



Department of Medical Assistance Services

Commonwealth Coordinated Care

Weekly Dashboard Instructions

NOTE: The weekly report submission to DMAS/CMT shall include the following information: The Weekly Dashboard, Claims Processing and Provider Updates and Call Center Data. **Any additional information will be at the request of DMAS/CMT.**

Dashboard format changes are a DMAS ONLY function.

All areas shaded in blue must be completed.

Dashboard Convention Name: Dashboard_[Enter MMP Name]_[Week End of the Reporting Period]Final.xlsx **When plan revisions follow the initial versions submitted to DMAS/CMT, the MMP will add series numbers (starting with 1) to the end of the file name. Dashboard_[Enter MMP Name]_[Week End of the Reporting Period]Final1.xlsx**

Reporting periods- are defined as “weekly”- Sunday through Saturday

Current Month- For the purposes of this reporting- current month is defined as the current month in which the Saturday of the report period falls.

WEEKLY DASHBOARD

Page 1

Enrollment, Assessments, Care Plans, Appeals, Grievances, Utilization Clinical

Heading:

Reporting Period – Weekly is defined as Sunday – Saturday. Enter dates for the current reporting period

Name of MMP- Name of Health Plan as displayed on the Plan Benefit Package

Enrollment Total Effective Dates, will be updated by the MMPs



Enrollment:

Dashboard Enrollment: Total Effective Dates are updated by the MMPs on the last Saturday of the current reporting period. These monthly reporting periods need to reflect the current month and the next two months that follow.

Current Month: For the purpose of this reporting, current month is defined as the month of the reporting period end date.

1. # Of Opt- in enrollments (TC-61): Enter the total number of Opt-In enrollments for time period stated:
 - a) For the Reporting Period
 - b) Total for Current Month
 - c) Total number for the next month
 - d) Total for the next two months- is defined as the second reported month after the current month
2. # of disenrollment's: (TC51) - enter the total number of disenrollment's under each code 013 and 026 for the reporting period.
3. Total # Active Enrollment- Enter the total number of active enrollments from all categories through end of reporting period (Saturday). The total is defined as cumulative.
4. Total Unduplicated Disenrollment number- enter the total number of unduplicated disenrollment number for the reporting period
5. # Of Welcome Calls- Enter the total number of welcome calls made to enrollees for this reporting period

Staffing:

1. Enter the Total Number of Care Coordinators in FTE positions (including contracted assigned case managers) for the following populations/ categories:

Well and vulnerable Sub: This section combines all numbers for the Community Well and Vulnerable Subpopulations

LTSS: This section combines all numbers for the EDCD and Nursing Facility populations



2. Enter the ratio of care coordinators (1 :) to total number of active enrollees reported for the following categories:
 - a. Well and vulnerable Sub: This section combines all numbers for the Community Well and Vulnerable Subpopulations
 - b. LTSS: This section combines all numbers for the EDCD and Nursing Facility population

Initial Health Risk Assessments (HRA) and Initial Care Plans (CP) Per Plan:

1. Enter the total monthly number of Initial HRA's and Initial CP completed in the following categories: Community Well, Vulnerable Sub, EDCD, and Nursing Facility. The time frame for entry will be limited to the last five months. *Five month period is the current month plus the previous four (4) months.*
2. Define the type of assessment review completed by the following categories: Completed by Due Date, Completed Outside of Due Date, Not Completed- Disenrolled before Due Date, Not Completed- Unable to Contact (UTC), Not Completed- Refusal, * Not Completed- Other **** be prepared to discuss reasons for this category of non-completion.***
3. Grand Total: Enter the Grand Total for all categories
4. Percent: Enter the percent for all categories

Appeals and Grievances:

1. Enter the # of New Appeals/ Grievances during this week's reporting period
2. Enter the total number of closed Appeals/ Grievance during this reporting period
3. Enter the total number of open Appeals /Grievances to date

Enter the reasons for the New Appeals/Grievances reported for this reporting period- The total reasons for New Appeals and Grievances must match the total number reported New Appeals/ Grievances.

Utilization:

1. ER Visits: Enter the total number of New ER visits for this reporting period
2. Hospital Admissions: Enter the total number of New admissions to a hospital for this reporting period.
3. Hospital Days: Enter the total number of hospital days for this reporting period.



Clinical:

1. Enter the total number of outreach calls for new members for this reporting period for HRA Assessments. *This applies only to community well members.*
2. Enter the total number of home visits to initiate new HRA assessments for this reporting period. *Home visit is defined as including a face to face encounter with the member.*
3. Enter the total number of completed HRA's for this reporting period
4. Enter the total number of completed Care Plans for this reporting period

Page 2

Claims Processing and Provider Updates

Heading:

Reporting Period – Weekly is defined as Sunday – Saturday. Enter dates for this reporting period

Name of MMP- Name of Health Plan as displayed on the Plan Benefit Package

Claims Processing:

Medicaid Behavioral Health Services- include only Medicaid Behavioral Health Services

Medicaid Long Term Care Services and Supports- include all EDCD Waiver services and Medicaid Home Health Services.

