

## APPENDIX A ACO REPORTING REQUIREMENTS

This Appendix summarizes the reporting requirements described in the Contract. EOHHS may update these requirements from time to time. The Contractor shall submit corresponding Certification Checklists of all reports/submissions listed in **Appendix A** within the timelines specified herein. The Contractor may include a narrative summary to reports/submissions and may include graphs that explain and highlight key trends. All reports must be submitted via OnBase, the EOHHS Contract Management system, unless otherwise indicated below in the “*Target System*” column. Numbering sequence and Report Title that will appear in the OnBase system can be found in **BOLD** in the “*Name of Report*” column.

For all of the reports listed below, unless otherwise specified, if the Contractor meets the target for a given report, the Contractor shall only complete a short narrative description on the report cover sheet. For any report that indicates that the Contractor is not meeting the target, the Contractor shall submit a detailed narrative that includes the results, an explanation as to why the Contractor did not meet the target, and the steps the Contractor is taking to improve performance going forward.

The Contractor shall provide all Reports in the form and format required by EOHHS and shall participate with EOHHS in the development of detailed specifications for these reports. These specifications shall include benchmarks and targets for all reports, as appropriate. Targets shall be changed to reflect improvement in standards over time.

All exhibits referenced herein pertain to **Appendix A**, unless otherwise noted. Such exhibits set forth the form and format the Contractor shall use for each report below. These exhibits shall be provided to the Contractor and may be updated by EOHHS from time to time. EOHHS shall notify the Contractor of any updates to the exhibits.

## Reporting Deliverable Schedule

1. **Same Day Notification (Immediate Notice Upon Discovery):** Deliverables due the same day as discovery. If the incident occurs on a Saturday, Sunday, or state or federal holiday, the notice is due the next business day.
2. **Next Day Notifications:** Deliverables due the next day. If the incident occurs on a Saturday, Sunday, or state or federal holiday, the notice is due the next business day.
3. **Two Business Days Notification:** Deliverables due in two business days
4. **Weekly Deliverables:** Deliverables due by close of business/COB on Fridays
5. **Within 7 Calendar Days of Occurrence Notification:** Deliverables due within seven calendar days of occurrence. If the incident occurs on a Saturday, Sunday, or state or federal holiday, the notice is due within 7 calendar days of the next business day.
6. **No later than 30 days prior to execution:** Deliverables due thirty days prior to implementation for review and approval by EOHHS.
7. **Monthly Deliverables:** Deliverables due on a monthly basis, by the last day of the month, following the month included in the data, unless otherwise specified by EOHHS.
8. **Quarterly Deliverables:** Deliverables due on a contract year (CY) quarterly basis, by the last business day of the month following the end of each quarter, unless otherwise specified.  
  
CY Quarter 1: January 1 – March 31  
CY Quarter 2: April 1 - June 30  
CY Quarter 3: July 1 – September 30  
CY Quarter 4: October 1 – December 31
9. **Semi-Annual Deliverables:** Deliverables due by the last business day of the month following the end of the reporting period, unless otherwise specified. The semi-annual reporting periods are as follows:  
  
January 1 – June 30  
July 1 – December 31
10. **Annual Deliverables:** Deliverables due by the last business day of the month following the end of the reporting period (Contract Year: January 1 -- December 31), unless otherwise specified by EOHHS.
11. **Ad-Hoc Deliverables:** Deliverables are due whenever the Contractor has relevant changes or information to report, or upon EOHHS request related to Behavioral Health, Contract Management, Financial, Quality, Pharmacy, and Operations deliverables as applicable.

## A. Report and Compliance Certification Checklist: Exhibit C-1

*Annually* - The Contractor shall list, *check off*, sign and submit a Certification of Data Accuracy for all Contract Management (also including Coordination of Benefits, Hospital Utilization, Fraud and Abuse, Encounter Data and Drug Rebate claims data), Behavioral Health, Financial, Operations and Quality reports/submissions, certifying that the information, data and documentation being submitted by the Contractor is true, accurate, and complete to the best of the Contractor's knowledge, information and belief, after reasonable inquiry. For each report in the sections below, if an attestation is required with the submission, that information will be included within the reporting template.

## B. Contract Management Reports

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
CM-03	<b>CM-03 Member Telephone Statistics</b> Member Telephone Statistics	Monthly	OnBase
CM-04	<b>CM-04 Member Education and Related Orientation, Outreach Materials</b> Member Education and Related Orientation, Outreach Materials (including enrollment materials for MH Customer Service Center (CSC))	Ad-Hoc	Secure Email
CM-05	<b>CM-05 Updated Provider Directory</b> Provider Directory	Ad-Hoc	OnBase
CM-06	<b>CM-06 Provider Manual</b> Provider Manual	Ad-Hoc	OnBase
CM-07	<b>CM-07 Marketing Materials</b> Marketing Materials ( <i>60 days in advance of use, including materials to be distributed at Contractor and non-Contractor sponsored health fairs or community events</i> )	Ad-Hoc	Secure Email
CM-08	<b>CM-08 Marketing Materials- Annual Executive Summary</b> Marketing Materials- Annual Executive Summary (including a written statement that all of the Contractor's marketing plans and materials are accurate and do not mislead, confuse, or defraud Members or the state)	Annual	OnBase
CM-09	<b>CM-09 Significant Changes in Provider Network Notification</b> Significant Changes in Provider Network Notification. (Notification: Same Day)	Ad-Hoc	OnBase
CM-10 [all]	<b>[RESERVED]</b>		

