

## CY 2022 Medicaid Managed Care Core Contract Reporting Calendar

#	Report Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Contacts
1	AE Population Extract <sup>7</sup> (DXC Upload Report)	X	X	X	X	X	X	X	X	X	X	X	X	Rebecca.Lebau@ohhs.ri.gov; Kari.Kusler.CTR@ohhs.ri.gov
2	AE Provider Roster <sup>7</sup> (DXC Upload Reports)	X	X	X	X	X	X	X	X	X	X	X	X	Rebecca.Lebau@ohhs.ri.gov; Kari.Kusler.CTR@ohhs.ri.gov
3	AE Quality Measure <sup>3</sup>										X			Amy.Katzen.CTR@ohhs.ri.gov; Charles.Estabrook.CTR@ohhs.ri.gov; Jennifer.Marsocci@ohhs.ri.gov
4	Clinical Data Exchange Implementation Status <sup>12</sup>			X										Charles.Estabrook.CTR@ohhs.ri.gov; Jennifer.Marsocci@ohhs.ri.gov
5	MCO-AE Milestone Performance (PY3) <sup>1</sup>	X			X			X						Charles.Estabrook.CTR@ohhs.ri.gov; Jennifer.Marsocci@ohhs.ri.gov
6	MCO-AE Milestone Performance (PY4) <sup>1</sup>	X			X			X			X			Charles.Estabrook.CTR@ohhs.ri.gov; Jennifer.Marsocci@ohhs.ri.gov
7	AEIP Quarterly Outcome Metrics OPY4 <sup>10</sup>		X			X			X			X		Charles.Estabrook.CTR@ohhs.ri.gov; Jennifer.Marsocci@ohhs.ri.gov
8	AEIP Annual Outcome Metrics <sup>8</sup>								X					Amy.Katzen.CTR@ohhs.ri.gov; Charles.Estabrook.CTR@ohhs.ri.gov; Jennifer.Marsocci@ohhs.ri.gov
9	TCOC Historical Base Data <sup>5</sup>			X										Amy.Katzen.CTR@ohhs.ri.gov; Jennifer.Marsocci@ohhs.ri.gov; Kimberly.D.Pelland@ohhs.ri.gov
10	TCOC Performance <sup>1</sup>	X			X			X			X			Amy.Katzen.CTR@ohhs.ri.gov; Jennifer.Marsocci@ohhs.ri.gov; Kimberly.D.Pelland@ohhs.ri.gov
11	Final TCOC Performance <sup>11</sup>		X											Amy.Katzen.CTR@ohhs.ri.gov; Jennifer.Marsocci@ohhs.ri.gov; Kimberly.D.Pelland@ohhs.ri.gov
12	AE Base Contract Checklist <sup>5</sup>			X										Amy.Katzen.CTR@ohhs.ri.gov; Jennifer.Marsocci@ohhs.ri.gov; Kimberly.D.Pelland@ohhs.ri.gov
13	Final ROI Project <sup>6</sup>										X			Amy.Katzen.CTR@ohhs.ri.gov; Charles.Estabrook.CTR@ohhs.ri.gov; Jennifer.Marsocci@ohhs.ri.gov
14	APM Report <sup>5</sup>								X					Amy.Katzen.CTR@ohhs.ri.gov; Jennifer.Marsocci@ohhs.ri.gov
15	Audited Financial Statements <sup>5</sup>					X								Charles.Plungis@ohhs.ri.gov
16	Financial Data Cost Report <sup>1</sup>	X			X			X			X			Charles.Plungis@ohhs.ri.gov
17	Annual MLR <sup>8</sup>						X							Charles.Plungis@ohhs.ri.gov
18	NAIC Annual Filing <sup>8</sup>			X										Charles.Plungis@ohhs.ri.gov
19	NAIC Quarterly <sup>10</sup>					X			X					Charles.Plungis@ohhs.ri.gov
20	Risk Share-Gain Share <sup>2</sup>	X	X	X	X	X	X	X	X	X	X	X	X	Charles.Plungis@ohhs.ri.gov
21	Access Report <sup>1</sup>	X			X			X			X			Chantele.Rotolo@ohhs.ri.gov; James.Brennan.CTR@ohhs.ri.gov
22	Annual Quality Plan and Evaluation (Med & BH) <sup>3</sup>							X						Chantele.Rotolo@ohhs.ri.gov; James.Brennan.CTR@ohhs.ri.gov
23	CAHPS <sup>5</sup>							X						Chantele.Rotolo@ohhs.ri.gov; James.Brennan.CTR@ohhs.ri.gov
24	Care Management <sup>1</sup>	X			X			X			X			Chantele.Rotolo@ohhs.ri.gov; Marjorie.DeLille.CTR@ohhs.ri.gov; Jennifer.Marsocci@ohhs.ri.gov; James.Brennan.CTR@ohhs.ri.gov
25	Claims Timely Filing Processing <sup>4</sup>	X	X	X	X	X	X	X	X	X	X	X	X	Ave.Houston@ohhs.ri.gov; Chantele.Rotolo@ohhs.ri.gov
26	HEDIS <sup>5</sup>							X						Chantele.Rotolo@ohhs.ri.gov; James.Brennan.CTR@ohhs.ri.gov
27	QIP <sup>1</sup>	X			X			X			X			Chantele.Rotolo@ohhs.ri.gov; James.Brennan.CTR@ohhs.ri.gov
28	QIP Annual <sup>5</sup>	X												Chantele.Rotolo@ohhs.ri.gov; James.Brennan.CTR@ohhs.ri.gov
29	GeoAccess <sup>1</sup>	X			X			X			X			Chantele.Rotolo@ohhs.ri.gov; James.Brennan.CTR@ohhs.ri.gov
30	Annual Compliance Plan (Med & BH) <sup>3</sup>												X	Ave.Houston@ohhs.ri.gov; Mark.Kraics@ohhs.ri.gov
31	Appeals <sup>1</sup>	X			X			X			X			Ave.Houston@ohhs.ri.gov; Mark.Kraics@ohhs.ri.gov
32	MCO Call Center Metrics <sup>7</sup>	X	X	X	X	X	X	X	X	X	X	X	X	Ave.Houston@ohhs.ri.gov; Janet.Begert.CTR@ohhs.ri.gov
33	Grievances Complaints <sup>1</sup>	X			X			X			X			Ave.Houston@ohhs.ri.gov; Mark.Kraics@ohhs.ri.gov
34	LEIE <sup>1</sup>				X			X			X			Ave.Houston@ohhs.ri.gov; Mark.Kraics@ohhs.ri.gov
35	MCO Program Integrity <sup>2</sup>				X			X			X			Ave.Houston@ohhs.ri.gov; Nancy.Lee@ohhs.ri.gov
36	Member Fraud-Out of State <sup>4</sup>	X	X	X	X	X	X	X	X	X	X	X	X	Nicole.Nelson@ohhs.ri.gov
37	MFCU Case Presentation <sup>10</sup>		X			X			X			X		Nancy.Lee@ohhs.ri.gov
38	837 Processing <sup>4</sup>	X	X	X	X	X	X	X	X	X	X	X	X	Steven.Converse@ohhs.ri.gov
39	Drug Utilization <sup>8</sup>							X						Ralph.Racca@ohhs.ri.gov; Mark.Kraics@ohhs.ri.gov
40	Newborn File <sup>6</sup>	X	X	X	X	X	X	X	X	X	X	X	X	Lissa.DiMauro@ohhs.ri.gov; Elyssa.Carosi.CTR@exchange.ri.gov; Michelle.Lizotte@ohhs.ri.gov
41	Vendor Address Change <sup>9</sup>	WEEKLY SUBMISSION												Ave.Houston@ohhs.ri.gov; Janet.Begert.CTR@ohhs.ri.gov
42	EVV Claims Validation <sup>4</sup>	X	X	X	X	X	X	X	X	X	X	X	X	Steven.Converse@ohhs.ri.gov; Margaret.Carpinelli@ohhs.ri.gov

