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| **Bi-Weekly** | Due the 1st and 15th of the month. |
| **Monthly Deliverables** | Due on the 15th day of the following calendar month unless otherwise noted in the RFP or agreed to in writing by the MCO and MLTC. |
| **Quarterly Deliverables** | Due 45 calendar days after the end of the most recent quarter unless otherwise noted in the RFP or agreed to in writing by the MCO and MLTC. |
| **Semi-Annual Deliverables** | Due as specified in this attachment. |
| **Annual Deliverables** | Reports, files, and other deliverables due annually must be submitted within 45 calendar days following the 12th month of the contract year, except those reports that are specifically exempted from the 45-calendar day deadline by this RFP or by written agreement between MLTC and the MCO. |
| **Ad Hoc Deliverables** | Ad hoc reports must be submitted within five business days from the date of request, unless otherwise specified by MLTC. |
| * **If a due date falls on a weekend or State-recognized holiday, the deliverable is due the next business day.**
* **All reports must be submitted in an MLTC provided template or in a format approved by MLTC.**
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| **Ad Hoc Deliverables** | **Description** | **Due Date** |
| Vetting Report | Form, template, and field definitions used to respond to NMPI or MFPAU requests for provider history and detailed claims information.  | Ad Hoc (5 Business Days to respond) |
| **Bi-Weekly Deliverables** | **Description** | **Due Date** |
| Bi-Weekly Tips | Pursuant to V.O, The MCO must notify MLTC if it identifies patterns of provider billing anomalies and/or the safety of Nebraska Medicaid members (42 CFR 455.15). | Bi-Weekly |
| **Monthly Deliverables** | **Description** | **Due Date** |
| Third Party Resource – Health Coverage | Data on instances of MCO identified TPR | Monthly; No later than the 15th  |
| Member-Provider Call Center | Pursuant to Section V.F, data summarizing relevant call center operations. | Monthly; No later than the 15th |
| EVV KPI – Home Health | Summary key performance indicators for home health claims and visits for electronic visit verification, as required by the 21st Century Cures Act. | Monthly; No later than the 15th |
| Executive Dashboard | Summary operations, communications, financial, claims, and care management data for leadership meetings. | Monthly; No later than 3 business days prior to Leadership meeting  |

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| Monthly Claims Report | Segmented data on all non-pharmacy claims volume, adjudication status, and payment timeliness. | Monthly; No later than the 15th |
| Monthly FWA Detection Effort Report | Summary of the MCO’s fraud prevention efforts as described in Section V.O - Program Integrity. | Monthly; No later than the 15th |
| Monthly FWA Report | Summary of investigations as described in Section V.O – Program Integrity. | Monthly; No later than the 15th |
| Pharmacy Claims Report | Data on Pharmacy claims volume, adjudication status, and payment timeliness | Monthly; No later than the 15th |
| Pharmacy Prior Authorization Report | Summary of prior authorizations, peer review, and peer-to-peer consultation statistics; also includes special categories of drug prior authorizations. | Monthly; No later than the 15th |
| Provider Network Changes | Data and metrics summarizing any change to the MCO’s network. | Monthly; No later than the 15th |
| Supplemental Member Care Report | Contains supplemental information related to member care and case management and member outreach. | Monthly; No later than the 15th |
| MLTC Reporting Database: Health Risk Screening | Results of the individual Health Risk Screening responses | Monthly; No later than the 15th |
| MLTC Reporting Database: Care Management Log | Data of member assessment and their care management. | Monthly; No later than the 15th |
| MLTC Reporting Database: Grievance Log | Data regarding the grievances received by the MCOs. | Monthly; No later than the 15th |
| MLTC Reporting Database: Appeals Log | Data regarding the appeals received by the MCOs. | Monthly; No later than the 15th |
| MLTC Reporting Database: State Fair Hearing Log | Data regarding the state fair hearings. | Monthly; No later than the 15th |
| MLTC Reporting Database: Out of Network Referrals | Data regarding out of network provider authorization requests. | Monthly; No later than the 15th |
| Psychotropic Medication for Youth Report | Summary of prior authorization and utilization relating to clinical edits. | Monthly; No later than the 15th |
| **Quarterly Deliverables** | **Description** | **Due Date** |
| Geographic Access Standards | Details of the MCO’s network, including GeoAccess reports, as describedin Section V.I – Provider Network Requirements and Attachment 14 –Access Standards. | Quarterly |
