for Authorization Denial [Reason and %] b. Second Most Frequent Reason for Authorization Denial [Reason and %] c. Most Frequent Reason for Authorization Modification [Reason and %] d. Second Most Frequent Reason for Authorization Modification [Reason and %] |
| Pharmacy Prior Authorization | Monthly | Monitor pharmacy prior authorization performance | <ul style="list-style-type: none"> a. Number of Authorizations Submitted [Count] <ul style="list-style-type: none"> i. Number of Authorizations Adjudicated [Count and %] <ul style="list-style-type: none"> 1. Number of Authorizations Approved [Count and %] 2. Number of Authorizations Fully Denied [Count and %] 3. Number of Authorizations Modified [Count and %] 4. Number of Authorization Decisions Rendered within 24 hours (Timely) [Count and %] b. Average Number of Days to Process c. Number of Appeals Filed Due to Denied / Modified Authorization [Count and %] |
| Pharmacy Prior Authorization Denial and Modification | Monthly | Monitor pharmacy prior authorization denial and modification reasons | <ul style="list-style-type: none"> a. Most Frequent Reason for Authorization Denial [Reason and %] b. Second Most Frequent Reason for Authorization Denial [Reason and %] c. Most Frequent Reason for Authorization Modification [Reason and %] d. Second Most Frequent Reason for Authorization Modification [Reason and %] |

Appendix I - MCO Report Matrix

| | | | |
|--|-----------|---|---|
| Primary Care Provider (PCP) Assignment | Monthly | Monitor MCO assignment of members to PCP | <ul style="list-style-type: none"> a. Member Medicaid ID b. Assigned PCP – First Name c. Assigned PCP – Last Name (or Organization Name) d. PCP National Provider Identifier (NPI) e. PCP Address 1 f. PCP Address 2 g. PCP City h. PCP State i. PCP Zip Code j. Organization NPI k. Organization Tax Identification Number (TIN) |
| Provider Credentialing | Monthly | Monitor MCO provider credentialing procedures | <ul style="list-style-type: none"> a. Number of Enrolled Providers on Last Day of Reporting Period for which Credentialing is Required [Count] b. Number of Providers for Which Credentialing or Re-Credentialing was Initiated in the Reporting Period [Count and %] i. Number of Providers for which Credentialing or Re-Credentialing was Completed in the Reporting Period [Count and %] <ul style="list-style-type: none"> 1. Number of Providers Credentialed within 30 Calendar Days [Count and %] 2. Number of Providers Credentialed within 45 Calendar Days [Count and %] 3. Number of Providers that were Not Credentialed or Re-Credentialed [Count and %] 4. Average Time in Days to Complete Credentialing Process [Count and %] 5. Number of Providers that Submitted All Disclosures Required Under 42 CFR §455.104 [Count and %] 6. Number of Providers that were Denied Enrollment for Non-Compliance with 42 CFR §455.104 [Count and %] 7. Number of Providers that Reported Changes to Disclosure Information 42 CFR §455.104 [Count and %] 8. Number of Providers that Submitted All Disclosures Required Under 42 CFR §455.106 [Count and %] 9. Number of Providers that were Denied Enrollment for Non-Compliance with 42 CFR §455.106 [Count and %] 10. Number of Providers that had Enrollment Denied or Terminated per the Requirements of 42 CFR §455.416 [Count and %] 11. Number of Providers Screened as Limited Risk Provider per 42 CFR §455.450(a) [Count and %] 12. Number of Providers Screened as Moderate Risk Provider per 42 CFR §455.450(b) [Count and %] |
| Subcontractor Compliance Summary | Quarterly | Monitor MCO subcontractor compliance | <ul style="list-style-type: none"> a. Date Subcontractor Compliance Report Submitted to DHS b. Compliance Issues Identified [Drop Down List] <ul style="list-style-type: none"> i. Yes ii. No c. Corrective Action Plan Submitted [Drop Down List] <ul style="list-style-type: none"> i. Yes ii. No d. Date Corrective Action Plan Submitted to DHS |
| Provider Helpline Performance | Monthly | Monitor provider call center performance | <ul style="list-style-type: none"> a. Provider Calls that Enter Queue (T) [Count] <ul style="list-style-type: none"> i. Provider Calls Answered [Count and %] <ul style="list-style-type: none"> 1. Member Calls Answered After 30 Seconds (A) [Count and %] ii. Provider Calls Abandoned After 30 Seconds (B) [Count and %] b. Calls Received After Hours [Count] c. Service Level = ((T-(A+B))/T)*100 |
| Program Integrity Work Plan | Monthly | Assess MCO program integrity work plan | <ul style="list-style-type: none"> a. Work plan b. Planned activity name c. Person responsible d. Number of providers e. Status f. Dollar amount paid to MCO g. Identified overpayment h. Dollar amount collected |

Appendix I - MCO Report Matrix

| | | | |
|--|-----------|---|---|
| Claims Processing | Monthly | Report and assess MCO claims processing activities | <p><u>All Claims:</u></p> <ul style="list-style-type: none"> a. Total Beginning Month Carryover b. Number of Claims Processed c. Number of Claims Paid d. Percentage of Claims Paid e. Number of Claims Denied f. Percentage of Claims Denied g. Number of Suspended Claims h. Average Days from Receipt to Payment <p><u>Clean Claims:</u></p> <ul style="list-style-type: none"> a. Number of Clean Claims Processed b. Percentage of Clean Claims Processed c. Number of Clean Claims Paid / Denied 1-14 Days d. Percentage of Clean Claims Paid / Denied 1-14 Days e. Number of Clean Claims Paid / Denied 15-21 Days f. Percentage of Clean Claims Paid / Denied 15-21 Days g. Number of Clean Claims Paid / Denied 22-60 Days h. Percentage of Clean Claims Paid / Denied 22-60 Days i. Number of Clean Claims Paid / Denied 61-90 Days j. Percentage of Clean Claims Paid / Denied 61-90 Days k. Percentage of Clean Claims Paid / Denied 1-90 Days |
| Claim Denials | Monthly | Identify the most frequent reasons for claims denials | <ul style="list-style-type: none"> a. Denial Reason b. Percent of Total Denied Claims |
| Point of Sale Pharmacy Claims Processing | Monthly | Report and assess MCO POS pharmacy claims processing | <p><u>All Claims:</u></p> <ul style="list-style-type: none"> a. Total Beginning Month Carryover b. Number of Claims Processed c. Number of Claims Paid d. Percentage of Claims Paid e. Number of Claims Denied f. Percentage of Claims Denied g. Number of Suspended Claims h. Average Days from Receipt to Payment <p><u>Clean Claims:</u></p> <ul style="list-style-type: none"> a. Number of Clean Claims Processed b. Percentage of Clean Claims Processed c. Number of Clean Claims Paid / Denied 1-14 Days d. Percentage of Clean Claims Paid / Denied 1-14 Days e. Number of Clean Claims Paid / Denied 15-21 Days f. Percentage of Clean Claims Paid / Denied 15-21 Days g. Number of Clean Claims Paid / Denied 22-60 Days h. Percentage of Clean Claims Paid / Denied 22-60 Days i. Number of Clean Claims Paid / Denied 61-90 Days j. Percentage of Clean Claims Paid / Denied 61-90 Days k. Percentage of Clean Claims Paid / Denied 1-90 Days |
| Point of Sale Pharmacy Claim Denials | Monthly | Identify the most frequent reasons for claims denials | <ul style="list-style-type: none"> a. Denial Reason b. Percent of Total Denied Claims |
| Pharmacy Rebates | Quarterly | Monitor how the MCO has utilized rebates | <ul style="list-style-type: none"> a. Date Submitted to DHS b. Number of Claims with Potential Rebates c. Value of Rebates |

