

2015 CCO Contractually Required Deliverables and Reports (Expanded)

Contract Section	Report Forms Link: https://CCO.health.oregon.gov/Pages/CCO-Contract-Forms.aspx	Submitted to	Reviewer	Submitted when	Comments/Notes	Supporting regulation
Exhibit B, Part 1, Section 4(e)	Community Health Improvement Plan (CHP). Contractor, through its CAC, shall adopt a CHA and a CHP with responsibilities identified in OAR 410-141-3145 and in compliance with ORS 414.627. The CHA and CHP adopted by the CAC shall describe the full scope of findings, priorities, actions, responsibilities, and results achieved. The CHP shall identify the findings of the CHA and the method for prioritizing health disparities for remedy.	Contract Administration Unit	Transformation Center	Submit a copy of the CHP, or annual progress reports to the CHP no later than June 30th of each year.		OAR 410-141-3145 and ORS 414.627
Exhibit B, Part 1, Section 6(c) and Exhibit M (Mental Health Only)	Policies and Procedures for System of Care (SOC) Wraparound services. Contractors policies and procedures for Wraparound shall include the services and supports a Child and Family Team can select and which services and supports need prior approval of the Contractor and the Wraparound Steering Committee; and the process required for the Child and Family Team to obtain approval from the Contractor and the Wraparound Steering Committee on services and supports that need approval.	Contract Administration Unit	AMH Childrens Team	Submit no later than January 30, 2015. OHA will notify Contractor within 30 days of the approval status of the policy. Subsequent submissions will be upon OHA request.	Policy must be approved by Contractors Wraparound Steering Committee <u>before submitting to OHA.</u>	Contractual Requirement - Program requirement. Wraparound Grant requirements are to document how the CCO will ensure that the Wraparound planning process is being implemented to fidelity by ensuring that the child and family are able to access services and resources as identified by the child and family team.
Exhibit B, Part 2, Section 4(g)(2) and (3)	Hysterectomy or Sterilization Service. (1) Sterilizations and Hysterectomies are a Covered Service only when they meet the federally mandated criteria in 42 CFR 441.250 to 441.259 and the requirements of OHA established in OAR 410-130-0580. Member Representatives may not give consent for sterilizations.	Fax to IRMS	Encounter Data Unit	Contractor shall submit a signed informed consent form to OHA for each Member that received either a hysterectomy or sterilization service as described in Subsection (1) above. Contractor may submit copies of informed consent forms upon receipt or when notified by OHA that a qualifying encounter claim has been identified. OHA will notify Contractor no later than 30 days past the end of each quarter of Contractor's Members who receive a hysterectomy or sterilization service. Contractor in turn shall supply the <u>informed consent</u> within 30 days of notification to the Contractor's designated Encounter Data Liaison.		42 CFR 441.250 through 441.259 and OAR 410-130-0580

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Exhibit B, Part 2, Section 4(m)(1)(e) and Exhibit M (Mental Health Only)	Level of Service Intensity (LOSI) DATA (CASII/ECSII). Contractor shall collect and report ISA determination data, using CASII and ECSII review tools as appropriate, in the AMH Children’s Progress Review System (CPRS).	OHA/AMH Web Portal	AMH Childrens Team	LOSI data shall be reported no later than 30 days after entry into ISA services. <u>Data shall be submitted electronically to the following web address:</u> https://mots.oregon.gov/MOTS	Providers must include the following documentation in the Individual Service Record: (a) Level of Service Intensity Determination; (b) Names and contact information of the members of the interdisciplinary team; (c) Documentation by the interdisciplinary team that the child's ISSP has been reviewed, the services provided are medically appropriate for the specific level of care, and changes in the plan recommended by the interdisciplinary team, as indicated by the child's service and support needs, have been implemented	Contractual Requirement - Program requirement. Level of Service Intensity(LOSI) data reporting was required by the original Children’s System Change Initiative to identify high risk/high need child and adolescent members, in part to ensure delivery of services as well as identify specific costs of this population.
Exhibit B, Part 2, Section 4(m)(1)(j) and Exhibit M (Mental Health Only)	Policies and Procedures for CASII and ECSII Administration. Contractor shall submit written policies and procedures for CASII and ECSII administration and ISA determination processes to the OHA Contract Administration Unit.	OHA Contract Administration Unit	AMH Childrens Team	February 1st of each year	Contractor is notified of a determination within 30 days of receipt. If there are recommended changes, the child and family team representative will contact the CCO to consult. Once the policy is approved, the notification is sent back to MAP.	Contractual Requirement- Program Requirement CCO and MHO Contract and Policy One Department of Human Services- Addictions and Mental Health Division Level of Service Intensity Determination Process Policy One, Revised November 20, 2009, “A Level of Service Intensity Determination will include: • Administration of the Early Childhood Service Intensity Instrument (ECSII) for children birth through five years old or the Child and Adolescent Service Intensity Instrument (CASII) for children ages six and above,”

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Exhibit B, Part 2, Section 4(m)(1)(p) and Exhibit M (Mental Health Only)	Integrated Service Array (ISA) System Clinical Outcomes (BERS) DATA Contractor shall report on ISA system clinical outcomes by submitting a completed ISA Children’s System Progress Review Behavioral and Emotional Rating Scale report (BERS).	OHA Web Portal	AMH Childrens Team	(1) Administered upon entry, quarterly and upon exit, while Member receives ISA services. (2) Data shall be reported no later than 30 days after entry into ISA services. (3) Every 90 days after the initial report and on exit from ISA services. (4) Data shall be submitted electronically to the following web address: https://apps.state.or.us/cf1/amh/	Contractor is notified of a determination within 30 days of receipt. If there are recommended changes, the child and family team representative will contact the CCO to consult. Once the policy is approved, the notification is sent back to MAP.	Contractual Requirement-Program Requirement There are no OARS that require CCOs to input data into CPRS. This is a requirement to ensure that the most vulnerable and highest risk children are receiving necessary services and showing improvement.
Exhibit B, Part 2, Section 8 Subsection (1-3)	Other Non-Medical Services Policies and Procedures. In addition to Covered Services, Contractor may include Other Non-Medical Services that are consistent with achieving Member wellness and the objectives of an individualized care plan. Other Non-Medical Services must be coordinated by the Contractor, and may be in collaboration with the PCPCH or other PCP in the DSN. Other Non-Medical Services must be authorized in accordance with Contractor’s policy, as approved by OHA. Services covered under this Contract may be substituted with or expanded to include Other Non-Medical Services, in compliance with Contractor’s policy as approved by OHA, and agreed to by Contractor, the Member and, as appropriate, the family of the Member, as being an effective alternative. Contractor shall establish written policies and procedures, as approved by OHA, for authorizing Other Non-Medical Services. The policies and procedures shall enable a Participating Provider to order and supervise the delivery of Other Non-Medical Services.	OHA-Contract Administration Unit	OHA Financial Solvency Coordinator	(1) To the OHA Contract Administration Unit annually no later than October 1st (2) To OHA Contract Administration Unit upon any significant changes, prior to formal adoption of the policy. OHA will notify Contractor within 30 days of the compliance status of the policy (3) To the OHA Contract Administration Unit anytime upon OHA request. OHA will notify Contractor within 30 days of the compliance status of the policy		
Exhibit B, Part 3, Section 5 (a)	Policies and Procedures for Grievance System. Contractor shall have a Grievance System, supported with written procedures for Members that includes a Grievance process, Appeal process and access to Contested Case Hearings. Contractor's Grievance System shall meet the requirements of Exhibit I. Contractor shall review its Grievance System Policies and procedures annually and submit a written copy. If no changes since the EQR or submitted at the EQR, <u>Contractor shall submit an Attestation</u> of Revision and Submission of Contractually Required Reporting on January 31st of the following year.	OHA-Contract Administration Unit	Quality Unit	Review annually and submit initial version on January 31st. Subsequent attestation are due as stated in the contract.		OAR 410-141-3260 through 410-141-3264 and 42 CFR 438.402 through 438.414

