



Performance Measure #1

Definition

Number of members receiving HCBS and NF services just prior to implementation (June 30, 2014)

Home & Community Based

of NJ FamilyCare enrollees that were eligible in a prior home & community based services waiver program on June 30, 2014, including the following:

- Global Options (SPC 32)
- CRPD (SPCs 03 & 06)
- ACCAP (SPC 05)
- TBI (SPC 17)

Nursing Facilities (inc. SCNF)

of NJ FamilyCare enrollees that had a nursing facility claim in June 2014 and were not also eligible for a previous 1915(c) waiver program, which may include non-custodial NF Rehab residents.

Other Notes

One time measure to establish a baseline.

*Performance Measure #2

Definition

Nursing Facility Level of Care assessment conducted prior to enrollment into MLTSS

Numerator

of members in the denominator that started receiving MLTSS services after the LOC approved/authorized date

Denominator

All MLTSS level of care assessments with “approved” or “authorized” date within the measurement month

Other Notes

- Data Source: DoAS
- Frequency: Monthly with a three month lag
- Due: the 15th of the month following the 3rd month lag (first reporting month 7/14 due 11/15/2014)

Performance Measure #3

Definition

Nursing Facility level of care authorized by Office of Community Choice Options (OCCO) for MCO referred members

Numerator

of MLTSS level of care assessment outcomes in the denominator that were “authorized” or “approved” by OCCO

Denominator

Total number of MLTSS level of care assessments that were “authorized”, “approved” or “denied” by OCCO during the measurement month

Other Notes

- Data Source: DoAS
- Frequency: Monthly
- Due: 15th of the following month



Performance Measure #4

Definition

Timeliness of nursing facility level of care assessment by MCO

Numerator

The number of assessments in the denominator where the MCO assessment/determination date is less than 30 days from the referral date to MLTSS

Denominator

Number of level of care assessments conducted by MCO in the measurement month

Other Notes

- Data Source: MCO
- Frequency: Monthly
- Due: 15th of the following month (lag report) of the 2nd month following reporting period; e.g., July is due 9/15, Aug. due 10/15, etc.

Performance Measure #4 (cont'd)

Other Notes

The initial monthly report is due 3/15/15 for the reporting period of 1/1/15 – 1/31/15.

Also, a catch-up report for the reporting period of 7/1/14-12/31/14 is due March 15, 2015.

Monthly

Measurement Period	7/1/14-12/31/14	January	February	March	April	May
Due	3/15/15	3/15/xx	4/15/xx	5/15/xx	6/15/xx	7/15/xx

Monthly

June	July	August	September	October	November	December
8/15/xx	9/15/xx	10/15/xx	11/15/xx	12/15/xx	1/15/xx+1	2/15/xx+1



Performance Measure #4a

Definition Timeliness of nursing facility level of care assessment

Numerator

The number of assessments in the denominator where the OCCO assessment/determination date is less than 30 days from the referral date to OCCO

Denominator

Number of level of care assessments conducted by OCCO in the measurement month

Other Notes

- Data Source: DoAS
- Frequency: Monthly
- Due: 15th of the following month

Performance Measure #4a (cont'd)

Other Notes

The initial monthly report is due 3/15/15 for the reporting period of 1/1/15 – 1/31/15.

Also, a catch-up report for the reporting period of 7/1/14-12/31/14 is due March 15, 2015.

Monthly

Measurement Period	7/1/14-12/31/14	January	February	March	April	May
Due	3/15/15	3/15	4/15	5/15	6/15	7/15

Monthly

June	July	August	September	October	November	December
8/15	9/15	10/15	11/15	12/15	1/15/xx+1	2/15/xx+1



Performance Measure #5

Definition Timeliness of nursing facility level of care re-determinations

Numerator

Number of reassessments in the denominator conducted greater than **395** days from the previous OCCO assessment authorization date

Denominator

Total number of MLTSS level of care reassessments completed by the MCOs and submitted to OCCO in the measurement month

Other Notes

- Data Source: DoAS
- Frequency: Monthly
- Due: 15th of the following month (Initial report due 8/15/15)



Performance Measure #6

Definition Interim Plan of Care (IPOC) Completed (Options Counseling)

Numerator

Number of assessments in the denominator with an Interim Plan of Care (IPOC) completed

Denominator

Total number of NJ CHOICE assessments tagged as “authorized”, “approved” or “denied” within the measurement month