Appendix I - MCO Report Matrix

| | | | |
|--|-----------|--|--|
| Correct Coding Initiative Details | Quarterly | Monitor MCO correct coding initiatives | <ul style="list-style-type: none"> a. Edit Category b. Edit Count [Count] c. Total Savings Presented d. Average Savings/Edit [Average] e. Percentage of Total Savings YTD [%] f. Edits Utilized [Count] g. Edit Utilization Rate [%] h. Savings Utilized |
| Completion of Initial Health Risk Assessment | Quarterly | Monitor MCO health risk assessment activities | <ul style="list-style-type: none"> a. New Members Enrolled for At Least 90 Days [Count] i. Initial Risk Assessments Completed within 90 Days [Count and %] b. Average Number of Days to Complete Initial Risk Assessment [Count] |
| Completion of Comprehensive Health Risk Assessment | Quarterly | Monitor MCO health risk assessment completion | <ul style="list-style-type: none"> a. New Members Enrolled for At Least 90 Days [Count] b. Comprehensive Risk Assessments Completed During Quarter[Count and %] c. Average Number of Days to Complete Comprehensive Risk Assessment [Count] |
| Attempts to Contact Members for Initial Health Risk Assessment – No Assessment Completed | Quarterly | Monitor MCO attempts to contact members for initial health risk assessment | <ul style="list-style-type: none"> a. Member SID b. Attempt #1 <ul style="list-style-type: none"> i. Date ii. Time iii. Method [Drop Down Box] <ul style="list-style-type: none"> 1. In-Person 2. Phone Call 3. Mail 4. Email 5. Online / Portal 6. Other c. Attempt #2 <ul style="list-style-type: none"> i. Date ii. Time iii. Method [Drop Down Box] <ul style="list-style-type: none"> 1. In-Person 2. Phone Call 3. Mail 4. Email 5. Online / Portal 6. Other d. Attempt #3 <ul style="list-style-type: none"> i. Date ii. Time iii. Method [Drop Down Box] <ul style="list-style-type: none"> 1. In-Person 2. Phone Call 3. Mail 4. Email 5. Online / Portal 6. Other |

Appendix I - MCO Report Matrix

| | | | |
|---|-----------|--|--|
| Attempts to Contact Members for Comprehensive Risk Assessment – No Assessment Completed | Quarterly | Monitor MCO attempts to contact members for comprehensive health risk assessment | <ul style="list-style-type: none"> a. Member SID b. Attempt #1 <ul style="list-style-type: none"> i. Date ii. Time iii. Method [Drop Down Box] <ul style="list-style-type: none"> 1. In-Person 2. Phone Call 3. Mail 4. Email 5. Online / Portal 6. Other c. Attempt #2 <ul style="list-style-type: none"> i. Date ii. Time iii. Method [Drop Down Box] <ul style="list-style-type: none"> 1. In-Person 2. Phone Call 3. Mail 4. Email 5. Online / Portal 6. Other d. Attempt #3 <ul style="list-style-type: none"> i. Date ii. Time iii. Method [Drop Down Box] <ul style="list-style-type: none"> 1. In-Person 2. Phone Call 3. Mail 4. Email 5. Online / Portal 6. Other |
| Third Party Liability Payments and Recoveries | Quarterly | Monitor MCO third party liability processes | <ul style="list-style-type: none"> a. Number of Members Reporting New TPL [Count] b. Number of Claims with TPL [Count] c. TPL Amount Applied to Claims d. Amount Recovered Pay-and-Chase |
| Third Party Covered Members | Quarterly | Monitor third party liability processes | <ul style="list-style-type: none"> a. Member SID b. Program c. Date Third Party Liability Identified d. Name of Insurance Company e. Type of Coverage |
| Iowa Insurance Division Reporting | Quarterly | Monitor MCO insurance reporting to Iowa Insurance Division | <ul style="list-style-type: none"> a. Date Submitted to IID b. Date Submitted to DHS c. Compliance Issues Identified [Drop Down List] <ul style="list-style-type: none"> i. Yes ii. No |
| Annual Independent Audit | Annually | Audit MCO financials | <ul style="list-style-type: none"> a. Audit Date b. Date Submitted to DHS c. Compliance Issues Identified [Drop Down List] <ul style="list-style-type: none"> i. Yes ii. No |

