

**Attachment 13 - List of Required Reports**

**Contractor Reports to be provided to Covered CA**

Below is a list of reports to be provided by the Contractor to Covered California on a monthly, quarterly or annual basis.

<b>Report Name</b>	<b>Contract Section</b>	<b>Frequency</b>	<b>Due Date</b>	<b>Submit to:</b>
Fraud, waste and abuse detection and prevention programs and report total moneys recovered by Contractor in the most recent 12-month period in relation to Services provided to Enrollees	1.16	Annually	February 28, 2018 – Report for prior calendar year 2017.	QHP@covered.ca.gov
Enrollment Reconciliation Comparison extract	2.1.2	Monthly	As required in 2.1.2	SFTP
Agent of Record Exception Report	2.2.6	Monthly	Last business day of each month	outreachandsales@covered.ca.gov
Description on Contractor's standard agent compensation program and policies	2.2.6	Annually	60 days prior to open enrollment	QHP@covered.ca.gov
Marketing Plan	2.4	Annually	30 days prior to open enrollment	QHMarketingMaterials@covered.ca.gov
Marketing Plans of Retention and Renewal	2.4	Annually	30 days after open enrollment begins	QHMarketingMaterials@covered.ca.gov
Marketing Actualized Spend Amounts	2.4	Annually	For open enrollment – 30 days after open enrollment closes; for the special enrollment period – 30 days after calendar year ends; and for retention and renewal, 30 days after open enrollment begins	QHMarketingMaterials@covered.ca.gov
<b>The following Reports for calendar year 2017 are due with the annual certification application for plan year 2018. Reporting Requirements in Attachment 7.</b>				
Quality in Network Selection Criteria	Attachment 7, 1.02	Annually	With the annual certification application	Submit responses through question set in application
High Cost Providers – Tracking and Managing Strategy	Attachment 7, 1.03	Annually	With the annual certification application	Submit responses through question set in application

Value Methodology for Pharmaceuticals	Attachment 7, 1.04	Annually	With the annual certification application	Submit responses through question set in application
Data Exchange with Providers	Attachment 7, 1.07	Annually	With the annual certification application	Submit responses through question set in application
Data Aggregation Across Health Plans	Attachment 7, 1.08	Annually	With the annual certification application	Submit responses through question set in application
Participation in Collaborative Quality Initiatives	Attachment 7 1.03	Annually	With the annual certification application	Submit responses via Covered CA eValue8
Reducing Health Disparities and Assuring Health Equity – Member Self-Identity	Attachment 7 3.01	Annually	With the annual certification application	Submit responses via Covered CA Quality Improvement Strategy
Reducing Health Disparities and Assuring Health Equity – HEDIS Reporting	Attachment 7, 3.01, 3.02	Annually	Separate report when MY 2017 HEDIS scores are available	Resubmission of relevant Quality Improvement Strategy section through Extranet
Promoting Development and Use of Care Models – Members Attributed to Personal Care Physician	Attachment 7, 4.01	Quarterly	With the annual certification application and separate reports (on quarters when application is not due)	Submit responses via Covered CA Quality Improvement Strategy and through the Extranet
Promoting Development and Use of Care Models – Primary Care Payment Strategy	Attachment 7 4.01	Annually	With the annual certification application	Submit responses via Covered CA Quality Improvement Strategy
Promoting Development and Use of Care Models - Patient Centered Medical Homes	Attachment 7, 4.02	Annually	With the annual certification application	Submit responses via Covered CA Quality Improvement Strategy
Promoting Development and Use of Care Models – Integrated Healthcare Models	Attachment 7, 4.03	Annually	With the annual certification application	Submit responses via Covered CA Quality Improvement Strategy
Mental and Behavioral Health – Utilization in Integrated Care Models	Attachment 7,4.05	Annually	With the annual certification application	Submit responses through question in application
Remote Monitoring – Utilization Report	Attachment 7, 4.06	Annually	With the annual certification application	Submit responses through question in application
Hospital Quality Oversight	Attachment 7 5.02	Annually	With the annual certification application	Submit responses via Covered CA eValue8
Hospital Acquired Conditions (HACs) Report – Rates of five specified HACS by hospital	Attachment 7, 5.02	Annually	With the annual certification application and as requested	Submit responses via Covered CA Quality Improvement Strategy
C-Section Rates Report - Report by Provider	Attachment 7, 5.01	Annually	With the annual certification application and as requested	Submit responses via Covered CA Quality Improvement Strategy