Other Notes

- Data Source: DoAS
- Frequency: Monthly
- Due: 15th of the following month



Performance Measure #7

Definition

Members offered a choice between institutional and HCBS settings

Numerator

Number of assessments in the denominator with an indicator showing choice of setting within the IPOC

Denominator

Number of level of care assessments with a completed Interim Plan of Care (IPOC)

Other Notes

- Data Source: DoAS
- Frequency: Monthly
- Due: the 15th of the following month



*Performance Measure #8

Definition

Plans of Care established within 30 days of enrollment into MLTSS/HCBS

Numerator

Number of records in the denominator that have a plan of care developed 30 days or less from MLTSS/HCBS enrollment date

Denominator

Total number of MLTSS/HCBS records for members newly enrolled in MLTSS in the measurement year

Other Notes

- **Revisions pending...**
- Data source: IPRO
- Frequency: Annually
- Due: TBD



Performance Measure #9

Definition

Plans of Care reassessment for MLTSS/HCBS members conducted within 30 days of annual level of care redetermination

Numerator

Number of records in the denominator that have a plan of care developed 30 days or less from redetermination date

Denominator

Total number of MLTSS/HCBS records for members for members receiving an annual level of care redetermination in the measurement year

Other Notes

- **Revisions pending...**
- Data source: IPRO
- Frequency: Annually
- Due: TBD

Performance Measure #9A

Definition

Plans of Care amended based on change of member condition

Numerator

Number of records in the denominator that had a revised plan of care

Denominator

Total number of MLTSS/HCBS members' records where there was a significant change in the member's condition in the measurement year

Other Notes

- **Revisions pending...**
- Data source: IPRO
- Frequency: Annually
- Due: TBD



*Performance Measure #10

Definition

Plans of Care are aligned with members needs based on the results of the NJ Choice assessment

Numerator

Number of records in the denominator where the plan of care aligned with member needs based on NJ Choice results, including type, scope, amount, frequency, and duration

Denominator

Total number of MLTSS records selected for review (see note below) during measurement year

Other Notes

- **Revisions pending...**
- Data Source: IPRO
- Frequency: Annually
- Due: TBD

Performance Measure #11

Definition Plans of Care developed using “person-centered principles”

Numerator

Number of records in the denominator that were developed using “person-centered principles”

Denominator

Total number of MLTSS records selected for review for the measurement year

Other Notes

- **Revisions pending...**
- Data Source: IPRO
- Frequency: Annually
- Due: TBD



Performance Measure #12

Definition

MLTSS Home and Community Based Services (HCBS) Plans of Care that contain a back-up plan

Numerator

Number of records in the denominator in which the plan of care contained a back-up plan

Denominator

Total number of MLTSS/HCBS records selected for review for measurement year

Other Notes

- **Revisions pending...**
- Data Source: IPRO
- Frequency: Annually
- Due: TBD



Performance Measure #13

Definition

MLTSS/HCBS services are delivered in accordance with the plan of care (POC), including the type, scope, amount, frequency, and duration

Numerator

Number of records in the denominator in which services and supports were documented as “delivered” in the type, scope, amount, frequency, and duration prescribed by the member’s POC

Denominator

Total number of MLTSS/HCBS records selected for review for measurement year

Other Notes

- **Revisions pending...**
- Data Source: IPRO
- Frequency: Annually
- Due: TBD

*Performance Measure #14

Definition Member Access to MLTSS Services

Contractual Requirements

MCO shall comply with contract Article 4.8 for MLTSS provider network requirements

Verification of Meeting Standards

State reviews MCO provider file data in GeoAccess and determines if plan meets the contractual MLTSS provider network standards

Other Notes

- **Revisions pending...**
- **Data Source: MCO**
- **Frequency: Quarterly and Annually**
- **Due: Quarter: 4th Monday of last month of the quarter
Annually: TBD**



Performance Measure #15

Definition

MCO MLTSS providers are credentialed in a timely manner

Numerator

The number of provider records in the denominator credentialed in a “timely manner”

Denominator

Total number of MLTSS provider records selected for review (see note below) for measurement year

Other Notes

- **Revisions pending...**
- Data Source: IPRO
- Frequency: Annual
- Due: TBD



Performance Measure #15A

Definition

MCO MLTSS providers are re-credentialed in a timely manner

Numerator

The number of provider records in the denominator re-credentialed in a “timely manner”

