

APPENDIX E-1

PROGRAM REPORTING REQUIREMENTS

This Appendix summarizes the programmatic reporting requirements described in the Contract. In accordance with **Section 11.1.B** and **Section 11.2.B** of the Contract, the Contractor shall submit the report and corresponding Certification Checklist of all reports/submissions listed in **Appendix E** within the timelines specified herein.

For reports that have a performance target, the Contractor shall complete a narrative that includes the results, an explanation as to how the Contractor met the target or why it did not meet the target, and the steps the Contractor is taking to improve performance going forward.

The Contractor shall provide all reports in the form and format specified by EOHHS and shall participate with EOHHS in the development of detailed specifications for these reports. These specifications shall include benchmarks and targets for all reports, as appropriate. Targets shall be changed to reflect improvement in standards over time.

All exhibits referenced herein pertain to **Appendix E**, unless otherwise noted. Such exhibits set forth the form and format the Contractor shall use for each report. These exhibits shall be provided to the Contractor and may be updated by EOHHS from time to time, without a Contract amendment. EOHHS shall notify the Contractor of any updates to the exhibits.

The Contractor shall prepare and submit to EOHHS the reports described in this Appendix, as well as ad hoc reports that may be requested by EOHHS. General requirements for report submissions, including instructions on formatting and data handling, are set forth in **Section 11** of the Contract. In the event of any inconsistency between the descriptions in this Appendix and the provisions in the Contract, the Contract controls.

Reporting Timetables

The Contractor shall provide reports to EOHHS according to the following timetable, unless otherwise specified or approved by EOHHS. All references to “annual” or “year-to-date” reports or data refer to the Contract Year, unless otherwise specified.

Reportable Adverse Incidents – Use secure e-mail system to send Reportable Adverse Incident reports to EOHHS by 5:00 p.m. (Eastern Time) on the same day that the Contractor receives Reportable Adverse Incident notification by 3:00 p.m. on a business day, in accordance with the established protocol. Submit Reportable Adverse Incident reports to EOHHS by the next business day if the Contractor receives Reportable Adverse Incident notification after 3:00 p.m. or on a non-business day, in accordance with the established protocol, unless otherwise approved by EOHHS.

Daily Reports – no later than 5:00 p.m. on the next business day following the day reported.

Weekly Reports – no later than 5:00 p.m. the next business day following the week reported.

Monthly Reports – no later than 5:00 p.m. on the 20th day of the month immediately following the month reported for non-Claims-based reports; Claims-based reports will allow for a 90-day Claims lag. If the 20th of the month falls on a non-business day, the reports will be due on the next business day. Monthly reports due October 20, January 20, April 20, and July 20 may be submitted with quarterly reports.

Quarterly Reports – no later than 5:00 p.m. on the 30th day of the month following the end of the quarter reported, for non-Claims-based reports, i.e., October 30, January 30, April 30, and July 30; or, if the 30th of the month falls on a non-business day, the next business day. Quarterly reports due January 30 and July 30 may be submitted with semiannual reports. Claims-based reports shall allow for a 90-day Claims lag and report time, so that, for example, reports due on October 30th will present data for service dates for the quarter from April-June.

Semiannual Reports – no later than 5:00 p.m. on the 30th day following the end of the semiannual period reported, for non-Claims-based reports, i.e., January 30 and July 30; or, if the 30th of the month falls on a non-business day, the next business day. Semiannual reports due July 30 may be submitted with annual reports. Claims-based reports shall allow for a 90-day Claims lag, so that, for example, the report due on January 30th will present data through September 30th.

Annual Reports – no later than 5:00 p.m. on August 15 or, if August 15 falls on a non-business day, the next business day. Claims-based annual reports will allow for a 90-day Claims lag, so data due on August 15th will be for Claims no later than April.

One-time, Periodic, and Ad Hoc Reports – no later than the time stated, or as directed by EOHHS.

Reportable Adverse Incidents

1. BEHAVIORAL HEALTH REPORTABLE ADVERSE INCIDENTS AND ROSTER OF REPORTABLE ADVERSE INCIDENTS – DAILY INCIDENT DELIVERY REPORT – BH-01

Report of Reportable Adverse Incidents that comes to the attention of the Contractor.