Hospital Payments to Promote Quality and Value – Payment Strategy and Contracting Report	Attachment 7, 5.03	Annually	With the annual certification application	Submit responses via Covered CA Quality Improvement Strategy
Determining Enrollee Health Status and Use of Health Assessments	Attachment 7 6.03	Annually	With the annual certification application	Submit responses via Covered CA eValue8
Health and Wellness Services	Attachment 7 6.01	Annually	With the annual certification application	Submit responses via Covered CA eValue8
Community Health and Wellness Promotion	Attachment 7 6.02	Annually	With the annual certification application	Submit responses via Covered CA eValue8
Health and Wellness Enrollee Support Process	Attachment 7 6.01	Annually	With the annual certification application	Submit responses via Covered CA eValue8
Identification and Services for At-Risk Enrollees	Attachment 7 6.06	Annually	With the annual certification application	Submit responses via Covered CA eValue8
Provider Cost and Quality and Enrollee Cost and Transparency	Attachment 7 7.01	Annually	With the annual certification application	Submit responses via Covered CA eValue8
Enrollee Shared Decision-Making	Attachment 7 7.04	Annually	With the annual certification application	Submit responses via Covered CA eValue8
Value-Based Reimbursement Inventory and Performance	Attachment 7 8.02	Annually	With the annual certification application	Submit responses via Covered CA eValue8
Value-Pricing Programs	Attachment 7 8.03	Annually	With the annual certification application	Submit responses via Covered CA eValue8
Payment Reform and Data Submission	Attachment 7 8.04	Annually	With the annual certification application	Submit responses via Covered CA eValue8

**The following Reporting Requirements in Attachment 14**

Customer Service Performance Standards	Attachment 14 Groups 1 & 2 Standards 2.1 - 2.5	Monthly	The 10 <sup>th</sup> of the following month	QHP@covered.ca.gov
Agent of Record Exception Reports	Attachment 14 Group 2 Standard 2.6	Monthly	Last business day of each month	outreachandsales@covered.ca.gov
Quality, Network Management & Delivery System Standards	Attachment 14 Group 3 Standards 3.1 - 3.2	Annually	For calendar year 2017, due date to be determined by CMS	Data submitted to CMS for review.
Quality, Network Management & Delivery System Standards	Attachment 14 Group 3 Standard 3.3	Quarterly	As requested	Monthly Provider Data Submitted to Covered California. (Same report as Contract Section 3.4.4 above)
Quality, Network Management and Delivery System Standards	Attachment 14 Group 3, 3.4-3.9	Annually and quarterly	With the annual certification application and as requested	application for certification and the Extranet
Dental Quality Alliance (DQA) Pediatric Measure Set – for embedded pediatric dental	Attachment 14 Group 5	Annually	For calendar year 2017 due on April 30, 2018	QHP@covered.ca.gov

Financial Management Division – Required Reports				
<p>Payment Reconciliation – Schedule of Notifications</p> <p>Contractors participating in the individual market shall report delinquent full or partial payments of premiums to the Exchange. The schedule shall include a record of all notifications, including phone calls and letters, to participants of delinquent accounts.</p>		Monthly	Report for the prior month on the first of the following month.	Accounting SCRtickets@covered.ca.gov
<p>Billing Detail – Discrepancy Report</p> <p>Contractors participating in the individual market shall use the PM/PM (per member, per month) member level billing detail template to communicate billing discrepancies to the Exchange. Contractor shall use the PM/PM member level billing detail, as provided by the Exchange, to compare against the Contractor’s confirmed enrollment to identify discrepancies. Contractor shall use the “comments” column, on the far right of the PM/PM member level billing detail template to identify billing discrepancies such as member duplication, cancellation, termination, missing Covered CA, missing Carrier, effective date, or plan difference. Contractor shall submit the completed template in both a format and secure manner approved by the Exchange. Furthermore, Contractor understands submittal of the completed billing discrepancy template does not extend or revise the invoice due date.</p>		Monthly	Report for the prior month on the first of the following month. Use FMD Issuer Billing Discrepancy Report Template.	Accounting SCRtickets@covered.ca.gov