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| General Report Description | |
| QR-HA Hearings and Appeals | |
| Purpose | Monitor the number and timely resolution of provider and member requests for provider hearings, administrative reviews, member hearings, and member grievances during the reporting period. |
| **Format** | Excel template |
| Qualifications/ Definitions | This is a quarterly report to be submitted to OMPP by the last day of the month following the end of the reporting quarter. Please report both resolved and unresolved actions during this quarter. |
| QR-HA Data Elements | |
| **Item 1** | **Action Type** |
| Description | Indicate the action type. The acceptable action types will be: provider hearings, administrative reviews, provider appeal, member hearings and member appeals. |
| **Item 2** | **Tracking Number** |
| Description | Provide a unique tracking number for the action. The vendor may use the recipient identification number (RID) or prior authorization (PA) number but must use the same unique tracking number for this member throughout the administrative review and appeal process related to this specific issue. Limit the vendor-determined tracking number to 25 alpha/numeric characters. |
| **Item 3** | **Resolution Status** |
| Description | Identify the status of the action as of the last day of the reporting period using the following status descriptions: overturned, upheld, overturned by ALJ, appellant withdrew, pending, AR denied, and partial overturn. Member/provider must be notified of the decision prior to reporting the information to OMPP. |
| **Item 4** | **Date Received** |
| Description | Identify the date vendor received the request for an action. Enter date in MM/DD/YYYY format. |
| **Item 5** | **Resolution Date** |
| Description | Indicate the date the member/provider was notified of the decision. Enter date in MM/DD/YYYY format. |
| **Item 6** | **Number of Days to Resolution** |
| Description | Calculate the number of days to resolution for each action. To calculate take the difference between the date received and the resolution date. Please use calendar days for all action types except administrative reviews. Administrative reviews are calculated using business days. |

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| General Report Description | | |
| **QR-QMIP Quality Management and Improvement Work Plan – Annual Prospective Report, Evaluation Report, and Quarterly Updates** | | |
| **Purpose** | | The Quality Management and Improvement Work Plan (QMIP) report identifies the high-level primary work plan goals the PA vendor has set to address its strategy for improving the delivery of services to OMPP, providers and members.  The QMIP should be submitted prospectively for each year, with quarterly updates, along with a final evaluation of the prior year. (Annual Prospective, Evaluation, and Quarterly) |
| **Format** | | Excel template  Narrative may accompany the QMIP in the PA vendor’s choice of narrative format but must include required elements. |
| **Qualifications/ Definitions** | | QMIP Work Plan goals must be strategic or long-term in nature and the PA vendor must identify objective measurements for assessing improvement or determining success in meeting the stated goals. This report documents the planning, implementation, assessment and outcomes of these strategic goals.  OMPP allows and encourages the vendor to add new goals or modify its goals at any time during the calendar year.  **The PA vendor must submit its Prospective QMIP to OMPP by March 31st of each calendar year.** This report will effectively describe the goals set for the year, indicate the methods to analyze outcome data and describe the activities set to achieve the listed goals. The title of these high level goals (initiatives/activities) should readily tie to the required quarterly updates.    **Based off the Prospective QMIP, the PA vendor must provide quarterly progress updates related to the QMIP objectives and Quality Improvement Projects (QIPs) set for the year to be submitted the last day of the month following the end of each reporting quarter.** This is to be submitted utilizing the template provided.  **The PA vendor must review its Work Plan in its entirety and submit an annual Retrospective evaluation to OMPP by March 31st of each calendar year.** This narrative document must include the requirements described below.  **A Quality Improvement Project (QIP) must be submitted annually with the annual Prospective Work Plan.**  **Reporting Submission Example:**  March 31st – Prospective QMIP due  March 31st – Annual Evaluation of previous year’s QMIP due  April 30th, July 31st, October 31st, January 31st Quarterly QMIP Updates due  December 1st – Draft Prospective QMIP due for next year |
| **Annual Program Evaluation** | | |
| **Qualifications/**  **Description** | | This is an annual written evaluation of the work plan goals that includes:   * a description of completed and ongoing QI activities that address quality of service * trending of measures to assess performance the quality of service * analysis of the results of QI initiatives, including barrier analysis * evaluation of the overall effectiveness of the QI program.   Annual written evaluation document contents:   * The title of each QI program initiative described in the work plan * A description of each initiative * Major accomplishments * Issues and barriers that make objectives more difficult to achieve recommended interventions to overcome barriers and issues * An assessment of the degree to which yearly planned activities were completed * The extent to which yearly objectives were met   **Completed and ongoing QI activities**  The organization must annually evaluate its performance on planned QI activities described within its work plan.  **Quantitative analysis and trending of measures**  The organization should present the results of QI initiatives in measurable terms. To facilitate comparative analysis, the evaluation must include trended data using charts, graphs or tables for displaying this information. Trended data shows performance overtime compared with established performance thresholds.  **Barrier analysis**  The organization must also conduct a root cause analysis or barrier analysis to identify reasons when the organization's goals are not met. Analysis must include organization staff who have direct experience with the processes that have presented barriers to improvement.  **Overall effectiveness**  After giving careful consideration to its performance in all aspects of the QI program, the organization determines and describes the overall effectiveness of the QI program and determines whether to restructure or change. |
| **QMIP Data Elements** | | |
| **Item 1** | **Work Plan/ Activity #** | |
| Description | Associate in numerical sequence, an activity number to the related goal. | |
| Item 2 | **Scope and Population** | |
| Description | Provide a description of who is the expected population to be impacted by the implementation of the goal. | |
| Item 3 | **Functional Area** | |
| Description | Indicate the business area impacted by the work plan objective. | |
| Item 4 | **Planned Activity Name** | |
| Description | If the initiative or activity has a name, enter the name. If no name is specific to the initiative/program, enter “not applicable”. | |
| **Item 5** | **Goals/Measureable Objectives/Performance Metrics** | |
| Description | Enter the initiative’s goals, a brief description of the measurable objectives, related activities to achieve the goal, along with the metrics that will be tracked to measure the outcome of the goal. | |
| **Item 6** | **Person Responsible** | |
| Description | Provide the First and Last Name of the individual responsible for implementation of the goal. | |
| **Item 7** | **Data Source** | |
| **Description** | Describe the database and data sets that are utilized for goal implementation and tracking outcomes of the initiative. | |
| **Item 8** | **Data Collection Methodology** | |
| **Description** | Provide a brief description of the method(s) that will be used to populate outcome data. | |
| **Item 9** | **Reporting Frequency** | |
| **Description** | Describe the frequency that data will be analyzed for measuring progress toward goal. | |
| **Item 10** | **Results** | |
| **Description** | Provide an update on tasks related to each high-level, primary work plan goal and objective by quarter. The PA vendor should quantify the data in the Results column and provide narrative detail describing the activity (e.g., “Trained 10 executive staff members on the details of the program integrity plan for 2 hours,” versus “Trained staff”). When appropriate, list and describe the next steps to implement in order to meet the goals or objectives. | |

