



Policy: HH.2003  
Title: **Health Network and Delegated Entity Reporting**  
Department: Network Operations  
Section: Health Network Relations

*CEO Approval: /s/ Michael Hunn 10/31/2024*

Effective Date: 10/01/1998

Revised Date: 10/01/2024

Applicable to: ☒ Medi-Cal  
☒ OneCare  
☐ PACE  
☐ Administrative

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## I. PURPOSE

This policy outlines the process for submission and evaluation of reports that a Health Network or Delegated Entity is required to submit to CalOptima Health.

## II. POLICY

- A. Each Health Network or Delegated Entity shall be responsible for submission of reports to CalOptima Health, as required by CalOptima Health or as specified in its contract, the Reporting Binder (including but not limited to, the Timely & Appropriate Submission Grid), or CalOptima Health's policies and procedures.
- B. The Timely & Appropriate Submission Grid is distributed to Health Networks and Delegated Entities in the Reporting Binder, as outlined in Section III.B. of this Policy.
- C. The Reporting Binder shall contain the following:
  - 1. Timely & Appropriate Submission Grid;
  - 2. Report Templates; and
  - 3. Letter Templates.
- D. Each responsible CalOptima Health department shall be accountable for:
  - 1. Identifying required reports;
    - a. Reports must list all applicable regulatory, contractual, and policy citations and include all required data elements.
  - 2. Creating templates and all applicable reporting formats, instructions, and technical guidelines;
  - 3. Monitoring submission and timeliness of reports;

- a. Reports with due dates which fall on a holiday or weekend are due the next business day unless otherwise noted in advance by the report owner.
- 4. Notifying Health Networks and Delegated Entities of missing, incorrect, or late reports;
- 5. Notifying Health Network Relations of unsuccessful follow-up attempts by emailing [healthnetworkdepartment@caloptima.org](mailto:healthnetworkdepartment@caloptima.org); and
- 6. Escalating issues of continued noncompliance to the Office of Compliance.
- E. CalOptima Health's Health Network Relations Department shall be responsible for:
  - 1. Maintaining and updating the Reporting Binder, in consultation with CalOptima Health departments and the Office of Compliance (if applicable);
  - 2. Distributing the Reporting Binder to Health Networks and Delegated Entities annually, and as necessary; and
  - 3. Contacting Health Networks and Delegated Entities to assist in escalation if a CalOptima Health department is not successful with its follow-up attempts.
- F. The Office of Compliance shall be responsible for taking appropriate corrective actions in response to reported issues of noncompliance, in accordance with CalOptima Health Policies HH.2005: Corrective Action Plan and HH.2002: Sanctions.

### **III. PROCEDURE**

#### **A. Identification of Reporting Requirements**

- 1. On an ongoing basis, each responsible CalOptima Health department (with the assistance of the Office of Compliance, if needed) shall:
  - a. Monitor regulatory, statutory, and/or contract requirements to determine impact on Health Network or Delegated Entity reporting requirements; and
  - b. Review the Reporting Binder to:
    - i. Update or correct existing reports;
    - ii. Identify new reports and associated regulatory, contractual, and policy citations to support new reports in a timely manner;
    - iii. Update or create Timely & Appropriate Submission Grid requirements, Report Templates, data dictionary, data elements, and/or instructions; and
    - iv. Notify the Health Network Provider Relations Department of changes required to the Health Network reporting requirements as outlined in the Reporting Binder by submitting a Health Network Report Intake Form to [healthnetworkdepartment@caloptima.org](mailto:healthnetworkdepartment@caloptima.org);

#### **B. Distribution of Reporting Binder**

- 1. The Health Network Relations Department shall, annually, and as necessary:

