



# **Report 1: Antidepressant Med Management**

Field Headings:
Card Holder ID
Member Last Name
Member First Name
Member Age
Contact Phone Area Code
Contact Phone Number
Service Date
Dispense Date
Rx#
Brand Name
Generic Name
Drug Strength
HIC3 Description
Reverse Indicator
Ingred Cost Amt Paid
Dispense Fee Amt Paid
Pharmacy Name
Prescriber Name
Prescriber NPI
Days of Supply
Qty Dispensed
New Refill Code
Prescriber Specialty Group Name 1
Prescriber Contact Phone Area Code
Prescriber Contact Phone Number





# **Report 2: Adherence to Antipsychotics**

Field Headings:
Card Holder ID
Service Date
Dispense Date
Member Age at Time of Service
Member Name
Contact Area Code
Phone Number
Member Address at Adjudication Line 1
Member Address at Adjudication Address Line 2
Member Address at Adjudication City
Member Address at Adjudication State
Member Address at Adjudication Zip Code
Pharmacy Name
Pharmacy NPI
HIC3
HIC3 Description
Label Name
Days of Supply
Prescriber Name
Prescriber NPI



C Leaf Health

### **Report 3: Asthma Claims**

Field Headings:
Client Name
Customer Name
Service Date
HIC3
HIC3 Description
NDC (11 Digits)
Label Name
Client Cardholder ID
Birth Date(MM/DD/YYYY)
Member Last Name
Member First Name
Contact Phone Area Code
Contact Phone Number
Pharmacy NPI
Pharmacy Contact Phone Area Code
Pharmacy Contact Phone Number
Prescriber Name
Prescriber NPI
Prescriber Contact Phone Area Code
Prescriber Contact Phone Number
Claim Status Desc
Days of Supply
Qty Dispensed
Total Amt Paid



C Leaf Health

# **Report 4: Antineoplastics Claims**

Field Headings:
Client Name
Customer Name
Service Date
Standard Therapeutic Class Code
Standard Therapeutic Class Description
HIC3
HIC3 Description
NDC (11 Digits)
Label Name
Client Cardholder ID
Birth Date(MM/DD/YYYY)
Member Last Name
Member First Name
Contact Phone Area Code
Contact Phone Number
Pharmacy NPI
Pharmacy Contact Phone Area Code
Pharmacy Contact Phone Number
Prescriber Name
Prescriber NPI
Prescriber Contact Phone Area Code
Prescriber Contact Phone Number
Claim Status Desc
Days of Supply
Qty Dispensed
Total Amt Paid



C Leaf Health

# **Report 5: Opioid Claims**

Field Headings:
Client Name
Service Date
Total Amt Paid
Standard Therapeutic Class Code
Label Name
Birth Date(MM/DD/YYYY)
Card Holder Id
Member Last Name
Member First Name
NDC (11 Digits)
Patient County
Claim Status Desc





# **Report 6: Insulin Claims Report**

Field Headings:
Client Name
Customer Name
Service Date
HIC3
HIC3 Description
NDC (11 Digits)
Label Name
Card Holder Id
Birth Date(MM/DD/YYYY)
Member Last Name
Member First Name
Contact Phone Area Code
Contact Phone Number
Pharmacy NPI
Pharmacy Contact Phone Area Code
Pharmacy Contact Phone Number
Prescriber Name
Prescriber NPI
Prescriber Contact Phone Area Code
Prescriber Contact Phone Number
Claim Status Desc
Days of Supply
Qty Dispensed
Total Amt Paid





# **Report 7: Sickle Cell Claims Reports**

Field Headings:
Client Name
Customer Name
Service Date
HIC3
HIC3 Description
NDC (11 Digits)
Label Name
Card Holder Id
Birth Date(MM/DD/YYYY)
Member Last Name
Member First Name
Contact Phone Area Code
Contact Phone Number
Pharmacy NPI
Pharmacy Contact Phone Area Code
Pharmacy Contact Phone Number
Prescriber Name
Prescriber NPI
Prescriber Contact Phone Area Code
Prescriber Contact Phone Number
Claim Status Desc
Days of Supply
Qty Dispensed
Total Amt Paid





# **Report 8: Oral DM Meds Claims Report**

Field Headings:
Client Name
Customer Name
Service Date
Standard Therapeutic Class Code
Standard Therapeutic Class Description
Route of Administration Desc
HIC3
HIC3 Description
NDC (11 Digits)
Label Name
Card Holder Id
Birth Date(MM/DD/YYYY)
Member Last Name
Member First Name
Contact Phone Area Code
Contact Phone Number
Pharmacy NPI
Pharmacy Contact Phone Area Code
Pharmacy Contact Phone Number
Prescriber Name
Prescriber NPI
Prescriber Contact Phone Area Code
Prescriber Contact Phone Number
Claim Status Desc
Days of Supply
Qty Dispensed
Total Amt Paid





### **Report 9: CCP HIV Report**

Field Headings:	
HIC3	
Client Name	
Adjudication Date	
Service Date	
Claim Status	
Claim Identifier	
Adj Group ID	
NDC (11 Digits)	
Brand Name	
Generic Name	
Drug Strength	
Card Holder Id	
Member First Name	
Member Last Name	
Birth Date	
HIC3	
HIC3 Description	
Prescriber Name	
Prescriber NPI	
Rx #	
Client Total Amt Billed	
Days of Supply	
Qty Dispensed	
Ingred Cost Amt Paid	
Dispense Fee Amt Paid	
Total Co-Insurance Amt	
Total Amt Paid	
Pharmacy Name	
Pharmacy NPI	
Pharmacy Address Line 1	
Pharmacy Address Line 2	
Pharmacy City	
Pharmacy State	
Pharmacy Postal Code	
Group Description	





# Report 10: Makena

Field Headings:
Card Holder Id
Client Name
Service Date
Dispensed Date
Member Age
Brand Name
Generic Name
Drug Strength
HIC3 Description
Reverse Indicator
Ingrid Cost Amt Paid
Dispense Fee Amt Paid
Pharmacy Name
Prescriber Name
Prescriber NPI





# Report 11: Hep C Report

Field Headings:
Card Holder Id
Service Date
Dispensed Date
Member Age
Brand Name
Generic Name
HIC3
Drug Strength
HIC3 Description
Reverse Indicator
Ingred Cost Amt Paid
Dispense Fee Amt Paid
Pharmacy Name
Prescriber Name
Group Description
Member Last Name
Member First Name