NOTE: These reports are required to be generated for all lines of business for medical and BH services as well as for any subcontractor providing services for members.

Legend	
1	Due last business day of this month for previous quarter data
2	Due 15 days post the close of the reporting period
3	Due 90 days post contract effective date, then annually thereafter by the last business day of this month
4	Due by the last business day of this month for previous month
5	Due annually by the last business day of this month
6	Due the 15th of this month for previous month
7	Due the 5th business day of this month for the previous month
8	Due Annually on the 1st of this month

# File Naming Convention Specifications for Reports

Please use the following file naming convention for **all** reports:

**REPORTNAME\_REPORTDATARANGE\_HEALTHPLAN\_VENDOR\_VERSION.filetype**

Report Names and Report Data Ranges are listed in the Report Naming and Due Dates Tab

Naming Convention Specification	Specification Description	Specification for Submission	Example(s)
Separation of text/full values with underscore (_)	All text and full numeric values should be separated with an underscore (_), not a blank space.	Yes	MonthlyFinancialStatements_2018-05
REPORTNAME	The report name must match the type of report being submitted to EOHHS. <b>The report name should be copied exactly from the EOHHS reporting calendar.</b> Include no blank text spaces between report names (ie., AEAttributedLines). See list of report names below.	Yes	837Processing APMReport
REPORTDATARANGE	Refers to the period of data represented in the report. For example, if the January 837 Processing report is due February 2, 2018, this report should be titled 837Processing_2018-01, not the February report as this would be the incorrect data reporting frequency.	Yes	2018-05 2018Q3 2018Annual
HEALTHPLAN	Refers to the MCO entity that is submitting the report to EOHHS. See <u>required format for MCO abbreviations</u> for report submission in examples column. Note, all reports submitted by an MCO should use the same HEALTHPLAN identifier.	Yes	NHP UHC THP
VENDOR	Vendor refers to a report that has been subcontracted out and the MCO has validated data. The vendor name should always come after the HEALTHPLAN in the naming convention. For AEs, see <u>required format for AE abbreviations</u> for report submission in examples column.	Required for some vendor specific reports (i.e., AE Reports)	BVCHC                      Integra Coastal                      PCHC IHP                              Prospect
VERSION	Version refers to the version of the template. All version 1 templates do not have this report specification.	Yes	V2                              V3
FileType	The file type is the type of file being submitted. The program generating the report should have a file type. Common forms of accepted report formats are all Microsoft Office products. The MCO must submit reports to EOHHS in their original file types.	Yes	.doc .docx .xls

