# 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 with an asterisk (\*).

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**

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| 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 15th 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 31CY Quarter 2: April 1 - June 30CY Quarter 3: July 1 – September 30CY Quarter 4: October 1 – December 311. **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 30July 1 – December 311. **Annual Deliverables**: Deliverables due by the last business day of the month following the end of the reporting period, unless otherwise specified (Contract Year: January 1 -- December 31)
2. **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.
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A. Report and Compliance Certification Checklist: **Exhibit C-1**

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| *At the time of first quarterly submission and subsequently thereafter* - 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. |

B. Contract Management Reports

| **ACO Contract Exhibit Number** | **Name of Report** | **Deliverable Frequency** |
| --- | --- | --- |
| CM-1 | Serious Reportable Events (SREs) and Provider Preventable Conditions (PPCs) *(including Health care Acquired Conditions (HCACs) and Other Provider Preventable Conditions (OPPCs)*  | Notification: Within 7 calendar days of occurrence |
| CM-2 | Summary of Serious Reportable Events (SREs) and Provider Preventable Conditions (PPCs) | Annual Report |
| CM-3 | Member Telephone Statistics | Monthly |
| CM-4  | Member Education and Related Orientation, Outreach Materials (including enrollment materials for MH Customer Service Center (CSC) | Ad-Hoc |
| CM-5 | Provider Directory | Ad-Hoc |
| CM-6 | Provider Manual | Ad-Hoc |
| CM-7 | Marketing Materials *(including materials to be distributed at Contractor and non-Contractor sponsored health fairs or community events)* | Ad-Hoc |
| CM-8 | 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 |
| CM-9 | Significant Changes in Provider Network Notification | Notification: Same Day |
|  | a. b. c.  |  |
| CM-10-A | Summary of Access and Availability: Description of Ensuring Enrollees have access to Medically Necessary services | Annual |
| CM-10-B | Summary of Access and Availability: Summary of Significant Changes in Provider Network | Annual |
| CM-10-C | Summary of Access and Availability: PCP Network Turnover Rate | Annual |
| CM-10-D | Summary of Access and Availability: Geographic Access Report for Adult PCPs, Pediatric PCPs, and acute inpatient hospitals (demonstrating access by geography) | Annual |
| CM-10-E | Summary of Access and Availability: PCP to Enrollee Ratio Report (showing open and closed adult PCPs and pediatric PCPs/Panels per number of Enrollees) | Annual |
| CM-10-F | Summary of Access and Availability: PCP Assignment Accuracy | Annual |
| CM-10-G | Summary of Access and Availability: Enrollee Change of PCP | Annual |
| CM-10-H | Summary of Access and Availability: Specialists: Specialists to Enrollee Ration; High Volume Specialists, Psychiatrists and OB/GYN Geographic Access ) | Annual |
| CM-10-I | Summary of Access and Availability: Timeliness of Care (Describe system in place to monitor and document access and appointment scheduling standards) | Annual |
| CM-10-J | Summary of Access and Availability: Experience Survey | Annual |
| CM-10-K | Summary of Access and Availability: Use of Out-of- Network Providers | Annual |
| CM-10-L-1 | Summary of Access and Availability: Pharmacy Network Geographic Access | Annual |
| CM-10-L-2 | Summary of Access and Availability: Non-Compliant Pharmacies, if applicable | Annual |
| CM-10-L-3 | Summary of Access and Availability: Mail Order Pharmacy Program, if applicable | Annual |
| CM-11 | 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 |
| CM-12 | Claims Processing Report | Monthly |
| CM-13 | Provider Financial Audit | Annual |
| CM-14 | Notification of Final Internal Upheld Appeals Denial Decisions | Notification:Next Day |
| CM-15 | Notification of Potential Board of Hearing Cases | Notification: Same Day |
| CM-16 | Implementation of Board of Hearing Decision (within 30 days of receipt) | Ad-Hoc |
|  |  |  |
| CM-17-A | Inquiries, Grievances, Internal Appeals and Board of Hearing Summary: Enrollee Inquiries | Annual |
| CM-17-B | Inquiries, Grievances, Internal Appeals and Board of Hearing Summary: Enrollee Grievances | Annual |
| CM-17-C | Inquiries, Grievances, Internal Appeals and Board of Hearing Summary: Enrollee Internal Appeals | Annual |
| CM-17-D | Inquiries, Grievances, Internal Appeals and Board of Hearing Summary: Enrollee BOH Appeals | Annual |
| CM-18 | Fraud and Abuse Notification (within 10 days) and Activities | Ad-Hoc |
| CM-19 | Fraud and Abuse Report | Annual |
| CM-20 | Notification of Failed Provider Enrollment, Credentialing and Re-Credentialing due to a Program Integrity Issue, Suspensions and Terminations | Notification:Same Day |
| CM-21 | Summary Report of Failed Provider Enrollment, Credentialing and Re-Credentialing due to a Program Integrity Issue, Suspensions and Terminations | Annual |
| CM-22 | Organization and Key Personnel Changes (Includes Holiday Closures and Other Contractor Office Closures. The Contractor will also include Behavioral Health subcontractor information if applicable). | Ad-Hoc |
| CM-23 | Notification of Termination Material Contractor | Notification:Same Day |
| CM-24 | Notification Procurement and Re-Procurement of Material Subcontractor (60 days prior) | Ad-Hoc |
| CM-25 | Material Subcontractor List Annual Summary | Annual |
| CM-26 | Coordination of Benefits / Third Party Liability Report (Appendix I)1. Third Party Health Insurance Cost Avoidance Claims Amount by Carrier
2. Third Party Health Insurance Total Recovery Savings by Carrier
3. Accident Trauma Recoveries
4. Accident/Trauma Cost Avoidance
 | Semi-Annual |
| CM-27 | Third Party Liability Indicator Form (Appendix I) | Notification:Same Day |
| CM-28 | Benefits Coordination Structure (Appendix I) | Ad-Hoc |
| CM-29 | Encounter Data Submission (Appendix E) | Monthly |
| CM-30 | Sampling of Enrollees To Ensure Services Received Were The Same As Providers Billed | Annual |
| CM-31 | Notification of Federally Required Disclosures (in accordance with Section 6.1.O and as specified in Appendix L) | Ad-Hoc |
| CM-32 | Notification of Reportable Findings /Network FRD  | Notification:Same Day |
| CM-33 | Summary of Reportable Findings/Network FRD Forms | Annual |
| CM-34 | Notification of Provider Overpayments | Ad-Hoc |
| CM-35 | Summary of Provider Overpayments | Annual |
| CM-36 | Provider Materials (related to enrollee cost-sharing, changes to Covered Services and/or any other significant changes per contractual requirements) | Ad-Hoc |
| CM-37 | 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 |
| CM-38 | Enrollees enrolled in the Controlled Substance Management Program upon date of termination. | Monthly |
| CM-39 | PCP/Enrollee assignment report | Monthly |
| CM-40 | PCP/Enrollee assignment report | Ad-hoc |
| CM-41 | Excluded Provider Monitoring Report | Monthly |
| CM-42 | Utilization Management Reports | TBD |
| CM-43 | Holiday Closures and Other Contractor Office Closures. (The Contractor shall also include Behavioral Health subcontractor information, if applicable). | Annual and Ad Hoc |
| CM-44 | Strategy-related Reports | Ad Hoc |
| CM-45 | Comprehensive Assessment Report | Monthly |

