

- 1. Use the Industry Collaboration Effort (ICE) approved report templates (if applicable) available on the ICE website: http://www.iceforhealth.org
- 2. Use appropriate naming conventions when submitting reports Year/Quarter/Month_Group Name_Report Name
- 3. Special Needs Plan (SNP) specific reporting applies to Provider Organizations that have been **delegated** for SNP activities
- 4. If emailing your report(s) place your entity name & report title/type in the subject line
- 5. Encrypt all Protected Health Information (PHI) providing passwords when indicated
- 6. SCAN Specific UM Statistical Data is required for all Provider Organizations with 250 or more SCAN members
- 7. Call your SCAN Network Compliance Auditor with any questions, concerns or comments
- 8. For questions/concerns on MFT submission, contact MFTSUPPORT@scanhealthplan.com

Monthly Report	Quarterly Report	Annual Report	Report /Submission Required	Due Date(s)	Submission Contacts
X			Dialysis/End Stage Renal Disease (ESRD) log Include Dialysis start date, dialysis provider and contact information, and 2728 form if not on file	10th calendar day of each month	Medical Management Coordinator Fax 800-411-0671 umccmdepartment@scanhealthplan.com
X			Claims Payment Timeliness Report Using the current ICE template	15 th calendar day of each month	Network Compliance Auditor – Claims Eneida Padilla, Sr. Network Compliance Auditor Evonne N. Cortez, Network Compliance Auditor Japheth (J J) Conde-Saul, Network Compliance Coordinator DelegatedCompliance@scanhealthplan.com EPadilla@scanhealthplan.com ECortez@scanhealthplan.com JConde-Saul@scanhealthplan.com



Monthly Report	Quarterly Report	Annual Report	Report /Submission Required	Due Date(s)	Submission Contacts
	X		Misdirected Claims Report (Quarterly Log)	April 15 (Q1) July 15 (Q2) October 15 (Q3) January 15 (Q4)	Network Compliance Auditor – Claims Eneida Padilla, Sr. Network Compliance Auditor Evonne N. Cortez, Network Compliance Auditor <u>DelegatedCompliance@scanhealthplan.com</u> <u>EPadilla@scanhealthplan.com</u> <u>ECortez@scanhealthplan.com</u>
Х			Part C Organization Determinations, Appeals and Grievances (ODAG)	15th calendar day of each month	SCAN Network Compliance Coordinator SCAN MFT – ODAG ToSCAN/ODAG Submission
Х			Supplemental Organization Determinations for Dual Eligible (D-SNP) Members Denied Records only	15th calendar day of each month	SCAN Network Compliance Coordinator SCAN MFT – ODAG ToSCAN/ODAG Submission
	Х		Part C Reporting Organization Determinations and Reconsiderations (ODR) Authorization data only	April 17 (Q1) July 17 (Q2) October 16 (Q3) January 15 (Q4)	SCAN Network Compliance Coordinator SCAN MFT- ODR ToSCAN/ODR Authorizations
	X		Quarterly Financial Statement* (CA) (*exempt if filed with DMHC) Semi-Annual Financial Statement – Q2 and Q4 (AZ, NV, TX)	May 15 (Q1) August 15 (Q2) November 15 (Q3) February 15 (Q4)	SCAN Network Compliance Coordinator <u>DelegatedCompliance@scanhealthplan.com</u>



Monthly Report	Quarterly Report	Annual Report	Report /Submission Required	Due Date(s)	Submission Contacts
		Х	Audited Annual Financial Statement* (*exempt if filed with DMHC)	180 th calendar day after close of fiscal year	SCAN Network Compliance Coordinator DelegatedCompliance@scanhealthplan.com
		X	FDR Compliance Attestation (Code of Conduct, Compliance Training, FWA Training, Exclude and Opt Out Screening, Offshore Subcontracting, Record Retention)^	December 2022* *Exact Due Dates TBA	SCAN Network Compliance Auditor FDR_Oversight@scanhealthplan.com
	Х		*Updated template* SNP Tracking and Metrics (Replaces SNP Care Transitions Log)	May 15 (Q1) August 15 (Q2) November 15 (Q3) Feb15 (Q4)	SCAN Network Compliance Auditor (Clinical) SCAN MFT - UM
х			C-SNP Membership – Diagnosis Verification	10th calendar day of each month	Manager, Care Coordination Amy Landers SCAN MFT- SNP
Х			SNP- HRA Compliance Report (Village Health ONLY)	5 Business Days TAT	Care Coordination Christina Taylor CTaylor@scanhealthplan.com
		Х	SNP-IHA Attestation	March 31	SCAN Network Compliance Coordinator (Clinical) SCAN MFT - UM
		х	Utilization Management (UM) Program Description	February 15	SCAN Network Compliance Auditor (Clinical) SCAN MFT - UM



Monthly Report	Quarterly Report	Annual Report	Report /Submission Required	Due Date(s)	Submission Contacts
		X	Quality Improvement (QI) Program Description	February 15	SCAN Network Compliance Auditor (Clinical) SCAN MFT - UM
		X	Utilization Management 2023 Annual Work Plan Using the current ICE template.	February 15	SCAN Network Compliance Auditor (Clinical) SCAN MFT - UM
	X Quarterly for Medi-Medi	X Semi- Annual for Medicare	Utilization Management 2022 - Q4/Annual Evaluation 2023 - Q1, Q2/Semi-Annual, Q3. Using the current ICE template.	February 15 (2022 Q4/Annual Evaluation) May 15 (2023 Q1) August 15 (2023 Q2/Semi-Annual) November 15 (2023 Q3)	SCAN Network Compliance Auditor (Clinical) SCAN MFT - UM
	X		ICE Credentialing Submission Form Using the current ICE template	May 15 (Q1) August 15 (Q2) November 15 (Q3) Feb 15 (Q4)	SCAN Credentialing Coordinator credentialing@scanhealthplan.com
	х		Quarterly Roster Verification Workbook	Q1 Q2 Q3 Q4 *Exact Due Dates TBA	Provider Data Quality Manager <u>Rosterverification@scanhealthplan.com</u>



Monthly Report	Quarterly Report	Annual Report	Report /Submission Required	Due Date(s)	Submission Contacts
	Х		Claims Forwarding Address Verification	Q1 Q2 Q3 Q4 *Exact Due Dates TBA	Provider Data Management Manager providerdatamanagement@scanhealthplan.com

[^] Note: Changes in ownership, subcontracting, sub-delegation and offshore vendor contracting require prior approval from SCAN. Please contact your Account Manager for assistance.