

CY 2024 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 ¹³ (DXC Upload Report)	X	X	X	X	X	X	X	X	X	X	X	X	Charles.Estabrook@ohhs.ri.gov; Jake.Lamar.CTR@ohhs.ri.gov
2	AE Provider Roster ⁷ (DXC Upload Reports)	X	X	X	X	X	X	X	X	X	X	X	X	Charles.Estabrook@ohhs.ri.gov; Jake.Lamar.CTR@ohhs.ri.gov
3	AE Base Contract Checklist ⁵			X										Charles.Estabrook@ohhs.ri.gov
4	AEIP Annual Outcome Metrics ⁸								X					Charles.Estabrook@ohhs.ri.gov; Breanna.Lemieux.CTR@ohhs.ri.gov
5	AEIP Quarterly Outcome Metrics OPY6 ¹⁰		X			X								Charles.Estabrook@ohhs.ri.gov; Breanna.Lemieux.CTR@ohhs.ri.gov
6	APM Report ⁵								X					Charles.Estabrook@ohhs.ri.gov
7	Final ROI Project ⁵										X			Charles.Estabrook@ohhs.ri.gov; Breanna.Lemieux.CTR@ohhs.ri.gov
8	Final TCOC Performance ¹¹		X											Charles.Estabrook@ohhs.ri.gov; Nadine.Otrando.CTR@ohhs.ri.gov
9	MCO-AE Milestone Performance (PY5) ¹	X			X			X				X		Charles.Estabrook@ohhs.ri.gov; Nadine.Otrando.CTR@ohhs.ri.gov
10	MCO-AE Milestone Performance (PY6) ¹											X		Charles.Estabrook@ohhs.ri.gov; Nadine.Otrando.CTR@ohhs.ri.gov
11	Overall Quality Score Determinations QPY6 ³											X		Charles.Estabrook@ohhs.ri.gov; Breanna.Lemieux.CTR@ohhs.ri.gov
12	TCOC Historical Base Data ⁵			X										Charles.Estabrook@ohhs.ri.gov; Nadine.Otrando.CTR@ohhs.ri.gov
13	TCOC Performance ²		X			X			X				X	Charles.Estabrook@ohhs.ri.gov; Nadine.Otrando.CTR@ohhs.ri.gov
14	Audited Financial Data Cost Report ⁵									X				Charles.Plungis@ohhs.ri.gov
15	Audited Financial Statements ⁵					X								Charles.Plungis@ohhs.ri.gov
16	Financial Data Cost Report ²		X			X			X				X	Charles.Plungis@ohhs.ri.gov
17	Annual MLR ⁸						X							Charles.Plungis@ohhs.ri.gov
18	NAIC Annual Filing ⁸			X										Charles.Plungis@ohhs.ri.gov
19	NAIC Quarterly ¹⁰					X			X			X		Charles.Plungis@ohhs.ri.gov
20	Access Report ¹	X			X			X				X		James.Brennan@ohhs.ri.gov; Chantele.Rotolo@ohhs.ri.gov
21	Annual Quality Plan and Evaluation (Med & BH) ³							X						James.Brennan@ohhs.ri.gov; Chantele.Rotolo@ohhs.ri.gov
22	CAHPS ⁵								X					James.Brennan@ohhs.ri.gov; Chantele.Rotolo@ohhs.ri.gov
23	Care Management ¹	X			X			X				X		James.Brennan@ohhs.ri.gov; Chantele.Rotolo@ohhs.ri.gov
24	Claims Timely Filing Processing ⁴	X	X	X	X	X	X	X	X	X	X	X	X	Lynn.Doherty@ohhs.ri.gov; Chantele.Rotolo@ohhs.ri.gov
25	GeoAccess ¹	X			X			X						James.Brennan@ohhs.ri.gov; Chantele.Rotolo@ohhs.ri.gov
26	HEDIS ⁵							X						James.Brennan@ohhs.ri.gov; Chantele.Rotolo@ohhs.ri.gov
27	QIP ¹	X			X			X				X		James.Brennan@ohhs.ri.gov; Chantele.Rotolo@ohhs.ri.gov
28	QIP Annual ⁵		X											James.Brennan@ohhs.ri.gov; Chantele.Rotolo@ohhs.ri.gov
29	Annual Compliance Plan (Med & BH) ³												X	Lynn.Doherty@ohhs.ri.gov
30	Appeals ¹	X			X			X				X		Lynn.Doherty@ohhs.ri.gov
31	MCO Call Center Metrics ⁷	X	X	X	X	X	X	X	X	X	X	X	X	Lynn.Doherty@ohhs.ri.gov
32	Grievances Complaints ¹	X			X			X				X		Lynn.Doherty@ohhs.ri.gov
33	LEIE ¹	X			X			X				X		Lynn.Doherty@ohhs.ri.gov
34	MCO Program Integrity ¹	X			X			X				X		OHHS.programintegrity@ohhs.ri.gov; Lynn.Doherty@ohhs.ri.gov
35	Member Fraud-Out of State ⁴	X	X	X	X	X	X	X	X	X	X	X	X	Christopher.Smith@ohhs.ri.gov
36	MFCU Case Presentation ¹⁰		X			X			X			X		OHHS.programintegrity@ohhs.ri.gov; Lynn.Doherty@ohhs.ri.gov
37	837 Processing ⁴	X	X	X	X	X	X	X	X	X	X	X	X	Steven.Corvese@ohhs.ri.gov
38	Drug Utilization ⁸							X						Karen.Mariano@gainwelltechnologies.com; Nicole.Nelson@ohhs.ri.gov
39	EVV Claims Validation ⁴		X	X	X	X	X	X	X	X	X	X	X	Steven.Corvese@ohhs.ri.gov; Margaret.Carpinelli@ohhs.ri.gov
40	Newborn File ⁶	X	X	X	X	X	X	X	X	X	X	X	X	Sally.McGrath@ohhs.ri.gov; Elyssa.Carosi.CTR@exchange.ri.gov; Michelle.Lizotte@ohhs.ri.gov
41	Vendor Address Change ⁹													WEEKLY SUBMISSION Lynn.Doherty@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 45 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