Appendix I - MCO Report Matrix

| | | | |
|---------------------------|------------------------|--|---|
| Insurance Premium Notice | Annually | Report MCO Premiums | <ul style="list-style-type: none"> a. Policy End Date b. Date Policy Renewed c. Date Reported to DHS |
| Reinsurance | Quarterly | Monitor MCO reinsurance procedures | <ul style="list-style-type: none"> a. Number of Claims where Reinsurance is Applied [Count] b. Reinsurance Amount Applied during Reporting Period |
| Medical Loss Ratio | Quarterly and Annually | Monitor the share of premium revenues the MCO spends on member services and quality improvement activities | <p><u>By capitation rate cell:</u></p> <ul style="list-style-type: none"> a. Benefit Expense b. Revenue c. MLR [%] |
| Physician Incentives | Quarterly | Monitor how the MCO has utilized physician incentives | <ul style="list-style-type: none"> a. Have Physician Incentives been used: "Yes" or "No" b. Description of incentives used c. Total expenditures used for incentives plan d. Incentive plan affects use of referral services: "Yes" or "No" e. Incentive plan places physician or physician group at risk: "Yes" or "No" f. Incentive plan offers stop-loss protection: "Yes" or "No" g. Incentive plan directly or indirectly induces physician or group to limit/reduce medically necessary services: "Yes" or "No" |
| Program Integrity Summary | Monthly | Summarize MCO program integrity activities and performance. | <ul style="list-style-type: none"> a. TIPS Received / 2-Day Notices Made to Medicaid Fraud Control Unit (MFCU) & IME b. Audits / Preliminary Investigations Performed <ul style="list-style-type: none"> i. Overpayment Identified ii. No Overpayment Identified <u>Provider Referrals Referred to MFCU & IME:</u> <ul style="list-style-type: none"> a. New b. Existing c. Closed d. Returned <u>Overpayments:</u> <ul style="list-style-type: none"> a. MCO Medicaid Overpayments Identified as a Result of Audits / Investigations b. MCO Medicaid Overpayments Recovered as a Result of Audits / Investigations c. Total Amount of MCO Overpayments Identified through All PI Activities (e.g., Audits, Investigations, Data Mining, Overpayments & Other Collections) d. Total Amount of MCO Overpayments Recovered as Result of All PI Activities <u>Provider Enrollment Safeguards:</u> <ul style="list-style-type: none"> a. Provider Disclosures with Adverse Disclosures on Form <ul style="list-style-type: none"> i. Adverse Disclosures Reported to IME ii. Positive Matches Found Against System for Award Management (SAM) iii. Positive Matches Found Against Office of Inspector General (OIG) Exclusions List iv. Providers Involuntarily Terminated Due to Program Integrity Concerns b. Administrative or Disciplinary Actions / Sanctions Taken (e.g., Educational Letters, Pre-payment Reviews, Payment Withhold, Corrective Action plan, etc.) c. Provider Applications Denied for Program Integrity Concerns <u>Other Cost Avoidance:</u> <ul style="list-style-type: none"> a. All Cost Avoidance IME-Required and MCO Items (Total) |

Appendix I - MCO Report Matrix

| | | | |
|--|---------|--|---|
| Program Integrity TIPS | Monthly | Report the source and status of TIPS | <ul style="list-style-type: none"> a. Reporting Period (Month-Year) b. National Provider Identifier (NPI) c. Tax Identification Number (TIN) d. First Name e. Last Name (or Organization Name [e.g., Hospital]) f. Received Date g. Closed date h. Status [Drop Down List] <ul style="list-style-type: none"> i. Open ii. Referred to MFCU / IME iii. Closed-Founded iv. Closed-Unfounded i. Source [Drop Down List] <ul style="list-style-type: none"> i. Data Mining ii. Email iii. IME iv. Internal v. Member Complaint vi. News / Media vii. Phone Call viii. Referrals ix. Other j. TIP Allegation / Information k. Date of 2-Day Notice to MFCU / IME |
| Program Integrity Audits- Investigations | Monthly | Report the status, procedure and findings of audits and investigations | <ul style="list-style-type: none"> a. Reporting Period (Month-Year) b. National Provider Identifier (NPI) c. Tax Identification Number (TIN) d. First Name e. Last Name (or Organization Name [e.g., Hospital]) f. Open Date g. Closed Date h. Status [Drop Down List] <ul style="list-style-type: none"> i. Open ii. Referred to MFCU / IME iii. Closed-Founded iv. Closed-Unfounded i. Audit or Investigation Reason j. Type of Audit [Drop Down List] <ul style="list-style-type: none"> i. Desk ii. Medical Records iii. Combo iv. Other k. Audit / Investigation Findings l. Overpayments Identified Related to MCO Iowa Medicaid Services m. Payment Error Rate [Claims \$ Amount in Error / Claims \$ Amount] n. Recovery Amount Related to MCO Iowa Medicaid Services |

Appendix I - MCO Report Matrix

| | | | |
|--|----------------|---|---|
| <p>Program Integrity Provider Referrals Made</p> | <p>Monthly</p> | <p>Report the status of audits and investigations referred by the MCO to IME and MFCU</p> | <ul style="list-style-type: none"> a. Reporting Period (Month-Year) b. National Provider Identifier (NPI) c. Tax Identification Number (TIN) d. First Name e. Last Name (or Organization Name [e.g., Hospital]) f. Open Date g. Date of Provider Referral to IME & MFCU h. Referral Status [Drop Down List] <ul style="list-style-type: none"> i. Pending MFCU review ii. Accepted by MFCU iii. Declined by MFCU iv. Closed-Unfounded v. Closed-Founded vi. Other i. MCO Action if Status = Declined by MFCU [Drop Down List] <ul style="list-style-type: none"> i. Closed Case-Recovery ii. Closed Case-No Recovery iii. Continued to Audit / Investigate iv. Other j. Source [Drop Down List] <ul style="list-style-type: none"> i. Data Mining ii. Email iii. IME iv. Internal v. Member Complaint vi. News / Media vii. Phone Call viii. Referrals ix. Other k. Concerns of Request / Referral |
| <p>Program Integrity Overpayments</p> | <p>Monthly</p> | <p>Report the source, amount and collection status of overpayments.</p> | <ul style="list-style-type: none"> a. Reporting Period (Month-Year) b. National Provider Identifier (NPI) c. Tax Identification Number (TIN) d. First Name e. Last Name (or Organization Name [e.g., Hospital]) f. How was Overpayment Identified g. Overpayments Identified Related to MCO Iowa Medicaid Services h. Recovery Amount Related to MCO Iowa Medicaid Services i. Overpayment Collection Method [Drop Down List] <ul style="list-style-type: none"> i. Check ii. Claims offset iii. Other |

