

CY 2020-2021 Managed Care Reporting Calendar & Templates for Dental Plans

NOTE: Reporting Calendar is subject to change and EOHS can implement new reporting requirements at any time. Templates and report due dates will be finalized during the readiness period.

#	Report Name	2020					2021												Contacts
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec	
1	837 Processing ⁴	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Steven.Corvese@ohhs.ri.gov
2	Access Report ¹			X			X			X			X			X			Kimberly.Johnson.CTR@ohhs.ri.gov; Chantele.Rotolo@ohhs.ri.gov
3	Annual Compliance Plan (Dental) ³			X													X		Ave.Houston@ohhs.ri.gov
4	Annual MLR Report ⁶											X							Kathleen.Dalton@ohhs.ri.gov; Laretta.Converse@ohhs.ri.gov
5	Annual Quality Plan and Evaluation (Dental) ³			X								X							Chantele.Rotolo@ohhs.ri.gov; Kimberly.Johnson.CTR@ohhs.ri.gov
6	APM Report ¹			X				X			X			X		X			Mark.Kraics@ohhs.ri.gov
7	Appeals ¹			X			X			X			X			X			Ave.Houston@ohhs.ri.gov
8	Audited Financial Statements ⁵										X								Laretta.Converse@ohhs.ri.gov; Kathleen.Dalton@ohhs.ri.gov
9	CAHPS ⁵													X					Chantele.Rotolo@ohhs.ri.gov; Kimberly.Johnson.CTR@ohhs.ri.gov
10	Claims Timely Processing ⁴	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ave.Houston@ohhs.ri.gov; Chantele.Rotolo@ohhs.ri.gov
11	Dental Plan Program Integrity ¹			X			X			X			X			X			Bruce.Mcintyre@ohhs.ri.gov; Ave.Houston@ohhs.ri.gov
12	Drug Utilization Report ⁶												X						Ralph.Racca@ohhs.ri.gov; Mark.Kraics@ohhs.ri.gov
13	Financial Data Cost Report ^{1*}			X			X			X						X			Kathleen.Dalton@ohhs.ri.gov; Laretta.Converse@ohhs.ri.gov
14	Grievances Complaints ¹			X			X			X			X			X			Ave.Houston@ohhs.ri.gov
15	HEDIS ⁵																X		Chantele.Rotolo@ohhs.ri.gov; Kimberly.Johnson.CTR@ohhs.ri.gov
16	List of Excluded Individuals/Entities (LEIE)			X			X			X			X			X			Ave.Houston@ohhs.ri.gov
17	Member Fraud/Out of State ⁴	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Nicole.Nelson@ohhs.ri.gov
18	Monthly Financial Statements ⁴	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Kathleen.Dalton@ohhs.ri.gov; Laretta.Converse@ohhs.ri.gov
19	NAIC Annual Filing ⁵								X										Kathleen.Dalton@ohhs.ri.gov; Laretta.Converse@ohhs.ri.gov
20	NAIC Quarterly ¹			X			X			X			X			X			Kathleen.Dalton@ohhs.ri.gov; Laretta.Converse@ohhs.ri.gov
21	QIP ¹			X			X			X			X			X			Kimberly.Johnson.CTR@ohhs.ri.gov; Chantele.Rotolo@ohhs.ri.gov
22	QIP Annual ⁵					X													Chantele.Rotolo@ohhs.ri.gov; Kimberly.Johnson.CTR@ohhs.ri.gov
23	Risk Share/Gain Share ²	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Kathleen.Dalton@ohhs.ri.gov; Laretta.Converse@ohhs.ri.gov

NOTE: These reports are required to be generated for all lines of business for oral health 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 Annually on the 1st of the month

File Naming Convention Specifications for Reports

Please use the following file naming convention for all reports:

REPORTNAME_REPORTDATARANGE_DENTALPLAN_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	MonthlyFinancialStatement s_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 1, 2021, this report should be titled 837Processing_2021-01, not the February report as this would be the incorrect data reporting frequency.	Yes	2021-05 2021Q3 2021Annual LEIE_2021Q3
DENTALPLAN	Refers to the Dental Plan entity that is submitting the report to EOHHS. See required format for Dental Plan abbreviations for report submission in examples column. Note, all reports submitted by a Dental Plan should use the same DENTALPLAN identifier.	Yes	NHP UHC THP
VENDOR	Vendor refers to a report that has been subcontracted out and the Dental Plan has validated data. The vendor name should always come after the DENTALPLAN in the naming convention.	Required for some vendor-specific reports	Only for subcontracted vendors
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 Dental Plan 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	Report Cadence Rule	Report Data Range*	Report Due Date
1	837Processing	Excel	Yes	V3	Monthly (Due last business day of the month for previous month's data)	07-2020	Report submission dates will be finalized and communicated during the Readiness period.
						08-2020	
						09-2020	
						10-2020	
						11-2020	
						12-2020	
						01-2021	
						02-2021	
						03-2021	
						04-2021	
						05-2021	
						06-2021	
						07-2021	
2	AccessReport	Excel	Yes	V1	Quarterly (Due last business day of month for previous quarter data)	2020Q3	
						2020Q4	
						2021Q1	
						2021Q2	
						2021Q3	
3	AnnualCompliancePlan(Dental)	PDF	No	N/A	Due 90 days post contract effective date, then annually thereafter by the last business day of this month.	July 1 - September 30	
						2020Annual	
4	MLRReport	Excel	Yes	V1	Due Annually on the 1st of this month	2020Annual	
5	AnnualQualityPlanandEvaluation(Dental)	PDF	No	N/A	Due 90 days post contract effective date, then annually thereafter by the last business of this month.	July 1 - September 30	
						2020Annual	
6	APMReport	Excel	Yes	V3	Due last business day of this month for previous quarter data	2020Q3	
						2020Q4	
						2021Q1	
						2021Q2	
						2021Q3	
7	Appeals	Excel	Yes	V2	Due last business day of this month for previous quarter data	2020Q3	
						2020Q4	
						2021Q1	
						2021Q2	
						2021Q3	

8	AuditedFinancialStatements	PDF	No	N/A	Due annually by the last business day of this month	2020Annual
9	CAHPS	Excel	No	N/A	Due annually by the last business day of this month	2020Annual
10	ClaimsTimelyFilingProcessing	Excel	Yes	V2	Monthly (Due last business day of the month for previous month's data)	07-2020
						08-2020
						09-2020
						10-2020
						11-2020
						12-2020
						01-2021
						02-2021
						03-2021
						04-2021
						05-2021
						06-2021
07-2021						
08-2021						
09-2021						
10-2021						
11-2021						
11	DentalPlanProgramIntegrity	Excel	Yes	V2	Due last business day of the month for previous quarter data	2020Q3
						2020Q4
						2021Q1
						2021Q2
						2021Q3
12	DrugUtilizationReport	On-line/ Word/ PDF	Yes	N/A	Due Annually on the 1st of this month	2020Annual
13	FDCR	Excel	Yes	V1	Due last business day of this month for previous quarter data	2020Q3
						2020Q4
						2021Q1
						2021Q2
						2021Q3
14	GrievancesComplaints	Excel	Yes	V2	Due last business day of this month for previous quarter data	2020Q3
						2020Q4
						2021Q1
						2021Q2
						2021Q3
15	HEDIS	Excel	No	N/A	Due annually by the last business day of this month	2020Annual
16	List of Excluded Individuals/Entities (LEIE)	No	No	N/A	Due last business day of this month for previous quarter data	2020Q3
						2020Q4
						2021Q1
						2021Q2
						2021Q3
						07-2020
						08-2020

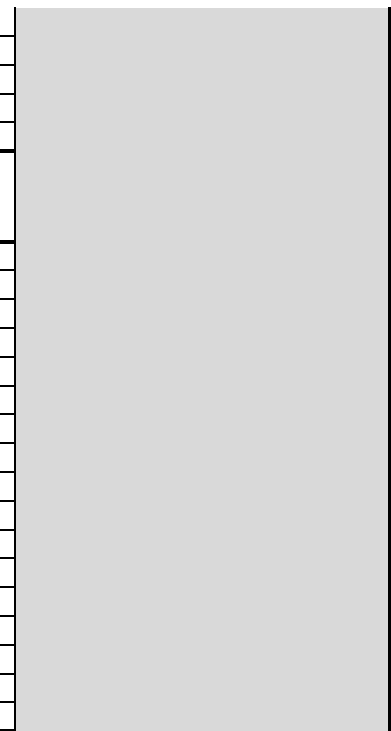
17	MemberFraudOutOfState	Excel	Yes	V1	Monthly (Due last business day of the month for previous month's data)	09-2020	
						10-2020	
						11-2020	
						12-2020	
						01-2021	
						02-2021	
						03-2021	
						04-2021	
						05-2021	
						06-2021	
						07-2021	
						08-2021	
						09-2021	
10-2021							
11-2021							

18	MonthlyFinancialStatements	Excel	No	N/A	Monthly (Due last business day of the month for previous month's data)	07-2020
						08-2020
						09-2020
						10-2020
						11-2020
						12-2020
						01-2021
						02-2021
						03-2021
						04-2021
						05-2021
						06-2021
						07-2021
08-2021						
09-2021						
10-2021						
11-2021						
19	NAICAnnualFiling	PDF	No	N/A	Due annually by the last business day of this month	2020Annual
20	NAICQuarterly	PDF	No	N/A	Due last business day of this month for previous quarter data	2020Q3
						2020Q4
						2021Q1
						2021Q2
						2021Q3