<b>ACO Contract Exhibit Number</b>	<b>Name of Report</b>	<b>Deliverable Frequency</b>	<b>Target System</b>
CM-11	<b>CM-11 Access and Availability-Immediate Notification</b> Access and Availability-Immediate Notification to EOHHS (only if changes occur that may impact Enrollee access to care, relative to contract standards for geographic access and PCP to enrollee ratio)	Ad-Hoc	OnBase
CM-12	<b>CM-12 Claims Processing Report</b> Claims Processing Report	Monthly	OnBase
CM-13	<b>CM-13 Provider Financial Audit</b> Provider Financial Audit	Annual	OnBase
CM-14	<b>CM-14 [RETIRED]</b>		
CM-15	<b>CM-15 Notification of Scheduled Board of Hearing Cases</b> Notification of Board of Hearing Cases (Notification: Same Day)	Ad-Hoc	OnBase and secure e-mail
CM-16	<b>CM-16 Implementation of Board of Hearing Decision</b> Implementation of Board of Hearing Decision (within 30 days of receipt)	Ad-Hoc	OnBase
CM-17-A	<b>CM-17-A Enrollee Inquiries Summary</b> Inquiries, Grievances, Internal Appeals and Board of Hearing Summary: Enrollee Inquiries	Annual	OnBase
CM-17-B	<b>CM-17-B Enrollee Grievances Summary</b> Inquiries, Grievances, Internal Appeals and Board of Hearing Summary: Enrollee Grievances	Annual	OnBase
CM-17-C	<b>CM-17-C Enrollee Internal Appeals Summary</b> Inquiries, Grievances, Internal Appeals and Board of Hearing Summary: Enrollee Internal Appeals	Annual	OnBase
CM-17-D	<b>CM-17-D Enrollee Board of Hearing Appeals Summary</b> Inquiries, Grievances, Internal Appeals and Board of Hearing Summary: Enrollee BOH Appeals	Annual	OnBase
CM-17-E	<b>CM-17-E - Appeals Report (per 1,000 Enrollees)</b> Appeals Report (per 1,000 Enrollees)	Monthly	OnBase
CM-17-F	<b>CM-17-F - Grievances Report (per 1,000 Enrollees)</b> Grievances Report (per 1,000 Enrollees)	Monthly	OnBase
CM-18	<b>CM-18 Fraud and Abuse Notification (within 10 days) and Activities</b> Fraud and Abuse Notification (within 10 days) and Activities	Ad-Hoc	OnBase and e-mail

<b>ACO Contract Exhibit Number</b>	<b>Name of Report</b>	<b>Deliverable Frequency</b>	<b>Target System</b>
CM-19	<b>CM-19 Fraud and Abuse Report</b> Fraud and Abuse Report	Annual	OnBase
CM-20	<b>CM-20 Notification of For-Cause Provider Suspensions and Terminations</b> Notification of Provider Suspensions and Terminations	Notification : Within 3 Business Days	OnBase
CM-21	<b>CM-21 Summary Report of For-Cause Provider Suspensions and Terminations</b> Summary Report of Provider Suspensions and Terminations	Annual	OnBase
CM-22	<b>CM-22 ACO/MCO Organization and Key Personnel Changes</b> Organization and Key Personnel Changes. The Contractor will also include Behavioral Health subcontractor information if applicable.	Ad-Hoc	OnBase
CM-23	<b>CM-23 Notification of Termination of Material Subcontractor</b> Notification of Intention to Terminate a Material Subcontractor (Notification: Same Day)	Ad-Hoc	OnBase
CM-24	<b>CM-24 Notification of New Material Subcontractor</b> Notification of Intention to Use a New Material Subcontractor (Submit the checklist 60 days prior to requested implementation date)	Ad-Hoc	OnBase
CM-25	<b>CM-25 Material Subcontractor List Annual Summary</b> Material Subcontractor List Annual Summary	Annual	OnBase
CM-26	<b>CM-26 Coordination of Benefits / Third Party Liability Report (Appendix H)</b> Coordination of Benefits / Third Party Liability Report (Appendix H) <ul style="list-style-type: none"> <li>a. Third Party Health Insurance Cost Avoidance Claims Amount by Carrier</li> <li>b. Third Party Health Insurance Total Recovery Savings by Carrier</li> <li>c. Accident Trauma Recoveries</li> <li>d. Accident/Trauma Cost Avoidance.</li> </ul>	Semi-Annual	OnBase