C. Quality Reporting

| **ACO Contract Exhibit Number** | **Name of Report** | **Deliverable Frequency** |
| --- | --- | --- |
| Q-1 | Quality Improvement Goals (Appendix B) (Includes QM/QI Work plan and Summary List of Enrollees with No Service Utilization) | Appendix B Reporting Timeline |
| Q-2 | Enrollee and Provider Incentives Notification | Ad-Hoc |
| Q-3 | CAHPS Report (Submission of full CAHPS Report) | Annual  |
| Q-4 | External Research Project Notification | Ad-Hoc |
| Q-5 | External Audit/Accreditation | Ad-Hoc |
| Q-6 | HEDIS IDSS | Annual |

D. Behavioral Health Reports

| **ACO Contract Exhibit Number** | **Name of Report** | **Deliverable Frequency** |
| --- | --- | --- |
| BH-1 | Behavioral Health Reportable Adverse Incidents and Roster of Reportable Adverse Incidents-Daily Incident Delivery Report | Notification: Same Day |
| BH-2 | Behavioral Health Adverse Incident Summary Report | Annual |
| BH-3 | Behavioral Health Readmission Rates | Annual |
| BH-4 | Behavioral Health Ambulatory Continuing Care Rates | Annual |
| BH-7 | Use of CANS During Diagnostic Evaluations | Monthly |
| BH-9 | Intensive Care Coordination Claims-Based Indicators | Monthly |
| BH-10 | CBHI Cost and Utilization Reports Based on paid claims or Intensive Home and Community Based Services for Youth and Youth Mobile Crisis Intervention Services | Monthly |
| BH-10p | CBHI Cost and Utilization Report and Data Tables – Pilot Payment  | Monthly |
| BH-11 | Behavioral Health Medical Records Review Report | Annual |
| BH-12 | Annual Submission of (updated) Behavioral Health Performance Specifications and Clinical Criteria | Annual |
| BH-13 | Behavioral Health Clinical Operations/Inpatient & Acute Service Authorization, Diversions, Modification and Denial Report | Quarterly |
| BH-14 | Psychotropic Drugs Report | Quarterly |
| BH-13 | ABA Service Authorization, Modification and Denial Report | Quarterly |
| BH-15 | Behavioral Health Utilization and Cost Report | Quarterly |
| BH-18 | Behavioral Health Provider Network Access and Availability | Annual |
| BH-19 | Behavioral Health Telephone Statistics | Annual |
| BH-21 | Behavioral Health Intensive Clinical Management Referrals | Semi-Annual |
| BH-22 | Behavioral Health Inquiries, Grievances, Internal Appeals and BOH | Annual |
| BH-24 | CANS Compliance. This report is required when CANS data is made available through the Virtual Gateway. | Quarterly |
| BH-25 | Behavioral Health Mobile Crisis Intervention Length of Stay Report | Quarterly |
| BH-26 | Members Boarding in Emergency Departments or on Administratively Necessary Days (AND) Status | Daily |
| BH-27 | Enrollee Access to ESP | Ad-Hoc |

