

EXHIBIT E REPORTING MATRIX

Report Type	Report Name	Description of Report	Report Breakout	Data Reporting Frequency	Measure	Perf. Stand. tied to a Sanction or Target tied to Withhold	Penalty for Sanction or % of Withhold	Generation of Report (State or Contractor)	Populations Included
Appeals	Appeals - Administrative	Total number of administrative appeals resolved, by type of appeal for original denial, during the reporting time period. Number and percentage resolved timely (7 day timeframe). Number and percentage overturned.	2	MQ	Percentage of total child and adult appeals resolved timely; greater than or equal to 90%	Standard	\$1000/Q	C	All
Appeals	Member Appeals and Determination Timeliness	Total number of member clinical appeals resolved by reason for appeal, during the reporting time period. Number and percentage of member appeal determinations that met the 30 calendar day timeframe for routine appeals and the 3 day (5 day with a member meeting) timeframe for expedited appeals. Number and percentage overturned. Report all of above separately for routine and expedited appeals and combined.	2	MQ	Level 1: Percentage of total child and adult routine and expedited (combined) appeals resolved timely; greater than or equal to 90%.	Standard	\$1000/Q	C	All
Appeals	Provider Appeals and Determination Timeliness	Level 1: Total number of first level provider clinical appeals resolved by reason for appeal, during the reporting time period. Number and percentage resolved timely. Number and percentage overturned. Level 2: Total number of second level provider clinical appeals resolved by reason for appeal, during the reporting time period. Number and percentage resolved timely. Number and percentage overturned.	2	MQ	Level 1: Percentage of total child and adult appeals resolved timely; greater than or equal to 90%. Level 2: Percentage of total child and adult appeals resolved timely; greater than or equal to 90%	Standard	\$1000/Q for Level 1 and \$1000/Q for Level 2	C	All

EXHIBIT E REPORTING MATRIX

Report Type	Report Name	Description of Report	Report Breakout	Data Reporting Frequency	Measure	Perf. Stand. tied to a Sanction or Target tied to Withhold	Penalty for Sanction or % of Withhold	Generation of Report (State or Contractor)	Populations Included
Authorization	Authorization Timeliness	Timeliness in passing authorization data to fiscal agent; timeliness in correcting authorization info errors; Accuracy in passing authorization data to fiscal agent, and accuracy in importing claims data from fiscal agent.	1	Q	98% shall occur timely which means prior to the close of business the day following production of the authorization file	Standard	\$5,000/QT	C	All
Authorization	Authorization file accuracy	The Contractor shall provide to the DSS MMIS contractor a daily Prior Authorization (PA) Transaction batch file of all authorized services and authorization updates.	1	Q	The error rate shall be less than 2% as a percentage of total authorization records transmitted.	Standard	\$5,000/QT	C	All
Authorization	Authorization file error correction	The Contractor shall provide to the DSS MMIS contractor a daily Prior Authorization (PA) Transaction batch file of all authorized services and authorization updates.	1	Q	98% of errors shall be corrected within two (2) business days of date identified.	Standard	\$5,000/QT	C	All

EXHIBIT E REPORTING MATRIX

Report Type	Report Name	Description of Report	Report Breakout	Data Reporting Frequency	Measure	Perf. Stand. tied to a Sanction or Target tied to Withhold	Penalty for Sanction or % of Withhold	Generation of Report (State or Contractor)	Populations Included
Authorization	Higher Levels of Care Timeliness Report for Concurrent Reviews - With and Without Peer Review	Number and percentage of cases that met the required timeframe broken out by approved, denied, partially denied, suspended or terminated. For those cases which did not meet the goal, the report shall include average time frame for completion. Summary Report that identifies the number and percentage of concurrent review cases requiring higher levels of care and whether they are meeting the required timeframe for UM decision communication.	1	MQ	95% of decisions communicated within designated timeframe	Standard	\$2,000/QT	C	All
Authorization	Higher Levels of Care Timeliness Summary for Initial Auths - With & Without Peer Review	Number and percentage of cases that met the required timeframe broken out by approved, denied, partially denied, suspended or terminated. For those cases which did not meet the goal, the report shall include average time frame for completion. Summary Report that identifies the number and percentage of cases requiring higher levels of care and whether they are meeting the required timeframe for UM decision communication.	1	MQ	95% of decisions communicated within designated timeframe	Standard	\$2,000/QT	C	All
Authorization	Lower Levels of Care Timeliness Report for Concurrent Reviews - With and Without Peer Review	Number and percentage of cases that met the required timeframe broken out by approved, denied, partially denied, suspended or terminated. For those cases which did not meet the goal, the report shall include average time frame for completion. Summary Report that identifies the number and percentage of concurrent review cases requiring lower levels of care and whether they are meeting the required timeframe for UM decision communication.	1	MQ	95% of decisions communicated within designated timeframe	Standard	\$2,000/QT	C	All
Authorization	Prior Authorization Request Report	By category and adult/child, the number of requests for PA, # denied, reason for denial, by category (inpatient & OP surg, DME, home care, P/T/OT/ST/Chiro, pharmacy). Rx is limited to ASO managed such as home infusion.		QY	N/A	Monitor	N/A	C	All

