

Appendix C Reporting Requirements

A. Department Monitoring Requirements

To demonstrate compliance with 42 CFR § 438.66, State Monitoring Requirements, the Department must have in effect a monitoring system for CHC. The Department's system must address all aspects of the managed care program, including the performance of each CHC-MCO as required in § 438.66 (b). The Department must use the data collected from its monitoring activities to improve the performance of its managed care program, including, at a minimum the areas noted in § 438.66 (c).

In addition, § 438.66 (e) requires the Department to submit to CMS, no later than 180 days after each contract year, a report on its managed care programs. The first annual report for CHC is due to CMS no later than June 29, 2023 for the 2022 calendar year. The annual program report must provide information on and an assessment of the operation of CHC on, at a minimum, the following areas:

- Financial performance of each CHC-MCO, including MLR experience.
- Encounter data reporting by each CHC-MCO.
- Enrollment and service area expansion (if applicable) of each CHC-MCO.
- Modifications to, and implementation of, MCO benefits covered under the contract with the Department.
- Grievance, appeals, and State fair hearings for CHC.
- Availability and accessibility of covered services within the CHC-MCO agreements, including network adequacy standards.
- Evaluation of the CHC-MCO's performance on quality measures, including as applicable, consumer report card, surveys, or other reasonable measures of performance.
- Results of any sanctions or corrective action plans imposed by the Department or other formal or informal intervention on a CHC-MCO to improve performance.
- Activities and performance of the beneficiary support system.
- Any other factors in the delivery of LTSS not otherwise addressed in § 438.66 (e)(2)(i)-(ix) as applicable.

The CHC-MCO must comply with all state and federal reporting requirements that are set forth in this Agreement and provided through Guidance from the Department. If the CHC-MCO fails to submit the required reports within timeframes specified, the Department shall assess sanctions upon the CHC-MCO as specified in Section VIII.I, Sanctions, and Section VII D.2, Sanctions, and Exhibits T, X, BB of this Agreement.

B. General

The CHC-MCO must comply with state and federal reporting requirements that are set forth in this Agreement and provided in guidance from the Department.

The CHC-MCO must certify and submit to the Department the data required to be certified under 42 C.F.R. § 438.604, whether in written or electronic form. Such certification must be submitted concurrently with the data and must be based on the knowledge, information and belief of the Chief Executive Officer, Chief Financial Officer or an individual who has delegated authority to sign for, and who reports directly to, the CEO or CFO in accordance with 42 C.F.R. § 438.604.

The CHC-MCO will provide the certification in the manner prescribed by the Department.

The CHC-MCO must cooperate with the Department in all activities related to compliance with federal mental health parity requirements. The CHC-MCO must provide all information requested by the Department related to these activities within ten (10) days of the Department's request.

For critical and urgent issues, the CHC-MCO is required to respond to the Department the same day or within 12 hours. The CHC-MCO is required to respond to the Department's questions and issues within three business days of receiving questions and requests for clarification. The Department will determine the appropriate contact method, (e.g., phone call or email to the CHC-MCO Government Liaison or other CHC-MCO contact).

C. Systems Reporting

The CHC-MCO must submit electronic data as specified by the Department. Whenever possible, the Department will provide reasonable advance notice of modifications or additions to required electronic data submissions.

Information on the submission of the Department's data files is available on the Pennsylvania HealthChoices Extranet.

1. Encounter Data Reporting

The CHC-MCO must record Encounter Data for internal use and submit timely, complete, and accurate Encounter Data to the Department. The CHC-MCO shall only submit Encounter Data for Participants enrolled in its CHC plan on the date of service and must not submit duplicate records.

The CHC-MCO must maintain appropriate systems and mechanisms to obtain all data from its Providers needed to comply with Encounter Data and TMSIS reporting requirements.

The Department will provide a minimum of sixty (60) days advance written notice to the CHC-MCO regarding changes to Encounter Data requirements.

Failure of a Provider or Subcontractor to provide the CHC-MCO with necessary Encounter Data shall not excuse the CHC-MCO's noncompliance with this requirement.

The CHC-MCO must comply with all sections of 42 C.F.R. § 438.242, including, but not limited to, compliance with Section 6504(a) of the Affordable Care Act, which requires that Claims processing and retrieval systems collect data elements necessary to meet the requirements of section 1903(r)(1)(F) of the Act.

a. Data Format

The CHC-MCO must submit Encounter Data to the Department using established protocols. Prior to submission of production data, the CHC-MCO must pass Encounter Data certification for all transaction types.