21	QIP	Excel	Yes	V2	Due last business day of this month for previous quarter data	2020Q3
						2020Q4
						2021Q1
						2021Q2
						2021Q3
22	QIPAnnual	PDF	No	N/A	Due annually by the last business day of this month	2020Annual
23	RiskShareGainShare	Excel	No	N/A	Due 45 days post the close of the reporting period. *Indicates report is due because the 45th day of the reporting period falls on a weekend.	07-2020
						08-2020
						09-2020
						10-2020
						11-2020
						12-2020
						01-2021
						02-2021
						03-2021
						04-2021
						05-2021
						06-2021
						07-2021
08-2021						
09-2021						
10-2021						
11-2021						

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RItE Smiles Contract Report Description

Report #	Report Name	Type of Requirement			Purpose of the Report
		Federal	State	EOHHS Contract	
1	837 Processing		√	√	To compare and monitor the total claims and total dollars that the dental plan recorded as submitted to what we have in the MMIS. This also allows EOHHS to monitor how many claims and dollars the dental plan has incurred and not yet submitted.
2	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 oral health care category and the percentage of providers with open panels.</p> <p><u>Provider Snapshot Access Survey Results:</u> <i>Dental</i> plans survey their provider network for appointment availability.</p> <p><u>Secret Shopper:</u> Dental 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 <i>dental</i> plan will record as "met" or "not met". The scripts are also approved by EOHHS.</p>
3	Annual Compliance Plan (Dental)				<p><u>An effective Compliance plan contains:</u></p> <ul style="list-style-type: none"> - 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.

Report #	Report Name	Type of Requirement			Purpose of the Report
		Federal	State	EOHHS Contract	
4	Annual MLR Report	√		√	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).
5	Annual Quality Plan and Evaluation (Dental)	√	√	√	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.
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	Appeals	√	√	√	Appeal report tracks appeals by members and providers by LOB, by type of appeal.
8	Audited Financial Statements with notes (contains audited financial statements from the plans as well as the auditors' opinions)		√	√	Audited financial statements from the Dental Plans' external auditor.

Report #	Report Name	Type of Requirement			Purpose of the Report
		Federal	State	EOHHS Contract	
9	CAHPS	√	√	√	CAHPS report shows dental plan performance in customer satisfaction and member experience. These reports are used to assess dental 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, etc.
10	Claims Timely Filing Processing Report	√	√		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.
11	Dental Plan Program Integrity	√		√	To provide to Program Integrity to monitor investigations/audits, status of tips and to track recoveries.
12	Drug Utilization Report	√			Annual report summarizing Dental Plan 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 Dental Plans at the request of CMS in a format requested by CMS including on-line / Word/ PDF.
13	Financial Data Cost Report			√	Financial Data Cost Report is used by EOHHS to build rate setting for future SFY.

Report #	Report Name	Type of Requirement			Purpose of the Report
		Federal	State	EOHHS Contract	
14	Grievances & Informal Complaints	√	√	√	Grievance report tracks both quality of care issues and requests by members to disenroll from the Dental Plan. The grievance process will be available for disputes between the Dental Plan 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.
15	HEDIS	√	√	√	HEDIS report shows dental plan performance in clinical quality across several domains including effectiveness of care. These reports are used to inform the development of quality measurement.
16	List of Excluded Individuals/Entities (LEIE)	√		√	The Office of Inspector General's List of Excluded Individuals is a requirement that mandates Dental Plans are 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.
17	Member Fraud/Out of State	√	√		To identify members who either have reported to the Dental Plan 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 Dental Plan.

Report #	Report Name	Type of Requirement			Purpose of the Report
		Federal	State	EOHHS Contract	
18	Monthly Financial Statements (income/expense statements for each plan that includes each line of business, AEs)			√	Income statement provided on a calendar year basis, by month and YTD. Profitability statement is provided for each line of business. This report includes admin costs, medical costs, capitation, professional services, etc. This report is used to review and monitor administrative expenses for Rate Setting purposes.
19	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 Dental 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	NAIC Quarterly			√	National Association of Insurance Commissioners' Statement and related financial reports representing the financial activities of the Dental 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.
21	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.

Report #	Report Name	Type of Requirement			Purpose of the Report
		Federal	State	EOHHS Contract	
22	QIP Annual	√	√	√	The annual report requires the dental 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 dental plan should include clinical and systemic changes that impacted scores. The dental 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 dental plan should compare quarters to assure improvement is meaningful. As with each QIP, the dental 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, dental plan-level and at the provider or member-level.
23	Risk Share/Gain Share	√		√	Monthly and annual cumulative reports prepared by the Dental Plans for the open contract periods. A separate report is provided for each line of business covered by the Plans.