Bi-Weekly	Due the 1st and 15th of the month.
Monthly Deliverables	Due on the 15th day of the following calendar month unless otherwise noted in the RFP or agreed to in writing by the MCO and MLTC.
Quarterly Deliverables	Due 45 calendar days after the end of the most recent quarter unless otherwise noted in the RFP or agreed to in writing by the MCO and MLTC.
Semi-Annual Deliverables	Due as specified in this attachment.
Annual Deliverables	Reports, files, and other deliverables due annually must be submitted within 45 calendar days following the 12th month of the contract year, except those reports that are specifically exempted from the 45-calendar day deadline by this RFP or by written agreement between MLTC and the MCO.
Ad Hoc Deliverables	Ad hoc reports must be submitted within five business days from the date of request, unless otherwise specified by MLTC.

- **If a due date falls on a weekend or State-recognized holiday, the deliverable is due the next business day.**
- **All reports must be submitted in an MLTC provided template or in a format approved by MLTC.**

Ad Hoc Deliverables	Description	Due Date
Vetting Report	Form, template, and field definitions used to respond to NMPI or MFPAU requests for provider history and detailed claims information.	Ad Hoc (5 Business Days to respond)
Bi-Weekly Deliverables	**Description**	**Due Date**
Bi-Weekly Tips	Pursuant to V.O, The MCO must notify MLTC if it identifies patterns of provider billing anomalies and/or the safety of Nebraska Medicaid members (42 CFR 455.15).	Bi-Weekly
Monthly Deliverables	**Description**	**Due Date**
Third Party Resource – Health Coverage	Data on instances of MCO identified TPR	Monthly; No later than the 15th
Member-Provider Call Center	Pursuant to Section V.F, data summarizing relevant call center operations.	Monthly; No later than the 15th
EVV KPI – Home Health	Summary key performance indicators for home health claims and visits for electronic visit verification, as required by the 21st Century Cures Act.	Monthly; No later than the 15th
Executive Dashboard	Summary operations, communications, financial, claims, and care management data for leadership meetings.	Monthly; No later than 3 business days prior to Leadership meeting

Monthly Claims Report	Segmented data on all non-pharmacy claims volume, adjudication status, and payment timeliness.	Monthly; No later than the 15th
Monthly FWA Detection Effort Report	Summary of the MCO's fraud prevention efforts as described in Section V.O - Program Integrity.	Monthly; No later than the 15th
Monthly FWA Report	Summary of investigations as described in Section V.O – Program Integrity.	Monthly; No later than the 15th
Pharmacy Claims Report	Data on Pharmacy claims volume, adjudication status, and payment timeliness	Monthly; No later than the 15th
Pharmacy Prior Authorization Report	Summary of prior authorizations, peer review, and peer-to-peer consultation statistics; also includes special categories of drug prior authorizations.	Monthly; No later than the 15th
Provider Network Changes	Data and metrics summarizing any change to the MCO's network.	Monthly; No later than the 15th
Supplemental Member Care Report	Contains supplemental information related to member care and case management and member outreach.	Monthly; No later than the 15th
MLTC Reporting Database: Health Risk Screening	Results of the individual Health Risk Screening responses	Monthly; No later than the 15th
MLTC Reporting Database: Care Management Log	Data of member assessment and their care management.	Monthly; No later than the 15th
MLTC Reporting Database: Grievance Log	Data regarding the grievances received by the MCOs.	Monthly; No later than the 15th
MLTC Reporting Database: Appeals Log	Data regarding the appeals received by the MCOs.	Monthly; No later than the 15th
MLTC Reporting Database: State Fair Hearing Log	Data regarding the state fair hearings.	Monthly; No later than the 15th
MLTC Reporting Database: Out of Network Referrals	Data regarding out of network provider authorization requests.	Monthly; No later than the 15th
Psychotropic Medication for Youth Report	Summary of prior authorization and utilization relating to clinical edits.	Monthly; No later than the 15th
Quarterly Deliverables	**Description**	**Due Date**
Geographic Access Standards	Details of the MCO's network, including GeoAccess reports, as described in Section V.I – Provider Network Requirements and Attachment 14 – Access Standards.	Quarterly
IMD Member Stays Report	IMD stays and stay length for all members during the reporting timeframe.	Quarterly

