

# ATTACHMENT 21



## Program Reporting - RFP entitled: “Healthcare Program Administrative Services Only (ASO)”

Vendor Management Unit Reports	Brief Description	Frequency	Due Date
Call Center Report	Monthly summary of telephone production for the Consolidated Toll-Free Phone Line and Personnel and Telephone Report; including performance metrics, overpayments, and staffing compensation	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
Centers of Excellence Report	Quarterly summary of Enrollees and Referrals for all Centers of Excellence Programs	Quarterly	45 days after end of the quarter
Care Coordination/ Clinical Management	Quarterly summary of Referrals/Authorizations for Medical Case Management, HCAP, Radiology, Prior Notification	Quarterly	45 days after end of the quarter
Claims Payment Savings Report/ COB Report	Savings from plan design, COB and Medicare	Quarterly	45 days after end of the quarter

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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 MHA 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 contacted by the Network Provider or re-contacted by the CRL clinician after the Member’s call to the CRL.	Quarterly	45 days after end of the quarter
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
Disease Management	Quarterly summary on DM Programs; Diabetes, CAD, Asthma, Heart Failure, COPD, and KRS	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

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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
NurseLine Report on Utilization and Satisfaction	Quarterly summary of NurseLine utilization and enrollee satisfaction	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
Subrogation Report/ Worker's Comp ARS Recovery Report	Quarterly summary of subrogation recoveries	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
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	Annually	March 15th

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	Quality and utilization metrics for Empire Plan primary Members (Inpatient Hospital Utilization, Avoidable Emergency Room Visits, and Inpatient Readmissions (All-Cause)).		
<b>Audit Unit Reports</b>	<b>Brief Description</b>	<b>Frequency</b>	<b>Due Date</b>
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
OSC Audit Recovery Status	Monthly summary of OSC audit recoveries	Monthly	15 days after the end of the month
<b>Office of Financial Administration Reports</b>	<b>Brief Description</b>	<b>Frequency</b>	<b>Due Date</b>
Annual Financial Statement/Annual Claims Experience Report	Financial Settlement for the Plan Year just ended	Annually	March 15th/ 75 days after Calendar Year
Annual Rate Renewal/ Premium Renewal	Proposal for Forthcoming Plan Year Premium Rates and Retention charges	Annually	Sept 1st

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Quarterly Statement of Experience/ Financial Summary	Plan Year financial experience through the quarter just ended plus Projected financial experience for the entire Plan Year	Quarterly	23rd day after end of quarter/ 15th day after end of quarter
Quarterly Trend Statistics Report	Quarterly incurred/paid claims (dollar amounts and quantity) broken down by In-Patient/Out- Patient, Employee/Dependent;	Quarterly	35th day after the end of the quarter
Claims Paid by Agency	Enrollee and Dependent Paid Claims per agency for the Plan Year just ended	Annually	January 31st/ 30 days after end of Calendar Year
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
Quarterly Paid Claims by Type of Service	Paid Claims (\$ amts and # of units) during the quarter just ended by Type of Service; broken out by BPI, EE/DEP, Quarter of Incurral	Quarterly	15th day after end of quarter
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
Quarterly Administrative Report	Quarterly administrative expense	Quarterly	30th day after the end of the quarter

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Cash Flow Report	Daily Accounting of the Cash Management Account	Monthly	15th day after end of month
Claim Production Report	Summary of claims processed for the month just ended (also aging of claims): paid, declined, deductible not satisfied, other and # outstanding	Monthly	15th day after end of month
Coordination of Benefits Report	Medicare and Other COB Savings for the month just ended (and all prior current calendar year months)	Monthly	15th day after end of month
Copayment Savings Report	Outpatient Participating Provider Paid Claim Dollars per Month and Related Per Month Co-Payment Dollars	Monthly	15th day after end of month
In-Network Triangle Report	Total Paid In-Network claims per month of incurral; separate triangles for Empire, Excelsior and SEHP.	Monthly	15th day after end of month
Out-Network Triangle Report	Total Paid Out-of-Network claims per month of incurral; separate triangles for Empire, Excelsior and SEHP.	Monthly	15th day after end of month