One-time, Periodic and Ad Hoc Reports

2. AUTHORIZATION REPORTS FOR CBHI SERVICES – BH-N/A

Summary report of authorizations units of services requested, approved and denied for CBHI Services.

Daily Reports

3. DEPARTMENT OF MENTAL HEALTH (DMH) DAILY ADMISSIONS – BH-17

Report of DMH Clients who were admitted to Behavioral Health 24-hour Level-of-Care services. (Report provided to DMH.)

Weekly Reports

4. INPATIENT CASES AWAITING RESOLUTION AND DISCHARGE (CARD) CENSUS REPORT – BH-05

Report on:

- a. the Covered Individuals who do not meet the Inpatient or CBAT Services Level of Care criteria but remain in an inpatient setting awaiting discharge, or
- b. Enrollees who previously met one of these criteria and were discharged during the reporting month.

Monthly Reports

5. USE OF CANS DURING DIAGNOSTIC EVALUATIONS – BH-07

Report on paid Claims with CPT code 90791, with and without modifier HA, for Covered Individuals under age 21.

6. CBHI SERVICES PROVIDER MONITORING REPORTS – BH-N/A

- a. Provider access reports: Aggregated by Region and by service – including In-Home Therapy, Therapeutic Mentoring and In-Home Behavioral Services.
- b. Provider access reports: Provider-specific data on capacity, access and wait times for In-Home Therapy, Therapeutic Mentoring and In-Home Behavioral Services.
- c. CSA Monthly Provider-level report and CSA waitlist follow-up report, Provider-specific. (due on the 30th of each month)
- d. MCI Provider-level report on timeliness of encounter and location of Encounter.

7. CBHI COST AND UTILIZATION REPORTS – BH-10

Summary report of service utilization and costs for CBHI Services.

8. INTENSIVE CARE COORDINATION CLAIMS-BASED INDICATORS – BH-9

Summary report of all Behavioral Health Services received by those enrolled in Intensive Care Coordination Service.

9. CSA REPORTED AND AGGREGATED DATA – BH-N/A

CSA-reported data on referrals, discharges, enrollment and staffing, as described in CSA Operations Manual.

10. ESP UTILIZATION REPORT – BH-N/A

Report, utilizing the ESP Encounter form database.

11. INPATIENT CARD REPORT – BH-5

Aggregated summary report of Covered Individuals who do not meet the Inpatient Services Level of Care criteria but remain in an inpatient setting awaiting discharge.

12. PROVIDER CONCERNS REPORT – BH-N/A

Report of all concerns reported by Network Providers stratified by PCC Network Providers and MBHP Network Providers.

13. PCC PLAN MATERIALS INVENTORY REPORT – BH-N/A

Report of Member, PCC, and BH Network Provider health education materials inventory.

14. PCC AND BH NETWORKS SITE VISIT REPORT – BH-N/A

Report of PCC and BH Network site visits, which includes but is not limited by the requirements of **Section 5.2.C.2-3**.

15. PCC PLAN MANAGEMENT SUPPORT SERVICES REPORT – BH-N/A

Report of PCC Plan Management Support deliverables.

16. CARE MANAGEMENT REPORT – BH-N/A

Report of all Care Management, Integrated Care Management and Practice-Based Care Management, which includes but is not limited to the requirements found in **Section 5.3** and **Section 6** in a form and format to be determined by EOHHS and the Contractor.

17. PCPR PLAN ENROLLEES PER PARTICIPATING SITE – BH-N/A

Report of PCC Plan Enrollees attributed to each Participating Site as of the first of that month with Member name; MassHealth ID, Enrollment Start date and Enrollment End date.

Quarterly Reports

18. TELEPHONE STATISTICS – BH-19

Report including a separate section for clinical calls, Provider and Member services calls, and PCC Hotline calls that includes the number of calls, received, answered and abandoned, as well as the measures of Contract performance standards on calls answered within 30 seconds, and average speed of answer.

19. CANS COMPLIANCE: – BH-24

Summary report using CANS data from Virtual Gateway, match to Claims, and compliance rates in Outpatient, ICC, IHT, CBAT and Inpatient Services.