EXHIBIT E REPORTING MATRIX

Report Type	Report Name	Description of Report	Report Breakout	Data Reporting Frequency	Measure	Perf. Stand. tied to a Sanction or Target tied to Withhold	Penalty for Sanction or % of Withhold	Generation of Report (State or Contractor)	Populations Included
Authorization	Timeliness of Authorization Decision Written Notification - Authorization letter	Summary report that identifies the timeliness of UIM Decision Written Notification. Summarizes authorization letter validity and completeness, i.e., the percentage of authorization records that resulted in an appropriate notification letter.	1	QY*	98% of all authorization decisions result in an appropriate notification contained in an authorization notification extract	Standard	\$3,000/QT for first two quarters of the contract then \$1,500/QT	C	All
Call Mgmt.	Average length of time of call.	Average length of time of call.	1	QY*	N/A	Monitor	N/A	C	All
Call Mgmt.	Average Speed of Answer (ASA)	Average number of seconds to answer all calls with a live person counting into the call center including after hours calls and authorization lines, measured by the selection of a menu option (e.g. crisis queue).	1	QY*	30 seconds - clinical and customer service queues. 15 Seconds - Crisis minutes	Standard	\$1,000/QT	C	All
Call Mgmt.	Call Center Capacity	Total number of days that the telephone line capacity exceeded 100% resulting in a busy signal when calling into the call center.	1	QY*	0 days that capacity exceeded 100%	Standard	\$3,000/QT	C	All
Call Mgmt.	Call Abandonment Rate (CAR)	Total number and percentage of calls abandoned coming into the call center. Measured by each hour of the day and average for the month.	1	QY*	5%	Standard	\$5,000/QT	C	All
Call Mgmt.	Calls Answered with in 60 Seconds	Total number and the percentage of calls coming into the call center answered within 60 seconds.	1	QY*	90%	Standard	\$5,000/QT	C	All
Call Mgmt.	Number and Percentage of calls placed on hold and average length of time on hold for	Total number of telephone calls placed on hold and average length of time on hold.	1	QY*	5 Minutes	Standard	\$5,000/QT	C	All
Call Mgmt.	Number and Percentage of calls placed on hold for Customer Services	Total number of telephone calls placed on hold and average length of time on hold.	1	QY*	5 Minutes, 1 Minute for crisis calls	Standard	\$5,000/QT	C	All
Call Mgmt.	Total Number of Calls	Total number of calls received by clinical queues, customer service queues, and crisis queue in the identified reporting time frame.	1	QY*		Monitor	N/A	C	All
Capacity	Board certified providers	% family med, internal med, peds, OB/GYN, geriatrician and other physician specialists whose board cert. is active 12/31	1	A(6/15)		Monitor	N/A	C	All

EXHIBIT E REPORTING MATRIX

Report Type	Report Name	Description of Report	Report Breakout	Data Reporting Frequency	Measure	Perf. Stand. tied to a Sanction or Target tied to Withhold	Penalty for Sanction or % of Withhold	Generation of Report (State or Contractor)	Populations Included
Capacity/Access	Enrollment by product line	Total number of members enrolled in our various programs.	1	A (6/15)		Monitor	N/A	C	All
Capacity/Access	Gap Analysis	Perform a gap analysis and generate a density report to determine network inadequacies based on member/provider distance thresholds.	1	QY		Monitor	N/A	C	All
Capacity/Access	Language diversity of membership	# and % members enrolled at any time in yr. by demand for language interpreter services and spoken language	1	A (6/15)		Monitor	N/A	C	All
Capacity/Access	Mystery Shopper Surveys	Mystery Shopper Surveys and Report – Contractor makes telephone calls to each of a statistically valid sample agreed upon by the Department of randomly selected PCPs and Specialists once during each year. Contractor will follow-up mystery shopper calls to low performing providers. E.g., assess whether provider is taking new patients, wait time to be accepted as new patient, wait time for appointments for established patients; by urgent, emergent and welfare.	1	A		Monitor	TBD	C	All
Capacity/Access	Network Adequacy Analysis	Shows ratio of members to providers, by county, for identified providers types. Also shows members with more than specified distance to providers. Statewide report shall be issued only on demand, rather than at specified times. Urban/suburban/rural breakdown shall be used in the statewide report, but not in the area reports	1	SA		Monitor	TBD	C	All
Capacity/Access	Network Recruitment	Quantify the number of providers recruited by type and specialty and location	1	QY		Monitor	TBD	C	All
Capacity/Access	Provider Participation	% increase in providers by type over past year	1	QY		Monitor	N/A	C	All
Capacity/Access	Provider turnover	Produced for previous 6 months of activity. # providers	1	SA		Monitor	N/A	C	All
Capacity/Access	Race/ethnicity diversity of membership	beginning of time period. # at end # and % of members enrolled at any time in the year, by race and ethnicity	1	A (6/15)		Monitor	N/A	C	All
Capacity/Access	Single Case Agreement	Number of Single Case Agreement requests, approvals, denials by category	1	QY		Monitor	N/A	C	All

