

# APPENDIX CC - CCN SHARED

## CCN-S ePCCM Breakdown of Tasks

Enhanced Primary Care Case Management Tasks		Responsibility	
		ePCCM	PCP
1.00	<b>PRIOR AUTHORIZATION</b>		
1.01	Conduct utilization management and implement prior authorization process consistent with the Department's prior authorization process	X	X
1.02	Assure that covered services are sufficient in amount, duration, and scope that is no less than the amount, duration and scope to reasonably be expected to achieve the purpose for which the services are furnished and that services are not arbitrarily denied or reduced in amount, duration or scope solely because of diagnosis, type of illness, or condition of the enrollee.	X	
1.03	Have in effect mechanisms to ensure consistent application of review criteria for decisions and if any decision is made to deny an authorization request or it is authorized in an amount duration or scope that is less than requested, the decision is made by a health care professional who has appropriate clinical expertise in treating the disease of condition.	X	
1.04	Provide a notice of action as Yes in 438.210(c) and (d)	X	
1.05	Evaluation of medical necessity appropriateness and efficiency of use of health care services and facilities	X	X
1.06	Manage utilization through practice protocols. Adopt, disseminate and apply guidelines as described in 42CFR 438.236.	X	X
1.07	Yes additional services requiring prior authorization for which the Department does not require prior authorization	X	X
1.08	Provide prior authorization file to State FI that can interface with State Claim processing system	X	
1.09	Produce and review reports to identify over and under utilization and develop action plans to address if identified	X	
2.00	<b>PATIENT CENTERED MEDICAL HOME</b>		
2.01	Facilitate NCQA PCMH recognition of PCP practices	X	
2.02	Have written standards for patient access	X	X
2.03	Written standards for patient communication		X
2.04	Use data to show meeting standards on patient access and communication information		X
2.05	Use EMR charting tools to organize clinical information as outlined in NCQA guidelines		X
2.06	Use data to identify important diagnoses and conditions in practice		X
2.07	Implement evidence-based guidelines for at least three conditions		X
2.08	Actively support patient self-management		X
2.09	Track test and identifies abnormal results systematically		X
2.10	Track referrals using a paper-based or electronic system		X
2.11	Measure clinical or service performance by physician or across practice	X	X
2.12	Report performance by physician or across practice	X	X
2.13	Monitor progression of providers regarding implementation of PCMHs	X	
2.14	Provide participating practices with technology support to assist the practices in transition to PCMH (including education, training tools, provision of data relevant to patient clinical care management)	X	
2.15	Promote and facilitate capacity of PCPs to meet PCMH certification requirements	X	
2.16	Develop a PCMH Implementation Plan	X	
2.17	Document evidence and report on PCMH certification by practices	X	
2.18	Develop and complete evaluation of PCMH providers including metrics for evaluating achievement of outcomes, patient experiences and costs	X	
2.19	Facilitate specialist provider networks access and coordination to support PCMH model	X	
2.20	Include PCMH requirements in PCP/PCCM contracts	X	
2.21	Facilitate data interchange between PCP/PCCM, specialists, labs, radiology and hospitals	X	
2.22	Participate in Patient Centered Primary Care Collaborative activities	X	X

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3.00	<b>CARE COORDINATION</b>		
3.01	Coordinate and refer and any prior authorization services for IP, OP, Lab, Radiology, EPSDT, therapy services, BH, etc.	X	X
3.02	Care coordinators must ensure that Enrollees have access to all Covered Services appropriate to the Enrollee's condition or circumstance and to act as a liaison with various government agencies and programs, public entities, county entities and community resources. Coordinate the services provided to the enrollees with any other MCO with whom the enrollee has coverage.	X	X
3.03	Establish relationships, make referrals and coordinate services with Government agencies ( MH/DD agencies, juvenile probation, etc.)	X	
3.04	Coordinate referrals and medically necessary f/u resulting from EPSDT screens	X	X
3.05	Make 3 attempts to ensure that members under 21 have scheduled their EPSDT screening	X	X
3.06	Provide outreach to members who miss appointments and remind them of importance of keeping scheduled appointments	X	X
3.07	Assist PCPs with scheduling referral appointments	X	X
3.08	Identify BH diagnoses and issues and make referrals to BH providers as appropriate.		X
3.09	F/U with members using ED for non-emergent conditions	X	X
3.10	Identify when an enrollee on their panel has excessive use of ED	X	
3.11	Administrative and field care coordinators must facilitate communication and coordinate service delivery between primary care, specialty ancillary and BH providers to ensure timely and uninterrupted access to care.	X	X
4.00	<b>CASE MANAGEMENT AND CHRONIC CARE MANAGEMENT</b>		
4.01	Must ensure a sufficient number and level of expertise in the CM staff	X	
4.02	Identify enrollees with special needs who need CM services or referral	X	X
4.03	Identify those with special health care needs and have a mechanism by which they may directly access a specialist.		X
4.04	Medical Director will serve as an advocate for the program, identify key stakeholders in the community and create strategic relationships to ensure success	X	
4.05	Medical director will report any barriers to success, take an active leadership role on Committees, and participate in meetings with the CM staff and physician practices	X	
4.06	Develop and implement Chronic Care Management Program (CCMP) for conditions identified by the Department and other conditions as necessary for achieving outcomes	X	X
4.07	CCMP program must emphasize prevention of exacerbation and complications using evidence based clinical practice guidelines, patient empowerment and activation strategies	X	X
4.08	ID members for outreach by analysis of claims data, referrals, predictive modeling	X	
4.09	Engage enrollees with eligible conditions	X	X
4.10	Encourage evaluation of clinical, humanistic and economic outcomes, addressing co-morbidities through whole person approach		X
4.11	Identify community resources and arrange referral processes	X	X
4.12	Develop and distribute education materials (brochures, handbooks, newsletters, video tapes, etc.)	X	
4.13	Manage all co-morbidities including those not in DM eligible conditions		X
4.14	Apply a risk stratification methodology to enrollees engaged in program	X	X
4.15	Deploy staff in the field to contact members without phones or not responding to phone calls	X	