20. YOUTH MOBILE CRISIS REPORT FOR COVERED INDIVIDUALS USING ESP SYSTEM DATABASE – BH-25

- a. System-level mobile crisis report on quality indicators.
- b. Provider-level mobile crisis report by de-identified Providers.
- c. MCI length of episode report.

21. BEHAVIORAL HEALTH CLINICAL OPERATIONS/INPATIENT AND ACUTE SERVICE AUTHORIZATION, DIVERSIONS, MODIFICATION AND DENIAL REPORT – BH-13

Summary report on authorizations, diversions, modifications, and service denials of mental health inpatient services and substance use disorder acute services.

22. BEHAVIORAL HEALTH CLINICAL OPERATIONS/INPATIENT AND ACUTE SERVICE AUTHORIZATION, DIVERSIONS, MODIFICATION AND DENIAL REPORT – BH-13

Summary report on ABA authorizations, diversions, modifications, and service denials of mental health inpatient services and substance use disorder acute services.

23. PHARMACY RELATED ACTIVITIES REPORT BH-N/A

A report on pharmacy-related activities the Contractor has performed in support of the Contract, which includes but is not limited to the requirements found in **Section 4.4.A.3.b.**

24. BEHAVIORAL HEALTH UTILIZATION AND COST REPORT– BH-15

A summary of Behavioral Health costs and utilization.

25. CARE MANAGEMENT OUTCOME MEASURE REPORT – (RESERVED). BH-N/A

The specification of the report will be developed by the Contractor and EOHHS.

26. CLAIMS PROCESSING REPORT – BH-N/A

Behavioral Health Claims processed, paid, denied, and pending per month.

27. BH PROVIDER NETWORK ACCESS AND AVAILABILITY REPORTS: – BH-18

- a. Summary of significant changes in the Provider Network.
- b. BH Network geographic access.
- c. Use of out-of-Network Providers.
- d. Appointment time availability standards.

28. FORENSIC EVALUATIONS – BH-N/A

Report of forensic evaluations including but not limited to: calls for Designated Forensic Professionals, source of calls, geographic locations of the calls, and number of transfers under M.G.L. c. 123, § 18(a)

29. QUARTERLY FRAUD REFERRAL AND RESPONSE REPORT – BH-N/A

Report that includes a description of any new Provider fraud referrals the Contractor made during the period reported, as well as a summary of any trends in fraud and abuse, as well the amount of monies recovered, if any, during the previous quarter, from any Provider(s).

30. MASSACHUSETTS CHILD PSYCHIATRY ACCESS PROJECT REPORT- BH-N/A

- a. Report to EOHHS and DMH on participation of parents in Triple P (Positive Parenting Program) for the time period July 2015-December 2015, stratified by months and year to date;
- b. Report of MCPAP Providers, PCC enrollment in MCPAP, Encounters, outcomes, revenue and budget (**Section 4.5.H.**);
- c. Report on aggregate de-identified adolescent substance use Encounters by MCPAP Providers statewide (**Section 4.5.N.4**);
- d. Report of early childhood BH Encounters by MCPAP Providers statewide stratified by months and year to date (**Section 4.5.O.1**).

31. MOBILE CRISIS INTERVENTION/RUNAWAY ASSISTANCE PROGRAM (MCI/RAP) OUTCOME AND OUTPUT MEASURES REPORT – BH-N/A

A report on outcomes and outputs related to the MCI/RAP, which includes but is not limited to the requirements found in **Section 4.9.F**.

Semi-Annual Reports

32. PERFORMANCE DASHBOARD MANAGEMENT REPORT – (RESERVED)- BH-N/A

Report that includes requirements found in **Section 5.2.B**.

33. PCC PLAN MANAGEMENT ACTION PLAN DATABASE REPORT – (RESERVED)- BH-N/A

Report that includes requirements found in **Section 5.2.A.6**. The specification of the report will be developed by the Contractor and EOHHS.

34. FRAUD AND ABUSE ACTIVITY REPORT

Submit semiannual written reports on the Contractor's fraud and abuse activities.

35. BOH APPEALS REPORT – BH-N/A

A report that includes but is not limited to, for each category of Adverse Action, the number, nature, resolution and time frame for resolution of BOH Appeals, stratified by level of Appeal, Region, and Level of Care.