<b>ACO Contract Exhibit Number</b>	<b>Name of Report</b>	<b>Deliverable Frequency</b>	<b>Target System</b>
CM-27	<b>CM-27 Third Party Liability (TPL) Identification Reporting (Appendix H)</b>  1. TPL Indicator Form 2. Other EOHHS-specified electronic TPL reporting	Ad-Hoc	1. Mail or Fax (FPL Indicator Form only) 2. Electronic Submission as further specified by EOHHS
CM-28	<b>CM-28 Benefits Coordination Structure (Appendix H)</b>  Benefits Coordination Structure (Appendix H)	Ad-Hoc	OnBase
CM-29	<b>CM-29 Encounter Data Submission (Appendix E)</b>  Encounter Data Submission (Appendix E)	Monthly	Data Warehouse
CM-30	<b>CM-30 Sampling of Enrollees To Ensure Services Received</b>  Sampling of Enrollees To Ensure Services Received Were The Same as Providers Billed	Annual	OnBase
CM-31	<b>CM-31 Notification of Federally Required Disclosures</b>  Notification of Federally Required Disclosures (in accordance with Section 6.1.O and as specified in Appendix L)	Ad-Hoc	OnBase
CM-32	<b>CM-32 Notification of Reportable Findings /Network FRD</b>  Notification of Reportable Findings /Network FRD (Notification: Same Day)	Ad-Hoc	OnBase
CM-33	<b>CM-33 Summary of Reportable Findings/Network FRD Forms</b>  Summary of Reportable Findings/Network FRD Forms	Annual	OnBase
CM-34	<b>CM-34 Notification of Provider Overpayments</b>  Notification of Provider Overpayments	Ad-Hoc	OnBase
CM-35	<b>CM-35 Summary of Provider Overpayments</b>  Summary of Provider Overpayments	Quarterly	OnBase
CM-36	<b>CM-36 Provider Materials</b>  Provider Materials (related to enrollee cost-sharing, changes to Covered Services and/or any other significant changes per contractual requirements)	Ad-Hoc	OnBase

<b>ACO Contract Exhibit Number</b>	<b>Name of Report</b>	<b>Deliverable Frequency</b>	<b>Target System</b>
CM-37	<b>CM-37 ACO/MCO Policies and Procedures</b> ACO/MCO Policies and Procedures (New drafts and any changes to the most recent printed and electronic versions of the Provider procedures and policies which affect the process by which Enrollees receive care (relating to both medical health and Behavioral Health, if separate) for prior review and approval).	Ad-Hoc	OnBase
CM-38	<b>CM-38 [RETIRED]</b>		
CM-39	<b>CM-39 PCP/Enrollee assignment Monthly report</b> PCP/Enrollee assignment report	Monthly	Data Warehouse
CM-40	<b>CM-40 PCP/Enrollee assignment report Ad-Hoc</b> PCP/Enrollee assignment report	Ad-hoc	Data Warehouse
CM-41	<b>CM-41 Excluded Provider Monitoring Report</b> Excluded Provider Monitoring Report	Monthly	OnBase
CM-43-A	<b>CM-43-A Holiday Closures and Other Contractor Office Closures Annual</b> Holiday Closures and Other Contractor Office Closures. (The Contractor shall also include Behavioral Health subcontractor information, if applicable).	Annual	OnBase
CM-43-B	<b>CM-43-B Emergency Closures and Other Contractor Office Closures Ad Hoc</b> Emergency Closures and Other Contractor Office Closures. (The Contractor shall also include Behavioral Health subcontractor information, if applicable).	Ad Hoc	OnBase
CM-44	<b>CM-44 Strategy-related Reports</b> Strategy-related Reports	Ad Hoc	OnBase
CM-45	<b>CM-45 Comprehensive Assessment Report</b> Comprehensive Assessment Report	Monthly, by the 15 <sup>th</sup> day of the month	OnBase
CM-46	<b>CM-46 Enrollee and Provider Incentives Notification</b> Enrollee and Provider Incentives Notification	Ad-Hoc	OnBase
CM-47	<b>CM-47 [RETIRED]</b>		
CM-48	<b>CM-48 Copy of Press Releases (pertaining to MassHealth line of business)</b> Copy of Press Releases (pertaining to MassHealth line of business)	Ad-Hoc	OnBase

