

APPENDIX 3

FY 2020 REPORTING REQUIREMENTS FOR MEDICAID HEALTH PLANS

These reports must be submitted in addition to contract compliance review submission requirements..

All reports must be shared electronically via the MDHHS File Transfer Application.

Exceptions are the encounter data, provider file, and PCP Submission file which are submitted electronically via the DEG.

| Report Reference | Due Date | Period Covered | Instructions/Format |
|--|--|---|---|
| Annual Submissions | | | |
| Medicaid Health Equity Template | 8/15/20 | 1/1/19 – 12/31/19 | Use the template provided by MDHHS in March |
| MDHHS Health Plan Abortion Report | 10/5/20 | 10/1/2019-9/30/2020 | MSA-0128 accompanied with all MSA-4240s |
| DUR Report | Due Date to be announced to MHPs based upon additional CMS information to the State. | | Contract 1.1 VI.D. |
| MLR Report | 6/1/20 | 10/1/2018-9/30/2019 | MDHHS MLR Template |
| Third Party Recovery Polices | 9/30/20 (even numbered years only) | 10/1/2019-9/30/2020 | Contract XVII.G |
| Weekly Submissions | | | |
| PCP Submission Files (5284) | Weekly | <ul style="list-style-type: none"> •Submit all new and end-dated PCP relationships since the previous submission •Submit a complete refresh file during the time period required by MDHHS | 5284 layout and file edits distributed by MDHHS |
| Healthy Behaviors File (5944) | Weekly | <ul style="list-style-type: none"> •Once the appointment is complete, plans will have 60 Days to transmit data on completed HRAs and/or Wellness Programs to MDHHS via the 5944 file layout. | 5944 Layout and file edits distributed by MDHHS |

| Report Reference | Due Date | Period Covered | Instructions/Format |
|--|---|---|--|
| Quarterly Submissions (Previous months reporting) | | | |
| Financial | March 15 May 15 August 15 November 15 | October 1 st -December 31 st January 1 st -March 31 st April 1 st -June 30 th July 1 st -September 30 th | NAIC and DIFS |
| Grievance/Appeal | January 30 April 30 July 30 October 30 | October 1 st -December 31 st January 1 st -March 31 st April 1 st -June 30 th July 1 st -September 30 th | MSA 131 (11/11), Grievance & Appeal Report |
| Healthy Michigan Plan Grievance/Appeals | January 30 April 30 July 30 October 30 | October 1 st -December 31 st January 1 st -March 31 st April 1 st -June 30 th July 1 st -September 30 th | |
| Third Party Collection | March 15 May 15 August 15 November 15 | October 1 st -December 31 st January 1 st -March 31 st April 1 st -June 30 th July 1 st -September 30 th | Report on separate sheet and send with NAIC |
| Third Party Recovery | February 15 May 15 August 15 November 15 | October 1 st -December 31 st January 1 st -March 31 st April 1 st -June 30 th July 1 st -September 30 th | MDHHS Format Contract XVII.G |
| Monthly Submissions | | | |
| Claims Processing | 30 Days after end of the month NOT last day of month | <ul style="list-style-type: none"> • Data covers previous month • i.e., data for 2/17 due by 3/30/17 | MSA 2009 (E) |
| Encounter Data | The 15 th of each Month | <ul style="list-style-type: none"> • Minimum of Monthly • Data covers previous month • i.e., data for 1/17 due by 2/15/17 | 837 Format NCPDP Format |
| Provider Files (4275) | The last Thursday of each month by noon. | <ul style="list-style-type: none"> • Submit all Providers contracted with the plan on the date of submission • Submit files, utilizing the single provider ID. | 4275 layout and file edits distributed by MDHHS |
| Flint Outreach Report | The 1 st of each month | | Flint Outreach Excel Layout |