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Exhibit B, Part 3, Section 6 (d)(1 and 2)	Enrollment Reconciliation. DATA Contractor shall reconcile the OHA 834 monthly Enrollment transaction file, sent by OHA to Contractor monthly, to Contractor's current Member information in its Health Information System (HIS) for the same period (for purposes of this report refer to the previous month's data) which is known as a "look back period".	Secure Email to Enrollment Reconciliation Coordinator	Enrollment Reconciliation Coordinator	Report to OHA, using the Enrollment Reconciliation Certification Forms, Contractor's determination of OHA 834 Enrollment transaction files shall be reported as follows: (a) If there are no discrepancies, Contractor shall complete, sign, date and submit "Enrollment Reconciliation Certification- No Discrepancies", found at the above link, to OHA within 14 days of receipt of the OHA 834 Enrollment transaction file, or If there are discrepancies, Contractor shall complete, sign, date and submit, "Enrollment Reconciliation Certification - Discrepancies Found", found at the above link, to OHA within 14 days of receipt of OHA's Enrollment transaction file.	Forms are available on the Contract Reports Web Site. Contractor's determination of OHA 834 monthly Enrollment transaction files shall be reported. Forms are located at: https://cco.health.oregon.gov/RFA/Pages/ContractForms.aspx .	45 CFR 92.20
Exhibit B, Part 4, Section 4 (b)(1)(e) and (f)	Memoranda of Understanding (MOU). Contractor shall ensure that Members have access to high quality, appropriate integration and coordination of care and services, through a Provider Network capable of meeting Health System Transformation objectives.	OHA Contract Administration Unit	APD/QI Unit	Contractor shall provide following elements of care coordination: (e) Contractor shall document and submit no later than June 30th of every year, an update of coordination activities through Memoranda of Understanding (MOU), or sub-contractual arrangement(s) between the Contractor and the Type B AAA or State APD district office(s) in its Service Area. (f) Contractor shall submit MOU(s), Subcontracts as referenced in subsection (e) above and other arrangements to OHA yearly, no later than June 30th of every year, and review them with OHA and	Non-Binding compliance reporting Guidance found at http://www.oregon.gov/dhs/pages/hst/apd-cco-info.aspx	HB 3650, 2012 Oregon Laws, Chapter 8
Exhibit B, Part 4, Section 9 (a)	Patient Centered Primary Care Home (PCPCH). In addition to Provider reporting requirements described in OARs, Contractor shall provide a report to OHA on a quarterly basis to include all Members that are assigned to a PCPCH Provider listed out by tier 1, 2 or 3.	OHA Contract Administration Unit	Health Analytics	No later than 30 days following the end of each quarter Report found at http://www.surveymonkey.com/s/pcpchreport	Contractor should work with each PCPCH Provider in developing these lists. Contractor shall promote and assist other Providers to communicate and coordinate care with the PCPCH in a timely manner using electronic health information technology to the maximum extent feasible.	ORS 414.655

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Exhibit B, Part 8, Section 5(f)	Affiliated Medicare Advantage Plan Reporting. For those Contractors affiliated with or contracted with an entity that provides services as a Medicare Advantage plan serving Fully Dual Eligibles, Contractor shall demonstrate on a yearly basis that its Provider Network is adequate to provide both the Medicare and the Medicaid Covered Services to its <u>Fully Dual Eligible population</u> . Contractor shall identify its Providers' Medicaid participation.	OHA Contract Administration Unit	Quality Unit	Submit January 31st of each year.	This reporting is supported by the Provider Capacity Report. Form is available on Contract Reports Web site.	42 CFR 422.107 and ORS 414.632
Exhibit B, Part 8, Section 8(a)	Encounter (without) Pharmacy DATA Contractor shall submit all Encounter Claims Data to OHA electronically using HIPAA Transactions and Codes Sets or the National Council for Prescription Drug Programs (NCPDP) Standards and in accordance with OHA rules. Contractor shall submit <u>all valid unduplicated Non-Pharmacy Encounter Data</u> to OHA within 60 days of the adjudication date. The adjudication date is the date of Contractor's payment or denial. Corrective action may be initiated if more than 10% of the Encounter Data submitted are over 60 days after the adjudication date or if the submissions of duplicate claims exceed 10% per month.	SFTP site with notification to the Encounter Data Unit	Encounter Data Unit	Contractor shall submit all unduplicated Encounter Data to OHA within 60 days of the <u>adjudication date</u> . The adjudication date is the date of payment or denial.	Located at: https://cco.health.oregon.gov/RFA/Pages/ContractForms.aspx .	42 CFR 438.604 and 438.606 OAR 943-120-0100 through 943-120-0200 OAR 410-141-3430
Exhibit B, Part 8, Section 9	Encounter Pharmacy Data. DATA Contractor shall submit all Encounter Claims Data to OHA electronically using HIPAA Transactions and Codes Sets or the National Council for Prescription Drug Programs (NCPDP) Standards and in accordance with OHA rules. The Encounter Pharmacy Data submitted must represent 50 percent of all pharmacy claim types received and adjudicated by Contractor during that month, including the paid amounts regardless of whether the Provider is paid on a fee-for-service or capitated basis, or whether the Provider is in network (participating) or out of network (non-participating)	SFTP site with notification to the Encounter Data Unit	Encounter Data Unit	Contractor shall submit all valid, accepted liability, unduplicated Encounter Pharmacy Data to OHA within 60 days of the <u>dispense date</u> .	Located at: https://cco.health.oregon.gov/RFA/Pages/ContractForms.aspx .	42 CFR 438.604 and 438.606 OAR 943-120-0100 through 943-120-0200 OAR 410-141-3430
Exhibit B, Part 8, Section 7(c)	Pharmacy Expense Reports. Contractor shall submit Pharmacy Expense Reports as required in the following forms which are hereby incorporated by this reference: (1) Pharmacy Expense Proprietary, Exemption Request Report and (2) Pharmacy Expense Report	OHA Contract Administration Unit	OHA Pharmacy Program Manager	This report is an annual requirement. The report is due March 31 of every year. DATA PERIOD: Data from the prior year	Pharmacy Expense Reports – Pharmacy Expense Proprietary Exemption Request Form found at: https://cco.health.oregon.gov/RFA/Pages/ContractForms.aspx .	HB 3650, 2012 Oregon Laws, Chapter 8