- i. The CHC-MCO must adhere to Encounter Data file specifications, including the collection and maintenance of sufficient Participant Encounter Data to identify the Provider who delivers any items or services to Participants.
- ii. The CHC-MCO must adhere to the file size, format specifications, and file submission schedule provided by the Department. The CHC-MCO must submit Participant Encounter Data to the Department at a frequency and level of detail specified by CMS and the Department, based on program administration, oversight, and program integrity needs.

The CHC-MCO must provide Encounter Data files in the following ASC X12 transactions:

- 837P
 - Professional
 - Professional Crossover
 - Professional Drug
- 837I
 - Inpatient
 - Inpatient Crossover
 - Outpatient
 - Outpatient Crossover
 - Outpatient Drug

- Long Term Care (LTC)
- 837D
 - Dental
- NCPDP D.0
 - NCPDP Pharmacy
 - Compound Pharmacy

Failure of Subcontractors to submit Encounter Data timely shall not excuse the CHC-MCO's noncompliance with this requirement.

b. Timing of Data Submittal

i. Provider Claims

The CHC-MCO must require Providers to submit claims ready for adjudication to the CHC-MCO within one hundred eighty (180) days after the date of service.

The CHC-MCO may include a requirement for more prompt submissions of Claims or Encounter Data in Provider Agreements and Subcontracts. Claims adjudicated by a third party vendor must be provided to the CHC-MCO by the end of the month following the month of adjudication.

ii. Encounter Submissions

All Encounter Data except NCPDP transactions must be submitted by the CHC-MCO and approved by the Department on or before the last calendar day of the third (3rd) month after the adjudication calendar month in which the CHC-MCO adjudicated the Claim.

NCPDP transactions must be submitted and approved in the Department's MMIS within thirty (30) days following the adjudication date.

Encounter Data sent to the Department is considered approved when all Department edits are passed.

A file with Encounter Data records that deny due to Department edits will be returned to the CHC-MCO. These records must be corrected and resubmitted as "new" Encounter records within the timeframe referenced above.

Corrections and resubmissions must pass all edits before they are approved by the Department.

When Error Status Code (ESC) denials occur due to MCO, Subcontractor, or Provider system faults or limitations, it is the responsibility of the MCO to make every attempt to remediate the systems concerns within a reasonable amount of time. Based on the impact of the errors and the length of time to implement a solution, the MCO may be subject to Corrective Action.

Failure of Subcontractors to submit Encounter Data timely shall not excuse the CHC-MCO's noncompliance with this requirement.

iii. Response Files

The CHC-MCO's Encounter Data system must be able to receive, process, and reconcile the U277, NCPDP, and ESC Supplemental response files. The CHC-MCO must also store the Department's MMIS ICN associated with each processed Encounter Data record returned on the files.

c. Data Completeness

The CHC-MCO must submit Encounter Data each time a Participant has an Encounter with a Provider. The CHC-MCO must have a data completeness monitoring program in place that:

- i. Demonstrates that all Claims and Encounters submitted to the CHC-MCO by its Providers and Subcontractors are submitted accurately and timely as Encounters and that denied Encounters are resolved and resubmitted,
- ii. Evaluates Provider and Subcontractor compliance with contractual reporting requirements, and
- iii. Demonstrates the CHC-MCO has processes in place to act on information from the monitoring program and takes appropriate action to ensure full compliance with Encounter Data reporting requirements.

Upon request of the Department, the CHC-MCO must submit a Data Completeness Plan for advance written review and approval. This Plan must include the three (3) elements listed above.

d. Financial Sanctions

The CH-MCO must provide complete, accurate, and timely Encounter Data to the Department. In addition, the CH-MCO must maintain complete medical service history data.

The Department will request the CH-MCO submit a Corrective Action Plan when areas of noncompliance are identified.

The Department may assess financial sanctions as provided in Exhibit X, Encounter Data Submission Requirements and Damages Applications, based on the identification of instances of non-compliance.

e. Data Validation

The CHC-MCO must assist the Department in its validation of Encounter Data by making medical records and Claims data available as requested. The validation may be completed by Department staff, independent external review organizations, or both.

f. Release of Encounter Data

All Encounter Data for Participants is the property of the Department. The CHC-MCO may use this data for the sole purpose of operating the CHC Program under this Agreement.

g. Drug Rebate Supplemental File

The CHC-MCO must submit a complete, accurate, and timely monthly file containing supplemental data for NCPDP, 837P Professional Drug, and 837I Outpatient Drug transactions used for the purpose of drug rebate dispute resolution. The file must be submitted by the fifteenth (15th) day of the month following the month in which the drug transaction was processed in the Department's MMIS as specified on the Pennsylvania HealthChoices Extranet.

The MCO Supplemental Data Status Report will be provided by the Department to the CHC-MCO on or after the 20th of each month following receipt of the Drug Rebate Supplemental File. CHC-MCOs must use this report to reconcile and correct any errors on Drug Rebate data that was submitted.