Report Owner changes are in **bold-face**.

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. The report name should be copied exactly from the EOHHS reporting calendar. Include no blank text spaces between report names (ie., AEAttributedLives). 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 Coastal IHP Integra PCHC 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

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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
Accountable Entity Reports*							United	
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	2023-12	Friday, January 5, 2024	Report must be uploaded to DXC FTP, not EOHHS FTP. Notification email and attestation should be sent to OHHS.MCOversight@ohhs.ri.gov and report contacts. Follow naming convention used in special file specs. Specs are located on EOHHS SFTP.
						2024-01	Monday, February 5, 2024	
						2024-02	Tuesday, March 5, 2024	
						2024-03	Friday, April 5, 2024	
						2024-04	Monday, May 6, 2024	
						2024-05	Wednesday, June 5, 2024	
						2024-06	Friday, July 5, 2024	
						2024-07	Monday, August 5, 2024	
						2024-08	Thursday, September 5, 2024	
						2024-09	Monday, October 7, 2024*	
						2024-10	Tuesday, November 5, 2024	
						2024-11	Thursday, December 5, 2024	
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	2023-12	Friday, January 5, 2024	Report must be uploaded to DXC FTP, not EOHHS FTP. Notification email and attestation should be sent to OHHS.MCOversight@ohhs.ri.gov and report contacts. Follow naming convention used in special file specs. Specs are located on EOHHS SFTP Note: Provider roster will also include PCPs that are not part of an AE.
						2024-01	Monday, February 5, 2024	
						2024-02	Tuesday, March 5, 2024	
						2024-03	Friday, April 5, 2024	
						2024-04	Monday, May 6, 2024*	
						2024-05	Wednesday, June 5, 2024	
						2024-06	Friday, July 5, 2024	
						2024-07	Monday, August 5, 2024	
						2024-08	Thursday, September 5, 2024	
						2024-09	Monday, October 7, 2024*	
						2024-10	Tuesday, November 5, 2024	
						2024-11	Thursday, December 5, 2024	
2024-12	Monday, January 6, 2025*							
3	AEBaseContractChecklist	Excel	Yes	V4-20230112	Due annually by the last business day of this month.	PY6Annual	Friday, March 31, 2024	Data Range: 07/01/2023-06/30/2024 Minor language updates to align with program documents.
4	AEIPAnnualOutcomeMetricsOPY6	Excel	Yes	V9.3-20230814	Due Annually on the 1st of this month	OPY6Annual	Thursday, August 1, 2024	Data Range: 01/01/2023-12/31/2023
5	AEIPQuarterlyOutcomeMetricsOPY6	Excel	Yes	V9.3-20230814	Due Quarterly on specified dates.	10012022-09302023	Thursday, February 15, 2024	12 months of data with 3 month run-out plus 1.5 months to compile: *Look Back Period: 10/01/2021 - 09/30/2022 (1 year) *3 Month Run-out (10/01/2022-12/31/2022) *1.5 Months to Compile (01/01/2023-02/15/2023) = Due Date of 02/15/2023
						01012023-12312023	Wednesday, May 15, 2024	01/01/2023-12/31/2023 see above example
						04012023-03312023	Monday, August 14, 2024 OPY7 Q1	04/01/2023-03/31/2023
						07012023-06302023	Wednesday, November 15, 2024 OPY7 Q2	07/02/2023-06/30/2023
6	APMReport - TO BE REVISED	Excel	Yes	V7.1-20230104 (current version) Revised template to be provided by Finance	Due annually by the last business day of this month	SFY2024Annual	Thursday, August 31, 2024	Data Range: 07/01/2023-06/30/2024
7	FinalROIProject	Excel	Yes	V2-20221031	Due annually by the last business day of this month.	PY6Annual	Tuesday, October 31, 2024	Data Range: 07/01/2023-6/30/2024