Report #	Report Name	Required File Type	EOHHS Reporting Template Provided	Template Version and Date	Report Cadence Rule	Report Data Range	Report Due Date	Special Notes
<b>Accountable Entity Reports*</b>								
1	AEPopulationExtract	Use file specs.	Use file specs	Version name convention not used for this report. Refer to specs.	Due the 5th of this month for the previous month	2021-12	Wednesday, January 5, 2022	Report must be uploaded to DXC FTP, not EOHHS FTP. Notification email and attestation should be sent to OHHS.MCOOversight@ohhs.ri.gov and report contacts. Follow naming convention used in special file specs. Specs are located on EOHHS FTP.
						2022-01	Monday, February 7, 2022*	
						2022-02	Monday, March 7, 2022*	
						2022-03	Tuesday, April 5, 2022	
						2022-04	Thursday, May 5, 2022	
						2022-05	Monday, June 6, 2022*	
						2022-06	Tuesday, July 5, 2022	
						2022-07	Friday, August 5, 2022	
						2022-08	Monday, September 5, 2022	
						2022-09	Wednesday, October 5, 2022	
						2022-10	Monday, November 7, 2022*	
						2022-11	Monday, December 5, 2022	
2022-12	Thursday, January 5, 2023							
2	AEProviderRoster	Use file specs.	Use file specs	Version name convention not used for this report. Refer to specs.	Due the 5th of this month for the previous month	2021-12	Wednesday, January 5, 2022	Report must be uploaded to DXC FTP, not EOHHS FTP. Notification email and attestation should be sent to OHHS.MCOOversight@ohhs.ri.gov and report contacts. Follow naming convention used in special file specs. Specs are located on EOHHS FTP.  Note: Provider roster will also include PCPs that are not part of an AE.
						2022-01	Monday, February 7, 2022*	
						2022-02	Monday, March 7, 2022*	
						2022-03	Tuesday, April 5, 2022	
						2022-04	Thursday, May 5, 2022	
						2022-05	Monday, June 6, 2022*	
						2022-06	Tuesday, July 5, 2022	
						2022-07	Friday, August 5, 2022	
						2022-08	Monday, September 5, 2022	
						2022-09	Wednesday, October 5, 2022	
						2022-10	Monday, November 7, 2022*	
						2022-11	Monday, December 5, 2022	
2022-12	Thursday, January 5, 2023							
3	AEQualityMeasure	Excel	Yes	V4-20210701	Due 90 days post contract effective date, then annually thereafter by the last business day of this month	2021Annual	Monday, October 31, 2022	Data Range: 1/1/2021-12/31/2021
4	ClinicalDataExchangeImplementationStatus	Word	Yes	V2-20210820	Due annually on this date	20210701-20220315	Tuesday, March 15, 2022	Template has been updated to include a question on the status of data received as NCCA-certified standard supplemental data (DAV-compliant) and ramifications if data is non-standard
5	MCOAEMilestonePerformance(PY3)	Excel	Yes	V3-20201001	Due last business day of this month for previous quarter data	20211001-20211231 20220101-20220331 20220401-20220630	Monday, January 31, 2022 Friday, April 29, 2022 Friday, July 29, 2022	
6	MCOAEMilestonePerformance(PY4)	Excel	Yes	V1-202110831	Due last business day of this month for previous quarter data	PY4 Q1	Friday, October 29, 2021	Data Range: 7/1/2021-9/30/2021
						PY4 Q2	Monday, January 31, 2022	Data Range: 10/1/2021-12/31/2021
						PY4 Q3	Friday, April 29, 2022	Data Range: 1/1/2022-3/31/2022
						PY4 Q4	Friday, July 29, 2022	Data Range: 4/1/2022-6/30/22
						PY5 Q1	Monday, October 31, 2022	Data Range: 7/1/2022-9/30/22
						PY5 Q2	Tuesday, January 21, 2023	Data Range: 10/1/2022-12/31/2022
7	AEIPQuarterly OutcomeMetricsOPY4	Excel	Yes	V7-20210729	Due Quarterly on specified dates.	20201001-20210930	Tuesday, February 15, 2022	
						20210101-20211231	Friday, May 13, 2022	
						20210401-20220331	Monday, August 15, 2022	
						20210701-20220630	Tuesday, November 15, 2022	
8	AEIPAnnualOutcomeMetrics - NEW REPORT	Excel	Yes	V1-20210726	Due Annually on the 1st of this month	OPY4Annual	Monday, August 1, 2022	Data Range: 1/1/2021-12/31/2021
9	TCOCHistoricalBaseData	Template	Yes	V4	Due annually by the last business day of this month (March).	TBD		EOHHS will determine the baseline period years for PY5 TCOC in fall 2021 and update this template with those dates as soon as they are determined.
10	TCOCPerformance	Excel	Yes	V2	Due last business day of this month for previous quarter data	20210701-20210930	Monday, January 31, 2022	
						20210701-20211231	Friday, April 29, 2022	
						20210701-20220331	Friday, July 29, 2022	
						20210701-20220630	Monday, October 31, 2022	

