

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:
Enrollment Reconciliation Comparison extract	2.1.2	Monthly	As required in 2.1.2	SFTP
Marketing Plan – Open Enrollment	2.45	Annually	30 days prior to open enrollment	QHPMarketingMaterials@covered.ca.gov
Marketing Plan – Special Enrollment	2.5	Annually	30 days prior to January 1st	QHPMarketingMaterials@covered.ca.gov
Marketing Plans of Retention and Renewal	2.5	Annually	30 days after open enrollment begins	QHPMarketingMaterials@covered.ca.gov
Marketing Actualized Spend Amounts	2.5	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

Reporting Requirements in Attachment 14				
Customer Service and Operational Performance Standards	Attachment 14 Groups 1 & 2	Monthly	The 10 th of the following month	QHP@covered.ca.gov
Dental Quality Alliance (DQA) Pediatric Measure Set	Attachment 14 Group 3	Annually	For calendar year 201 6 7 , due on April 30, 201 7 8	QHP@covered.ca.gov
Covered California Performance Measurement Standards and Reporting Requirements Utilization Measures for Adult Dental	Attachment 14 Group 3 4	Annually	For calendar year 201 6 7 , due on April 30, 201 7 8	QHP@covered.ca.gov

Reducing Health Disparities and Assuring Health Equity - Attachment 7, 1.03(b)	Attachment 14 Group 45 , 45.1	Annually	For calendar year 201 67 , due on February 28, 201 78	QHP@covered.ca.gov
Reporting Requirements in Attachment 14 (continued)				
Risk Assessment - Attachment 7, 2.03	Attachment 14 Group 45 , 45.2	Annually	For calendar year 201 76 , due on February 28, 201 87	QHP@covered.ca.gov
Reporting to and Collaborating with the Exchange Regarding Health Status - Attachment 7, 2.04	Attachment 14 Group 45 , 45.3	Annually	For calendar year 201 76 , due on February 28, 201 78	QHP@covered.ca.gov
Health and Wellness Services - Attachment 7, 3.01	Attachment 14 Group 45 , 45.4	Annually	For calendar year 201 76 , due on February 28, 201 87	QHP@covered.ca.gov
Community Health and Wellness Promotion - Attachment 7, 3.02	Attachment 14, Group 45 , 45.5	Annually	For calendar year 201 76 , due on February 28, 201 87	QHP@covered.ca.gov
Promoting Development and Use of Care Models - Attachment 7, 4.02	Attachment 14 Group 45 , 45.6	Annually	For calendar year 201 76 , due on February 28, 201 87	QHP@covered.ca.gov
Identification and Services for At-Risk Enrollees - Attachment 7, 4.03	Attachment 14 Group 45 , 45.7	Annually	For calendar year 201 76 , due on February 28, 201 87	QHP@covered.ca.gov
Provider Cost and Quality – Attachment 7 5.01	Attachment 14 Group 45 , 45.8	Annually	For calendar year 201 76 , due on February 28, 201 87	QHP@covered.ca.gov
Enrollee Benefit Information – Attachment 7, 5.03	Attachment 14, Group 45 , 45.9	Annually	For calendar year 201 76 , due on February 28, 201 87	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>		<p>Monthly</p>	<p>Report for the prior month on the first of due in the month following month <u>the payment due date</u>.</p>	<p>Accounting SCRtickets@covered.ca.gov</p>
<p>Financial Management Division – Required Reports (continued)</p>				
<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>		<p>Monthly</p>	<p>Report for the prior month on the first of due in the following month <u>following the payment due date</u>. Use FMD Issuer Billing Discrepancy Report Template.</p>	<p>Accounting SCRtickets@covered.ca.gov</p>