# **Report 12: ADHD New Starts Reports**

Field Headings:
Card Holder ID
Member Name
Member Age
Member Contact Phone
Member Address
Service Date
Dispense Date
Rx#
Brand Name
Generic Name
Drug Strength
HIC3 Description
Total Ingredient Cost
Dispensing Fee Paid Amount
Pharmacy Name
Prescriber Name
Prescriber NPI
Taxonomy Code
Specialty
Patient DOB
Days Supply
Qty Dispensed
Coverage Effective Date





# Inter-Rater Reliability Report (Reporting Quarter / Year)

(Sample of report needed)

Clinical Service Authorization Reviewer Name (Last Name, First Name)	Reviewer Profession	Service Types Reviewed	Total Authorization Decisions Made within the Reporting Quarter	Sample Size Audited	Percentage of Decisions Audited	Number of Decisions in Agreement	(NEW) Percentage of Reviewer Accuracy Rate	Comments (remediation plan)
	Clinical							
(Last Name, First Name)	Pharmacy Tech I	PA request	3	1	33.3%	1	100.0%	
	Clinical							
	Pharmacy Tech							
(Last Name, First Name)	II	PA request	5	1	20.0%	1	100.0%	
	Clinical							
(Last Name, First Name)	Pharmacy Tech I	PA request	2	1	50.0%	1	100.0%	
(Last Hame) Historianie)	Clinical		<u>-</u>	_		_	200.075	
	Pharmacy Tech							
(Last Name, First Name)	II .	PA request	11	7	63.6%	6	85.7%	
	Clinical							
(Last Name, First Name)	Pharmacy Tech I	PA request	9	7	77.8%	6	85.7%	
	Clinical							
(Last Name, First Name)	Pharmacy Tech I	PA request	12	7	58.3%	6	85.7%	



Enrollee Call Center Phone Stats	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Number of Member Calls Received	1													
Number of Member Calls Answered														г
Number of Member Calls Abandoned														
Number of Member Calls Answered (<.30 Seconds)														
ASA (<0.30 seconds)														
Average Talk Time														
Average Call Hold Time in Queue (<0.60 seconds)														
Abandonment Rate (<3%)														
Service Level (>90%) First Call Resolution (>80%)														
Quality Assurance Monitoring (>95%)														
ACD Blockage Rate (0.0%) Telecom Provider Blockage Rate - Combined for prescriber and member lines (<0.5%)														
Provider Call Center Phone Stats	January	February	March	April	Mav	June	July	August	September	October	November	December	Average	YTD
Number of Provider Calls Received	January	rebluary	IVIAICII	Aprili	iviay	Julie	July	August	September	October	November	December	Average	110
Number of Provider Calls Received  Number of Provider Calls Answered														(
Number of Provider Calls Abandoned														
Number of Provider Calls Abandoned  Number of Provider Calls Answered (<.30 Seconds)														·
														(
ASA (<0.30 seconds)  Average Talk Time														ſ
Average Talk Time Average Call Hold Time in Queue (<0.90 seconds)	1													i
Abandonment Rate (<3%)	1					1								
Service Level (>90%)	1													
First Call Resolution (>75%)	1													i
Quality Assurance Monitoring (>95%)														(
ACD Blockage Rate (0.0%)														(
Telecom Provider Blockage Rate - Combined for prescriber and member lines (<0.5%)														(
Claims Processing	lanuami	Cohmison	Manah	A must	Mari	luna	lulu	August	Cantambar	Ostobor	Navambar	Dasambau	A.u.	VTD
	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Total Number of Claims Processed >50% of Claims Processed within 7 Days														
>70% of Claims Processed within 10 Days														·
>90% of Claims Processed within 10 Days														(
Total Number of Adjustments														
Claim Denial Rate														
Total Number of Pended Claims														
Total Number of Pended Claims  Total Number of Backlog Claims														
Percentage on Paper Claims Within 20 Calendar Days														
Percentage on Electronic Claims within 15 Calendar Days														
Top 5 monthly claims denial reasons (codes and descriptions)														
Credentialing/Network	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Total Number of Initial Credentialed Providers	January	rebruary	Waren	Арііі	iviay	June	July	August	September	October	November	December	Average	1112
Total Number of Initial Credentialing Providers NOT Approved														i
Total Number of Initial Credentialing Performed Timely														i
Total Number of Recredentialed Providers														I
Total Number of Recredentialed Providers NOT Approved														i
Total Number of Recredentialing Performed Timely														i
Total Number of Providers Credentialed within 45 days of full application receipt														I
Total Number of Providers Cledentialed within 45 days of full application receipt.  Total Number of Providers Board Certified from Above Numbers	1													
Total Number of Facilities Accredited from Above Numbers														ī
Total Number of Terminated Providers														ī
Total Number of Providers Re-Instated														
Network Gaps (List Specialty and County of Gap)									İ					
Actual Date Monthly Credentialed Providers were Submitted in Roster File to CCP	1													
Quality Improvement	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Total Number of Reported QI Incidents		-												
Total Number of Confirmed QI Incidents														I
Total Receiving any Behavioral Services														
Total Receiving Inpatient Hospital Services														I
Total Receiving Outpatient Hospital Services														
Total Receiving Psychiatric Physician Services														
Total Receiving Community Behavioral Health Services for Behavioral Health Conditions														I
Total Receiving Community Behavioral Health Services for Substance Abuse Conditions														·
Total Receiving Mental Health Targeted Case Management														·
Total Receiving Mental Health Intensive Targeted Case Management														·
Total Receiving Specialized Therapeutic Foster Care														
Total Receiving Therapeutic Group Care Services														·
Total Receiving Comprehensive Behavioral Health Assessment														1
Total Receiving Behavioral Health Overlay Services in Child Welfare Setting														
,														