EXHIBIT E REPORTING MATRIX

Report Type	Report Name	Description of Report	Report Breakout	Data Reporting Frequency	Measure	Perf. Stand. tied to a Sanction or Target tied to Withhold	Penalty for Sanction or % of Withhold	Generation of Report (State or Contractor)	Populations Included
Claims	Cost-effectiveness	Report filed on a quarterly basis. Includes summary information regarding actual PMPM utilization, price per service, and cost PMPM for each category of service and in total, for each population group, for the prior quarter, and YTD for the contract year, beginning with Year 1. Actual claims based data received by Contractor from the State would be used to develop these summary reports. Contractor would monitor changes in utilization and cost PMPM over time. In addition, Mercer will determine an expected claims cost PMPM over the next several months, and once available, those amounts would be compared to Contractor reports on actual cost PMPM amounts. Contractor shall not be at risk for achieving any cost savings for Year 1, but failure to submit the required reports in a timely manner would result in a sanction, consistent with other reporting requirements. Current MCO reports on medical costs PMPM could be starting point for discussions with Contractor regarding report formats and detail.	3	QY		Quarterly delivery of report	\$2,500/quarter	C	All
Dashboard Report	Dashboard Report	Report for senior management of Department and ASO summarizing across all required reports all key trends, issues, or achievements that management should address or consider.	1	M		Monitor	N/A	C	All
Data Files	Eligibility File	Contractor shall build and update an eligibility file	1	N/A	See Note 5 (on tabs below)	Standard	\$5,000Qt	C	All
Data Files	Provider File	Contractor shall build and maintain a comprehensive provider file.	1	N/A	See Note 6 (on tabs)	Standard	\$5,000QT	C	All
Finance	Audited Financials	The Contractor shall submit to the Department a final reconciliation of the payments received by Contractor against actual expenditures as reported in the audited financial statements for each contract year, no later than may 31 of the year following the contract year. Other agreed upon procedures may be required to be submitted by the Contractor.	1	A (4/15)		Monitor	2,500 per day lat	C	All
Finance	Budget to Actual Report	The Contractor shall produce a budget to actual report within 45 days of the close of each quarter showing line item expenditures against the quarterly and annual contract maximum in the budget format established in Exhibit E.	1	QY		Monitor	2,500 per day lat	C	All
Health Measure	ADHD medication follow up	% of children newly prescribed ADHD meds. With at least 3 follow up visits in 10 month period - 1 w/in 30 days.	4	A (6/15)		See Exhibit A	See Exhibit A	C	A,B
Health Measure	Adolescent Well-Care Visits	% of 12-21 yr olds with at least 1 comprehensive well care visit with a PCP or OB/GYN practitioner	4	A (6/15)		See Exhibit A	See Exhibit A	C	A,B

EXHIBIT E REPORTING MATRIX

Report Type	Report Name	Description of Report	Report Breakout	Data Reporting Frequency	Measure	Perf. Stand. tied to a Sanction or Target tied to Withhold	Penalty for Sanction or % of Withhold	Generation of Report (State or Contractor)	Populations Included
Health Measure	Adult BMI	Percentage of 18-74 yr olds who had an outpatient visit and who had their BMI documented during the measurement year or the year prior	4	A (6/15)		Monitoring indicator 1st year	Monitoring indicator 1st year	C	A,B,C
Health Measure	Adult Preventive Care	% members 20 yrs or older who had an ambulatory or prev. care visit (3 age stratifications)	4	A (6/15)		See Exhibit A	See Exhibit A	C	All
Health Measure	Adults with acute bronchitis	% of 18-64 yr olds diagnosed with acute bronchitis and not dispensed an antibiotic	4	A (6/15)		See Exhibit A	See Exhibit A	C	All
Health Measure	Ambulatory Care	Utilization of outpatient visits and ED visits (with extra age break out for CHIPRA)	4	A (6/15)		See Exhibit A	See Exhibit A	C	All
Health Measure	Annual Pediatric HbA1c	Percentage of pediatric patients with diabetes with a hemoglobin A1c test in a 12-month measurement period.	4	A (6/15)		Monitoring indicator 1st year	Monitoring indicator 1st year	C	A,B
Health Measure	Antibiotic utilization	oupt. utilization of antibiotic prescriptions by age, gender, total days, total scripts	4	A (6/15)		Monitoring indicator 1st year	Monitoring indicator 1st year	C	All
Health Measure	Anti-Depressant Med Management	Percentage of 18 yrs and older who were diagnosed w/ a new episode of major depression and treated w/ antidepressant medication and who remained on med. Treatment.	4	A (6/15)		Monitoring indicator 1st year	Monitoring indicator 1st year	C	All
Health Measure	Anti-rheumatic drug therapy	% of 18 yr olds and older diagnosed with rheumatoid arthritis & dispensed at least 1 ambulatory script for disease-modifying anti-rheumatic drug therapy	4	A (6/15)		See Exhibit A	See Exhibit A	C	All
Health Measure	Appropriate Testing for Children with Pharyngitis	percentage of 2-18 yr olds who were diagnosed w/ pharyngitis, dispensed and antibiotic and received a group A strep test for the episode.	4	A (6/15)		Monitoring indicator 1st year	Monitoring indicator 1st year	C	A,B
Health Measure	Aspirin use and Discussion	CAHPS Survey	4	A (6/15)		Monitoring indicator 1st year	Monitoring indicator 1st year	C	All
Health Measure	Asthma Emergency Room	Annual number of asthma patients >1 asthma related emergency visit.	4	A (6/15)		See Exhibit A	See Exhibit A	C	A,B
Health Measure	Asthma medications	% of members 5-64 yrs. having persistent asthma & who were appropriately prescribed meds. (4 age stratifications)	4	A (6/15)		See Exhibit A	See Exhibit A	C	All
Health Measure	Asthma Readmission	Readmission within 30 days of discharge	4	A (6/15)		See Exhibit A	See Exhibit A	C	All
Health Measure	Beta-blocker treatment	% members 18 yrs and older who were hospitalized and discharged alive 7/1 of yr prior to 6/30 of measurement yr with diagnosis of AMI and received persistent beta-blocker treatment	4	A (6/15)		See Exhibit A	See Exhibit A	C	All
Health Measure	Birth weight	% of live births weighing less than 2,500 grams	4	A (6/15)		Monitoring indicator 1st year	Monitoring indicator 1st year	S (DPH is source)	A,B
Health Measure	Breast Cancer Screens	% of women 40-69 who had a mammogram to screen for breast cancer. (2 age stratifications)	4	A (6/15)		See Exhibit A	See Exhibit A	C	All

