

Medicare Provider Reporting Requirements Schedule



IPA Medicare Calendar Year Reporting Period: 2024

| IPA Deliverable | Report Frequency | CY 2024 Reporting Period | IEHP Due Date | IEHP Policy Number (s) | Department(s) | File Naming Convention | SFTP Folder | Regulatory Measure(s) |
|---|------------------|--------------------------|--------------------|---|----------------------|--------------------------------|------------------------------|--|
| Claims Timeliness Reports | Monthly | 1/1-1/31 | February 15, 2024 | MA 20F - Claims and Payment Appeal Reporting | Financial Compliance | IPACode_MTR_MM_2024 | Claims Timeliness / Month | 42 CFR Part 422.520 & Social Security Act Sections 1876(g)(6)(A), 1816(2)(A) |
| | | 2/1-2/28 | March 15, 2024 | | | | | |
| | | 3/1-3/31 | April 15, 2024 | | | | | |
| | | 4/1-4/30 | May 15, 2024 | | | | | |
| | | 5/1-5/31 | June 15, 2024 | | | | | |
| | | 6/1-6/30 | July 15, 2024 | | | | | |
| | | 7/1-7/31 | August 15, 2024 | | | | | |
| | | 8/1-8/31 | September 15, 2024 | | | | | |
| | | 9/1-9/30 | October 15, 2024 | | | | | |
| | | 10/1-10/31 | November 15, 2024 | | | | | |
| | | 11/1-11/30 | December 15, 2024 | | | | | |
| | | 12/1-12/31 | January 15, 2025 | | | | | |
| Table 3 Payment Organization Determinations and Reconsiderations (PYMT_C) | Monthly | 1/1-1/31 | February 15, 2024 | MA 20F - Claims and Payment Appeal Reporting | Financial Compliance | IPACode_Universe_PYMTC_MM_2024 | IPA Oversight / Year / Month | CMS Program Audit, Universe Submissions for Random File Reviews |
| | | 2/1-2/28 | March 15, 2024 | | | | | |
| | | 3/1-3/31 | April 15, 2024 | | | | | |
| | | 4/1-4/30 | May 15, 2024 | | | | | |
| | | 5/1-5/31 | June 15, 2024 | | | | | |
| | | 6/1-6/30 | July 15, 2024 | | | | | |
| | | 7/1-7/31 | August 15, 2024 | | | | | |
| | | 8/1-8/31 | September 15, 2024 | | | | | |
| | | 9/1-9/30 | October 15, 2024 | | | | | |
| | | 10/1-10/31 | November 15, 2024 | | | | | |
| | | 11/1-11/30 | December 15, 2024 | | | | | |
| | | 12/1-12/31 | January 15, 2025 | | | | | |
| Table 1 Standard and Expedited Pre-Service Organization Determinations | Monthly | 1/1-1/31 | February 15, 2024 | MA 25E2 - Utilization Management - Reporting Requirements | UM | IPACode_Universe_OD_MM_2024 | IPA Oversight / Year / Month | CMS Program Audit, Universe Submissions for Random File Reviews |
| | | 2/1-2/28 | March 15, 2024 | | | | | |
| | | 3/1-3/31 | April 15, 2024 | | | | | |
| | | 4/1-4/30 | May 15, 2024 | | | | | |
| | | 5/1-5/31 | June 15, 2024 | | | | | |
| | | 6/1-6/30 | July 15, 2024 | | | | | |
| | | 7/1-7/31 | August 15, 2024 | | | | | |
| | | 8/1-8/31 | September 15, 2024 | | | | | |
| | | 9/1-9/30 | October 15, 2024 | | | | | |
| | | 10/1-10/31 | November 15, 2024 | | | | | |
| | | 11/1-11/30 | December 15, 2024 | | | | | |
| | | 12/1-12/31 | January 15, 2025 | | | | | |



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|---|------------------|--------------------------|--------------------|---|---------------|-----------------------------|---|-----------------------|
