

## **SAMPLE READINESS REVIEW TOOLS**

The three Readiness Review Tools (RRTs), *Collaborative Arrangements, Outreach and Assessment, Case Management, & Utilization Management Review, and 24/7 & Member Services Call Centers* presented in this section are examples of RRTs used for the enhanced care management plans (ECMPs). The purpose of the RRTs is to verify a plan's preparedness to meet program requirements. Prior to program implementation, ECMPs must complete and submit RRTs to ODJFS for review and approval. Please be aware that the specific provisions in these RRTs are subject to change from time to time.

**COLLABORATIVE ARRANGEMENTS**  
**READINESS REVIEW TOOL # 1**

**ECMP NAME:** \_\_\_\_\_

**PREFACE:**

The purpose of this tool is to determine the ECMP's readiness to comply with the collaborative arrangement program requirements which are found in:

ECMP Provider Agreement Appendix H

October 21 2003, Request for Applications

**Verification of Collaborative Arrangements:**

In accordance with Appendix H of the ECMP Provider Agreement, the ECMP must demonstrate collaborative arrangements in the form of, at a minimum, fully-executed letters of agreement (LOA) which specify the respective roles and responsibilities of the ECMP and its collaborative entities, including which ECM requirement each party will perform and the mechanisms for coordination, as specified in Section IV of the RFA. Fully-executed means that the legal written agreement between an ECMP and a collaborative entity includes dated signatures by both parties. These signatures must be by persons legally authorized to represent those parties, including each signee's formal title.

**PLEASE NOTE: ANY CHANGES TO THE ECMP'S COLLABORATIVE ARRANGEMENTS MUST BE SUBMITTED TO ODJFS AS THEY OCCUR.**

**FOR ODJFS  
USE ONLY  
YES NO**

\_\_\_\_

Provide fully-executed letters of agreement for each of the collaborative entities submitted in the ECMP's RFA proposal, which specify the respective roles and responsibilities of the ECMP and its collaborative entities, including which ECM requirement each party will perform and the mechanisms for coordination, as specified in Section IV of the RFA.

<u>Name of Collaborative Entity</u>	<u>LOA provided</u> (indicate Yes or No)
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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**ECMP Contact Person for this review:** \_\_\_\_\_

**Date Submitted:**\_\_\_\_\_ **Date Reviewed:**\_\_\_\_\_ **Status:**\_\_\_\_\_

**Date Submitted:**\_\_\_\_\_ **Date Reviewed:**\_\_\_\_\_ **Status:**\_\_\_\_\_

**- FOR ODJFS USE ONLY -**

**ODJFS concerns:**

If indicated, the following concerns were identified during the review:

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**BMHC Reviewer:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Name/Title



**FOR ENHANCED CARE MANAGEMENT PLANS (ECMPs)**

**OUTREACH AND ASSESSMENT, CASE MANAGEMENT, AND  
UTILIZATION MANAGEMENT REVIEW  
READINESS REVIEW TOOL # 3**

ECMP Name: \_\_\_\_\_

County(ies): \_\_\_\_\_

**INSTRUCTIONS:** The purpose of this tool is to help determine the enhanced care management plan's (ECMP's) readiness to comply with essential outreach and assessment, case management, and utilization management review activities as outlined in the ECM Request for Applications (RFA) issued by the Ohio Department of Job and Family Services (ODJFS) on October 21, 2003 (amended December 3, 2003), Chapter 5101:3-26 of the Ohio Administrative Code (OAC) and the ECMP's provider agreement.

**SUMMARY OF THE APPLICABLE REQUIREMENTS:**

Outreach and assessment, case management, and utilization management review are core functions for the ECMP.

An effective ECMP must have evidence of a systematic outreach process to communicate with members, educate members about the ECM program and identify each member's health and psychosocial needs.