Final Calendar will be provided upon readiness

11	FinalTCOCPerformance-NEW REPORT	Excel	Yes	V1	Due two months following the end of the claims runout period for each program year.	PY3Annual	Monday, February 28, 2022	Data Range: 7/1/2020-6/30/2021
12	AEBaseContractChecklist-NEW REPORT	Excel	Yes	V1-20210726	Due annually by the last business day of this month.	PY5Annual	Thursday, March 31, 2022	Data Range: 7/1/2022-6/30/2023
13	FinalROIProject-NEW REPORT	Excel	Yes	V1-20210726	Due annually by the last business day of this month.	PY4Annual	Monday, October 31, 2022	Data Range: 7/1/2021-6/30/2022
<b>Finance Reports</b>								
14	APMReport	Excel	Yes	V5-20210609	Due annually by the last business day of this month	SFY2022Annual	Wednesday, August 31, 2022	Data Range: July 1, 2021 - June 30, 2022
15	AuditedFinancialStatements	PDF	No	N/A	Due annually by the last business day of this month	2021Annual	Tuesday, May 31, 2022	
16	FDCR	Excel	Yes	V4	Due last business day of this month for previous quarter data	2021Q4	Monday, January 31, 2022	
						2022Q1	Friday, April 29, 2022	
						2022Q2	Friday, July 29, 2022	
						2022Q3	Monday, October 31, 2022	
						2022Q4	Tuesday, January 31, 2023	
17	AnnualMLR	Excel	Yes	V3	Due Annually on the 1st of this month	2021Annual	Wednesday, June 1, 2022	
18	NAICAnnualFiling	PDF	No	N/A	Due Annually on the 1st of this month	2021Annual	Tuesday, March 1, 2022	
19	NAICQuarterly	PDF	No	N/A	Due Quarterly on specified dates.	2022Q1	Monday, May 16, 2022	
						2022Q2	Monday, August 15, 2022	
						2022Q3	Tuesday, November 15, 2022	
20	RiskShareGainShare	Excel	No	N/A	Due 45 days post the close of the reporting period.	2021-11	Monday, January 17, 2022*	
						2022-01	Tuesday, February 15, 2022	
						2022-01	Tuesday, March 15, 2022	
						2022-02	Friday, April 15, 2022	
						2022-03	Monday, May 16, 2022*	
						2022-04	Wednesday, June 15, 2022	
						2022-05	Friday, July 15, 2022	
						2022-06	Monday, August 15, 2022	
						2022-07	Thursday, September 15, 2022	
						2022-08	Monday, October 17, 2022*	
						2022-09	Tuesday, November 15, 2022	
						2022-10	Thursday, December 15, 2022	
2022-11	Monday, January 16, 2023*							
2022-12	Wednesday, February 15, 2023							
<b>Quality Reports</b>								
21	AccessReport	Excel	Yes	V2-20191227	Due last business day of month for previous quarter data	2021Q4	Monday, January 31, 2022	
						2022Q1	Friday, April 29, 2022	
						2022Q2	Friday, July 29, 2022	
						2022Q3	Monday, October 31, 2022	
						2022Q4	Tuesday, January 31, 2023	
22	AnnualQualityPlanandEvaluation(Med-BH)	PDF	No	N/A	Due 90 days post contract effective date, then annually thereafter by the last business day of the month	2021Annual	Friday, July 29, 2022	
23	CAHPS	Excel	No	N/A	Due annually by the last business day of this month	2021Annual	Wednesday, August 31, 2022	Naming Methodology is as follows: CAHPS_2020Annual_VendorName_Adult (Example: CAHPS_2020Annual_UHC_Adult) CAHPS_2020Annual_VendorName_Child
24	CareManagement	No	Yes	V5-20210614	Due last business day of this month for previous quarter data	2021Q4	Monday, January 31, 2022	
						2022Q1	Friday, April 29, 2022	
						2022Q2	Friday, July 29, 2022	
						2022Q3	Monday, October 31, 2022	
						2022Q4	Tuesday, January 31, 2023	
						2021-12	Monday, January 31, 2022	
						2022-01	Monday, February 28, 2022	

