



Centennial Care Reporting Instructions Care Coordination – Report #6

Report Objective

The Care Coordination Report #6 tracks timeliness measures and outcomes to determine the effectiveness of Care Coordination for Centennial Care 2.0.

General Instructions

Reporting period: The Managed Care Organization (MCO) is required to submit the Care Coordination report on a quarterly basis. This report is due by the 30th day of the month following the end of the reporting quarter. If a report due date falls on a weekend or a State of New Mexico holiday, receipt of the report the next business day is acceptable. Please adhere to the following reporting periods and due dates:

Quarter	Reporting Period	Report Due Date
1	January 1 – March 31	April 30
2	April 1 – June 30	July 30
3	July 1 – September 30	October 30
4	October 1 – December 31	January 30

An Excel workbook is provided as a separate attachment for submission. Quantitative data and any qualitative data must be entered in the Excel workbook. The MCO must ensure that data is entered in all fields. The report will be rejected if any field is left blank. Formulas provided in the workbook shall not be altered by the MCO. An electronic version of the report in Excel must be submitted to the New Mexico Human Services Department (HSD) by the report due date listed above. The report shall be submitted via the State’s secure DMZ FTP site. The date of receipt of the electronic version will serve as the date of receipt for the report.

Data in all sections will be entered by the MCO for each month of the quarterly reporting period as of the last day of each month. In each quarterly column, data shall be entered as of the last day of the quarter, unless auto populated.

Each time the report is submitted, the MCO shall use the same template that was submitted in previous quarters. For example, the report due on 7/30/21 will include data for the 1st and 2nd quarters. The reporting period for the report would be 4/1/21 through 6/30/21. The MCO shall not alter data that was previously submitted.

The MCO shall submit the electronic version of the report with the following file name: MCO Name.HSD6.Q2CY21.v1. Please change the reporting period reference (e.g., Q2), the calendar year (e.g., CY21), and the version number (e.g., v1), as appropriate.

The MCO’s name, the reporting period, and the report run date must be entered on the top portion of the first worksheet in the report. The report run date refers to the date that the data was retrieved from the MCO’s system. The data entered on the top of the first worksheet will automatically appear on the top of all other worksheets of the report. The start and end of the reporting period must be entered as illustrated below:

Reporting Period	4/1/21	through	6/30/21
MCO Name	MCO A		
Report Run Date	7/15/2021		

The MCO shall include the name of the individual(s) that compiled the report, reviewed the report and approved the report for each quarterly submission in the appropriate box on the first worksheet.



Centennial Care Reporting Instructions Care Coordination – Report #6

Attestation and Penalties

The MCO shall ensure that all data is accurate and appropriately formatted in each of the tabs 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 calendar day damage amounts will double every ten calendar days.

Definitions/Acronyms

CCL1: General Population	Members who are in the general population (not in Care Coordination).
CCL2: Care Coordination Level 2	Members who are assigned to CCL2 based on the CNA (as outlined in contract section 4.4.6).
CCL3: Care Coordination Level 3	Members who are assigned to CCL3 based on the CNA (as outlined in contract section 4.4.7).
CCL4: Refused Care Coordination (RCC)	Members who have refused to participate in Care Coordination (RCC); as outlined in contract section 4.4.1.5.
CCL5: Difficult to Engage (DTE)	Members who are categorized as Difficult to Engage (DTE); as outlined in contract sections: <ul style="list-style-type: none"> • 4.4.2.6.2 • 4.4.5.3 • 4.4.6.3.9 • 4.4.7.3.6
CCL6: Health Home	Members who are assigned to CCL6 based upon the CNA conducted by a Health Home. Members in this category have similar attributes to CCL2, per the CareLink NM Provider Policy Manual.
CCL7: Health Home	Members who are assigned to CCL7 based upon the CNA conducted by a Health Home. Members in this category have similar attributes to CCL3, per the CareLink NM Provider Policy Manual.
CCL8: Health Home	Level 8 Care Coordination is a temporary determination used for new admissions until the CNA and level determination are complete, per the CareLink NM Provider Policy Manual.
CCL9: Health Home	Level 9 for high fidelity Wraparound services for children/adolescents for designated Wraparound providers only, following a review process, per the CareLink NM Provider Policy Manual.
CCL0: Unable to Reach (UTR)	Members who are categorized as Unable to Reach (UTR); as outlined in contract section 4.4.2.6.1.
CCLA: Shared Functions Model – Care Coordination Delegation Level 2	Members who are assigned to CCLA based upon the CNA conducted by a Shared Functions Model – Care Coordination Delegation delegate. This



Centennial Care Reporting Instructions Care Coordination – Report #6

	category corresponds to CCL2. Refer to contract section 4.4.19.2 for more information on Shared Functions Model – Care Coordination Delegation.
CCLB: Shared Functions Model – Care Coordination Delegation Level 3	Members who are assigned to CCLB based upon the CNA conducted by a Shared Functions Model – Care Coordination Delegation delegate. This category corresponds to CCL3. Refer to contract section 4.4.19.2 for more information on Shared Functions Model – Care Coordination Delegation.
CCLC: Full Delegation Model – Care Coordination Delegation Level 2	Members who are assigned to CCLC based upon the CNA conducted by a Full Delegation Model – Care Coordination Delegation delegate. This category corresponds to CCL2. Refer to contract section 4.4.19.1 for more information on the Full Delegation Model – Care Coordination Delegation.
CCLD: Full Delegation Model – Care Coordination Delegation Level 3	Members who are assigned to CCLD based upon the CNA conducted by a Full Delegation Model – Care Coordination Delegation delegate. This category corresponds to CCL3. Refer to contract section 4.4.19.1 for more information on the Full Delegation Model – Care Coordination Delegation.
Care Coordination Assignment Notification	Within ten (10) Calendar Days of completion of the HRA, Members requiring a Comprehensive Needs Assessment shall receive contact information for the Contractor’s Care Coordination unit, the name of the assigned care coordinator (if applicable) and a time frame during which the Member can expect to be contacted by the Care Coordination unit or individual care coordinator to complete the Comprehensive Needs Assessment (refer to contract section 4.4.3 for more information).
<u>Care Coordination Span</u>	<u>The Care Coordination Level begin and end dates. Refer to CC 2.0 Systems Manual for more information.</u>
Comprehensive Care Plan (CCP)	A CCP is a comprehensive plan of services that meets the Member’s physical, behavioral and long-term care needs. CCPs will be developed and implemented by the MCO for Members in CCL2, CCL3 and CCLA-CCLD. Refer to contract section 4.4.9 for more information.
Comprehensive Needs Assessment (CNA)	The CNA is an assessment of the Member’s physical, behavioral health, and long-term care needs; it will identify potential risks and provide social and cultural information. The results of the CNA will be used to create the CCP, which is based on the Member’s assessed needs. The CNA may also include a functional assessment, if applicable. Refer to contract section 4.4.5 for more information.
DUR	The classification that includes all Members who are Difficult to Engage (DTE), Unable to Reach (UTR) and Refused Care Coordination (RCC).
Full Delegation Model – Care Coordination Delegation	In the Full Delegation Model – Care Coordination Delegation, the MCO delegates the full set of Care Coordination functions to the provider/health system (the delegate) for an attributable Membership and only retains oversight and monitoring functions. Refer to contract section 4.4.19.1 for more information.



Centennial Care Reporting Instructions Care Coordination – Report #6

Health Home	The Health Home program is an individual provider, team of health care professionals, or health team that meets all federal requirements and provides the following six services to persons with one or more specified chronic conditions: (i) comprehensive care management; (ii) Care Coordination and health promotion; (iii) comprehensive transitional care/follow-up; (iv) patient and family support; (v) referral to community and social support services; and (vi) use of Health Information Technology (HIT) to link services, if applicable. Refer to the CareLink NM Provider Policy Manual for more information.
Health Risk Assessment (HRA)	Per contract, the HSD Standardized HRA is an assessment conducted on all Members who are (1) newly enrolled in Centennial Care and (2) who are not in CCL2 or CCL3 and who have a change in health condition that requires a higher level of care, per HSD guidelines and processes.. The HRA is conducted for the purpose of (i) introducing the CONTRACTOR to the Member, (ii) obtaining basic health and demographic information about the Member, and (iii) confirming the need for a CNA. Refer to contract section 4.4.2 for more information.
Managed Care Organization (MCO)	An entity that participates in Centennial Care under contract with HSD to assist the State in meeting the requirements established under NMSA 1978, § 27-2-12.
<u>Transition Members</u>	<u>Members who transfer from one MCO to another</u>
Nursing Facility	A licensed Medicare/Medicaid facility certified in accordance with 42 CFR Part 483 to provide inpatient room, board and nursing services to Members who require these services on a continuous basis but who do not require hospital care or direct daily care from a physician.
Patient-Centered Medical Home (PCMH)	A team-based model of care led by a personal physician who provides continuous and coordinated care throughout a patient's lifetime to maximize health outcomes.
Shared Functions Model – Care Coordination Delegation	In the Shared Functions Model – Care Coordination Delegation, the MCO retains some Care Coordination functions and allows other Care Coordination activities to be conducted by a partner. Refer to contract section 4.4.19.2.1 for more information.
Snapshot	A snapshot is the state of a system at a particular point in time. For this report, a snapshot refers to data captured at a requested specific point in time.
Waiver Recipients	<p>Developmental Disability 1915(c) Waiver (DD Waiver): The State of New Mexico’s Medicaid home and community-based waiver program for individuals with developmental disabilities authorized by CMS pursuant to section 1915(c) of the Social Security Act.</p> <p>Medically Fragile 1915(c) Waiver: The State of New Mexico’s Medicaid home and community-based waiver program for the medically fragile,</p>



Centennial Care Reporting Instructions Care Coordination – Report #6

authorized by CMS pursuant to section 1915(c) of the Social Security Act and/or classified by category of eligibility code “095”.

Mi Via 1915(c) Waiver: a self-directed Medicaid home and community-based waiver program for individuals with developmental disabilities and/or individuals who are medically fragile.

Supports Waiver: a Medicaid home and community-based waiver that is designed to provide an option for support to individuals who are on the Developmental Disabilities (DD) Waiver Waitlist waiting for an allocation to the DD/Mi Via Waivers.

Section I: Enrollment, Care Coordination Assignments – Total MCO Population

Data in this section will be entered by the MCO for each month of the quarterly reporting period as of the last day of each month. In each quarterly column, data will be auto-populated for each quarter of the quarterly reporting period as of the last day of each quarter. The data reported is a “snapshot” of the last day of the month or the last day of the quarter.

MCO Enrollment:

This section **will** include **all** MCO Members including Members who were in the following categories:

- CCL1: General Population
- CCL2: Care Coordination Level 2
- CCL3: Care Coordination Level 3
- CCL4: Refused Care Coordination (RCC)
- CCL5: Difficult to Engage (DTE)
- CCL6-CCL9: Health Home
- CCL0: Unable to Reach (UTR)
- CCLA – CCLB: Shared Functions Model – Care Coordination Delegation
- CCLC – CCLD: Full Delegation Model – Care Coordination Delegation
- In a Nursing Facility
- PCMH
- Native American
- Waiver Recipients

Members may be counted in more than one row in this section. Example: A Member may be Native American and assigned to the Full Delegation Model – Care Coordination Delegation. That Member will be counted in rows 13 (Total MCO population), 14 (Total Native American MCO population) and 18 (Total Full Delegation Model – Care Coordination Delegation MCO population).

Total MCO Population Care Coordination Assignments:

In rows 24-37, Members **may only be counted in one** of the following categories:

- CCL1: General Population
- CCL2, CCLA and CCLC: Care Coordination Level 2, Shared Functions Model – Care Coordination Delegation Level 2, Full Delegation Model – Care Coordination Delegation Level 2



Centennial Care Reporting Instructions Care Coordination – Report #6

- CCL3, CCLB and CCLD: Care Coordination Level 3, Shared Functions Model – Care Coordination Delegation Level 3, Full Delegation Model – Care Coordination Delegation Level 3
- CCL4: Refused Care Coordination (RCC)
- CCL5: Difficult to Engage (DTE)
- CCL0: Unable to Reach (UTR)

For example, a Member who is counted in Row 26, “Number of CCL2, CCLA and CCLC Members”, may **not** be counted in Row 30, “Number of Unable to Reach (UTR – CCL0) Members”. A Member who is counted in Row 34, “Number of Members who Refused Care Coordination (RCC – CCL4) before, during, or after completion of, an HRA and/or prior to a Care Coordination Assignment Notification”, may **not** be counted in Row 32, “Number of Difficult to Engage (DTE – CCL5) Members”.