<b>ACO Contract Exhibit Number</b>	<b>Name of Report</b>	<b>Deliverable Frequency</b>	<b>Target System</b>
CM-49	<b>CM-49 Written Disclosure of Identified Prohibited Affiliations</b> Written Disclosure of Identified Prohibited Affiliations	Ad-Hoc	OnBase
CM-50	<b>CM-50 CM - Self-Reported Disclosures</b> Self-Reported Disclosures	Ad-Hoc	OnBase
CM-51	<b>CM-51 Program Integrity Compliance Plan and Anti-Fraud, Waste and Abuse Plan</b> Program Integrity Compliance Plan and Anti-Fraud, Waste and Abuse Plan	Annual	OnBase
CM-52	<b>CM-52 Payment Suspension</b> Quarterly Payment Suspension Report	Quarterly	OnBase
CM-53	<b>CM-53 Involuntary Change in PCP Report</b> Involuntary Change in PCP Report	Ad-Hoc	OnBase
CM-54-A	<b>CM-54-A Hospital Payment Arrangement Report</b> Hospital Payment Arrangement Report	Annual	OnBase
CM-54-B	<b>CM-54-B Hospital Fee Schedule Exemption Form</b> Hospital Fee Schedule Exemption Form	Ad-Hoc	OnBase
CM-55-A	<b>CM-55-A Summary of A&amp;A: Ensuring Enrollees access to Medically Necessary services</b> Summary of Access and Availability: Description of Ensuring Enrollees have access to Medically Necessary services	Annual	OnBase
CM-55-A-ADH	<b>CM-55-A-ADH Summary of A&amp;A: Ensuring Enrollees access to Medically Necessary services</b> Summary of Access and Availability: Description of Ensuring Enrollees have access to Medically Necessary services	Ad-Hoc	OnBase
CM-55-B	<b>CM-55-B Network Provider Lists: PCPs and OB/GYNs</b> Network Provider Lists: PCPs and OB/GYNs	Annual	OnBase
CM-55-B-ADH	<b>CM-55-B-ADH Network Provider Lists: PCPs and OB/GYNs</b> Network Provider List: PCPs and OB/GYNs	Ad-Hoc	OnBase
CM-55-C	<b>CM-55-C Network Provider Lists: Acute and Rehabilitation Hospitals and Urgent Care Centers</b> Network Provider Lists: Acute and Rehabilitation Hospitals and Urgent Care Centers	Annual	OnBase

<b>ACO Contract Exhibit Number</b>	<b>Name of Report</b>	<b>Deliverable Frequency</b>	<b>Target System</b>
CM-55-C-ADH	<b>CM-55-C-ADH Network Provider Lists: Acute and Rehabilitation Hospitals and Urgent Care Centers</b> Network Provider Lists: Acute and Rehabilitation Hospitals and Urgent Care Centers	Ad-Hoc	OnBase
CM-55-D	<b>CM-55-D Network Provider Lists: Physician Specialists</b> Network Provider Lists: Physician Specialists	Annual	OnBase
CM-55-D-ADH	<b>CM-55-D-ADH Network Provider Lists: Physician Specialists</b> Network Provider Lists: Physician Specialists	Ad-Hoc	OnBase
CM-55-E	<b>CM-55-E Network Provider List: Pharmacies</b> Network Provider List: Pharmacies	Annual	OnBase
CM-55-E-ADH	<b>CM-55-E-ADH Network Provider List: Pharmacies</b> Network Provider List: Pharmacies	Ad-Hoc	OnBase
CM-55-F	<b>CM-55-F Ratio Reports: PCP to Enrollee and OBGYN to Enrollee (female members age 10+)</b> Showing open and closed adult PCPs and pediatric PCPs/Panels per number of Enrollees/OBGYN ratios for female members age 10+)	Annual	OnBase
CM-55-F-ADH	<b>CM-55-F-ADH Ratio Reports: PCP to Enrollee and OBGYN to Enrollee (female members age 10+)</b> Showing open and closed adult PCPs and pediatric PCPs/Panels per number of Enrollees/OBGYN ratios for female members age 10+)	Ad-Hoc	OnBase
CM-55-G	<b>CM-55-G Ratio Reports: Specialist to Enrollee</b> Specialists to Enrollee Ratio	Annual	OnBase
CM-55-G-ADH	<b>CM-55-G-ADH Ratio Reports: Specialist to Enrollee</b> Specialists to Enrollee Ratio	Ad-Hoc	OnBase
CM-55-H	<b>CM-55H Distance and time reports: PCP and OBGYN provider</b> Distance and time reports: PCP and OBGYN provider	Annual	OnBase
CM-55-H-ADH	<b>CM-55-H-ADH Distance and time reports: PCP and OBGYN provider</b> Distance and time reports: PCP and OBGYN provider	Ad-Hoc	OnBase
CM-55-I	<b>CM-55-I Distance and time reports: Acute and Rehabilitation Hospitals and Urgent Care Centers</b> Distance and time reports: Acute and Rehabilitation Hospitals and Urgent Care Centers	Annual	OnBase
CM-55-I-ADH	<b>CM-55-I-ADH Distance and time reports: Acute and Rehabilitation Hospitals and Urgent Care Centers</b> Distance and time reports: Acute and Rehabilitation Hospitals and Urgent Care Centers	Ad-Hoc	OnBase