1. Total Number of Claims Paid- Enter the total number of clean Medicaid claims paid for this reporting period
2. Total Number of Claims Denied- Enter the total number of clean Medicaid claims denied for this reporting period. Provide the reasons for denial on the weekly CMT calls.
 - ** For the purposes of this reporting exclude all denials processed for the following reasons:
 - Not eligible on dates of services
 - Incorrect/ missing CPT and/ or Diagnosis codes
 - Duplicate Claim submission
 - Missing and/or incomplete information
3. Total Number of Claims Awaiting Review- Enter the total number of Medicaid claims in awaiting review for this reporting period
4. Total Number of Claims Processed- Enter the total number of Medicaid Paid and Denied claims approved and scheduled for payment for this reporting period



5. *Total Number of Claims Exceeding Timeliness: 14 days- (clean claims) and 30 days to resolution- Enter the total number of claims which were not paid within the 14 day and 30 day time frame for this reporting period.*
6. *Provide the reasons for UN timeliness of paid claims on the weekly CMT calls.*

Provider Outreach:

1. Provider Training- Enter all Provider related trainings for this reporting period
2. Provider Network Updates- Enter all Provider network updates for this reporting period

Enrollee and Beneficiary Outreach:

1. MMP Mailings: Enter the total number of enrollee welcome packets mailed for this reporting period
2. Beneficiary/ Advocate Trainings: Health Fairs, etc..- Enter the names of the trainings and health fairs attended for this reporting period.

Page 3

Call Centers

HEADING:

Reporting Period – Weekly is defined as Sunday – Saturday. Enter dates for this reporting period

Name of MMP- Name of Health Plan as displayed on the Plan Benefit Package

WEEKLY CALL CENTER STATISTICS:

1. Date- Enter the dates for the 7 Day (Sunday – Saturday) this reporting period.
1. Incoming #- Enter the number of incoming calls by day
2. Answered #- Enter the number of answered calls by day
3. Avg. Speed of Answer- Enter the average speed in which calls were answered by day /in seconds
4. Avg. Handle- Enter the average handle for calls by day/ in seconds
5. Avg. Hold- Enter the avg. hold time for calls by day /in seconds
6. Calls Abandoned- Enter the number of call abandoned by day (total calls received but not answered)
7. Abandonment Rate- Enter the percent (%) of abandoned by day (percent of received/abandoned)
8. Week Total- Enter the weekly totals for each category



Pharmacy Call Center STATISTICS: (REPORTING PERIOD FOR THE PURPOSE OF THIS SECTION IS DEFINED AS MONDAY THROUGH FRIDAYS (M-F))

1. Date- Enter the date for the 7 Day (Sunday – Saturday) this reporting period.
2. Incoming #- Enter the number of incoming calls by day
3. Answered #- Enter the number of answered calls by day
4. Avg. Speed of Answer- Enter the average speed in which calls were answered by day /in seconds
5. Avg. Hold- Enter the avg. hold time for calls by day /in seconds
6. Calls Abandoned- Enter the number of call abandoned by day (total calls received but not answered)
7. Abandonment Rate- Enter the percent (%) of abandoned by day (percent of received/abandoned)
8. Week Total- Enter the weekly totals for each category

Hotline Received Calls- Incoming calls to the 24-hour call centers by category

1. Case Management Hotline- Enter the total number of call received on the Case Management Group Hotline for this reporting period
2. Nurses Hotline- Enter the total number of calls received on the 24-hour Nurses Hotline for this reporting period

Call Center:

1. # Of Outbound Disenrollment Calls- Enter the total number of disenrollment calls made to enrollees for this reporting period
2. # of UTC- Enter the total number of unable to contact disenrollment calls made to enrollees for this reporting period.

Disenrollment Reasons- Enter the total number of disenrollment reasons per category listed for this reporting period. For the purposes of this reporting data “UTC” is defined as any scenario where no contact was made (Message left/ Member refuse to talk/ Member disconnected the call/ incorrect phone numbers ECT...)

Top 3 Frequent Call Topics- Members:

1. Enter the top 3 topics for member generated calls received for this reporting period
2. Enter the percent (%) of the total member generated calls made for this reporting period

Top 3 Frequent Call Topics- Provider:

1. Enter the top 3 topics for provider generated calls received for this reporting period
2. Enter the percent (%) of the total provider generated calls made for this reporting period.