If a Member is deceased, changed MCOs or lost Medicaid eligibility during the month, they are not active as of the last day of the month and should not be counted in this section.

Each monthly/quarterly entry is a "snapshot" as of the last day of each month/quarter, and **previous monthly/quarterly data are not to be “reset” or “refreshed”**, including data related to Members who are Unable to Reach (UTR – CCL0), Difficult to Engage (DTE – CCL5) or Refused Care Coordination (RCC – CCL4).

MCO Enrollment			
Row Header	Row	Description	Methodology
Total MCO Population	13	The total number of Members enrolled with the MCO.	Report the total Membership as of the last day of the month. <ul style="list-style-type: none"> • Include Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ In a Nursing Facility ○ PCMH ○ Native American ○ Waiver Recipients • Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility



Centennial Care Reporting Instructions Care Coordination – Report #6

<p>Total Native American MCO population</p>	<p>14</p>	<p>The total number of Native American Members enrolled with the MCO.</p>	<p>Report the total Native American Membership as of the last day of the month.</p> <ul style="list-style-type: none"> • Include Native American Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ In a Nursing Facility ○ PCMH ○ Waiver Recipients • Remove Native American Members who were in the following categories: <ul style="list-style-type: none"> ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility
<p>Native American percentage of total MCO population</p>	<p>15</p>	<p>This is an auto-calculated field.</p>	
<p>Total Health Home MCO population</p>	<p>16</p>	<p>The total number of Members enrolled with the MCO who were assigned to a Health Home.</p>	<p>Report the total Health Home Membership as of the last day of the month.</p> <ul style="list-style-type: none"> • Include Health Home Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL6-CCL9: Health Home ○ In a Nursing Facility ○ PCMH ○ Native American ○ Waiver Recipients • Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation



Centennial Care Reporting Instructions Care Coordination – Report #6

			<ul style="list-style-type: none"> ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility
Heath Home percentage of total MCO population	17	This is an auto-calculated field.	
Total Full Delegation Model – Care Coordination Delegation MCO population	18	The total number of Members enrolled with the MCO who were receiving Full Delegation Model – Care Coordination Delegation.	<p>Report the total Full Delegation Model – Care Coordination Delegation Membership as of the last day of the month.</p> <ul style="list-style-type: none"> • Include Full Delegation Model – Care Coordination Delegation Members who were in the following categories: <ul style="list-style-type: none"> ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ In a Nursing Facility ○ PCMH ○ Native American ○ Waiver Recipients • Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility
Full Delegation Model – Care Coordination Delegation percentage of total MCO population	19	This is an auto-calculated field.	
Total Shared Functions Model – Care Coordination Delegation MCO population	20	The total number of Members enrolled with the MCO who were receiving Shared Functions Model – Care Coordination Delegation.	<p>Report the total Shared Functions Model – Care Coordination Delegation Membership as of the last day of the month.</p> <ul style="list-style-type: none"> • Include Shared Functions Model – Care Coordination Delegation Members who were in the following categories: <ul style="list-style-type: none"> ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ In a Nursing Facility ○ PCMH ○ Native American ○ Waiver Recipients • Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2



Centennial Care Reporting Instructions Care Coordination – Report #6

			<ul style="list-style-type: none"> ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility
Shared Functions Model – Care Coordination Delegation percentage of total MCO population	21	This is an auto-calculated field.	
Total MCO Population Care Coordination Assignments			
Reminder: Members may only be counted in ONE row in Total MCO Population Care Coordination Assignments.			
Row Header	Row	Description	Methodology
Number of CCL1 Members	24	The total number of unduplicated Members who were assigned to CCL1 based on HRA completion.	<p>Of the total Membership reported in Row 13, report the number of Members who were assigned to, and/or categorized as, CCL1 as of the last day of the month.</p> <ul style="list-style-type: none"> • Include CCL1 Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ In a Nursing Facility ○ PCMH ○ Native American ○ Waiver Recipients • Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility
CCL1 percentage of total MCO population	25	This is an auto-calculated field.	



Centennial Care Reporting Instructions Care Coordination – Report #6

<p>Number of CCL2, CCLA and CCLC Members</p>	<p style="text-align: center;">26</p>	<p>The total number of unduplicated Members who were assigned to CCL2, CCLA and CCLC based on CNA completion.</p>	<p>Of the total Membership reported in Row 13, report the number of Members who were assigned to, and/or categorized as, CCL2, CCLA and CCLC as of the last day of the month.</p> <ul style="list-style-type: none"> • Include CCL2, CCLA and CCLC Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL2: Care Coordination Level 2 ○ CCLA: Shared Functions Model – Care Coordination Delegation Level 2 ○ CCLC: Full Delegation Model – Care Coordination Delegation Level 2 ○ In a Nursing Facility ○ PCMH ○ Native American ○ Waiver Recipients • Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLB: Shared Functions Model – Care Coordination Delegation Level 3 ○ CCLD: Full Delegation Model – Care Coordination Delegation Level 3 ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility
<p>CCL2, CCLA and CCLC percentage of total MCO population</p>	<p style="text-align: center;">27</p>	<p>This is an auto-calculated field.</p>	
<p>Number of CCL3, CCLB and CCLD Members</p>	<p style="text-align: center;">28</p>	<p>The total number of unduplicated Members who were assigned to CCL3, CCLB and CCLD based on CNA completion.</p>	<p>Of the total Membership reported in Row 13, report the number of Members who were assigned to, and/or categorized as, CCL3, CCLB and CCLD as of the last day of the month.</p> <ul style="list-style-type: none"> • Include CCL3, CCLB and CCLD Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL3: Care Coordination Level 3 ○ CCLB: Shared Functions Model – Care Coordination Delegation Level 3 ○ CCLD: Full Delegation Model – Care Coordination Delegation Level 3 ○ In a Nursing Facility ○ PCMH ○ Native American ○ Waiver Recipients • Remove Members who were in the following categories:



Centennial Care Reporting Instructions Care Coordination – Report #6

			<ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA: Shared Functions Model – Care Coordination Delegation Level 2 ○ CCLC: Full Delegation Model – Care Coordination Delegation Level 2 ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility
CCL3, CCLB and CCLD percentage of total MCO population	29	This is an auto-calculated field.	
Number of Unable to Reach (UTR – CCL0) Members	30	<p>The total number of unduplicated Members who were categorized as Unable to Reach (per “CCL0: Unable to Reach - UTR” definition in “Definitions” section of these instructions).</p>	<p>Of the total Membership reported in Row 13, report the number of Members who have the appropriate documentation in their file to categorize them as Unable to Reach (UTR – CCL0 per contract) as of the last day of the month.</p> <ul style="list-style-type: none"> ● Include Unable to Reach (UTR – CCL0) Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL0: Unable to Reach (UTR) ○ In a Nursing Facility ○ PCMH ○ Native American ○ Waiver Recipients ● Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCLA – CCLB: Shared Functions Model– Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model- Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility
UTR - CCL0 percentage of total MCO population	31	This is an auto-calculated field.	



Centennial Care Reporting Instructions Care Coordination – Report #6

<p>Number of Difficult to Engage (DTE – CCL5) Members</p>	<p>32</p>	<p>The total number of unduplicated Members who were categorized as Difficult to Engage (DTE – CCL5 per “CCL5: Difficult to Engage (DTE)” definition in “Definitions” section of these instructions).</p>	<p>Of the total Membership reported in Row 13, report the number of Members who have the appropriate documentation in their file to categorize them as Difficult to Engage (DTE – CCL5 per contract) as of the last day of the month.</p> <ul style="list-style-type: none"> • Include Difficult to Engage (DTE – CCL5) Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL5: Difficult to Engage (DTE) ○ In a Nursing Facility ○ PCMH ○ Native American ○ Waiver Recipients • Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility
<p>DTE (CCL5) percentage of total MCO population</p>	<p>33</p>	<p>This is an auto-calculated field.</p>	
<p>Number of Members <u>for whom Care Coordination needs were identified and</u> who Refused Care Coordination (RCC – CCL4) before, during, or after completion of, an HRA and/or prior to a Care Coordination Assignment Notification</p>	<p>34</p>	<p>The total number of unduplicated CCL4 Members <u>for whom Care Coordination needs were identified and</u> who refused Care Coordination before, during, or after completion of, an HRA and/or prior to a Care Coordination Assignment Notification (per “CCL4: Refused Care Coordination (RCC)” definition in “Definitions” section of these instructions).</p>	<p>Of the total Membership reported in Row 13, report the number of Members who have the appropriate documentation in their file that they refused Care Coordination before, during, or after completion of, an HRA and/or prior to a Care Coordination Assignment Notification <u>and for whom Care Coordination needs were identified</u> as of the last day of the month.</p> <ul style="list-style-type: none"> • Include Refused Care Coordination (RCC – CCL4) Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL4: Refused Care Coordination (RCC) before, during, or after completion of, an HRA and/or prior to a Care Coordination Assignment Notification ○ In a Nursing Facility ○ PCMH ○ Native American ○ Waiver Recipients • Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2



Centennial Care Reporting Instructions Care Coordination – Report #6

			<ul style="list-style-type: none"> ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) after a Care Coordination Assignment Notification or during, or after completion of, a CNA ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility
<p>Number of Members <u>for whom Care Coordination needs were identified and</u> who Refused Care Coordination (RCC – CCL4) after a Care Coordination Assignment Notification or during, or after completion of, a CNA</p>	35	<p>The total number of unduplicated CCL4 Members <u>for whom Care Coordination needs were identified and</u> who refused Care Coordination after a Care Coordination Assignment Notification or during, or after completion of, a CNA (per “CCL4: Refused Care Coordination (RCC)” definition in “Definitions” section of these instructions).</p>	<p>Of the total Membership reported in Row 13, report the number of Members who have the appropriate documentation in their file, to document that they refused Care Coordination after a Care Coordination Assignment Notification or during, or after completion of, a CNA, <u>for whom Care Coordination needs were identified and</u> as of the last day of the month.</p> <ul style="list-style-type: none"> ● Include Refused Care Coordination (RCC – CCL4) Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL4: Refused Care Coordination (RCC) during, or after completion of, a CNA ○ In a Nursing Facility ○ PCMH ○ Native American ○ Waiver Recipients ● Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) before, during, or after completion of, an HRA and/or prior to a Care Coordination Assignment Notification ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility



Centennial Care Reporting Instructions Care Coordination – Report #6

Total number of Members who Refused Care Coordination (RCC – CCL4)	36	This is an auto-calculated field.
RCC (CCL4) percentage of total MCO population	37	This is an auto-calculated field.

Section II: Timeliness and Engagement - Total MCO Population

Data in this section shall be entered for each month of the quarterly reporting period as of the last day of each month. In each quarterly column, data will be auto-calculated for each quarter as of the last day of the quarter. The data is a “snapshot” of the last day of the month and the last day of the quarter.

This tab will **not** include measures for Members who were in the following categories:

- CCL4: Refused Care Coordination (RCC)
- CCL5: Difficult to Engage (DTE)
- CCL6-CCL9: Health Home
- CCL0: Unable to Reach (UTR)
- CCLA – CCLB: Shared Functions Model – Care Coordination Delegation
- CCLC – CCLD: Full Delegation Model – Care Coordination Delegation

Per contract, a Member may be classified as Difficult to Engage (DTE – CCL5) in relation to the HRA or CNA. In relation to the HRA, per contract section 4.4.5.3, the MCO shall perform quarterly claims mining for these Members and will renew attempts to reach the Member if Claims mining indicates a possible need for Care Coordination.

In relation to the CNA, per contract sections 4.4.6.3.9.1 and 4.4.7.3.6.1 if the Member is categorized as Care Coordination Level 2 (CCL2) or Care Coordination Level 3 (CCL3), based on the most recent CNA, but fails to engage in 2 consecutive contract required touchpoints (telephonic or in-person), the Member may be categorized as Difficult to Engage (DTE – CCL5), with appropriate documentation in the Member file. The MCO will continue attempts to reach the Member quarterly or until the Member has signed, or refused to sign, the HSD approved Care Coordination declination form.