Appendix I - MCO Report Matrix

| | | | |
|---|---------|--|---|
| Program Integrity New PI Action | Monthly | Report PI actions and the concerns they address. | <ul style="list-style-type: none"> a. Reporting Period (Month-Year) b. National Provider Identifier (NPI) c. Tax Identification Number (TIN) d. First Name e. Last Name (or Organization Name [e.g., Hospital]) f. Date PI Action Issued g. Date PI Action Ended h. Program Integrity Concern i. Type of PI Action [Drop Down List] <ul style="list-style-type: none"> i. Probation from Medical Assistance (MA) ii. Termination from MA iii. Suspension from MA iv. Suspension of Payments v. Prior Authorization vi. Review of Claims vii. Other j. If PI Action = "Other," Describe k. IME Action [Drop Down List] <ul style="list-style-type: none"> i. Yes ii. No |
| Program Integrity Lis of Involuntary Terms | Monthly | Report PI actions and the concerns they address. | <ul style="list-style-type: none"> a. Reporting Period (Month-Year) b. National Provider Identifier (NPI) c. Tax Identification Number (TIN) d. First Name e. Last Name (or Organization Name [e.g., Hospital]) f. Date of Termination g. Date of Notification to IME / MFCU h. Termination Type [Drop Down List] <ul style="list-style-type: none"> i. A: Terminated Under Medicaid Authority ii. D: License Expired iii. E: Voluntary Termination iv. F: Provider Deceased v. L: License Suspended vi. 3: Medicare Termed Providers vii. 9: Suspended for State Action viii. Other: Other type of termination i. If Termination Type = "Other," Describe j. Description of Termination Concerns k. Notification to State Licensing Board [Drop Down List] <ul style="list-style-type: none"> i. Yes ii. No l. If State Licensing Board Notified, Date of Notification |
| Program Integrity All Other Cost Avoidance | Monthly | Report other cost avoidance activities and dollars that are not related to fraud, waste and abuse. | <ul style="list-style-type: none"> a. All Cost Avoidance IME-Required and MCO Items (Total) <ul style="list-style-type: none"> i. Cost Avoidance Items Required by IME (Total) <ul style="list-style-type: none"> 1. [IME Will Provide Required Items] ii. Cost Avoidance Items Identified by MCO (Total) <ul style="list-style-type: none"> 1. [MCO to add MCO-specific items (will vary by MCO)] |
| Program Integrity Members Referred to DIA-IME | Monthly | Report concerns and status of members referred to DIA-IME | <ul style="list-style-type: none"> a. Reporting Period (Month-Year) b. Member First Name c. Member Last Name d. Member SSN e. Date of Referral f. Program Integrity Concerns g. Recipient Lock-In? [Drop Down List] <ul style="list-style-type: none"> i. Yes ii. No |

Appendix I - MCO Report Matrix

| | | | | |
|----------------------|--|-----------|---|---|
| Quality and Outcomes | Quality Management / Improvement Workplan | Quarterly | Monitor MCO quality management and quality improvement activities | <ul style="list-style-type: none"> a. Scope of population b. Planned activity name c. Goals/Measurable objectives d. Person responsible e. Data source f. Data collection methodology g. Reporting frequency h. Start date i. End date j. Status |
| | Quality Management (QM) Committee Meeting Minutes | As Needed | Monitor MCO QM committee activities | <ul style="list-style-type: none"> a. Date of QM Committee Meeting b. Date QM Committee Minutes Submitted to DHS c. Compliance Issues Identified [Drop Down List] <ul style="list-style-type: none"> i. Yes ii. No |
| | Value-Based Purchasing (VBP) Enrollment | Monthly | Assess MCO members covered by a value-based purchasing agreement | <ul style="list-style-type: none"> a. Members Enrolled <ul style="list-style-type: none"> i. Members Covered by a Value-Based Purchasing Arrangement ii. Total number of Members Disenrolled from a Value-Based Purchasing Arrangement |
| | CAHPS Survey Results | Annually | Monitor MCO CAHPS rates | Reporting of Consumer Assessment of Healthcare Providers and Services measures. |
| | Foster Children Prescribed 2+ Psychotropic Drugs | Quarterly | Monitor prescribed psychotropic drugs to foster children | <ul style="list-style-type: none"> a. Member SID b. Date of Birth c. Behavioral Health Diagnosis d. Prescribed Psychotropic #1 e. Prescribed Psychotropic #2 f. Prescribed Psychotropic #3 |
| | Foster Children Prescribed Medications for Behavioral Health Diagnosis | Quarterly | Monitor prescribed medications to foster children for behavioral health diagnosis | <ul style="list-style-type: none"> a. Member SID b. Date of Birth c. Behavioral Health Diagnosis d. Associated Prescription |
| | Foster Children Receiving EPSDT Screening | Quarterly | Monitor EPSDT screenings for foster children | <ul style="list-style-type: none"> a. Member SID b. Date of Birth c. Date Screened |
| | Children's Health Outcomes | Quarterly | Monitor MCO health outcomes for children | <ul style="list-style-type: none"> a. Total number of EPSDT screenings performed b. Total number of well-child visits in first 15 months of life c. Total number of well-child visits in the third year of life d. Total number of well-child visits in the fourth year of life e. Total number of well-child visits in the fifth year of life f. Total number of well-child visits in the sixth year of life g. Total number of adolescent well-care visits h. Total number of developmental screenings in the first three years of life i. Total number of childhood immunization status j. Total number of immunizations for adolescents k. Total number of child and adolescent mental health screenings l. Total number of weight assessment and counseling for nutrition and physical activity for children/adolescents |
| | Prenatal and Childbirth Outcomes | Quarterly | Monitor MCO prenatal and childbirth outcomes | <ul style="list-style-type: none"> a. Total number of infants born between 34 and 36 weeks b. Total number of deliveries that received recommended prenatal and postnatal visits c. Total number of cesarean sections performed d. Total number of prenatal care visits e. Total number of mother behavioral health risk assessments completed pre and post-partum |