Total Receiving Residential Care														
Total Receiving Statewide Inpatient Psychiatric Program (SIPP) services for individuals under age 21														
Total Receiving any other services														
Total number of services provided														
Enrollee Complaints	January	February	March	April	Mav	June	July	August	September	October	November	December	Average	YTD
Total Number of Member Complaints	Junuary	resident	.v.a.c.i	747	y	June	July	August	September	Ottober	Horember	December	Average	
Total Number of Member Complaints referred to the plan														
Provider Complaint, Grievances & Appeals	January	February	March	April	Mav	June	July	August	September	October	November	December	Average	YTD
Total Number of Provider Complaints	Junuary	resident	.v.a.c.i	74	iiiuy	June	July	August	September	Octobe:	Horember	December	Average	5
Total Number of Provider Grievances														
Total Number of Provider Appeals														
Fraud. Waste & Abuse	January	February	March	April	Mav	June	July	August	September	October	November	December	Average	YTD
Total Number of Fraud Waste and Abuse Issues Suspected		,					,	1128222						
Total Number of Fraud Waste and Abuse Issues Under Investigation														
Total Number of Fraud Waste and Abuse Issues Confirmed														
Total Amount Paid (FWA)														
Total Amount of Dollars Recovered (FWA)														
Total Number of Incidents Referred to Plan														
Compliance	January	February	March	April	Mav	June	July	August	September	October	November	December	Average	YTD
Monthly Review of OIG/GSA Exclusions Database for all employees (Y/N)		, , , , , , , , , , , , , , , , , , , ,					,		Сортонно					
If yes, Total Number of Excluded/Ruled-out employees														
All Compliance Documents/Materials updated Annually (Y/N)														
Annual Compliance Training - FWA, HIPAA, conducted for all employees (Y/N)														
Total Number of HIPAA Disclosures														
Standards of Conduct/Code of Ethics/Compliance P&Ps distributed to all employees Annually (Y/N)														
Annual Screening of Employees, Governing Bodies and Senior Leadership for Conflicts of Interest (Y/N)														
, , , , , , , , , , , , , , , , , , , ,														
Notify Plan Immediately (Y/N) Date														
Utilization Management	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Total Number of Standard Auths received														
Total Number of Standard Auths received (NO RFI)														
TAT for Auths processed within 24 hours (NO RFI)														
Percentage of Auths processed within 24 hours (NO RFI)														
Total Number of Standard Auths received (RFI)														
TAT for Auths processed within 72 hours (RFI)														
Percentage of Auths processed within 72 hours (RFI)														
Total Number of Expedited Auths received														
TAT for Expedited Auth requests within 24 hours														
Percentage of Auth requests processed within 24 hours														
Total Number of Denials issued														
Total Number of Approvals issued														1