Data in this section refer to those measures due and completed within contract timeframes. Measures may only be counted as completed timely when completed by the due date.

If a Member is deceased, changed MCOs or lost Medicaid eligibility during the month, but the listed measure was due in the month; their due touchpoint **will** be included in the counts in this section. The exception to this is if the Member was deceased, changed MCOs or lost Medicaid eligibility **prior** to the date the touchpoint was due.

Example: A Member’s touchpoint is due 1/15/21. The touchpoint was completed on 1/13/21. The touchpoint was due and completed in the reporting month of January. The Member then deceased on 1/22/21. The Member is NOT counted in enrollment for 1/31/21 but the Member’s touchpoint is counted.



Centennial Care Reporting Instructions Care Coordination – Report #6

Example: A Member’s touchpoint is due 1/25/21. The Member deceased on 1/5/21. The Member’s touchpoint is NOT counted in the 1/31/21 report because the Member was deceased prior to the touchpoint being due. The Member is NOT counted in enrollment on the 1/31/21 report because the Member is deceased and is not enrolled on 1/31/21.

Assessments, touchpoints and notifications that have a due date that falls in the next month will not be included in the current month.

Example: A CNA is due 3/15/21. It is completed on 2/26/21, before its due date. The CNA is to be counted as due and completed in March and not in February.

Each monthly/quarterly entry is a “snapshot” as of the last day of the month or the last day of the quarter, and **previous monthly/quarterly data are not to be refreshed**.

The methodology for each row is outlined in the right column of that row. The MCO shall be aware that each timeliness and engagement question has specific inclusions/exclusions required for the submitted data.

Health Risk Assessments (HRAs)			
Row Header	Row	Description	Methodology
Number of HRAs due for Members newly enrolled in Centennial Care	9	Report the total number of HRAs due for Members newly enrolled in Centennial Care (per contract reference 4.4.2).	<p>Report the total number of HRAs due by the last day of the month for Members who are newly enrolled in Centennial Care and whose contract required due date falls in the reporting period.</p> <ul style="list-style-type: none"> • Include HRAs due for Members who were in the following categories: <ul style="list-style-type: none"> ○ Newly enrolled in Centennial Care <ul style="list-style-type: none"> ▪ In a Nursing Facility ▪ PCMH ▪ Native American • Remove HRAs due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility



Centennial Care Reporting Instructions Care Coordination – Report #6

			<ul style="list-style-type: none"> ○ Waiver Recipients
Number of HRAs completed for Members newly enrolled in Centennial Care	10	Of the total number of HRAs reported as due in Row 9 above, report the number of HRAs completed within contract timeframes.	
Percentage of HRAs completed for Members newly enrolled in Centennial Care	11	This is an auto-calculated field.	
Number of HRAs due for Members with a change in health condition that requires a higher level of care <u>or Transition Members with no Care Coordination Span or an expired Care Coordination Span</u>	12	Report the total number of HRAs due for Members with a change in health condition that requires a higher level of care (per contract reference 4.4.2.1) <u>or Transition Members with no Care Coordination Span or an expired Care Coordination Span</u> .	<p>Report the total number of HRAs due by the last day of the month for Members with a change of health condition that requires a higher level of care and whose contract required due date falls in the reporting period.</p> <ul style="list-style-type: none"> • Include HRAs due for Members that had a change in health condition that requires a higher level of care <u>or Transition Members with no Care Coordination Span or an expired Care Coordination Span</u> who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ In a Nursing Facility ○ PCMH ○ Native American ○ Waiver Recipients • Remove HRAs due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CC9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs <u>with a valid Care Coordination span</u> ○ Deceased ○ Lost Medicaid eligibility ○ Newly enrolled in Centennial Care
Number of HRAs completed for Members with a change in health condition that requires a	13	Of the total number of HRAs reported as due in Row 12 above, report the number of HRAs completed.	



Centennial Care Reporting Instructions Care Coordination – Report #6

<u>higher level of care or Transition Members with no Care Coordination Span or an expired Care Coordination Span</u>		
Percentage of HRAs completed for Members with a change in health condition that requires a higher level of care <u>or Transition Members with no Care Coordination Span or an expired Care Coordination Span</u>	14	This is an auto-calculated field.

Care Coordination Assignment Notifications

Row Header	Row	Description	Methodology
Number of Care Coordination Assignment Notifications due	18	Report the total number of Care Coordination Assignment Notifications due (per contract reference 4.4.3.3).	Report the total number of Care Coordination Assignment Notifications due by the last day of the month (completed HRA that indicates the need for CNA, as outlined in contract section 4.4.3.3) and whose contract required due date falls in the reporting period. Required notifications include: <ul style="list-style-type: none"> • Contact information for MCO’s Care Coordination unit • Name of assigned care coordinator • Timeframe to expect contact from care coordinator
Number of Care Coordination Assignment Notifications completed	19	Of the total number of Care Coordination Assignment Notifications reported as due in in row 18 above, report the number of Care Coordination Assignment Notifications completed within contract timeframes.	
Percentage of Care Coordination Assignment Notifications completed	20	This is an auto-calculated field.	

Comprehensive Needs Assessments (CNAs)

Row Header	Row	Description	Methodology
Number of CNAs due for CCL2 Members	24	Report the total number of CNAs due for CCL2 Members. This includes initial, annual and change CNAs (per contract references 4.4.5.1, 4.4.6.3.5, 4.4.5.6).	Report the total number of CNAs due by the last day of the month for CCL2 Members whose initial/annual/change CNA contract required due date falls in the reporting period. <ul style="list-style-type: none"> ➤ Initial: within 30 calendar days of HRA – 4.4.5.1 ➤ Annual: anchor date – 4.4.6.3.5 ➤ Change: due to change in health status – 4.4.5.6 (new anchor date) <ul style="list-style-type: none"> • Include CNAs due for Members who were in the following categories:



Centennial Care Reporting Instructions Care Coordination – Report #6

			<ul style="list-style-type: none"> ○ CCL2: Care Coordination Level 2PCMH ○ Native American ○ Waiver Recipients ● Remove CNAs due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ In a Nursing Facility ○ Lost Medicaid eligibility
Number of CNAs completed for CCL2 Members	25	Of the total number of CNAs reported as due in Row 24 above, report the number of CNAs completed within contract timeframes.	
Percentage of CNAs completed for CCL2 Members	26	This is an auto-calculated field.	
Number of CNAs due for CCL3 Members	27	<p>Report the total number of CNAs due for CCL3 Members. This includes initial, semi-annual, annual and change CNAs (per contract references 4.4.5.2.2, 4.4.7.3.2, 4.4.7.3.6, 4.4.5.6).</p>	<p>Report the total number of CNAs due by the last day of the month for CCL3 Members whose initial/semi-annual/annual/change CNA contract required due date falls in the reporting period.</p> <ul style="list-style-type: none"> ➤ Initial: within 30 calendar days of HRA – 4.4.5.2.2 ➤ Semi-annual: within 150-180 days of Annual CNA – 4.4.7.3.2 ➤ Annual: anchor date – 4.4.7.3.6 ➤ Change: due to change in health status – 4.4.5.6 (new anchor date) <ul style="list-style-type: none"> ● Include CNAs due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL3: Care Coordination Level 3 ○ PCMH ○ Native American ○ Waiver Recipients ● Remove CNAs due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2



Centennial Care Reporting Instructions Care Coordination – Report #6

		<ul style="list-style-type: none"> ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ In a Nursing Facility ○ Lost Medicaid eligibility
Number of CNAs completed for CCL3 Members	28	Of the total number of CNAs reported as due in Row 27 above, report the number of CNAs completed within contract timeframes.
Percentage of CNAs completed for CCL3 Members	29	This is an auto-calculated field.

Comprehensive Care Plans (CCPs)

Row Header	Row	Description	Methodology
Number of CCPs due for CCL2 and CCLC Members after completion of an initial CNA	33	Report the total number of CCPs due for CCL2 and CCLC Members after completion of an initial CNA (per contract reference 4.4.9.2).	<p>Report the total number of CCPs due by the last day of the month for CCL2 and CCLC Members whose CCP contract required due date falls in the monthly reporting period (must be completed within fourteen (14) business days of completion of the initial CNA as outlined in contract section 4.4.9.2).</p> <ul style="list-style-type: none"> • Include CCPs due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL2: Care Coordination Level 2 ○ CCLC: Full Delegation Model – Care Coordination Delegation Level 2 ○ In a Nursing Facility ○ PCMH ○ Native American ○ Waiver Recipients • Remove CCPs due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation



Centennial Care Reporting Instructions Care Coordination – Report #6

			<ul style="list-style-type: none"> ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation Level 3 ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility
Number of CCPs completed for CCL2 and CCLC Members after completion of an initial CNA	34	Of the total number of CCPs reported as due in in row 33 above, report the number of CCPs completed within contract timeframes.	
Percentage of CCPs completed for CCL2 and CCLC Members after completion of an initial CNA	35	This is an auto-calculated field.	
Number of CCPs due for CCL2 and CCLC Members after completion of an annual CNA	36	Report the total number of CCPs due for CCL2 and CCLC Members after completion of an annual CNA (per contract reference 4.4.9.10).	<p>Report the total number of CCPs due by the last day of the month for CCL2 and CCLC Members whose CCP contract required due date falls in the monthly reporting period (must be completed within five (5) business days of completion of the annual CNA as outlined in contract section 4.4.9.10).</p> <ul style="list-style-type: none"> • Include CCPs due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL2: Care Coordination Level 2 ○ CCLC: Full Delegation Model – Care Coordination Delegation Level 2 ○ In a Nursing Facility ○ PCMH ○ Native American ○ Waiver Recipients • Remove CCPs due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation Level 3 ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility



Centennial Care Reporting Instructions Care Coordination – Report #6

Number of CCPs completed for CCL2 and CCLC Members after completion of an annual CNA	37	Of the total number of CCPs reported as due in row 36 above, report the number of CCPs completed within contract timeframes.	
Percentage of CCPs completed for CCL2 and CCLC Members after completion of an annual CNA	38	This is an auto-calculated field.	
Number of CCPs due for CCL3 and CCLD Members after completion of an initial CNA	39	Report the total number of CCPs due for CCL3 and CCLD Members after completion of an initial CNA (per contract reference 4.4.9.2).	<p>Report the total number of CCPs due by the last day of the month for CCL3 and CCLD Members whose CCP contract required due date falls in the monthly reporting period (must be completed within fourteen (14) business days of completion of the initial CNA as outlined in contract section 4.4.9.2).</p> <ul style="list-style-type: none"> • Include CCPs due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL3: Care Coordination Level 3 ○ CCLD: Full Delegation Model – Care Coordination Delegation Level 3 ○ In a Nursing Facility ○ PCMH ○ Native American ○ Waiver Recipients • Remove CCPs due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation Level 2 ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility
Number of CCPs completed for CCL3 and CCLD Members after	40	Of the total number of CCPs reported as due in row 39 above, report the number of CCPs completed within contract timeframes.	



Centennial Care Reporting Instructions Care Coordination – Report #6

completion of an initial CNA		
Percentage of CCPs completed for CCL3 and CCLD Members after completion of an initial CNA	41	This is an auto-calculated field.
Number of CCPs due for CCL3 and CCLD Members after completion of an annual or semi-annual CNA	42	<p>Report the total number of CCPs due for CCL3 and CCLD Members after completion of an annual or semi-annual CNA (per contract reference 4.4.9.10).</p> <p>Report the total number of CCPs due by the last day of the month for CCL3 and CCLD Members whose CCP contract required due date falls in the monthly reporting period (must be completed within five (5) business days of completion of the annual or semi-annual CNA as outlined in contract section 4.4.9.10).</p> <ul style="list-style-type: none"> • Include CCPs due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL3: Care Coordination Level 3 ○ CCLD: Full Delegation Model – Care Coordination Delegation Level 3 ○ In a Nursing Facility ○ PCMH ○ Native American ○ Waiver Recipients • Remove CCPs due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation Level 2 ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility
Number of CCPs completed for CCL3 and CCLD Members after completion of an annual or semi-annual CNA	43	Of the total number of CCPs reported as due in row 42 above, report the number of CCPs completed within contract timeframes.
Percentage of CCPs completed for CCL3 and CCLD	44	This is an auto-calculated field.