EXHIBIT E REPORTING MATRIX

Report Type	Report Name	Description of Report	Report Breakout	Data Reporting Frequency	Measure	Perf. Stand. tied to a Sanction or Target tied to Withhold	Penalty for Sanction or % of Withhold	Generation of Report (State or Contractor)	Populations Included
Health Measure	Cervical Cancer Screens	% of women 21-64 years who received Pap test to screen for cancer.	4	A (6/15)		See Exhibit A	See Exhibit A	C	A,B,C,D
Health Measure	Cesarean rate for multiparous singleton vertex	Percentage of women who had a cesarean section among women with first live singleton births [also known as multiparous term singleton vertex (NTSY) births] at 37 and 39 weeks (two separate %) of cesation or later.	4	A (6/15)		Monitoring indicator 1st year	Monitoring indicator 1st year	C	All
Health Measure	Cesarean Sections (Total number of)	Number of C-Sections and total number of vaginal deliveries (1 delivery regardless of # of babies delivered)	4	QY		Monitoring indicator 1st year	Monitoring indicator 1st year	C	All
Health Measure	Children w/ upper respiratory infections	% 3mos - 18 yrs olds diagnosed with upper respiratory infection & not dispensed antibiotics	4	A (6/15)		See Exhibit A	See Exhibit A	C	AB
Health Measure	Children & Adol. Access to Primary Care	% of members 12 mos. - 19 yrs. who had a visit with a PCP. (4 age stratifications)	4	A (6/15)		See Exhibit A	See Exhibit A	C	AB
Health Measure	Chlamydia - FEMALE	% of women 16-24 identified as sexually active, and who had a test for Chlamydia (2 age stratifications)	4	A (6/15)		See Exhibit A	See Exhibit A	C	All
Health Measure	Chlamydia - MALE	There is no HEDIS measure for males. Follow ages used in HEDIS measure for women (Non-HEDIS)	4	A (6/15)		See Exhibit A	See Exhibit A	C	All
Health Measure	Cholesterol Management for Patients with Cardiovascular Conditions	Percentage of 18-75 yr olds discharged alive for AMI, coronary artery bypass graft or percutaneous coronary interventions the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease during the year or year prior, who had LDL-screening and control during the year	4	A (6/15)		Monitoring indicator 1st year	Monitoring indicator 1st year	C	A,B,C,D
Health Measure	Cholesterol Management for Patients with Cardiovascular Conditions	(18-75)Cholesterol Management for Patients with Cardiovascular Conditions	4	A (6/15)		Monitoring indicator 1st year	Monitoring indicator 1st year	C	A,B,C,D
Health Measure	CRIS (immunization database at DPH)	Calculate the % of children fully immunized by age 2. DPH sends HEDIS rates to DSS.	4	A (6/15)		Monitoring indicator 1st year	Monitoring indicator 1st year	C/DPH (currently DSS/DPH)	A,B
Health Measure	Comprehensive Diabetes Care	% of members 18-75 yrs. with diabetes; included retinal exams, HbA1C, LDL-C & medical attention for nephropathy, and blood pressure	4	A (6/15)		See Exhibit A	See Exhibit A	C	A,B,C,D
Health Measure	Controlling High Blood Pressure	Percentage of members 18-85 w/ diagnosis of hypertension and hose BP was adequately controlled during the year.	4	A (6/15)		Monitoring indicator 1st year	Monitoring indicator 1st year	C	A,B,C,D
Health Measure	Developmental Screening	We could continue with our measure or use the more tightly defined CHIPRA measure	4	A (6/15)		Monitoring indicator 1st year	Monitoring indicator 1st year	C	A,B