<b>ACO Contract Exhibit Number</b>	<b>Name of Report</b>	<b>Deliverable Frequency</b>	<b>Target System</b>
CM-55-J	<b>CM-55-J Distance and time reports: Physician Specialists</b> Distance and time reports: Physician Specialists	Annual	OnBase
CM-55-J-ADH	<b>CM-55-J-ADH Distance and time reports: Physician Specialists</b> Distance and time reports: Physician Specialists	Ad-Hoc	OnBase
CM-55-K	<b>CM-55-K Distance and time reports: Pharmacies</b> Distance and time reports: Pharmacies	Annual	OnBase
CM-55-K-ADH	<b>CM-55-K-ADH Distance and time reports: Pharmacies</b> Distance and time reports: Pharmacies	Ad-Hoc	OnBase
CM-55-L	<b>CM-55-L Timeliness of Care</b> Summary of Access and Availability: Timeliness of Care (Describe system in place to monitor and document access and appointment scheduling standards)	Monthly	OnBase
CM-55-L-ADH	<b>CM-55-L-ADH Timeliness of Care</b> Summary of Access and Availability: Timeliness of Care (Describe system in place to monitor and document access and appointment scheduling standards)	Ad-Hoc	OnBase
CM-55-M	<b>CM-55-M Use of Out-of- Network Providers</b> Summary of Access and Availability: Use of Out-of- Network Providers	Annual	OnBase
CM-55-M-ADH	<b>CM-55-M-ADH Use of Out-of- Network Providers</b> Summary of Access and Availability: Use of Out-of- Network Providers	Ad-Hoc	OnBase
CM-56	<b>CM-56 CMS Managed Care Program Annual Report (MCPAR)</b> CMS Managed Care Program Annual Report (MCPAR)	Annual	OnBase
CM-C1	<b>CM-C1 Report and Compliance Certification Checklist</b> Annual Report and Compliance Certification Checklist	Annual	OnBase

### C. Quality Reports

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
QR-01	<b>QR-01 Quality Improvement Goals (Appendix B, QM/QI work plan)</b> Quality Improvement Goals (Appendix B) (Includes QM/QI Work plan and Summary List of Enrollees with No Service Utilization. Report needs to be submitted as per Appendix B Reporting Timeline.)	Annual	OnBase
QR-02	<b>QR-02 CAHPS Report (Submission of full CAHPS Report)</b> CAHPS Report (Submission of full CAHPS Report)	Annual	OnBase
QR-03	<b>QR-03 External Research Project Notification</b> External Research Project Notification	Ad-Hoc	OnBase
QR-04	<b>QR-04 External Audit/Accreditation</b> External Audit/Accreditation	Ad-Hoc	OnBase
QR-05	<b>QR-05 HEDIS IDSS Report</b> HEDIS IDSS Report	Annual	OnBase
QR-06	<b>QR-06 Clinical Quality Measures</b> Clinical Quality Measures	Ad-Hoc	Secure Email
QR-07	<b>QR-07 Validation of Performance Measures</b> Validation of Performance Measures	Ad-Hoc	KEPRO
QR-08	<b>QR-08 Serious Reportable Events (SREs) and Provider Preventable Conditions (PPCs)</b> Serious Reportable Events (SREs) and Provider Preventable Conditions (PPCs) ( <i>including Health care Acquired Conditions (HCACs) and Other Provider Preventable Conditions (OPPCs)</i> )	Notification: Within 30 calendar days of occurrence	OnBase
QR-09	<b>QR-09 Summary of Serious Reportable Events (SREs) and Provider Preventable Conditions (PPCs)</b> Summary of Serious Reportable Events (SREs) and Provider Preventable Conditions (PPCs)	Annual	OnBase

#### D. Behavioral Health Reports

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
BH-01	<b>BH-01 Reportable Adverse Incidents-Daily Incident Delivery Report</b> Behavioral Health Reportable Adverse Incidents and Roster of Reportable Adverse Incidents-Daily Incident Delivery Report (Notification: Same Day)	Notification: Same Day	Secure Email
BH-02	<b>BH-02 Behavioral Health Adverse Incident Summary Report</b> Behavioral Health Adverse Incident Summary Report	Annual	OnBase
BH-03	<b>BH-03 Behavioral Health Readmission Rates</b> Behavioral Health Readmission Rates	Annual	OnBase
BH-04	<b>BH-04 Behavioral Health Ambulatory Continuing Care Rates</b> Behavioral Health Ambulatory Continuing Care Rates	Annual	OnBase
BH-05	<b>BH-05 Members Boarding in Emergency Departments or on Administratively Necessary Days (AND) Status.</b> Members Boarding in Emergency Departments or on Administratively Necessary Days (AND) Status.	Daily	MABHA Website
BH-06	<b>BH-06 Enrollee Access to ESP</b> Enrollee Access to ESP	Ad hoc	OnBase
BH-08	<b>BH-08 ABA Service Authorization, Modification and Denial Report</b> ABA Service Authorization, Modification and Denial Report	Quarterly	OnBase
BH-11	<b>BH-11 Behavioral Health Medical Records Review Report</b> Behavioral Health Medical Records Review Report	Annual	OnBase
BH-12	<b>BH-12 Annual Submission of (updated) Behavioral Health Performance Specifications and Clinical Criteria</b> Annual Submission of (updated) Behavioral Health Performance Specifications and Clinical Criteria	Annual	OnBase
BH-13	<b>BH-13 Clinical Operations/Inpatient &amp; Acute Service Authorization, Diversions, Modification and Denial Report</b> Behavioral Health Clinical Operations/Inpatient & Acute Service Authorization, Diversions, Modification and Denial Report	Quarterly	OnBase