| IPA Oversight-Monthly Denial Files | Monthly | 1/1-1/31 | February 15, 2024 | MA 25E2 - Utilization Management - Reporting Requirements | UM | IPACode_DenFiles_MM_2024 | IPA Oversight / Year / Month | FDR Oversight |
| | | 2/1-2/28 | March 15, 2024 | | | | | |
| | | 3/1-3/31 | April 15, 2024 | | | | | |
| | | 4/1-4/30 | May 15, 2024 | | | | | |
| | | 5/1-5/31 | June 15, 2024 | | | | | |
| | | 6/1-6/30 | July 15, 2024 | | | | | |
| | | 7/1-7/31 | August 15, 2024 | | | | | |
| | | 8/1-8/31 | September 15, 2024 | | | | | |
| | | 9/1-9/30 | October 15, 2024 | | | | | |
| | | 10/1-10/31 | November 15, 2024 | | | | | |
| | | 11/1-11/30 | December 15, 2024 | | | | | |
| | | 12/1-12/31 | January 15, 2025 | | | | | |
| IPA Oversight-Monthly Approval File Review | Monthly | 1/1-1/31 | February 15, 2024 | MA 25E2 - Utilization Management - Reporting Requirements | UM | IPACode_App_File_Rv_MM_2024 | IPA Oversight / Year / Month | FDR Oversight |
| | | 2/1-2/28 | March 15, 2024 | | | | | |
| | | 3/1-3/31 | April 15, 2024 | | | | | |
| | | 4/1-4/30 | May 15, 2024 | | | | | |
| | | 5/1-5/31 | June 15, 2024 | | | | | |
| | | 6/1-6/30 | July 15, 2024 | | | | | |
| | | 7/1-7/31 | August 15, 2024 | | | | | |
| | | 8/1-8/31 | September 15, 2024 | | | | | |
| | | 9/1-9/30 | October 15, 2024 | | | | | |
| | | 10/1-10/31 | November 15, 2024 | | | | | |
| | | 11/1-11/30 | December 15, 2024 | | | | | |
| | | 12/1-12/31 | January 15, 2025 | | | | | |
| IPA Oversight-Monthly Care Transition Cases Log | Monthly | 1/1-1/31 | February 15, 2024 | Pending Policy TBD | UM | IPACode_TOC_MM_2024 | IPA Oversight / Year / Month | FDR Oversight |
| | | 2/1-2/28 | March 15, 2024 | | | | | |
| | | 3/1-3/31 | April 15, 2024 | | | | | |
| | | 4/1-4/30 | May 15, 2024 | | | | | |
| | | 5/1-5/31 | June 15, 2024 | | | | | |
| | | 6/1-6/30 | July 15, 2024 | | | | | |
| | | 7/1-7/31 | August 15, 2024 | | | | | |
| | | 8/1-8/31 | September 15, 2024 | | | | | |
| | | 9/1-9/30 | October 15, 2024 | | | | | |
| | | 10/1-10/31 | November 15, 2024 | | | | | |
| | | 11/1-11/30 | December 15, 2024 | | | | | |
| | | 12/1-12/31 | January 15, 2025 | | | | | |
| IPA Oversight-Monthly Long Term Care (LTC) Data Sheet | Monthly | 1/1-1/31 | February 15, 2024 | MA 14F - Long-Term Care (LTC) | UM | IPACode_LTC_Data_MM_2024 | FAX to IEHP's Long Term Care fax line at (909) 912-1045 | FDR Oversight |
| | | 2/1-2/28 | March 15, 2024 | | | | | |
| | | 3/1-3/31 | April 15, 2024 | | | | | |
| | | 4/1-4/30 | May 15, 2024 | | | | | |
| | | 5/1-5/31 | June 15, 2024 | | | | | |
| | | 6/1-6/30 | July 15, 2024 | | | | | |
| | | 7/1-7/31 | August 15, 2024 | | | | | |
| | | 8/1-8/31 | September 15, 2024 | | | | | |
| | | 9/1-9/30 | October 15, 2024 | | | | | |
| | | 10/1-10/31 | November 15, 2024 | | | | | |
| | | 11/1-11/30 | December 15, 2024 | | | | | |
| | | 12/1-12/31 | January 15, 2025 | | | | | |



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|--|------------------|--------------------------|--------------------|--|---------------|------------------------------------|------------------------------|--|