Denominator

Total number of MLTSS provider records selected for review for measurement year

Other Notes

- **Revisions pending...**
- Data Source: IPRO
- Frequency: Annual
- Due: TBD



Performance Measure #16

Definition

MCO member training on identifying/reporting critical incidents

Numerator

Number of records in the denominator where the MLTSS member (or family member/authorized representative) received information/education on identifying and reporting abuse, neglect, and/or exploitation at least annually

Denominator

Total number of MLTSS records selected for review for measurement year

Other Notes

- **Revisions pending...**
- Data Source: IPRO
- Frequency: Annual
- Due: TBD



*Performance Measure #17

Definition

Timeliness of Critical Incident (CI) written reporting within 2 business days

Numerator

CI reported in writing to DoAS within 2 business days.

Denominator

Total # of CI reported to DoAS for measurement month

Other Notes

Data Source: DoAS
Frequency: Monthly
Due: 15th of the following month.



*Performance Measure #17a

Definition

Timeliness of Critical Incident(CI) reporting (verbally within 1 business day) for media and unexpected death incidents.

Numerator

CI reported to DoAS verbally reported within 1 business day for media and unexpected death incidents.

Denominator

Total # of CI reported verbally to DoAS for measurement month

Other Notes

Data Source: DoAS
Frequency: Monthly
Due: 15th of the following month.



Performance Measure #18

Definition

Quarterly and Annual Critical Incident reporting for abuse, neglect and exploitation

Numerator

of critical incidents per category

Denominator

Total # of critical incidents reported for measurement period (quarter or annual)

Other Notes

Data Source: MCO

Frequency: Quarterly/Annually

Due: 30 days after quarter and year (all incidents must occur during the measurement period)

DMAHS to provide updated reporting template for MCOs



*Performance Measure #19

Definition

Timelines for investigation of complaints, appeals, grievances (complete within 30 days)

Numerator

of complaints, appeals and grievances investigated within 30 days (unless findings cannot be obtained in that timeframe which must be documented)

Denominator

Total # of complaints, appeals, and grievances received for measurement quarter

Other Notes

Data Source: MCO Table 3A and 3B Reports
DMAHS

Frequency: Quarterly

Due: Currently as per contract **(may be revised in future)**

Performance Measure #20

Definition

Total # of MLTSS members receiving MLTSS services

Numerator

Total # of unique MLTSS members receiving HCBS and/or NF services during the measurement quarter/year (does not include care management)

Denominator

Total # of unique MLTSS members eligible anytime during the measurement period (quarter or annual)

Other Notes

Data Source: MCO paid claims data; according to the list of MLTSS/HCBS service procedures codes and the logic for the MCO Encounter Categories of Service. **(Provide copies)**
Based on the premise: member must use services monthly

Performance Measure #20 (cont'd)

Other Notes

Frequency: Quarterly/Annually
Due: 180 day lag for claims + 30 days after quarter and year

Quarterly

Measurement Period	7/1-9/30/xx	10/1-12/31/xx	1/1-3/31/xx+1	4/1-6/30/xx+1
Due	4/30/xx+1	7/31/xx+1	10/31/xx+1	1/31/xx+2

Annually

Measurement Period	7/1/XX-6/30/XX+1
Due	1/31/XX+2

*Performance Measure #21

Definition MLTSS members transitioned from NF to Community

Numerator

of MLTSS NF (SPC 61, 63, 64) members identified in the denominator who transitioned from a NF to the community (SPC 60, 62) at any time during the measurement period

Denominator

of MLTSS members with the living arrangement of NF (SPC 61, 63, 64) at any time during the measurement period (quarter or annual) and continuously enrolled in MCO.

Other Notes

Data Source: MCO – living arrangement file
Frequency: Quarterly/Annually
Due: 30 days after the quarter and year

Performance Measure #22

Definition

New NF admissions for MLTSS members (excluding previous fee for service residents defined SPC 60 with living arrangement of Nursing Home)

Numerator

Of the # in the denominator, how many were in a NF living arrangement at any time (excluding previous fee-for-service residents defined SPC 60 with living arrangement of Nursing Home) for the measurement year

Denominator

Total # of unique MLTSS (NF and HCBS) members with an eligibility start date at any point during the measurement year (excluding previous fee-for-service residents defined SPC 60 with living arrangement of Nursing Home)

Other Notes

Data Source: MCO – living arrangement file (is respite and rehab stays in NF reported on LA file?)

