

CCC MMP Contract Compliance Additional Reporting Requirements

The additional reporting requirements listed in the table below are supplemental to the CCC MMP Core Reporting Requirements and CCC MMP VA Specific Reporting Requirements. They are required in the Three-Way Contract. Please submit these reports to

CCC.Reporting@DMAS.Virginia.gov.

Key Contract Source	Reporting Requirement	Frequency	DMAS Template	Due Date
2.19.1.1.10	Annual and Upon Changes Marketing Plan Submission	Annually	N/A	November 30th of the previous calendar year
2.8.7	Provider Profiling Methodology	Annually	N/A	December 31st of the previous calendar year
2.11.1.10	Use of Out-of-network Providers to Meet Enrollee's Necessary	Annually	N/A	February 28th of the following calendar year
2.6.6	Health Promotion and Wellness and Enrollee Incentive Programs Used	Annually	N/A	January 31st of the following calendar year
Appendix a	MMP's Medical Necessity Guidelines for Behavioral Health Only	Annually	N/A	November 30th of the previous calendar year
2.1.3.6.1	The PI Plan	Annually	N/A	November 30th of the previous calendar year
2.1.3.7.1.1	PI Quarterly Report	Quarterly	Yes	End of the first month following the reporting quarter
2.1.3.7.2	PI Summary Report	Annually	Yes	March 30th of the following calendar year
2.18.7	PI Referrals	Ongoing	Yes	Within 48 Hours of identification
2.17.2.3.4.3	Provider and Enrollee Satisfaction Survey Plan	Annually	N/A	July 01 of the current calendar year
2.8.1.7	Alternative Payment Methodologies	As needed	N/A	45 days In advance of implementation
2.9.4	PCP Turnover Report	Annually	N/A	February 28th of the following calendar year
2.3.5.2.2	Enrollees Who Have not Participated in HRA or POC or Both	Upon Request	N/A	To be determined by DMAS at time of request
2.3.5.1.3	Out of Service Area for 6 Months	Upon Request	N/A	To be determined by DMAS at time of request
5.1.12.2; 5.1.13; 5.1.13.2; 5.1.13.3;	TPL Related Reports	Monthly	Yes	15th of the following month
2.8.4	Serious Reportable Events and Sentinel Events Report	Monthly	Yes	15th of the following month
2.9.3.1.3.6.3	Provider Termination from Network because of Fraud, Integrity or Quality	Ongoing	N/A	Within 7 calendar days of such action
2.9.3.1.3.12	Provider failed credentialing or re-credentialing because of PI or Adverse Action Reason	Ongoing	N/A	Within 7 calendar days of such action
2.10.1.2	Proposal of Claim operation and processing modification	As needed	N/A	45 days in advance of such modification
2.21.3.2.8.2	System Failure or Unavailability Notification	As needed	N/A	Immediately upon discovery
This list does not include state specific required reports such as Dashboard, Consumer Directed Payroll Activities, Service Authorization, and Transition Reports, MMP Quality Management Plan that the MMPs are currently submitting.				

Key Contract Source	Reporting Requirement	Frequency	DMAS Template	Due Date
2.8.2.1.1; 2.9.3.1.1; 2.9.3.1.2	Provider Credentialing, Re-credentialing, Certification and Performance Policies and Procedures	Annually	N/A	November 30th of the previous calendar year
2.8.2.1.1	Provider Credentialing and Re-Credentialing Annual Summary Report	Annually	N/A	January 31st of the following calendar year
2.11.5.4.3.1; 2.11.5.4.3.2	Behavioral Health Services Authorization Policies and Procedures	Annually	N/A	November 30th of the previous calendar year
2.11.5	Behavioral Health Services Outpatient Services Policies and Procedures	Annually	N/A	November 30th of the previous calendar year
5.1.6.1	Disclosure Statements	Annually	N/A	Annually at Contract signing or within 35 days of request by DMAS