The outreach process occurs when the ECMP contacts each ECM member within 30 days of the effective date of ECMP membership. A comprehensive assessment of the member's health needs must be conducted by the ECMP within 60 days of the effective date of ECMP membership to assess the member's health status and initiate the development of a treatment plan.

The treatment plan must be developed within 90 days of the effective date of ECMP membership and must have the capacity to link the member and/or caregiver, the primary care physician, other healthcare providers, and the community in order to maximize healthcare outcomes.

The member's treatment plan must assist the case manager in identifying educational needs and facilitate communication and care coordination with the healthcare team. Also, the case manager must educate the member about their treatment options and assist the member in making informed decisions.

The ECMP must maintain systematic approaches to analyze positive or negative care variances from standard clinical pathways that may impact outcomes or costs. Additionally, there must be processes to identify and assure that services are being delivered in the appropriate setting.

The attached outreach and assessment, case management, and utilization management review elements are used to support the determination of ECMP compliance and serve as a component of the overall readiness evaluation process.

**FOR ODJFS  
USE ONLY**

**OUTREACH AND ASSESSMENT REVIEW**

YES NO

- — 1. Please describe the process which the ECMP will use to notify members prior to the member's effective date of coverage of the following:
- a. When and how the member can expect to be contacted by the ECMP to initiate the assessment process [as required by OAC rule 5101:3-26-08.2(D)(3)(c )(i)], and
  - b. Who the member can contact for immediate care coordination needs [as required by OAC rule 5101:3-26-08.2(D)(3)(c )(ii)].

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YES NO

- — 2. Please describe the ECMP's protocol for assuring that the member is initially contacted within 30 days of the effective date of ECMP membership. How will the ECMP systematically track and monitor the timeliness and completion status of the member's initial contact to assure prompt and adequate follow-up?

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YES NO

- — 3. Please describe the ECMP's protocol on how outreach staff will attempt to locate members who cannot be found within 30 days of the effective date of

ECMP membership (for example, members with bad addresses and phone numbers).

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**FOR ODJFS  
USE ONLY**

YES NO

- — 4. Please describe the ECMP's protocol for assuring that an initial assessment of each member is conducted within 60 days of the effective date of ECMP membership. How will the ECMP systematically track and monitor the timeliness and completion status of the member's comprehensive assessment information to assure prompt and adequate follow-up?

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YES NO

- — 5. Please describe the multiple options that the ECMP will pursue in order to encourage the participation of members who refuse an assessment.

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YES NO

- — 6. Please enclose a copy of the ECMP's assessment tool with your submission. The assessment tool must include the following elements at a minimum:

Psychosocial patient and family needs,  
Primary and co-morbid conditions, and  
Environmental factors.

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**FOR ODJFS  
USE ONLY**

**CASE MANAGEMENT**

**Case managers, principles and protocols**

YES NO

- — 7. Please provide information in the following table regarding the qualifications of ECMP staff that will perform case management services for ECMP members:

Type of staff	Number of FTEs*	FTE/1,000 member ratio
R.N.		
L.P.N.		
Nurse Practitioner		
Licensed Social Worker		
Physician's Assistant		
Physician (non-PCP)		
Certified Educator		
Other (please specify)		

\*Staff FTEs should reflect differences in full-time and part-time staffing (i.e., an individual working 20 hours per week should equate to a 0.5 FTE while someone working 40 hours per week would be 1.0 FTE).

YES NO

- — 8 Please provide the ECMP's established guidelines for case manager caseload with supporting rationale based on factors such as severity and complexity of cases and other relevant factors. How often will the size of the case manager's caseload be monitored and re-adjusted?

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**FOR ODJFS  
USE ONLY**

YES NO

- — 9. Please provide information in the following table regarding the positions that will directly supervise case managers

Type of staff	Number of staff	Number of case managers directly supervised
R.N		
ECMP's Medical Director		
Other (please specify)		

YES NO

- — 10. Please describe how often and what process the ECMP will use to educate case managers on current national clinical practice guidelines.

