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

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

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

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)
(Last Name, First Name)	Clinical Pharmacy Tech I	PA request	3	1	33.3%	1	100.0%	
(Last Name, First Name)	Clinical Pharmacy Tech II	PA request	5	1	20.0%	1	100.0%	
(Last Name, First Name)	Clinical Pharmacy Tech I	PA request	2	1	50.0%	1	100.0%	
(Last Name, First Name)	Clinical Pharmacy Tech II	PA request	11	7	63.6%	6	85.7%	
(Last Name, First Name)	Clinical Pharmacy Tech I	PA request	9	7	77.8%	6	85.7%	
(Last Name, First Name)	Clinical 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														
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%)														
Service Level (>90%)														
First Call Resolution (>75%)														
Quality Assurance Monitoring (>95%)														
ACD Blockage Rate (0.0%)														
Telecom Provider Blockage Rate - Combined for prescriber and member lines (<0.5%)														
Claims Processing	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 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 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														
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 Board Certified from Above Numbers														
Total Number of Facilities Accredited from Above Numbers														
Total Number of Terminated Providers														
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	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														
Total Receiving any Behavioral Services														
Total Receiving Inpatient Hospital Services														
Total Receiving Outpatient 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 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														
Total Receiving Behavioral Health Overlay Services in Child Welfare Setting														

	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
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	May	June	July	August	September	October	November	December	Average	YTD
Total Number of Member Complaints														
Total Number of Member Complaints referred to the plan														
Provider Complaint, Grievances & Appeals	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Total Number of Provider Complaints														
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														

Enrollee Call Center Phone Stats	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Number of Member Calls Received														
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%)														
Service Level (>90%)														
First Call Resolution (>75%)														
Quality Assurance Monitoring (>95%)														
ACD Blockage Rate (0.0%)														
Telecom Provider Blockage Rate - Combined for prescriber and member lines (<0.5%)														

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>50% of Claims Processed within 7 Days														
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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														
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														
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Total Number of Providers Credentialed within 45 days of full application receipt														
Total Number of Providers Board Certified from Above Numbers														
Total Number of Facilities Accredited from Above Numbers														
Total Number of Terminated Providers														
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	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														
Total Receiving any Behavioral Services														
Total Receiving Inpatient Hospital Services														
Total Receiving Outpatient Hospital Services														
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Total Receiving Mental Health Targeted Case Management														
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Total Receiving Therapeutic Group Care Services														
Total Receiving Comprehensive Behavioral Health Assessment														
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	May	June	July	August	September	October	November	December	Average	YTD
Total Number of Member Complaints														
Total Number of Member Complaints referred to the plan														

Provider Complaint, Grievances & Appeals	January	February	March	April	May	June	July	August	September	October	November	December	Average	YTD
Total Number of Provider Complaints	0	0	0	0	0	0	0	0	0	0	0			

	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)														
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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														