8	FinalTCOCPerformance - TO BE REVISED	Excel	Yes	V2 (current version) Revised template to be provided by Milliman	Due two months following the end of the claims runout period for each program year.	PY5Annual	Thursday, February 29, 2024	Data Range: 07/01/2022-6/30/2023
9	MCOAEMilestonePerformance(PY5)	Excel	Yes	NHP V5.2.2-20230112	Due last business day of this month for previous quarter data	PY5 Q1	Tuesday, October 31, 2023	Data Range: 07/01/2022-09/30/2022
						PY5 Q2	Wednesday, January 31, 2024	Data Range: 10/01/2022-12/31/2022
						PY5 Q3	Tuesday, April 30, 2024	Data Range: 01/01/2023-03/31/2023
						PY5 Q4	Wednesday, July 31, 2024	Date Range: 04/01/2023-06/30/2023
10	MCOAEMilestonePerformance(PY6)-NEW	Excel	Yes	V3 - 20231017	Due last business day of this month for previous quarter data	PY6 Q1	Tuesday, October 31, 2023	Date Range: 07/01/2023-09/30/2023
						PY6 Q2	Wednesday, January 31, 2024	Date Range: 10/01/2023-12/31/2023
						PY6 Q3	Tuesday, April 30, 2024	Data Range: 01/01/2024-03/31/2024
						PY6 Q4	Wednesday, July 31, 2024	Date Range: 04/01/2024-06/30/2024
11	Overall Quality Score Determinations QPY6 - REVISED (formerly named AE Quality Measure)	Excel	Yes	V1 - To be provided	Due 90 days post contract effective date, then annually thereafter by the last business day of this month	2023Annual	Thursday, October 31, 2024	Data Range: 01/01/2023-12/31/2023 Updated to include a new tab for MCOs to report the percentage of gaps closed using electronic clinic data.
12	TCOCHistoricalBaseData - TO BE REVISED	Template	Yes	V5 (current version) Revised template to be provided by Milliman	Due annually by the last business day of this month (March).	TBD	Friday, March 31, 2024	
13	TCOCPerformance - TO BE REVISED: 1. Performance Report 2. Member Level Attribution Report 3. Printed and Signed Attestation	Excel	Yes	V4 (current version) Revised template to be provided by Milliman	Due 45 days post the close of the reporting period.	PY6 Q1	Thursday, February 15, 2024	Date Range: 07/01/2023-09/30/2023
						PY6 Q2	Wednesday, May 15, 2024	Date Range: 07/01/2023-12/31/2023
						PY6 Q3	Thursday, August 15, 2024	Date Range: 07/01/2023-03/31/2024
						PY6 Q4	Friday, November 15, 2024	Date Range: 07/01/2023-06/30/2024 Updated report cadence to be 15 business days later due to request to stagger with MCO FDCR report due date (so MCOs can reconcile with FDCR vs having Milliman ask questions/request changes)
Finance Reports								
14	AuditedFDCR (NEW)	Excel	Yes	V1	Due annually by the last business day of this month	FY2024	Monday, September 30, 2024	Range: 7/1/2023 - 6/30/2024
15	AuditedFinancialStatements	PDF	No	N/A	Due annually by the last business day of this month	2023Annual	Friday, May 31, 2023	
16	FDCR - REVISED	Excel	Yes	V5.2 (current version) Revised template to be provided by Milliman	Due 45 days post the close of the reporting period.	2023Q4	Thursday, February 15, 2024	
						2024Q1	Wednesday, May 15, 2024	
						2024Q2	Thursday, August 15, 2024	
						2024Q3	Friday, November 15, 2024	
2024Q4	Monday, February 17, 2025*							
17	AnnualMLR - TO BE REVISED	Excel	Yes	V5 (current version) Revised template to be provided by Milliman	Due Annually on the 1st of this month	2023Annual	Monday, June 3, 2024*	
18	NAICAnnualFiling	PDF	No	N/A	Due Annually on the 1st of this month	2023Annual	Friday, March 1, 2024	
19	NAICQuarterly	PDF	No	N/A	Due Quarterly on specified dates.	2024Q1	Wednesday, May 15, 2024	
						2024Q2	Thursday, August 15, 2024	
						2024Q3	Friday, November 15, 2024	
Quality Reports								
20	AccessReport	Excel	Yes	V2-20191227	Due last business day of month for previous quarter data	2023Q4	Wednesday, January 31, 2024	
						2024Q1	Tuesday, April 30, 2024	
						2024Q2	Wednesday, July 31, 2024	
						2024Q3	Thursday, October 31, 2024	
2024Q4	Friday, January 31, 2025							
21	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	2023Annual	Wednesday, July 31, 2024	

