

ATTACHMENT B: Monitoring Standards

Monitoring Standards	
Administrative Requirements	
1.	CCO must operate and maintain an Accounting System that meets GAAP or can be reconciled to meet GAAP.
2.	CCO must submit to the DOM copies of all quarterly and annual filings submitted to the Department of Insurance. (DOI)
3a.	CCO must acknowledge receipt of the DOM's written electronic or telephonic request within two (2) business days.
3b.	CCO shall have at a minimum key management personnel or persons with comparable qualifications.
3c.	CCO must have sufficient local and toll free lines and call distribution and monitoring system sufficient to meet the needs of Enrollees and Providers 24 hours/7days a week.
4.	CCO must develop and follow policies and procedures outlining the process for submission of encounter claims.
5.	CCO must demonstrate cultural competency for all written and verbal communications with enrollees and providers.
6.	CCO must provide annually health education and prevention plan to DOM
7.	CCO shall maintain detailed records evidencing administrative costs and expenses incurred pursuant to the contract.
8.	CCO shall not subcontract any portion of the services performed under the Contract without prior written approval of DOM.
9.	CCO must maintain a system that collects data on Enrollee and provider characteristics, i.e., trimester of enrollment, tracking of appointments kept and not kept; place of services; provider type; and low birth weight as associated to age
Member Services	
1a.	CCO must provide all enrollment notices, informational materials and instructional materials relating to Enrollees in a comprehensive form.
1b.	CCO must make oral interpretation services available free of charge.
1c.	CCO must maintain enrollee education programs designed to provide the enrollee with clear, concise and accurate information about the CCO's health plan.
2a.	CCO must provide enrollees an information packet including an ID card and member handbook listing all covered services no later than 14 days after notice of enrollee's enrollment.

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2b.	CCO must submit annually a copy of the Enrollee Information Packet to DOM.
3.	Enrollees must have the opportunity to choose from at least two primary care providers (PCP) affiliated with the CCOs within thirty (30) days.
4.	CCOs must ensure Enrollees are notified of their rights and responsibilities.
5.	CCOs must maintain a grievance system.
6.	CCO must develop and maintain an Enrollee Education Program.
7.	CCO must ensure all written materials do not exceed the sixth (6th) grade level of reading comprehension.
8.	CCO must ensure proper notice is given to Enrollees for all written notices.
9.	CCO must provide for a continuous open enrollment period throughout the term of the Contract.
10.	CCO must institute a mechanism and ensure access to providers for all Enrollees who do not speak English.
11.	CCO shall develop marketing materials.
12.	CCO shall develop and maintain procedures to log and resolve marketing complaints.
13.	CCO shall develop enrollee notices, grievances, and appeals procedures.
14.	CCO shall develop an Appeal Process to allow for expedited resolution.
15.	CCO shall develop, document and maintain advance directive policies that comply with 42 CFR and with State Law.
16.	CCO must prepare an Enrollee Handbook and provide Enrollee Handbook to all Enrollees.
18.	CCO must provide all covered services within the network and have adequate provider network throughout the State.
19.	CCO must ensure that members have access to after hour coverage for emergency services.
20.	CCO must ensure that all members are able to change PCPs.
Covered Services	
1a.	CCO must make all covered services accessible to Enrollees.
1b.	CCO must provide direct access to a Women's Health specialist within the network.

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1c.	CCO must ensure that PCPs are available on a timely basis to comply with Access Standards.
2.	CCO must ensure coverage for emergency services.
3.	CCO must provide coverage for post-stabilization care for services obtained within or outside the contract.
4.	CCO is financially responsible for services received outside of the plan (i.e., out-of-network providers are reimbursed at 100%).
5.	CCO must provide coverage for full range of EPSDT services.
6.	CCO will coordinate with DOM's Non-Emergency Transportation provider to provide services to Enrollees.
7.	If the CCO elects not to provide, reimburse for or provide coverage of a counseling or referral services because of an objection on moral or religious grounds it must furnish information about the service it does not cover.
8a.	CCO is required to ensure Enrollees are able to choose a PCP affiliated with the CCO based on availability.
8b.	CCOs must maintain a diverse network of providers including cultural and ethnic backgrounds.
9.	CCO is required to ensure coverage for case management and continuity of medical care for all enrollees.
10.	CCO is required to refer Enrollees for services not covered under the CCO.
11a.	For standard authorizations, CCO must provide notice within fourteen (14) calendar days following receipt of the request for services.
11b.	For expedited authorization decisions, CCO must provide decision notice no later than three (3) working days after receipt of the request for services.
11c.	CCO will provide for Enrollees to have initial and continuing authorizations of services.
12.	CCO shall implement a comprehensive care management program for all enrollees.
13.	CCO shall develop disease state management programs that focus on chronic or high-cost diseases.
14.	CCO must ensure appropriate staff are available to provide access to disease management.
Provider Network Services	
1a.	CCO is required to have a provider network to provide services to all Enrollees.

