

**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.

Report Name	Contract Section	Frequency	Due Date	Submit to:
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	1.165	Annually	February 28, 2018 – Report for prior calendar year 2017.	QHP@covered.ca.gov
<del>Enrollment Reconciliation Comparison extract</del>	<del>2.1.2</del>	<del>Monthly</del>	<del>As required in 2.1.2</del>	<del>SFTP</del>
<del>Agent of Record Exception Report</del>	<del>2.2.6</del>	<del>Monthly</del>	<del>Last business day of each month</del>	<del>outreachandsales@covered.ca.gov</del>
<del>Description on Contractor's standard agent compensation program and policies</del>	<del>2.2.6</del>	<del>Annually</del>	<del>60 days prior to open enrollment</del>	<del>QHP@covered.ca.gov</del>
Marketing Plan	2.43	Annually	30 days prior to open enrollment	QHPMarketingMaterials@covered.ca.gov
Marketing Plans of Retention and Renewal	2.43	Annually	30 days after open enrollment begins	QHPMarketingMaterials@covered.ca.gov
Marketing Actualized Spend Amounts	2.43	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	QHPMarketingMaterials@covered.ca.gov
<b><del>The following Reports for calendar year 2017 are due with the annual certification application for plan year 2018. Reporting Requirements in Attachment 7.</del></b>				
<del>Quality in Network Selection Criteria</del>	<del>Attachment 7, 1.02</del>	<del>Annually</del>	<del>with the annual certification application</del>	<del>Submit responses through question set in application</del>
<del>High Cost Providers – Tracking and Managing Strategy</del>	<del>Attachment 7, 1.03</del>	<del>Annually</del>	<del>with the annual certification application</del>	<del>Submit responses through question set in application</del>

<a href="#">Value Methodology for Pharmaceuticals</a>	<a href="#">Attachment 7.1.04</a>	<a href="#">Annually</a>	<a href="#">with the annual certification application</a>	<a href="#">Submit responses through question set in application</a>
<a href="#">Data Exchange with Providers</a>	<a href="#">Attachment 7.1.07</a>	<a href="#">Annually</a>	<a href="#">with the annual certification application</a>	<a href="#">Submit responses through question set in application</a>
<a href="#">Data Aggregation Across Health Plans</a>	<a href="#">Attachment 7.1.08</a>	<a href="#">Annually</a>	<a href="#">with the annual certification application</a>	<a href="#">Submit responses through question set in application</a>
<a href="#">Participation in Collaborative Quality Initiatives</a>	<a href="#">Attachment 7.1.03-1.02</a>	<a href="#">Annually</a>	<a href="#">with the annual certification application</a>	<a href="#">Submit responses via Covered CA eValue8</a>
<a href="#">Reducing Health Disparities and Assuring Health Equity – Member Self-Identity</a>	<a href="#">Attachment 7.1.03(d)3.01</a>	<a href="#">Annually</a>	<a href="#">with the annual certification application</a>	<a href="#">Submit responses via Covered CA Quality Improvement Strategy eValue8</a>
<a href="#">Reducing Health Disparities and Assuring Health Equity – HEDIS Reporting</a>	<a href="#">Attachment 7.3.01, 3.02</a>	<a href="#">Annually</a>	<a href="#">Separate report when MY 2017 HEDIS scores are available</a>	<a href="#">Resubmission of relevant Quality Improvement Strategy section through Extranet</a>
<a href="#">Promoting Development and Use of Care Models – Members Attributed to Personal Care Physician</a>	<a href="#">Attachment 7.4.01</a>	<a href="#">Quarterly</a>	<a href="#">with the annual certification application and separate reports (on quarters when application is not due)</a>	<a href="#">Submit responses via Covered CA Quality Improvement Strategy and through the Extranet</a>
<a href="#">Promoting Development and Use of Care Models – Primary Care Payment Strategy</a>	<a href="#">Attachment 7.4.01</a>	<a href="#">Annually</a>	<a href="#">with the annual certification application</a>	<a href="#">Submit responses via Covered CA Quality Improvement Strategy</a>
<a href="#">Promoting Development and Use of Care Models – Patient-Centered Medical Homes</a>	<a href="#">Attachment 7.4.02</a>	<a href="#">Annually</a>	<a href="#">with the annual certification application</a>	<a href="#">Submit responses via Covered CA Quality Improvement Strategy</a>
<a href="#">Promoting Development and Use of Care Models – Integrated Healthcare Models</a>	<a href="#">Attachment 7.4.03</a>	<a href="#">Annually</a>	<a href="#">with the annual certification application</a>	<a href="#">Submit responses via Covered CA Quality Improvement Strategy</a>
<a href="#">Mental and Behavioral Health – Utilization in Integrated Care Models</a>	<a href="#">Attachment 7.4.05</a>	<a href="#">Annually</a>	<a href="#">with the annual certification application</a>	<a href="#">Submit responses through question in application</a>
<a href="#">Remote Monitoring – Utilization Report</a>	<a href="#">Attachment 7.4.06</a>	<a href="#">Annually</a>	<a href="#">with the annual certification application</a>	<a href="#">Submit responses through question in application</a>
<a href="#">Hospital Quality Oversight</a>	<a href="#">Attachment 7.3.025.02</a>	<a href="#">Annually</a>	<a href="#">with the annual certification application</a>	<a href="#">Submit responses via Covered CA eValue8</a>
<a href="#">Hospital Acquired Conditions (HACs) Report – Rates of five specified HACs by hospital</a>	<a href="#">Attachment 7.5.02</a>	<a href="#">Annually</a>	<a href="#">with the annual certification application and as requested</a>	<a href="#">Submit responses via Covered CA Quality Improvement Strategy</a>
<a href="#">C-Section Rates Report – Report by Provider</a>	<a href="#">Attachment 7.5.01</a>	<a href="#">Annually</a>	<a href="#">with the annual certification application and as requested</a>	<a href="#">Submit responses via Covered CA Quality Improvement Strategy</a>