Frequency: Annually

Due: 30 days after year



Performance Measure #23

Definition

MLTSS members transitioned from NF to the community at any point during the preceding quarter who returned to the NF within 90 days

Numerator

of MLTSS members in the denominator who transitioned from NF to the community who then returned to the NF within 90 days or less from transition during the measurement quarter/year

Denominator

Quarterly: Total # of unique MLTSS members who transitioned from NF to the community during the measurement quarter

Annually: Total # of unique MLTSS members who transitioned from NF to the community during state fiscal year 7/1-6/30

Performance Measure #23 (cont'd)

Other Notes

Data Source: MCO – **Living arrangement file?**
 Frequency: Quarterly Lag Report/ **Annually; each report is a unique run**
 Due: (see table below)

Quarterly

Measurement Period	7/1-9/30/xx	10/1-12/31/xx	1/1-3/31/xx+1	4/1-6/30/xx+1
Due	1/31/xx+1	4/30/xx+1	7/31/xx+1	10/31/xx+1

Annually

Measurement Period	7/1/XX-6/30/XX+1
Due	10/31/XX+1

Performance Measure #24

Definition

of MLTSS HCBS members transitioned from the community to NF for greater than 180 days

Numerator

of unique MLTSS HCBS members in the denominator who were still in the NF greater than 180 days during the measurement quarter/year

Denominator

Quarterly: # of unique MLTSS HCBS members that transitioned from the community to NF during the measurement quarter

Annually: Total # of unique MLTSS HCBS members that transitioned from the community to NF during the state fiscal year 7/1-6/30

Performance Measure #24 (cont'd)

Other Notes

Data Source: MCO **need to identify data source**
Frequency: Quarterly/Annually
Due: see below tables

Quarterly

Measurement Period	7/1-9/30/xx	10/1-12/31/xx	1/1-3/31/xx	4/1-6/30/xx
Due	4/30/xx+1	7/31/xx+1	10/31/xx	1/31/xx

Annually

Measurement Period	7/1/xx-6/30/xx+1
Due	1/31/xx +1

Performance Measure #25

Definition

of MLTSS HCBS members transitioned from the community to NF for less than or equal to 180 days (short stay)

Numerator

of MLTSS members in the denominator who were in the NF for 180 days or less during the measurement quarter/year

Denominator

Quarterly: Total # of unique MLTSS HCBS members that transitioned from community to NF in a given quarter

Annually: Total # of unique MLTSS members that transitioned from the community to NF during the state fiscal year 7/1-6/30

Performance Measure #25 (cont'd)

Other Notes

Data Source: MCO (need to identify data source)
Frequency: Quarterly/Annually
Due: see below tables

Quarterly

Measurement Period	7/1-9/30/xx	10/1-12/31/xx	1/1-3/31/xx+1	4/1-6/30/xx+1
Due	4/30/xx+1	7/31/xx+1	10/31/xx+1	1/31/xx+2

Annually

Measurement Period	7/1-6/30/xx+1
Due	1/31/xx +2



Performance Measure #26

Definition # of hospitalizations per MLTSS HCBS members

Numerator

of hospitalizations (unique combination of member-provider-service date) of MLTSS HCBS members (not unique members) during the measurement quarter/year

Denominator

Total # of unique MLTSS HCBS members that were continuously enrolled in your MCO during the measurement quarter/year

Performance Measure #26 (cont'd)

Other Notes

Data Source: MCO paid claims according to logic for the MCO encounter Categories of Services (separate file) ? **How will MCO capture Medicare or other TPL data?**

Frequency: Quarterly/Annually (180 day lag for claims + 30 days after quarter and year)

Due: see below tables

Quarterly

Measurement Period	7/1-9/30/xx	10/1-12/31/xx	1/1-3/31/xx	4/1-6/30/xx+1
Due	4/30/xx+1	7/31/xx+1	10/31/xx+1	1/31/xx+2

Annually

Measurement Period	7/1/xx-6/30/xx+1
Due	1/31/xx +2



Performance Measure #27

Definition # of hospitalizations of NF members (not unique members)

Numerator

of hospitalizations (unique combination of member-provider-service date) of MLTSS NF members (not unique members) during the measurement quarter/year

Denominator

Total # of unique MLTSS NF members (SPC 61, 63, 64) that were continuously enrolled in your MCO and in a NF during the measurement quarter/year

