

**APPENDIX A
ONE CARE PROGRAMMATIC
REPORTING REQUIREMENTS**

EOHHS is providing this appendix based on current information for reference only to provide context for Bidders. EOHHS will update this appendix as appropriate prior to EOHHS and selected Bidders executing any Contract resulting from this RFR.

This Appendix summarizes the reporting requirements described in the Contract. EOHHS may update these requirements from time to time. The Contractor may include a narrative summary to reports/submissions and may include graphs that explain and highlight key trends. 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.

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. **Weekly Deliverables:** Deliverables due by close of business/COB on Fridays
3. **No later than 30 days prior to execution:** Deliverables due thirty calendar days prior to implementation for review and approval by EOHHS.
4. **Monthly Deliverables:** Deliverables due on a monthly basis, by the last business day of the month, following the month included in the data, unless otherwise specified by EOHHS.
5. **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

6. **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
7. **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.
8. **Ad-Hoc Deliverables:** Deliverables are due whenever the Contractor has relevant changes or information to report, or upon EOHHS request.

A. Report and Compliance Certification Checklist: Exhibit C-2

Annually - The Contractor shall list, *check off*, sign and submit a Certification of Data Accuracy for all Contract Management, Program Integrity, Organizational, 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

One Care Contract Exhibit Number	Name of Report	Deliverable Frequency
CM -1	Access and Availability Summary:	
CM-1-A	Geographic Access Report	Annually
CM-1-B	Ratio Reports: PCP to Enrollee	Annually
CM-1-C	Ratio Reports: Specialist to Enrollee	Annually
CM-1-D	Summary of Significant Changes in Provider Network	Annually
CM-1-E	Summary of Use of Out-of- Network Providers	Annually
CM -2	Assessment Completion Report	Monthly
CM -3	Appeals (Level 1) Report	Monthly
CM -4	Call Center Monitoring Report	Monthly
CM -5	Care Plan Completion Report	Monthly
CM -6	Care Coordinator Staffing Report	Monthly
CM -7	Claims Processing Report Regarding Timely Payments	Monthly
CM -8	Corrective Action Plan	Ad-Hoc
CM -9	Marketing Plan and Materials	Ad-Hoc
CM -10	Complaints and Grievances Report	Monthly
CM -11	Notification of Critical or Adverse Incidents	Ad-Hoc Notification: Same Day
CM -12	Notification of Significant Changes in Provider Network	Ad-Hoc Notification: Same Day
CM -13	Submission of Member Outreach and Education Schedule	Quarterly
CM-14	Voluntary Disenrollment Report	Monthly
CM-15	Accessibility and Accommodations Compliance	Annually

C. Program Integrity Reports

One Care Contract Exhibit Number	Name of Report	Deliverable Frequency
PI-1	Anti-Fraud, Waste and Abuse Plan	Annually
PI-2	Executive Order 504 Contractor Certification Form	At Contract Execution
PI-3	Notification of For-Cause Provider Suspensions and Terminations	Ad-Hoc
PI-4	Notification of Fraud and Abuse	Ad-Hoc
PI-5	Notification of PCP Suspensions and Terminations	Ad-Hoc
PI-6	Notification of Provider Exclusion	Ad-Hoc
PI-7	Notification of Provider Failure to Credential or Re-Credential	Ad-Hoc

PI-8	Notification of Provider Self-Reported Disclosures	Ad-Hoc
PI-9	Program Integrity Compliance Plan	Annually
PI-10	Response to Overpayments Identified by EOHHS	Ad-Hoc
PI-11	Summary of Fraud and Abuse	Quarterly
PI-12	Summary of Provider Overpayments	Semi-Annually
PI-13	Material Subcontractor Corrective Action Report	Ad-Hoc

D. Organizational and Process Reports

One Care Contract Exhibit Number	Name of Report	Deliverable Frequency
OP-1	Board of Directors List	As of contract effective date
OP-2	Changes to Provider Credentialing Policies and Procedures	Annually
OP-3	Executive Order 504 Contractor Certification Form	At Contract Execution
OP-4	List of Key Personnel	Within 5 days of contract execution
OP-5	Notification of Change in Board of Directors	Ad-Hoc
OP-6	Notification of Required Self-Disclosure	Ad-Hoc Notification: Same Day
OP-8	Organizational Chart	Annually
OP-9	SDO-certified business checklist	Annually
OP-10	Significant Organizational Changes, New Material Subcontractors, or Potential Business Ventures	Ad-Hoc
OP-11	Staff Retention and Employee Turnover	Ad-Hoc
OP-12	Updated Plan Provider Directory	Annually
OP-13	Updated Provider Manual	Annually