<u>Hospital Payments to Promote Quality and Value — Payment Strategy and Contracting Report</u>	<u>Attachment 7.5.03</u>	Annually	with the annual certification application	<u>Submit responses via Covered CA Quality Improvement Strategy</u>
<u>Determining Enrollee Health Status and Use of Health Assessments</u>	<u>Attachment 7.6.033.05</u>	Annually	with the annual certification application	<u>Submit responses via Covered CA eValue8</u>
<u>Health and Wellness Services</u>	<u>Attachment 7.6.014.01</u>	Annually	with the annual certification application	<u>Submit responses via Covered CA eValue8</u>
<u>Community Health and Wellness Promotion</u>	<u>Attachment 7.6.024.02</u>	Annually	with the annual certification application	<u>Submit responses via Covered CA eValue8</u>
<u>Health and Wellness Enrollee Support Process</u>	<u>Attachment 7.6.014.03</u>	Annually	with the annual certification application	<u>Submit responses via Covered CA eValue8</u>
<u>Promoting Development and Use of Care Models</u>	<u>Attachment 7.5.02</u>	Annually	with the annual certification application	<u>Submit responses via Covered CA eValue8</u>
<u>Identification and Services for At-Risk Enrollees</u>	<u>Attachment 7.6.065.04</u>	Annually	with the annual certification application	<u>Submit responses via Covered CA eValue8</u>
<u>Provider Cost and Quality and Enrollee Cost and Transparency</u>	<u>Attachment 7.7.016.01 and 6.02</u>	Annually	with the annual certification application	<u>Submit responses via Covered CA eValue8</u>
<u>Enrollee Shared Decision-Making</u>	<u>Attachment 7.7.046.04</u>	Annually	with the annual certification application	<u>Submit responses via Covered CA eValue8</u>
<u>Value-Based Reimbursement Inventory and Performance</u>	<u>Attachment 7.8.027.02</u>	Annually	with the annual certification application	<u>Submit responses via Covered CA eValue8</u>
<u>Value Pricing Programs</u>	<u>Attachment 7.8.037.04</u>	Annually	with the annual certification application	<u>Submit responses via Covered CA eValue8</u>
<u>Payment Reform and Data Submission</u>	<u>Attachment 7.8.047.05</u>	Annually	with the annual certification application	<u>Submit responses via Covered CA eValue8</u>

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**The following Reporting Requirements in Attachment 14**

Customer Service Performance Standards	Attachment 14 Groups 1 & 2. <del>2.1 Standards 2.1-2.5</del>	Monthly	The 10 <sup>th</sup> of the following month	QHP@covered.ca.gov
Provider Directory and Attachment 7 EAS Data	Attachment 14 2.5 & Attachment 7 EAS Data	Monthly	As requested	Monthly Provider Data submitted to Covered California, EAS Data submitted to EAS Vendor.
<del>Agent of Record Exception Reports</del>	<del>Attachment 14 Group 2 Standard 2.6</del>	<del>Monthly</del>	<del>Last business day of each month</del>	<del>outreachandsales@covered.ca.gov</del>
<del>Quality, Network Management &amp; Delivery System Standards</del>	<del>Attachment 14 Group 3 Standards 3.1-3.23</del>	<del>Annually</del>	<del>For calendar year 2017, due date to be determined by CMS</del>	<del>Data submitted to CMS for review.</del>
<del>Quality, Network Management &amp; Delivery System Standards</del>	<del>Attachment 14 Group 3 Standard 3.4</del>	<del>Annually</del>	<del>For calendar year 2016, due with the annual certification application (Same as Attachment 7 items on the prior page).</del>	<del>Submit responses via Covered CA eValue8</del>
<del>Quality, Network Management &amp; Delivery System Standards</del>	<del>Attachment 14 Group 3 Standard 3.35</del>	<del>Quarterly</del>	<del>As requested</del>	<del>Monthly Provider Data Submitted via the Extranet to Covered California. (Same report as Contract Section 3.4.4 above)</del>
<del>Quality, Network Management and Delivery System Standards</del>	<del>Attachment 14 Group 3, 3.4 3.9</del>	<del>Annually and quarterly</del>	<del>with the annual certification application and as requested</del>	<del>application for certification and the Extranet</del>
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><del>Payment Reconciliation— Schedule of Notifications</del></p>		<p><del>Monthly</del></p>	<p><del>Report for the prior month on the first of the following month.</del></p>	<p><del>Accounting SCRtickets@covered.ca.gov</del></p>
<p><del>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.</del></p>				

<p><del>Billing Detail—Discrepancy Report</del></p> <p><del>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.</del></p>		<p><del>Monthly</del></p>	<p><del>Report for the prior month on the first of the following month. Use FMD Issuer Billing Discrepancy Report Template.</del></p>	<p><del>Accounting SCRtickets@covered.ca.gov</del></p>
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