

## Attachment 2:

### Waiver Assurances and Monitoring (WAM) Measures

The Monitoring Activity Areas (categories) fell into the following 14 major categories:

- MCO Staffing and Resources
- Enrollee and Provider Communications
- Grievances and Appeals
- Member Services and Outreach
- Provider Network Management
- Program Integrity
- Case Management, Care Coordination, & Service Planning
- Utilization Management Activities
- Availability and Accessibility of Covered Services
- Claims Processing Times
- CM to Participant Ratio LTSS Enrollees
- MCO Call Center Statistics
- Critical Incident Reporting
- Beneficiary Support System

Measures:

#### Monitoring Activity #6.a: MCO Staffing and Resources

- #6.a.1 HCBS Service Coordinator staffing ratio
- #6.a.2 Nursing Facility (NF) Service Coordinator staffing ratio
- #6.a.3 Percent of participant calls answered in 30 seconds
- #6.a.4 Percent of participant calls abandoned
- #6.a.5 Percent of HCBS clean claims adjudicated in 30 days of receipt
- #6.a.6 Percent of NF clean claims adjudicated in 30 days of receipt
- #6.a.7 Percent of Inpatient clean claims adjudicated in 30 days of receipt
- #6.a.8 Percent of Other clean claims adjudicated in 30 days of receipt

#### Monitoring Activity #6.b: Enrollee and Provider Communications

- #6.b.1 Total Requests for TTY/PA Relay/Videophone/Sign Language per 10,000 Participants
- #6.b.2 Total Number of Telephone Call Language Interpreter Requests Per 10,000 Participants
- #6.b.3 Total Number of In-Person Language Interpreter Requests Per 10,000 Participants
- #6.b.4 Total Requests for Translated/Alternative Format Material Requests Per 10,000 Participants
- #6.b.5 Complaints Related to Lack of or Ineffective Language Interpreters Per 10,000 Participants
- #6.b.6 Compliance Rate of Including All Required Elements within Provider Education and Training Plan
- #6.b.7 Percent of new HCBS Providers Trained within the MCO Network
- #6.b.8 Percent of MCO Customer Service Staff Trained On Disability, Cultural, and Linguistic Competency

#### Monitoring Activity #6.c: Grievances and Appeals

- #6.c.1 Total Complaints per 10,000 Participants
- #6.c.2 Total Grievances per 10,000 Participants
- #6.c.3 Percent of Complaint Reviews resolved within 30 calendar Days or less
- #6.c.4 Percent of 1<sup>st</sup> Level Complaints resolved within 30 calendar Days or less
- #6.c.5 Percent of 2<sup>nd</sup> Level Complaints resolved within 45 calendar Days or less

#6.c.6 Percent of 1<sup>st</sup> Level Grievances resolved within 30 calendar Days or less

Monitoring Activity #6.d: Member Services and Outreach

#6.d.1 Percent of participant calls answered in 30 seconds

#6.d.2 Percent of participant calls abandoned

#6.d.3 Calls Per 1000 Participants

#6.d.4 Percent of Newly Enrolled Participants Who Received In-Person New Participant Orientation

Monitoring Activity #6.e: Provider Network Management

#6.e.1 Total Number of HCBS Providers Enrolled at the End of Each Quarter Per 1000 HCBS Participants

#6.e.2 Complaints related to Lack of Providers, which includes being able to find in-network providers to deliver needed services and complaints related to participant's PCP or specialist not participating in CHC-MCO's network, per 10,000 participants

Monitoring Activity #6.f: Program Integrity

#6.f.1 Amount CHC-MCO Restitution Recouped

#6.f.2 Number of CHC Providers Under Review by the Bureau of Program Integrity

#6.f.3 Number of CHC-MCO Referrals to Bureau of Program Integrity

#6.f.4 Amount of front-end edit savings

Monitoring Activity #6.g: Case Management, Care Coordination, & Service Planning

#6.g.1 Percent of waiver participants with PCSPs adequate and appropriate for their needs, capabilities, and desired outcomes

#6.g.2 Percent of waiver participants with PCSPs reviewed before the waiver participant's annual review date

#6.g.3 Percent of waiver participants with PCSPs revised when warranted by a change in participant needs

#6.g.4 Percent of waiver participants who have received authorized services in the type, scope, amount, frequency and duration specified in the PCSP

#6.g.5 Percent of waiver participants whose records documented an opportunity was provided for choice of waiver services and providers