Appendix I - MCO Report Matrix

| | | | |
|------------------------------|-----------|---|---|
| Chronic Condition Management | Monthly | Monitor MCO chronic condition management, where chronic conditions are defined as: a. Diabetes b. Cardiovascular Disease c. HIV/AIDS d. COPD e. Asthma | a. Average Number of Doctor Visits b. Average Number of Emergency Room Visits c. Average Number of Hospitalizations d. Average Days in Hospital e. Average Number of Prescriptions |
| Hospital Admissions | Monthly | Monitor MCO hospital admissions | a. Total Inpatient Admissions [Count] i. Potentially Avoidable Readmissions [Count and %] 1. Readmissions Within 15 Days [Count and %] 2. Readmissions Within 30 Days [Count and %] 3. Readmissions Within 45 Days [Count and %] 4. Readmissions Within 60 Days [Count and %] b. Average Number of Inpatient Days [Count] |
| Emergency Department Use | Monthly | Monitor MCO emergency department utilization | a. Emergency Department Utilization for Non-Emergent Conditions b. Total Number of Members Using ER More Than Once in 30 Days c. Total Number of Members Using ER More Than Once in 60 Days d. Total Number of Members Diverted from ER |
| Adult Preventive Care | Quarterly | Monitor MCO preventive care | a. Total number of members receiving a well-care visit 18-29 years old b. Total number of members receiving a well-care visit 30-39 years old c. Total number of members receiving a well-care visit 40-49 years old d. Total number of members receiving a well-care visit 50-64 years old e. Total number of members receiving a well-care visit 65+ years old f. Total number of female members having received a mammography 50+ years of age g. Total number of female members having received a pap test 21-29 years of age h. Total number of female members having received a pap test 30-56+ years of age i. Total number of members receiving colorectal screening 50-65+ years of age j. Total number of male members screened for prostate cancer screening 18-49 years of age k. Total number of members screened body mass index 18-65+ years of age l. Total number of members receiving cholesterol screen 18-65+ year of age m. Total number of members screened for Type 2 Diabetes 18-65+ years of age n. Total number of members counseled on preventive measures for osteoporosis 40-65+ years of age |
| HEDIS Report | Annually | Monitor MCO HEDIS rates | HEDIS measure results will be sent to evaluate for quality and trending. |
| Return to Community | Quarterly | Monitor MCO performance at getting members back into their community after being in an institutionalized setting | a. Members Leaving Facility [Count] i. Members Receiving Care Coordination or Community-Based Case Management Follow-Up within 7 Days [Count and %] |
| Out-of-State Placement | Monthly | Monitor out-of-state placement | a. Members Placed in an Out-of-State PMIC b. Members Placed in an Out-of-State Skilled Nursing Facility c. Members Placed in an Out-of-State ICF/ID d. Members Placed in an Out-of-State Nursing Facility e. Members Placed in an Out-of-State "Other Institutional" |
| Fall Risk Management | Monthly | Monitor MCO fall risk management | a. Members in a Facility Identified as "At Risk" [Count] i. Members in a Facility Identified as "At Risk" Who Receive Intervention [Count and %] b. Members in the Community Identified as "At Risk" [Count] i. Members in the Community Identified as "At Risk" Who Receive Intervention [Count and %] |
| Self-Direction | Quarterly | Monitor MCO self-directed members | <u>By applicable waiver:</u> a. Self-Directed Members [Count] |
| Community Rebalancing | Quarterly | Monitor MCO community rebalancing outcomes for LTSS members | a. Members Served in Community Setting [Count] b. Members Served in Facility Setting [Count] c. Percentage of Members Served in Community Setting [%] |

Appendix I (cont.) - MCO Special Population Report Matrix

| Report Type | Report Name | Frequency of Report | Description | Elements |
|----------------------------|---------------------------|---------------------|--|--|
| Specific Population Report | Elderly Population Report | Quarterly | Gain high-level overview of elderly population served by the MCO | <p><u>Population Descriptives:</u></p> <ul style="list-style-type: none"> a. Members Served [Count] b. Members Enrolled in Medicare [Count and %] c. Average Aggregate Cost Per Member Per Month [Average] <hr/> <p><u>Care Coordination:</u></p> <ul style="list-style-type: none"> a. Members Assigned a Care Coordinator [Count] b. Member Contacts in Home [Count and %] c. Member Contacts in Community [Count and %] d. Member Contacts in Facility [Count and %] e. Telephonic Member Contacts [Count and %] f. Member Follow-Up Contact Made within 24 Hours of Report Abuse/Neglect [Count and %] g. Member Follow-Up Contact Made within 24 Hours of Hospital Discharge [Count and %] h. Member Follow-Up Contact Made within 72 Hours of Discharge from Rehabilitation Facility [Count and %] i. Ratio of Members to Care Coordinators [Ratio] j. Ratio of Members Receiving Community Based LTSS to Community Based Case Managers [Ratio] k. Community Based Case Managers with 24 Hour Emergency Backup [Count and %] l. Assessments Performed [Count and %] <p><u>Care Plan:</u></p> <ul style="list-style-type: none"> a. Members Requiring Care Plan Following Comprehensive Risk Assessment [Count] <ul style="list-style-type: none"> i. Members with Care Plan Completed [Count and %] <ul style="list-style-type: none"> 1. Care Plans that were Audited [Count and %] 2. Care Plans Completed through Person-Centered Process [Count and %] 3. Care Plans Completed Timely [Count and %] 4. Care Plans Addressing Needs Identified in Assessment [Count and %] 5. Care Plans Addressing Health and Safety Risks [Count and %] 6. Care Plans Addressing Member Goals [Count and %] 7. Care Plans Signed by Member [Count and %] 8. Care Plans Documenting Team Participation in Care Plan Development [Count and %] 9. Care Plans with All Providers Listed [Count and %] 10. Care Plans with All Funding Sources and Natural Supports Listed [Count and %] 11. Care Plans Identifying Emergency Supports [Count and %] 12. Member Files with Documentation of Members Receiving All Services Identified in Care Plan [Count and %] b. Average Time to Service Initiation [Average] <hr/> <p><u>Setting and Services:</u></p> <ul style="list-style-type: none"> a. Members Living with Four or More Unrelated People in a Community-Based Setting [Count and %] b. Members Living Independently or with a Spouse [Count and %] c. Members Living with Family Members [Count and %] d. Members Living in Assisted Living Facilities [Count and %] e. Average Length of Community Tenure for Members [Average] f. Members Living in a Skilled Nursing Facility [Count and %] g. Members Living in a Nursing Facility [Count and %] h. Members Placed in Two or More Settings in the Past Six Months [Count and %] i. Members Discharged from Services Involuntarily [Count and %] j. Members Who Have Had Three or More Distinct Providers for Same Service in Past Six Months [Count and %] k. Members Utilizing 75% or Less of Services Authorized [Count and %] |

