**Exhibit 12**

**Minimum Required Reporting List**

**OEIBA Program**

**Notes:**

1. Each report must be customized specifically for the OEIBA Program.
2. Separate network reports (Exhibits 15 and 17) are required for each dental plan offered by Supplier.
	1. Example: If Supplier has two PPOs within the OEIBA Program, Supplier must provide one Exhibit 15a for the first dental PPO plan and another Exhibit 15a for the second dental PPO plan within the same Excel workbook.
3. Reports should be delivered in the exact format, frequency, timeframe and to the intended recipient unless noted in Negotiated Exceptions, Section F of Solicitation 0900000435.
4. Lack of providing all required data could lead to noncompliance and breach of contract.
5. 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.
6. 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. Reports sent which require additional security login access will not be accepted by EGID.
	1. Exhibit 13 should be sent to: EGID-General\_Ledger\_Unit@omes.ok.gov
	2. Exhibits 14-19 should be sent to: EGIDVendorReporting@omes.ok.gov
	3. Exhibit 18A is for Supplier’s reference. Exhibit 18B should be sent to: Diana.ONeal@omes.ok.gov
7. Report files should be saved to include the following information: Supplier name, month/quarter/year being reported, and report name.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Report** | **Frequency** | **Report Name** | **Due Date** | **Tab** |
|  |  |  |  |  |
| Exhibit 13: Premium Discrepancy Reports |
| 13a-13b | Monthly | PPO Premium Discrepancy  | 60 days after the premium remittance | “PPO Premium” |
| Prepaid/Managed Premium Discrepancy | “Prepaid Premium” |
|  |  |  |  |  |
| Exhibit 14: Member Services Reports |
| 14a | MonthlyQuarterlyAnnual | Member Services Telephone Assistance | 20th of following month60 days following the close of the calendar quarter/year | “Telephone” |
| 14b | Annual | Member Satisfaction Survey Results | 60 days following the close of the calendar quarter | “Survey” |
|  |  |  |  |  |
| Exhibit 15: Network Changes Summary |
| 15a-15b | Monthly | PPO Network Changes Summary | 20th of following month | “PPO Network Changes” |
| Prepaid/Managed Network Changes Summary | “Prepaid Network Changes” |
|  |  |   |   |   |
| Exhibit 16: HIPAA, FWA, and Grievance Reports |
| 16a-16d | Quarterly | HIPAA Incident Report | 60 days following the close of the calendar quarter | “HIPAA” |
| Fraud, Waste, or Abuse Prevention Incident Report | “Fraud” |
| PPO Grievance Report | “PPO Grievance” |
| Prepaid/Managed Grievance Report | “Prepaid Grievance” |
|  |  |  |  |  |
| Exhibit 17: Annual Dental Provider Network  Report |
| 17a-17b | Annual | Annual PPO Dental Provider Network | February 20th of each current plan year (data as of January 31 of the same plan year) | “PPO Network” |
| Annual Prepaid/Managed Dental Provider Network | “Prepaid Network” |
|  |  |   |   |   |
| Exhibits 18A and 18B: Individual Employer Experience Instructions and Reports |
| 18A Instructions18B Reports18a-18b | As requested | Individual Employer Experience Reports | Within ten (10) business days from EGID request. | “Experience” |
| “Dental Claims & Enrollment” |
|  |  |   |   |   |
| Exhibit 19: Advertising Approval Request Form |
| 19 | As needed by Supplier | Advertising Approval Request Form | Advertising approval request must be submitted for **PRIOR** EGID approval. |  |

**Reminders:**

Additional details will be sent to Supplier prior to deadlines if awarded the contract. This information should be sent to EGIDVendorReporting@omes.ok.gov.

1. Distribution of member I.D. cards status.
2. Administrative Procedures Reference Manual.
3. Marketing materials as requested.
4. Member Handbook