| IPA Oversight-Monthly Second Opinion Log | Monthly | 1/1-1/31 | February 15, 2024 | MA 25E2 - Utilization Management - Reporting Requirements | UM | IPACode_Second Opinion Log_MM_2024 | IPA Oversight / Year/ Month | FDR Oversight |
| | | 2/1-2/28 | March 15, 2024 | | | | | |
| | | 3/1-3/31 | April 15, 2024 | | | | | |
| | | 4/1-4/30 | May 15, 2024 | | | | | |
| | | 5/1-5/31 | June 15, 2024 | | | | | |
| | | 6/1-6/30 | July 15, 2024 | | | | | |
| | | 7/1-7/31 | August 15, 2024 | | | | | |
| | | 8/1-8/31 | September 15, 2024 | | | | | |
| | | 9/1-9/30 | October 15, 2024 | | | | | |
| | | 10/1-10/31 | November 15, 2024 | | | | | |
| | | 11/1-11/30 | December 15, 2024 | | | | | |
| | | 12/1-12/31 | January 15, 2025 | | | | | |
| Encounter Data | Monthly | 1/1-1/31 | February 15, 2024 | MA 21A - Medicare Dual Choice Encounter Data Submission Requirements IEHP Provider EDI Manual- IV-4 | EDI | IPACode_ENC_MM_2024 | 5010 / Encounters | Encounter Data Submission Requirement |
| | | 2/1-2/28 | March 15, 2024 | | | | | |
| | | 3/1-3/31 | April 15, 2024 | | | | | |
| | | 4/1-4/30 | May 15, 2024 | | | | | |
| | | 5/1-5/31 | June 15, 2024 | | | | | |
| | | 6/1-6/30 | July 15, 2024 | | | | | |
| | | 7/1-7/31 | August 15, 2024 | | | | | |
| | | 8/1-8/31 | September 15, 2024 | | | | | |
| | | 9/1-9/30 | October 15, 2024 | | | | | |
| | | 10/1-10/31 | November 15, 2024 | | | | | |
| | | 11/1-11/30 | December 15, 2024 | | | | | |
| | | 12/1-12/31 | January 15, 2025 | | | | | |
| Care Management Log Version 2.3 | Monthly | 1/1-1/31 | February 15, 2024 | MA 25C2 - Care Management Requirements - Reporting Requirements | CM | IPACode_CM_MM_2024 | IPA Oversight / Year / Month | Guidelines for Care Management California- Specific Reporting CA1.5, CA1.6, CA1.12 Care Coordination and CMS/DHCS CA Demonstration Three-Way Contract 1-1-2018, section 2.5.2.8 |
| | | 2/1-2/28 | March 15, 2024 | | | | | |
| | | 3/1-3/31 | April 15, 2024 | | | | | |
| | | 4/1-4/30 | May 15, 2024 | | | | | |
| | | 5/1-5/31 | June 15, 2024 | | | | | |
| | | 6/1-6/30 | July 15, 2024 | | | | | |
| | | 7/1-7/31 | August 15, 2024 | | | | | |
| | | 8/1-8/31 | September 15, 2024 | | | | | |
| | | 9/1-9/30 | October 15, 2024 | | | | | |
| | | 10/1-10/31 | November 15, 2024 | | | | | |
| | | 11/1-11/30 | December 15, 2024 | | | | | |
| | | 12/1-12/31 | January 15, 2025 | | | | | |
| Care Plan Outreach Log Version 1.1 | Monthly | 1/1-1/31 | February 15, 2024 | MA 25C2 - Care Management Requirements - Reporting Requirements | CM | IPACode_Outreach_MM_2024 | IPA Oversight / Year / Month | DHCS Policy Guide 12-2022 |
| | | 2/1-2/28 | March 15, 2024 | | | | | |
| | | 3/1-3/31 | April 15, 2024 | | | | | |
| | | 4/1-4/30 | May 15, 2024 | | | | | |
| | | 5/1-5/31 | June 15, 2024 | | | | | |
| | | 6/1-6/30 | July 15, 2024 | | | | | |
| | | 7/1-7/31 | August 15, 2024 | | | | | |
| | | 8/1-8/31 | September 15, 2024 | | | | | |
| | | 9/1-9/30 | October 15, 2024 | | | | | |
| | | 10/1-10/31 | November 15, 2024 | | | | | |
| | | 11/1-11/30 | December 15, 2024 | | | | | |