Final Calendar will be provided upon readiness

25	ClaimsTimelyFilingProcessing	Excel	Yes	V5.1-20210903	Monthly (Due last business day of the month for previous month's data)	2022-02	Thursday, March 31, 2022		
						2022-03	Friday, April 29, 2022		
						2022-04	Tuesday, May 31, 2022		
						2022-05	Thursday, June 30, 2022		
						2022-06	Friday, July 29, 2022		
						2022-07	Wednesday, August 31, 2022		
						2022-08	Friday, September 30, 2022		
						2022-09	Monday, October 31, 2022		
						2022-10	Wednesday, November 30, 2022		
						2022-11	Friday, December 30, 2022		
						2022-12	Tuesday, January 31, 2023		
						26	HEDIS		Excel
27	QIP	Excel	Yes	V2-20191001	Due last business day of this month for previous quarter data	2021Q4	Monday, January 31, 2022	See NCQA QIP Guidance.	
						2022Q1	Friday, April 29, 2022		
						2022Q2	Friday, July 29, 2022		
						2022Q3	Monday, October 31, 2022		
						2022Q4	Tuesday, January 31, 2023		
28	QIPAnnual	PDF	No	N/A	Due annually by the last business day of this month	2021Annual	Monday, January 31, 2022	Naming Methodology is as follows: QIP_2020Annual_VendorName_BCSMeasureQIP (For example: QIP_2020Annual_UHC_BCSMeasureQIP) QIP_2020Annual_VendorName_AMMMeasureQIP QIP_2020Annual_VendorName_LSCMeasureQIP QIP_2020Annual_VendorName_DevScreenMeasureQIP	
29	GeoAccess - NEW REPORT	PDF	No	N/A	Due last business day of this month for previous quarter data	2021Q4	Monday, January 31, 2022		
						2022Q1	Friday, April 29, 2022		
						2022Q2	Friday, July 29, 2022		
						2022Q3	Monday, October 31, 2022		
						2022Q4	Tuesday, January 31, 2023		
<b>Compliance Reports</b>									
30	AnnualCompliancePlan(Med-BH)	PDF	No	N/A	Due 90 days post contract effective date, then annually thereafter by the last business day of this month	2021Annual	Friday, December 31, 2021		
						2022Annual	Friday, December 30, 2022		
31	Appeals	Excel	Yes	V2-20191001	Due last business day of this month for previous quarter data	2021Q4	Monday, January 31, 2022		
						2022Q1	Friday, April 29, 2022		
						2022Q2	Friday, July 29, 2022		
						2022Q3	Monday, October 31, 2022		
						2022Q4	Tuesday, January 31, 2023		
32	MCOCallCenterMetrics	Excel	Yes	V3-20210718	Due the 5th of this month for the previous month	2021-12	Wednesday, January 5, 2022		
						2022-01	Monday, February 7, 2022*		
						2022-02	Monday, March 7, 2022*		
						2022-03	Tuesday, April 5, 2022		
						2022-04	Thursday, May 5, 2022		
						2022-05	Monday, June 6, 2022*		
						2022-06	Tuesday, July 5, 2022		
						2022-07	Friday, August 5, 2022		
						2022-08	Monday, September 5, 2022		
						2022-09	Wednesday, October 5, 2022		
						2022-10	Monday, November 7, 2022*		
						2022-11	Monday, December 5, 2022		
						2022-12	Thursday, January 5, 2023		
33	GrievancesComplaints	Excel	Yes	V3-20201001	Due last business day of this month for previous quarter data	2021Q4	Monday, January 31, 2022		
						2022Q1	Friday, April 29, 2022		
						2022Q2	Friday, July 29, 2022		
						2022Q3	Monday, October 31, 2022		
						2022Q4	Tuesday, January 31, 2023		
34	(LEIE) - NEW REPORT	No	No	N/A	Due last business day of this month for previous quarter data	2020Q4	Monday, January 31, 2022	Full Name of the report: List of Excluded Individuals-Entities	
						2021Q1	Friday, April 29, 2022		
						2021Q2	Friday, July 29, 2022		
						2021Q3	Monday, October 31, 2022		