Performance Measure #27 (cont'd)

Other Notes

Data Source: MCO paid claims according to logic for the MCO encounter Categories of Services (separate file) ? **How will MCO capture Medicare or other TPL data?**

Frequency: Quarterly/Annually (180 day lag for claims + 30 days after quarter and year)

Due: see below tables

Quarterly

Measurement Period	7/1-9/30/xx	10/1-12/31/xx	1/1-3/31/xx	4/1-6/30/xx+1
Due	4/30/xx+1	7/31/xx+1	10/31/xx+1	1/31/xx+2

Annually

Measurement Period	7/1/xx-6/30/xx+1
Due	1/31/xx +2



*Performance Measure #28

Definition

of readmissions of MLTSS HCBS members (not unique members) to the hospital within 30 days

Numerator

of readmissions of MLTSS HCBS members (not unique members) to the hospital within 30 days (service through date and new service start date)

Denominator

of hospitalizations (unique combination of member-provider-service date) of MLTSS HCBS members (not unique members) during the measurement quarter/year

*Performance Measure #28 (cont'd)

Other Notes

Data Source: MCO paid claims according MCO COS for encounters (separate file) ? **How will MCO capture Medicare or other TPL data?**

Frequency: Quarterly/Annually (lag report)

Due: see below tables

Quarterly

Measurement Period	7/1-9/30/xx	10/1-12/31/xx	1/1-3/31/xx+1	4/1-6/30/xx+1
Due	5/30/xx+1	8/30/xx+1	11/30/xx+1	2/28/xx+2

Annually

Measurement Period	7/1/xx-6/30/xx+1
Due	2/28/xx +2



Performance Measure #29

Definition

of readmissions of MLTSS NF members (not unique members) to the hospital within 30 days

Numerator

of readmissions of MLTSS NF members (not unique members) to the hospital within 30 days (service through date and new service start date)

Denominator

of hospitalizations (unique combination of member-provider-service date) of MLTSS NF members (not unique members) during the measurement quarter/year

Performance Measure #29 (cont'd)

Other Notes

Data Source: MCO paid claims according MCO COS for encounters (separate file) ? **How will MCO capture Medicare or other TPL data?**

Frequency: Quarterly/Annually (lag report)

Due: see below tables

Quarterly

Measurement Period	7/1-9/30/xx	10/1-12/31/xx	1/1-3/31/xx+1	4/1-6/30/xx+1
Due	5/30/xx+1	8/30/xx+1	11/30/xx+1	2/28/xx+2

Annually

Measurement Period	7/1/xx-6/30/xx+1
Due	2/28/xx +2



*Performance Measure #30

Definition

of ER utilization by MLTSS HCBS members (not unique members)

Numerator

of ER utilization (unique combination of member-provider-service date) by MLTSS HCBS members (not unique members) during the measurement quarter/year

Denominator

Total # of unique MLTSS HCBS members that were continuously enrolled in your MCO during the measurement quarter/year

*Performance Measure #30 (cont'd)

Other Notes

Data Source: MCO paid claims according to logic for the MCO encounter Categories of Services (separate file) ? **How will MCO capture Medicare or other TPL data?**

Frequency: Quarterly/Annually (180 day lag for claims + 30 days after quarter and year)

Due: see below tables

Quarterly

Measurement Period	7/1-9/30/xx	10/1-12/31/xx	1/1-3/31/xx	4/1-6/30/xx+1
Due	4/30/xx+1	7/31/xx+1	10/31/xx+1	1/31/xx+2

Annually

Measurement Period	7/1/xx-6/30/xx+1
Due	1/31/xx +2



Performance Measure #31

Definition

of ER utilization by MLTSS NF members (not unique members)

Numerator

of ER utilization (unique combination of member-provider-service date) by MLTSS NF members (not unique members) during the measurement quarter/year

Denominator

Total # of unique MLTSS NF members (SPC 61, 63, 64) that were continuously enrolled in your MCO and in a NF during the measurement quarter/year

Performance Measure #31 (cont'd)

Other Notes

Data Source: MCO paid claims according to logic for the MCO encounter Categories of Services (separate file) ? **How will MCO capture Medicare or other TPL data?**

Frequency: Quarterly/Annually (180 day lag for claims + 30 days after quarter and year)

