

Attachment 13 - List of Required Reports

Contractor Reports to be provided to Covered CA

Below is a list of reports to be provided by the Contractor to Covered California on a monthly, quarterly or annual basis.

Report Name	Contract Section	Frequency	Due Date	Submit to:
Fraud, waste and abuse detection and prevention programs and report total moneys recovered by Contractor in the most recent 12-month period in relation to Services provided to Enrollees	1.16	Annually	January 31, 2017 – Report for prior calendar year 2016.	QHP@covered.ca.gov
Enrollment Reconciliation Comparison extract	2.1.2	Monthly	As required in 2.1.2	SFTP
American Indian and Alaskan Native special enrollment period	2.2.1	Monthly	The 10 th of the following month.	QHP@covered.ca.gov
Marketing Plan	2.4	Annually	30 days prior to open enrollment	QHPMarketingMaterials@covered.ca.gov
Marketing Plans of Retention and Renewal	2.4	Annually	30 days after open enrollment begins	QHPMarketingMaterials@covered.ca.gov
Marketing Actualized Spend Amounts	2.4	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
ID Card Design	2.5	Annually	30 days prior to open enrollment	QHPMarketingMaterials@covered.ca.gov
Evidence of Coverage Booklet on Contractor's Website	2.5	Annually	No later than the first day of open enrollment.	Advise Plan Manager once posted
Description on Contractor's standard agent compensation program and policies	2.2.6	Annually	60 days prior to open enrollment	QHP@covered.ca.gov
Provider Directory/Data	3.4.4	Quarterly	As requested	Submitted via the Extranet

The following Reports for calendar year 2016 are due on March 31, 2017. Reporting Requirements in Attachment 7.

Participation in Collaborative Quality Initiatives	Attachment 7 1.02	Annually	March 31, 2017	Submit responses via Covered CA eValue8
Reducing Health Disparities and Assuring Health Equity	Attachment 7 1.03(d)	Annually	March 31, 2017	Submit responses via Covered CA eValue8
Hospital Quality Oversight	Attachment 7 3.02	Annually	March 31, 2017	Submit responses via Covered CA eValue8
Determining Enrollee Health Status and Use of Health Assessments	Attachment 7 3.05	Annually	March 31, 2017	Submit responses via Covered CA eValue8
Health and Wellness Services	Attachment 7 4.01	Annually	March 31, 2017	Submit responses via Covered CA eValue8
Community Health and Wellness Promotion	Attachment 7 4.02	Annually	March 31, 2017	Submit responses via Covered CA eValue8
Health and Wellness Enrollee Support Process	Attachment 7 4.03	Annually	March 31, 2017	Submit responses via Covered CA eValue8
Promoting Development and Use of Care Models	Attachment 7 5.02	Annually	March 31, 2017	Submit responses via Covered CA eValue8
Identification and Services for At-Risk Enrollees	Attachment 7 5.04	Annually	March 31, 2017	Submit responses via Covered CA eValue8
Provider Cost and Quality and Enrollee Cost and Transparency	Attachment 7 6.01 and 6.02	Annually	March 31, 2017	Submit responses via Covered CA eValue8
Enrollee Shared Decision-Making	Attachment 7 6.04	Annually	March 31, 2017	Submit responses via Covered CA eValue8
Value-Based Reimbursement Inventory and Performance	Attachment 7 7.02	Annually	March 31, 2017	Submit responses via Covered CA eValue8
Value-Pricing Programs	Attachment 7 7.04	Annually	March 31, 2017	Submit responses via Covered CA eValue8
Payment Reform and Data Submission	Attachment 7 7.05	Annually	March 31, 2017	Submit responses via Covered CA eValue8

The following Reporting Requirements in Attachment 14				
Customer Service Performance Standards	Attachment 14 Groups 1 & 2	Monthly	The 10 th of the following month	QHP@covered.ca.gov
Quality, Network Management & Delivery System Standards	Attachment 14 Group 3 Questions 3.1 - 3.4	Annually	For calendar year 2016, due on March 31, 2017	Data submitted to CMS for review.
Quality, Network Management & Delivery System Standards	Attachment 14 Group 3 Question 3.5	Annually	For calendar year 2016, due on March 31, 2017	Submit responses via Covered CA eValue8
Quality, Network Management & Delivery System Standards	Attachment 14 Group 3 Question 3.6	Quarterly	As requested	Provider Data Submitted via the Extranet. (Same report as Contract Section 3.4.4 above)

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