Centennial Care Reporting Instructions Care Coordination – Report #6

CCLD Members after completion of an annual or semi-annual CNA			
In-Person Visits			
Row Header	Row	Description	Methodology
Number of in-person visits due for CCL2 Members	48	Report the total number of in-person visits due for CCL2 Members (per contract reference 4.4.6.3.6).	<p>Report the total number of in-person visits due by the last day of the month for CCL2 Members whose contract required CCL2 semi-annual in-person visit due date falls in the reporting period (as outlined in contract section 4.4.6.3.6).</p> <ul style="list-style-type: none"> • Include in-person visits due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL2: Care Coordination Level 2 ○ DD Waiver Recipients ○ In a Nursing Facility ○ PCMH ○ Native American ○ Supports Waiver Recipients • Remove in-person visits due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility ○ Medically Fragile Waiver Recipients
Number of in-person visits completed for CCL2 Members	49	Of the total number of in-person visits reported as due in row 48 above, report the number of visits that were completed within contract timeframes.	
Percentage of in-person visits completed for CCL2 Members	50	This is an auto-calculated field.	
Number of in-person visits due for CCL3 Members	51	Report the total number of in-person visits due for CCL3 Members (per contract reference 4.4.7.3.3).	Report the total number of in-person visits due by the last day of the month for CCL3 Members whose contract required CCL3 quarterly in-person visit due date falls in the reporting period (as outlined in contract section 4.4.7.3.3).



Centennial Care Reporting Instructions Care Coordination – Report #6

			<ul style="list-style-type: none"> • Include in-person visits due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL3: Care Coordination Level 3 ○ DD Waiver Recipients ○ In a Nursing Facility ○ PCMH ○ Native American ○ Supports Waiver Recipients • Remove in-person visits due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility ○ Medically Fragile Waiver Recipients
Number of in-person visits completed for CCL3 Members	52	Of the total number of in-person visits reported as due in row 51 above, report the number of visits that were completed within contract timeframes.	
Percentage of in-person visits completed for CCL3 Members	53	This is an auto-calculated field.	
Telephonic Contacts			
Row Header	Row	Description	Methodology
Number of telephonic contacts due for CCL2 Members	57	Report the total number of telephonic contacts due for CCL2 Members (per contract reference 4.4.6.3.7).	<p>Report the total number of telephonic contacts due by the last day of the month for CCL2 Members whose contract required CCL2 quarterly telephonic contact due date falls in the reporting period (as outlined in contract section 4.4.6.3.7).</p> <ul style="list-style-type: none"> • Include telephonic contacts due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL2: Care Coordination Level 2 ○ DD Waiver Recipients ○ In a Nursing Facility ○ PCMH ○ Native American ○ Supports Waiver Recipients



Centennial Care Reporting Instructions Care Coordination – Report #6

			<ul style="list-style-type: none"> • Remove telephonic contacts due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model -Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility ○ Medically Fragile Waiver Recipients
Number of telephonic contacts completed for CCL2 Members	58	Of the total number of telephonic contacts reported as due in row 57 above, report the number of telephonic contacts completed within contract timeframes.	
Percentage of telephonic contacts completed for CCL2 Members	59	This is an auto-calculated field.	
Number of telephonic contacts due for CCL3 Members	60	Report the total number of telephonic contacts due for CCL3 Members (per contract reference 4.4.7.3.4).	<p>Report the total number of telephonic contacts due by the last day of the month for CCL3 Members whose contract required CCL3 monthly telephonic contact due date falls in the reporting period (as outlined in contract section 4.4.7.3.4).</p> <ul style="list-style-type: none"> • Include telephonic contacts due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL3: Care Coordination Level 3 ○ DD Waiver Recipients ○ In a Nursing Facility ○ PCMH ○ Native American ○ Supports Waiver Recipients • Remove telephonic contacts due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation



Centennial Care Reporting Instructions Care Coordination – Report #6

		<ul style="list-style-type: none"> ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility ○ Medically Fragile Waiver Recipients
Number of telephonic contacts completed for CCL3 Members	61	Of the total number of telephonic contacts reported as due in row 60 above, report the number of telephonic contacts completed within contract timeframes.
Percentage of telephonic contacts completed for CCL3 Members	62	This is an auto-calculated field.
Assessments Completed for Members Who Were Previously DUR: Difficult to Engage (DTE), Unable to Reach (UTR), Refused Care Coordination (RCC)		
Row Header	Row	Description
Number of HRAs completed with Members who were previously DUR (DTE – CCL5, UTR – CCL0, RCC – CCL4)	66	Of the total number of Members who were reported as DUR (Difficult to Engage, Unable to Reach or Refused Care Coordination in Section I, rows 30, 32, 34 or 35) in the <u>previous reporting period</u> , report the number of Members who were engaged during the current reporting period and received an HRA.
Number of CNAs completed with Members who were previously DUR (DTE – CCL5, UTR – CCL0, RCC – CCL4)	67	Of the total number of Members who were reported as DUR (Difficult to Engage, Unable to Reach or Refused Care Coordination (Section I, rows 30, 32, 34 or 35) in the <u>previous reporting period</u> , report the number of Members who were engaged during the current reporting period and received a CNA.

Section III: Enrollment, Care Coordination Assignments – Native American MCO Population

Data in this section should be reported as **subsets (not breakouts)** of the total population and should only record data related to the Native American population.

Data in this section will be entered by the MCO for each month of the quarterly reporting period as of the last day of each month. In each quarterly column, data will be auto-populated for each quarter of the quarterly reporting period as of the last day of each quarter. The data reported is a “snapshot” of the last day of the month or the last day of the quarter.

Native American Members who are receiving care through a Patient-Centered Medical Home (PCMH) and Native American Members who reside in a Nursing Facility **will** be included in the counts in this section.

Native American Members who are assigned to a Health Home will **not** be included in any of the counts in this section, with the exception of Row 10, “Total Native American MCO Population”.

Native American Care Coordination Assignments:
In rows 20-33, Members **may only be counted in** the following categories:



Centennial Care Reporting Instructions Care Coordination – Report #6

- CCL1: General Population
- CCL2, CCLA and CCLC: Care Coordination Level 2, Shared Functions Model – Care Coordination Delegation Level 2, Full Delegation Model – Care Coordination Delegation Level 2
- CCL3, CCLB and CCLD: Care Coordination Level 3, Shared Functions Model – Care Coordination Delegation Level 3, Full Delegation Model – Care Coordination Delegation Level 3
- CCL4: Refused Care Coordination (RCC)
- CCL5: Difficult to Engage (DTE)
- CCL6-CCL9: Health Home
- CCL0: Unable to Reach (UTR)

For example, a Member who is counted in Row 22, “Number of Native American CCL2, CCLA and CCLC Members”, may **not** be counted in Row 26, “Number of Native American Unable to Reach (UTR – CCL0) Members”. A Member who is counted in Row 30, “Number of Native American Members who refused Care Coordination (RCC – CCL4) before, during or after an HRA and/or prior to a Care Coordination Assignment Notification”, may **not** be counted in Row 28, “Number of Native American Difficult to Engage (DTE – CCL5) Members”.

If a Member is deceased, changed MCOs or lost Medicaid eligibility during the month, they are not active as of the last day of the month and should not be counted in this section.

Each monthly/quarterly entry is a “snapshot” as of the last day of each month, and **previous monthly/quarterly data are not to be refreshed**, including data related to Members who are Unable to Reach (UTR – CCL0), Difficult to Engage (DTE – CCL5) or Refused Care Coordination (RCC – CCL4).

Items in rows 9-17 are auto-populated from Tab I: Enrollment, Care Coordination Assignments – Total MCO Population.

Native American Care Coordination Assignments

Row Header	Row	Description	Methodology
Number of Native American CCL1 Members	20	The total number of unduplicated Native American Members who were assigned to CCL1 based on HRA completion.	<p>Of the total Native American Membership reported in Row 10, report the number of Members who were assigned to, and/or categorized as, CCL1 as of the last day of the month.</p> <ul style="list-style-type: none"> • Include Native American CCL1 Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ In a Nursing Facility ○ PCMH ○ Native American ○ Waiver Recipients • Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE)



Centennial Care Reporting Instructions Care Coordination – Report #6

			<ul style="list-style-type: none"> ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation
Native American CCL1 percentage of total MCO population	21	This is an auto-calculated field.	
Number of Native American CCL2, CCLA and CCLC Members	22	The total number of unduplicated Native American Members who were assigned to CCL2, CCLA and CCLC based on CNA completion.	<p>Of the total Native American Membership reported in Row 10, report the number of Members who were assigned to, and/or categorized as, CCL2, CCLA and CCLC as of the last day of the month.</p> <ul style="list-style-type: none"> • Include Native American CCL2, CCLA and CCLC Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL2: Care Coordination Level 2 ○ CCLA: Shared Functions Model – Care Coordination Delegation Level 2 ○ CCLC: Full Delegation Model – Care Coordination Delegation Level 2 ○ In a Nursing Facility ○ PCMH ○ Waiver Recipients • Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLB: Shared Functions Model Care Coordination Delegation Level 3 ○ CCLD: Full Delegation Model – Care Coordination Delegation Level 3 ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility
Native American CCL2, CCLA and CCLC percentage of total Native American MCO population	23	This is an auto-calculated field.	
Number of Native American CCL3, CCLB and CCLD Members	24	The total number of unduplicated Native American Members who were assigned	Of the total Native American Membership reported in Row 10, report the number of Members who were assigned to, and/or categorized as, CCL3, CCLB and CCLD as of the last day of the month.



Centennial Care Reporting Instructions Care Coordination – Report #6

		to CCL3, CCLB and CCLD based on CNA completion.	<ul style="list-style-type: none"> • Include Native American CCL3, CCLB and CCLD Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL3: Care Coordination Level 3 ○ CCLB: Shared Functions Model – Care Coordination Delegation Level 3 ○ CCLD: Full Delegation Model – Care Coordination Delegation Level 3 ○ In a Nursing Facility ○ PCMH ○ Waiver Recipients • Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CLA: Shared Functions Model – Care Coordination Delegation Level 2 ○ CCLC: Full Delegation Model – Care Coordination Delegation Level 2 ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility
Native American CCL3, CCLB and CCLD percentage of total Native American MCO population	25	This is an auto-calculated field.	
Number of Native American Unable to Reach (UTR – CCL0) Members	26	The total number of unduplicated Native American Members who were categorized as Unable to Reach (per “CCL0: Unable to Reach – UTR” definition in “Definitions” section of these instructions).	<p>Of the total Native American Membership reported in Row 10, report the number of Members who have the appropriate documentation in their file to categorize them as Unable to Reach (UTR – CCL0 per contract) as of the last day of the month.</p> <ul style="list-style-type: none"> • Include Native American Unable to Reach (UTR – CCL0) Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL0: Unable to Reach (UTR) ○ In a Nursing Facility ○ PCMH ○ Waiver Recipients • Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC)



Centennial Care Reporting Instructions Care Coordination – Report #6

			<ul style="list-style-type: none"> ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility
Native American UTR (CCL0) percentage of total Native American MCO population	27	This is an auto-calculated field.	
Number of Native American Difficult to Engage (DTE – CCL5) Members	28	The total number of unduplicated Native American Members who were categorized as Difficult to Engage (DTE – CCL5 per “CCL5: Difficult to Engage (DTE)” definition in “Definitions” section of these instructions).	<p>Of the total Native American Membership reported in Row 10, report the number of Members who have the appropriate documentation in their file to categorize them as Difficult to Engage (DTE – CCL0 per contract) as of the last day of the month.</p> <ul style="list-style-type: none"> • Include Native American Difficult to Engage (DTE – CCL5) Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL5: Difficult to Engage (DTE) ○ In a Nursing Facility ○ PCMH ○ Waiver Recipients • Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility
Native American DTE (CCL5) percentage of total Native American MCO population	29	This is an auto-calculated field.	
Number of Native American Members <u>for</u>	30	The total number of unduplicated CCL4 Native	Of the total Native American Membership reported in Row 10, report the number of Members who have the appropriate documentation in their file that they refused