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YES NO

- — 11. Please describe how the ECMP will assure that case managers follow appropriate current national case manager protocols.

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**FOR ODJFS  
USE ONLY**

**Members**

YES NO

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12. Please describe the ECMP's protocol for development of the member's care treatment plan. [At a minimum, the ECMP's protocol must assure that the treatment plan is specific to the individual member, incorporates information regarding primary and all co-morbid conditions (including behavioral health), involves the member and/or family in decisions regarding the member's care and is developed by the case manager in collaboration with the member and the health care team].

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YES NO

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13. Please describe the ECMP's protocol for assuring that a treatment plan is developed for every member within 90 days of the effective date of ECMP membership.

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YES NO

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14. Please describe how case managers will work with members who do not have a PCP (i.e., how will the case managers work with members to choose a PCP and establish a PCP relationship?)

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YES NO

- — 15. Please describe how case managers will work with members who have a PCP but the PCP is not willing to contract with the ECMP.

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YES NO

- — 16. Please describe how case managers will work with members who refuse to choose or be assigned to a PCP.

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YES NO

- — 17. How often will the ECMP conduct routine reassessments of treatment plans? Please describe the ECMP's protocol for updating treatment plans resulting from changes in health care status, utilization etc.

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**FOR ODJFS  
USE ONLY**

YES NO

- — 18. Please describe how the ECMP will assure that there are appropriate tools and information (such as treatment plans, clinical guidelines, utilization management reviews etc.) that:
- a. Enable case managers to collect information necessary to carry out the case management process;
  - b. Can be accessed by the case manager and others involved in the case management process; and
  - c. Can be used in the quality management process.

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YES NO

- — 19. For members who are unwilling to participate in their treatment plan, please describe the ECMP's protocol to address ECM member non-compliance (for example, the member consistently fails to keep appointments or call within 24 hours as required by their treatment plan). In your response, describe multiple options that the ECMP will pursue to encourage non-compliant members to comply with their treatment plans.

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YES NO

- — 20. Please describe the ECMP's mechanisms for providing appropriate condition-specific health educational materials to members (for example, source of materials, frequency of mailings, health fairs etc.)? How will the ECMP make sure the available materials are consistent with clinical practice guidelines?

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**FOR ODJFS  
USE ONLY**

YES NO

- — 21. Please describe how the ECMP will incorporate fee-for-service (FFS) claims data in the development of the treatment plan and ongoing case management.

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YES NO

- — 22. Please describe how the ECMP will incorporate prior authorization and pre-certification data in ongoing case management.

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YES NO

- — 23. Please describe the ECMP's protocol for when and how case managers will be notified when a member calls the ECMP's 24/7 nurse advice line.

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**Providers**

YES NO

- — 24. Please describe how member information/treatment plans will be transferred to a new ECMP, PCP and/or case manager when there's a change in the member's ECMP, PCP and/or case manager.

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YES NO

- — 25. Please describe how the ECMP will monitor the continuity and coordination of care that members receive across practice and provider sites.

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YES NO

- — 26. Please describe how the ECMP will work with PCPs and non-PCP health care providers, within or outside the ECMP's network (such as behavioral health care providers, healthcare specialists etc.) to ensure that the member's treatment notes are shared with the member's PCP.

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**FOR ODJFS  
USE ONLY**

YES NO

- — 27. Please describe how the ECMP will work with PCPs to share information with case managers regarding member visits to specialists in an effective, and timely manner.

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YES NO

- — 28. Please describe how the ECMP will coordinate the members' care with hospital discharge planners, home health agencies and durable medical equipment (DME) suppliers.

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YES NO

- — 29. Please describe the ECMP's strategies to identify and improve provider compliance with established current national clinical guidelines and ODJFS-established clinical performance measures outlined in the current RFA. What actions will the ECMP take with PCPs who refuse to comply with established clinical guidelines and/or jeopardize the ECMP's ability to comply with the ODJFS-established clinical performance measures?