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4.16	Address Health Literacy and alternative device (for visually, speech or hearing impaired) issues in communication and education offerings	X	X
4.17	Provide report informing provider of enrollee compliance with self-management care plans; gaps between recommended and actual care provided to enrollees; enrollee's health status, utilization statistics	X	
4.18	If CCMP does not improve outcomes submit CAP designed to achieve the objectives of the CCMP program	X	
4.19	Conduct education and outreach to providers on Clinical Practice Guidelines, new technologies, and best practices in treating chronic disease prevalent in the population who are covered in the CCMP	X	
5.00	<b>CUSTOMER SERVICE</b>		
5.01	Maintain toll-free customer service 7am - 7pm M-F	X	
5.02	Maintain grievance system that processes grievances and appeals and provides state fair hearings as described in 42 CFR Subpart F.	X	
5.03	Inform individuals of grievance process, if any, and how to access state fair hearing process	X	
5.04	Give written notice of termination of a contracted PCP within 15 days	X	
5.05	Provide enrollees with contacts for non-English providers and providers not accepting new Medicaid clients, obtaining care after-hours, emergency coverage and referrals to specialists	X	
5.06	Disseminate Department approved enrollee materials	X	
5.07	Provide information with translations, interpretation and in alternative formats as Yes in 42 CFR 438.10 (c) and (d).	X	
5.08	Provide enrollees information in accordance with 42 CFR 438.10(f) and (g) including covered services, prior authorization process for accessing services; how to access out of network services; policy on referral process for specialty care; cost sharing; process for obtaining services not covered by plan but available under SP and grievance, appeal and state fair hearing procedures and timeframes.	X	
5.09	Provide information to potential enrollees when requested as described in 438.10 (e)	X	
5.10	Have written policies that cover enrollee rights and protections as are specified in 42CFR 438.100 (b). The MCO must ensure that its staff and affiliated providers take these rights into account when providing services.	X	
5.11	Maintain assignments to individual PCPs with the CCPN network	X	
5.12	To the extent possible allow enrollees to choose their health professional.	X	
5.13	The MCO may not request disenrollment of enrollees when there is an adverse change in their health status, because of their utilization of services, diminished mental capacity or uncooperative or disruptive behavior resulting from his or her special needs.	X	
5.14	In accordance with 42 CFR 438.6(i) maintain policies and procedures covering advance directives. Provide adult enrollees with written information about these policies and a description of applicable State law. Educational materials should also be provided to the community.	X	
5.15	Call center scripts must be made and approved by the Department for Welcome calls, outbound calls as well as when an Enrollee would like to change a PCP	X	
5.16	Monitor and report accessibility of call center operations	X	
5.17	Send welcome packet to enrollees and make welcome calls to enrollees X to X days after the effective date of enrollment; making 3 attempts to contact the enrollee and must use script that was previously approved by the Department	X	