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|---|------------------|--------------------------|--------------------|--|--------------------|---|--|--|
| Interdisciplinary Care Team Log | Monthly | 1/1-1/31 | February 15, 2024 | MA 25C2 - Care Management Requirements - Reporting Requirements | CM | IPACode_ICT_MM_2024 | IPA Oversight / Year / Month | DHCS Policy Guide 12-2023 |
| | | 2/1-2/28 | March 15, 2024 | | | | | |
| | | 3/1-3/31 | April 15, 2024 | | | | | |
| | | 4/1-4/30 | May 15, 2024 | | | | | |
| | | 5/1-5/31 | June 15, 2024 | | | | | |
| | | 6/1-6/30 | July 15, 2024 | | | | | |
| | | 7/1-7/31 | August 15, 2024 | | | | | |
| | | 8/1-8/31 | September 15, 2024 | | | | | |
| | | 9/1-9/30 | October 15, 2024 | | | | | |
| | | 10/1-10/31 | November 15, 2024 | | | | | |
| | | 11/1-11/30 | December 15, 2024 | | | | | |
| | | 12/1-12/31 | January 15, 2025 | | | | | |
| ECM Like Services PoF Reporting Log | Monthly | 1/1-1/31 | February 15, 2024 | MA_12A3 - Care Management Requirements - Individualized Care Plan | CM | IPACODE_ECM_MM_2024 | IPA Oversight/ Year / Month | Per most current IEHP, NCQA, State and regulatory guidelines |
| | | 2/1-2/28 | March 15, 2024 | | | | | |
| | | 3/1-3/31 | April 15, 2024 | | | | | |
| | | 4/1-4/30 | May 15, 2024 | | | | | |
| | | 5/1-5/31 | June 15, 2024 | | | | | |
| | | 6/1-6/30 | July 15, 2024 | | | | | |
| | | 7/1-7/31 | August 15, 2024 | | | | | |
| | | 8/1-8/31 | September 15, 2024 | | | | | |
| | | 9/1-9/30 | October 15, 2024 | | | | | |
| | | 10/1-10/31 | November 15, 2024 | | | | | |
| | | 11/1-11/30 | December 15, 2024 | | | | | |
| | | 12/1-12/31 | January 15, 2025 | | | | | |
| Credentialing and Recredentialing Report | Quarterly | 1/1-3/31 | May 15, 2024 | MC 25B10 - Credentialing Standards, Credentialing Quality Oversight of Delegates | Credentialing (CR) | IPACode - YYYY-Q1 - Credentialing and Recredentialing Activities Report | /Credentialing/ and Email to CredentialingProfileSubmission@iehp.org | Per most current IEHP, NCQA, State and regulatory guidelines |
| | | 4/1-6/30 | August 15, 2024 | | | IPACode - YYYY-Q2 - Credentialing and Recredentialing Activities Report | | |
| | | 7/1-9/30 | November 15, 2024 | | | IPACode - YYYY-Q3 - Credentialing and Recredentialing Activities Report | | |
| | | 10/1-12/31 | February 15, 2025 | | | IPACode - YYYY-Q4 - Credentialing and Recredentialing Activities Report | | |
| Review of Recred Report provided by IEHP (by the 5th of each month) | Monthly | 1/1-1/31 | February 15, 2024 | MC 25B10 - Credentialing Standards, Credentialing Quality Oversight of Delegates | Credentialing (CR) | IPA - YYYY- Recredentialing Report (IEHP to IPA Code) | /Credentialing/ and Email to CredentialingProfileSubmission@iehp.org | Per most current IEHP, NCQA, State and regulatory guidelines |
| | | 2/1-2/28 | March 15, 2024 | | | IPA - YYYY-Recredentialing Report (IEHP to IPA Code) | | |
| | | 3/1-3/31 | April 15, 2024 | | | IPA - YYYY - Recredentialing Report (IEHP to IPA Code) | | |
| | | 4/1-4/30 | May 15, 2024 | | | IPA - YYYY - Recredentialing Report (IEHP to IPA Code) | | |