<b>ACO Contract Exhibit Number</b>	<b>Name of Report</b>	<b>Deliverable Frequency</b>	<b>Target System</b>
BH-14	<b>BH-14 CANS Compliance Report</b> CANS Compliance. This report is required when CANS data is made available through the Virtual Gateway	Quarterly	OnBase
BH-15	<b>BH-15 Behavioral Health Utilization and Cost Report</b> Behavioral Health Utilization and Cost Report	Quarterly	OnBase
BH-17	<b>BH-17 Behavioral Health Inquiries, Grievances, Internal Appeals and BOH</b> Behavioral Health Inquiries, Grievances, Internal Appeals and BOH	Annual	OnBase
BH-18	<b>BH-18 Behavioral Health Provider Network Access and Availability</b> Behavioral Health Provider Network Access and Availability	Ad-hoc and Annual	OnBase
BH-19	<b>BH-19 Behavioral Health Telephone Statistics</b> Behavioral Health Telephone Statistics	Annual	OnBase
BH-22	<b>BH-22 Substance Use Disorder Clinical Ops/Inpatient Authorization Report</b> Substance Use Disorder Clinical Operations/Inpatient & Acute Service Authorization Modification and Denial Report	Quarterly	OnBase
BH-23	<b>BH-23 Behavioral Health Fraud and Abuse Report</b> Fraud and Abuse Report	Quarterly	OnBase
BH-24	<b>BH-24 Community Support Program for Chronically Homeless Individuals Provider List</b> Community Support Program for Chronically Homeless Individuals Provider List	Annual	OnBase
BH-25	<b>BH-24 Community Support Program for Individuals with Justice Involvement Provider List</b> Community Support Program for Individuals with Justice Involvement Provider List	Quarterly	OnBase

## E. Financial Reports

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
FR-01	<b>FR-01 Notification to EHS Regarding Negative Change in Financial Status</b> Notification to EHS Regarding Negative Change in Financial Status (Notification: Same Day)	Ad-Hoc Notification: Same Day	OnBase
FR-02	<b>FR-02 Outstanding Litigation Summary</b> Outstanding Litigation Summary	Annual	OnBase
FR-03	<b>FR-03 Financial Ratio Analysis</b> Financial Ratio Analysis\	Annual	OnBase
FR-04B	<b>FR-04B Experience Review and Revenue Expense Report (F-4B)</b> Experience Review and Revenue Expense Report (F-4B)	Quarterly and Annual	OnBase
FR-05C	<b>FR-05C Experience Review and Utilization/Cost Reports (F-5C)</b> Experience Review and Utilization/Cost Reports (F-5C)	Quarterly and Annual	OnBase
FR-07	<b>FR-07 Liability Protection Policies</b> Liability Protection Policies	Annual	OnBase
FR-08	<b>FR-08 DOI Financial Report (for Plans that are DOI licensed)</b> DOI Financial Report (for Plans that are DOI licensed)	Quarterly	OnBase
FR-09	<b>FR-09 Insolvency Reserves</b> Insolvency Reserves Attestation	Annual	OnBase
FR-10	<b>FR-10 Lag Triangles and Completion Factors Report (IBNR)</b> Lag Triangles and Completion Factors Report (IBNR)	Quarterly and Annual	OnBase
FR-11	<b>FR-11 Description of Incurred But Not Reported (IBNR) Methodology</b> Description of Incurred But Not Reported (IBNR) Methodology	Annual	OnBase
FR-12	<b>FR-12 Audited Financial Statements</b> Audited Financial Statements	Annual	OnBase
FR-13	<b>FR-13 Attestation Report from Independent Auditors on Effectiveness of Internal Controls</b>	Annual	OnBase