Final Calendar will be provided upon readiness

					2021Q4	Tuesday, January 31, 2023	
<b>Program Integrity Reports</b>							
35	MCOProgramIntegrity	Excel	Yes	V5-20201026	Due last business day of this month for previous quarter data	2021Q4 Monday, January 31, 2022 2022Q1 Friday, April 29, 2022 2022Q2 Friday, July 29, 2022 2022Q3 Monday, October 31, 2022 2022Q4 Tuesday, January 31, 2023	
36	MemberFraudOutOfState	Excel	Yes	V2-20201001	Due last business day of the month for previous month's data	2021-12 Monday, January 31, 2022 2022-01 Monday, February 28, 2022 2022-02 Thursday, March 31, 2022 2022-03 Friday, April 29, 2022 2022-04 Tuesday, May 31, 2022 2022-05 Thursday, June 30, 2022 2022-06 Friday, July 29, 2022 2022-07 Wednesday, August 31, 2022 2022-08 Friday, September 30, 2022 2022-09 Monday, October 31, 2022 2022-10 Wednesday, November 30, 2022 2022-11 Friday, December 30, 2022 2022-12 Tuesday, January 31, 2023	
37	MFCUCasePresentation	Word	Yes	V2-20211210	Due Quarterly on specified dates.	2021Q4 Monday, February 21, 2022 2022Q1 Monday, May 23, 2022 2022Q2 Monday, August 22, 2022 2022Q3 Monday, November 28, 2022 2022Q4 TBD	Note: This report will now be submitted via the SFTP. MCOs are to upload to SFTP by 8:30 am on due dates listed.
<b>Operations Reports</b>							
38	837Processing	Excel	Yes	V3-20191001	Due last business day of the month for previous month's data	2021-12 Monday, January 31, 2022 2022-01 Monday, February 28, 2022 2022-02 Thursday, March 31, 2022 2022-03 Friday, April 29, 2022 2022-04 Tuesday, May 31, 2022 2022-05 Thursday, June 30, 2022 2022-06 Friday, July 29, 2022 2022-07 Wednesday, August 31, 2022 2022-08 Friday, September 30, 2022 2022-09 Monday, October 31, 2022 2022-10 Wednesday, November 30, 2022 2022-11 Friday, December 30, 2022 2022-12 Tuesday, January 31, 2023	
39	DrugUtilization	On-line/ Word/ PDF	Yes	N/A	Due Annually on the 1st of this month	2021Annual Friday, July 1, 2022	This report is a CMS report. Report requirements are provided by CMS.
40	NewbornFile	Excel	Yes	V3-20210609	Due the 15th of this month for previous month.	2021-12 Monday, January 17, 2022* 2022-01 Tuesday, February 15, 2022 2022-02 Tuesday, March 15, 2022 2022-03 Friday, April 15, 2022 2022-04 Monday, May 16, 2022* 2022-05 Wednesday, June 15, 2022 2022-06 Friday, July 15, 2022 2022-07 Monday, August 15, 2022 2022-08 Thursday, September 15, 2022 2022-09 Monday, October 17, 2022* 2022-10 Tuesday, November 15, 2022 2022-11 Thursday, December 15, 2022 2022-12 Monday, January 16, 2023*	
41	VendorAddressChange	Excel	Yes	V1.2-20210908	Due weekly, by 1:00 pm, EST on Friday. If Friday is a holiday, submit by 1:00 pm, EST following Monday.	Week Ending 2022-01-07 through Week Ending 2022-12-30 Friday, January 7, 2022 Friday, December 30, 2022	This is a weekly report. Dates provided are illustrative of cadence.
						2021-12 Monday, January 31, 2022	

Final Calendar will be provided upon readiness

42	EVVClaimsValidation	Excel	No	N/A	Due last business day of the month for previous month's data	2022-01	Monday, February 28, 2022
						2022-02	Thursday, March 31, 2022
						2022-03	Friday, April 29, 2022
						2022-04	Tuesday, May 31, 2022
						2022-05	Thursday, June 30, 2022
						2022-06	Friday, July 29, 2022
						2022-07	Wednesday, August 31, 2022
						2022-08	Friday, September 30, 2022
						2022-09	Monday, October 31, 2022
						2022-10	Wednesday, November 30, 2022
						2022-11	Friday, December 30, 2022
						2022-12	Tuesday, January 31, 2023

\*Dates have been modified to reflect weekends or holidays.

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# MCO Managed Care Core Contract Report Description

Report #	Report Name	Type of Requirement			Purpose of the Report
		Federal	State	EOHHS Contract	
1	AE Population Extract			√	A list of names (and MIDs) and the attributed AE on a monthly basis. This allows EOHHS to match the AE members to claims to evaluate the AE intervention.
2	AE Provider Roster			√	List of providers within the AE network.
3	AE Quality Measure	√		√	Quality data/performance outcomes of each AE by MCO as defined in the AE Total Cost of Care requirements.
4	Clinical Data Exchange Implementation Status			√	CDE Implementation Status Report Description. The CDE Implementation Status report should detail the status of clinical data exchange efforts with each AE, including progress made since the last status report towards transmitting clinical data necessary to generate the AE Common Measure Slate measures, application of data validation activities, and identification of major issues that need to be resolved.
5	MCO-AE Milestone Performance (PY3)			√	The Milestone Performance Report (MPR) is completed quarterly by the MCO to demonstrate compliance with the MCO and AE incentive reward program. The form is divided into three sections: Fixed Milestone, Outcome Measures and Variable Measures.
6	MCO-AE Milestone Performance (PY4)			√	The Milestone Performance Report (MPR) is completed quarterly by the MCO to demonstrate compliance with the MCO and AE incentive reward program. The form is divided into four sections: Fixed Milestone, Outcome Measures, Variable Measures, and ROI Project (for FQHCs only).