| | | 5/1-5/31 | June 15, 2024 | | | IPA - YYYY - Recredentialing Report (IEHP to IPA Code) | | |
| | | 6/1-6/30 | July 15, 2024 | | | IPA - YYYY - Recredentialing Report (IEHP to IPA Code) | | |
| | | 7/1-7/31 | August 15, 2024 | | | IPA - YYYY - Recredentialing Report (IEHP to IPA Code) | | |
| | | 8/1-8/31 | September 15, 2024 | | | IPA - YYYY - Recredentialing Report (IEHP to IPA Code) | | |
| | | 9/1-9/30 | October 15, 2024 | | | IPA - YYYY - Recredentialing Report (IEHP to IPA Code) | | |
| | | 10/1-10/31 | November 15, 2024 | | | IPA - YYYY - Recredentialing Report (IEHP to IPA Code) | | |
| | | 11/1-11/30 | December 15, 2024 | | | IPA - YYYY - Recredentialing Report (IEHP to IPA Code) | | |
| | | 12/1-12/31 | January 15, 2025 | | | IPA - YYYY- Recredentialing Report (IEHP to IPA Code) | | |



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|--|------------------|--------------------------|---|--|----------------------|--|--|---|
| Current Profile, Contract and W-9 (to include any applicable attachments i.e. Attachment I, Practice Agreements, Standardized Procedures, Applicable Contract Addendums) | As needed | Not Applicable | As required for Initial Credentialing Applications | MC 25B10 - Credentialing Standards, Credentialing Quality Oversight of Delegates | | IPA Code_Last Name, First Name_YYYY_MM_DD (YYYY_MM-DD = Date submitted to IEHP) | /Credentialing/ and Email to CredentialingProfileSubmission@iehp.org | Per most current IEHP, NCQA, State and regulatory guidelines |
| Provider Submission via Excel Spreadsheet | As needed | Not Applicable | As required for Initial Credentialing Applications | MC 25B10 - Credentialing Standards, Credentialing Quality Oversight of Delegates | | IPA_Code_Provider Profile Additions_YYYY_MM_DD (YYYY_MM-DD = Date submitted to IEHP) | /Credentialing/ and Email to CredentialingProfileSubmission@iehp.org | Per most current IEHP, NCQA, State and regulatory guidelines |
| Written and approved Credentialing, Recredentialing, Peer Review Policies and Procedures | As needed | 1/1-12/31 | Within thirty (30) days following Credentialing Committee approval or prior to on-site and/or desktop audit | MA | Credentialing | N/A | IPA Oversight/Credentialing | |
| Claims Quarterly Provider Payment Dispute Resolution Report | Quarterly | 1/1-3/31 | April 29, 2024 | MA 20F - Claims and Payment Appeal Reporting | Financial Compliance | IPACode_PDR_Q1_2024 | Claims Timeliness / Year / Month | 42 CFR Part 422.214, 417.558 and 422.520 & Social Security Act Sections 1852(k), 1894(b)(3) |
| | | 4/1-6/30 | July 29, 2024 | | | IPACode_PDR_Q2_2024 | | |
| | | 7/1-9/30 | October 31, 2024 | | | IPACode_PDR_Q3_2024 | | |
| | | 10/1-12/31 | January 31, 2025 | | | IPACode_PDR_Q4_2024 | | |
| Balance Sheet, Income Statement, Cash flow Statement, Supporting Worksheets for IBNR | Monthly | 1/1-1/31 | February 15, 2024 | MA 19A1 - Financial Viability | Financial Analysis | IPAName_IBNR_LOB_MM_2024 | Financial Statements | California Code of Regulations: 1300.75.4.2 |