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**UTILIZATION MANAGEMENT REVIEW**

**FOR ODJFS  
USE ONLY**

YES NO

- — 30. Please describe how the ECMP's information system will stratify members and track co-morbidities and psychosocial conditions.

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YES NO

- — 31. Please describe how the ECMP will monitor and incorporate information about inappropriate hospitalizations, emergency room visits and use of pharmaceuticals in the member's treatment plan so as to reduce inappropriate utilization of such services.

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YES NO

- — 32. Please describe the ECMP's procedures to evaluate data and identify barriers to improvement that are related to clinical practice (using the appropriate personnel, including practitioners).

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**24/7 AND MEMBER SERVICES CALL CENTERS**  
**ENHANCED CARE MANAGEMENT PLAN (ECMP)**  
**READINESS REVIEW TOOL #4**

**ECMP Name:** \_\_\_\_\_

**County(ies):** \_\_\_\_\_

**INSTRUCTIONS:**

The purpose of this tool is to determine the ECMP's readiness to comply with the 24/7-hour call-in system and member services call-in-system requirements which are found at:

Ohio Administrative Code (OAC) rules 5101:3-26-08.2(C)(1) and 5101:3-26-12(E)(3).

ECMP Provider Agreement, Appendix C - ECMP Responsibilities

ECMPs must respond to each of the following questions in this Readiness Review Tool and provide all necessary documentation.

**SUMMARY OF THE APPLICABLE REQUIREMENTS**

ECMPs must provide assistance to members through a member services toll-free call-in system pursuant to Ohio Administrative Code (OAC) rule 5101:3-26-08.2(C)(1). ECMP member services staff must be available at all times to provide assistance to members through the toll-free call-in system every Monday through Friday, 8:30 a.m. to 4:30 p.m., except for major holidays as specified in the ECMP's member information packet.

Pursuant to OAC rule 5101:3-26-12(E)(3), ECMPs must also provide access to medical advice and direct members to the most appropriate care setting through a 24/7-hour toll-free call-in system which is available nationwide. The 24/7-hour call-in system must be staffed by appropriately trained medical personnel. For the purposes of meeting this requirement, trained medical professionals are defined as physicians, physician assistants, licensed practical nurses, and registered nurses.

For both the member services and 24/7-hour call-in systems, ECMPs must meet the current American Accreditation HealthCare Commission/URAC-designed Health Call Center (HCC) Standards for call center abandonment rate, blockage rate and average speed of answer.

- \$ Abandonment Rate: The percentage of calls offered into telephone system, that disconnect after 30-seconds when an individual (live person) would have answered the call. If the ECMP's calls are answered by a pre-recorded message or greeting for the caller, the 30-second measurement begins after the message/greeting has ended. *Monthly reporting requirement is  $\leq 5\%$ .*
  
- \$ Blockage Rate: The percentage of incoming calls ~~Ablocked@~~ or not completed because switching or transmission capacity is not available as compared to the total of calls encountered. Callers receive a busy signal. *Monthly reporting requirement is  $\leq 5\%$ .*
  
- \$ Average Speed of Answer: The average delay in seconds that inbound calls encounter waiting in the telephone queue before being answered by a staff person (not a recording). *Monthly reporting requirement is  $\leq 60$  seconds.*

By the 10<sup>th</sup> of each month, ECMPs must self-report their prior month performance in these three areas for their member services and twenty-four-hour toll-free call-in systems to ODJFS using the required form (see attached).

**SECTION 1**  
**24/7-HOUR CALL-IN SYSTEM**

**FOR ODJFS  
USE ONLY**

**YES NO**

- \_\_\_ \_\_\_ 1. Please provide the ECMP-s toll-free 24/7-hour call-in system telephone number that is available nationwide. If the line is not yet available indicate when the line is expected to be available and submit this number once access is obtained.