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Exhibit B, Part 8, Section 11(c)	Policies and Procedures for Third Party Liability and Personal Injury Liens. Contractor shall develop and implement written policies describing its procedures for Third Party Liability recovery. OHA will review Contractor's policies and procedures for compliance with this Contract and, to the extent OHA determines applicable, for consistency with Third Party Liability recovery requirements in 42 USC 1396a(a)(25), 42 CFR 433 Subpart D, OAR 461-195-0301 to 461-195-0350, OAR 410-141-3080 and ORS 416.510 to 416.610.	OHA Contract Administration Unit	Quality Unit and OPAR	<p>(1) To the OHA Contract Administration Unit annually no later than January 31st</p> <p>(2) To OHA Contract Administration Unit upon any significant changes, prior to formal adoption of the policy. OHA will notify Contractor within 30 days of the compliance status of the policy.</p> <p>(3) To the OHA Contract Administration Unit anytime upon OHA request. OHA will notify Contractor within 30 days of the compliance status of the policy.</p>		CMS CHECKLIST - X.1.14. Liability recovery requirements in 42 USC 1396a(a)(25), 42 CFR 433 Subpart D, OAR 461-195-0301 to 461-195-0350, OAR 410-141-3080 and ORS 416-510 to 416-610
Exhibit B, Part 8, Section 14 (b)	Policies and Procedures for Fraud and Abuse. Contractor shall have Fraud and Abuse policies and procedures, and a mandatory compliance plan, in accordance with OAR 410-120-1510, 42 CFR 433.116, 42 CFR 438.214, 438.600 to 438.610, 438.808, 42 CFR 455.20, 455.104 through 455.106 and 42 CFR 1002.3, which enable the Contractor or its Subcontractors to prevent and detect Fraud and Abuse activities as such activities relate to the OHP	OHA Contract Administration Unit	Quality Unit and OPAR	<p>Contractor shall review its Fraud and Abuse policies annually and submit a written copy to OHA Contract Administration Unit as follows:</p> <p>(1) To the OHA Contract Administration Unit annually, no later than January 31st</p> <p>(2) To the OHA Contract Administration Unit upon any significant changes, prior to formal adoption of the policy. OHA will notify Contractor within 30 days of the compliance status of the policy</p> <p>(3) To the OHA Contract Administration Unit anytime upon OHA request. OHA will notify Contractor within 30 days of the compliance status of the policy</p>		CMS CHECK LIST – H.2.01 42 CFR 438.608 OAR 410-120-1510, 42 CFR 433.116, 42 CFR 438.214, 438.600 to 438.610, 438.808, 42 CFR 455.20, 455.104 through 455.106 and 42 CFR 1002.3
Exhibit B, Part 9, Section 2(b)	Quality Strategy/Work Plan/QAPI Contractor shall develop and operate a Quality Assurance and Performance Improvement Program (QAPI) for the services it furnishes to its Members in accordance with 42 CFR 438.240 under an annual quality strategy and work plan. The annual quality strategy identifies the goals, objectives and intended outcomes for the annual QAPI program, setting the structure for and guiding the work plan. The work plan flows from the strategic plan and identifies each project and the goal of the project with enough detail to demonstrate its connection to a quality strategy and its performance improvement.	OHA Contract Administration Unit	Quality Unit	Contractor shall have in effect a process for its own evaluation of the impact and effectiveness of its systems interventions of its QAPI program. The quality strategy, work plan and QAPI program evaluation must be reported to OHA by March 16 of each year		

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Exhibit B, Part 9, Section 9(h)(2)(b)	Technology Plan (year two) Submission of an OHA-approved year two technology plan for the three clinical measures (depression screening, diabetes control, and hypertension)	OHA Contract Administration Unit	Office of Health Analytics	OHA acceptance of Year Two data submission will be published August 2014. Year Two Technology Plan proposed due date: February 15, 2015. Final due date will be published in the Technology Plan guidance document. Guidance document located at https://CCO.health.oregon.gov/Pages/CCO-Contract-Forms.aspx		1115 Demonstration, the Oregon Health Plan (Waiver)
Exhibit B, Part 9(h)(2)(b)	Data submission (year two)	OHA Contract Administration Unit	Office of Health Analytics	OHA acceptance of Year Two data submission was published August 2014. Year Two Technology Plan proposed due date: April 1, 2015. Guidance document located at Final due date will be published in the Technology Plan guidance document. Guidance document located at https://CCO.health.oregon.gov/Pages/CCO-Contract-Forms.aspx	Proof of concept data	1115 Demonstration, the Oregon Health Plan (Waiver)
Exhibit C, Section 11(f)	Minimum Medical Loss Ratio (MLR) Reporting Contractor shall file its MMLR Report electronically utilizing the Minimum Medical Loss Ratio Rebate Calculation Template (Excel Workbook) and following the Minimum Medical Loss Ratio Rebate Calculation Instructions located on the Contract Reports Web Site. Where the MMLR Reporting Rebate Calculation Instructions do not resolve an issue, the CMS Instructions control except where inconsistent with this Section 11. All information reported on the MMLR Report must be for revenues and expenses under this Contract or a predecessor CCO contract and must be for the Expansion Population only. The MMLR Report must be certified by an officer of Contractor, under penalty of false claims act liability, in the manner required by the MMLR Reporting Instructions	OHA Contract Administration Unit	Financial Solvency Coordinator	<u>2016 Reporting Period:</u> July 1, 2014 to December 31, 2015 (eighteen (18) months) due 6/30/16		
Exhibit G, Section 1(intro)	DSN Network Reporting. Contractor shall demonstrate its DSN Provider Capacity by submitting a DSN Provider Narrative Report and a DSN Provider Capacity Report to OHA. (1) DSN Provider Narrative Report	OHA Contract Administration Unit	Quality Unit	Submit DSN Provider Capacity Report to OHA as specified in this Section 1 no later than July 1 st of every year. Subsequently, Contractor shall update these reports any time there has been a Material Change in Contractor's operations that would affect adequate capacity and services, and upon OHA request		CMS CHECK LIST- D.1.02,D.1.03 AND D.1.04 42 CFR 438.206, 42 CFR 438.207, HB 3650 and ORS 414.645