<b>ACO Contract Exhibit Number</b>	<b>Name of Report</b>	<b>Deliverable Frequency</b>	<b>Target System</b>
	Attestation Report from Independent Auditors on Effectiveness of Internal Controls		
FR-14	<b>FR-14 Financial Relationships Report</b> Financial Relationships Report	Annual	OnBase
FR-15	<b>FR-15 Annual Administrative Detail Report</b> Annual Administrative Detail Report	Annual	OnBase
FR-17	<b>FR-17 Quarterly Risk Share Report</b> Quarterly Annual Risk Share Report	Quarterly and Annual	OnBase
FR-18-A	<b>FR-18-A [RESERVED]</b>		
FR-18-B	<b>FR-18-B [RESERVED]</b>		
FR-19	<b>FR-19 Report on Rates Paid to a Parent Organization or Subsidiary in the Previous Contract Year</b> Report on Rates Paid to a Parent Organization or Subsidiary in the Previous Contract Year	Ad-Hoc	OnBase
FR-20	<b>FR-20 HCV Reconciliation Report</b> Annual HCV Risk Share Report	Annual	OnBase
FR-21	<b>FR-21 Maternity and ASD/IDD Supplemental Payment Report</b> Maternity and ASD/IDD Supplemental Payment Report	Quarterly and Annual	OnBase
FR-22	<b>FR-22 CBHI Reconciliation Report</b> CBHI Reconciliation Report	Annual	OnBase
FR-23	<b>FR-23 Ad Hoc Cash Flow Statement</b> Ad Hoc Cash Flow Statement	Ad-Hoc	OnBase
FR-24	<b>FR-24 Report on Any Default of the Contractor's Obligations OR Financial Obligation To A Third Party.</b> Under This Contract, Or Any Default By A Parent Corporation On Any Financial Obligation To A Third Party That Could In Any Way Affect The Contractor's Ability To Satisfy Its Payment Or Performance Obligations. (Notification should be given Same Day)	Ad-Hoc	OnBase
FR-25	<b>FR-25 Significant Organizational Changes, New Material Subcontractors, or Potential Business Ventures</b> Significant Organizational Changes, New Material Subcontractors, or Potential Business Ventures That May Impact Performance (No later than 30 days prior to execution)	Ad-Hoc  No later than 30 days prior to execution	OnBase

<b>ACO Contract Exhibit Number</b>	<b>Name of Report</b>	<b>Deliverable Frequency</b>	<b>Target System</b>
FR-26	<b>FR-26 Provider Risk Arrangements</b> Provider Risk Arrangements	Ad-Hoc	OnBase
FR-27	<b>FR-27 Changes in Contractor's Providers' Risk Arrangements</b> Changes in Contractor's Providers' Risk Arrangements (Notification: Same Day)	Ad-Hoc	OnBase
FR-28	<b>FR-28 Working Capital Requirement Notification</b> Working Capital Requirement Notification ("if" working capital falls below 75% below the amount reported on the prior year audited financial reports) (Two Business Days)	Ad-Hoc	OnBase
FR-29	<b>FR-29 Continuing Services Reconciliation Data</b> Continuing Services Reconciliation Data	Ad-Hoc	OnBase
FR-30	<b>FR-30 ABA Reconciliation Report</b> ABA Reconciliation Report	Annual	OnBase
FR-31	<b>FR-31 Medical Loss Ratio (MLR) Report</b> Medical Loss Ratio (MLR) Report	Annually	OnBase
FR-32	<b>FR-32 Alternative Payment Models (APM) Report</b> Alternative Payment Models (APM) Report	Quarterly	OnBase
FR-33	<b>FR-33 Provider Agreements Annual</b> Provider Agreements Annual	Annual	OnBase
FR-34	<b>FR-34 Provider Agreements – Ad-Hoc</b> Provider Agreements – Ad-Hoc	Ad-Hoc	OnBase
FR-35	<b>FR-35 Report on Satisfying Contractor's Payment Or Performance Obligations</b> Report on Satisfying Contractor's Payment Or Performance Obligations	Ad-Hoc	OnBase
FR-37	<b>FR-37 IMD Services Report</b> Report on services provided to members with long term IMD stay	Quarterly and Annual	OnBase
FR-38	<b>FR-38 Other High Cost Pharmacy Reconciliation Report</b> Annual Other High Cost Pharmacy Risk Share Report	Annual	OnBase
FR-39	<b>FR-39 SUD Reconciliation Report</b> Annual SUD Risk Share Report	Annual	OnBase
FR-40	<b>FR-40 Financial Encounter Validation Report</b>	Quarterly	OnBase

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
	Quarterly Financial Encounter Validation Report	and Annual	
FR-41	<b>RESERVED</b>		
FR-42	<b>FR-42 Certification on Compliance with Appendix Z</b> Certification on Compliance with Appendix Z	Monthly	As Instructed

#### F. Operations Reports

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
OP-01	<b>OP-01 Inbound Pharmacy Co-pay Interface to MMIS per Appendix M</b> Inbound Pharmacy Co-pay Interface to MMIS per Appendix M	Notification: Same Day	POPS
OP-02	<b>OP-02 Inbound Managed Care Provider Directory Interface (ACPD)</b> Inbound Managed Care Provider Directory Interface (ACPD)	Monthly	POSC
OP-03	<b>OP-03 Long-term Care Report Log</b> Long-term Care Report Log	Weekly	OnBase
OP-04	<b>OP-04 Member Discrepancy Report</b> Member Discrepancy Report	Monthly	OnBase
OP-05	<b>OP-05 [RETIRED]</b>		
OP-06	<b>OP-06 Address Change File</b> Address Change File	Bi-Weekly	OnBase
OP-07	<b>OP-07 Multiple ID File</b> Multiple ID File	Bi-Weekly	OnBase
OP-08	<b>OP-08 Date of Death Report</b> Date of Death Report	Bi-Weekly	OnBase
OP-09	<b>OP-09 Cost Sharing Copay Overage Report</b> Cost Sharing Copay Overage Report	Monthly	OnBase