EXHIBIT E REPORTING MATRIX

Report Type	Report Name	Description of Report	Report Breakout	Data Reporting Frequency	Measure	Perf. Stand. tied to a Sanction or Target tied to Withhold	Penalty for Sanction or % of Withhold	Generation of Report (State or Contractor)	Populations Included
Health Measure	EPSTD Screening Ratio, Participation Ratio - CMS 416	Children's participation and screening ratio for well care, dental utilization and lead screenings (NON-HEDIS)	4	A (4/01)		Monitoring indicator 1st year	Monitoring indicator 1st year	C (DSS currently does this)	A,B
Health Measure	Fetal deaths	Number of single live births, non live births and multiple births (twins =2, triples=3 etc.)	4	QY		Monitoring indicator 1st year	Monitoring indicator 1st year	C	A,B
Health Measure	Follow-up after Hospitalization for Mental Illness	Percentage of discharges for members 6 yrs and older who were hospitalized for treatment of selected MH disorders and who had outpatient visit, an intensive outpatient encounter or partial hospitalization w/ a MH practitioner	4	A (6/15)		Monitoring indicator 1st year	Monitoring indicator 1st year	C	All
Health Measure	Frequency of selected procedures	utilization of freq. performed procedures per 1000 member months: CABG tonsillectomy, back surgery, mastectomy, knee or hip replacement, carotid endarterectomy etc.	4	A (6/15)		See Exhibit A	See Exhibit A	C	All
Health Measure	Gonorrhea	By gender, follow specs for Chlamydia	4	A (6/15)		See Exhibit A	See Exhibit A	C	All
Health Measure	HPV Vaccine	The percentage of female adolescents 13 years of age who had three doses of the HPV vaccine	4	A (6/15)		Monitoring indicator 1st year	Monitoring indicator 1st year	C	A,B
Health Measure	Identification of alcohol & other drug services	number and % of members with alcohol & drug claims who rec'd chemical dependency services: any, inpatient, intensive outpatient or partial hosp., outpatient or ED (although not an ASO managed service, we are proposing to include this HEDIS measure in ASO score)	4	A (6/15)		Monitoring indicator 1st year	Monitoring indicator 1st year	C	All
Health Measure	Immunizations for Adolescents	% 13 yr olds with specific vaccines	4	A (6/15)		See Exhibit A	See Exhibit A	C	A,B
Health Measure	Initiation & engagement of Alcohol & other drug dependence treatment	Percentage of adolescent & adult members w/ a new episode of alcohol or other drug dependence (AOD) who received the following: 1) initiation of AOD treatment via inpt, outpt, intensive outpt, or partial hosp. w/in 14 days of diagnosis, 2) initiated treatment & had 2 or more additional services w/in 30 days of diagnosis	4	A (6/15)		Monitoring indicator 1st year	Monitoring indicator 1st year	C	All
Health Measure	Inpatient Utilization	Utilization of acute inpatient services: total inpatient, medicine, surgery, & maternity - discharges per 1,000 MM, ALOS, days per 1,000MM	4	A (6/15)		Monitoring indicator 1st year	Monitoring indicator 1st year	C	All
Health Measure	Lead	% of 2 yr olds w/ 1 or more blood tests as specified	4	A (6/15)		See Exhibit A	See Exhibit A	C	A,B
Health Measure	Low back pain	% of members (18 - 50 yrs.) with primary diagnosis of low back pain who did not have an imaging study within 28 days of diagnosis	4	A (6/15)		See Exhibit A	See Exhibit A	C	All
Health Measure	Med. Assistance with Smoking and Tobacco Cessation	CAPHS Survey	4	A (6/15)		Monitoring indicator 1st year	Monitoring indicator 1st year	C	All
Health Measure	Med. Management for People with asthma	Ages 5-64	4	A (6/15)		Monitoring indicator 1st year	Monitoring indicator 1st year	C	All

EXHIBIT E REPORTING MATRIX

Report Type	Report Name	Description of Report	Report Breakout	Data Reporting Frequency	Measure	Perf. Stand. tied to a Sanction or Target tied to Withhold	Penalty for Sanction or % of Withhold	Generation of Report (State or Contractor)	Populations Included
Health Measure	Mental Health Utilization	Number and percentage of members receiving: any service, inpatient, intensive outpt or partial hospitalization, outpatient or FID	4	A (6/15)		Monitoring indicator 1st year	Monitoring indicator 1st year	C	All
Health Measure	Neonatal intensive care unit admissions	NICU admissions per 100 births	4	A (6/15)		See Exhibit A	See Exhibit A	C	All
Health Measure	Ongoing Prenatal Care	% of deliveries that rec'd specified % of expected prenatal visits (5 groupings)	4	A (6/15)		See Exhibit A	See Exhibit A	C	A,B
Health Measure	Otitis media with effusion (OME) -	Otitis media with effusion (OME) - avoidance of inappropriate use of systemic antimicrobials in children - ages 2 through 12 Percentage of patients age 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials. (AMA - can complete using admin data - CPT)	4	A (6/15)		Monitoring indicator 1st year	Monitoring indicator 1st year	C	A,B
Health Measure	Pediatric central-line associated blood stream infections	Central line-associated blood stream infections (CLABSI) identified during periods selected for surveillance as a function of the number of central line catheter days selected for surveillance in pediatric and neonatal intensive.(CDC - medical records, data are collected by hospital infection control staff)	4	A (6/15)		Monitoring indicator 1st year	Monitoring indicator 1st year	C	A,B
Health Measure	Persistent medications	% of 18yrs and older rec'd at least 180 treatment days of ambulatory medication therapy for select agents during yr & at least 1 therapeutic monitoring event (ARB< digoxin, diuretics, anticonvulsants)	4	A (6/15)		See Exhibit A	See Exhibit A	C	All
Health Measure	Pharmacotherapy of COPD exacerbation	% of COPD exacerbations for 40 yr olds or older, with acute inpatient discharge or ED 1/1 to 11/30 and were dispensed appropriate meds.	4	A (6/15)		See Exhibit A	See Exhibit A	C	All
Health Measure	Prenatal & Postpartum care	% of deliveries of live births, that rec'd care in first trimester / 42 days of enrollment, % w/ timely postpartum visit	4	A (6/15)		See Exhibit A	See Exhibit A	C	A,B
Health Measure	Readmission rates	Readmission for same or similar diagnosis within 30 days of discharge.	4	A (6/15)		See Exhibit A	See Exhibit A	C	All
Health Measure	Readmission Reasons	Tracks reasons for hospital readmissions with plans and adjusts rates based on past co-morbidities, primary discharge conditions, presence of major surgery, age and gender.	4	A (6/15)		Monitoring indicator 1st year	Monitoring indicator 1st year	C	All
Health Measure	Relative resource use for people with asthma	Relative Resource Use (RRU) measures are a standardized approach to measuring relative resource use.	4	A (6/15)		Monitoring indicator 1st year	Monitoring indicator 1st year	C	A,B,C,D
Health Measure	Relative resource use for people with cardiovascular conditions	Relative Resource Use (RRU) measures are a standardized approach to measuring relative resource use.	4	A (6/15)		Monitoring indicator 1st year	Monitoring indicator 1st year	C	A,B,C,D