| | | 2/1-2/28 | March 15, 2024 | | | | | |
| | | 3/1-3/31 | April 15, 2024 | | | | | |
| | | 4/1-4/30 | May 15, 2024 | | | | | |
| | | 5/1-5/31 | June 15, 2024 | | | | | |
| | | 6/1-6/30 | July 15, 2024 | | | | | |
| | | 7/1-7/31 | August 15, 2024 | | | | | |
| | | 8/1-8/31 | September 15, 2024 | | | | | |
| | | 9/1-9/30 | October 15, 2024 | | | | | |
| | | 10/1-10/31 | November 15, 2024 | | | | | |
| | | 11/1-11/30 | December 15, 2024 | | | | | |
| | | 12/1-12/31 | January 15, 2025 | | | | | |



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|--|------------------|--------------------------|--------------------|---|--------------------|--|----------------------------------|---|
| Organizational Informational Disclosures | Monthly | 1/1-1/31 | February 15, 2024 | MA 19A1 - Financial Viability | Financial Analysis | IPAName_Financial Info Disc_LOB_MM_2024 | Financial Statements | California Code of Regulations: 1300.75.4.2 |
| | | 2/1-2/28 | March 15, 2024 | | | | | |
| | | 3/1-3/31 | April 15, 2024 | | | | | |
| | | 4/1-4/30 | May 15, 2024 | | | | | |
| | | 5/1-5/31 | June 15, 2024 | | | | | |
| | | 6/1-6/30 | July 15, 2024 | | | | | |
| | | 7/1-7/31 | August 15, 2024 | | | | | |
| | | 8/1-8/31 | September 15, 2024 | | | | | |
| | | 9/1-9/30 | October 15, 2024 | | | | | |
| | | 10/1-10/31 | November 15, 2024 | | | | | |
| | | 11/1-11/30 | December 15, 2024 | | | | | |
| | | 12/1-12/31 | January 15, 2025 | | | | | |
| IPA Financial Viability Report | Monthly | 1/1-1/31 | February 15, 2024 | MA 19A1 - Financial Viability | Financial Analysis | IPAName_Financial Viability_LOB_MM_2024 | Financial Statements | California Code of Regulations: 1300.75.4.2 |
| | | 2/1-2/28 | March 15, 2024 | | | | | |
| | | 3/1-3/31 | April 15, 2024 | | | | | |
| | | 4/1-4/30 | May 15, 2024 | | | | | |
| | | 5/1-5/31 | June 15, 2024 | | | | | |
| | | 6/1-6/30 | July 15, 2024 | | | | | |
| | | 7/1-7/31 | August 15, 2024 | | | | | |
| | | 8/1-8/31 | September 15, 2024 | | | | | |
| | | 9/1-9/30 | October 15, 2024 | | | | | |
| | | 10/1-10/31 | November 15, 2024 | | | | | |
| | | 11/1-11/30 | December 15, 2024 | | | | | |
| | | 12/1-12/31 | January 15, 2025 | | | | | |
| Part C Organization Determinations/Reconsiderations - Claims | Quarterly | 1/1-3/31 | May 15, 2024 | MA 25 - Delegation and Oversight | Claims | IPACode_PartC_Claims_Q1_2024 | IPA Oversight / Year / Month | Part C Reporting - Organization Determinations/Reconsiderations |
| | | 4/1-6/30 | August 15, 2024 | | | IPACode_PartC_Claims_Q2_2024 | | |
| | | 7/1-9/30 | November 15, 2024 | | | IPACode_PartC_Claims_Q3_2024 | | |
| | | 10/1-12/31 | February 9, 2025 | | | IPACode_PartC_Claims_Q4_2024 | | |
| Part C Organization Determinations/Reconsiderations - Authorizations | Quarterly | 1/1-3/31 | May 15, 2024 | MA 25 - Delegation and Oversight | UM | IPACode_PartC_Auths_Q1_2024 | IPA Oversight / Year / Month | Part C Reporting - Organization Determinations/Reconsiderations |
| | | 4/1-6/30 | August 15, 2024 | | | IPACode_PartC_Auths_Q2_2024 | | |