## G. Pharmacy Reports

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
PH-01	<b>PH-01 Pharmacy Claims Level Interface</b> Plans use the Pharmacy Claims Level Interface to submit rebate data for Pharmacy claims. The original claims file submission is due <b>within 5 calendar days</b> following the close of the prior month.	Monthly	POPS Portal
PH-02	<b>[RETIRED]</b>		
PH-03	<b>PH-03 Pharmacy Provider Network Identification Layout</b> Pharmacy Provider Network Identification Layout	Ad-Hoc	POPS Portal
PH-04-A	<b>PH-04-A Drug Utilization Review Report</b> Drug Utilization Review Report (Note: Due by May 1 <sup>st</sup> of each year)	Annual	Secure Email
PH-04-B	<b>PH-04-B Clinical Information request for the DUR Board meeting</b> Clinical Information request for the DUR board meeting	Ad-Hoc	Email
PH-04-C	<b>PH-04-C Clinical Criteria for Prior Authorization and Utilization Management</b> Clinical Criteria for Prior Authorization and Utilization Management	Ad-Hoc	Email
PH-05-A	<b>PH-05-A Pharmacy MassHealth Drug Rebate File Submission Report</b> Pharmacy MassHealth Drug Rebate File Submission Report for the plans to self- report monthly on the upload of the report PH-01 to the POPS Portal. The File Submission Report is due within 3 business days following the upload of PH-01.	Monthly	Email
PH-05-B	<b>[RETIRED]</b>		
PH-06	<b>[RETIRED]</b>		
PH-07	<b>PH-07 Pharmacy Retail Registration Form for Access to the MassHealth Drug Rebate Portal</b> Pharmacy Retail Registration Form for Access to the MassHealth Drug Rebate Portal	Ad-Hoc	OnBase
PH-08	<b>PH-08 Clinical Policy Initiative Report</b> Clinical Policy Initiative Report	Ad-Hoc	OnBase
PH-09	<b>PH-09 MassHealth ACO/MCO Uniform Preferred Drug List Compliance Report</b> MassHealth ACO/MCO Uniform Preferred Drug List Compliance Report	Ad-Hoc	OnBase

<b>ACO Contract Exhibit Number</b>	<b>Name of Report</b>	<b>Deliverable Frequency</b>	<b>Target System</b>
PH-10	<b>PH-10 Hepatitis C Utilization Report</b> Hepatitis C Utilization Report	Ad-Hoc	OnBase
PH-11	<b>PH-11 Pediatric BH Medication Initiative Report</b> Pediatric BH Medication Initiative Report	Ad-Hoc	OnBase
PH-12-A	<b>PH-12-A PBM Pricing Report - Quarterly</b> PBM Pricing Report- Quarterly	Quarterly	POPS Portal, or as directed by EOHHS
PH-12-B	<b>PH-12-B PBM Pricing Report - Ad-Hoc</b> PBM Pricing Report- Ad-Hoc	Ad-Hoc	POPS Portal, or as directed by EOHHS
PH-13	<b>PH-13 Mail Order Pharmacy Program Report</b> Mail Order Pharmacy Program Report- Ad-Hoc	Ad-Hoc	OnBase
PH-14	<b>PH-14 Change in BIN/PCN/Group Number Report</b> Change in BIN/PCN/Group Number Report- Ad-Hoc (Note: Due at least 30-days before new BIN/PCN/Group Number is effective)	Ad-Hoc	OnBase
PH-15	<b>PH-15 Vitrakvi Monitoring Report</b> Vitrakvi Monitoring Report- Quarterly	Quarterly	OnBase
PH-16-A	<b>PH-16-A Zolgensma Monitoring Program- Quarterly</b> Zolgensma Monitoring Program- Quarterly	Quarterly	OnBase
PH-16-B	<b>PH-16-B Zolgensma Monitoring Program- Annual</b> Zolgensma Monitoring Program- Annual	Annual	OnBase
PH-17	<b>PH-17 CAR-T Monitoring Program</b> CAR-T Monitoring Program-Quarterly	Quarterly	OnBase
PH-18	<b>PH-18 Controlled Substance Management Program Enrollees Leaving Health Plan</b> Controlled Substance Management Program Enrollees Leaving Health Plan- Monthly	Monthly	OnBase
PH-19	<b>PH-19 Givlaari Monitoring Program</b> Givlaari Monitoring Program – Annual (Note: Due by the last business day of April each year)	Annual	OnBase

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
PH-20	<b>PH-20 Onpattro Monitoring Program</b> PH-20 Onpattro Monitoring Program - Quarterly	Quarterly	OnBase