EXHIBIT E REPORTING MATRIX

Report Type	Report Name	Description of Report	Report Breakout	Data Reporting Frequency	Measure	Perf. Stand. tied to a Sanction or Target tied to Withhold	Penalty for Sanction or % of Withhold	Generation of Report (State or Contractor)	Populations Included
Health Measure	Relative resource use for people with COPD	Relative Resource Use (RRU) measures are a standardized approach to measuring relative resource use.	4	A (6/15)		Monitoring indicator 1st year	Monitoring indicator 1st year	C	A,B,C,D
Health Measure	Relative resource use for people with diabetes	Relative Resource Use (RRU) measures are a standardized approach to measuring relative resource use.	4	A (6/15)		Monitoring indicator 1st year	Monitoring indicator 1st year	C	A,B,C,D
Health Measure	Relative resource use for people with hypertension	Relative Resource Use (RRU) measures are a standardized approach to measuring relative resource use.	4	A (6/15)		Monitoring indicator 1st year	Monitoring indicator 1st year	C	A,B,C,D
Health Measure	Use of Sphrometry in the Assessment and Diagnosis of COPD	Percentage of members 40 and older with new diagnosis or newly active COPD who received sphrometry testing to confirm diagnosis.	4	A (6/15)		See Exhibit A	See Exhibit A	C	All
Health Measure	Weeks of pregnancy at time of enrollment	% of women who delivered a live birth during the measurement yr and wks pregnant at time of enrollment to the organization	4	A (6/15)		Monitoring indicator 1st year	Monitoring indicator 1st year	C	A,B
Health Measure	Weight Assessment and Counseling for Nutrition and Physical Activity Children/Adolescents	Percentage of 3-17 yr olds who had an outpatient visit w/ a PCP or OB/GYN and who had evidence of BMI documented, counseling for nutrition and counseling for physical activity during the measurement year	4	A (6/15)		Monitoring indicator 1st year	Monitoring indicator 1st year	C	A,B
Health Measure	Well child - first 15mos. Of life	% of members who turned 15mos. during yr & total # of well child visits they had	4	A (6/15)		See Exhibit A	See Exhibit A	C	A,B
Health Measure	Well-child visit (3rd-6th yr of life)	% of 3-6 yr olds with 1 or more well child visits w/ PCP	4	A (6/15)		See Exhibit A	See Exhibit A	C	A,B
Intensive Care Management	Client Stress Level	Assess client stress level (using tools such as the Social Readjustment Rating Scale) on enrollment into ICM and every six months thereafter.	3,2	Q		Monitor	N/A	C	All
Intensive Care Management	ED Visits	Decrease in ED visits over 1 year period, with methodology to be mutually agreed upon by the Department and Contractor.	3,2	Q		Monitor	N/A	C	All
Intensive Care Management	Medication Reconciliation	Percentage of ICM clients with completed medication reconciliation	3,2	Q		Monitor	N/A	C	All
Intensive Care Management	ICM Enrollment Activity	Number enrolled at the beginning of the reporting period; number added; number disenrolled; number enrolled as of last day of the reporting period. (By Indication)	3,2	Q		Monitor	N/A	C	All
Intensive Care Management	ICM Care Plan Provider Collaboration	Number and percent of care plans reviewed with primary provider and signed off by primary provider	3,2	Q		Monitor	N/A	C	All
Intensive Care Management	ICM Enrollment Tenure	Percent with enrollment tenure of greater than 6 months; greater than 12 months; greater than 18 months	3,2	Q		Monitor	N/A	C	All