Due: see below tables

Quarterly

Measurement Period	7/1-9/30/xx	10/1-12/31/xx	1/1-3/31/xx	4/1-6/30/xx+1
Due	4/30/xx+1	7/31/xx+1	10/31/xx+1	1/31/xx+2

Annually

Measurement Period	7/1/xx-6/30/xx+1
Due	1/31/xx +2



Performance Measure #32

Definition

of MLTSS HCBS members using unduplicated Self Directed Services

Numerator

Total # of MLTSS HCBS members using a least one self directed service during the measurement year

Denominator

Total # of MLTSS HCBS members eligible anytime during the measurement year

Other Notes

- Data Source: TBD
- Frequency: Annual
- Due: 30 days after end of measurement year

Performance Measure #33

Definition

MLTSS HCBS members receiving only PCA services (out of all of the possible MLTSS services available to them)

Numerator

of MLTSS HCBS members receiving only PCA services (out of all of the possible MLTSS services available to them) during the measurement period

Denominator

Total # of MLTSS HCBS members (60,62) eligible anytime during the measurement period

Other Notes

Data Source: MCO – claims data
Frequency: Semi-Annually

Due:

Measurement Period	7/1/xx -12/31/xx	1/1/xx+1 – 6/30/xx+1
Due	7/31/xx+1	1/30/xx+2

Performance Measure #34

Definition

MLTSS HCBS members receiving only Medical Day services (out of all of the possible MLTSS services available to them)

Numerator

of MLTSS HCBS members receiving only Medical Day services (out of all of the possible MLTSS services available to them) during the measurement period

Denominator

Total # of MLTSS HCBS members (60, 62) eligible anytime during the measurement period

Other Notes

Data Source: MCO claims data (?)

Frequency: Semi-Annually

Due:

Measurement Period	7/1/xx – 12/31/xx	1/1/xx+1 – 6/30/xx+1
Due	7/31/xx+1	1/30/xx+2

*Performance Measure #35

Definition

of MLTSS HCBS members who received face to face follow up with a mental health professional within 7 days of hospitalization for mental illness (for selected DSM V Diagnoses: 295,296,297,298,299,300,301,302,307,308,309,311,312,313,314) (and all sub-codes)

Numerator

Total # of unique hospitalizations defined as unique combination of provider/HCBS patient/service date during measurement year with one of the mental illness diagnoses listed above and followed by a face to face visit with a mental health professional within 7 days of discharge date.

Denominator

Total # of unique hospitalizations defined as unique combination of provider/HCBS patient/service date during measurement year with one of the mental illness diagnoses listed above.

Other Notes

Data Source: MCO – paid claims
Frequency: Annually (lag report – 180+30+30 days)
Due: 1/30/16 (for 7/1/14-6/30/15)

Performance Measure #36

Definition

of MLTSS HCBS members who received face to face follow up with a mental health professional within 30 days of hospitalization for mental illness (for selected DSM V Diagnoses: 295,296,297,298,299,300,301,302,307,308,309,311,312,313,314) (and all sub-codes)

Numerator

Total # of unique hospitalizations defined as unique combination of provider/HCBS patient/service date during measurement year with one of the mental illness diagnoses listed above and followed by a face to face visit with a mental health professional within 30 days of discharge date.

Denominator

Total # of unique hospitalizations defined as unique combination of provider/HCBS patient/service date during measurement year with one of the mental illness diagnoses listed above.

Other Notes

Data Source: MCO – paid claims
Frequency: Annually (lag report – 180+30+30 days)
Due: 1/30/16 (for 7/1/14-6/30/15)

Performance Measure #37

Definition

of MLTSS NF members who received face to face follow up with a mental health professional within 7 days of hospitalization for mental illness (for selected DSM V Diagnoses: 295,296,297,298,299,300,301,302,307,308,309,311,312,313,314) (and all sub-codes)

Numerator

Total # of unique hospitalizations defined as unique combination of provider/NF patient/service date during measurement year with one of the mental illness diagnoses listed above and followed by a face to face visit with a mental health professional within 7 days of discharge date.

Denominator

Total # of unique hospitalizations defined as unique combination of provider/NF patient/service date during measurement year with one of the mental illness diagnoses listed above.