Final Calendar will be provided upon readiness



Report #	Report Name	Type of Requirement			Purpose of the Report
		Federal	State	EOHHS Contract	
7	AEIP Quarterly Outcome Metrics OPY4			√	As part of the HSTP incentive program and per the incentive funding requirements, AEs have an opportunity to earn a % of HSTP incentive dollars based on annual performance on three identified outcome metrics. Each MCO is responsible for providing quarterly performance data on the three outcome measures to AEs and EOHHS.
8	AEIP Annual Outcome Metrics			√	As part of the HSTP incentive program and per the incentive funding requirements, AEs have an opportunity to earn a % of HSTP incentive dollars based on annual performance on three identified outcome metrics. Each MCO is responsible for providing annual performance data on the All-Cause Readmission measure to EOHHS and for transmitting data on all three outcome measures to AEs once EOHHS provides the annual data on the two ED-related measures.
9	TCOC Historical Base Data			√	To provide data to support development of TCOC targets for the follow AE Performance Year.
10	TCOC Performance			√	To provide data to support development of quarterly and final program year TCOC performance reports.
11	Final TCOC Performance			√	To provide data to support development of final program year TCOC performance reports.
12	AE Base Contract Checklist			√	To accompany the annual AE-MCO base contract, this checklist identifies the elements with which the base contract must comply to be approved. These elements are closely aligned with the AE Program Requirements and may be updated annually.
13	Final ROI Project			√	As part of the HSTP incentive program, FQHC-based AEs have the opportunity to earn 5% of their incentive funds through an "ROI Project." This report is how the MCO will report to EOHHS on the results of these projects.

Final Calendar will be provided upon readiness

Report #	Report Name	Type of Requirement			Purpose of the Report
		Federal	State	EOHHS Contract	
14	APM Report			√	This report tracks the dollar amounts spent through various Alternative Payment Methodologies (APMs), relative to total medical spend, and the attributed lives represented through these arrangements. Tracked APMs include capitation, population-based total cost of care, bundled payments, PCMH payments, pay-for-performance distributions, and other EOHHS approved arrangements.
15	Audited Financial Statements with notes (contains audited financial statements from the plans as well as the auditors' opinions)		√	√	Audited financial statements from the Health Plans external auditor.
16	Financial Data Cost Report			√	Financial Data Cost Report is used by EOHHS to build rate setting for future SFY.
17	Annual MLR	√		√	CMS requires an aggregated medical loss ratio on an annual basis. Contractor is required to submit a consolidated MLR report using the Medicaid Managed Care Program: Medical Loss Ratio Calculation workbook and template provided by EOHHS for their Medicaid population for each MLR reporting year, specifically as defined in 42 CFR 438.8(e), 42 CFR 438.8(f), and 42 CFR 438.8(h).
18	NAIC Annual Filing (detailed report which includes the annual actuarial opinion for each plan)			√	National Association of Insurance Commissioners' Statement and related financial reports representing the financial activities of the Health Plans, as of December 31. This report is submitted quarterly and an annual report is due to the NAIC and the RI Department of Business Regulations on March 1.
19	NAIC Quarterly			√	National Association of Insurance Commissioners' Statement and related financial reports representing the financial activities of the Health Plans, as of December 31. This report is submitted quarterly and an annual report is due to the NAIC and the RI Department of Business Regulations on March 1.

Final Calendar will be provided upon readiness

Report #	Report Name	Type of Requirement			Purpose of the Report
		Federal	State	EOHHS Contract	
20	Risk Share-Gain Share (Includes Accountable Entity Shared Savings)	√		√	Monthly and annual cumulative reports prepared by the Health Plans for the open contract periods. A separate report is provided for each line of business covered by the Plans.
21	Access Report	√	√	√	<p>Access Report is a combination of the Provider Panel Report, Provider Snapshot Access Survey 1 and Secret Shopper</p> <p><u>Provider Panel Report:</u> To report the number of providers in each primary care category and the percentage of providers with open panels.</p> <p><u>Provider Snapshot Access Survey Results:</u> Health plans survey their provider network for appointment availability. We do not have clear guidance on the network they need to survey: UHC surveys all FQHC's, top 5 primary care providers by volume, and top 3 BH providers by volume. NHP surveys the primary care providers with greater than 500 members and the top 3 BH providers by volume.</p> <p><u>Secret Shopper:</u> Health Plans conduct a secret shopper survey by a methodology provided by IPRO. The methodology describes how to select providers that need to be surveyed, discusses scripts to use with providers, and addresses how the health plan will record as "met" or "not met". The scripts are also approved by EOHHS.</p>