- a. Distribute the Reporting Binder to departments to review Health Network or Delegated Entity reporting requirements;
  - i. CalOptima Health departments shall review the Reporting Binder and submit changes or updates to Health Network Relations Department sixty (60) calendar days in advance via submission of a Health Network Report Intake Form to add, change or terminate reports on the Report Grid.
  - ii. Exception to the sixty (60) calendar day requirement include regulatory required reporting in which CalOptima Health is not provided advanced notice by the regulator.
- b. Collect updates to Timely & Appropriate Submission Grid requirements, report templates, data dictionaries, and instructions to compile into the Reporting Binder, as submitted by departments via the Health Network Report Intake Forms;
- c. Review Health Network Report Intake Forms submitted by departments for completeness and eliminate duplicate or overlapping reports, with consultation from the responsible CalOptima Health department; and
- d. Request review and approval from Executive Leadership and Delegation Oversight for addition of any new reporting request.
- e. As needed throughout the calendar year distribute updates to the Reporting Binder to Health Networks and Delegates upon release of new and/or revised reporting requirements.
- f. Annually distribute the upcoming reporting year Reporting Binder thirty (30) business days prior to the end of the calendar year to Health Networks and Delegated Entities.
  - i. The Reporting Binder is uploaded to CalOptima Health's External SharePoint site.
  - ii. Health Networks and Delegated Entities are provided credentials to access CalOptima Health's External SharePoint site. Access issues may be addressed by contacting CalOptima Health, Health Network Relations at [HealthNetworkDepartment@caloptima.org](mailto:HealthNetworkDepartment@caloptima.org).
  - iii. CalOptima Health's Health Network Relations Department shall provide Health Networks and Delegated Entities with an attestation to complete upon distribution of the annual release of the Reporting Binder to ensure compliance with the new calendar year reporting requirements and templates.
  - iv. Annually Health Networks and Delegated Entities shall submit the signed attestation within five (5) business days, acknowledging receipt of the Reporting Binder.

### C. Reporting Procedures

1. A Health Network or Delegated Entity shall submit reports in the time, manner, and file format specified by CalOptima Health or identified in its contract, the Reporting Binder (including, but not limited to, the Timely & Appropriate Submission Grid), or CalOptima Health's policies and procedures.
2. If a Health Network or Delegated Entity report contains Protected Health Information (PHI), the Health Network or Delegated Entity shall submit the report to CalOptima Health via:

- a. CalOptima Health’s Secure File Transfer Protocol (SFTP) site; or
  - b. Secure electronic mail, as specified by the specific report instructions.
3. Each responsible department shall:
  - a. Monitor or audit, as applicable, a Health Network or Delegated Entity’s submission of required reports and compliance with requirements of the Health Network contract, the Reporting Binder and CalOptima Health’s policies and procedures;
  - b. Make two (2) documented attempts to contact the Health Network or Delegated Entity to address missing, incorrect, or late submission;
  - c. Notify Health Network Relations Department if a Health Network or Delegated Entity does not respond after two (2) follow-up attempts by emailing [healthnetworkdepartment@caloptima.org](mailto:healthnetworkdepartment@caloptima.org); and
  - d. Each responsible department shall report continued noncompliance to the Office of Compliance should Health Network Relations escalation be unsuccessful.
4. The Health Network Relations Department, upon receipt of notification from the responsible department of unsuccessful attempts to contact the Health Network or Delegated Entity, shall:
  - a. Contact the Health Network or Delegated Entity to obtain the missing report(s) and, if necessary, escalate the issue to the Health Network’s senior management; and
  - b. Work with the department and Health Network or Delegated Entity to correct any content, formatting, or submission issues, if applicable.
5. The Office of Compliance, upon receipt of notification from the responsible department of a Health Network or Delegated Entity’s continued noncompliance, shall take appropriate action in accordance with CalOptima Health Policies HH.2005: Corrective Action Plan and HH.2002: Sanctions.

#### **IV. ATTACHMENT(S)**

- A. Health Network Report Intake Form

#### **V. REFERENCE(S)**

- A. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
- B. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- C. CalOptima Health, Health Network Service Agreement
- D. CalOptima Health Policy HH.2002: Sanctions
- E. CalOptima Health Policy HH.2005: Corrective Action Plan
- F. Timely and Appropriate Submission Grid (“Reporting Grid”)

#### **VI. REGULATORY AGENCY APPROVAL(S)**

Date	Regulatory Agency	Response
04/29/2016	Department of Health Care Services (DHCS)	Approved as Submitted

<b>Date</b>	<b>Regulatory Agency</b>	<b>Response</b>
01/31/2018	Department of Health Care Services (DHCS)	Approved as Submitted

