

Additional Services Impact Report

To maintain compliance with requirements of *Section 4.3- 4.3.5.1* of the Managed Care Contract, and to ensure excellence among the additional services offered to Healthy Connections Medicaid Members, please submit the following information. Information may be submitted in a narrative format.

At a minimum, the MCO must include in their Annual Services Impact Report, the following elements:

Name of Additional Service	To include name and type of service.
Implementation Date	The date the MCO began implementation of the additional services.
Rationale <i>A copy of the information for this section that was provided in the Additional Service Request Form may be used for this report, so long as the MCO can attest that there have been no changes to the rational since implementation.</i>	Complete description of problem statement and the identified need for the additional service. Why is it thought that the service will be successful or helpful? Rational should include ties to quality metrics that the MCO wishes to enhance.
Objectives <i>A copy of the information for this section that was provided in the Additional Service Request Form may be used for this report, so long as the MCO can attest that there have been no changes to the rational since implementation.</i>	Statement of what the MCO has accomplished with this additional service. What exactly is being offered? Include details such as how many items are included, what services are included, when the service is offered, where the service if offered, and how the service is provided. Is there a vendor? What is the process for offering this service from start to finish?
Duration of Study	Measurement period (start and end date of evaluation period).
Descriptive Analysis	Provide data of all measurable outcomes that the MCO has seen after providing the additional service, including post-intervention performance data. What did the MCO measure to evaluate the efficacy of this intervention and how did the MCO measure this?
Measure Submission	Must include the following data: Denominator (Number of members anticipated as eligible to utilize the additional service) <i>This number should be the same as what was submitted on the Additional Service Request Form</i> Numerator (Number of members who utilized the additional service) <i>This should include</i>

	<i>detailed information on how the MCO evaluates service utilization.</i>
Marketing Strategy Effectiveness	Define the marketing strategy, to include the exact methods and frequency used to market this service. Explain how this marketing strategy has been effective in reaching potential eligible Members for this service. The MCO should include any anticipated changes or updates to the marketing strategy for the next year.
Quarterly Data analysis	MCO must provide the following metrics for each quarter (Q1, Q2, Q3, Q4): <ul style="list-style-type: none"> - Date of 1st use - Date of last use - Age Limitations (If none, insert "None") - Percentage of qualified members utilizing service - Is the service utilization meeting plan expectations? Why or why not?
Cost for service and yearly projection	Provide cost information related to the service, including, but not limited to, budgeted amount PMPM and actual value of the service. If a card is being issued, list the type, amount, what member must do to receive the card and verification process.
Procedure Code	Enter the procedure code(s) for the service being provided.
Modifications (if applicable)	Describe any modifications that were made to the additional service, if any.