2. Third Party Liability Reporting

Third Party Resources identified by the CHC-MCO or its subcontractors, which do not appear on the Department's TPL database, must be supplied to the Department's Division of TPL within two (2) weeks of its receipt by the CHC-MCO. The Department will contact the CHC-MCO when the validity of a resource is in question. The CHC-MCO shall verify inconclusive resource information within two (2) business days of notification by the Department that

the resource information is in dispute. However, if the verification notification is requested on the last business day of the week, the CHC-MCO must respond by the close of business that day to avoid a potential access to care issue for its member. The method of reporting shall be by electronic submission via a batch file or by hardcopy document, whichever is deemed most convenient and efficient by the CHC-MCO for its individual use. For electronic submissions, the CHC-MCO must follow the required report format, data elements, and specifications supplied by the Department. For hardcopy submissions, the CHC-MCO must use an exact replica of the TPL resource referral form supplied by the Department. Submissions lacking information key to the TPL database update process will be considered incomplete and will be returned to the CHC-MCO for correction and subsequent resubmission.

3. PCP Assignment

The CHC-MCO must provide a weekly file (EVS-PCP) to the Department's MMIS containing PCP assignments for all its Participants other than those who have a Medicare PCP. This file is used to update the Department's Eligibility Verification System.

The CHC-MCO must provide this file at least weekly or more frequently if requested by the Department. The CHC-MCO must confirm that the PCP assignment information is consistent with all requirements specified by the Department by utilizing the response report provided by the Department. The CHC-MCO must comply with the file submission requirements found on the Pennsylvania HealthChoices Extranet.

4. Provider Network

The CHC-MCO must provide a monthly Network Provider File (PRV640M) to the Department. The initial file must contain records for its entire Provider Network, including Subcontractors. Subsequent monthly files should contain only updates.

The CHC-MCO must confirm the information is consistent with all requirements by utilizing the response report (PRM640M) provided by the Department. The CHC-MCO must use this report to reconcile and correct any errors. The CHC-MCO must comply with file submission requirements found on the Pennsylvania HealthChoices Extranet.

5. Alerts

The CHC-MCO must report to the Department on a Weekly Enrollment/Disenrollment/Alert File: pregnancy (not on eCIS), death (not on eCIS), and returned mail.

The CHC-MCO must confirm the information is consistent with all requirements specified on the Pennsylvania HealthChoices Extranet.

D. Operations Reporting

The CHC-MCO is required to submit such reports as specified by the Department to enable the Department to monitor the CHC-MCO's internal operations and service delivery. These reports include, but are not limited to:

1. Operations and Quality Reporting Requirements

As a condition of approval of the Waivers for the operation of CHC, CMS has imposed specific reporting requirements related to the Home and Community Based Waiver and overall CHC monitoring. OLTL has also established additional Operations and Quality Management Reports to oversee CHC. Required reports are identified on the Operations and Quality Management Reporting Requirements Submission Schedule. CHC-MCOs are required to meet identified due dates, submit accurate data, and provide requested documentation.

2. Fraud, Waste and Abuse,

The CHC-MCO must submit to the Department quarterly and annual statistical reports which relate to its Fraud, Waste and Abuse detection and sanctioning activities regarding Providers. The CHC-MCO must include information for all situations where a Provider action caused an overpayment to occur and must identify cases under review (including approximate dollar amounts), Providers terminated due to Medicare/Medicaid preclusion, provider terminations for good cause or best interest, overpayments recovered and cost avoidance issues related to identifying and/or identified fraud, waste, and abuse (42 CFR §438.608(a)(2)). The CHC-MCO must comply with all requirements regarding Operations Report format and timeframes provided on the DHS/CHC-MCO docuShare Reporting pages and on the HealthChoices Extranet at Managed Care Program/Fraud and Abuse.

E. Financial Reports

The CHC-MCO must submit such reports as specified by the Department to assist the Department in assessing the CHC-MCO's financial viability and compliance with this Agreement.

The Department will distribute financial reporting requirements to the CHC-MCO. The CHC-MCO must furnish all financial reports timely and accurately, with content in the format prescribed by the Department. This includes, but is not limited to, the CHC financial reporting requirements issued by the Department.

F. Equity

Not later than May 25, August 25, and November 25 of each Agreement year, the CHC-MCO must provide the Department with:

- A copy of quarterly reports filed with PID.
- A statement that its Equity is in compliance with the Equity requirements or is not in compliance with the Equity requirements.
- If Equity is not in compliance with the Equity requirements, the CHC-MCO must supply a report that provides an analysis of its fiscal health and steps that management plans to take, if any, to improve fiscal health.