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Exhibit G, Section 1(b) (intro)	<p>Provider Capacity Adequacy Reporting (PCAR) Contractor shall describe its DSN capacity by submitting a DSN Provider Capacity Report on July 1st of every year, with its DSN Provider Narrative as described above, for the following categories of services or types of service providers. All Contractor’s DSN service providers, whether employed by or under subcontract with Contractor or paid fee-for-service, must have agreed with Contractor to provide the described services or items to Medicaid and Fully Dual Eligible Members. Contractor shall base its DSN upon its community health assessment (if available), community health improvement plan (if available), and Transformation Plan for delivery of integrated and coordinated health, Dental Services, mental health, and Substance Use Disorders treatment services and supports. (1) DSN Provider Capacity Report</p>	OHA Contract Administration Unit	Quality Unit	Submit DSN Provider Capacity Report on July 1 st of every year, with its DSN Provider Narrative .		CMS CHECK LIST- D.1.02,D.1.03 AND D.1.04 42 CFR 438.206, 42 CFR 438.207, HB 3650 and ORS 414.645
Exhibit G, Section 1(c)	<p>Cooperative Agreements with Publicly Funded Programs. To implement and formalize coordination and ensure relationships exist between Contractor and publicly funded health care and service programs,</p>	OHA Contract Administration Unit	Quality Unit	Contractor shall complete the table [in contract] and submit it to the OHA Contract Administration Unit by July 1st of every year, and provide additional information upon OHA request.		CMS CHECK LIST- D.1.02,D.1.03 AND D.1.04 42 CFR 438.206, 42 CFR 438.207, HB 3650 and ORS 414.645
Exhibit G, Section 1(d)	<p>Cooperative Agreements with Community Social and Support Service and Long Term Care Report. To implement and formalize coordination and ensure relationships exist between Contractor and [such] entities.</p>	OHA Contract Administration Unit	Quality Unit	Contractor shall provide the following information in a brief narrative report or table and submit to the OHA Contract Administration Unit by July 1 st of every year, and provide additional information upon OHA request		CMS CHECK LIST- D.1.02,D.1.03 AND D.1.04 42 CFR 438.206, 42 CFR 438.207, HB 3650 and ORS 414.645

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Exhibit G, Section 2(a)	<p>Hospital Network Adequacy. This is an annual report of admissions and paid amounts that details Hospital admissions at Contracted Hospitals and Hospital admissions at Non-Contracted Hospitals. The Hospital Adequacy Report will also include the Contractor's total outpatient costs at Contracted Hospitals and the Contractor's total outpatient costs at Non-Contracted Hospitals. OHA will review and analyze non-contracted claims by Contractor annually to determine if all Hospital services are adequately represented.</p>	OHA Contract Administration Unit	OHA Financial Solvency Coordinator	<p><u>2015 Contract</u> - Reporting period will be from July 1, 2013 through December 31, 2014 (18 month bridging period). Submit report no later than March 31st following the end of the reporting period.</p> <p><u>2016 Contract</u> - Reporting period will be January 1st through December 31st (regular reporting period). Submit report no later than March 31st following the reporting period.</p>	2015 will be a bridging gap reporting period and 2016 will return to a regular reporting period of calendar year.	CMS CHECK LIST- D.1.02,D.1.03 AND D.1.04 42 CFR 438.206, 42 CFR 438.207, HB 3650 and ORS 414.645