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| General Report Description | |
| **AN-Q1 Quality (Performance) Improvement Project (QIP)** | |
| **Purpose** | Describe specific Prior Authorization goals for improving services for OMPP, providers and members. |
| **Format** | PA vendor must use the provided template. See QMIP for report specifications. Review of the updated QIP form may be requested throughout the year by OMPP staff. |
| **Qualifications/ Definitions** | OMPP requires at least one Performance Improvement Project (PIPs) be conducted that address high priority clinical goals. |
| **AN-Q1 Data Elements** | |
| **Item 1** | **All Data Elements - QIPs** |
|  | See appendix for the instructions for development of the QIP. |

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| General Report Description | |
| **QR-KSV Key Staff Vacancy** | |
| **Purpose** | Confirm that the PA vendor is appropriately staffed when key staff vacancies occur. |
| **Format** | Excel template |
| **Qualifications/ Definitions** | This is a conditional report submitted quarterly and on an ad hoc basis if the PA vendor has vacancies for any of the positions listed below.  The PA vendor must submit this report to OMPP quarterly and shall immediately notify the State when a key staff vacancy occurs. The vendor shall provide the State with status update reports every 30 days on the progress of the replacement candidate recruiting process until a qualified candidate is hired. The PA vendor shall have in place a qualified replacement, accepted by the State, within sixty (60) calendar days of the last day of employment of the departing key personnel. |
| **QR-KSV Data Elements** | |
| **Item 1** | **Key staff position** |
| Description | Identify the vacant key staff position from those listed here that are required per the contract.  **Key staff include:**   * Prior Authorization/Utilization Management Manager * Medical Director * Management Information Systems (MIS) Coordinator |
| Item 2 | **Staff Name** |
| Description | First and Last Name of the individual vacating the position. |
| Item 3 | **Title** |
| Description | The MCE’s title of the staff position that will be left vacant. |
| Item 4 | **Plan for Covering Vacancy in Interim** |
| Description | A written plan describing how the coverage of duties will be managed in the interim to filling the position. |
| Item 5 | **Contact Info (email and phone)** |
| Description | Provide the full name, email and telephone number for the contact person who will be responsible for overseeing the duties in the interim. |
| Item 6 | **Plan for Filling Vacancy** |
| Description | A written plan describing the hiring process, timeline and target date for permanently filling the vacancy. |
| Item 7 | **Status** |
| Description | If the position remains vacant for a duration that extends to a new quarterly reporting period, provide an update to the report as to progress, revised target dates, or changes to the staffing plan. |

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| General Report Description | |
| **QR-VC Vendor Contact Sheet** | |
| **Purpose** | To confirm that the PA vendor staffing contact information is current and readily available for OMPP to contact key staff as necessary. |
| **Format** | Excel template |
| **Qualifications/ Definitions** | This is a quarterly and ad hoc report. The PA vendor must at a minimum submit the report to OMPP by the last day of the month following the end of the reporting quarter. This report is to be submitted on an ad hoc basis if key staff or other primary business contact information changes. |
| **QR-VC1 Data Elements** | |
| **Item 1** | **All Data Elements** |
| Description | Identify the required PA vendor contact information as outlined in the Excel template. This information includes but is not limited to:   * PA vendor general mailing address * General phone numbers * Web sites * Key contact personnel phone and fax numbers – (key staffing positions are identified which require completion) * Primary work site – (if the individual’s primary work site is other than the primary business address, identify the city and state where the individual’s primary work site is located) * Key contact email addresses   It is the responsibility of the PA vendor to ensure accurate contact information is maintained and readily available to OMPP for key staff and business function areas. |