22	CAHPS	Excel	No	N/A	Due annually by the last business day of this month	2023Annual	Friday, August 30, 2024	Naming Methodology is as follows: CAHPS_2020Annual_VendorName_Adult (Example: CAHPS_2020Annual_UHC_Adult) CAHPS_2020Annual_VendorName_Child
23	CareManagement-REVISED	No	Yes	V6-20230807	Due last business day of this month for previous quarter data	2023Q4	Wednesday, January 31, 2024	
						2024Q1	Tuesday, April 30, 2024	
						2024Q2	Wednesday, July 31, 2024	
						2024Q3	Thursday, October 31, 2024	
						2024Q4	Friday, January 31, 2025	
24	ClaimsTimelyFilingProcessing	Excel	Yes	V5.2-20210922	Monthly (Due last business day of the month for previous month's data)	2023-12	Wednesday, January 31, 2024	
						2024-01	Thursday, February 29, 2024	
						2024-02	Friday, March 29, 2024	
						2024-03	Tuesday, April 30, 2024	
						2024-04	Friday, May 31, 2024	
						2024-05	Friday, June 28, 2024	
						2024-06	Wednesday, July 31, 2024	
						2024-07	Friday, August 30, 2024	
						2024-08	Monday, September 30, 2024	
						2024-09	Thursday, October 31, 2024	
						2024-10	Friday, November 29, 2024	
						2024-11	Tuesday, December 31, 2024	
2024-12	Friday, January 31, 2025							
25	GeoAccess	PDF	No	N/A	Due last business day of this month for previous quarter data	2023Q4	Wednesday, January 31, 2024	
						2024Q1	Tuesday, April 30, 2024	
						2024Q2	Wednesday, July 31, 2024	
						2024Q3	Thursday, October 31, 2024	
						2024Q4	Friday, January 31, 2025	
26	HEDIS	Excel	No	N/A	Due annually by the last business day of this month	2023Annual	Wednesday, July 31, 2024	Naming Methodology is as follows: HEDIS_MY2020Annual_MCO Name
27	QIP	Excel	Yes	V2-20191001	Due last business day of this month for previous quarter data	2023Q4	Wednesday, January 31, 2024	See NCOA QIP Guidance.
						2024Q1	Tuesday, April 30, 2024	
						2024Q2	Wednesday, July 31, 2024	
						2024Q3	Thursday, October 31, 2024	
						2024Q4	Friday, January 31, 2025	
28	QIPAnnual	PDF	No	N/A	Due annually by the last business day of this month	2023Annual	Wednesday, January 31, 2024	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
Compliance Reports								
29	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	2024Annual	Tuesday, December 31, 2024	
30	Appeals	Excel	Yes	V3-20220830	Due last business day of this month for previous quarter data	2023Q4	Wednesday, January 31, 2024	
						2024Q1	Tuesday, April 30, 2024	
						2024Q2	Wednesday, July 31, 2024	
						2024Q3	Thursday, October 31, 2024	
						2024Q4	Friday, January 31, 2025	
						2023-12	Friday, January 5, 2024	
						2024-01	Monday, February 5, 2024	