Centennial Care Reporting Instructions Care Coordination – Report #6

<p><u>whom Care Coordination needs were identified and</u> who Refused Care Coordination (RCC – CCL4) before, during, or after <u>completion of,</u> an HRA and/or prior to a Care Coordination Assignment Notification</p>		<p>American Members <u>for whom Care Coordination needs were identified and</u> who refused Care Coordination before, during or after <u>completion of,</u> an HRA and/or prior to a Care Coordination Assignment Notification (per “CCL4: Refused Care Coordination (RCC)” definition in “Definitions” section of these instructions).</p>	<p>Care Coordination before, during or after an HRA and/or prior to a Care Coordination Assignment Notification <u>and for whom Care Coordination needs were identified</u> as of the last day of the month.</p> <ul style="list-style-type: none"> • Include Native American Refused Care Coordination (RCC – CCL4) Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL4: Refused Care Coordination (RCC) before, during, or after completion of, an HRA and/or prior to a Care Coordination Assignment Notification ○ In a Nursing Facility ○ PCMH ○ Waiver Recipients • Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) after a Care Coordination Assignment Notification or during, or after completion of, a CNA ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility
<p>Number of Native American Members <u>for whom Care Coordination needs were identified and</u> who Refused Care Coordination (RCC – CCL4) after a Care Coordination Assignment Notification or during, or after completion of, a CNA</p>	<p>31</p>	<p>The total number of unduplicated Native American Members <u>for whom Care Coordination needs were identified and</u> who refused Care Coordination -after a Care Coordination Assignment Notification or during, or after completion of, a CNA (per “CCL4: Refused Care Coordination (RCC)” definition in “Definitions” section of these instructions).</p>	<p>Of the total Native American Membership reported in Row 10, report the number of Members who have the appropriate documentation in their file that they have refused Care Coordination after a Care Coordination Assignment Notification or during, or after completion of, a CNA <u>for whom Care Coordination needs were identified and</u> as of the last day of the month.</p> <ul style="list-style-type: none"> • Include Native American Refused Care Coordination (RCC – CCL4) Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL4: Refused Care Coordination (RCC) after a Care Coordination Assignment Notification or during, or after completion of, a CNA ○ In a Nursing Facility ○ PCMH ○ Waiver Recipients • Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population



Centennial Care Reporting Instructions Care Coordination – Report #6

			<ul style="list-style-type: none"> ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) before, during, or after completion of, an HRA and/or prior to a Care Coordination Assignment Notification ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility
Total number of Native American Members who Refused Care Coordination (RCC – CCL4)	32	This is an auto-calculated field.	
Native American RCC (CCL4) percentage of total Native American population	33	This is an auto-calculated field.	

Section IV: Timeliness and Engagement - Native American MCO Population

Data in this section shall be entered for each month of the quarterly reporting period as of the last day of each month. In each quarterly column, data will be auto-calculated for each quarter as of the last day of the quarter. The data is a “snapshot” of the last day of the month and the last day of the quarter.

This tab will **not** include measures for Members who were in the following categories CCL4: Refused Care Coordination (RCC)

- CCL5: Difficult to Engage (DTE)
- CCL6-CCL9: Health Home
- CCL0: Unable to Reach (UTR)
- CCLA – CCLB: Shared Functions Model – Care Coordination Delegation
- CCLC – CCLD: Full Delegation Model – Care Coordination Delegation

Per contract, a Member may be classified as Difficult to Engage (DTE – CCL5) in relation to the HRA or CNA. In relation to the HRA, per contract section 4.4.5.3, the MCO shall perform quarterly claims mining for these Members and will renew attempts to reach the Member if Claims mining indicates a possible need for Care Coordination.

In relation to the CNA, per contract sections 4.4.6.3.9.1 and 4.4.7.3.6.1 if the Member is categorized as Care Coordination Level 2 (CCL2) or Care Coordination Level 3 (CCL3), based on the most recent CNA, but fails to engage in 2 consecutive contract required touchpoints (telephonic or in-person), the Member may be categorized as Difficult to Engage (DTE –



Centennial Care Reporting Instructions Care Coordination – Report #6

CCL5), with appropriate documentation in the Member file. The MCO will continue attempts to reach the Member quarterly or until the Member has signed, or refused to sign, the HSD approved Care Coordination declination form. Data in this section refer to those measures due and completed within contract timeframes. Measures may only be counted as completed timely when completed by the due date.

If a Native American Member is deceased, changed MCOs or lost Medicaid eligibility during the month, but the listed measure was due in the month; their due touchpoint **will** be included in the counts in this section. The exception to this is if the Member deceased, changed MCOs or lost Medicaid eligibility **prior** to the date the touchpoint was due.

Example: A Member’s touchpoint is due 1/15/21. The touchpoint was completed on 1/13/21. The touchpoint was due and completed in the reporting month of January. The Member then deceased on 1/22/21. The Member is NOT counted in enrollment for 1/31/21 but the Member’s touchpoint is counted.

Example: A Member’s touchpoint is due 1/25/21. The Member deceased on 1/5/21. The Member’s touchpoint is NOT counted in the 1/31/21 report because the Member deceased prior to the touchpoint being due. The Member is NOT counted in enrollment on the 1/31/21 report because the Member is deceased and is not enrolled on 1/31/21.

Assessments, touchpoints and notifications that have a due date that falls in the next month will not be included in the current month.

Example: A CNA is due 3/15/21. It is completed on 2/26/21, before its due date. The CNA is to be counted as due and completed in March and not in February.

Each monthly/quarterly entry is a “snapshot” as of the last day of the month or the last day of the quarter, **and previous monthly/quarterly data are not to be refreshed.**

The methodology for each row is outlined in the right column of that row. The MCO shall be aware that each timeliness and engagement question has specific inclusions/exclusions required for the submitted data.

Native American Health Risk Assessments (HRAs)			
Row Header	Row	Description	Methodology
Number of HRAs due for Native American Members newly enrolled in Centennial Care	9	Report the total number of HRAs due for Native American Members newly enrolled in Centennial Care (per contract reference 4.4.2).	Report the total number of HRAs due by the last day of the month for Native American Members who were newly enrolled in Centennial Care and whose contract required due date falls in the reporting period. <ul style="list-style-type: none"> • Include HRAs due for Native American Members who were in the following categories: <ul style="list-style-type: none"> ○ In a Nursing Facility ○ PCMH ○ Newly enrolled in Centennial Care • Remove HRAs due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population



Centennial Care Reporting Instructions Care Coordination – Report #6

			<ul style="list-style-type: none"> ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility ○ Waiver Recipients
Number of HRAs completed for Native American Members newly enrolled in Centennial Care	10	Of the total number of HRAs reported as due in Row 9 above, report the number of HRAs completed within contract timeframes.	
Percentage of HRAs completed for Native American Members newly enrolled in Centennial Care	11	This is an auto-calculated field.	
Number of HRAs due for Native American Members with a change in health condition that requires a higher level of care <u>or Transition Members with no Care Coordination Span or an expired Care Coordination Span</u>	12	Report the total number of HRAs due for Native American Members with a change in health condition that requires a higher level of care (per contract reference 4.4.2.1) <u>or Transition Members with no Care Coordination Span or an expired Care Coordination Span</u> .	<p>Report the total number of HRAs due by the last day of the month for Native American Members with a change of health condition that requires a higher level of care and whose contract required due date falls in the reporting period.</p> <ul style="list-style-type: none"> • Include HRAs due for Native American Members that had change in health condition that requires a higher level of care <u>or Transition Members with no Care Coordination Span or an expired Care Coordination Span</u> who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ In a Nursing Facility ○ PCMH ○ Waiver Recipients • Remove HRAs due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home



Centennial Care Reporting Instructions Care Coordination – Report #6

			<ul style="list-style-type: none"> ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility ○ Newly enrolled in Centennial Care
Number of HRAs completed for Native American Members with a change in health condition that requires a higher level of care <u>or Transition Members with no Care Coordination Span or an expired Care Coordination Span</u>	13	Of the total number of HRAs reported as due in Row 12 above, report the number of HRAs completed.	
Percentage of HRAs completed for Native American Members with a change in health condition that requires a higher level of care <u>or Transition Members with no Care Coordination Span or an expired Care Coordination Span</u>	14	This is an auto-calculated field.	

Native American Care Coordination Assignment Notifications

Row Header	Row	Description	Methodology
Number of Care Coordination Assignment Notifications due for Native American Members	18	Report the total number of Care Coordination Assignment Notifications due for Native American Members (per contract reference 4.4.3.3).	Report the total number of Care Coordination Assignment Notifications due by the last day of the month for Native American Members (completed HRA that indicates the need for CNA, as outlined in contract section 4.4.3.3) and whose contract required due date falls in the reporting period. Required notifications include: <ul style="list-style-type: none"> ○ Contact information for MCO’s Care Coordination unit ○ Name of assigned care coordinator ○ Timeframe to expect contact from care coordinator Include <u>ALL</u> Care Coordination Assignment Notifications Due by the last day of the month.



Centennial Care Reporting Instructions Care Coordination – Report #6

Number of Care Coordination Assignment Notifications completed for Native American Members	19	Of the total number of Care Coordination Assignment Notifications reported as due in row 18 above, report the number of Care Coordination Assignment Notifications completed for Native American Members within contract timeframes.	
Percentage of Care Coordination Assignment Notifications completed for Native American Members	20	This is an auto-calculated field.	
Native American Comprehensive Needs Assessments (CNAs)			
Row Header	Row	Description	Methodology
Number of CNAs due for Native American CCL2 Members	24	Report the total number of CNAs due for Native American CCL2 Members. This includes initial, annual and change CNAs (per contract references 4.4.5.1, 4.4.6.3.5, 4.4.5.6).	<p>Report the total number of CNAs due by the last day of the month for Native American CCL2 Members whose initial/annual/change CNA contract required due date falls in the reporting period.</p> <ul style="list-style-type: none"> ➤ Initial: within 30 calendar days of HRA – 4.4.5.3 ➤ Annual: anchor date – 4.4.6.3.5 ➤ Change: due to change in health status – 4.4.5.6 (new anchor date) <ul style="list-style-type: none"> • Include CNAs due for Native American Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL2: Care Coordination Level 2 ○ PCMH ○ Waiver Recipients • Remove CNAs due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ In a Nursing Facility ○ Lost Medicaid eligibility
Number of CNAs completed for Native American CCL2 Members	25	Of the total number of CNAs reported as due in Row 24 above, report the number of CNAs completed within contract timeframes.	