Insure Kids Now (IKN)	MCO must submit a file (or multiple files) that contains information, specified in Attachment 5 – Insure Kids Now, about the Medicaid and CHIP providers in the state that provide dental care to children.	Quarterly; The MCO must submit these reports to MLTC no later than: Jan 31st; April 31st; July 31st ; Oct 31st
Language Availability Report	Summary data and metrics on language availability access as determined by MLTC.	Quarterly
LB1063_68-2004 Children's Health and Treatment Act	Data related to youth Medicaid mental health authorization requests for all children ages 0-19	Quarterly: reports submitted to the Nebraska Legislature are due Jan. 1, Apr. 1, and July 1. The MCO must submit these reports to MLTC as follows: Dec. 15th (data from Aug 1-Oct 30), March 15th (data from Nov 1-Jan 31), June 15th (data from Feb 1-April 30), Sept 15th (data from May 1-July 31)
MCO Financial Report	Financial Reporting Template that allows the state to measure all financial key performance indicators related to Heritage Health Managed Care, to include but not limited to costs, utilization, enrollment and revenue. Summary of value added services (paid as claims and outside of claims payment systems) as agreed upon by the MCO and MLTC.	Quarterly and Annually; Due 45 calendar days after the end of the reported period.
Medication compliance report for Chronic Diseases and High Risk Therapeutic Classes	Medication compliance report for chronic disease medications and specific high-risk therapeutic classes as defined by MLTC Compliance measure aligns with HEDIS definition of compliance	Quarterly
NEMT Quarterly Report	Data regarding non-emergency transportation.	Quarterly
NF Skilled Stay Authorizations	Report the NF skilled stays authorized by the MCO. The report must include accurate information for the following: Provider Name, Provider NPI, Provider Medicaid ID, authorized date, start date for the skilled stay, last date paid for the skilled stay (in MMIS this is known as the end date for the stay), Member Medicaid ID, and Member first and last name. In addition, provide the determination/completion date for the most current PASRR completed as of the start date for the skilled stay. Also, provide the type of PASRR (Level I, Level II, or one of the following categorical exemptions: 7 day emergency, 30 day hospital exempt, 30 day respite, serious medical, dementia categorical for individuals with intellectual disability or related condition, or 60 day convalescent).	Quarterly

Pharmacy Call Center Report	Data summarizing relevant pharmacy call center operations.	Quarterly
Pharmacy Prospective DUR Report	DUR statistics to support preparation of MLTC's annual CMS DUR report.	Quarterly
Pharmacy Retro-DUR Education Intervention Report	Project update in a format approved by MLTC.	Quarterly
Pharmacy Utilization Management Report	Data summarizing pharmacy utilization management categories including, but not limited to: quantity limits, prior authorization, step therapy, dose optimization, MAC, top 100 drugs, and top 50 drug categories listed by expenditures and claim count.	Quarterly
Provider Appointment Availability Access	Summary data and metrics on provider network appointment access as determined by MLTC and described in Attachment 14 – Access Standards.	Quarterly
Quarterly FWA Trending Reports	Summary data and narrative regarding FWA trends.	Quarterly
Service Verification	Service verification summary as described in Section V.O – Program Integrity, Section V.S – Claims Management, and Section V. T – Reporting and Deliverables.	Quarterly
Medication compliance report for Chronic Diseases and High Risk Therapeutic Classes for clients 19 years and older.	Medication compliance report for chronic disease medications and specific high-risk therapeutic classes as defined by MLTC. Compliance measure aligns with HEDIS definition of compliance.	Quarterly
Medication compliance report for Chronic Diseases and High Risk Therapeutic Classes for clients under the age of 19.	Medication compliance report for chronic disease medications and specific high-risk therapeutic classes as defined by MLTC. Compliance measure aligns with HEDIS definition of compliance.	Quarterly
Semi-Annual Deliverables	**Description**	**Due Date**
Member Advisory Committee Report	Narrative of the activities of the MCO's Member Advisory Committee as described in Section V.M - Quality Management.	June 30 and December 31
MRO Reporting	Data related to Medicaid mental health authorization requests for all members ages 19+ for Medicaid Rehab Option Services.	June 30 and December 31
Annual Deliverables	**Description**	**Due Date**
Adult Core Measures	Adult Core Measures results.	Annually; No later than August 31st