Monitoring Activity #6.h: Utilization Management Activities

#6.h.1 Percent of waiver participants who have received authorized services in the type, scope, amount, frequency and duration specified in the PCSP

#6.h.2 Percent of Pharmacy denial cases reviewed that were determined to be compliant

#6.h.3 Percent of physical health denial cases reviewed that were determined to be compliant

#6.h.4 Percent of HCBS denial cases reviewed that were determined to be compliant

Monitoring Activity #6.i: Availability and Accessibility of Covered Services

#6.i.1 Percent of home health, home health aide, and PAS services that could not be provided because the agency was unable to staff the service

#6.i.2 Percent of non-medical and medical transportation services that were not provided

#6.i.3 HCBS Providers Enrolled at the End of Each Quarter per 1000 HCBS Participants

#6.i.4 Complaints related to Lack of Providers, which includes being able to find in-network providers to deliver needed services and complaints related to participant's PCP or specialist not participating in CHC-MCO's network, per 10,000 participants

#6.i.5 Complaints related to a requested physical health item or service not covered by the CHC program per 10,000 participants

#6.i.6 Complaints related to a requested LTSS item or service not covered by the CHC program per 10,000 participants

Monitoring Activity #6.j: Claims Processing Times

#6.j.1 Percent of HCBS clean claims adjudicated in 30 days of receipt

- #6.j.2 Percent of NF clean claims adjudicated in 30 days of receipt
- #6.j.3 Percent of Inpatient clean claims adjudicated in 30 days of receipt
- #6.j.4 Percent of Other (Non-HCBS, Non-NF, and Non-Inpatient) clean claims adjudicated in 30 days of receipt
- #6.j.5 Percent of HCBS clean claims adjudicated within 45 days of Receipt
- #6.j.6 Percent of NF clean claims adjudicated within 45 days of Receipt
- #6.j.7 Percent of Inpatient clean claims adjudicated within 45 days of Receipt
- #6.j.8 Percent of Other (Non-HCBS, Non-NF, and Non-Inpatient) clean claims adjudicated within 45 days of Receipt
- #6.j.9 Percent of HCBS All Claims Adjudicated within 90 days of Receipt
- #6.j.10 Percent of NF All Claims Adjudicated within 90 days of Receipt
- #6.j.11 Percent of Inpatient All Claims Adjudicated within 90 days of Receipt
- #6.j.12 Percent of Other (Non-HCBS, Non-NF, and Non-Inpatient) All Claims Adjudicated within 90 days of Receipt

Monitoring Activity #6.k: Case Manager to Participant Ratio LTSS Enrollees

- #6.k.1 HCBS Service Coordinator staffing ratio
- #6.k.2 NF Service Coordinator staffing ratio

Monitoring Activity #6.l: MCO Call Center Statistics

- #6.l.1 Percent of participant calls answered in 30 seconds
- #6.l.2 Percent of participant calls abandoned
- #6.l.3 Calls Per 1000 Participants

Monitoring Activity #6.m: Critical Incident Reporting

- #6.m.1 Percent of unexplained deaths where appropriate follow-up or steps were taken
- #6.m.2 Percent of incidents for CHC waiver participants each month with more than 3 reported incidents within the past 12 months where results of trend analysis were addressed by the CHC-MCO
- #6.m.3 Percent of critical incidents reported within prescribed timeframe
- #6.m.4 Percent of critical incidents investigated within prescribed timeframe
- #6.m.5 Percent of critical incidents where either restraints or seclusion were used and appropriate follow up occurred by the CHC-MCO
- #6.m.6 Percent of CHC waiver participants who were informed of the reporting process for abuse, neglect and exploitation in initial and annual reviews

Monitoring Activity #6.n: Issues Identified and Reported to the Beneficiary Support System (BSS) Entity

- #6.n.1 Total complaints related to CHC-MCO staff failing to provide courteous service per 10,000
- #6.n.2 Total complaints related to CHC-MCO operations, including complaints and grievance procedures and prior authorization procedures per 10,000
- #6.n.3 Total Complaints per 10,000 Participants
- #6.n.4 Total Grievances per 10,000 Participants
- #6.n.5 Calls to OLTL Participant Line per 10,000 Participants
- #6.n.6 Quarterly contacts to BSS Entities per 10,000 participants
- #6.n.7 Types of assistance provided by BSS Entities