Appendix I (cont.) - MCO Special Population Report Matrix

| | | | | |
|----------------------------|------------------------------------|-----------|--|--|
| | | Weekly* | | <ul style="list-style-type: none"> a. Critical Incidents [Count]* <ul style="list-style-type: none"> i. Physical Injuries [Count and %] ii. Emergency Mental Health Interventions [Count and %] iii. Law Enforcement Interventions [Count and %] iv. Deaths [Count and %] v. Reports of Abuse [Count and %] vi. Medication Error or Pattern of Error [Count and %] vii. Elopements/Location Unknowns [Count and %] viii. Preventable Incidents [Count and %] ix. Incidents Requiring Provider Corrective Action Plan [Count and %] x. Incidents Requiring Care Plan Revision [Count and %] xi. Incidents Reported Timely [Count and %] b. Unduplicated Members Involved [Count] |
| | | Quarterly | | <p><u>Health Care Outcomes:</u></p> <ul style="list-style-type: none"> a. Members Who Received at Least One High-Risk Medication [Count and %] b. Members Who Received Two or More Different High-Risk Medications [Count and %] c. Members Screened for Depression and Receiving Necessary Follow-Up [Count and %] d. Members Screened for Fall Risk within Last Twelve Months [Count and %] e. Members Assessed with a Decreased Need for ADL Assistance [Count and %] f. Members Transitioned from a Nursing Home to the Community [Count and %] g. Members with Preventive Dental Services within Last Twelve Months [Count and %] <p><u>Member Outcomes:</u></p> <ul style="list-style-type: none"> a. Members Accessing the Community and Having Ongoing Involvement in Activities [Count and %] b. Members Reporting They Feel Safe Where They Live [Count and %] c. Members Reporting They Receive Services When They Need Them [Count and %] d. Members Who Say They Are Treated with Dignity and Respect [Count and %] e. Members Reporting Needs Being Met [Count and %] f. Members Whose Case Manager Provided Assistance When Needed [Count and %] |
| | | | | |
| Specific Population Report | Special Needs Population Reporting | Quarterly | Gain high-level overview of adult and child waiver populations served by the MCO | <p><u>Population Descriptives:</u></p> <ul style="list-style-type: none"> a. Members Served [Count] <ul style="list-style-type: none"> i. Members Enrolled in a Chronic Condition Health Home [Count] b. Average Aggregate Cost Per Member Per Month [Count] |

Appendix I (cont.) - MCO Special Population Report Matrix

| |
|--|
| <p><u>Care Coordination:</u></p> <ul style="list-style-type: none"> a. Members Assigned a Care Coordinator [Count] b. Member Contacts in Home [Count and %] c. Member Contacts in Community [Count and %] d. Member Contacts in Facility [Count and %] e. Telephonic Member Contacts [Count and %] f. Member Follow-Up Contact Made within 24 Hours of Report Abuse/Neglect [Count and %] g. Member Follow-Up Contact Made within 24 Hours of Hospital Discharge [Count and %] h. Member Follow-up Contact Made within 48 Hours of Emergency Mental Health Intervention [Count and %] i. Member Follow-up Contact Made within 48 Hours of Law Enforcement Intervention [Count and %] j. Ratio of Members to Care Coordinators [Ratio] k. Ratio of Members Receiving Community Based LTSS to Community Based Case Managers [Ratio] l. Community Based Case Managers with 24 Hour Emergency Backup [Count and %] m. Assessments Performed for Members Receiving Community Based LTSS [Count and %] n. SIS Assessments Completed Timely [Count and %] o. InterRAI Assessments Completed Timely [Count and %] <p><u>Care Plan:</u></p> <ul style="list-style-type: none"> a. Members Requiring Care Plan Following Comprehensive Risk Assessment [Count] <ul style="list-style-type: none"> i. Members with Care Plan Completed [Count and %] <ul style="list-style-type: none"> 1. Care Plans that were Audited [Count and %] 2. Care Plans Completed through Person-Centered Process [Count and %] 3. Care Plans Completed Timely [Count and %] 4. Care Plans Addressing Needs Identified in Assessment [Count and %] 5. Care Plans Addressing Health and Safety Risks [Count and %] 6. Care Plans Addressing Member Goals [Count and %] 7. Care Plans Signed by Member [Count and %] 8. Care Plans Documenting Team Participation in Care Plan Development [Count and %] 9. Care Plans with All Providers Listed [Count and %] 10. Care Plans with All Funding Sources and Natural Supports Listed [Count and %] 11. Care Plans Identifying Emergency Supports [Count and %] 12. Member Files with Documentation of Members Receiving All Services Identified in Care Plan [Count and %] b. Average Time to Service Initiation [Average] c. Nursing Facility Plans Coordinated with MCO Care Coordinator [Count and %] |
| <p><u>Setting and Services:</u></p> <ul style="list-style-type: none"> a. Members Living with Four or More Unrelated People in a Community-Based Setting [Count and %] b. Members Living Independently or with a Spouse [Count and %] c. Members Living with Family Members [Count and %] d. Members Living in Residential Care Facilities [Count and %] e. Average Length of Community Tenure for Members [Average] f. Members Living in a Skilled Nursing Facility [Count and %] g. Members Living in a Nursing Facility [Count and %] h. Members Placed in Two or More Settings in the Past Six Months [Count and %] i. Members Discharged from Services Involuntarily [Count and %] j. Members with an Intellectual Disability Served in an Acute Inpatient Setting Who Could Not Be Successfully Discharged Due to a Lack of Appropriate Setting [Count] k. Members with a Brain Injury Served in an Acute Inpatient Setting Who Could Not Be Successfully Discharged Due to a Lack of Appropriate Setting [Count] l. Members Who Have Had Three or More Distinct Providers for Same Service in Past Six Months [Count and %] m. Members Utilizing 75% or Less of Services Authorized [Count and %] n. Services that Were Provided Late or Missed [Count and %] |