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Exhibit H, Section 3	<p>CMS Physician Incentive Plan Disclosure Form</p> <p>In order to determine compliance with 42 CFR 422.208-422.210, Contractor shall report to OHA the following information for each medical group and physician providing health services to the OHA</p> <p>Members:</p> <ul style="list-style-type: none"> • Whether any risk is transferred to the Provider • Whether risk is transferred to the Provider for Referral Services • What method is used to transfer risk • What percent of the total Potential Payment to the Provider is at risk for referrals • What is the number of patients included in the same risk arrangement if the number of patients is 25,000 or fewer, what is the type and amount of PIP Stop-loss Protection insurance • Whether Contractor’s Physician Incentive Plan places physicians or Physician Groups at “Substantial Financial Risk” as determined in Section 4 of this Exhibit H. • If SFR is established: <ul style="list-style-type: none"> a. the amount of PIP Stop-loss Protection required; and b. the means for complying with survey requirements 	OHA Contract Administration Unit	Financial Solvency Coordinator	Submit the CMS Physician Incentive Plan (PIP) Disclosure form no later than January 31st of each year	Form is located at https://cco.health.oregon.gov/Pages/CCO-Contract - Forms.aspx .	42 CFR 422.208 through 422.210									
Exhibit I, Section 8(a)	<p>Grievance and Appeals Log.</p> <p>Contractor shall document all Grievances and Appeals using the Grievance Log and Summary Workbook available on the Contract Reports Web Site in accordance with the instructions included on each report. Contractor shall monitor the Grievance Reports internally on a monthly basis for completeness and accuracy.</p>	OHA Contract Administration Unit	Quality Unit	No later than 45 days following the end of each quarter	Form is located at https://cco.health.oregon.gov/Pages/CCO-Contract - Forms.aspx .	OAR 410-141-3260 through 410-141-3266, and 42 CFR 438.400 through 438.424									
Exhibit K, Section (4) and (5)	<p>Transformation Plan (2013 - 2015 Cycle)</p> <p>Contractor shall periodically update its Transformation Plan and Areas of Transformation to continue strategic planning and implementation of specific plans (plans, timeline, benchmarks, milestones, and deliverables) demonstrating how and when Contractor will achieve Health System Transformation, aligned with the quality and incentive specifications established in Exhibit B Part 9.</p>			<p>Deliverables for the 2013 - 2015 cycle described below (or any amended schedule set by amendment to its Transformation Plan and Areas of Transformation). Contractor shall combine the reports for all Areas of Transformation and Benchmarks into a single report.</p> <table border="0"> <thead> <tr> <th><u>Deliverable</u></th> <th><u>Cycle</u></th> <th><u>Deliverable Date</u></th> </tr> </thead> <tbody> <tr> <td>(1) Second Progress Report</td> <td>2013-2015</td> <td>January 31, 2015</td> </tr> <tr> <td>(2) Benchmark Report</td> <td>2013-2015</td> <td>July 31, 2015</td> </tr> </tbody> </table>	<u>Deliverable</u>	<u>Cycle</u>	<u>Deliverable Date</u>	(1) Second Progress Report	2013-2015	January 31, 2015	(2) Benchmark Report	2013-2015	July 31, 2015		
<u>Deliverable</u>	<u>Cycle</u>	<u>Deliverable Date</u>													
(1) Second Progress Report	2013-2015	January 31, 2015													
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Exhibit K, Section (4) and (5)	<p>Transformation Plan (2015 - 2017 Cycle) Update</p> <p>Contractor shall periodically update its Transformation Plan and Areas of Transformation to continue strategic planning and implementation of specific plans (plans, timeline, benchmarks, milestones, and deliverables) demonstrating how and when Contractor will achieve Health System Transformation, aligned with the quality and incentive specifications established in Exhibit B Part 9. An updated Transformation Plan and Transformation Amendment will be developed for the 2015-2017 cycle and every two years thereafter.</p>	OHA Contract Administration Unit	Transformation Center	<p>Utilizing the schedule and accountabilities as follows:</p> <table border="1"> <thead> <tr> <th data-bbox="1572 324 1961 348">Deliverable</th> <th data-bbox="1973 324 2132 348">Deliverable Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="1572 354 1961 379">(1) Contractor will submit updated TP to OHA</td> <td data-bbox="1973 354 2132 379">2/15/15</td> </tr> <tr> <td data-bbox="1572 381 1961 405">(2) OHA will submit TP comments to Contractor</td> <td data-bbox="1973 381 2132 405">4/15/15</td> </tr> <tr> <td data-bbox="1572 407 1961 431">(3) Contractor will submit final updated TP to OHA</td> <td data-bbox="1973 407 2132 431">5/1/15</td> </tr> <tr> <td data-bbox="1572 433 1961 457">(4) OHA will furnish Contractor with TP approval</td> <td data-bbox="1973 433 2132 457">5/1.15</td> </tr> </tbody> </table>	Deliverable	Deliverable Date	(1) Contractor will submit updated TP to OHA	2/15/15	(2) OHA will submit TP comments to Contractor	4/15/15	(3) Contractor will submit final updated TP to OHA	5/1/15	(4) OHA will furnish Contractor with TP approval	5/1.15		HB 3650, 2012 Oregon Laws, Chapter 8 (Enrolled SB 1580) Section 13, ORS 414.627 and 1115 Demonstration, the Oregon Health Plan (Waiver)					
Deliverable	Deliverable Date																				
(1) Contractor will submit updated TP to OHA	2/15/15																				
(2) OHA will submit TP comments to Contractor	4/15/15																				
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Exhibit K, Section (4) and (5)	<p>Transformation Plan (2015 - 2017 Cycle) Reporting</p> <p>Contractor shall periodically update its Transformation Plan and Areas of Transformation to continue strategic planning and implementation of specific plans (plans, timeline, benchmarks, milestones, and deliverables) demonstrating how and when Contractor will achieve Health System Transformation, aligned with the quality and incentive specifications established in Exhibit B Part 9.</p>	OHA Contract Administration Unit	Transformation Center	<p>Deliverables for the 2015-2017 cycle described below (or any amended schedule set by amendment to its Transformation Plan and Areas of Transformation). Contractor shall combine the reports for all Areas of Transformation and Benchmarks into a single report.</p> <table border="1"> <thead> <tr> <th data-bbox="1572 963 1805 987">Deliverable</th> <th data-bbox="1818 963 1945 987">Cycle</th> <th data-bbox="1958 963 2116 987">Deliverable Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="1572 993 1805 1018">(1) Initial progress report</td> <td data-bbox="1818 993 1945 1018">2015-2017</td> <td data-bbox="1958 993 2116 1018">January 31, 2016</td> </tr> <tr> <td data-bbox="1572 1020 1805 1044">(2) Milestone report</td> <td data-bbox="1818 1020 1945 1044">2015-2017</td> <td data-bbox="1958 1020 2116 1044">July 31, 2016</td> </tr> <tr> <td data-bbox="1572 1046 1805 1070">(3) Second progress report</td> <td data-bbox="1818 1046 1945 1070">2015-2017</td> <td data-bbox="1958 1046 2116 1070">January 31, 2017</td> </tr> <tr> <td data-bbox="1572 1072 1805 1096">(4) Benchmark report</td> <td data-bbox="1818 1072 1945 1096">2015-2017</td> <td data-bbox="1958 1072 2116 1096">July 31, 2017</td> </tr> </tbody> </table>	Deliverable	Cycle	Deliverable Date	(1) Initial progress report	2015-2017	January 31, 2016	(2) Milestone report	2015-2017	July 31, 2016	(3) Second progress report	2015-2017	January 31, 2017	(4) Benchmark report	2015-2017	July 31, 2017		
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(4) Benchmark report	2015-2017	July 31, 2017																			
Exhibit L, Section B(2)(a-i)	<p>Audited Financial Statements</p> <p>Contractor shall maintain sound financial management procedures and demonstrate to OHA through proof of financial responsibility that it is able to perform the Work required under this Contract efficiently, effectively and economically and is able to comply with the requirements of this Contract. Contractor shall submit Audited Financial Statements</p>	OHA (ASU) SFTP Site	Financial Solvency Coordinator	(1) Contractor will submit updated TP to OHA February 15, 2015	Prepared by an independent accounting firm	42 CFR 438.116 and OAR 410-141-3340 through 141-3395															