## **VII. BOARD ACTION(S)**

<b>Date</b>	<b>Meeting</b>
12/03/2020	Regular Meeting of the CalOptima Board of Directors
06/03/2021	Regular Meeting of the CalOptima Board of Directors

## **VIII. REVISION HISTORY**

<b>Action</b>	<b>Date</b>	<b>Policy</b>	<b>Policy Title</b>	<b>Program(s)</b>
Effective	10/01/1998	HH.2003	Health Network Reporting	Medi-Cal
Revised	12/01/1999	HH.2003	Health Network Reporting	Medi-Cal
Revised	10/01/2002	HH.2003	Health Network Reporting	Medi-Cal
Revised	07/01/2004	HH.2003	Health Network Reporting	Medi-Cal
Revised	01/01/2007	HH.2003	Health Network Reporting	Medi-Cal
Revised	12/01/2015	HH.2003	Health Network Reporting	Medi-Cal OneCare OneCare Connect
Revised	09/01/2016	HH.2003	Health Network Reporting	Medi-Cal OneCare OneCare Connect
Revised	12/01/2017	HH.2003	Health Network and Delegated Entity Reporting	Medi-Cal OneCare OneCare Connect
Revised	11/01/2018	HH.2003	Health Network and Delegated Entity Reporting	Medi-Cal OneCare OneCare Connect
Revised	05/01/2019	HH.2003	Health Network and Delegated Entity Reporting	Medi-Cal OneCare OneCare Connect
Revised	12/03/2020	HH.2003	Health Network and Delegated Entity Reporting	Medi-Cal OneCare OneCare Connect
Revised	06/03/2021	HH.2003	Health Network and Delegated Entity Reporting	Medi-Cal OneCare OneCare Connect
Revised	05/01/2022	HH.2003	Health Network and Delegated Entity Reporting	Medi-Cal OneCare OneCare Connect
Revised	12/31/2022	HH.2003	Health Network and Delegated Entity Reporting	Medi-Cal OneCare
Revised	11/01/2023	HH.2003	Health Network and Delegated Entity Reporting	Medi-Cal OneCare
Revised	10/01/2024	HH.2003	Health Network and Delegated Entity Reporting	Medi-Cal OneCare

## IX. GLOSSARY

Term	Definition
Corrective Action Plan (CAP)	A plan delineating specific identifiable activities or undertakings that address and are designed to correct program deficiencies or problems identified by formal audits or monitoring activities by CalOptima Health, the Centers of Medicare & Medicaid Services (CMS), Department of Health Care Services (DHCS), or designated representatives. FDRs and/or CalOptima Health departments may be required to complete CAPs to ensure compliance with statutory, regulatory, or contractual obligations and any other requirements identified by CalOptima Health and its regulators.
Delegated Entity	For purposes of this policy, a delegated entity is contracted with CalOptima Health to provide dental, fitness/gym, behavioral health, or vision benefits to eligible CalOptima Health Members.
Health Network	For purposes of this policy, a Physician-Hospital Consortia (PHC), Physician Medical Group (PMG), or a Shared Risk Group (SRG) under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Letter Templates	For the purposes of this policy, regulatory letter templates issued by regulatory agencies to be used by Health Networks and Delegated Entities for member communications, as required by applicable contractual, policy, and regulatory requirements.
Reporting Binder	A file which contains all reports required of Health Networks to meet CalOptima Health's operational and regulatory compliance; contains the Report Grid and Report Templates, as well as approved Regulatory and operational letter templates.
Report Template	A blank form of each report also including instructions and file layout and/or data dictionary.
Sanction	Action taken by CalOptima Health including, but not limited to, restrictions, limitations, monetary fines, termination, or a combination thereof, based on a delegate's, subcontractors, or any Capitated Network partner's failure to comply with statutory, regulatory, contractual, CalOptima Health policy, or other requirements related to the CalOptima Health programs.
Table of Authorities	For the purposes of this policy, a document that outlines all applicable regulatory, contractual, and policy citations that support the required reports outlined in the Reporting Grid.
Timely and Appropriate Submission Grid ("Report Grid")	A matrix of reports required by CalOptima Health, including report names, descriptions, responsible department, naming conventions, frequencies, submission methods and file formats.