Appendix I (cont.) - MCO Special Population Report Matrix

| | | | | |
|----------------------------|-------------------------------------|-----------|--|--|
| | | Weekly* | | <ul style="list-style-type: none"> a. Critical Incidents [Count]* <ul style="list-style-type: none"> i. Physical Injuries [Count and %] ii. Emergency Mental Health Interventions [Count and %] iii. Law Enforcement Interventions [Count and %] iv. Deaths [Count and %] v. Reports of Abuse [Count and %] vi. Medication Error or Pattern of Error [Count and %] vii. Elopements/Location Unknowns [Count and %] viii. Preventable Incidents [Count and %] ix. Incidents Requiring Provider Corrective Action Plan [Count and %] x. Incidents Requiring Care Plan Revision [Count and %] xi. Incidents Reported Timely [Count and %] h. Unduplicated Members Involved [Count] |
| | | Quarterly | | <p>Health Care Outcomes:</p> <ul style="list-style-type: none"> a. Members Receiving Preventive Health Care Visits [Count and %] b. Members Receiving Annual Dental Wellness Exams [Count and %] c. Members with ID on 2 or More Psychotropic Drugs [Count and %] d. Members with BI on 2 or More Psychotropic Drugs [Count and %] e. Members with Emergency Department Utilization [Count and %] f. Members Age 18+ Screened for Clinical Depression Using Standardized Tool and Follow-Up Plan Documented [Count and %] Adult Only g. Members Age 18+ with a Calculated BMI in Last Six Months Documented in the Medical Record [Count and %] Adult Only h. Members Age 18+ with BMI Outside of Normal Parameters and Follow-Up Plan Documented [Count and %] Adult <p>Member Outcomes:</p> <ul style="list-style-type: none"> a. Members Accessing the Community and Having Ongoing Involvement in Activities [Count and %] b. Members Reporting They Feel Like a Part of Their Community [Count and %] c. Members Reporting They Feel Safe Where They Live [Count and %] d. Members with No Critical Incidents in HCBS Setting [Count and %] e. Members with No Reportable Incidents in Facility Setting [Count and %] f. Members Reporting They Are Satisfied with Their Relationships in the Community [Count and %] g. Members Reporting They Receive Services When They Need Them [Count and %] h. Members Who Say They Are Treated with Dignity and Respect [Count and %] i. Members Reporting Needs Being Met [Count and %] j. Members Whose Case Manager Provided Assistance When Needed [Count and %] k. Members Reporting They Participated in Treatment Planning [Count and %] l. Members Competitively Employed [Count and %] m. Members Receiving Employment Services [Count and %] n. Members Receiving Specialized Education Services [Count and %] |
| Specific Population Report | Behavioral Health Population Report | Quarterly | Gain high-level overview of behavioral health population served by the MCO | <p><u>Population Descriptives:</u></p> <p>Adult:</p> <ul style="list-style-type: none"> a. Members Served [Count] <ul style="list-style-type: none"> i. Adult Members with SMI [Count and %] b. Average Aggregate Cost Per Member Per Month [Average] <p><u>Child – In Home:</u></p> <ul style="list-style-type: none"> a. Members Served [Count] <ul style="list-style-type: none"> i. Child Members with SED [Count and %] b. Average Aggregate Cost Per Member Per Month [Average] <p><u>Child – Foster Care:</u></p> <ul style="list-style-type: none"> a. Members Served [Count] <ul style="list-style-type: none"> i. Child Members with SED [Count and %] b. Average Aggregate Cost Per Member Per Month [Average] |

Appendix I (cont.) - MCO Special Population Report Matrix

| |
|--|
| <p><u>Care Coordination:</u></p> <ul style="list-style-type: none"> a. Members Assigned a Care Coordinator [Count] b. Member Contacts in Home [Count and %] c. Member Contacts in Community [Count and %] d. Member Contacts in Facility [Count and %] e. Telephonic Member Contacts [Count and %] f. Member Follow-Up Contact Made within 24 Hours of Report Abuse/Neglect [Count and %] g. Member Follow-Up Contact Made within 24 Hours of Psychiatric Inpatient Discharge [Count and %] h. Member Follow-up Contact Made within 48 Hours of Emergency Mental Health Intervention [Count and %] i. Member Follow-up Contact Made within 48 Hours of Law Enforcement Intervention [Count and %] j. Ratio of Members to Care Coordinators [Ratio] k. Ratio of Members Receiving Habilitation Services to IHH Care Coordinators [Ratio] l. Ratio of Members Receiving Children's Mental Health Waiver Services to IHH Care Coordinators [Ratio] m. Care Coordinators with 24 Hour Emergency Backup for Members Receiving Habilitation or Children's Mental Health Waiver Services n. Assessments Performed [Count and %] o. InterRAI Assessments Completed Timely for Members Receiving Habilitation or Children's Mental Health Waiver Services [Count and %] p. Members with SMI or SED Enrolled in IHH [Count and %] q. Members with SMI or SED Enrolled in Chronic Condition Health Home [Count and %] |
| <p><u>Care Plan:</u></p> <ul style="list-style-type: none"> a. Members Requiring Care Plan Following Comprehensive Risk Assessment [Count] i. Members with Care Plan Completed [Count and %] <ul style="list-style-type: none"> 1. Care Plans that were Audited [Count and %] 2. Care Plans Completed through Person-Centered Process [Count and %] 3. Care Plans Completed Timely [Count and %] 4. Care Plans Addressing Needs Identified in Assessment [Count and %] 5. Care Plans Addressing Health and Safety Risks [Count and %] 6. Care Plans Addressing Member Goals [Count and %] 7. Care Plans Signed by Member [Count and %] 8. Care Plans Documenting Team Participation in Care Plan Development [Count and %] 9. Care Plans with All Providers Listed [Count and %] 10. Care Plans with All Funding Sources and Natural Supports Listed [Count and %] |
| <p><u>Setting and Services:</u></p> <ul style="list-style-type: none"> a. Members Living with Four or More Unrelated People in a Community-Based Setting [Count and %] b. Members Living Independently or with a Spouse [Count and %] c. Members Living with Family Members [Count and %] d. Members Living in Residential Care Facilities [Count and %] e. Members Living in a Shelter Setting [Count and %] f. Members Who Are Homeless [Count and %] g. Average Length of Community Tenure for Members [Average] h. Inpatient Admissions [Count] <ul style="list-style-type: none"> i. Average Length of Stay in Inpatient Hospital Setting [Average] i. In-State PMIC Admissions [Count] <ul style="list-style-type: none"> i. Average Length of Stay in In-State PMIC Setting [Average] j. Out-of-State PMIC Admissions [Count] <ul style="list-style-type: none"> i. Average Length of Stay in Out-of-State PMIC Setting [Average] k. Children Admitted to a PMIC Setting – CINA [Count and %] l. Children Admitted to a PMIC Setting – JCS [Count and %] m. Members Placed in Two or More Settings in the Past Six Months [Count and %] n. Members Discharged from Services Involuntarily [Count and %] o. Members in an Acute Inpatient Setting Who Could Not Be Successfully Discharged Due to a Lack of Appropriate Setting [Count] p. Members Seen in the Emergency Department for Behavioral Health [Count and %] q. Members Discharged from Inpatient Settings - OP Appointment within 30 Business Days [Count and %] r. Members Who Have Had Three or More Distinct Providers for Same Service in Past Six Months [Count and %] s. Members Involuntarily Discharged by a Provider [Count and %] |

