

ATTACHMENT 16



Program Reporting - RFP entitled: “Mental Health and Substance Use (MHSU) Disorder Program”

Vendor Management Unit Reports	Brief Description	Frequency	Due Date
Call Center Report	Monthly summary of telephone performance metrics	Monthly	15 days after end of month
Detailed Claims File Data	The Offeror must transmit to the Department and its Decision Support System Vendor an electronic file via secure transfer, containing claims records using data elements acceptable to the Department to support the claims processed each reporting period and invoiced to the Department	Monthly	12 days after end of the month
Summary Claims Data	The Offeror must furnish to the Department and its Decision Support System Vendor an electronic file containing summary claims data in the format defined by the Department	Monthly	12 days after end of the month
Claims Payment Savings Report/ COB Report	Savings from plan design, COB and Medicare	Quarterly	45 days after end of the quarter
Non-Network Clinical Referral Line	Response times for number of Business Days within which Members in need of a non-emergency, or non-urgent referral and a Network Provider is not available were given a referral to an appropriate MHSU Non-Network Provider or program after the Member’s call to the CRL.	Quarterly	45 days after end of the quarter
Emergency Care Clinical Referral Line	Response times for number of minutes within which Members in need of life-threatening emergency care were	Quarterly	45 days after end of the quarter

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	contacted by the Network Provider or re-contacted by the CRL clinician after the Member's call to the CRL.		
Urgent Care Clinical Referral Line	Response times for number of hours within which Members in need of urgent care were contacted by the Network Provider contacted the Member after the Member's call to the CRL.	Quarterly	45 days after end of the quarter
External Review Log (Appeals) and Internal	Quarterly summary of External Appeal cases in which a decision was rendered, and the cost for each case	Quarterly	45 days after end of the quarter
Fraud and Litigation Report	Quarterly report summarizing fraud activities and status of litigation	Quarterly	45 days after end of the quarter
Network Composition and Access Report	Quarterly summary of provider headcounts, and GeoAccess reporting to detail network access levels	Quarterly	45 days after end of the quarter
Performance Standards/Guarantees	Quarterly summary of compliance with performance standards/guarantees.	Quarterly	45 days after end of the quarter
Benefits Management Quarterly Report	Benefits Management Program utilization data, notification penalties and resolved appeals, and external appeals summary	Quarterly	45 Days after end of the quarter
Utilization	Quarterly summary of utilization trends for I/P, ALOC, and O/P services, as well as compliance with performance standards	Quarterly	45 days from end of the quarter

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Quarterly Website Analytics Report	The report must include summarized and detailed website performance information and statistics, as well as proposed modifications to the layout and design of the website to improve communications with Enrollees	Quarterly	45 days from end of the quarter
Annual Report	Annual summary of utilization, performance, and future direction of the program Utilization data by union including a summary that combines the data Quality and utilization metrics for Empire Plan primary Members (Inpatient Hospital Utilization, Avoidable Emergency Room Visits, and Inpatient Readmissions (All-Cause).	Annually	March 15th
Audit Unit Reports	Brief Description	Frequency	Due Date
Audits in Progress and Savings Realized	DCS and OSC audits, and Offeror audits underway and recoveries to date	Quarterly	30 days after the end of the quarter
Claims Data	Individual claim records for each processing action made during the month	Monthly	15 days after the end of the month

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OSC Audit Recovery Status	Monthly summary of OSC audit recoveries	Monthly	15 days after the end of the month
Office of Financial Administration Reports	Brief Description	Frequency	Due Date
Annual Financial Statement/Annual Claims Experience Report	Financial Settlement for the Plan Year just ended	Annually	March 15th
Quarterly Statement of Experience/ Financial Summary	Plan Year financial experience through the quarter just ended.	Quarterly	15th calendar day after end of quarter
Monthly Paid Claims by Month of Incurral	Paid Claims (\$ amts, # of units and total services) for month just ended; broken out by Month of Incurral, BPI, EE/DEP, Medicare/No Medicare	Monthly	15th day after end of month
PA Mediprime Claims/ Quarterly Participating Agency Claims (both Medicare prime and EP prime)	Claims paid by year of incurral for participating agencies	Quarterly	15th day after end of quarter