Centennial Care Reporting Instructions Care Coordination – Report #6

Percentage of CNAs completed for Native American CCL2 Members	26	This is an auto-calculated field.	
Number of CNAs due for Native American CCL3 Members	27	Report the total number of CNAs due for Native American CCL3 Members. This includes initial, semi-annual, annual and change CNAs (per contract references 4.4.5.1, 4.4.7.3.6, 4.4.5.6).	<p>Report the total number of CNAs due by the last day of the month for Native American CCL3 Members whose initial/semi-annual/annual/change CNA contract required due date falls in the reporting period.</p> <ul style="list-style-type: none"> ➤ Initial: within 30 calendar days of HRA – 4.4.5.1 ➤ Semi-annual: within 150-180 days of Annual CNA – 4.4.7.3.6 ➤ Annual: anchor date ➤ Change: due to change in health status – 4.4.5.6 (new anchor date) <ul style="list-style-type: none"> • Include CNAs due for Native American Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL3: Care Coordination Level 3 ○ PCMH ○ Native American ○ Waiver Recipients • Remove CNAs due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ In a Nursing Facility ○ Lost Medicaid eligibility
Number of CNAs completed for Native American CCL3 Members	28	Of the total number of CNAs reported as due in Row 27 above, report the number of CNAs completed within contract timeframes.	
Percentage of CNAs completed for Native American CCL3 Members	29	This is an auto-calculated field.	
Native American Comprehensive Care Plans (CCPs)			
Row Header	Row	Description	Methodology



Centennial Care Reporting Instructions Care Coordination – Report #6

<p>Number of CCPs due for Native American CCL2 and CCLC Members after completion of an initial CNA</p>	33	<p>Report the total number of CCPs due for Native American CCL2 and CCLC Members after completion of an initial CNA (per contract reference 4.4.9.2).</p>	<p>Report the total number of CCPs due by the last day of the month for Native American CCL2 and CCLC Members whose CCP contract required due date falls in the monthly reporting period (must be completed within fourteen (14) business days of completion of the initial CNA as outlined in contract section 4.4.9.2).</p> <ul style="list-style-type: none"> • Include CCPs due for Native American Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL2: Care Coordination Level 2 ○ CCLC: Full Delegation Model – Care Coordination Delegation Level 2 ○ In a Nursing Facility ○ PCMH ○ Waiver Recipients • Remove CCPs due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Level 3 ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility
<p>Number of CCPs completed for Native American CCL2 and CCLC Members after completion of an initial CNA</p>	34	<p>Of the total number of CCPs reported as due in row 33 above, report the number of CCPs completed within contract timeframes.</p>	
<p>Percentage of CCPs completed for Native American CCL2 and CCLC Members after completion of an initial CNA</p>	35	<p>This is an auto-calculated field.</p>	
<p>Number of CCPs due for Native American CCL2 and CCLC Members after</p>	36	<p>Report the total number of CCPs due for Native American CCL2 and CCLC Members after</p>	<p>Report the total number of CCPs due by the last day of the month for Native American CCL2 and CCLC Members whose CCP contract required due date falls in the monthly reporting period (must be completed within five (5)</p>



Centennial Care Reporting Instructions Care Coordination – Report #6

<p>completion of an annual CNA</p>		<p>completion of an annual CNA (per contract reference 4.4.9.10).</p>	<p>business days of completion of the annual CNA as outlined in contract section 4.4.9.10).</p> <ul style="list-style-type: none"> • Include CCPs due for Native American Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL2: Care Coordination Level 2 ○ CCLC: Full Delegation Model – Care Coordination Delegation Level 2 ○ In a Nursing Facility ○ PCMH ○ Waiver Recipients • Remove CCPs due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation Level 3 ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility
<p>Number of CCPs completed for Native American CCL2 and CCLC Members after completion of an annual CNA</p>	37	<p>Of the total number of CCPs reported as due in row 36 above, report the number of CCPs completed within contract timeframes.</p>	
<p>Percentage of CCPs completed for Native American CCL2 and CCLC Members after completion of an annual CNA</p>	38	<p>This is an auto-calculated field.</p>	
<p>Number of CCPs due for Native American CCL3 and CCLD Members after completion of an initial CNA</p>	39	<p>Report the total number of CCPs due for Native American CCL3 and CCLD Members after completion of an initial CNA (per contract reference 4.4.9.2).</p>	<p>Report the total number of CCPs due by the last day of the month for Native American CCL3 and CCLD Members whose CCP contract required due date falls in the monthly reporting period (must be completed within fourteen (14) business days of completion of the initial CNA as outlined in contract section 4.4.9.2).</p> <ul style="list-style-type: none"> • Include CCPs due for Native American Members who were in the following categories:



Centennial Care Reporting Instructions Care Coordination – Report #6

			<ul style="list-style-type: none"> ○ CCL3: Care Coordination Level 3 ○ CCLD: Full Delegation Model – Care Coordination Delegation Level 3 ○ In a Nursing Facility ○ PCMH ○ Waiver Recipients ● Remove CCPs due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation Level 2 ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility
Number of CCPs completed for Native American CCL3 and CCLD Members after completion of an initial CNA	40	Of the total number of CCPs reported as due in row 39 above, report the number of CCPs completed within contract timeframes.	
Percentage of CCPs completed for Native American CCL3 and CCLD Members after completion of an initial CNA	41	This is an auto-calculated field.	
Number of CCPs due for Native American CCL3 and CCLD Members after completion of an annual or semi-annual CNA	42	Report the total number of CCPs due for Native American CCL3 and CCLD Members after completion of an annual or semi-annual CNA (per contract reference 4.4.9.10).	<p>Report the total number of CCPs due by the last day of the month for Native American CCL3 and CCLD Members whose CCP contract required due date falls in the monthly reporting period (must be completed within five (5) business days of completion of the annual or semi-annual CNA as outlined in contract section 4.4.9.10).</p> <ul style="list-style-type: none"> ● Include CCPs due for Native American Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL3: Care Coordination Level 3 ○ CCLD: Full Delegation Model – Care Coordination Delegation Level 3 ○ In a Nursing Facility



Centennial Care Reporting Instructions Care Coordination – Report #6

			<ul style="list-style-type: none"> ○ PCMH ○ Waiver Recipients ● Remove CCPs due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation Level 2 ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility
Number of CCPs completed for Native American CCL3 and CCLD Members after completion of an annual or semi-annual CNA	43	Of the total number of CCPs reported as due in row 42 above, report the number of CCPs completed within contract timeframes.	
Percentage of CCPs completed for Native American CCL3 and CCLD Members after completion of an annual or semi-annual CNA	44	This is an auto-calculated field.	
Native American In-Person Visits			
Row Header	Row	Description	Methodology
Number of in-person visits due for Native American CCL2 Members	48	Report the total number of in-person visits due for Native American CCL2 Members (per contract reference 4.4.6.3.6).	<p>Report the total number of in-person visits due by the last day of the month for Native American CCL2 Members whose contract required CCL2 semi-annual in-person visit due date falls in the reporting period (as outlined in contract section 4.4.6.3.6).</p> <ul style="list-style-type: none"> ● Include in-person visits due for Native American Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL2: Care Coordination Level 2 ○ DD Waiver Recipients ○ In a Nursing Facility ○ PCMH ○ Supports Waiver Recipients



Centennial Care Reporting Instructions Care Coordination – Report #6

			<ul style="list-style-type: none"> • Remove in-person visits due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility ○ Medically Fragile Waiver Recipients
Number of in-person visits completed for Native American CCL2 Members	49	Of the total number of in-person visits reported as due in row 48 above, report the number of visits that were completed within contract timeframes.	
Percentage of in-person visits completed for Native American CCL2 Members	50	This is an auto-calculated field.	
Number of in-person visits due for Native American CCL3 Members	51	Report the total number of in-person visits due for Native American CCL3 Members (per contract reference 4.4.7.3.3).	<p>Report the total number of in-person visits due by the last day of the month for Native American CCL3 Members whose contract required CCL3 quarterly in-person visit due date falls in the reporting period (as outlined in contract section 4.4.7.3.3).</p> <ul style="list-style-type: none"> • Include in-person visits due for Native American Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL3: Care Coordination Level 3 ○ DD Waiver Recipients ○ In a Nursing Facility ○ PCMH ○ Supports Waiver Recipients • Remove in-person visits due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation



Centennial Care Reporting Instructions Care Coordination – Report #6

			<ul style="list-style-type: none"> ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility ○ Medically Fragile Waiver Recipients
Number of in-person visits completed for Native American CCL3 Members	52	Of the total number of in-person visits reported as due in row 51 above, report the number of visits that were completed within contract timeframes.	
Percentage of in-person visits completed for Native American CCL3 Members	53	This is an auto-calculated field.	
Native American Telephonic Contacts			
Row Header	Row	Description	Methodology
Number of telephonic contacts due for Native American CCL2 Members	57	Report the total number of telephonic contacts due for Native American CCL2 Members (per contract reference 4.4.6.3.7).	<p>Report the total number of telephonic contacts due by the last day of the month for Native American CCL2 Members whose contract required CCL2 quarterly telephonic contact due date falls in the reporting period (as outlined in contract section 4.4.6.3.7).</p> <ul style="list-style-type: none"> • Include telephonic contacts due for Native American Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL2: Care Coordination Level 2 ○ DD Waiver Recipients ○ In a Nursing Facility ○ PCMH ○ Supports Waiver Recipients • Remove telephonic contacts due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility ○ Medically Fragile Waiver Recipients
Number of telephonic contacts completed for	58	Of the total number of telephonic contacts reported as due in row 57 above, report the number of telephonic contacts completed within contract timeframes.	



Centennial Care Reporting Instructions Care Coordination – Report #6

Native American CCL2 Members		
Percentage of telephonic contacts completed for Native American CCL2 Members	59	This is an auto-calculated field.
Number of telephonic contacts due for Native American CCL3 Members	60	<p>Report the total number of telephonic contacts due for Native American CCL3 Members (per contract reference 4.4.7.3.4).</p> <p>Report the total number of telephonic contacts due by the last day of the month for Native American CCL3 Members whose contract required CCL3 monthly telephonic contact due date falls in the reporting period (as outlined in contract section 4.4.7.3.4).</p> <ul style="list-style-type: none"> • Include telephonic contacts due for Native American Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL3: Care Coordination Level 3 ○ DD Waiver Recipients ○ In a Nursing Facility ○ PCMH ○ Supports Waiver Recipients • Remove telephonic contacts due for Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility ○ Medically Fragile Waiver Recipients
Number of telephonic contacts completed for Native American CCL3 Members	61	Of the total number of telephonic contacts reported as due in row 60 above, report the number of telephonic contacts completed within contract timeframes.
Percentage of telephonic contacts completed for Native American CCL3 Members	62	This is an auto-calculated field.

Assessments Completed for Native American Members Who Were Previously DUR: Difficult to Engage (DTE), Unable to Reach (UTR), Refused Care Coordination (RCC)



Centennial Care Reporting Instructions Care Coordination – Report #6

Row Header	Row	Description
Number of HRAs completed with Native American Members who were previously DUR (DTE – CCL5, UTR – CCL0, RCC – CCL4)	66	Of the total number of Native American Members who were reported as DUR (Difficult to Engage, Unable to Reach or Refused Care Coordination in Section III, rows 26, 28, 30 or 31) in the <u>previous reporting period</u> , report the number of Members who were reached during the current reporting period and received an HRA.
Number of CNAs completed with Native American Members who were previously DUR (DTE – CCL5, UTR – CCL0, RCC – CCL4)	67	Of the total number of Native American Members who were reported as DUR (Difficult to Engage, Unable to Reach or Refused Care Coordination in Section III, rows 26, 28, 30 or 31) in the <u>previous reporting period</u> , report the number of Members who were engaged during the current reporting period and received a CNA.

SECTION V: Enrollment - Health Home MCO Population

Data reported in this section should be reported as **subsets (not breakouts)** of the total population and should only record the Health Home population.

Data in this section will be entered by the MCO for each month of the quarterly reporting period as of the last day of each month. In each quarterly column, data will be auto-populated for each quarter of the quarterly reporting period as of the last day of each quarter.

In rows 20-27, Health Home Members may only be counted in the following categories: CCL6, CCL7, CCL8, CCL9. For example, a Member who is counted in Row 20, “Number of CCL6 Members”, may not be counted in Row 24, “Number of CCL8 Members”.

If a Health Home Member is deceased, changed MCOs or lost Medicaid eligibility during the month, they are not active as of the last day of the month and should not be counted in this section.

This tab **will** include data related to Members who were in the following categories:

- CCL6-CCL9: Health Home
- In a Nursing Facility
- Medically Fragile
- Native American

This tab **will not** include data related to Members who were in the following categories:

- CCL1: General Population
- CCL2: Care Coordination Level 2
- CCL3: Care Coordination Level 3
- CCL4: Refused Care Coordination (RCC)
- CCL5: Difficult to Engage (DTE)



Centennial Care Reporting Instructions Care Coordination – Report #6

- CCL0: Unable to Reach (UTR)
- CCLA – CCLB: Shared Functions Model – Care Coordination Delegation
- CCLC – CCLD: Full Delegation Model – Care Coordination Delegation
- PCMH

Each monthly/quarterly entry is a "snapshot" as of the last day of each month, and **previous monthly/quarterly data are not to be refreshed.**

Items in rows 9-17 are auto-populated from Tab I: Enrollment, Care Coordination Assignments – Total MCO Population.