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**YES NO**

- \_\_\_ \_\_\_ 2. Please provide the **Text Telephone Yoke (TTY)** toll-free 24/7-hour call-in system telephone number for persons with communications disabilities. If the line is not yet available indicate when it is expected to be available and submit the TTY telephone number once access is obtained.

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- \$** Does your ECMP utilize the Ohio Relay Service for the TTY or do you have your own TTY to place and receive calls?

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**FOR ODJFS  
USE ONLY**

**YES NO**

\_\_\_ \_\_\_ 3. Will/does the ECMP delegate the operation of the 24/7-hour call-in system?  
YES/NO (**circle one**)

**\$** If yes, provide name and address of vendor and actual **operational location**.

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**\$** If yes, submit the completed Delegation Addendum and Delegation of Services Form with this review tool.

**YES NO**

\_\_\_ \_\_\_ 4. ECMPs must include a prerecorded message on their 24/7-hour phone line if hotline staff are assisting other members.

**\$** Submit the text to be used and the exact duration of the message. (This may be submitted as attachment.)

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**YES NO**

\_\_\_ \_\_\_ 5. If a clinical call is not directly answered by a hotline staff person (or transferred to a

clinical staff person), which of the following options will be available on the prerecorded message? (Please indicate the option which applies and submit the text to be used.)

- \_\_\_ (a) Remain in a telephone waiting/holding queue for the next available clinical staff person or hang up and dial 911 or local emergency services if the situation is perceived by the caller to be an emergency.
  
- \_\_\_ (b) If the caller **chooses** not to wait, he/she may leave a message for a clinical staff person.

**Clinical Staff Qualifications and Staffing Levels:** Personnel performing clinical triage and health information services must be clinically qualified to perform this activity. The 24/7-hour call-in system must be adequately staffed for the volume of incoming calls.

**FOR ODJFS  
USE ONLY**

**YES NO**

- \_\_\_ \_\_\_ 6. Will the ECMP have 24/7-hour call-in system staff designated specifically for this Medicaid product-line?

**YES/NO (circle one)**

If not, what other product lines will they be responsible for?

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**YES NO**

- \_\_\_ \_\_\_ 7. For each shift, indicate the staffing levels of the trained medical professionals (i.e., physician, physician assistant, R.N., or LPN,) who will provide members with medical advice and direct members to the appropriate care setting.

Shift (From ___ to ___)	# of Staff (medical professionals)	Total # of Staff (total number, including medical professionals or other staff only)
	Physician _____ Physician Assistant _____ Registered Nurse _____ Licensed Practical Nurse _____	Medical _____ Other _____
	Physician _____ Physician Assistant _____ Registered Nurse _____ Licensed Practical Nurse _____	Medical _____ Other _____
	Physician _____ Physician Assistant _____ Registered Nurse _____ Licensed Practical Nurse _____	Medical _____ Other _____
	Physician _____ Physician Assistant _____ Registered Nurse _____ Licensed Practical Nurse _____	Medical _____ Other _____
	Physician _____ Physician Assistant _____ Registered Nurse _____ Licensed Practical Nurse _____	Medical _____ Other _____

**YES NO**

\_\_\_ \_\_\_ 8. How and how often will staffing levels be monitored and adjusted on an ongoing basis to assure compliance with the call center standards (abandonment rate, blockage rate, average speed of answer)?

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**Call Management.** Personnel performing clinical triage and health information services must be properly trained to assist ECMP members.

**FOR ODJFS  
USE ONLY**

**YES NO**

\_\_\_ \_\_\_ 9. How will the 24/7-hour hotline staff access/verify member's ECMP membership information?

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**YES NO**

\_\_\_ \_\_\_ 10. How will the 24/7-hour hotline staff access/verify members' PCP treatment plan information, and ECMP's utilization data [e.g., ECMP activity/service history, fee-for-service benefit package information, provider panel (including ECMP's PCP panel or FFS Master Provider File) etc.]?

