

Attachment A

Reporting Requirements for Disease Management Organizations

Reports will be submitted utilizing the report format in Attachment B.

Reports will be submitted electronically to the Department through secure file transfer protocol.

Monthly Reporting:

- Number of enrolled members by Medicaid Client ID number, disease, intensity level, age range (0-5, 6-18, 19-20, 21-64, 65+), and date entered into program.
- Number of disenrolled members (not billed for the reporting month) by Medicaid Client ID number, disease, date of disenrollment, intensity level, age range (0-5, 6-18, 19-20, 21-64, 65+), and reason for disenrollment to include detailed, individual level specific data if requested.
- Number of enrolled members by disease, geographic location, age range (0-5, 6-18, 19-20, 21-64, 65+), and intensity level.
- Participants linked to a PCP: number of participants who have identified a treating primary care provider or medical home.
- Number of participants not linked to a PCP by reason. Provide information on participants' inability to locate and/or identify a primary care provider, specialty services and use medical services. May include additional narrative format if needed.
- Co-morbid conditions: Number of participants with co-morbidities and description of the co-morbidities.
- Number of Participants contacted by the nurse care manager and reason for contact (at a minimum the following should be reported: initial contacts, completion of health assessments, assistance with PCP selection, care coordination and education).
- Number of Participants contacting the Telephone Health Information by reason (at a minimum the following should be reported: education on disease, medication questions, symptom related, unrelated to current disease).
- Number of participants who had appointments with either their PCP or Specialist relating to their chronic condition within the month.
- Number of participants who missed appointments (with PCP or Specialist) related to chronic disease by reason.
- Provide a separate narrative report that includes total hours of daily call center access provided, hours of downtime, and an explanation of why downtime occurred.

Quarterly Reporting:

- Quality Assurance/Improvement Activities: report all improvements, activities, and changes to the Quality Assurance program/policy on a quarterly basis, specifically addressing those changes or improvements resulting from the reports listed (narrative format).
- Grievances – Participant: detailed report log which includes date of grievance/complaint, name of participant, summary of complaint, resolution of complaint, and date of resolution, name of staff member involved and any changes to quality assurance, and improvement activities as a result of this report.

- Grievances – Provider: detailed report log which includes name of provider, date of complaint, summary of complaint, resolution of complaint and date, name of staff member involved, any changes to quality assurance, and improvement activities as a result of this report.
- Provider and community outreach and education.

Annual Reporting/Performance Measures:

Measurement period will be a fixed 12 month period. In order to be included in the report, participants have had at least one office visit for the chronic condition during the measurement period. DMO must document the data types utilized to identify the measures (claims, health records, participant self-reported information).

Asthma

- Total unduplicated count of participants diagnosed with Asthma within the measurement period.
- Number of emergency department visits not resulting in a hospitalization due to asthma within the measurement period.
- Number of inpatient hospitalizations requiring an overnight stay due to asthma within the measurement period.
- Number of re-admissions within 30 days of the initial admission due to asthma within the measurement period.
- Participant verbalized they have been educated regarding their Asthma and self-management of the condition and have received a written asthma action plan from their primary care provider which includes: medications and purpose of the medications, information on how to recognize and what to do during an exacerbation, and information on the participant’s triggers.
- Number of participants who are current smokers or tobacco users, who were seen by a practitioner during the measurement period and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies. (NCQA, NQF Measure Number 0027).
- Number of participants reported receiving influenza vaccine within the measurement period.

Diabetes

- Total unduplicated count of participants diagnosed with Diabetes within the measurement period.
- Number of participants reporting having had a hemoglobin A1c test within the measurement period.
- Number of participants reported having had a blood pressure measurement by their PCP within the measurement period.
- Number of participants reported receiving a referral for annual eye exam.

- Number of participants reported completing their annual eye exam within measurement period. Please provide brief narrative for reasons participants did not complete the exam (if referred).
- Number of participants reported receiving a foot exam (visual inspection, sensory exam with monofilament or pulse exam) during clinic visit by PCP or specialist within measurement period.
- Number of participants reported receiving LDL testing within the measurement period.
- Number of participants who are current smokers or tobacco users, who were seen by a practitioner during the measurement period and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies. (NCQA, NQF Measure Number 0027).
- Number of participants reporting having had or have been offered Pneumococcal vaccination (*age 65 and over within 5 years of the measurement period).
- Number of participants reported receiving influenza vaccine within the measurement period.

Congestive Heart Failure (CHF)

- Total unduplicated count of participants diagnosed with CHF within the measurement period.
- Number of participants reporting having had or have been offered Pneumococcal vaccination (*age 65 and over within 5 years of the measurement period).
- Number of participants reported receiving influenza vaccine within the measurement period.
- Number of participants reported receiving self-care education* on three or more elements of education during one or more visits within the measurement period.
 - *Self-care education may include the following: definition of heart failure (linking disease, symptoms, and treatment) and cause of patient's heart failure; recognition of escalating symptoms and concrete plan for response to particular symptoms; indications and use of each medication; modify risks for heart failure progression; specific diet recommendations; individualized low-sodium diet; recommendation for alcohol intake; specific activity/exercise recommendations; importance of treatment adherence and behavioral strategies to promote treatment adherence; importance of monitoring weight daily at home. (*Heart Failure Performance Measurement Set*, 2010 American College of Cardiology, American Heart Association and American Medical Association).
- Number of participants who are current smokers or tobacco users, who were seen by a practitioner during the measurement period and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies. (NCQA, NQF Measure Number 0027).

Chronic Obstructive Pulmonary Disease (COPD)

- Total unduplicated count of participants diagnosed with COPD within the measurement period.
- Number of participants reporting having had an initial spirometry test upon diagnosis of COPD.
- Number of participants reporting having been assessed and evaluated (symptom assessment) for COPD symptom monitoring within one or more office visits within the measurement period.
- Number of participants reporting having had or have been offered Pneumococcal vaccination (*age 65 and over within 5 years of the measurement period).
- Number of participants reporting have had or have been offered influenza vaccine within the measurement period.
- Number of participants who are current smokers or tobacco users, who were seen by a practitioner during the measurement period and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies. (NCQA, NQF Measure Number 0027).

Other:

- Organization Chart: Includes DMO servicing team and servicing area. Report must indicate any reduction in staff, coverage of those areas, status for filling vacant positions, and any other changes in key staff. This report should be submitted upon any changes to staff.
- Participant survey: Participant knowledge survey: Survey such as the SF-12 or other Department-approved survey, using the most current version.
- Quality Assurance/Improvement Activities: report all improvements, activities, and changes to the Quality Assurance program/policy on a quarterly basis, specifically addressing those changes or improvements resulting from the Department reporting requirements.
- Fraud and Abuse: Report any possible instances of provider Medicaid fraud to the Department immediately upon receipt of information, following up with a detailed referral in writing within ten business days. The referral shall include specific background information, the name of the provider, and a description of how the Health Management Team individual became aware of the suspected fraud.