

**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	February 28, 2018 – Report for prior calendar year 2017.	QHP@covered.ca.gov
Enrollment Reconciliation Comparison extract	2.1.2	Monthly	As required in 2.1.2	SFTP
Agent of Record Exception Report	2.2.6	Monthly	Last business day of each month	outreachandsales@covered.ca.gov
Description on Contractor's standard agent compensation program and policies	2.2.6	Annually	60 days prior to open enrollment	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
<b>The following Reports for calendar year 2017 are due with the annual certification application for plan year 2018. Reporting Requirements in Attachment 7.</b>				
Participation in Collaborative Quality Initiatives	Attachment 7 <del>1.031.02</del>	Annually	with the annual certification application	Submit responses via Covered CA eValue8
Reducing Health Disparities and Assuring Health Equity – <del>Member Self-Identity</del>	Attachment 7 <del>4.03(d)3.01</del>	Annually	with the annual certification application	Submit responses via Covered CA <del>Quality Improvement Strategy</del> eValue8

<a href="#">Reducing Health Disparities and Assuring Health Equity – HEDIS Reporting</a>	<a href="#">Attachment 7, 3.01, 3.02</a>	<a href="#">Annually</a>	<a href="#">Separate report when MY 2017 HEDIS scores are available</a>	<a href="#">Resubmission of relevant Quality Improvement Strategy section through Extranet</a>
Hospital Quality Oversight	<a href="#">Attachment 7 3.025.02</a>	Annually	with the annual certification application	Submit responses via Covered CA eValue8
<a href="#">Hospital Acquired Conditions (HACs) Report – Rates of five specified HACs by hospital</a>	<a href="#">Attachment 7, 5.02</a>	<a href="#">Annually</a>	<a href="#">with the annual certification application and as requested</a>	<a href="#">Submit responses via Covered CA Quality Improvement Strategy</a>
<a href="#">C-Section Rates Report - Report by Provider</a>	<a href="#">Attachment 7, 5.01</a>	<a href="#">Annually</a>	<a href="#">with the annual certification application and as requested</a>	<a href="#">Submit responses via Covered CA Quality Improvement Strategy</a>
<a href="#">Hospital Payments to Promote Quality and Value – Payment Strategy and Contracting Report</a>	<a href="#">Attachment 7, 5.03</a>	<a href="#">Annually</a>	<a href="#">with the annual certification application</a>	<a href="#">Submit responses via Covered CA Quality Improvement Strategy</a>
Determining Enrollee Health Status and Use of Health Assessments	<a href="#">Attachment 7 6.033-05</a>	Annually	with the annual certification application	Submit responses via Covered CA eValue8
Health and Wellness Services	<a href="#">Attachment 7 6.014-04</a>	Annually	with the annual certification application	Submit responses via Covered CA eValue8
Community Health and Wellness Promotion	<a href="#">Attachment 7 6.024-02</a>	Annually	with the annual certification application	Submit responses via Covered CA eValue8
Health and Wellness Enrollee Support Process	<a href="#">Attachment 7 6.014-03</a>	Annually	with the annual certification application	Submit responses via Covered CA eValue8
<a href="#">Promoting Development and Use of Care Models – Members Attributed to Personal Care Physician</a>	<a href="#">Attachment 7, 4.01</a>	<a href="#">Quarterly</a>	<a href="#">with the annual certification application and separate reports (on quarters when application is not due)</a>	<a href="#">Submit responses via Covered CA Quality Improvement Strategy and through the Extranet</a>
Promoting Development and Use of Care Models – <a href="#">Primary Care Payment Strategy</a>	<a href="#">Attachment 7 6.024.01</a>	Annually	with the annual certification application	Submit responses via Covered CA eValue8 <a href="#">Quality Improvement Strategy</a>
<a href="#">Promoting Development and Use of Care Models - Patient Centered Medical Homes</a>	<a href="#">Attachment 7, 4.02</a>	<a href="#">Annually</a>	<a href="#">with the annual certification application</a>	<a href="#">Submit responses via Covered CA Quality Improvement Strategy</a>
<a href="#">Promoting Development and Use of Care Models – Integrated Healthcare Models</a>	<a href="#">Attachment 7, 4.03</a>	<a href="#">Annually</a>	<a href="#">with the annual certification application</a>	<a href="#">Submit responses via Covered CA Quality Improvement Strategy</a>
Identification and Services for At-Risk Enrollees	<a href="#">Attachment 7 6.065-04</a>	Annually	with the annual certification application	Submit responses via Covered CA eValue8