36. GRIEVANCE AND INTERNAL APPEALS REPORT – BH-22

A report on the number of Grievances and Internal Appeals, including the type of Grievance or Internal Appeal, type of resolution, and the timeframe for resolution.

37. COORDINATION OF BENEFITS/THIRD-PARTY LIABILITY REPORT – BH-N/A

Third-party health insurance cost avoidance Claims amount, by carrier

- a. Third-party health insurance total recovery savings, by carrier.

Annual Reports

38. NETWORK MANAGEMENT STRATEGIES REPORT – BH-N/A

A summary description of the Contractor's network management strategies and activities related to access, appropriateness of care, continuity of care, cost efficiency, and treatment outcomes; including an analysis of the effectiveness of the Contractor's strategies and activities; and the Contractor's plans for implementing new strategies or activities.

39. BEHAVIORAL HEALTH ADVERSE INCIDENT SUMMARY REPORT – BH-02

Summary report of Reportable Adverse Incidents.

40. BEHAVIORAL HEALTH AMBULATORY CONTINUING CARE RATE – BH-04

Report of Outpatient Services or non-24-hour Diversionary Services a Member receives after being discharged from a 24-hour Level of Care service.

41. BEHAVIORAL HEALTH READMISSION RATES REPORT – BH-03

Report of the number and rate of readmissions to 24-hour Level of Care within 7, 30, 60 and 90 days of discharge from a 24-hour Level of Care setting, stratified by type of service, DMH involvement, PCC Plan enrollment, and age.

42. PAY FOR PERFORMANCE INCENTIVE REPORTING – BH-N/A

Report on selected Pay-for-Performance measures, as defined in **Appendix G**.

43. SATISFACTION SURVEY SUMMARY – BH-N/A

Periodic reports as described in **Section 8.4** due within 60 calendar days following the end of the survey period, the results and analysis of the findings report of satisfaction survey conducted with Network Providers, PCCs, Covered Individuals.

44. MEDICAL RECORDS REVIEW REPORT –BH-11

Report that includes requirements found in **Section 8.9.A.2**, as will be developed by EOHHS and Contractor.

45. PCC PLAN MANAGEMENT SUPPORT SERVICES REPORT – BH-N/A

Summary report of PMSS activities and integration efforts for the previous Contract Year that includes efforts to enhance integration and PCC health delivery, goals, and results as required by but not limited to **Section 5.2.A.10**.

46. PCC COMPLIANCE WITH PCC PROVIDER AGREEMENT – (RESERVED) BH-N/A

Report of PCCs' compliance with the PCC Provider Agreement as required by but not limited to **Section 5.2.D.1**.

47. PROVIDER PREVENTABLE CONDITIONS – (RESERVED) BH-N/A

Report on Provider Preventable Conditions as required in **Section 10.14.F** and **Section 2.3.F**.

48. MASSACHUSETTS CHILD PSYCHIATRY ACCESS PROJECT REPORT BH-N/A

Final evaluation Report to EOHHS and DMH on Triple P (Positive Parenting Program);

- a. Report of MCPAP Providers, PCC enrollment in MCPAP, and Encounters, outcomes, revenue and budget (**Section 4.5.H.**);
- b. Report on aggregate de-identified adolescent substance use Encounters by MCPAP Providers statewide (**Section 4.5.N.4**);
- c. Report of early childhood BH Encounters by MCPAP Providers statewide stratified by months and year to date (**Section 4.5.O.1**).

49. MOBILE CRISIS INTERVENTION/RUNAWAY ASSISTANCE PROGRAM (MCI/RAP) OUTCOME AND OUTPUT MEASURES REPORT- BH-N/A

An annual summary report on outcomes and outputs related to the MCI/RAP which includes but is not limited to the requirements found in **Section 4.9.F**

50. PCC PLAN MANAGEMENT SUPPORT SERVICES TRAINING- BH-N/A

Summary of activities related to the approved plan for training and enhancing staff performance on all functions associated with the PCC Plan Management Support Services; and the results of training on staff performance.

51. PCC PLAN INTEGRATED CARE MANAGEMENT REPORT- BH-N/A

Summary annual report on all Care Management, Integrated Care Management Report, and Practice-Based Care Management which includes but is not limited to the requirements of **Section 5.3** and **Section 6.**”