Annual Program Integrity Confirmation	Signed form acknowledging responsibilities related to the receipt of State and federal funds as described in Section V.O - Program Integrity.	Annually; No later than December 31st
CAP – MCO Providers	Results and status of all corrective action plans by provider type.	Annually; No later than Jan 31st
Child Core Measures	Child Core Measures results.	Annually; No later than August 31st
Direct Medical Education/Indirect Medical Education Verification – In accordance with 471 NAC	For the state fiscal year, financial information on direct and indirect medical education costs as required by MLTC in accordance with 471 NAC.	Annually; No later than March 31th, State initiates therequest
Fraud, Waste, Abuse, and Erroneous Payments Annual Plan	Compliance plan addressing requirements outlined in Section V.O - Program Integrity and 42 CFR 438.608	Annually; No later than Feb 15th
HEDIS Report	HEDIS results.	Annually by June 30th
LB 1160 Legislative Report	Number of state wards receiving behavioral health services from July 1 through June 30 immediately preceding the date of the current report; percentage of children denied Medicaid reimbursed services and the level of placement requested; and children in residential treatment.	Annually; No later than September 10th
MLTC Reporting Database: CAHPS -- Adult	Data regarding the annual member satisfaction survey for the listed population and supplement.	Annually; No later than September 30th
MLTC Reporting Database: CAHPS – Child with CCC	Data regarding the annual member satisfaction survey for the listed population and supplement.	Annually; No later than September 30th
MLTC Reporting Database: CAHPS – CHIP with CCC	Data regarding the annual member satisfaction survey for the listed population and supplement.	Annually; No later than September 30th
MLTC Reporting Database: CAHPS – Dental Plan	Data regarding the annual member satisfaction survey for the listed population and supplement.	Annually; No later than September 30th
MLTC Reporting Database: Child Dental Survey	Data regarding the annual member satisfaction survey for the listed population and supplement	Annually; No later than September 30th
MLTC Reporting Database: Provider and Facility Survey	Data regarding the annual provider and facility satisfaction surveys. The provider satisfaction survey tool and methodology must be submitted to MLTC for approval at least 90 days prior to its administration.	Annually; No later than September 30th

Mental Health & Substance Use Disorder Parity Report	Pursuant to Section V.E.3.h. The MCO will report on the design and application of managed care practices such as prior authorization, reimbursement rate setting, and network design.	Annually; No later than July 1st

Network Development Management Plan & Network Development Plan Template	Details of the MCO's network adequacy, including attestation, GeoAccess reports, and a discussion of any provider network gaps and the MCO's remediation plans, as described in Section V.I – Provider Network Requirements.	Annually. No later than November 1st
PIP Report	Annual report of all PIPs.	Annually; No later than April 30th
Provider Survey	Data and analysis summarizing results of the annual provider satisfaction survey. The provider satisfaction survey tool and methodology must be submitted to MLTC for approval at least ninety (90) calendar days prior to its administration	120 calendar days following the 12 months of the contract year.
Quality Management Work Plan and Program Evaluation	Discussion of the MCO's quality goals, initiatives, and work plan; as well as data and analysis summarizing the results of the annual quality work plan. All as described in Section IV.M – Quality Management.	Annually; No later than Feb 15th
UM Program Description	Outlines UM structure and accountability mechanisms per contract section V.N.2.	Annually; No later than Feb. 15th
Department of Insurance Financial Report	Copy of annual audited financial statement	Annually; No later than June 1; Upon request of MLTC;
SOC 1 Audit Reports and Bridge Letters	SOC 1 Audit reports (and applicable Bridge Letters) for IT and business process controls. Applicable to MCOs and any subcontractors, such as PBMs processing claims.	Annually for each state fiscal year, upon request from the department