31	MCOCallCenterMetrics-REVISED	Excel	Yes	V4-20231017	Due the 5th of this month for the previous month	2024-02	Tuesday, March 5, 2024	Monthly results in consecutive order for comparison and not just for the month being reported.
						2024-03	Friday, April 5, 2024	
						2024-04	Monday, May 6, 2024*	
						2024-05	Wednesday, June 5, 2024	
						2024-06	Friday, July 5, 2024	
						2024-07	Monday, August 5, 2024	
						2024-08	Thursday, September 5, 2024	
						2024-09	Monday, October 7, 2024*	
						2024-10	Tuesday, November 5, 2024	
						2024-11	Thursday, December 5, 2024	
						2024-12	Monday, January 6, 2025*	
						32	GrievancesComplaints-REVISED	
2024Q1	Tuesday, April 30, 2024							
2024Q2	Wednesday, July 31, 2024							
2024Q3	Thursday, October 31, 2024							
33	LEIE	No	No	N/A	Due last business day of this month for previous quarter data	2024Q4	Friday, January 31, 2025	Full Name of the report: List of Excluded Individuals-Entities
						2023Q4	Wednesday, January 31, 2024	
						2024Q1	Tuesday, April 30, 2024	
						2024Q2	Wednesday, July 31, 2024	
Program Integrity Reports								
34	MCOProgramIntegrity	Excel	Yes	V6-20220812	Due last business day of this month for previous quarter data	2023Q4	Wednesday, January 31, 2024	
						2024Q1	Tuesday, April 30, 2024	
						2024Q2	Wednesday, July 31, 2024	
						2024Q3	Thursday, October 31, 2024	
35	MemberFraudOutOfState	Excel	Yes	V2-20191001	Due last business day of the month for previous month's data	2023-12	Wednesday, January 31, 2024	
						2024-01	Thursday, February 29, 2024	
						2024-02	Friday, March 29, 2024	
						2024-03	Tuesday, April 30, 2024	
						2024-04	Friday, May 31, 2024	
						2024-05	Friday, June 28, 2024	
						2024-06	Wednesday, July 31, 2024	
						2024-07	Friday, August 30, 2024	
						2024-08	Monday, September 30, 2024	
						2024-09	Thursday, October 31, 2024	
						2024-10	Friday, November 29, 2024	
						2024-11	Tuesday, December 31, 2024	
2024-12	Friday, January 31, 2025							
36	MFCUCasePresentation	Word	Yes	V2-20211210	Due Quarterly on specified dates.	2023Q4	Tuesday, February 20, 2024	Note: This report will now be submitted via the SFTP. MCOs are to upload to SFTP by 8:30 am on due dates listed.
						2024Q1	Tuesday, May 14, 2024	
						2024Q2	Tuesday, August 20, 2024	
						2024Q3	Tuesday, November 19, 2024	
Operations Reports								
						2023-12	Wednesday, January 31, 2024	
						2024-01	Thursday, February 29, 2024	