2015 CCO Contractually Required Deliverables and Reports (Expanded)

Contract Section	Report Forms Link: https://CCO.health.oregon.gov/Pages/CCO-Contract-Forms.aspx	Submitted to	Reviewer	Submitted when	Comments/Notes	Supporting regulation										
Exhibit L, Section B(3)	Quarterly Financial Reports Contractor shall report results of financial operations to OHA.	OHA (ASU) SFTP Site	Financial Solvency Coordinator	(2) OHA will submit TP comments to Contractor April 15, 2015 (3) Contractor will submit final updated TP to OHA May 1, 2015 (4) OHA will furnish Contractor with TP approval May 15, 2015	Utilize Generally Accepted Accounting Principles (GAAP) to define the information requested. Contractor shall immediately notify OHA of a material change in circumstance from the information contained in the latest-uploaded Quarterly Financial Reports. If the material	CMS CHECK LIST – J.2.01. OAR 410-141-3360 and 42 CFR 438.116 (1) Each MCO, PIHP, and PAHP that is not a Federally qualified HMO (as defined in section 1310 of the Public Health Service Act) must provide assurances satisfactory to the State showing that its provision against the risk of insolvency is adequate to ensure that its Medicaid <u>Members will not be liable for the MCO's, PIHP's, or PAHP's debts if the entity becomes insolvent</u>										
Exhibit L, Section B(3)(a)(1)	Report L.1 General Information and Certification Contractor shall report results of financial operations to OHA quarterly unless annotated as an annual requirement only	OHA (ASU) SFTP Site	OHA Financial Solvency Coordinator	Submit Quarterly Financial Reports for the 1st, 2nd, and 3rd quarters to OHA 60 days after the end of each quarter. Contractor shall submit the Quarterly Financial Reports for the 4th quarter three months after the end of the quarter, as follows: <table border="0" data-bbox="1569 903 2141 1084"> <tr> <td><u>End of Quarter</u></td> <td><u>Due Date of Report</u></td> </tr> <tr> <td>March 31st</td> <td>May 31st</td> </tr> <tr> <td>June 30th</td> <td>August 31st</td> </tr> <tr> <td>September 30th</td> <td>November 30th</td> </tr> <tr> <td>December 31st</td> <td>March 31st</td> </tr> </table>	<u>End of Quarter</u>	<u>Due Date of Report</u>	March 31st	May 31st	June 30th	August 31st	September 30th	November 30th	December 31st	March 31st	Form is located at https://cco.health.oregon.gov/Pages/CCO-Contract - Forms.aspx .	CMS CHECK LIST – J.2.01. OAR 410-141-3360 and 42 CFR 438.116 (1) Each MCO, PIHP, and PAHP that is not a Federally qualified HMO (as defined in section 1310 of the Public Health Service Act) must provide assurances satisfactory to the State showing that its provision against the risk of insolvency is adequate to ensure that its Medicaid <u>Members will not be liable for the MCO's, PIHP's, or PAHP's debts if the entity becomes insolvent</u>
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Exhibit L, Section B(3)(a)(2)	Report L.2: Members Approaching or Surpassing Stop-Loss Deductible. Contractor shall report Members approaching or surpassing the deductible amount of stop-loss or reinsurance. Report L.2 contains instructions necessary to complete the form.	OHA (ASU) SFTP Site	OHA Financial Solvency Coordinator	Submit Quarterly Financial Reports for the 1st, 2nd, and 3rd quarters to OHA 60 days after the end of each quarter. Contractor shall submit the Quarterly Financial Reports for the 4th quarter three months after the end of the quarter, as follows: <table border="0" data-bbox="1569 1346 2141 1528"> <tr> <td><u>End of Quarter</u></td> <td><u>Due Date of Report</u></td> </tr> <tr> <td>March 31st</td> <td>May 31st</td> </tr> <tr> <td>June 30th</td> <td>August 31st</td> </tr> <tr> <td>September 30th</td> <td>November 30th</td> </tr> <tr> <td>December 31st</td> <td>March 31st</td> </tr> </table>	<u>End of Quarter</u>	<u>Due Date of Report</u>	March 31st	May 31st	June 30th	August 31st	September 30th	November 30th	December 31st	March 31st	Form is located at https://cco.health.oregon.gov/Pages/CCO-Contract - Forms.aspx .	CMS CHECK LIST – J.2.01. OAR 410-141-3360 and 42 CFR 438.116 (1) Each MCO, PIHP, and PAHP that is not a Federally qualified HMO (as defined in section 1310 of the Public Health Service Act) must provide assurances satisfactory to the State showing that its provision against the risk of insolvency is adequate to ensure that its Medicaid <u>Members will not be liable for the MCO's, PIHP's, or PAHP's debts if the entity becomes insolvent</u>
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Contract Section	Report Forms Link: https://CCO.health.oregon.gov/Pages/CCO-Contract-Forms.aspx	Submitted to	Reviewer	Submitted when	Comments/Notes	Supporting regulation										
Exhibit L, Section B(3)(a)(3)	Report L3: Restricted Reserves (include Reports L3.1 Secondary Reserve Requirement Based on Enrollment Data and L3.2 Secondary Reserve Requirement Based on Historical Expenses)	OHA (ASU) SFTP Site	OHA Financial Solvency Coordinator	Submit Quarterly Financial Reports for the 1st, 2nd, and 3rd quarters to OHA 60 days after the end of each quarter. Contractor shall submit the Quarterly Financial Reports for the 4th quarter three months after the end of the quarter, as follows: <table border="0" data-bbox="1569 473 2141 655"> <tr> <td><u>End of Quarter</u></td> <td><u>Due Date of Report</u></td> </tr> <tr> <td>March 31st</td> <td>May 31st</td> </tr> <tr> <td>June 30th</td> <td>August 31st</td> </tr> <tr> <td>September 30th</td> <td>November 30th</td> </tr> <tr> <td>December 31st</td> <td>March 31st</td> </tr> </table>	<u>End of Quarter</u>	<u>Due Date of Report</u>	March 31st	May 31st	June 30th	August 31st	September 30th	November 30th	December 31st	March 31st	Form is located at https://cco.health.oregon.gov/Pages/CCO-Contract-Forms.aspx .	CMS CHECK LIST – J.2.01. OAR 410-141-3360 and 42 CFR 438.116 (1) Each MCO, PIHP, and PAHP that is not a Federally qualified HMO (as defined in section 1310 of the Public Health Service Act) must provide assurances satisfactory to the State showing that its provision against the risk of insolvency is adequate to ensure that its Medicaid <u>Members will not be liable for the MCO’s, PIHP’s, or PAHP’s debts if the entity becomes insolvent</u>
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March 31st	May 31st															
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Exhibit L, Section B(3)(a)(4)	Report L.7: Quarterly Balance Sheet of Corporate Activity	OHA (ASU) SFTP Site	OHA Financial Solvency Coordinator	Submit Quarterly Financial Reports for the 1st, 2nd, and 3rd quarters to OHA 60 days after the end of each quarter. Contractor shall submit the Quarterly Financial Reports for the 4th quarter three months after the end of the quarter, as follows: <table border="0" data-bbox="1569 917 2141 1098"> <tr> <td><u>End of Quarter</u></td> <td><u>Due Date of Report</u></td> </tr> <tr> <td>March 31st</td> <td>May 31st</td> </tr> <tr> <td>June 30th</td> <td>August 31st</td> </tr> <tr> <td>September 30th</td> <td>November 30th</td> </tr> <tr> <td>December 31st</td> <td>March 31st</td> </tr> </table>	<u>End of Quarter</u>	<u>Due Date of Report</u>	March 31st	May 31st	June 30th	August 31st	September 30th	November 30th	December 31st	March 31st	Form is located at https://cco.health.oregon.gov/Pages/CCO-Contract-Forms.aspx .	CMS CHECK LIST – J.2.01. OAR 410-141-3360 and 42 CFR 438.116 (1) Each MCO, PIHP, and PAHP that is not a Federally qualified HMO (as defined in section 1310 of the Public Health Service Act) must provide assurances satisfactory to the State showing that its provision against the risk of insolvency is adequate to ensure that its Medicaid <u>Members will not be liable for the MCO’s, PIHP’s, or PAHP’s debts if the entity becomes insolvent</u>
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Exhibit L, Section B(3)(a)(5)	Report L.8: Quarterly Statement of Revenue, Expenses and Changes in Net Assets Corporate Total and OHP Line of Business	OHA (ASU) SFTP Site	OHA Financial Solvency Coordinator	Submit Quarterly Financial Reports for the 1st, 2nd, and 3rd quarters to OHA 60 days after the end of each quarter. Contractor shall submit the Quarterly Financial Reports for the 4th quarter three months after the end of the quarter, as follows: <table border="0" data-bbox="1569 1360 2141 1542"> <tr> <td><u>End of Quarter</u></td> <td><u>Due Date of Report</u></td> </tr> <tr> <td>March 31st</td> <td>May 31st</td> </tr> <tr> <td>June 30th</td> <td>August 31st</td> </tr> <tr> <td>September 30th</td> <td>November 30th</td> </tr> <tr> <td>December 31st</td> <td>March 31st</td> </tr> </table>	<u>End of Quarter</u>	<u>Due Date of Report</u>	March 31st	May 31st	June 30th	August 31st	September 30th	November 30th	December 31st	March 31st	Form is located at https://cco.health.oregon.gov/Pages/CCO-Contract-Forms.aspx .	CMS CHECK LIST – J.2.01. OAR 410-141-3360 and 42 CFR 438.116 (1) Each MCO, PIHP, and PAHP that is not a Federally qualified HMO (as defined in section 1310 of the Public Health Service Act) must provide assurances satisfactory to the State showing that its provision against the risk of insolvency is adequate to ensure that its Medicaid <u>Members will not be liable for the MCO’s, PIHP’s, or PAHP’s debts if the entity becomes insolvent</u>
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Exhibit L, Section B(3)(a)(6)	Report L.8.1: Adjusted and Unadjusted Medical Loss Ratio, Net Worth Requirement	OHA (ASU) SFTP Site	OHA Financial Solvency Coordinator	Submit Quarterly Financial Reports for the 1st, 2nd, and 3rd quarters to OHA 60 days after the end of each quarter. Contractor shall submit the Quarterly Financial Reports for the 4th quarter three months after the end of the quarter, as follows: <table border="0" style="width: 100%;"><tr><td style="text-align: center;"><u>End of Quarter</u></td><td style="text-align: center;"><u>Due Date of Report</u></td></tr><tr><td style="text-align: center;">March 31st</td><td style="text-align: center;">May 31st</td></tr><tr><td style="text-align: center;">June 30th</td><td style="text-align: center;">August 31st</td></tr><tr><td style="text-align: center;">September 30th</td><td style="text-align: center;">November 30th</td></tr><tr><td style="text-align: center;">December 31st</td><td style="text-align: center;">March 31st</td></tr></table>	<u>End of Quarter</u>	<u>Due Date of Report</u>	March 31st	May 31st	June 30th	August 31st	September 30th	November 30th	December 31st	March 31st	Form is located at https://cco.health.oregon.gov/Pages/CCO-Contract - Forms.aspx .	CMS CHECK LIST – J.2.01. OAR 410-141-3360 and 42 CFR 438.116 (1) Each MCO, PIHP, and PAHP that is not a Federally qualified HMO (as defined in section 1310 of the Public Health Service Act) must provide assurances satisfactory to the State showing that its provision against the risk of insolvency is adequate to ensure that its Medicaid <u>Members will not be liable for the MCO’s, PIHP’s, or PAHP’s debts if the entity becomes insolvent</u>
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Exhibit L, Section B(3)(a)(7)	Report L.9: Cash Flow Analysis Corporate Activity/Indirect Method Corporate Total	OHA (ASU) SFTP Site	OHA Financial Solvency Coordinator	Submit Quarterly Financial Reports for the 1st, 2nd, and 3rd quarters to OHA 60 days after the end of each quarter. Contractor shall submit the Quarterly Financial Reports for the 4th quarter three months after the end of the quarter, as follows: <table border="0" style="width: 100%;"><tr><td style="text-align: center;"><u>End of Quarter</u></td><td style="text-align: center;"><u>Due Date of Report</u></td></tr><tr><td style="text-align: center;">March 31st</td><td style="text-align: center;">May 31st</td></tr><tr><td style="text-align: center;">June 30th</td><td style="text-align: center;">August 31st</td></tr><tr><td style="text-align: center;">September 30th</td><td style="text-align: center;">November 30th</td></tr><tr><td style="text-align: center;">December 31st</td><td style="text-align: center;">March 31st</td></tr></table>	<u>End of Quarter</u>	<u>Due Date of Report</u>	March 31st	May 31st	June 30th	August 31st	September 30th	November 30th	December 31st	March 31st	Form is located at https://cco.health.oregon.gov/Pages/CCO-Contract - Forms.aspx .	CMS CHECK LIST – J.2.01. OAR 410-141-3360 and 42 CFR 438.116 (1) Each MCO, PIHP, and PAHP that is not a Federally qualified HMO (as defined in section 1310 of the Public Health Service Act) must provide assurances satisfactory to the State showing that its provision against the risk of insolvency is adequate to ensure that its Medicaid <u>Members will not be liable for the MCO’s, PIHP’s, or PAHP’s debts if the entity becomes insolvent</u>
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Exhibit L, Section B(3)(a)(8)	Report L.10: Corporate Relationship of Contractors (Parts I, II and IV) (Part III is an annual requirement only, due August 31st of the following year).	OHA (ASU) SFTP Site	OHA Financial Solvency Coordinator	Submit Quarterly Financial Reports for the 1st, 2nd, and 3rd quarters to OHA 60 days after the end of each quarter. Contractor shall submit the Quarterly Financial Reports for the 4th quarter three months after the end of the quarter, as follows: <table border="0" style="width: 100%;"><tr><td style="text-align: center;"><u>End of Quarter</u></td><td style="text-align: center;"><u>Due Date of Report</u></td></tr><tr><td style="text-align: center;">March 31st</td><td style="text-align: center;">May 31st</td></tr><tr><td style="text-align: center;">June 30th</td><td style="text-align: center;">August 31st</td></tr><tr><td style="text-align: center;">September 30th</td><td style="text-align: center;">November 30th</td></tr><tr><td style="text-align: center;">December 31st</td><td style="text-align: center;">March 31st</td></tr></table>	<u>End of Quarter</u>	<u>Due Date of Report</u>	March 31st	May 31st	June 30th	August 31st	September 30th	November 30th	December 31st	March 31st	Form is located at https://cco.health.oregon.gov/Pages/CCO-Contract - Forms.aspx .	CMS CHECK LIST – J.2.01. OAR 410-141-3360 and 42 CFR 438.116 (1) Each MCO, PIHP, and PAHP that is not a Federally qualified HMO (as defined in section 1310 of the Public Health Service Act) must provide assurances satisfactory to the State showing that its provision against the risk of insolvency is adequate to ensure that its Medicaid <u>Members will not be liable for the MCO’s, PIHP’s, or PAHP’s debts if the entity becomes insolvent</u>
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2015 CCO Contractually Required Deliverables and Reports (Expanded)