E. Financial Reports

| **ACO Contract Exhibit Number** | **Name of Report** | **Deliverable Frequency** |
| --- | --- | --- |
| F-1 | Notification to EHS Regarding Negative Change in Financial Status | Notification: Same Day |
| F-2 | Outstanding Litigation Summary | Annual |
| F-3 | Financial Ratio Analysis | Annual |
| F-4 | Experience Review and Revenue Expense Report | Quarterly |
| F-5 | Experience Review and Utilization/Cost Reports | Quarterly |
| F-7 | Liability Protection Policies | Annual  |
| F-8 | DOI Financial Report (for Plans that are DOI licensed) | Quarterly |
| F-9 | Insolvency Reserves | Annual |
| F-10 | Lag Triangles and Completion Factors Report (IBNR) | Quarterly |
| F-11 | Description of Incurred But Not Reported (IBNR) Methodology | Annual |
| F-12 | Audited Financial Statements | Annual |
| F-13 | Attestation Report from Independent Auditors on Effectiveness of Internal Controls | Annual |
| F-14 | Financial Relationships Report | Annual |
| F-15 | Annual Administrative Detail Report | Annual |
| F-17 | Annual Risk Share Report | Annual |
| F-18 | Report on Acute Hospitals Paid Higher Rates than MassHealth, SPAD, PAPE or Transfer Per Diem | Ad-Hoc |
| F-19 | Report on Rates Paid to a Parent Organization or Subsidiary in the Previous Contract Year | Ad-Hoc |
| F-22 | CBHI Reconciliation Report | Annual |
| F-30 | ABA Reconciliation Report | Annual |
| F-23 | Ad Hoc Cash Flow Statement | Ad-Hoc |
| F-24 | Any Default of the Contractor’s Obligations 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:Same Day |
| F-25 | Significant Organizational Changes, New Material Subcontractors, or Potential Business Ventures That May Impact Performance | No later than 30 days prior to execution |
| F-26 | Provider Risk Arrangements | Ad-Hoc |
| F-27 | Changes in Contractor’s Providers’ Risk Arrangements | Notification: Same Day |
| F-28 | Working Capital Requirement Notification ( “if” working capital falls below 75% below the amount reported on the prior year audited financial reports) | Two Business Days |
| F-29 | Continuing Services Reconciliation Data | Ad-Hoc |
| F-31 | Medical Loss Ratio (MLR) Report | Annually |

F. Operations

| **ACO Contract Exhibit Number** | **Name of Report** | **Deliverable Frequency** |
| --- | --- | --- |
|  |  |  |
| O-1 | Inbound Pharmacy Co-pay Interface to MMIS per Appendix M (\*submit via POPs) | Notification:Same Day |
|  |  |  |
| O-2 | Long-term Care Report Log | Weekly |
| O-3 | Inbound Managed Care Provider Directory Interface (ACPD) (\*submit via POSC) | Monthly |
| O-4 | Member Discrepancy Report | Monthly |
| O-5 | Blank Rate Cell Report | Ad-Hoc  |
| O-6 | Address Change File  | Bi-Weekly |
| O-7 | Multiple ID File | Weekly |
| O-8 | Date of Death Report | Bi-Weekly |

G. Pharmacy

| **ACO Contract Exhibit Number** | **Name of Report** | **Deliverable Frequency** |
| --- | --- | --- |
| PHM-1 | Pharmacy Claims Level Interface-Version 1: 6-8-10 (NCPDP Post-Adjudication Standard Version 2.1. – History View) and Pharmacy Claims Level Interface Change Control Doc Version 1.3  | Monthly |
| PHM-2 | MassHealth Custom Interface Guide - 837 Medication Claims - Paid Claims File Layout for Batch Interface to Pharmacy Systems for Federal Drug Rebate  | Monthly |
| PHM-3 | Pharmacy Provider Network Identification Layout (per Appendix M) | Monthly |
| PHM-4 | PBM00 MassHealth Drug Rebate File Submission Report for the plans to self- report monthly on the submission of Drug Rebate files to the POPS Portal according to the schedule published by EOHHS (per Appendix M | Monthly  |
| PHM-5 | Drug Utilization Review Report | Annual |
| PHM-6 | Registration Form for Access to the MassHealth Drug Rebate Portal | Ad-Hoc |
| PHM-7 | Pharmacy Retail Registration Form for Access to the MassHealth Drug Rebate Portal | Ad-Hoc |
| PHM-8 | Clinical Policy Initiative Report | Ad-Hoc |
| PHM-9 | MassHealth ACO/MCO Uniform Preferred  Drug List Compliance Report | Ad-Hoc |
| PHM-10 | Hepatitis C Utilization Report | Quarterly |