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## Reinsurance Care Management Protocol Assessment

Eligible carriers must submit written responses to the following questions. Responses should address all bulleted items below each question.

Carrier Name:

NAIC Number:

Carrier Reinsurance Point of Contact (POC) Name:

Carrier POC Email:

Carrier POC Phone:

**1) Provide an overview of the carrier's care management strategy for members whose annual claims costs are expected to exceed the Commonwealth Health Reinsurance Program attachment point.**

- Describe how the carrier uses care management to promote cost-effective health care.
- State the carrier's financial and care delivery goals related to care management.
- Describe how the carrier identifies members whose claims may be eligible for reinsurance.
- Describe any ways the carrier includes social determinants of health in its member risk stratification model, as well as any efforts to address health equity issues among reinsurance-eligible members.
- Note any significant geographic differences in the carrier's care management strategy or services performed by geographic region.

**2) State the carrier's interactions with contracted providers or other entities regarding patient care management for members whose claims may be eligible for reinsurance.**

- Which members receive care management? How, when, and by whom are these members identified? How are members notified regarding care management?
- Do contracted entities such as providers, care coordinators, patient navigators, care management companies perform care management activities for the carrier?

**3) Describe how the carrier tracks care management services and activities performed by contracted health care providers or other entities.**

- Does the carrier require contracted providers to report on the care management services and activities they perform? If yes, describe the reporting requirements.
- To what extent does the carrier use claims data to track care management?
- Does the carrier require providers to report particular quality measures (MIPS, NQF, etc.) related to care management or care coordination? If yes, list the measures.
- Describe any data validation or auditing processes the carrier uses to verify care management data from providers.
- Describe any penalties the carrier imposes in cases where providers do not meet care management requirements.

**4) Describe any claims-based or non-claims-based payments the carrier provides for care management activities and services.**

- Does the carrier provide per-member-per-month or other regularly scheduled payments for member care management? If yes, describe the amount and frequency of the payment, and state the activities and services it covers.

**5) Estimate the savings to the Commonwealth Health Reinsurance Program the carrier expects its care management protocols to generate as opposed to the Program payment amount the carrier would receive without its care management protocols in place.**

- Savings should be represented by average annual claims reductions per enrollee for enrollees whose claims are eligible for reinsurance, along with aggregate savings across all eligible enrollees.

**6) Attach any actuarial analysis or data and other documentation supporting the responses above. List attachments here:**