| IMD Member Stays Report | IMD stays and stay length for all members during the reporting timeframe. | Quarterly |
| Insure Kids Now (IKN) | MCO must submit a file (or multiple files) that contains information, specified in Attachment 5 – Insure Kids Now, about the Medicaid and CHIP providers in the state that provide dental care to children. | Quarterly; The MCO must submit these reports to MLTC no later than: Jan 31st; April 31st; July 31st ; Oct 31st  |
| Language Availability Report | Summary data and metrics on language availability access as determined by MLTC. | Quarterly |
| LB1063\_68-2004 Children’s Health and Treatment Act | Data related to youth Medicaid mental health authorization requests for all children ages 0-19 | Quarterly: reports submitted to the Nebraska Legislature are due Jan. 1, Apr. 1, and July 1.The MCO must submit these reports to MLTC as follows: Dec. 15th (data from Aug 1- Oct 30), March 15th (data from Nov 1-Jan 31), June 15th (data from Feb 1-April 30), Sept 15th (data fromMay 1-July 31) |
| MCO Financial Report | Financial Reporting Template that allows the state to measure all financialkey performance indicators related to Heritage Health Managed Care, to include but not limited to costs, utilization, enrollment and revenue.Summary of value added services (paid as claims and outside of claims payment systems) as agreed upon by the MCO and MLTC. | Quarterly and Annually; Due45 calendar days after the end of the reported period. |
| Medication compliance report for Chronic Diseases and High Risk Therapeutic Classes | Medication compliance report for chronic disease medications and specific high-risk therapeutic classes as defined by MLTCCompliance measure aligns with HEDIS definition of compliance | Quarterly |
| NEMT Quarterly Report | Data regarding non-emergency transportation. | Quarterly |
| NF Skilled Stay Authorizations | Report the NF skilled stays authorized by the MCO.  The report must include accurate information for the following:  Provider Name, Provider NPI, Provider Medicaid ID, authorized date, start date for the skilled stay, last date paid for the skilled stay (in MMIS this is known as the end date for the stay), Member Medicaid ID, and Member first and last name.  In addition, provide the determination/completion date for the most current PASRR completed as of the start date for the skilled stay.  Also, provide the type of PASRR (Level I, Level II, or one of the following categorical exemptions: 7 day emergency, 30 day hospital exempt, 30 day respite, serious medical, dementia categorical for individuals with intellectual disability or related condition, or 60 day convalescent). | Quarterly |
| Pharmacy Call Center Report | Data summarizing relevant pharmacy call center operations. | Quarterly |
| Pharmacy Prospective DUR Report | DUR statistics to support preparation of MLTC’s annual CMS DUR report. | Quarterly |
| Pharmacy Retro-DUR Education Intervention Report | Project update in a format approved by MLTC. | Quarterly |
| Pharmacy Utilization Management Report | Data summarizing pharmacy utilization management categories including, but not limited to: quantity limits, prior authorization, step therapy, dose optimization, MAC, top 100 drugs, and top 50 drug categories listed byexpenditures and claim count. | Quarterly |
| Provider Appointment Availability Access | Summary data and metrics on provider network appointment access as determined byMLTC and described in Attachment 14 – Access Standards. | Quarterly |
| Quarterly FWA Trending Reports | Summary data and narrative regarding FWA trends. | Quarterly |
| Service Verification | Service verification summary as described in Section V.O – ProgramIntegrity, Section V.S – Claims Management, and Section V. T – Reporting and Deliverables. | Quarterly |
| Medication compliance report for Chronic Diseases and High Risk Therapeutic Classes for clients 19 years and older. | Medication compliance report for chronic disease medications and specific high-risk therapeutic classes as defined by MLTC.Compliance measure aligns with HEDIS definition of compliance. | Quarterly |
| Medication compliance report for Chronic Diseases and High Risk Therapeutic Classes for clients under the age of 19. | Medication compliance report for chronic disease medications and specific high-risk therapeutic classes as defined by MLTC.Compliance measure aligns with HEDIS definition of compliance. | Quarterly |
| **Semi-Annual Deliverables** | **Description** | **Due Date** |

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| Member Advisory Committee Report | Narrative of the activities of the MCO’s Member Advisory Committee as described in Section V.M - Quality Management. | June 30 and December 31 |
