



Centennial Care Reporting Instructions

QM/QI Program Annual Evaluation - Report #23

Related Contract Requirements

1. Section 4.12.4.12 – Standards for Quality Management and Quality Improvement
2. Sections 4.21 – Reporting Requirements
3. Section 7.3 – Failure to Meet Agreement Requirements
4. QM/QI Program Description and Work Plan - Report #22

Attestation and Penalties

The managed care organization (MCO) shall ensure that all data is accurate and appropriately formatted in the report prior to submitting the report. Per Sections 4.21 and 7.3 of the Centennial Care contract, failure to submit accurate reports and/or failure to submit properly formatted reports may result in monetary penalties of \$5,000 per report, per occurrence.

The MCO shall include a signed Centennial Care Report Attestation Form with each report submitted. Failure to submit a signed attestation form by the report due date will result in the entire report being late. Per Sections 4.21 and 7.3 of the Centennial Care contract, failure to submit timely reports may result in monetary penalties of \$1,000 per report, per calendar day. The \$1,000 per day damage amounts will double every ten calendar days.

Instructions

The MCO is required to submit the Quality Management and Quality Improvement (QM/QI) Program Annual Evaluation on an annual basis no later than **March 31st** of each calendar year. If the report due date falls on a weekend or a State of New Mexico scheduled holiday, receipt of the report the next business day is acceptable.

An electronic version of the report must be submitted to HSD and shall be submitted via the State's secure DMZ FTP site. The date of receipt of the electronic version will serve as the date of receipt for the report. The MCO shall submit the electronic version of the report with the following file name: MCO.HSD23.CY##-CY##.v#. The "MCO" part of the labeling should be the MCO's acronym for their business name. With each report submission, change the calendar year (e.g., CY19-CY20) and the version number (e.g., v1), as appropriate. CY##'s shall correspond to the year of data provided for the evaluation and the year of data provided for the program description and work plan (Report #22 – QM/QI Program Description and Work Plan). The version number should be "1" unless the MCO is required to resubmit a report for a specified reporting period. In those instances, the MCO will use "2" and so on for each resubmission.

Pursuant to contract requirement 3.1.1, Licensure and Accreditation, the MCO will ensure that all NCQA accreditation standard requirements are documented within the QM/QI Program Description and QM/QI Work Plan. All accreditation requirements must be met in accordance with contract section 3.1.1.

The MCO shall utilize standard/corporate NCQA approved description and work plan templates. All documents, when submitted to HSD will be in PDF, highlighted, text-boxed, etc., for easily identifying contract and regulatory requirements. All content applicable to behavioral health in any way (i.e., specific to behavioral health or where behavioral health is integrated within a broader scope) shall be distinctly highlighted, bookmarked, etc., such that behavioral health-related content is easily identifiable by report reviewers.



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Section I: QM/QI Program Evaluation

Minimum Requirements for QM/QI Program Annual Evaluation

QM/QI Program Annual Evaluation report must include an annual comprehensive evaluation of the previous year's activities regarding QM/QI objectives and quality improvement initiatives described in Report #22 QM/QI Program Description and Work Plan. A comprehensive QM/QI Program Annual Evaluation is one that includes an evaluation of the overall effectiveness of the program description and work plan, an overview of QM/QI quality improvement initiatives and an assessment of the effectiveness of interventions and activities outlined in the work plan. The review and analysis of any impact or lessons learned from the previous year shall be incorporated in the development of the following year's QM/QI Program Description and Work Plan. Additionally, the QM/QI Program Annual Evaluation shall include:

- a) A description of ongoing physical health and behavioral health QM/QI activities;
- b) Measures that are trended to assess physical health and behavioral health performance;
- c) Findings that incorporate prior year information and contain an analysis of any demonstrable improvements in the quality of clinical care and service;
- d) Description of how the effectiveness of interventions are evaluated;
- e) Include a description of performance improvement projects (PIPs) that focus on clinical and nonclinical areas:
 - i. PIPs as directed by HSD: One (1) on services to children; and one (1) on long-term care; and
 - ii. As directed by HSD's Policy Manual.
- f) Development of future work plans based on the incorporation of previous year findings of overall effectiveness of QM/QI program;
- g) Demonstrate how active processes will be implemented that measure associated outcomes for assessing quality performance, identifying opportunities for improvement, initiating targeted quality interventions, and regularly monitoring each intervention's effectiveness;
- h) Demonstrate that the results of QM/QI projects and reviews are incorporated in the QM/QI program;
- i) Incorporate annual HEDIS results in the following year's plan as applicable to HSD specific programs;
- j) Communicate with appropriate contract providers the results of QM/QI activities and provider reviews and use this information to improve the performance of the contract providers, including technical assistance, corrective action plans, and follow-up activities as necessary; and
- k) The MCO shall present the behavioral health aspects of the annual QM/QI work plan during a quarterly meeting of the New Mexico Behavioral Health Purchasing Collaborative.