Not later than March 10 of each Agreement year, the CHC-MCO must provide the Department with:

- A copy of unaudited annual reports filed with PID.
- A statement that its Equity is in compliance with the Equity requirements or is not in compliance with the Equity requirements.
- If Equity is not in compliance with the Equity requirements, the CHC-MCO must supply a report that provides an analysis of its fiscal health and steps that management plans to take, if any, to improve fiscal health.

G. Claims Processing Reports

The CHC-MCO must provide the Department with monthly Claims processing reports with content in a format specified by the Department. The reports are due on the fifth (5th) calendar day of the second (2nd) subsequent month. Claims returned by a web-based clearinghouse (e.g., WebMD Envoy) are not considered as Claims received and would be excluded from Claims reports.

The Department may impose the following sanction for the CHC-MCO's failure to submit a timely Claims processing report that is accurate and fully compliant with the reporting requirements: Two Hundred Dollars (\$200.00) per day for the first ten (10) calendar days from the date that the report is due, and One Thousand Dollars (\$1,000.00) per day for each calendar day thereafter.

H. Presentation of Findings

The CHC-MCO must obtain advance written approval from the Department before publishing or making formal public presentations of statistical or analytical material based on its CHC Participant Population.

I. Sanctions

1. The Department may impose sanctions for noncompliance with the requirements under this Agreement and failure to meet applicable

- requirements in Sections 1932, 1903(m), and 1905(t) of the SSA in accordance with 42 C.F.R §§ 438.700; 438.702 and 438.704 in addition to any sanctions described in Exhibit B of this Agreement, Standard Terms and Conditions for Services, and in Exhibit B(1) of this Agreement, DHS Addendum to Standard Contract Terms and Conditions. The sanctions which can be imposed shall depend on the nature and severity of the breach, which the Department, in its reasonable discretion, will determine as follows:
- a. Imposing civil monetary penalties of a minimum of One Thousand Dollars (\$1,000.00) per day for noncompliance;
 - b. Requiring the submission of a corrective action plan;
 - c. Suspending or Limiting Enrollment of new Participants;
 - d. Suspension of payments;
 - e. Preclusion or exclusion of the CHC-MCO, its officers, managing employees or other individuals with direct or indirect ownership or control interest in accordance with 42 U.S.C. § 1320a-7, 42 C.F.R. Parts 1001 and 1002; 62 P.S. § 1407 and 55 Pa. Code §§ 1101.75 and 1101.77;
 - f. Temporary management subject to applicable Federal or State law; and/or
 - g. Termination of the Agreement
2. Where this Agreement provides for a specific sanction for a defined infraction, the Department may, at its discretion, apply the specific sanction provided for the noncompliance or apply any of the general sanctions set forth in this Section VIII.I, Sanctions. Specific sanctions contained in this Agreement include the following:
- a. Claims Processing: Sanctions related to Claims processing are provided in Section VII D.2 of this Agreement, Sanctions.
 - b. Report or File, exclusive of Audit Reports: If the CHC-MCO fails to provide any report or file that is specified by this Agreement by the applicable due date, or if the CHC-MCO provides any report or file specified by this Agreement that does not meet established criteria, a subsequent payment to the CHC-MCO may be reduced by the Department. The reduction shall equal the number of days that elapse between the due date and the day that the Department receives a report or file that meets established criteria, multiplied by the average Per-Member, Per-Month Capitation rate that applies to the first (1st) month of the Agreement year. If the CHC-MCO provides a report or file on or before the due date, and if the Department notifies the CHC-MCO after the fifteenth (15th) calendar day after the due

date that the report or file does not meet established criteria, no reduction in payment shall apply to the sixteenth (16th) day after the due date through the date that the Department notifies the CHC-MCO.

- c. Encounter Data Reporting: The sanctions related to the submission of Encounter Data are set forth in Section VIII.C of this Agreement, Systems Reports, and Exhibit X, Encounter Data Submission Requirements and Sanction Applications.
- d. Marketing: The sanctions for engaging in unapproved marketing practices are described in Section V.O.3 of this Agreement, CHC-MCO Outreach Activities.
- e. Access Standard: The sanction for noncompliance with the access standard is set forth in Exhibit T, Provider Network Composition/ Service Access.
- f. Outpatient Drug Encounters: The sanctions for non-compliance with outpatient drug encounter data timeliness is set forth in Exhibit D, Drug Services.

J. Non-Duplication of Financial Penalties

If the Department assesses a financial sanction pursuant to one (1) of the provisions of Section VIII.I of this Agreement, Sanctions, it will not impose a financial sanction pursuant to Section VIII.I with respect to the same infraction.