Enrollee Call Center Phone Stats	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Number of Member Calls Received	Junuary	rebruury	Multin	740111	incy	June	July	August	эсрестве	October	November	Determoer	Average	
Number of Member Calls Answered														
Number of Member Calls Abandoned														
Number of Member Calls Answered (<.30 Seconds)														
ASA (<0.30 seconds)														
Average Talk Time														
Average Call Hold Time in Queue (<0.60 seconds)														
Abandonment Rate (<3%)														
Service Level (>90%)														
First Call Resolution (>80%)														
Quality Assurance Monitoring (>95%)														
ACD Blockage Rate (0.0%)														
Telecom Provider Blockage Rate - Combined for prescriber and member lines (<0.5%)														
Provider Call Center Phone Stats	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Number of Provider Calls Received														
Number of Provider Calls Answered														
Number of Provider Calls Abandoned														
Number of Provider Calls Answered (<.30 Seconds)														
ASA (<0.30 seconds)														
Average Talk Time														
Average Call Hold Time in Queue (<0.90 seconds)														
Abandonment Rate (<3%)	1													
Service Level (>90%)	1				"	-		-	1					1
First Call Resolution (>75%)		1	1				1		İ		1			
Quality Assurance Monitoring (>95%)	1								<b> </b>		<b>+</b>			<b> </b>
	+				1									<b> </b>
ACD Blockage Rate (0.0%)	1	1	<b> </b>				1		1		1			
Telecom Provider Blockage Rate - Combined for prescriber and member lines (<0.5%)	1													
Claims Processing	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Total Number of Claims Processed	1													
>50% of Claims Processed within 7 Days	1				"	-		-	1					
>70% of Claims Processed within 10 Days														
>90% of Claims Processed within 20 Days														
Total Number of Adjustments														
Claim Denial Rate														
Total Number of Pended Claims														
Total Number of Backlog Claims														
Percentage on Paper Claims Within 20 Calendar Days														
Percentage on Electronic Claims within 15 Calendar Days														
Top E monthly claims denial reasons (sodes and descriptions)														
Top 5 monthly claims denial reasons (codes and descriptions)		F-h	NAb	A!!		l	Luba	Accessed	Contombon	Ostabas	Navanhaa	December		VTD
Credentialing/Network	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Credentialing/Network Total Number of Initial Credentialed Providers	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Credentialing/Network Total Number of Initial Credentialed Providers Total Number of Initial Credentialing Providers NOT Approved	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Credentialing/Network Total Number of Initial Credentialed Providers	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Credentialing/Network Total Number of Initial Credentialed Providers Total Number of Initial Credentialing Providers NOT Approved	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Credentialing/Network Total Number of Initial Credentialed Providers Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Performed Timely Total Number of Initial Credentialing Performed Timely Total Number of Recredentialed Providers	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Credentialing/Network Total Number of Initial Credentialed Providers Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Performed Timely Total Number of Recredentialed Providers Total Number of Recredentialed Providers NOT Approved	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Credentialing/Network Total Number of Initial Credentialed Providers Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Performed Timely Total Number of Recredentialed Providers Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialing Performed Timely	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Credentialing/Network Total Number of Initial Credentialed Providers Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Performed Timely Total Number of Recredentialed Providers Total Number of Recredentialed Providers Total Number of Recredentialing Performed Timely Total Number of Providers Credentialing Performed Timely Total Number of Providers Credentialied Within 45 days of full application receipt	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Credentialing/Network Total Number of Initial Credentialed Providers Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Performed Timely Total Number of Recredentialed Providers Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialed Providers NOT Approved Total Number of Providers Credentialed Providers NOT Approved Total Number of Providers Credentialed Within 45 days of full application receipt Total Number of Providers Board Certified from Above Numbers	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Credentialing/Network Total Number of initial Credentialed Providers Total Number of initial Credentialing Providers NOT Approved Total Number of initial Credentialing Performed Timely Total Number of Recredentialed Providers Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialing Performed Timely Total Number of Providers Credentialed within 45 days of full application receipt Total Number of Providers Board Certified from Above Numbers Total Number of Providers Credentialed within 45 days of full application receipt Total Number of Providers Credentialed Within 45 days of full application Facilities Accedited from Above Numbers	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Credentialing/Network Total Number of Initial Credentialed Providers Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Performed Timely Total Number of Recredentialed Providers Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialing Performed Timely Total Number of Providers Credentialed within 45 days of full application receipt Total Number of Providers Credentialed within 45 days of full application receipt Total Number of Providers General Credited from Above Numbers Total Number of Terminated Providers Total Number of Terminated Providers	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Credentialing/Network Total Number of initial Credentialed Providers Total Number of initial Credentialing Providers NOT Approved Total Number of initial Credentialing Performed Timely Total Number of Recredentialed Providers Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialing Performed Timely Total Number of Providers Credentialed within 45 days of full application receipt Total Number of Providers Board Certified from Above Numbers Total Number of Providers Credentialed within 45 days of full application receipt Total Number of Providers Credentialed Within 45 days of full application Facilities Accedited from Above Numbers	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Credentialing/Network Total Number of Initial Credentialed Providers Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Performed Timely Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialing Performed Timely Total Number of Providers Credentialed within 45 days of full application receipt Total Number of Providers Board Certified from Above Numbers Total Number of Terminated Providers Total Number of Terminated Providers Total Number of Terminated Providers	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Credentialing/Network Total Number of Initial Credentialed Providers Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Performed Timely Total Number of Recredentialed Providers Total Number of Recredentialed Providers NOT Approved Total Number of Providers Credentialed Within 45 days of full application receipt Total Number of Providers Seard Certified from Above Numbers Total Number of Froviders Credentialed within 45 days of full application receipt Total Number of Froviders New Numbers Total Number of Froviders Revisited from Above Numbers Total Number of Froviders Revisited Number Numbers Total Number of Sealties Accedited From Above Numbers Total Number of Sealties Accedited From Above Numbers Total Number of Sealties Accedited From Above Numbers Total Number of Sealties Accedited From Above Numbers Total Number of Sealties Accedited From Above Numbers Total Number of Sealties Accedited From Above Numbers Total Number of Sealties Accedited From Above Numbers Total Number of Sealties Accedited From Above Numbers Total Number of Sealties Accedited From Above Numbers Total Number of Sealties Accedited From Above Numbers Total Number of Sealties Accedited From Above Numbers	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Credentialing/Network Total Number of Initial Credentialed Providers Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Providers NOT Approved Total Number of Recredentialed Providers Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialing Performed Timely Total Number of Providers Credentialed within 45 days of full application receipt Total Number of Providers Credentialed within 45 days of full application receipt Total Number of Providers Credentialed within 45 days of full application receipt Total Number of Providers Revent Certified from Above Numbers Total Number of Providers Revisited Frowiders Total Number of Providers Revisited Numbers Total Number of Number of Numbers Total Number of Number of Numbers Total Number of Number of Numbers Total Number of Number of Numbers Total Number of Number of Number of Numbers Total Number of														
Credentialing/Network Total Number of Initial Credentialed Providers Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Providers NOT Approved Total Number of Recredentialing Performed Timely Total Number of Recredentialed Providers Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialed Providers NoT Approved Total Number of Providers Credentialed within 45 days of full application receipt Total Number of Providers Board Certified from Above Numbers Total Number of Ferminated Providers Total Number of Ferminated Providers Total Number of Terminated Providers Total Number of Providers Reinstated Network Gaps (List Specialty and County of Gap) Actual Date Monthly Credentialed Providers were Submitted in Roster File to CCP Quality improvement	January	February	March March	April	May	June	July	August	September	October	November	December		YTD