Other Notes

Data Source: MCO – paid claims
Frequency: Annually (lag report – 180+30+30 days)
Due: 1/30/16 (for 7/1/14-6/30/15)

Performance Measure #38

Definition

of MLTSS NF members who received face to face follow up with a mental health professional within 30 days of hospitalization for mental illness (for selected DSM V Diagnoses: 295,296,297,298,299,300,301,302,307,308,309,311,312,313,314) (and all sub-codes)

Numerator

Total # of unique hospitalizations defined as unique combination of provider/NF patient/service date during measurement year with one of the mental illness diagnoses listed above and followed by a face to face visit with a mental health professional within 30 days of discharge date.

Denominator

Total # of unique hospitalizations defined as unique combination of provider/NF patient/service date during measurement year with one of the mental illness diagnoses listed above.

Other Notes

Data Source: MCO – paid claims
Frequency: Annually (lag report – 180+30+30 days)
Due: 1/30/16 (for 7/1/14-6/30/15)

Performance Measure #39

Definition

of MLTSS HCBS members with selective behavioral health diagnoses (DSM V Diagnoses: 292,295,296,297,298,299,300,301,302,303,304,305,307,308,309,311,312,313,314)

Numerator

of MLTSS unique HCBS members with selective behavioral health diagnoses during the measurement year (for select DSM V Diagnoses listed in definition)

Denominator

Total # of unique MLTSS HCBS members eligible anytime during the measurement year (HCBS living arrangement on date of service)

Other Notes

Data Source: MCO – paid claims
Frequency: Annually
Due: 180+30 days after measurement year (due 1/30/16)

Performance Measure #40

Definition

of MLTSS NF members with selective behavioral health diagnoses (DSM V Diagnoses: 292,295,296,297,298,299,300,301,302,303,304,305,307,308,309,311,312,313,314)

Numerator

of unique MLTSS NF members with selective behavioral health diagnoses during the measurement year (for select DSM V Diagnoses listed in definition)

Denominator

Total # of unique MLTSS NF members eligible anytime during the measurement year (NF living arrangement on date of service)

Other Notes

Data Source: MCO – paid claims
Frequency: Annually
Due: 30 days after measurement year

NEW: Performance Measure #41

Definition

MLTSS HCBS members receiving only PCA services and Medical Day services (out of all of the possible services available to them)

Numerator

of MLTSS HCBS members receiving only PCA services and Medical Day services (out of all of the possible MLTSS services available to them) during the measurement period

Denominator

Total # of MLTSS HCBS members (60, 62) eligible anytime during the measurement period

Other Notes

Data Source: MCO claims data
Frequency: Semi-Annually

Due:

Measurement Period	7/1/xx -12/31/xx	1/1/xx+1 – 6/30/xx+1
Due	7/30/xx+1	1/30/xx+2

NEW: Reporting Requirements Contract # 9.5.4 M1

Definition

The Contractor shall implement an MLTSS monitoring program to include: case file audits and reviews of the consistency of Member assessments/service authorizations (inter-rater reliability) with an analysis of the data and a description of the continuous improvement strategies taken to resolve identified issues.

of records reviewed: _____

Analysis:

Continuous improvement strategy:

Other Notes

- **Data Source: MCO**
- **Frequency: Quarterly**
- **Due: 60-days after end of quarter**

NEW: Reporting Requirements Contract # 9.5.4 M.2

Definition

The Contractor shall submit an annual MLTSS Care Management Program Description to DMAHS according to the current timeframes in the Quality Management Strategy.

- The plan shall address how the Contractor will implement and monitor the MLTSS Care Management and administrative standards outlined in this contract.
- The program description shall also describe the methodology for assigning and monitoring Care Management caseloads.
- An evaluation of MCO MLTSS CM Plan from previous year shall be included in the plan, highlighting lessons learned and strategies for improvement.

Other Notes

- **Data Source: MCO**
- **Frequency: Annually**
- **Due: TBD**

NEW: Reporting Requirements Contract # 9.5.4 M.2.a.b.c.

Definition

- a. For the first year following implementation, a report detailing MLTSS Care Manager caseload ratios shall be submitted quarterly.
- b. For the second year following implementation, a report detailing MLTSS Care Manager caseload ratios shall be submitted semi-annually.
- c. For each year after, a report detailing MLTSS Care Manager caseload ratios shall be submitted annually.

Other Notes

- **Data Source: MCO**
- **Frequency: 1st year: Quarterly**
2nd year: Semi-Annually
3rd year: Annually
- **Due: TBD**

Submission:

Performance Measures and Contract 9.5.4.M
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