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**YES NO**

\_\_\_ \_\_\_ 11. How will the 24/7-hour hotline staff access the ECMP's clinical guidelines and/or nationally-recognized evidence-based clinical guidelines and/or disease-specific database with symptom descriptions, clinical guidelines and pathways to assist patients with their questions and answers?

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**YES NO**

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12. How will the ECMP provide services to assist an LEP member in the primary language of the member? (e.g., bilingual staff persons, the Language Line, etc.)

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**YES NO**

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13. How will consumer dissatisfaction calls be processed when received through the 24/7-hour call-in system?

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**YES NO**

\_\_\_ \_\_\_

14. What is the ECMP's protocol for relaying information to case managers on member calls received through the 24/7-hour call-in system?

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**YES NO**

\_\_\_ \_\_\_

15. Please provide the methodology that will be used by the ECMP to track how it will meet the HCC Standards for call center abandonment rate, blockage rate and average speed of answer for the 24/7 toll-free line.

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**SECTION 2**  
**MEMBER SERVICES CALL-IN SYSTEM**

**FOR ODJFS  
USE ONLY**

**YES NO**

- \_\_\_ \_\_\_ 1. Provide the ECMP-s toll-free member services call-in system telephone number that will be available throughout the state of Ohio. If the line is not yet available indicate when it is expected to be available and submit the toll-free telephone number once access is obtained.

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**YES NO**

- \_\_\_ \_\_\_ 2. Will/does the ECMP delegate the operation of the member services call-in system?  
**YES/NO (circle one)**

**\$** If yes, provide name and address of vendor and actual **operational location.**

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**\$** If yes, submit the completed Delegation Addendum and Delegation of Services Form with this review tool.

**FOR ODJFS  
USE ONLY**

**YES NO**

\_\_\_ \_\_\_ 3. Provide the ECMP's **Text Telephone Yoke (TTY)** toll-free member services call-in system telephone number for persons with communications disabilities. If the line is not yet available indicate when it is expected to be available and submit the TTY telephone number once access is obtained.

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\$ Does your ECMP utilize the Ohio Relay Service for the TTY or do you have your own TTY to place and receive calls?

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**YES NO**

\_\_\_ \_\_\_ 4. What will be the normal business hours and days of operation? (ODJFS requires ECMPs to operate with core hours of at least 8:30 a.m. - 4:30 p.m. but ECMPs may establish additional hours of operation as they deem appropriate. Remember that limiting your hours of operation may impact compliance with your call center abandonment rate and overall consumer satisfaction.)

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\$ On what holidays will the call center routinely be closed ?

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**FOR ODJFS  
USE ONLY**

**YES NO**

\_\_\_ \_\_\_ 5. What happens if a member calls and all member services staff are assisting other members (e.g., will there be a prerecorded message)?

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**Staffing Services and Levels:** The member services call-in system must be adequately staffed for the volume of incoming member calls.

**YES NO**

\_\_\_ \_\_\_ 6. Will the ECMP have member services call-in system staff designated specifically for this Medicaid product-line?

**YES/NO (circle one)**

If not, what other product lines will they be responsible for?

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**YES NO**

\_\_\_ \_\_\_ 7. How and how often will staffing levels be monitored and adjusted on an ongoing

basis to assure compliance with the call center standards (abandonment rate, blockage rate, average speed of answer)?

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**Call Management.** The member services call-in system staff must be properly trained to assist ECMP members.

**FOR ODJFS  
USE ONLY**

**YES NO**

\_\_\_ \_\_\_ 8. How and how often will member services call-in system staff be trained/monitored for their understanding of accessing case management services; obtaining/understanding ECMP policies/procedures; resolution of concerns, questions and problems?

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**YES NO**

\_\_\_ \_\_\_ 9. How will the ECMP provide services to assist an LEP member in the primary language of the member? (e.g., bilingual staff persons, the Language Line, etc.)