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1b.	CCO shall not discriminate against providers with respect to the program.
1c.	CCO is required to recruit and maintain a provider network including all types of Medicaid provider and full range of medical specialties necessary to provide covered benefits. This includes out-of-state providers.
2.	CCO must ensure that primary care physician services are available, on a timely basis, to comply with the following standards: urgent care - within one day; routine sick patient care - within one week; and well care - within one month.
3.	CCO must ensure Out-of-Network providers can verify Enrollee's enrollment with CCO.
4.	CCO will ensure that providers will not balance bill Enrollees.
5.	CCOs must ensure all laboratory testing sites are CLIA certified.
6.	Within 30 days from the date claims are received by the CCO, the CCO shall process each claim, and for other claims notify the provider of the status of the claim and if applicable, the reason a claim cannot be paid.
7.	CCO must provide all network providers information about the grievance and appeals systems at the initiation of all such contracts.
8.	CCO shall provide a mechanism for providers to appeal the denial of claims by the CCO.
9.	CCO may operate a Physician Incentive Plan.
10.	CCO must provide appropriate maintenance of medical records.
11.	CCO must have a validation process to ensure the quality, integrity, validity and completeness of data submitted by its provider.
12.	CCO must notify PCP providers of any new enrollee within 5 business days from notice of enrollment.
13.	CCO must ensure emergency medical services are available within 30 minutes typical travel time to beneficiaries 24 hours a day, seven (7) days a week, either in the facilities of providers who have contracted with the CCO or through arrangements approved by the Division with other providers.
14.	CCO must contract with FQHCs and Rural Health Clinics.
Reporting Requirements	
1.	CCO will coordinate and submit to DOM all of its marketing schedules.
2.	CCOs will maintain and make available to DOM, CMS, and OIG appropriate reports.

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3.	CCOs will maintain a reporting system for all grievance and appeals.
4.	CCOs will disclose ownership and financial information.
5.	CCOs will submit all monthly Enrollee reports.
6.	CCO must submit on a monthly basis a report listing the date and number of ID cards mailed to new Enrollees and those returned within 14 days of initial enrollment.
7.	CCO must furnish to DOM at no cost, any records, documents, reports or data generated or required in the performance of this contract.
7b.	CCO must submit all data in an accurate and timely manner.
7c.	CCO must monitor each subcontractor's performance on an ongoing basis and subject it to formal review at least once a year.
Quality and Utilization	
1.	CCO shall implement an Internal Quality Management (QM) System and Quality Improvement (QI) Program.
2.	CCO must operate under a formal organizational structure for the implementation and oversight of the internal Quality Management Program.
3.	CCO must annually measure provider performance.
4.	CCO must semi-annually perform Internal Audit.
5.	CCO shall conduct annual Enrollee satisfaction survey beginning six months following enrollment.
6.	CCO shall perform a minimum of four focused studies each year.
7.	CCO shall have internal controls, policies and procedures, and compliance plan to guard against fraud and abuse.
8.	CCO shall provide a system of Utilization Review.
System Requirements	
1.	CCO must be protected against hardware and software failures, human error, natural disasters, and other emergencies that could interrupt services.
2.	CCO must maintain HIPAA confidentiality requirements.
3.	CCO must be in compliance with State and Federal policies and guidelines.
4.	CCO must maintain HIPAA confidentiality requirements regarding claims payment and describe claims processing operations.

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5.	CCO system must reconcile eligibility and capitation records.
6.	CCO must accept enrollment data in electronic format.
7.	CCO must receive and process information from the State and relevant vendor file information.
8.	CCO must use the MIS to process claims.
9.	CCO must submit encounter data directly to DOM fiscal agent.
10.	CCO must provide methods for sharing information for all members, especially those with special health care needs.
11.	CCO must maintain systems to collect, identify and report third party liability coverage.
12.	CCO must maintain a membership system.
13.	CCO must maintain a Provider file for all providers in and out of state.