Final Calendar will be provided upon readiness

Report #	Report Name	Type of Requirement			Purpose of the Report
		Federal	State	EOHHS Contract	
22	Annual Quality Plan and Evaluation (Med & BH)	√	√	√	This report tracks the status and results of each Quality Improvement Project to EOHHS, or its designees, as requested, but at least within thirty (30) days following presentation to Contractor's Quality Improvement Committee. Contractor agrees to cooperate fully with EOHHS or its designees in any efforts to validate performance improvement projects. Each performance improvement project will be evaluated annually.
23	CAHPS	√	√	√	CAHPS report shows health plan performance in customer satisfaction and member experience. These reports are used to assess health plan performance in customer satisfaction and clinical quality, to acknowledge areas of high performance, and to identify opportunities for improvement. Results are used to inform the development of quality measurement with Performance Goal Program, Quality Improvement Projects, Accountable Entities, etc.
24	Care Management			√	The health plan shall have a written care management program description and policies and procedures that delineate compliance with the Care Management Protocols in Attachment Q.
25	Claims Timely Filing Processing	√	√		Monitoring timely claims payment by EOHHS. The report is used to track claims/payments due to the repeated difficulties with claims payments, this report has been utilized to track the claims submitted and paid for both the adult and children's service providers.
26	HEDIS	√	√	√	HEDIS report shows health plan performance in clinical quality across several domains including effectiveness of care: prevention and screening, respiratory, cardiovascular, diabetes, musculoskeletal, behavioral health, medication management, overuse/appropriateness of care; access and availability; and utilization. These reports are used to inform the development of quality measurement.

Final Calendar will be provided upon readiness

Report #	Report Name	Type of Requirement			Purpose of the Report
		Federal	State	EOHHS Contract	
27	QIP	√	√	√	This report provides a quarterly update on the performance of these measures, identify interventions that were taken by the plan in the most recent quarter and identify barriers to improvement on this measure.
28	QIP Annual	√	√	√	The annual report requires the health plan to review progresses and areas for growth in the aggregate. It is expected that the annual report will include root cause analyses for barriers to achieving benchmarks as well as best practices. The health plan should include clinical and systemic changes that impacted scores. The health plan should develop interventions to address all barriers. Interventions may be developed and modified throughout the year, so this report should reflect all modifications and the rationale used. The health plan should compare quarters to assure improvement is meaningful. As with each QIP, the health plan will provide the most recent data point, summary of the interventions conducted during that reporting period, and the barriers to improvement at the system/policy-level, health plan-level and at the provider or member-level.
29	Geo Access	√	√	√	Geo Access Report monitors members' access to services by urban, suburban, and rural areas of the State, as well as by city and zip code.
30	Annual Compliance Plan (Med & BH)	√		√	An effective Compliance plan contains: Written policies and procedures. Designated compliance officer and compliance committee. Effective training and education. Effective lines of communication. Internal monitoring and auditing. Enforcement of standards through well-publicized disciplinary guidelines.

Final Calendar will be provided upon readiness

Report #	Report Name	Type of Requirement			Purpose of the Report
		Federal	State	EOHHS Contract	
31	Appeals	√	√	√	Appeal report tracks appeals by members and providers by LOB, by type of appeal (medical, SUD residential, partial hospitalization or IOP, detox, OTP, other BH, radiology, Rx, and DME)
32	MCO Call Center Metrics			√	This report contains call center data provided by MCOs. It is used to monitor compliance with service level agreements established in the contract.
33	Grievances Informal Complaints		√	√	Grievance report tracks both quality of care issues and requests by members to disenroll from the health plan.  The grievance process will be available for disputes between the MCO and the member concerning, among other things, denial, reduction, delay, suspension, or termination of services; requests for services that are not acted upon in a timely manner; dissatisfaction with providers; appropriateness of services rendered; availability of services; the inability to obtain culturally and linguistically appropriate care; or disputes concerning disenrollment.
34	LEIE (List of Excluded Individuals-Entity)	√		√	The Office of Inspector General's List of Excluded Individuals is a requirement that mandates Health Plans run monthly LEIE checks and submit reports quarterly to EOHHS. LEIE provides information to the health care industry, patients and the public regarding individuals and entities currently excluded from participation in Medicare, Medicaid and all other Federal health care programs. Individuals and entities who have been reinstated are removed from the LEIE.
35	MCO Program Integrity	√		√	To provide to Program Integrity to monitor investigations/audits, status of tips and to track recoveries.

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Report #	Report Name	Type of Requirement			Purpose of the Report
		Federal	State	EOHHS Contract	
36	Member Fraud Out of State	√	√		To identify members who either have reported to the MCO that they reside out side of RI or are suspected to be residing outside of RI as is evidenced by review of pharmacy claims by the MCO.
37	MFCU Case Presentation	√		√	The purpose of the report is to provide the status of investigations that each MCO/entity has undertaken.
38	837 Processing		√	√	To compare and monitor the total claims and total dollars that the health plan recorded as submitted to what we have in the MMIS. This also allows EOHHS to monitor how many claims and dollars the health plan has incurred and not yet submitted.
39	Drug Utilization	√			Annual report summarizing MCO interventions for drug utilization review, including internal edits in Rx system, outreach efforts, and topics reviewed by the Pharmacy & Therapeutics Committee. This is submitted to EOHHS by MCOs at the request of CMS in a format requested by CMS including on-line / Word/ PDF.
40	Newborn File			√	Contractor shall supply EOHHS with all necessary files in order to enroll newborns of the adult expansion population members.
41	Vendor Address Change			√	This report contains demographic changes compiled by MCOs. This data is provided to EOHHS to update member information.

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