# Attachment H: Sample Report Monitoring Tool

Note: this sample is for illustrative purposes only.

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| --- | --- | --- | --- | --- | --- |
| **Report** | **Contract Section** | | **Frequency** | **Due Date** | **Copy Provided to** |
| 1.3.1.1 General Obligations | | | | | |
| Appeals and Hearings |  | | Quarterly |  |  |
| ALJ Decision Report |  | | As Needed |  |  |
| Bi-Annual Appeals Report |  | | Bi-Annual |  |  |
| Quality Assurance and Corrective Actions Report |  | | Quarterly |  |  |
| MCO Quality Oversight Reports |  | | Monthly |  |  |
| Performance Report |  | | Monthly |  |  |
| 1.3.1.2 Transition | | | | | |
| Project Work Plans |  | | TBD |  |  |
| Operational Readiness Checklist |  | | One-time |  |  |
| 1.3.1.3.A Medical Support | | | | | |
| Report of Abortions, Hysterectomies, and Sterilization CMS 64.96 |  | | Quarterly |  |  |
| Trend Report |  | | Quarterly | ­­ |  |
| Appeal Hearings Summary Report |  | | Quarterly |  |  |
| Exception to Policy Summary Report |  | | Monthly |  |  |
| Clinical Advisory Committees Activities Report |  | | Annual |  |  |
| A-15 Report |  | | Monthly |  |  |
| PIC Report |  | | Monthly |  |  |
| CSR Overdue Report |  | | Weekly |  |  |
| LT Pending Report |  | | Bi-Weekly |  |  |
| MDS Section Q Report |  | | Quarterly |  |  |
| QIPP Project Report |  | | Semi-Annual |  |  |
| MCO Critical Incidents Report |  | | Monthly & Quarterly |  |  |
| FFS Critical Incidents Report |  | | Monthly & Quarterly |  |  |
| MCO Claims and Benefits Update Report |  | | Monthly |  |  |
| Abortion Report |  | | Quarterly |  |  |
| RBSCL Providers Report |  | | As Needed |  |  |
| Habilitation Providers Report |  | | As Needed |  |  |
| 1.3.1.3.B Utilization Management | | | | | |
| Monthly Activity Report for HCBS PA |  | | Monthly |  |  |
| LOC and NBA Reviews Report |  | | Monthly |  |  |
| No Units of Service Report |  | | Monthly |  |  |
| ETP Service Request Report |  | | As Needed |  |  |
| ETP Pharmacy Report |  | | Quarterly |  |  |
| ETP Trends |  | | As Needed |  |  |
| 1.3.1.4 HCBS Quality Oversight Operations | | | | | |
| QA Quarterly Report |  | | Quarterly |  |  |
| FFS AccQual E-17 HCBS Habilitation Report |  | |  |  |  |
| Bi-Weekly Quality Report |  | | Bi-Weekly |  |  |
| BI, HAB, ID, ICF/ID Denial Reasons Report |  | | Monthly |  |  |
| A-16 CBCM Ride Along Report |  | | Monthly & Quarterly |  |  |
| FFS AccQual E-14 HCBS Habilitation Report |  | | Quarterly |  |  |
| FFS IPES Results Report |  | | Quarterly & As Needed |  |  |
| MFP Survey Results Report |  | | Quarterly |  |  |
| Residential Assessment Results Report |  | | Monthly & Quarterly |  |  |
| Waiver Slots Report |  | | Weekly |  |  |
| Emergency Room Claims to CIR Comparison Report |  | | Monthly & Quarterly |  |  |
| Five Person Homes Report |  | | Monthly |  |  |
| 372/Evidentiary Report |  | | As Needed |  |  |
| Technical Assistance Report |  | | Monthly & Quarterly |  |  |
| MFP Critical Incidents Report |  | | Quarterly |  |  |
| Self Assessments Report |  | | Annually |  |  |
| Quality Oversight Review Outcomes Report |  | | Quarterly |  |  |
| HCBS Locations/Settings Report |  | | As Needed |  |  |
| 1.3.1.5 Population Health Improvement Special Projects | | | | | |
| Health Home Monitoring Report |  | Monthly | |  |  |
| Health Home Enrollment Report |  | Monthly | |  |  |
| Health Home Claims Report |  | Monthly | |  |  |
| Bi-Weekly Health Home Report |  | Bi-Weekly | |  |  |
| Health Home Yearly Savings Report |  | Annually | |  |  |