EXHIBIT E REPORTING MATRIX

Report Type	Report Name	Description of Report	Report Breakout	Data Reporting Frequency	Measure	Perf. Stand. Sanction or Target tied to Withhold	Penalty for Sanction or Withhold % of	Generation of Report (State or Contractor)	Populations Included
Intensive Care Management	BH Co-management	Number identified with behavioral-medical co-morbidity for co-management by ASOs BH/Med co management unit, including number enrolled at the beginning of the reporting period; number added; number disenrolled; number enrolled as of last day of the reporting period	3,2	Q		Monitor	N/A	C	All
Intensive Care Management	ICM Assessment and Care Plan	Number and percent with care plans (short and long term goals) developed within 2 weeks of initial assessment	3,2	Q		Monitor	N/A	C	All
Intensive Care Management	Functional Status Improvement	# of ICM clients receiving Functional Status Assessment at baseline, every six months during program participation.	3,2	Q		Monitor	N/A	C	All
Transitional Care Management and Referrals	Inpatient Discharge Report	Number and percent of discharges from inpatient with follow-up phone contact	3,2	Q		Monitor	N/A	C	All
Transitional Care Management and Referrals	BHP Referral	Number of referrals to BHP	3,2	Q		Monitor	N/A	C	All
Transitional Care Management and Referrals	BHP Referral	Number of referrals from BHP	3,2	Q		Monitor	N/A	C	All
Transitional Care Management and Referrals	Medication Reconciliation	Percentage of Transitional Care Management clients with completed medication reconciliation	3,2	Q		Monitor	N/A	C	All
NOA/ Denials	Denial Detail Report	Individual record of every medical necessity denial coded by type and by reason	1	MQ		Monitor	N/A	C	All
NOA/ Denials	Denial to Hearings Report	Report reflects the # of PAs requested, # denied, # proceeding to hearing and the outcome of the internal review & the hearing	1	SA		Monitor	N/A	C	All
NOA/ Denials	Percent and number of NOAs and Denials issued within 3 days	The number and percentage of NOAs and Denials that were issued within three days of the decision (U.2.9). NOAs and Denials reported separately.	1	MOY	100% within 3 days	Standard	\$2000/Q	C	All
NOA/ Denials	Reduction Summary Report ****	Report will include all service requests that did not meet medical necessity requirements and for which authorization was provided for a reduced level of care. This report shall be broken out by level of care requested and the resulting level of care that was authorized	2	MOY		Monitor	N/A	C	All

EXHIBIT E REPORTING MATRIX

Report Type	Report Name	Description of Report	Report Breakout	Data Reporting Frequency	Measure	Perf. Stand. tied to a Sanction or Target tied to Withhold	Penalty for Sanction or % of Withhold	Generation of Report (State or Contractor)	Populations Included
NOA/ Denials	Total Number of Administrative Denials Issued	This report reflects the number of administrative Denials issued within the designated reporting period. The report is broken by Adult/Child cases, and Levels of care based on the type of Denial issued. This version contains only administrative denials. Quarterly totals and YTD totals also include a count of Denials per 1000.	2	MQ		Monitor	NA	C	All
NOA/ Denials	Total Number of NOAs and Denials issued	This report reflects the number of NOAs and Denials issued for lack of Medical Necessity or coverage within the designated reporting period. The report is broken by Adult/Child cases, and Levels of care based on the type of NOA/Denial issued. This version does not contain administrative denials. Quarterly totals and YTD totals also include a count of NOAs/Denials per 1000.	2	MQ		Monitor	NA	C	All
PCMH Adult Measure	Behavioral Health	Adults with initial new psychiatric condition per PCP claim with medication order and evidence of office follow up.	1	A (6/15)		Monitor	NA	C	All
PCMH Adult Measure	CAHPS	PCMH CAHPS tool with supplemental questions administered to PCMH and PCP members and sufficient to compare performance of individual PCMH providers with other PCMH providers and broader PCP network	1			Monitor	NA	C	All
PCMH Adult Measure	ED Visits	Adults age 21-75 who utilized the Emergency Department three or more times in a six month period during the measurement period	1	A (6/15)		Monitor	NA	C	All
PCMH Adult Measure	Post-Admission Follow-up	Adults age 21-75 with inpatient admissions with a claim for post-admission follow-up within seven days of the inpatient discharge.	1	A (6/15)		Monitor	NA	C	All
PCMH Adult Measure	Vascular Disease	Adults age 18-75 who were discharged alive for AMI, coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) of the year prior to the measurement period or who had a diagnosis of ischemic vascular disease (IVD) during the measurement period and the year prior to the measurement period who had an LDL-C test performed during the measurement period.	1	A (6/15)		Monitor	NA	C	All
PCMH Adult Measures	Diabetes	Adults age 18-75 with a diagnosis of Type I or Type II diabetes who had at least one LDL-C screening during the measurement period.	1	A (6/15)		Monitor	NA	C	All