Credentialing/Network Total Number of Initial Credentialed Providers Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Providers NOT Approved Total Number of Recredentialing Performed Timely Total Number of Recredentialed Providers Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialing Performed Timely Total Number of Providers Credentialed within 45 days of full application receipt Total Number of Providers Seoral Certified from Above Numbers Total Number of Fracilities Accredited from Above Numbers Total Number of Fracilities Accredited from Above Numbers Total Number of Froviders Re-instated Network Gaps (List Specialty and Country of Gap) Actual Date Monthly Credentialed Providers were Submitted in Roster File to CCP Quality Improvement Total Number of Reported Ql Incidents														
Credentialing/Network Total Number of Initial Credentialed Providers Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Providers NOT Approved Total Number of Recredentialed Providers Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialing Performed Timely Total Number of Recredentialing Performed Timely Total Number of Froviders Board Certified from Above Numbers Total Number of Facilities Accedited from Above Numbers Total Number of Facilities Accedited from Above Numbers Total Number of Froviders Reinstated Network Gaps (List Specialty and Country of Gap) Actual Date Monthly Credentialed Providers were Submitted in Roster File to CCP Quality Improvement Total Number of Reported QI Incidents Total Number of Onfirmed QI Incidents														
Credentialing/Network Total Number of Initial Credentialed Providers Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Performed Timely Total Number of Recredentialed Providers Total Number of Recredentialed Providers NOT Approved Total Number of Providers Credentialed within 45 days of full application receipt Total Number of Providers Seard Certified from Above Numbers Total Number of Providers Seard Certified from Above Numbers Total Number of Froviders Re-Instated Total Number of Froviders Re-Instated Network Gaps (List Specialty and County of Gap) Actual Date Monthly Credentialed Providers were Submitted in Roster File to CCP Quality Improvement Total Number of Reported QI Incidents Total Number of Reported QI Incidents Total Rumber of Reported QI Incidents Total Rumber of Reported QI Incidents Total Reveiving any Behavioral Services														
Credentialing/Network Total Number of Initial Credentialed Providers Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Providers NOT Approved Total Number of Recredentialed Providers Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialing Performed Timely Total Number of Recredentialing Performed Timely Total Number of Froviders Board Certified from Above Numbers Total Number of Facilities Accedited from Above Numbers Total Number of Facilities Accedited from Above Numbers Total Number of Froviders Reinstated Network Gaps (List Specialty and Country of Gap) Actual Date Monthly Credentialed Providers were Submitted in Roster File to CCP Quality Improvement Total Number of Reported QI Incidents Total Number of Onfirmed QI Incidents														
Credentialing/Network  Total Number of Initial Credentialed Providers  Total Number of Initial Credentialing Providers NOT Approved  Total Number of Initial Credentialing Providers NOT Approved  Total Number of Recredentialed Providers  Total Number of Recredentialed Providers NOT Approved  Total Number of Recredentialed Providers NOT Approved  Total Number of Recredentialed Providers NoT Approved  Total Number of Providers Credentialed within 45 days of full application receipt  Total Number of Providers Board Certified from Above Numbers  Total Number of Terminated Providers  Total Number of Terminated Providers  Total Number of Providers Reinstated  Network Gaps (List Specialty and County of Gap)  Actual Date Monthly Credentialed Providers were Submitted in Roster File to CCP  Quality Improvement  Total Number of Reported QI Incidents  Total Number of Confirmed QI Incidents  Total Number of Confirmed QI Incidents  Total Receiving any Behavioral Services  Total Receiving Inpatient Hospital Services														
Credentialing/Network Total Number of Initial Credentialed Providers Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Providers NOT Approved Total Number of Recredentialing Performed Timely Total Number of Recredentialed Providers Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialed Providers NoT Approved Total Number of Providers Seard Certified from Above Numbers Total Number of Providers Board Certified from Above Numbers Total Number of Froviders Seard Certified from Above Numbers Total Number of Froviders New Numbers Total Number of Providers Revisited New Numbers Total Number of Providers Revisited New Numbers Total Number of Providers Revisited New Numbers Total Number of Terminated Providers Number of New Number of New Numbers Total Number of Terminated Number of New Numbers Total Number of Terminated Number of New Numbers Total Number of Terminated Number of New Numbers Total Number of New Number of New Numbers Total Number of Reported Ol Incidents Total Number of Confirmed Ol Incidents Total Receiving Inpatient Hospital Services														
Credentialing/Network Total Number of Initial Credentialed Providers Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Performed Timely Total Number of Recredentialed Providers Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialing Performed Timely Total Number of Recredentialing Performed Timely Total Number of Providers Credentialed within 45 days of full application receipt Total Number of Providers Roard Certified from Above Numbers Total Number of Providers Roard Certified from Above Numbers Total Number of Providers Resistated Network Gaps (List Specialty and Country of Gap) Actual Date Monthly Credentialed Providers were Submitted in Roster File to CCP Quality Improvement Total Number of Reported Q Incidents Total Number of Reported Q Incidents Total Number of Reported Q Incidents Total Receiving any Behavioral Services Total Receiving Inpatient Hospital Services Total Receiving Inpatient Hospital Services Total Receiving Psychiatric Physician Services														
Credentialing/Network Total Number of Initial Credentialed Providers Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Providers NOT Approved Total Number of Recredentialing Performed Timely Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialed Providers NoT Approved Total Number of Recredentialed Providers NoT Approved Total Number of Providers Geord Certified from Above Numbers Total Number of Fromities Approved Numbers Total Number of Facilities Accedited from Above Numbers Total Number of Facilities Accedited from Above Numbers Total Number of Providers Recredited from Above Numbers Total Number of Providers Neinstated Network Gaps (List Specialty and County of Gap) Actual Date Monthly Credentialed Providers were Submitted in Roster File to CCP Quality Improvement Total Number of Confirmed Q1 Incidents Total Number of Confirmed Q1 Incidents Total Number of Confirmed Q1 Incidents Total Receiving any Behavioral Services Total Receiving Poychiatric Physician Services Total Receiving Poychiatric Physician Services Total Receiving Community Behavioral Health Services For Behavioral Health Conditions														
Credentialing/Network Total Number of Initial Credentialed Providers Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Performed Timely Total Number of Recredentialed Providers Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialing Performed Timely Total Number of Recredentialing Performed Timely Total Number of Providers Credentialed within 45 days of full application receipt Total Number of Providers Credentialed within 45 days of full application receipt Total Number of Providers Recredited from Above Numbers Total Number of Facilities Accredited from Above Numbers Total Number of Facilities Accredited from Above Numbers Total Number of Providers Re-instated Network Gaps (List Specialty and County of Gap) Actual Date Monthly Credentialed Providers were Submitted in Roster File to CCP Quality Improvement Total Number of Reported QI Incidents Total Number of Reported QI Incidents Total Receiving any Behavioral Services Total Receiving Outpatient Hospital Services Total Receiving Psychiatric Physician Services Total Receiving Community Behavioral Health Services for Substance Abuse Conditions														
Credentialing/Network  Total Number of Initial Credentialed Providers  Total Number of Initial Credentialing Providers NOT Approved  Total Number of Initial Credentialing Providers NOT Approved  Total Number of Recredentialed Providers  Total Number of Recredentialed Providers NOT Approved  Total Number of Providers Credentialed within 45 days of full application receipt  Total Number of Froviders Board Certified from Above Numbers  Total Number of Froviders Board Certified from Above Numbers  Total Number of Froviders Recredited from Above Numbers  Total Number of Providers Recredited from Above Numbers  Total Number of Providers Recredited Frow Above Numbers  Total Number of Providers Recredited Frow Above Numbers  Total Number of Providers Recredited Frow Above Numbers  Total Number of Providers Recredited Frow Above Numbers  Total Number of Providers Recredited Frow Above Numbers  Total Number of Providers Recredited Frow Above Numbers  Total Number of Providers Recredited Frow Above Numbers  Total Number of Providers Recredited Frow Above Numbers  Total Receiving any Behavioral Services  Total Receiving Outpatient Hospital Services  Total Receiving Community Behavioral Health Services for Behavioral Health Conditions  Total Receiving Community Behavioral Health Services for Substance Abuse Conditions  Total Receiving Community Behavioral Health Services for Substance Abuse Conditions														