Health Home Care Coordination Assignments			
Row Header	Row	Description	Methodology
Number of CCL6 Members	20	The total number of unduplicated Members who were assigned to Care Coordination Level 6 in a Health Home.	<p>Of the total Health Home Membership reported in Row 12, report the number of Members who were assigned to, and/or categorized as, CCL6 as of the last day of the month.</p> <ul style="list-style-type: none"> • CCL6 is defined in the CareLink NM Policy Manual and the Centennial Care MCO Systems Manual • Include Health Home Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL6: Health Home ○ In a Nursing Facility ○ Native American ○ Waiver Recipients • Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL7, CCL8, CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility ○ PCMH
CCL6 percentage of total Health Home population	21	This is an auto-calculated field.	
Number of CCL7 Members	22	The total number of unduplicated Members who were assigned to Care	Of the total Health Home Membership reported in Row 12, report the number of Members who were assigned to,



Centennial Care Reporting Instructions Care Coordination – Report #6

		<p>Coordination Level 7 in a Health Home.</p>	<p>and/or categorized as, CCL7 as of the last day of the month.</p> <ul style="list-style-type: none"> • CCL7 is defined in the CareLink NM Policy Manual and the CCO Systems Manual • Include Health Home Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL7: Health Home ○ In a Nursing Facility ○ Native American ○ Waiver Recipients • Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6, CCL8, CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility ○ PCMH
CCL7 percentage of total Health Home population	23	This is an auto-calculated field.	
Number of CCL8 Members	24	<p>The total number of unduplicated Members who were assigned to Care Coordination Level 8 in a Health Home.</p>	<p>Of the total Health Home Membership reported in Row 12, report the number of Members who were assigned to, and/or categorized as, CCL8 as of the last day of the month.</p> <ul style="list-style-type: none"> • CCL8 is defined in the CareLink NM Policy Manual and the CCO Systems Manual • Include Health Home Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL8: Health Home ○ In a Nursing Facility ○ Native American ○ Waiver Recipients • Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE)



Centennial Care Reporting Instructions Care Coordination – Report #6

			<ul style="list-style-type: none"> ○ CCL6, CCL7, CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility ○ PCMH
CCL8 percentage of total Health Home population	25	This is an auto-calculated field.	
Number of CCL9 Members	26	The total number of unduplicated Members who were assigned to Care Coordination Level 9 in a Health Home.	<p>Of the total Health Home Membership reported in Row 12, report the number of Members who were assigned to, and/or categorized as, CCL9 as of the last day of the month.</p> <ul style="list-style-type: none"> ● CCL9 is defined in the CareLink NM Policy Manual and the CCO Systems Manual ● Include Health Home Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL9: Health Home ○ In a Nursing Facility ○ Native American ○ Waiver Recipients ● Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6, CCL7, CCL8: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model - Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility ○ PCMH
CCL9 percentage of total Health Home population	27	This is an auto-calculated field.	

Section VI: Full Delegation Model – Care Coordination Delegation MCO Population



Centennial Care Reporting Instructions Care Coordination – Report #6

Data reported in this section should be reported as **subsets (not breakouts)** of the total population and should only record data related to the Full Delegation Model – Care Coordination Delegation population.

Data in this section will be entered by the MCO for each month of the quarterly reporting period as of the last day of each month. In each quarterly column, data will be auto-populated for each quarter of the quarterly reporting period as of the last day of each quarter.

This tab **will** include data related to Members who were in the following categories:

- CCLC – CCLD: Full Delegation Model – Care Coordination Delegation
- In a Nursing Facility
- PCMH
- Medically Fragile
- Native American

This tab will **not** include data related to Members who were in the following categories:

- CCL1: General Population
- CCL2: Care Coordination Level 2
- CCL3: Care Coordination Level 3
- CCL4: Refused Care Coordination (RCC)
- CCL5: Difficult to Engage
- CCL6-CCL9: Health Home
- CCL0: Unable to Reach (UTR)
- CCLA – CCLB: Shared Functions Model – Care Coordination Delegation

Each monthly/quarterly entry is a "snapshot" as of the last day of each month, and **previous monthly/quarterly data are not to be refreshed.**

Items in rows 9-17 are auto-populated from Tab I: Enrollment, Care Coordination Assignments – Total MCO Population.

Full Delegation Model Care Coordination Assignments

Row Header	Row	Description	Methodology
Number of Full Delegation Model – Care Coordination Delegation Provider/Health site agreements	20	The total number of Provider/Health sites contracted by the MCO for Full Delegation Model – Care Coordination Delegation.	Report the total number of sites the MCO has contracted to a Provider/Health site to provide the full set of Care Coordination functions as of the last day of the month.
Number of CCLC Members	21	The total number of unduplicated Members who were assigned to CCLC, based on CNA completion.	Of the total Full Delegation Model – Care Coordination Delegation membership reported in row 16, report the number of Members who were assigned to, and/or categorized as, CCLC as of the last day of the month. <ul style="list-style-type: none"> • Include Full Delegation Model – Care Coordination Delegation Level 2 (CCLC) Members who were in the following categories:



Centennial Care Reporting Instructions Care Coordination – Report #6

			<ul style="list-style-type: none"> ○ CCLC: Full Delegation Model – Care Coordination Delegation Level 2 ○ In a Nursing Facility ○ PCMH ○ Native American ○ Waiver Recipients ● Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLD: Full Delegation Model – Care Coordination Delegation Level 3 ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility
CCLC percentage of Total Full Delegation Model – Care Coordination Delegation population	22	This is an auto-calculated field.	
Number of CCLD Members	23	The total number of unduplicated Members who were assigned to CCLD, based on CNA completion.	<p>Of the total Full Delegation Model – Care Coordination Delegation membership reported in row 14, report the total number of Members who were assigned to, and/or categorized as, CCLD as of the last day of the month.</p> <ul style="list-style-type: none"> ● Include Full Delegation Model – Care Coordination Delegation Level 3 (CCLD) Members who were in the following categories: <ul style="list-style-type: none"> ○ CCLD: Full Delegation Model – Care Coordination Delegation Level 3 ○ In a Nursing Facility ○ PCMH ○ Native American ○ Waiver Recipients ● Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC)



Centennial Care Reporting Instructions Care Coordination – Report #6

			<ul style="list-style-type: none"> ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC: Full Delegation Model – Care Coordination Delegation Level 2 ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility
CCLD percentage of Total Full Delegation Model – Care Coordination Delegation population	24	This is an auto-calculated field.	
Assessments Completed with Full Delegation Model – Care Coordination Delegation Members Who Were Previously DUR: Difficult to Engage (DTE), Unable to Reach (UTR), Refused Care Coordination (RCC)			
Row Header	Row	Description	Methodology
Number of HRAs completed with Full Delegation Model – Care Coordination Delegation Members who were previously DUR (DTE – CCL5, UTR – CCL0, RCC – CCL4)	28	Of the total number of Members who were reported as DUR (Difficult to Engage, Unable to Reach or Refused Care Coordination in Section I, rows 30, 32, 34 or 35) <u>prior</u> to being assigned to Full Delegation Model – Care Coordination Delegation, report the number of Members who were engaged during the current reporting period and received an HRA.	<p>Report the total number of Full Delegation Model – Care Coordination Delegation Members that were reported as DUR (DTE – CCL5, UTR – CCL0, RCC – CCL4) prior to being assigned to a Full Delegation Model – Care Coordination Delegation Provider/Health site who completed an HRA during the reporting month.</p> <ul style="list-style-type: none"> • Include Full Delegation Model – Care Coordination Delegation Members who were in the following categories: <ul style="list-style-type: none"> ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ In a Nursing Facility ○ PCMH ○ Native American ○ Waiver Recipients • Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility



Centennial Care Reporting Instructions Care Coordination – Report #6

<p>Number of CNAs completed with Full Delegation Model – Care Coordination Delegation Members who were previously DUR (DTE – CCL5, UTR – CCL0, RCC – CCL4)</p>	29	<p>Of the total number of Members who were reported as DUR (Difficult to Engage, Unable to Reach or Refused Care Coordination in Section I, rows 30, 32, 34 or 35) <u>prior</u> to being assigned to Full Delegation Model – Care Coordination Delegation, report the number of Members who were engaged during the current reporting period and received a CNA.</p>	<p>Report the total number of Full Delegation Model – Care Coordination Delegation Members that were reported as DUR (DTE – CCL5, UTR – CCL0, RCC – CCL4) prior to being assigned to a Full Delegation Model – Care Coordination Delegation Provider/Health site who completed a CNA during the reporting month.</p> <ul style="list-style-type: none"> • Include Full Delegation Model – Care Coordination Delegation Members who were in one of the following categories: <ul style="list-style-type: none"> ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ In a Nursing Facility ○ PCMH ○ Native American ○ Waiver Recipients • Remove Members who were in one of the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility
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Section VII: Shared Functions Model – Care Coordination Delegation MCO Population

Data reported in this section should be reported as **subsets (not breakouts)** of the total population and only record data related to the Shared Functions Model – Care Coordination Delegation population.

Data in this section will be entered by the MCO for each month of the quarterly reporting period as of the last day of each month. In each quarterly column, data will be auto-populated for each quarter of the quarterly reporting period as of the last day of each quarter.

This tab **will** include data related to Members who were in the following categories:

- CCLA – CCLB: Shared Functions Model – Care Coordination Delegation
- In a Nursing Facility
- PCMH
- Native American
- Waiver Recipients



Centennial Care Reporting Instructions Care Coordination – Report #6

This tab will **not** include data related to Members who were in the following categories:

- CCL1: General Population
- CCL2: Care Coordination Level 2
- CCL3: Care Coordination Level 3
- CCL4: Refused Care Coordination (RCC)
- CCL5: Difficult to Engage (DTE)
- CCL6-CCL9: Health Home
- CCL0: Unable to Reach (UTR)
- CCLC – CCLD: Full Delegation Model – Care Coordination Delegation

Each monthly/quarterly entry is a "snapshot" as of the last day of each month, and **previous monthly/quarterly data are not to be refreshed.**

Items in rows 9-17 in are auto-populated from Tab I: Enrollment, Care Coordination Assignments – Total MCO Population.

Shared Functions Model – Care Coordination Delegation Care Coordination Assignments

Row Header	Row	Description	Methodology
Number of Shared Functions Model – Care Coordination Delegation Provider/Health site agreements	20	The total number Shared Functions Model – Care Coordination Delegation Provider/Health site agreements currently active with the MCO for Shared Functions Model – Care Coordination Delegation.	Report the total number of Shared Functions Model – Care Coordination Delegation agreements that are currently active with the MCO as of the last day of the month.
Number of CCLA Members	21	The total number of unduplicated Members who were assigned to CCLA, based on CNA completion.	<p>Of the total Shared Functions Model – Care Coordination Delegation membership reported in row 16, report the total number of Members who were assigned to, and/or categorized as, CCLA as of the last day of the month.</p> <ul style="list-style-type: none"> • Include Shared Functions Model – Care Coordination Delegation Level 2 (CCLA) Members who were in the following categories: <ul style="list-style-type: none"> ○ CCLA: Shared Functions Model – Care Coordination Delegation Level 2 ○ In a Nursing Facility ○ PCMH ○ Native American ○ Waiver Recipients • Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC)



Centennial Care Reporting Instructions Care Coordination – Report #6

			<ul style="list-style-type: none"> ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLB: Shared Functions Model – Care Coordination Delegation Level 3 ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility
CCLA percentage of Total Shared Functions Model – Care Coordination Delegation population	22	This is an auto-calculated field.	
Number of CCLB Members	23	The total number of unduplicated Members who were assigned to CCLB, based on CNA completion.	<p>Of the total Shared Functions Model – Care Coordination Delegation membership reported in row 16, report the total number of Members who were assigned to, and/or categorized as, CCLB as of the last day of the month.</p> <ul style="list-style-type: none"> • Include Shared Functions Model – Care Coordination Delegation Level 3 (CCLB) Members who were in the following categories: <ul style="list-style-type: none"> ○ CCLB: Shared Functions Model – Care Coordination Delegation ○ In a Nursing Facility ○ PCMH ○ Native American ○ Waiver Recipients • Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA: Shared Functions Model – Care Coordination Delegation Level 2 ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility ○



