

MANAGED CARE REPORT GRID

MONTHLY	Prepaid	Shared	Proposed Due Date
022 Post Payment Recoveries (existence of TPL)- M	•		(15) calendar days of the end of each month
055 Pharmacy Report (RX055) - M	•		(15) calendar days of the end of each month
107 Member Service Call Center M	•	•	(15) calendar days of the end of each month
109 Marketing Plan Updates- M	•	•	(15) calendar days of the end of each month
113 Grievance, Appeal and Fair Hearing Log- M	•		(15) calendar days of the end of each month
115 Provider Appeals Reporting- M		•	(15) calendar days of the end of each month
116 Grievance, Appeal and Fair Hearing Log- M		•	(15) calendar days of the end of each month
164 HIV/AIDS Pharmaceutical Treatment Agent Utilization	•		(15) calendar days of the end of each month
167 Claims Payment Accuracy Report- M	•		(15) calendar days of the end of each month
173 Prepaid Denied Claims Report- M	•	•	(15) calendar days of the end of each month
175 Hepatitis C Pharmaceutical Treatment Agent Utilization	•		(15) calendar days of the end of each month
181 Provider Call Center- M	•	•	(15) calendar days of the end of each month
182 Provider Complaint & Appeal Summary Report- M	•	•	(15) calendar days of the end of each month
221 Prompt Pre-Processing Report- M	•	•	(15) calendar days of the end of each month
221 Claims Payment Summary - M	•		(15) calendar days of the end of each month
QUARTERLY			
022 Post Payment Recoveries (existence of TPL) -Q	•		April 30th, July 30th, October 30th, and January 30th
026 EPSDT Report (CMS 416)- Q/A	•		April 30th, July 30th, October 30th, and January 30th
039 Case Management Report- Q/A	•	•	April 30th, July 30th, October 30th, and January 30th
042 CCMP Reports (Chronic Care Management Program)- Q/A	•	•	April 30th, July 30th, October 30th, and January 30th
066 UM Committee Meeting Minutes- Q	•	•	April 30th, July 30th, October 30th, and January 30th
069 Utilization Management Medical Record Review Report- Q	•	•	April 30th, July 30th, October 30th, and January 30th
072 QAPI PCP Profile Reports- Q	•	•	April 30th, July 30th, October 30th, and January 30th
082 PCP Linkages- Q	•	•	April 30th, July 30th, October 30th, and January 30th
114 Grievance, Appeal and Fair Hearing Log (redacted Q/A	•		April 30th, July 30th, October 30th, and January 30th
117 Grievance, Appeal and Fair Hearing Log (redacted)- Q/A	•	•	April 30th, July 30th, October 30th, and January 30th
119 QAPI Committee (minutes)- Q	•	•	April 30th, July 30th, October 30th, and January 30th
139 Member Advisory Council (minutes)- Q	•	•	April 30th, July 30th, October 30th, and January 30th
145 Fraud and Abuse Activity Report- Q	•	•	April 30th, July 30th, October 30th, and January 30th
183 Claims Processing Interest Payments- Q	•		April 30th, July 30th, October 30th, and January 30th
185 Quarterly Unaudited Financial Statement - Q (60 days after QTR)	•	•	May 30th, August 30th, November 30th, and February 28th
188 PA and Pre-Cert Summary- Q	•	•	April 30th, July 30th, October 30th, and January 30th
217 QAPI Early Warning System Performance Measures- Q	•	•	April 30th, July 30th, October 30th, and January 30th
220 Network Adequacy Review- Q	•	•	April 30th, July 30th, October 30th, and January 30th
220F PCP Care Management- Q		•	April 30th, July 30th, October 30th, and January 30th
300 NCCI MCO Cost Savings	•		April 15th, July 15th, October 15th, and January 15th
ANNUAL			
015Key Staff Organizational Listing- A	•	•	January 30th
016 Functional Organizational Chart-Location Listing and Key Staff Job Description-A	•	•	January 30th
019 Medical Loss Ratio- A	•		June 30th
022 Post Payment Recoveries (existence of TPL) - A	•		January 30th
041 CCMP Policies and Procedures (program evaluation)- A	•	•	March 30th
044 CCMP Predictive Modeling Specifications- A	•	•	January 30th
053 NW Provider Development Management Plan - A	•	•	January 30th
056 PCMH Implementation Plan (patient-centered medical home)- A	•	•	March 30th
058 NCQA PCP-PCMH Recognition Report- A	•	•	June 30th
068 Utilization Management Medical Record Review Strategy- A	•	•	January 30th
110 Marketing Activities Annual Review- A	•	•	January 30th
121 QAPI Program Description and Work Plan- A	•	•	March 30th
127 QAPI Performance Reporting Measures (HEDIS Level I and Level II)- A	•	•	June 30th
130 QAPI Performance Improvement Projects (descriptions)- A	•	•	January 30th
131 QAPI Performance Improvement Projects (outcomes)- A	•	•	March 30th
132 Member Satisfaction Survey Report (CAHPS) A	•	•	August 30th
133 Provider Satisfaction Survey Report- A	•	•	April 30th
141 Member Advisory Council- A	•	•	January 30th
146 Annual Fraud, Waste & Abuse Report	•	•	August 1st
151 Systems Refresh Plan- A	•	•	January 30th
157 Emergency Management Plan- A	•	•	January 30th
159 Back-up File List- A	•	•	January 30th
170 Form CMS 1513 Ownership and Control Interest Statement- A	•	•	March 30th
184 "DRAFT" Annual Audited Financial Statement- A	•	•	March 30th**
184 Annual Audited Financial Statement- A	•		June 30th
184 "DRAFT" Annual Audited Financial Statement- A		•	March 30th**
184 Annual Audited Financial Statement- A		•	April 30th
189 Independent-Subcontractor EDP Audit (SSAE16)- A	•		Based on Audit Period***
216 QAPI Impact and Effectiveness of QAPI Program Evaluation- A	•	•	March 30th

** - draft versions are due 90 days after year end for both Prepaid and Shared Savings Health Plans.

*** - 45 days after the corporate audit period is complete

Q/A means Quarterly and Annually