Provider Cost and Quality and Enrollee Cost and Transparency	Attachment 7 <del>7.016.01 and 6.02</del>	Annually	with the annual certification application	Submit responses via Covered CA eValue8
Enrollee Shared Decision-Making	Attachment 7 <del>7.046.04</del>	Annually	with the annual certification application	Submit responses via Covered CA eValue8
Value-Based Reimbursement Inventory and Performance	Attachment 7 <del>8.027.02</del>	Annually	with the annual certification application	Submit responses via Covered CA eValue8
Value-Pricing Programs	Attachment 7 <del>8.037.04</del>	Annually	with the annual certification application	Submit responses via Covered CA eValue8
Payment Reform and Data Submission	Attachment 7 <del>8.047.05</del>	Annually	with the annual certification application	Submit responses via Covered CA eValue8

### The following Reporting Requirements in Attachment 14

Customer Service Performance Standards	Attachment 14 Groups 1 & 2 Standards 2.1 - 2.5	Monthly	The 10 <sup>th</sup> of the following month	QHP@covered.ca.gov
Agent of Record Exception Reports	Attachment 14 Group 2 Standard 2.6	Monthly	Last business day of each month	outreachandsales@covered.ca.gov
Quality, Network Management & Delivery System Standards	Attachment 14 Group 3 Standards 3.1 - <del>3.23</del>	Annually	For calendar year 2017, due date to be determined by CMS	Data submitted to CMS for review.
<del>Quality, Network Management &amp; Delivery System Standards</del>	<del>Attachment 14 Group 3 Standard 3.4</del>	<del>Annually</del>	<del>For calendar year 2016, due with the annual certification application (Same as Attachment 7 items on the prior page).</del>	<del>Submit responses via Covered CA eValue8</del>
Quality, Network Management & Delivery System Standards	Attachment 14 Group 3 Standard <del>3.35</del>	Quarterly	As requested	<del>Monthly P</del> Provider Data Submitted via the <del>Extranet</del> to Covered California. (Same report as Contract Section 3.4.4 above)

<u>Quality, Network Management and Delivery System Standards</u>	<u>Attachment 14 Group 3, 3.4-3.9</u>	<u>Annually and quarterly</u>	<u>with the annual certification application and as requested</u>	<u>application for certification and the Extranet</u>
Dental Quality Alliance (DQA) Pediatric Measure Set – for embedded pediatric dental	Attachment 14 Group 5	Annually	For calendar year 2017 due on April 30, 2018	QHP@covered.ca.gov

<b>Financial Management Division – Required Reports</b>				
Payment Reconciliation – Schedule of Notifications  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.		Monthly	Report for the prior month on the first of the following month.	Accounting SCRtickets@covered.ca.gov

<p><b>Billing Detail – Discrepancy Report</b></p> <p>Contractors participating in the individual market shall use the PM/PM (per member, per month) member level billing detail template to communicate billing discrepancies to the Exchange. Contractor shall use the PM/PM member level billing detail, as provided by the Exchange, to compare against the Contractor’s confirmed enrollment to identify discrepancies. Contractor shall use the “comments” column, on the far right of the PM/PM member level billing detail template to identify billing discrepancies such as member duplication, cancellation, termination, missing Covered CA, missing Carrier, effective date, or plan difference. Contractor shall submit the completed template in both a format and secure manner approved by the Exchange. Furthermore, Contractor understands submittal of the completed billing discrepancy template does not extend or revise the invoice due date.</p>		<p>Monthly</p>	<p>Report for the prior month on the first of the following month. Use FMD Issuer Billing Discrepancy Report Template.</p>	<p>Accounting  SCRtickets@covered.ca.gov</p>
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