**Exhibit 27**

**Minimum Required Reporting List:**

**OEIBA Program**

**Notes**:

1. Separate reports are required for HMO, Medicare Supplement and MAPD lines of business.
2. Exhibit 28 should be loaded onto the secure ftp website.
3. Exhibits 29-39 should be sent electronically by a secure email domain. **No additional security is necessary when a Supplier emails reports using the secure email domain.**
	1. Exhibit 29 should be sent as an Excel file to: EGID-General\_Ledger\_Unit@omes.ok.gov.
	2. Exhibits 30-39 should be sent to: EGIDVendorReporting@omes.ok.gov.
		1. Exhibits 30-37 should be sent as Excel files.
		2. Exhibits 38-39 should be sent as Word documents.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Report** | **Frequency** | **Report Name** | **Due Date** | **Tab** |
|  |  |  |  |  |
| Exhibit 28: MAPD File and Changes Reports |
| 28a | Weekly | MAPD Disenrollment and Changes | Wednesday following the week being reported | “MAPD Changes” |
| 28b | Monthly  | MAPD full file | 10th of same month | “MAPD Full File” |
|  |  |  |  |
| Exhibit 29: Premium Discrepancy Reports |
| 29a | Monthly | MAPD Premium discrepancy  | 30 days after the premium remittance | “MAPD Premium” |
| 29b | HMO/MSP Premium discrepancy | 60 days after the premium remittance | “HMO.MSP Premium” |
|  |  |  |  |  |
| Exhibit 30: Member Services Reports |
| 30a | MonthlyQuarterlyAnnual | Member Services Telephone Assistance | 20th of following month;60 days following the close of the calendar quarter/year | “Telephone” |
| 30b | MAPD Member Services Telephone Assistance | “MAPD Telephone” |
| 30c | Annual | Member Satisfaction Survey Results | 60 days following the close of the calendar year | “Survey” |
| 30d | MAPD Member Satisfaction Survey Results | “MAPD Survey” |
|  |  |  |  |  |
| Exhibit 31: HIPAA, FWA, and Grievance Reports |
| 31a | Quarterly | HIPAA Incident Report | 60 days following the close of the calendar quarter | “HIPAA” |
| 31b | Fraud, Waste, or Abuse Prevention Incident Report | “FWA” |
| 31c | Grievance Report | “Grievance” |
| 31d | MAPD Grievance Report | “MAPD Grievance” |
|  |  |  |  |
| Exhibit 32: Utilization Reports |
| 32a | QuarterlyAnnual | Executive Summary of Findings | 60 days following the close of the calendar quarter/year | “Exec Summary” |
| 32b | Top Fifteen Medications by Dollars and Number of Scripts | “Top Rx” |
| 32c | Therapeutic Category | “Therapeutic” |
| 32d | Top Ten Health Providers by Dollars | “Providers Dollars” |
| 32e | Top Ten Health Providers by Utilization  | “Providers Utilization” |
| 32f | Top Ten Diagnosis by Dollars and Utilization | “Top Dx” |
| 32g | Observations and Recommendations  | “Observations” |
|  |  |  |  |
| Exhibit 33: Network Changes Summary |
| 33a | Monthly | Network Changes Summary | 20th of following month | “Network Changes” |
|  |  |  |  |
| Exhibit 34: Network Detailed Reports |
| 34a | Quarterly | Summary of Provider Network Changes  | 60 days following the close of the calendar quarter | “Summary of Network Changes” |
| 34b | Primary Care Physician Summary | “PCP Summary” |
| 34c | Primary Care Physician Network | “PCP” |
| 34d | Specialist Network | “Specialist” |
| 34e | Pharmacy Network | “Pharmacy” |
| 34f | Urgent Care Network | “Urgent Care” |
| 34g | Hospital Network | “Hospital” |
|  |  |  |  |  |
| Exhibit 35: HMO Detailed Utilization Reports |
| 35a-35f | Quarterly | Detailed Utilization Reports | 60 days following the close of the calendar quarter | “High Cost Claims YTD”"Monthly Claims Exhibit""High Level Summary YTD""High Level Sum (Rolling 12)""All Plans YTD""All Plans (Rolling 12)" |
|  |  |  |  |
| Exhibit 36: MAPD Detailed Utilization Reports |
| 36a-36f | Quarterly | MAPD Detailed Utilization Reports | 60 days following the close of the calendar quarter | “High Cost Claims YTD”"Monthly Claims Exhibit""High Level Summary YTD""High Level Sum (Rolling 12)""All Plans YTD""All Plans (Rolling 12)" |
|  |  |  |  |
| Exhibit 37B: Individual Employer Experience Reports  |
| 37 | As requested  | Individual Employer Experience Reports | Within ten (10) business days from EGID request. |  |
|  |  |  |  |
| Exhibit 38: Advertising Approval Request Form |
| 38 | As needed by Supplier | Advertising Approval Request form | Advertising approval request must be submitted for **PRIOR** approval |  |
|  |  |  |  |
| Exhibit 40: Marketing Materials |
| 39 | As requested  | Marketing Materials | EGID will respond within three (3) business days from the request. |  |

Reminders\* If awarded, refer to Attachment A, sections B.8.16. and F.2. Additional details will be sent to Supplier prior to deadlines.

1. Member Handbook
2. Distribution of member I.D. cards status
3. Summary of Benefits and Coverage
4. Administrative Procedures Reference Manual
	1. Evidence of Coverage
	2. Annual Notice of Changes for MAPD and MSP (if applicable)