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**YES NO**

\_\_\_ \_\_\_ 10. Please provide the methodology that will be used by the ECMP to track how it will



**Date Submitted:** \_\_\_\_\_ **Date Reviewed:** \_\_\_\_\_ **Status:** \_\_\_\_\_

**BMHC Reviewer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BMHC Reviewer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE OF OHIO HEALTH PLANS  
BUREAU OF MANAGED HEALTH CARE  
24-HOUR TOLL-FREE CALL-IN SYSTEM  
MONTHLY REPORT\***



**ECMP NAME:** \_\_\_\_\_

**REPORT MONTH/YEAR:** \_\_\_\_\_

Quality Measure	Measurement Definition	Monthly Standard	Report Month Performance
<b>Abandonment Rate</b>	The percentage of calls offered into telephone system, that disconnect after 30-seconds when an individual (live person) would have answered the call. If the ECMP's calls are answered by a pre-recorded message or greeting for the caller, the 30-second measurement begins after the message/greeting has ended. <i>Monthly reporting requirement is ≤5%.</i>	≤5%	
<b>Blockage Rate</b>	The percentage of incoming calls "blocked" or not completed because switching or transmission capacity is not available as compared to the total of calls encountered. Callers receive a busy signal. <i>Monthly reporting requirement is ≤5%.</i>	≤5%	
<b>Average Speed of Answer</b>	The average delay in seconds that inbound calls encounter waiting in the telephone queue before being answered by a staff person (not a recording). <i>Monthly reporting requirement is ≤60 seconds.</i>	≤60 seconds	

**COMMENTS:**  
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 \_\_\_\_\_

I, the undersigned, do hereby attest, based on the best of my knowledge, information, and belief, that the information contained in this call center report is accurate, truthful, and complete.

**ECMP Reviewer:** \_\_\_\_\_  
**Title:** \_\_\_\_\_

**Vendor Reviewer:** \_\_\_\_\_  
 (if applicable)  
**Title:** \_\_\_\_\_

**Signature/Date:** \_\_\_\_\_  
 \_\_\_\_\_

**Signature/Date:** \_\_\_\_\_  
 \_\_\_\_\_

\* Reflects 24 hours a day / 7 days a week.

**OFFICE OF OHIO HEALTH PLANS  
BUREAU OF MANAGED HEALTH CARE  
MEMBER SERVICES TOLL-FREE CALL-IN SYSTEM  
MONTHLY REPORT**



**ECMP NAME:** \_\_\_\_\_

**REPORT MONTH/YEAR:** \_\_\_\_\_

Quality Measure	Measurement Definition	Monthly Standard	Report Month Performance
<b>Abandonment Rate</b>	The percentage of calls offered into telephone system, that disconnect after 30-seconds when an individual (live person) would have answered the call. If the ECMP's calls are answered by a pre-recorded message or greeting for the caller, the 30-second measurement begins after the message/greeting has ended. <i>Monthly reporting requirement is ≤5%.</i>	≤5%	
<b>Blockage Rate</b>	The percentage of incoming calls "blocked" or not completed because switching or transmission capacity is not available as compared to the total of calls encountered. Callers receive a busy signal. <i>Monthly reporting requirement is &lt;5%.</i>	≤5%	
<b>Average Speed of Answer</b>	The average delay in seconds that inbound calls encounter waiting in the telephone queue before being answered by a staff person (not a recording). <i>Monthly reporting requirement is ≤60 seconds.</i>	<60 seconds	

**COMMENTS:**  
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 \_\_\_\_\_  
 \_\_\_\_\_

I, the undersigned, do hereby attest, based on the best of my knowledge, information, and belief, that the information contained in this call center report is accurate, truthful, and complete.

**ECMP Reviewer:** \_\_\_\_\_  
**Title:** \_\_\_\_\_

**Vendor Reviewer:** \_\_\_\_\_  
 (if applicable)  
**Title:** \_\_\_\_\_

**Signature/Date:** \_\_\_\_\_  
 \_\_\_\_\_

**Signature/Date:** \_\_\_\_\_  
 \_\_\_\_\_