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Exhibit L, Section B(3)(a)(9)	Report L.12: Financial Reporting Related to Alternative Payment Methodology Arrangements	OHA (ASU) SFTP Site	OHA Financial Solvency Coordinator	Submit Quarterly Financial Reports for the 1st, 2nd, and 3rd quarters to OHA 60 days after the end of each quarter. Contractor shall submit the Quarterly Financial Reports for the 4th quarter three months after the end of the quarter, as follows: <table border="0" style="width: 100%;"><tr><td style="text-align: center;"><u>End of Quarter</u></td><td style="text-align: center;"><u>Due Date of Report</u></td></tr><tr><td style="text-align: center;">March 31st</td><td style="text-align: center;">May 31st</td></tr><tr><td style="text-align: center;">June 30th</td><td style="text-align: center;">August 31st</td></tr><tr><td style="text-align: center;">September 30th</td><td style="text-align: center;">November 30th</td></tr><tr><td style="text-align: center;">December 31st</td><td style="text-align: center;">March 31st</td></tr></table>	<u>End of Quarter</u>	<u>Due Date of Report</u>	March 31st	May 31st	June 30th	August 31st	September 30th	November 30th	December 31st	March 31st	Form is located at https://cco.health.oregon.gov/Pages/CCO-Contract-Forms.aspx .	CMS CHECK LIST – J.2.01. OAR 410-141-3360, 42 CFR 438.116 and ORS 414.653 (1) Each MCO, PIHP, and PAHP that is not a Federally qualified HMO (as defined in section 1310 of the Public Health Service Act) must provide assurances satisfactory to the State showing that its provision against the risk of insolvency is adequate to ensure that its Medicaid <u>Members will not be liable for the MCO's, PIHP's, or PAHP's debts if the entity becomes insolvent</u>
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March 31st	May 31st															
June 30th	August 31st															
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December 31st	March 31st															
Exhibit L, Section B(3)(a)(10)	Report L.12.1: Financial Reporting Related to Flexible Services	OHA (ASU) SFTP Site	OHA Financial Solvency Coordinator	Submit Quarterly Financial Reports for the 1st, 2nd, and 3rd quarters to OHA 60 days after the end of each quarter. Contractor shall submit the Quarterly Financial Reports for the 4th quarter three months after the end of the quarter, as follows: <table border="0" style="width: 100%;"><tr><td style="text-align: center;"><u>End of Quarter</u></td><td style="text-align: center;"><u>Due Date of Report</u></td></tr><tr><td style="text-align: center;">March 31st</td><td style="text-align: center;">May 31st</td></tr><tr><td style="text-align: center;">June 30th</td><td style="text-align: center;">August 31st</td></tr></table>	<u>End of Quarter</u>	<u>Due Date of Report</u>	March 31st	May 31st	June 30th	August 31st	Form is located at https://cco.health.oregon.gov/Pages/CCO-Contract-Forms.aspx .	CMS CHECK LIST – J.2.01. OAR 410-141-3360 and 42 CFR 438.116 (1) Each MCO, PIHP, and PAHP that is not a Federally qualified HMO (as defined in section 1310 of the Public Health Service Act) must provide assurances satisfactory to the State showing that its provision against the risk of insolvency is adequate to ensure that its Medicaid <u>Members will not be liable for the MCO's, PIHP's,</u>				
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Exhibit L, Section 4(a)(1)	Report L.5 Audited Annual Balance Sheet of Corporate Activity: The information specified in Report L7 shall be included in the Audited Annual Balance Sheet of Corporate Activity or the accompanying notes or schedules to Financial Statements. Amounts reported in the annual audit shall equal the amounts previously reported to OHA on Report L7 for the 4th quarter of the year. Contractor shall update the 4th quarter Financial Report for audit adjustments and submit to OHA no later than June 30th, following the last day of each year that this Contract is in effect.	OHA (ASU) SFTP Site	OHA Financial Solvency Coordinator	June 30 following the last day of each year	Form is located at https://cco.health.oregon.gov/Pages/CCO-Contract-Forms.aspx .	42 CFR 438.116 and OAR 410-141-3340 through 141-3395										
Exhibit L, Section 4(a)(2)	Report L.6 Audited Annual Statement of Revenues, Expenses and Changes in Net Asset: The information specified in Report L8 CORP shall be included in the Audited Yearly Statement of Revenue, Expenses and Changes in Net Assets or the accompanying Notes to Financial Statements. Amounts reported in the annual audit shall equal the amounts reported to OHA on Report L.8 CORP YTD for the 4th quarter of the year. Contractor shall update prior	OHA (ASU) SFTP Site	OHA Financial Solvency Coordinator	June 30 following the last day of each year	Form is located at https://cco.health.oregon.gov/Pages/CCO-Contract-Forms.aspx .	42 CFR 438.116 and OAR 410-141-3340 through 141-3395										
Exhibit L, Section (B)(4)(b)	Report L.11 Disclosure of Compensation (Method A) Annual Reporting	OHA (ASU) SFTP Site	OHA Financial Solvency Coordinator	Submit no later than March 31st	<u>To be uploaded with the 4th quarter submission of the Financial Reports.</u> Form is located at https://cco.health.oregon.gov/Pages/CCO-Contract-Forms.aspx .	42 CFR 438.116 and OAR 410-141-3340 through 141-3395										