Centennial Care Reporting Instructions Care Coordination – Report #6

CCLB percentage of Total Shared Functions Model – Care Coordination Delegation population	24	This is an auto-calculated field.	
Number of Members who were previously reported as UTR (CCL0) and are now assigned to Shared Functions Model – Care Coordination Delegation	25	The total number of unduplicated Shared Functions Model Shared Functions Model – Care Coordination Delegation Members who were categorized as Unable to Reach (UTR-CCL0) in the previous reporting period.	<p>Of the total Shared Functions Model – Care Coordination Delegation Membership reported in Row 16, report the number of Members who were reported as Unable to Reach (UTR-CCL0) in the previous reporting period.</p> <ul style="list-style-type: none"> • Include Shared Functions Model – Care Coordination Delegation Members who were in the following categories: <ul style="list-style-type: none"> ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ In a Nursing Facility ○ PCMH ○ Native American ○ Waiver Recipients • Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility
Percentage of Members who were previously reported as UTR (CCL0) and are now assigned to Shared Functions Model – Care Coordination Delegation	26	This is an auto-calculated field.	
Number of Members who were previously reported as DTE (CCL5) and are now assigned to Shared Functions Model	27	The total number of unduplicated Shared Functions Mode I– Care Coordination Delegation Members who were categorized as Difficult to	<p>Of the total Shared Functions Model – Care Coordination Delegation Membership reported in Row 16, report the number of Members who were reported as Difficult to Engage (DTE-CCL5) in the previous reporting period.</p> <ul style="list-style-type: none"> • Include Shared Functions Model – Care Coordination Delegation Members who were in the following categories:



Centennial Care Reporting Instructions Care Coordination – Report #6

– Care Coordination Delegation		Engage (DTE-CCL5) in the previous reporting period.	<ul style="list-style-type: none"> ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ In a Nursing Facility ○ PCMH ○ Native American ○ Waiver Recipients ● Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility
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Percentage of Members who were previously reported as DTE (CCL5) and are now assigned to Shared Functions Model – Care Coordination Delegation	28	This is an auto-calculated field.
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Assessments Completed with Shared Functions Model – Care Coordination Delegation Members who were Previously DUR: Difficult to Engage (DTE), Unable to Reach (UTR), Refused Care Coordination (RCC)

Row Header	Row	Description	Methodology
Number of HRAs completed with Shared Functions Model – Care Coordination Delegation Members who were previously DUR (DTE – CCL5, UTR – CCL0, RCC – CCL4)	32	Of the total number of Members who were reported as DUR (Difficult to Engage, Unable to Reach or Refused Care Coordination in Section I, rows 30, 32, 34 or 35) <u>prior</u> to being assigned to Shared Functions Model – Care Coordination Delegation, report the number of Members who were reached during the current reporting period and received an HRA.	<p>Report the total number of Shared Functions Model – Care Coordination Delegation Members that were reported as DUR (DTE – CCL5, UTR – CCL0, RCC – CCL4) <u>prior</u> to being assigned to a Shared Functions Model – Care Coordination Delegation Provider/Health site who completed an HRA during the reporting month.</p> <ul style="list-style-type: none"> ● Include Shared Functions Model – Care Coordination Delegation Members who were in the following categories: <ul style="list-style-type: none"> ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ In a Nursing Facility ○ PCMH ○ Native American ○ Waiver Recipients ● Remove Members who were in the following categories:



Centennial Care Reporting Instructions Care Coordination – Report #6

			<ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility
<p>Number of CNAs completed with Shared Functions Model – Care Coordination Delegation Members who were previously DUR (DTE – CCL5, UTR – CCL0, RCC – CCL4)</p>	33	<p>Of the total number of Members who were reported as DUR (Difficult to Engage, Unable to Reach or Refused Care Coordination in Section I, rows 30, 32, 34 or 35) <u>prior</u> to being assigned to Shared Functions Model – Care Coordination Delegation, report the number of Members who were engaged during the current reporting period and received a CNA.</p>	<p>Report the total number of Shared Functions Model – Care Coordination Delegation Members that were reported as DUR (DTE – CCL5, UTR – CCL0, RCC – CCL4) <u>prior</u> to being assigned to a Shared Functions Model – Care Coordination Delegation Provider/Health site who completed a CNA during the reporting month.</p> <ul style="list-style-type: none"> • Include Shared Functions Model – Care Coordination Delegation Members who were in the following categories: <ul style="list-style-type: none"> ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ In a Nursing Facility ○ PCMH ○ Native American ○ Waiver Recipients • Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility

Section VIII: Staffing

Data in this section will be entered for each month of the quarterly reporting period as of the last day of each month.

Enrollment/Staffing

Row Header	Row	Description	Methodology
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Centennial Care Reporting Instructions Care Coordination – Report #6

Total number of Members in Care Coordination	10	Of the total number of Members reported in Section I, Row 13, report the number of Members who are categorized as in Care Coordination.	<p>Report the total number of Members who were categorized as in Care Coordination as of the last day of the month.</p> <ul style="list-style-type: none"> • Include Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCL6-CCL9: Health Home ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ In a Nursing Facility ○ PCMH ○ Waiver Recipients • Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL0: Unable to Reach (UTR) ○ Changed MCOs ○ Deceased ○ Lost Medicaid eligibility
Total number of care coordinators	11	The total number of care coordinators employed by the MCO.	Report the total number of care coordinators employed by the MCO as of the last day of the month.
Ratio of Members in Care Coordination to care coordinators	12	This is an auto-calculated field.	
CCL2, CCLA and CCLC Members NOT Residing in a Nursing Facility			
Number of CCL2, CCLA and CCLC Members NOT in a Nursing Facility	16	The total number of unduplicated Members who were assigned to CCL2, CCLA and CCLC based on CNA completion who were NOT residing in a Nursing Facility.	<p>Report the total number of Members categorized as CCL2, CCLA and CCLC who were NOT residing in a Nursing Facility as of the last day of the month.</p> <ul style="list-style-type: none"> • Include Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL2: Care Coordination Level 2 ○ CCLA: Shared Functions Model – Care Coordination Delegation Level 2 ○ CCLC: Full Delegation Model – Care Coordination Delegation Level 2 ○ PCMH ○ Native American ○ Waiver Recipients • Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC)



Centennial Care Reporting Instructions Care Coordination – Report #6

			<ul style="list-style-type: none"> ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLB: Shared Functions Model – Care Coordination Delegation Level 3 ○ CCLD: Full Delegation Model – Care Coordination Delegation Level 3 ○ Changed MCOs ○ Deceased ○ In a Nursing Facility ○ Lost Medicaid eligibility
Total number of care coordinators assigned to CCL2, CCLA and CCLC Members NOT in a Nursing Facility	17	The total number of care coordinators assigned to CCL2, CCLA and CCLC Members who were NOT residing in a Nursing Facility.	Report the total number of care coordinators employed by the MCO who were assigned to CCL2, CCLA and CCLC Members who were NOT residing in a Nursing Facility as of the last day of the month.
Ratio of CCL2, CCLA and CCLC Members NOT in a Nursing Facility to care coordinators assigned to CCL2, CCLA and CCLC Members NOT in a Nursing Facility	18	This is an auto-calculated field.	
CCL3, CCLB and CCLD Members NOT Residing in a Nursing Facility			
Number of CCL3, CCLB and CCLD Members NOT in a Nursing Facility	22	The total number of unduplicated Members who were assigned to CCL3, CCLB and CCLD who were NOT residing in a Nursing Facility.	<p>Report the total number of Members categorized as CCL3, CCLB and CCLD who were NOT residing in a Nursing Facility as of the last day of the month</p> <ul style="list-style-type: none"> • Include Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL 3: Care Coordination Level 3 ○ CCLB: Shared Functions Model – Care Coordination Delegation Level 3 ○ CCLD: Full Delegation Model – Care Coordination Delegation Level 3 ○ PCMH ○ Native American ○ Waiver Recipients • Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR)



Centennial Care Reporting Instructions Care Coordination – Report #6

			<ul style="list-style-type: none"> ○ CCLA: Shared Functions Model—Care Coordination Delegation Level 2 ○ CCLC: Full Delegation Model—Care Coordination Delegation Level 2 ○ Changed MCOs ○ Deceased ○ In a Nursing Facility ○ Lost Medicaid eligibility
Total number of care coordinators assigned to CCL3, CCLB and CCLD Members NOT in a Nursing Facility	23	The total number of care coordinators assigned to CCL3, CCLB and CCLD Members who were NOT residing in a Nursing Facility.	Report the total number of care coordinators employed by the MCO who were assigned to CCL3, CCLB and CCLD Members who were NOT residing in a Nursing Facility as of the last day of the month.
Ratio of CCL3, CCLB and CCLD Members NOT in a nursing facility to care coordinators assigned to CCL3, CCLB and CCLD Members NOT in a nursing facility	24	This is an auto-calculated field.	
CCL2, CCL3 and CCLA—CCLD Members Residing <u>IN</u> a Nursing Facility			
Number of CCL2, CCL3 and CCLA—CCLD Members IN a Nursing Facility	28	The total number of Members categorized as CCL2, CCL3 and CCLA—CCLD residing IN a Nursing Facility.	<p>Report the total number of Members categorized as CCL2, CCL3 and CCLA—CCLD who were residing IN a Nursing Facility as of the last day of the month.</p> <ul style="list-style-type: none"> • Include Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL2: Care Coordination Level 2 ○ CCL3: Care Coordination Level 3 ○ CCLA—CCLB: Shared Functions Model—Care Coordination Delegation ○ CCLC—CCLD: Full Delegation Mode—Care Coordination Delegation ○ In a Nursing Facility ○ Native American ○ Waiver Recipients • Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ Changed MCOs ○ Deceased ○ PCMH ○ Lost Medicaid eligibility



Centennial Care Reporting Instructions Care Coordination – Report #6

Total number of care coordinators assigned to CCL2, CCL3 and CCLA – CCLD Members <u>IN</u> a Nursing Facility	29	The total number of care coordinators assigned to CCL2, CCL3 and CCLA – CCLD Members who were residing <u>IN</u> a Nursing Facility.	Report the total number of care coordinators employed by the MCO who were assigned to CCL2, CCL3 and CCLA – CCLD Members who were residing <u>IN</u> a Nursing Facility as of the last day of the month.
Ratio of CCL2, CCL3 and CCLA – CCLD Members <u>IN</u> a Nursing Facility to care coordinators assigned to CCL3 Members <u>IN</u> a Nursing Facility	30	This is an auto-calculated field.	
CCL2 Self Directed Community Benefit (SDCB) Members			
Number of CCL2 Members receiving services through the Self-Directed Community Benefit	34	The total number of Members categorized as CCL2 who were receiving benefits through the Self-Directed Community Benefit.	<p>Report the total number of Members categorized as CCL2 who were receiving their benefits through the Self-Directed Community Benefit (SDCB) as of the last day of the month.</p> <ul style="list-style-type: none"> • Include SDCB Members categorized as CCL2 who were in the following categories: <ul style="list-style-type: none"> ○ CCL2: Care Coordination Level 2 ○ Native American ○ Waiver Recipients • Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL3: Care Coordination Level 3 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ PCMH ○ Lost Medicaid eligibility ○ Receiving Agency Based Services
CCL3 Self Directed Community Benefit (SDCB) Members			
Number of CCL3 Members receiving services through the	38	The total number of Members categorized as CCL3 who were receiving benefits through the	Report the total number of Members categorized as CCL3 who were receiving their benefits through the Self-Directed Community Benefit as of the last day of the month.



Centennial Care Reporting Instructions Care Coordination – Report #6

<p>Self-Directed Community Benefit</p>		<p>Self-Directed Community Benefit:</p>	<ul style="list-style-type: none"> • Include SDCB Members categorized as CCL3 who were in the following categories: <ul style="list-style-type: none"> ○ CCL3: Care Coordination Level 3 ○ Native American ○ Waiver Recipients • Remove Members who were in the following categories: <ul style="list-style-type: none"> ○ CCL1: General Population ○ CCL2: Care Coordination Level 2 ○ CCL4: Refused Care Coordination (RCC) ○ CCL5: Difficult to Engage (DTE) ○ CCL6-CCL9: Health Home ○ CCL0: Unable to Reach (UTR) ○ CCLA – CCLB: Shared Functions Model – Care Coordination Delegation ○ CCLC – CCLD: Full Delegation Model – Care Coordination Delegation ○ Changed MCOs ○ Deceased ○ PCMH ○ Lost Medicaid eligibility ○ Receiving Agency-Based Services
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Section VIII: Analysis

After entering all required data, complete the report by providing an analysis of that data. Consider numeric shifts from the previous month as well as longer-term tracking and trending. Answers provided in the Analysis section should be unique for each reporting period.