**Exhibit 9 - Minimum Required Reporting List**

**OEIBA Program**

**Notes:**

1. Each report must be customized specifically for the OEIBA Program.
2. Reports should be delivered in the exact format, frequency, timeframe and to the intended recipient unless noted in Negotiated Exceptions.
3. Lack of providing all required data could lead to noncompliance and breach of contract.
4. Reports must be submitted by due date. If due date falls on a weekend or holiday, the due date is moved to the next business day.
5. All reports should be submitted electronically by secure email domain. No additional security is necessary when a Supplier emails reports using the secure email domain.
   1. Exhibit 10 – Operational Reports and Exhibit 12 – Advertising Approval Request Form should be sent to: EGIDVendorReporting@omes.ok.gov
   2. Exhibit 11 – Premium Discrepancy should be sent to:   
      EGID-General\_Ledger\_Unit@omes.ok.gov
6. Reports sent which require additional security login access will not be accepted by EGID.
7. Report files should be saved and named as follows: SupplierMonthQ#ReportName.xlsx

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| **Exhibit** | **Report** | **Frequency** | **Report Name** | **Due Date** | **Tab** |
| 10 – Operational Reports | 10a | Monthly | Member Services Telephone Assistance | 20th of the following month | “Telephone” |
| 10 – Operational Reports | 10b | Quarterly | Grievance Report | 60 days following the close of the quarter | “Grievance” |
| 10 – Operational Reports | 10c | Quarterly | HIPAA Incident Report | 60 days following the close of the quarter | “HIPAA” |
| 10 – Operational Reports | 10d | Quarterly | Provider Changes | 60 days following the close of the quarter | “Changes” |
| 10 – Operational Reports | 10e | Annual | Member Satisfaction Survey Results | 60 days following the close of the calendar year | “Survey” |
| 11 – Premium Discrepancy Report | 11a | Monthly | Premium Discrepancy  Report | 60 days after the premium remittance | “Premium” |
| 12 – Advertising Approval Request | 12 | As needed by Supplier | Advertising Approval Request Form | Advertising approval request must be submitted for **PRIOR** EGID approval. |  |