2015 CCO Contractually Required Deliverables and Reports (Expanded)

Contract Section	Report Forms Link: https://cco.health.oregon.gov/Pages/CCO-Contract-Forms.aspx	Submitted to	Reviewer	Submitted when	Comments/Notes	Supporting regulation
Exhibit L, Section (D)(1)(b)	Report L.11 Disclosure of Compensation (Method C) DCBS Reporting Annual Reporting	OHA (ASU) SFTP Site	OHA Financial Solvency Coordinator	Submit no later than March 31st following the last day of each year	Form is located at https://cco.health.oregon.gov/Pages/CCO-Contract - Forms.aspx .	42 CFR 438.116 and OAR 410-141-3340 through 141-3395
Exhibit L, Section 5(a)	Report L.2, Part I. Contractor shall report Members approaching or surpassing the deductible amount of stop-loss or reinsurance. Report L.2 contains instructions necessary to complete the form	OHA (ASU) SFTP Site	OHA Financial Solvency Coordinator	Submit along with the Quarterly Financial Reports, due May 31st, August 31st, November 30th and March 31st	Form is located at https://cco.health.oregon.gov/Pages/CCO-Contract - Forms.aspx .	42 CFR 438.116 and OAR 410-141-3340 through 141-3395
Exhibit L, Section (5)(b)	Report L.2, Part II. Contractor shall report to OHA on Report L.2, Part II, the deductible amounts and the amount and associated type of stop-loss or reinsurance coverage (e.g., Hospital, medical or aggregate coverage), and the dollar amount or percentage of claim amount whereby responsibility for covering the claim reverts back to the Contractor from the re-insurer	OHA (ASU) SFTP Site	OHA Financial Solvency Coordinator	Submit no later than August 31st	To be uploaded with the <u>2nd quarter submission of the Financial Reports.</u> Form is located at https://cco.health.oregon.gov/Pages/CCO-Contract - Forms.aspx .	42 CFR 438.116 and OAR 410-141-3340 through 141-3395