37	837Processing	Excel	Yes	V4-20201124	Due last business day of the month for previous month's data	2024-02	Friday, March 29, 2024	
						2024-03	Tuesday, April 30, 2024	
						2024-04	Friday, May 31, 2024	
						2024-05	Friday, June 28, 2024	
						2024-06	Wednesday, July 31, 2024	
						2024-07	Friday, August 30, 2024	
						2024-08	Monday, September 30, 2024	
						2024-09	Thursday, October 31, 2024	
						2024-10	Friday, November 29, 2024	
						2024-11	Tuesday, December 31, 2024	
						2024-12	Friday, January 31, 2025	
						38	DrugUtilization--TO BE REVISED	
39	EVVClaimsValidation	Excel	No	N/A	Due last business day of the month for previous month's data	2023-12	Wednesday, January 31, 2024	
						2024-01	Thursday, February 29, 2024	
						2024-02	Friday, March 29, 2024	
						2024-03	Tuesday, April 30, 2024	
						2024-04	Friday, May 31, 2024	
						2024-05	Friday, June 28, 2024	
						2024-06	Wednesday, July 31, 2024	
						2024-07	Friday, August 30, 2024	
						2024-08	Monday, September 30, 2024	
						2024-09	Thursday, October 31, 2024	
						2024-10	Friday, November 29, 2024	
						2024-11	Tuesday, December 31, 2024	
2024-12	Friday, January 31, 2025							
40	NewbornFile	Excel	Yes	V3-20210609	Due the 15th of this month for previous month.	2023-12	Monday, January 15, 2024	
						2024-01	Thursday, February 15, 2024	
						2024-02	Friday, March 15, 2024	
						2024-03	Monday, April 15, 2024	
						2024-04	Wednesday, May 15, 2024	
						2024-05	Monday, June 17, 2024*	
						2024-06	Monday, July 15, 2024	
						2024-07	Thursday, August 15, 2024	
						2024-08	Monday, September 16, 2024*	
						2024-09	Tuesday, October 15, 2024	
						2024-10	Friday, November 15, 2024	
						2024-11	Monday, December 16, 2024*	
2024-12	Wednesday, January 15, 2025							
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 2024-01-05 through Week Ending 2024-12-27	Friday, January 5, 2024	
							Friday, December 27, 2024	

*Dates have been modified to reflect weekends or holidays.

DRAFT - Final Documents to be provided to awarded Contractor

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 MID) 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 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.
4	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.
5	AEIP Quarterly 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 quarterly performance data on the three outcome measures to AEs and EOHHS.
6	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.
7	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.

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8	Final TCOC Performance			√	To provide data to support development of final program year TCOC performance reports.
9	MCO-AE Milestone Performance (PY5)			√	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).
10	MCO-AE Milestone Performance (PY6)			√	The Milestone Performance Report (MPR) is completed quarterly by the MCO to demonstrate compliance with the MCO and AE incentive reward program.
11	Overall Quality Score Determinations QPY6 - (formerly named AE Quality Measure)	√		√	Quality data/performance outcomes of each AE by MCO as defined in the AE Total Cost of Care requirements.
12	TCOC Historical Base Data				To provide data to support development of TCOC targets for the follow AE Performance Year.
13	TCOC Performance			√	To provide data to support development of quarterly and final program year TCOC performance reports.
14	Audited Financial Data Cost Report			√	Plans must provide audited financial reports specific to the Medicaid contract on an annual state fiscal year basis. The audit must be conducted in accordance with generally accepted accounting principles and generally accepted auditing standards pursuant to 42 CFR 438.3(m). For purposes of complying with this requirement, each year plans will provide EOHHS with an audited version of the Financial Data Cost Report (FDCR) by September 30 for the state fiscal year ending June 30.
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.

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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.
20	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>

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21	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.
22	CAHPS	√	√		CAHPS report shows health plan performance in customer satisfaction and member experience. These reports are used 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.
23	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.
24	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.
25	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.
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.
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.

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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	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.
30	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)
31	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.

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32	Grievances 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.
33	LEIE (List of Excluded Individuals-Entities)	√		√	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.
34	MCO Program Integrity	√		√	To provide to Program Integrity to monitor investigations/audits, status of tips and to track recoveries.
35	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.
36	MFCU Case Presentation	√		√	The purpose of the report is to provide the status of investigations that each MCO/entity has undertaken.
37	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.
38	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.

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39	EVV Claims Validation	√	√	√	This report is a CMS required report to capture Key Performance Indicators for use by CMS and EOHHS.
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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