| MRO Reporting | Data related to Medicaid mental health authorization requests for all members ages 19+ for Medicaid Rehab Option Services. | June 30 and December 31 |
| **Annual Deliverables** | **Description** | **Due Date** |
| Adult Core Measures | Adult Core Measures results. | Annually; No later than August 31st  |
| Annual Program Integrity Confirmation | Signed form acknowledging responsibilities related to the receipt of State and federal funds as described in Section V.O - Program Integrity. | Annually; No later than December 31st  |
| CAP – MCO Providers | Results and status of all corrective action plans by provider type. | Annually; No later than Jan 31st  |
| Child Core Measures | Child Core Measures results. | Annually; No later than August 31st |
| Direct Medical Education/Indirect MedicalEducation Verification – In accordance with 471 NAC | For the state fiscal year, financial information on direct and indirect medical education costs as required by MLTC in accordance with 471 NAC. | Annually; No later thanMarch 31th, State initiates the request |
| Fraud, Waste, Abuse, and Erroneous Payments Annual Plan | Compliance plan addressing requirements outlined in Section V.O - Program Integrity and 42 CFR 438.608 | Annually; No later than Feb 15th  |
| HEDIS Report | HEDIS results. | Annually by June 30th  |
| LB 1160 Legislative Report | Number of state wards receiving behavioral health services from July 1 through June 30 immediately preceding the date of the current report; percentage of children denied Medicaid reimbursed services and the levelof placement requested; and children in residential treatment. | Annually; No later than September 10th  |
| MLTC Reporting Database: CAHPS -- Adult | Data regarding the annual member satisfaction survey for the listed population and supplement. | Annually; No later than September 30th |
| MLTC Reporting Database: CAHPS – Child with CCC | Data regarding the annual member satisfaction survey for the listed population and supplement. | Annually; No later than September 30th |
| MLTC Reporting Database: CAHPS – CHIP with CCC | Data regarding the annual member satisfaction survey for the listed population and supplement. | Annually; No later than September 30th |
| MLTC Reporting Database: CAHPS – Dental Plan | Data regarding the annual member satisfaction survey for the listed population and supplement. | Annually; No later than September 30th |
| MLTC Reporting Database: Child Dental Survey | Data regarding the annual member satisfaction survey for the listed population and supplement | Annually; No later than September 30th |
| MLTC Reporting Database: Provider and Facility Survey | Data regarding the annual provider and facility satisfaction surveys. The provider satisfaction survey tool and methodology must be submitted toMLTC for approval at least 90 days prior to its administration. | Annually; No later than September 30th |

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| Mental Health & Substance Use Disorder Parity Report | Pursuant to Section V.E.3.h. The MCO will report on the design and application of managed care practices such as prior authorization, reimbursement rate setting, and network design. | Annually; No later than July 1st  |
| Network Development Management Plan & Network Development Plan Template | Details of the MCO’s network adequacy, including attestation, GeoAccess reports, and a discussion of any provider network gaps and the MCO’sremediation plans, as described in Section V.I – Provider Network Requirements. | Annually. No later than November 1st  |
| PIP Report | Annual report of all PIPs. | Annually; No later than April 30th  |
| Provider Survey | Data and analysis summarizing results of the annual provider satisfaction survey. The provider satisfaction survey tool and methodology must be submitted to MLTC for approval at least ninety (90) calendar days prior to its administration | 120 calendar days following the 12 months of the contract year. |
| Quality Management Work Plan and Program Evaluation | Discussion of the MCO’s quality goals, initiatives, and work plan; as well as data and analysis summarizing the results of the annual quality work plan.All as described in Section IV.M – Quality Management. | Annually; No later than Feb 15th  |
| UM Program Description | Outlines UM structure and accountability mechanisms per contract section V.N.2. | Annually; No later than Feb. 15th  |
| Department of Insurance Financial Report | Copy of annual audited financial statement | Annually; No later than June 1; Upon request of MLTC; |
| SOC 1 Audit Reports and Bridge Letters | SOC 1 Audit reports (and applicable Bridge Letters) for IT and business process controls. Applicable to MCOs and any subcontractors, such as PBMs processing claims.  | Annually for each state fiscal year, upon request from the department |