**EXHIBIT E
REPORTING MATRIX**

Report Type	Report Name	Description of Report	Report Breakout	Data Reporting Frequency	Measure	Perf. Stand. tied to a Sanction or Target tied to Withhold	Penalty for Sanction or % of Withhold	Generation of Report (State or Contractor)	Populations Included
PCMH Adult Measures	Diabetes	Adults age 18-75 with a diagnosis of Type I or Type II diabetes who received at least one eye screening for diabetic retinal disease: either one retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) during the measurement year or, a negative retinal exam (no evidence of retinopathy) by an eye care professional during the measurement year or in the year prior to the measurement year	1	A (6/15)		Monitor	NA	C	All
PCMH Adult/Pediatric Measure	Asthma medications	Members 5-50 years of age during the measurement period who were identified as having persistent asthma and were appropriately prescribed medication for a prescription that was filled during the measurement period	1	A (6/15)		Monitor	NA	C	All
PCMH Pediatric Measures	Dental	Successful connection of children to dental services including children age 2-21 years of age who had at least one dental visit during the measurement period with a separate report for children under age 3.	1	A		Monitor	NA	C	All
PCMH Pediatric Measures	Developmental Screening	The delivery of a developmental screening with a formal tool at 9, 18 and 24 month well child visits	1	A		Monitor	NA	C	All
PCMH Pediatric Measures	Doctor Visits	Well care visits during the measurement period including 6 or more well-child visits with a PCP in the first 15 months of life, one or more well child visits with a PCP in the third, fourth, fifth and sixth years of life and one or more adolescent well care visits with a PCP or an OB/GYN practitioner for children 12-21 years of age.	1	A		Monitor	NA	C	All
PCMH Pediatric Measures	ED Visits	ED visits for children 0-21 years of age with asthma diagnosis on the ED claim	1	A		Monitor	NA	C	All

EXHIBIT E REPORTING MATRIX

Report Type	Report Name	Description of Report	Report Breakout	Data Reporting Frequency	Measure	Perf. Stand. tied to a Sanction or Target tied to Withhold	Penalty for Sanction or % of Withhold	Generation of Report (State or Contractor)	Populations Included
PCMH Pediatric Measures	ED Visits	Children from birth to 21 years of age who utilized the Emergency Department three or more times in a six month period during the measurement year.	1	A		Monitor	NA	C	All
QM	Complaints broken out by reason code.	Complaints received YTD by complaint reason and received month. Broken down by provider vs. member. Summarized Complaints received year-to-date by Complaint Reason and received month.	2	MQ		Monitor	N/A	C	All
QM	Complaints Meeting Turnaround Time (TAT) and Average Amount of Time to Resolve Complaints (in Days) by Quarter	Total number of provider and member complaints received and the percent that were responded to appropriately within 30 days or 45 days with an extension requested. Broken out by provider and member. Second part reflects average time taken to respond to complaints. This report summarizes unduplicated complaints processed within the time period. In addition, it indicates the number of complaints received monthly and year to date and breaks out by the caller category. The reports reflects total number of provider and member complaints resolved and the percent that were resolved within the time frame of 30, 45 and over 45 days. This report also identifies the average amount of time taken to resolve complaints (measured in days). This report indicates the number of complaints that remain open at the end of the time period. (Current) indicates the number of complaints that remain open at the time of the report run date.	2	M	90%	Standard	\$2000/ Quarter	C	All
QM	Critical Incident Reporting	Total number of cases and incident type. Broken out by provider, incident type, summary of incident, action taken and outcome of action.	2	A		Monitor	N/A	C	All
Satisfaction	Brief Member Services Survey	Brief phone interview with random sample of 400-500 members who contacted the ASO's call center for assistance (N.5.2.1.3)	1	A (6/15)		Target	See Target 3	S	All
Satisfaction	CAHPS	Customer satisfaction survey (includes questions for adult, child and chronic child) - Statewide	1	A (6/15)		Monitor	TBD	C	All
Satisfaction	Provider Satisfaction Survey	Survey that examines provider's satisfaction with the Contractor's services and other administrative services provided by the state or its agents including but not limited to authorization procedures, courtesy and professionalism, network management services, provider appeals, provider education, referral assistance, coordination, claims processing as administered by the Department's MMIS) and overall administrative burden (see N.6.1)	1	A (4/30)		Target	See Target 1	C	All

**EXHIBIT E
REPORTING MATRIX**

Report Type	Report Name	Description of Report	Report Breakout	Data Reporting Frequency	Measure	Perf. Stand. Sanction or Target tied to Withhold	Penalty for Sanction or % of Withhold	Generation of Report (State or Contractor)	Populations Included
UM	Bypass Program	Reports that enable the monitoring of the bypass program; allows review of performance of each participating and non-participating provider such as average length of stay and performance on quality metrics (if applicable) in comparison with overall performance of providers statewide for the target level of care.	2	QA		Monitor	TBD	C	All
UM	Consistency of UM Decision Making among Contractor Staff	Include total number of clinical staff being tested (including all clinicians making medical necessity decisions) and test score percentage. To report pass/fail, not specific scores.	1	QY		Monitor	N/A	C	All
UM	Utilization Statistics	Monthly auth-based utilization statistics by LOC with summary. Includes admissions, admissions/1000 member months, days/1000 member months, and average and Median LOS. Each program will be reported in a separate report. Monthly authorization-based utilization statistics by age group and level of care, with quarterly and year-to-date subtotals.	3,2	QY*		Monitor	TBD	C	All
UM	Inpatient Daily Census Report	A listing of all members in 24-hour care sortable by: name, ID, facility, facility type, local area, date of admission, length of stay, DX, DCF identifier, gender, race/ethnicity, provider, and program ID. This is a Census Report.	1	D		Monitor	N/A	C	All