E. Financial Reports

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency
FR-01	Alternative Payment Models (APM) Report	Ad-Hoc
FR-02	Audited Financial Statements	Annually
FR-03	Certification of Sound Financial Condition	Annually
FR-04-A	Cost Avoidance and Recovery Identification	Semi-Annually
FR-04-B	Cost Avoidance and Recovery Identification: Accident and Trauma	Semi-Annually
FR-05	DOI Financial Reports	Quarterly
FR-06	Provider Risk Arrangements	Ad-Hoc
FR-07	Report on Any Default of the Contractor's Obligations OR Financial Obligation To A Third Party.	Ad-Hoc
FR-08	Service Organization Controls Type 1 (SOC1) report	Annually
FR-09	Working Capital Requirement Notification	Ad-Hoc
FR-10	Attestation Report from Independent Auditors on Effectiveness of Internal Controls	Annually
FR-11	Notification of Potential Insolvency	Ad-Hoc Notification: Same Day

FR-12	Notification to EHS Regarding Negative Change in Financial Status	Ad-Hoc Notification: Same Day
FR-13	Outstanding Litigation Summary	Annually
FR-14	Encounter Data Submission (Appendix XX)	Monthly

F. Quality Reports

Contract Exhibit Number	Name of Report	Deliverable Frequency
QR-01	QR-01 Quality Improvement Goals (QM/QI work plan)	Annual
QR-02	QR-02 CAHPS Report (Submission of full CAHPS Report) CAHPS Report (Submission of full CAHPS Report)	Annual
QR-03	QR-03 External Research Project Notification External Research Project Notification	Ad-Hoc
QR-04	QR-04 External Audit/Accreditation External Audit/Accreditation	Ad-Hoc
QR-05	QR-05 HEDIS IDSS Report HEDIS IDSS Report	Annual
QR-06	QR-06 Performance Improvement Projects Performance Improvement Project Reports (Format for submission determined by and communicated by External Quality Review Organization).	Bi-Annual
QR-07	QR-07 Validation of Performance Measures Validation of Performance Measures	Ad-Hoc
QR-08	QR-08 Serious Reportable Events (SREs) and Provider Preventable Conditions (PPCs) 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
QR-09	QR-09 Summary of Serious Reportable Events (SREs) and Provider Preventable Conditions (PPCs) Summary of Serious Reportable Events (SREs) and Provider Preventable Conditions (PPCs)	Annual
QR-10	Five-year Health Equity Strategic Plan Five-year Health Equity Plan Progress Report	Annual

G. Operations Reports

Contract Exhibit Number	Name of Report	Deliverable Frequency
OP-01	Continuity of Operations Plan	Ad-Hoc
OP-02	Address Change File	Bi-Weekly
OP-03	Daily Inbound Demographic Change File	Daily
OP-04	Enrollment and Payment Discrepancy Report	Weekly
OP-05	Internal Management Report	Ad-Hoc
OP-06	Excluded Provider Monitoring Report	Monthly
OP-07	HIPAA 834 History Request File	Ad-Hoc
OP-08	MDS-HC Submission	Ad-Hoc
OP-09	Members boarding in Emergency Department or on Administratively Necessary Days (AND) status	Daily
OP-10	LTSS Denials Process Audits	Ad-Hoc
OP-11	Deemed Enrollment Status	Bi-weekly
OP-12	One Care Provider File	Quarterly

H. FIDE SNP Reports

Contract Exhibit Number	Name of Report	Deliverable Frequency
FS-01	Medicare D-SNP Bid information	Annual
FS-02	CAHPS and HEDIS Data and Reports	Annual
FS-03	Applying for Frailty Adjuster; receipt of Frailty Adjuster	Annual
FS-04	Medicare Risk Score data (Aggregate, by Rating Category, and at Enrollee level)	Monthly
FS-05	Supplemental Benefits Proposed and/or Approval Status (projections of cost and utilization)	Annual
FS-06	Details on actual utilization for Supplemental Benefits	Monthly
FS-07	Star Rating Rebate % and PMPM	Annual
FS-08	Medicare Audit processes, findings, and reports	Ad-Hoc
FS-09	Medicare compliance and penalty information	Ad-Hoc
FS-10	Participation in any Medicare VBP or APM initiatives, such as VBID	Ad-Hoc
FS-11	Model of Care Submission, Scoring, and NCQA Feedback	Annual