Credentialing/Network Total Number of Initial Credentialed Providers Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Providers NOT Approved Total Number of Recredentialing Performed Timely Total Number of Recredentialed Providers Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialed Providers NoT Approved Total Number of Providers Gredentialed within 45 days of full application receipt Total Number of Providers Board Certified from Above Numbers Total Number of Providers Board Certified from Above Numbers Total Number of Fentilies Accedited from Above Numbers Total Number of Fentilies Accedited from Above Numbers Total Number of Terminated Providers Total Number of Terminated Providers  Total Number of Terminated Providers  Total Number of Terminated Providers were Submitted in Roster File to CCP Quality Improvement Total Number of Reported QI Incidents Total Number of Confirmed QI Incidents Total Receiving Inpatient Hospital Services Total Receiving Inpatient Hospital Services Total Receiving Psychiatric Physician Services Total Receiving Psychiatric Physician Services Total Receiving Community Behavioral Health Services for Substance Abuse Conditions Total Receiving Mental Health Targeted Case Management Total Receiving Mental Health Intensive Targeted Case Management														
Credentialing/Network  Total Number of Initial Credentialed Providers  Total Number of Initial Credentialing Providers NOT Approved  Total Number of Initial Credentialing Providers NOT Approved  Total Number of Recredentialed Providers  Total Number of Recredentialed Providers NOT Approved  Total Number of Providers Credentialed within 45 days of full application receipt  Total Number of Froviders Board Certified from Above Numbers  Total Number of Froviders Board Certified from Above Numbers  Total Number of Froviders Recredited from Above Numbers  Total Number of Providers Recredited from Above Numbers  Total Number of Providers Recredited Frow Above Numbers  Total Number of Providers Recredited Frow Above Numbers  Total Number of Providers Recredited Frow Above Numbers  Total Number of Providers Recredited Frow Above Numbers  Total Number of Providers Recredited Frow Above Numbers  Total Number of Providers Recredited Frow Above Numbers  Total Number of Providers Recredited Frow Above Numbers  Total Number of Providers Recredited Frow Above Numbers  Total Receiving any Behavioral Services  Total Receiving Outpatient Hospital Services  Total Receiving Community Behavioral Health Services for Behavioral Health Conditions  Total Receiving Community Behavioral Health Services for Substance Abuse Conditions  Total Receiving Community Behavioral Health Services for Substance Abuse Conditions														
Credentialing/Network  Total Number of Initial Credentialed Providers  Total Number of Initial Credentialing Providers NOT Approved  Total Number of Initial Credentialing Providers NOT Approved  Total Number of Recredentialed Providers  Total Number of Recredentialed Providers  Total Number of Recredentialed Providers NOT Approved  Total Number of Recredentialed Providers NOT Approved  Total Number of Recredentialed Providers NoT Approved  Total Number of Providers Gredentialed within 45 days of full application receipt  Total Number of Providers Board Certified from Above Numbers  Total Number of Providers Recredited from Above Numbers  Total Number of Terminated Providers  Total Number of Terminated Providers  Total Number of Providers Reinstated  Network Gaps (List Specialty and County of Gap)  Actual Date Monthly Credentialed Providers were Submitted in Roster File to CCP  Quality Improvement  Total Number of Reported QI Incidents  Total Number of Confirmed QI Incidents  Total Receiving any Behavioral Services  Total Receiving Inpatient Hospital Services  Total Receiving Psychiatric Physician Services  Total Receiving Community Behavioral Health Services for Behavioral Health Conditions  Total Receiving Community Behavioral Health Services for Substance Abuse Conditions  Total Receiving Mental Health Intensive Targeted Case Management  Total Receiving Mental Health Intensive Targeted Case Management  Total Receiving Mental Health Intensive Targeted Case Management														
Credentialing/Network Total Number of Initial Credentialed Providers Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Providers NOT Approved Total Number of Recredentialing Performed Timely Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialed Providers Not Approved Total Number of Recredentialed Providers Timely Total Number of Providers Seard Certified from Above Numbers Total Number of Providers Seard Certified From Above Numbers Total Number of Fenities Accedited from Above Numbers Total Number of Fenities Accedited from Above Numbers Total Number of Providers Seard Certified From Above Numbers Total Number of Providers Neinstated Network Gaps (List Specialty and Country of Gap) Actual Date Monthly Credentialed Providers were Submitted in Roster File to CCP Quality Improvement Total Number of Confirmed Q1 Incidents Total Number of Confirmed Q1 Incidents Total Receiving any Behavioral Services Total Receiving Psychiatric Physician Services Total Receiving Psychiatric Physician Services Total Receiving Community Behavioral Health Services for Behavioral Health Conditions Total Receiving Community Behavioral Health Services for Substance Abuse Conditions Total Receiving Mental Health Intensive Targeted Case Management Total Receiving Mental Health Intensive Targeted Case Management Total Receiving Precapeutic Copy Care Services														
Credentialing/Network Total Number of Initial Credentialed Providers Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Providers NOT Approved Total Number of Recredentialed Providers Total Number of Recredentialed Providers Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialed Providers System of Recredentialed Providers System of System of System S														
Credentialing/Network  Total Number of Initial Credentialed Providers  Total Number of Initial Credentialing Providers NOT Approved  Total Number of Initial Credentialing Providers NOT Approved  Total Number of Recredentialed Providers  Total Number of Recredentialed Providers NOT Approved  Total Number of Providers Board Certified from Above Numbers  Total Number of Facilities Accedited from Above Numbers  Total Number of Facilities Accedited from Above Numbers  Total Number of Facilities Accedited from Above Numbers  Total Number of Providers Reinstated  Network Gaps (List Specialty and Country of Gap)  Actual Date Monthly Credentialed Providers were Submitted in Roster File to CCP  Quality Improvement  Total Number of Confirmed Q1 Incidents  Total Number of Confirmed Q1 Incidents  Total Receiving any Behavioral Services  Total Receiving Inpatient Hospital Services  Total Receiving (Dutpatient Hospital Services)  Total Receiving Community Behavioral Health Services for Behavioral Health Conditions  Total Receiving Community Behavioral Health Services for Substance Abuse Conditions  Total Receiving Mental Health Targeted Case Management  Total Receiving Mental Health Intensive Targeted Case Management  Total Receiving Mental Health Intensive Targeted Case Management  Total Receiving Mental Health Intensive Targeted Case Management  Total Receiving Mental Health Intensive Targeted Case Management  Total Receiving Mental Health Intensive Targeted Case Management  Total Receiving Behavioral Health Overlay Services in Child Welfare Setting														
Credentialing/Network Total Number of Initial Credentialing Providers Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Performed Timely Total Number of Recredentialed Providers Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialing Performed Timely Total Number of Recredentialing Performed Timely Total Number of Providers Credentialed within 45 days of full application receipt Total Number of Providers Reard Certified from Above Numbers Total Number of Providers Reard Certified from Above Numbers Total Number of Providers Reinstated Network Gaps (List Specialty and Country of Gap) Actual Date Monthly Credentialed Providers were Submitted in Roster File to CCP Quality Improvement Total Number of Reported QI incidents Total Number of Reported QI incidents Total Number of Confirmed QI Incidents Total Receiving any Behavioral Services Total Receiving Inpatient Hospital Services Total Receiving Community Behavioral Health Services for Behavioral Health Conditions Total Receiving Community Behavioral Health Services for Substance Abuse Conditions Total Receiving Mental Health Intensive Targeted Case Management Total Receiving Mental Health Intensive Targeted Case Management Total Receiving Specialized Therapeutic Foster Care Total Receiving Comprehensive Behavioral Health Assessment Total Receiving Department of Services on Child Welfare Setting Total Receiving Behavioral Health Total Receiving Department Health Overlay Services in Child Welfare Setting Total Receiving Residential Care														
Credentialing/Network Total Number of Initial Credentialed Providers Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Providers NOT Approved Total Number of Recredentialed Providers Total Number of Recredentialed Providers Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialed Providers Not Approved Total Number of Providers Gredentialed within 45 days of full application receipt Total Number of Providers Board Certified from Above Numbers Total Number of Providers Board Certified from Above Numbers Total Number of Terminated Providers Total Number of Providers Recredentialed Fond Above Numbers Total Number of Providers Pentstated Network Gaps (List Specialty and County of Gap) Actual Date Monthly Credentialed Providers were Submitted in Roster File to CCP Quality Improvement Total Number of Reported QI Incidents Total Receiving any Behavioral Services Total Receiving Inpatient Hospital Services Total Receiving Untpatient Hospital Services Total Receiving Community Behavioral Health Services for Behavioral Health Conditions Total Receiving Community Behavioral Health Services for Substance Abuse Conditions Total Receiving Mental Health Targeted Case Management Total Receiving Mental Health Intensive Targeted Case Management Total Receiving Mental Health Intensive Targeted Case Management Total Receiving Receiving Therapeutic Group Care Services Total Receiving Endertial Care Total Receiving Behavioral Health Assessment Total Receiving Behavioral Health Overlay Services in Child Welfare Setting Total Receiving Residential Care Total Receiving Residential Care Total Receiving Residential Care Total Receiving Residential Care														