Appendix I (cont.) - MCO Special Population Report Matrix

| | | | | |
|--|--|-----------|--|--|
| | | Weekly* | | <p>a. Critical Incidents [Count]*</p> <ul style="list-style-type: none"> i. Physical Injuries [Count and %] ii. Emergency Mental Health Interventions [Count and %] iii. Law Enforcement Interventions [Count and %] iv. Deaths [Count and %] v. Reports of Abuse [Count and %] vi. Medication Error or Pattern of Error [Count and %] vii. Elopements/Location Unknowns [Count and %] viii. Preventable Incidents [Count and %] ix. Incidents Requiring Provider Corrective Action Plan [Count and %] x. Incidents Requiring Treatment Plan Revision [Count and %] xi. Incidents Reported Timely [Count and %] <p>b. Unduplicated Members Involved [Count]</p> |
| | | Quarterly | | <p><u>Health Care Outcomes:</u></p> <ul style="list-style-type: none"> a. Members with SMI or SED Receiving Preventive Health Care Visits [Count and %] b. Members with SMI or SED Receiving Annual Dental Wellness Exams [Count and %] c. Members with SMI or SED Screened for Diabetes [Count and %] d. Members with a Diagnosis of Diabetes and an Identified Behavioral Health Condition Who Are Receiving Diabetes Management [Count and %] e. Members on an Antipsychotic Medication Receiving Regular Assessment of Weight/BMI [Count and %] f. Members Adhering to Medications Prescribed for a Diagnosis of Schizophrenia [Count and %] g. Members Adhering to Medications Prescribed for a Diagnosis of Bipolar Disorder [Count and %] h. Members Adhering to Medications Prescribed for a Diagnosis of Major Depression [Count and %] i. Members with SMI or SED Prescribed 2 or More Psychotropic Medications [Count and %] j. Children in Foster Care Prescribed 2 or More Psychotropic Medications [Count and %] k. Children and Adolescents on Antipsychotics Receiving Metabolic Monitoring [Count and %] <p><u>Member Outcomes:</u></p> <ul style="list-style-type: none"> a. Members with SMI or SED Accessing the Community and Having Ongoing Involvement in Activities [Count and %] b. Members with SMI or SED Reporting They Feel Like a Part of Their Community [Count and %] c. Members Reporting They Feel Safe Where They Live [Count and %] d. Members with No Critical Incidents in HCBS Setting [Count and %] e. Members with No Reportable Incidents in Facility Setting [Count and %] f. Members Reporting They Are Satisfied with Their Relationships in the Community [Count and %] g. Members Reporting They Receive Services When They Need Them [Count and %] h. Members Who Say They Are Treated with Dignity and Respect [Count and %] i. Members Reporting Needs Being Met [Count and %] j. Members Whose Case Manager Provided Assistance When Needed [Count and %] k. Members Reporting They Participated in Treatment Planning [Count and %] l. Members Competitively Employed [Count and %] m. Members Receiving Employment Services [Count and %] n. Members Who Are Involved in Meaningful Day Activities [Count and %] o. Children with SED Who Are Attending School Regularly [Count and %] <p><u>Evidence Based Practice:</u></p> <ul style="list-style-type: none"> a. Adult Members with SMI Receiving Assertive Community Treatment [Count and %] b. Adult Members with SMI Receiving Illness Management [Count and %] c. Adult Members with SMI Receiving Supported Employment Services [Count and %] d. Adult Members with SMI Receiving Supported Housing Services [Count and %] e. Child Members with SED Receiving Functional Family Therapy [Count and %] f. Child Members with SED Receiving Multi-Systemic Therapy [Count and %] |

Appendix I (cont.) - MCO Special Population Report Matrix

| | | | | |
|----------------------------|------------------------------|-----------|--|--|
| Specific Population Report | General Population Reporting | Quarterly | Gain high-level overview of behavioral health population served by the MCO | <p><u>Population Descriptives:</u></p> <p><u>Adult:</u></p> <p>a. Members Served [Count]</p> <p>b. Average Aggregate Cost Per Member Per Month [Average]</p> <p><u>Child – In Home:</u></p> <p>a. Members Served [Count]</p> <p>b. Average Aggregate Cost Per Member Per Month [Average]</p> <p><u>Child – Foster Care:</u></p> <p>a. Members Served [Count]</p> <p>b. Average Aggregate Cost Per Member Per Month [Average]</p> <hr/> <p><u>Care Coordination:</u></p> <p>a. Members Assigned a Care Coordinator [Count]</p> <p>b. Member Contacts in Home [Count and %]</p> <p>c. Member Contacts in Community [Count and %]</p> <p>d. Member Contacts in Facility [Count and %]</p> <p>e. Telephonic Member Contacts [Count and %]</p> <p>f. Member Follow-Up Contact Made Within 24 Hours of Hospital Discharge [Count and %]</p> <p>g. Members Enrolled in a Chronic Condition Health Home [Count]</p> <p>h. Initial Health Risk Assessments Completed [Count]</p> <p>i. Comprehensive Assessments Completed [Count]</p> <p>j. Care Complaints Completed Following a Comprehensive Assessment [Count and %]</p> <p><u>Care Plan:</u></p> <p>a. Members Requiring Care Plan Following Comprehensive Risk Assessment [Count]</p> <p>i. Members with Care Plan Completed [Count and %]</p> <hr/> <p><u>Setting and Services:</u></p> <p>a. Members Living in a Shelter Setting [Count and %]</p> <p>b. Members Who Are Homeless [Count and %]</p> <p>c. Members Seen in the Emergency Department for a Non-Emergent Issue [Count and %]</p> <p>d. Members Discharged from Inpatient Settings - OP Appointment within 30 Business Days [Count and %]</p> <p>e. Members Who Have Had Three or More Distinct Providers for Same Service in Past Six Months [Count and %]</p> <p>f. Services that Were Provided Late or Missed [Count and %]</p> <hr/> <p><u>Health Care Outcomes:</u></p> <p>a. Members Screened for Health Literacy [Count and %]</p> <p>b. Members Screened for Breast Cancer [Count and %]</p> <p>c. Members Screened for Colorectal Cancer [Count and %]</p> <p>d. Members Screened for Cervical Cancer [Count and %]</p> <p>e. Members Screened for Chlamydia [Count and %]</p> <p>f. Members Screened for Glaucoma [Count and %]</p> <p>g. Members Screened for High Blood Pressure [Count and %]</p> <p>h. Members Screened for Diabetes [Count and %]</p> <p>i. Members Receiving Annual Monitoring of Persistent Medication Use [Count and %]</p> <p>j. All Cause Readmission Rate [Count and %]</p> <hr/> <p><u>Access and Provider Satisfaction:</u></p> <p>a. Members Reporting it was Easy to Get an Appointment with Specialist [Count and %]</p> <p>b. Members Reporting it was Easy to Get the Care, Tests, or Treatment Needed through Their Health Plan [Count and %]</p> <p>c. Members Reporting They were Able to Get Care as Soon as It was Needed when Care was Needed Right Away [Count and %]</p> <p>d. Average Member Rating of Health Care [Average]</p> <p>e. Average Member Rating of Health Plan [Average]</p> <p>f. Members Accessing Preventive Services [Count and %]</p> |
|----------------------------|------------------------------|-----------|--|--|