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5.18	Conduct orientation program for 'new' enrollees; assist non-English speaking members with orientation; Establish communication standards for non-English speaking members	X	
6.00	<b>QUALITY MANAGEMENT, REPORTING, COMPLIANCE AND FRAUD MONITORING</b>		
6.01	Maintain a written QM implementation plan, program description and work plan	X	
6.02	Select one Performance Improvement Projects (PIPs) from an approved list developed by the Department to implement in year one, and another PIP will be mandated in year one by the Department (for a total of two). The Department will define the number of PIPs and selection process in subsequent years.	X	
6.03	Participate in pharmacy initiatives to contain costs and improve quality, ensure compliance with PDL	X	
6.04	Run, review and disseminate reports detailing practice patterns that will ensure appropriate care.	X	
6.05	Facilitate provider participation in periodic external chart reviews to monitor effectiveness of QI initiatives	X	
6.06	Must review P&Ps annually and update them as Yes by the Department who must approve any amendment, update, or change	X	
6.07	Implement, track, monitor, and report a complaint process which includes review, timeframe and resolution	X	
6.08	Report complaints to the Department	X	
6.09	Conduct annual Medical Record reviews of a sampling of PCPs assessing the provider medical records for a set of factors mutually agreed upon by the department and the CCPN	X	
6.10	Have a Quality Management Committee that includes department staff to ensure coordination between the vendors to ensure access	X	
6.11	Monitor PCP/PCCM performance and provide feedback to the PCP/PCCM	X	
6.12	Administer annual CAHPS satisfaction/consumer experience survey	X	
6.13	Administer annual Provider satisfaction survey (methodology approved by the Department)	X	
6.14	Evaluate QM Program annually	X	
6.15	Must prepare meeting minutes and submit the minutes for approval within 10 business days	X	
6.16	Maintain an ongoing log of issues discussed during the meetings	X	
6.17	Quality Management staff must coordinate the quality management activities and act as liaisons to the Department on all quality related materials, tasks and initiatives as approved by the Department	X	
6.18	Attend Department Meetings	X	
6.19	Collect and report on Quality Management performance measures including mandatory HEDIS, AHRQ and other measures	X	
6.20	Oversee and be accountable for any functions and responsibilities that are delegated to any contractor as described in 42 CFR 438.230.	X	
7.00	<b>REPORTING</b>		
7.01	Provide financial reports as requested by the Department	X	
7.02	Notify Department within 15 days of any change in CCPN organizational structure or staffing levels	X	
7.03	Make available all records to CMS, OIG, GAO, and the Department for inspection, evaluation and audit	X	
7.04	Disseminate reports detailing practice patterns to PCPs/PCCMS	X	
7.05	Ensure standardized claims data is submitted by all providers	X	X
7.06	Must maintain books, records, documents and other evidence pertaining to all revenues, expenditures, and other financial activity for 5 years	X	

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7.07	Provide Department with reports requested by Department in writing in the manner, form and time periods specified by Department	X	
7.08	Report on performance metrics including: HEDIS, AHRQ, CAHPS, Grievance Reports	X	
8.00	<b>COMPLIANCE PROGRAM</b>		
8.01	Have a mandatory Compliance Plan, Officer and Committee as detailed in 42CFR 438.608.	X	
8.02	Maintain written P&Ps and safeguards for use of and maintaining the confidentiality of data	X	
8.03	Develop a Fraud and Abuse program to detect and prevent F/A and report to the MFCU	X	
8.04	Cooperate with oversight agencies responsible for F/A detection	X	
8.05	Ensure that all subcontractors take actions as necessary to permit the vendor to comply with the F/A requirements	X	
8.06	Have an Emergency Preparedness Plan	X	
8.07	Have process in place to report any act by providers/members/employees that may affect the integrity of the CCPN program and report quality issues within x business days of ID of the issue	X	
9.00	<b>PROVIDER MONITORING AND SERVICES</b>		
9.01	Develop network to provide services to individuals deemed eligible by the Department in the geo area	X	
9.02	Do not discriminate against providers based solely on their licensure or certification as described in 42 CFR 438.12 (a) and (b), or against particular providers that serve high-risk populations or specialize in conditions that require costly treatment. If the MCO declines to include providers in its network but give written notice to the provider with the reason for its decision.	X	
9.03	Accept enrollee file and handle requests to transfer to new PCP within the network	X	
9.04	Follow a documented process for credentialing and recredentialing of providers who have signed contracts	X	
9.05	Provide female enrollees with direct access to women's health specialists within the network for women's routine and preventive health care services.	X	
9.06	Provide a second opinion for a qualified health care professional within the network or arrange for one outside the network.	X	
9.07	Do not prohibit or otherwise restrict a health care professional acting within the lawful scope of practice, from advising or advocating on behalf of an enrollee who is their patient.	X	
9.08	Assure appropriate expenditure of administrative fees	X	
9.09	Conduct routine provider monitoring to ensure access	X	
9.10	Monitor PCP/PCCM compliance with CCPN policies	X	
9.11	Facilitate data interchange between practices and the ePCCM and the Departments	X	
9.12	Work with providers to reconcile problems	X	
9.13	Develop and distribute provider manuals	X	
9.14	Monitor appointment availability standards	X	
9.15	Provide providers with educational and technical support	X	
9.16	Ensure that PCPs do not refuse to serve enrollees for reasons that would be discriminatory	X	
9.17	Must educate providers on the process to request an Enrollee reassignment to another PCP	X	
9.18	Will work with the Department to determine outlier prescribers to make sure they are prescribing drugs appropriately	X	
10.00	<b>PAY FOR PERFORMANCE</b>		
10.01	Administer a Physician Performance Incentive Program (PIIP)	X	

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10.02	Implement formal agreements, clearly articulating distribution of shared savings, PPIP, or other incentive measures	X	
10.03	Develop and implement incentive plan to reward quality and performance of practicing PCPs/PCCMS	X	
11.00	<b>INFORMATION SYSTEMS</b>		
11.01	Facilitate data interchange between practices and the CCPN and the CCPN and the Department.	X	
11.02	Submit authorization file to FI	X	
11.03	Maintain a provider database	X	
11.04	Maintain and develop an Enrollee website that includes enrollee materials, FAQs, QI meeting materials, Information on interpreter services, Information about QI initiatives, etc.	X	
11.05	Maintain secure website for PCP access	X	

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