Credentialing/Network Total Number of Initial Credentialed Providers Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Providers NOT Approved Total Number of Recredentialed Providers Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialed Providers Soft Initiality Total Number of Recredentialed Within 45 days of full application receipt Total Number of Providers Credentialed within 45 days of full application receipt Total Number of Providers Recredited from Above Numbers Total Number of Fortileties Accredited from Above Numbers Total Receiving Inparties Application Accredited Fortileties Fortileties Fortileties Fortileties Fortileties Fortileties Fortileties Fortileties Fortileties Fortileties Fortileties Fortileties Fortileties Fortileties Fortileties Fortileties Fortileties For														
Credentialing/Network Total Number of Initial Credentialed Providers Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Performed Timely Total Number of Recredentialed Providers Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialing Performed Timely Total Number of Recredentialing Performed Timely Total Number of Providers Credentialed within 45 days of full application receipt Total Number of Providers Credentialed within 45 days of full application receipt Total Number of Providers Reard Certified from Above Numbers Total Number of Providers Renated Certified from Above Numbers Total Number of Providers Renated Within 45 days of full application receipt Total Number of Providers Renated Certified from Above Numbers Total Number of Providers Renated Within 45 days of full application receipt Total Number of Providers Renated Within 45 days of full application receipt Total Number of Providers Renated Within 45 days of full application receipt Total Number of Providers Renated Within 45 days of full application receipt Total Receiving any Behavioral Services Total Receiving any Behavioral Services Total Receiving Community Behavioral Health Services for Substance Abuse Conditions Total Receiving Mental Health Intensive Targeted Case Management Total Receiving Mental Health Intensive Targeted Case Management Total Receiving Comprehensive Behavioral Health Services in Child Welfare Setting Total Receiving Comprehensive Behavioral Health Sessement Total Receiving Comprehensive Behavioral Health Sessement Total Receiving Comprehensive Behavioral Health Green Case Case Case Case Case Case Case Case														
Credentialing/Network Total Number of Initial Credentialed Providers Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Providers NOT Approved Total Number of Recredentialed Providers Total Number of Recredentialed Providers Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialed Providers NoT Approved Total Number of Recredentialed Providers NoT Approved Total Number of Providers Gredentialed within 45 days of full application receipt Total Number of Providers Board Certified from Above Numbers Total Number of Providers Recredited from Above Numbers Total Number of Terminated Providers Total Number of Terminated Providers Total Number of Terminated Providers Total Number of Providers Reinstated Network Gaps (List Specialty and County of Gap) Actual Date Monthly Credentialed Providers were Submitted in Roster File to CCP Quality Improvement Total Number of Reported QI Incidents Total Number of Confirmed QI Incidents Total Number of Reported QI Incidents Total Receiving Inpatient Hospital Services Total Receiving Psychiatric Physician Services Total Receiving Psychiatric Physician Services Total Receiving Community Behavioral Health Services for Behavioral Health Conditions Total Receiving Community Behavioral Health Services for Substance Abuse Conditions Total Receiving Mental Health Intensive Targeted Case Management Total Receiving Mental Health Intensive Targeted Case Management Total Receiving Mental Health Intensive Targeted Case Management Total Receiving Community Behavioral Health Services for Substance Abuse Conditions Total Receiving Mental Health Intensive Targeted Case Management Total Receiving Mental Health Intensive Targeted Case Management Total Receiving Mental Health Intensive Targeted Case Management Total Receiving Community Behavioral Health Services for Care Total Receiving Statewide Inpatient Psychiatric Program (SIPP) services for Individuals under age 21 To	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Credentialing/Network														
Credentialing/Network  Total Number of Initial Credentialed Providers  Total Number of Initial Credentialing Providers NOT Approved  Total Number of Initial Credentialing Providers NOT Approved  Total Number of Initial Credentialing Performed Timely  Total Number of Recredentialed Providers  Total Number of Recredentialed Providers NOT Approved  Total Number of Recredentialing Performed Timely  Total Number of Recredentialing Performed Timely  Total Number of Providers Gredentialed Writhin 45 days of full application receipt  Total Number of Providers Board Certified from Above Numbers  Total Number of Providers Board Certified from Above Numbers  Total Number of Terminated Providers  Total Number of Terminated Providers  Total Number of Providers Reinstated  Network Gaps (List Specialty and County of Gap)  Actual Date Monthly Credentialed Providers were Submitted in Roster File to CCP  Quality Improvement  Total Number of Reported Ql Incidents  Total Number of Reported Ql Incidents  Total Receiving in Paelworal Services  Total Receiving Inpatient Hospital Services  Total Receiving Community Behavioral Health Services  Total Receiving Community Behavioral Health Services or Behavioral Health Conditions  Total Receiving Community Behavioral Health Services for Behavioral Health Conditions  Total Receiving Receiving Community Behavioral Health Services for Behavioral Health Conditions  Total Receiving Mental Health Intensive Targeted Case Management  Total Receiving Provices Behavioral Health Services for Behavioral Health Grapeutic Forter Care  Total Receiving Residential Care  Total Receiving Residential Care  Total Receiving Residential Care  Total Receiving Residential Care  Total Receiving any other services  Total Receiving any other services  Total Receiving Area of Services or Conditions  Total Receiving Provider Services or Child Welfare Setting  Total Receiving Area of Services or Child Welfare Setting  Total Receiving Provider Services or Child Welfare Setting  Total Receiving Provider Services or Chil	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Credentialing/Network Total Number of Initial Credentialed Providers Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Providers NOT Approved Total Number of Recredentialed Providers Total Number of Recredentialed Providers Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialed Providers NoT Approved Total Number of Recredentialed Providers NoT Approved Total Number of Providers Board Certified from Above Numbers Total Number of Providers Board Certified from Above Numbers Total Number of Fremitated Providers Total Number of Facilities Accredited from Above Numbers Total Number of Facilities Accredited from Above Numbers Total Number of Providers Recredited From Above Numbers Total Number of Providers Recredited From Above Numbers Total Number of Providers Recredited Providers Network Gaps (List Specialty and Country of Gap) Actual Date Monthly Credentialed Providers were Submitted in Roster File to CCP Quality Improvement Total Number of Reported QI Incidents Total Number of Reported QI Incidents Total Number of Onfirmed QI Incidents Total Receiving Inpatient Hospital Services Total Receiving Inpatient Hospital Services Total Receiving Compating Providers Providers Total Receiving Compating Hospital Services Total Receiving Community Behavioral Health Services for Behavioral Health Conditions Total Receiving Mental Health Targeted Case Management Total Receiving Mental Health Intensive Targeted Case Management Total Receiving Mental Health Intensive Targeted Case Management Total Receiving Behavioral Health Overlay Services in Child Welfare Setting Total Receiving Statewide Inpatient Psychiatric Program (SIPP) services for individuals under age 21 Total Receiving any other services Total Receiving Therapeutic Group Care Services Total Receiving Officers Statewide Inpatient Psychiatric Program (SIPP) services for individuals under age 21 Total Receiving Acceleration of Member Comp	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Credentialing/Network Total Number of Initial Credentialed Providers Total Number of Initial Credentialing Providers NOT Approved Total Number of Initial Credentialing Providers NOT Approved Total Number of Recredentialed Providers Total Number of Recredentialed Providers Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialed Providers NOT Approved Total Number of Recredentialed Providers State of Fundament of Recredentialed Providers Not Approved Total Number of Providers Credentialed within 45 days of full application receipt Total Number of Providers Board Certified from Above Numbers Total Number of Providers Board Certified from Above Numbers Total Number of Terminated Providers Total Number of Reported Of Incidents Total Number of Reported Of Incidents Total Number of Reported Of Incidents Total Receiving any Behavioral Services Total Receiving Dutpatient Hospital Services Total Receiving Dutpatient Hospital Services Total Receiving Community Behavioral Health Services for Behavioral Health Conditions Total Receiving Community Behavioral Health Services for Substance Abuse Conditions Total Receiving Community Behavioral Health Services for Substance Abuse Conditions Total Receiving Mental Health Intensive Targeted Case Management Total Receiving Mental Health Intensive Targeted Case Management Total Receiving Mental Health Intensive Targeted Case Management Total Receiving Behavioral Health Services for Substance Abuse Conditions Total Receiving Behavioral Health Services for Substance Abuse Conditions Total Receiving Behavioral Health Propeptial Ferrices Total Receiving Behavioral Health Propeptial Ferrices Total Receiving Behavioral Health Overlay Services in Child Welfare Setting Total Receiving Behavioral Health Overlay Services in Child Welfare Setting Total Receiving Behavioral Health Overlay Services in Child Welfare Setting Total Receiving Behavioral Health O	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD

Total Number of Provider Grievances														
Total Number of Provider Appeals														
Fraud, Waste & Abuse	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Total Number of Fraud Waste and Abuse Issues Suspected														
Total Number of Fraud Waste and Abuse Issues Under Investigation														
Total Number of Fraud Waste and Abuse Issues Confirmed														
Total Amount Paid (FWA)														
Total Amount of Dollars Recovered (FWA)														
Total Number of Incidents Referred to Plan														
Compliance	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Monthly Review of OIG/GSA Exclusions Database for all employees (Y/N)														
If yes, Total Number of Excluded/Ruled-out employees														
All Compliance Documents/Materials updated Annually (Y/N)														
Annual Compliance Training - FWA, HIPAA, conducted for all employees (Y/N)														
Total Number of HIPAA Disclosures														
Standards of Conduct/Code of Ethics/Compliance P&Ps distributed to all employees Annually (Y/N)														
Annual Screening of Employees, Governing Bodies and Senior Leadership for Conflicts of Interest (Y/N)														
Notify Plan Immediately (Y/N) Date														
Utilization Management	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Total Number of Standard Auths received														
Total Number of Standard Auths received (NO RFI)														
TAT for Auths processed within 24 hours (NO RFI)														
Percentage of Auths processed within 24 hours (NO RFI)														
Total Number of Standard Auths received (RFI)														
TAT for Auths processed within 72 hours (RFI)														
Percentage of Auths processed within 72 hours (RFI)														
Total Number of Expedited Auths received														
TAT for Expedited Auth requests within 24 hours														
Percentage of Auth requests processed within 24 hours														
Total Number of Denials issued														
Total Number of Approvals issued														