| | | 7/1-9/30 | November 15, 2024 | | | IPACode_PartC_Auths_Q3_2024 | | |
| | | 10/1-12/31 | February 9, 2025 | | | IPACode_PartC_Auths_Q4_2024 | | |
| IPA Oversight-Quarterly UM Program Evaluation /HICE Report | Quarterly | 1/1-3/31 | May 15, 2024 | MA 25E2 - Utilization Management - Reporting Requirements | UM | IPACode_UM Program Evaluation_HICE_Q1_2024 | IPA Oversight / Year / Quarterly | FDR Oversight |
| | | 4/1-6/30 | August 15, 2024 | | | IPACode_UM Program Evaluation_HICE_Q2_2024 | | |
| | | 7/1-9/30 | November 15, 2024 | | | IPACode_UM Program Evaluation_HICE_Q3_2024 | | |
| | | 10/1-12/31 | February 15, 2025 | | | IPACode_UM Program Evaluation_HICE_Q4_2024 | | |



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| IPA Deliverable | Report Frequency | CY 2024 Reporting Period | IEHP Due Date | IEHP Policy Number (s) | Department(s) | File Naming Convention | SFTP Folder | Regulatory Measure(s) |
|--|-------------------------------|--------------------------|--------------------|---|---------------|---|--|--|
| IPA Oversight-Quarterly UM Work plan Update / Evaluation /HICE Report | Quarterly | 1/1-3/31 | May 15, 2024 | MA 25E2 - Utilization Management - Reporting Requirements | UM | IPACode_UM Program Evaluation_HICE_Q1_2024 | IPA Oversight / Year / Quarterly | FDR Oversight |
| | | 4/1-6/30 | August 15, 2024 | | | IPACode_UM Program Evaluation_HICE_Q2_2024 | | |
| | | 7/1-9/30 | November 15, 2024 | | | IPACode_UM Program Evaluation_HICE_Q3_2024 | | |
| | | 10/1-12/31 | February 15, 2025 | | | IPACode_UM Program Evaluation_HICE_Q4_2024 | | |
| IPA Oversight-Semi-Annual Chronic Care Improvement Program Activity (CCIP) | Semi-Annual (Q1 Plan) | 1/1-2/30 | March 15, 2024 | MA 13E - Chronic Care Improvement Program (CCIP) | QM | IPACode_CCIP_Q1 Plan_2024 | IPA Oversight / Year / Semi Annual | FDR Oversight |
| | Semi-Annual (Progress Update) | 3/1-8/31 | September 15, 2024 | | | IPACode_CCIP_Progress Update_2024 | IPA Oversight / Year / Semi Annual | |
| IPA Oversight-Semi-Annual QM Work plan Update / Evaluation / Report | Semi-Annual | 1/1-6/30 | November 15, 2024 | MA 25D1 - Quality Management Reporting Requirements | QM | IPACode_QM_Workplan Eval_Q1-Q2_2024 | IPA Oversight / Year / Semi Annual | FDR Oversight |
| | Semi-Annual | 7/1-12/31 | February 15, 2025 | | | IPACode_QM_Workplan Eval_Q3-Q4_2024 | IPA Oversight / Year / Semi Annual | |
| Care Coordinator to Member Ratio Report | Annual | 1/1-12/31 | January 15, 2024 | MA 25 - Section V - Organizational Structure and Staffing | CM | IPACode_CareCoord_2025 | IPA Oversight / Care Coordinator Ratio | MMP Reporting 5.1 - Care Coordinator to Member Ratio |
| IPA Oversight-Annual UM Program Description | Annual | 1/1-12/31 | February 15, 2024 | MA 25E2 - Utilization Management - Reporting Requirements | UM | IPACode_UM Program Description_2024 | IPA Oversight / Year / Annual | FDR Oversight |
| IPA Oversight-Annual UM Work plan / Initial /HICE Report | Annual | 1/1-12/31 | February 15, 2024 | MA 25E2 - Utilization Management - Reporting Requirements | UM | IPACode_Initial UM Workplan_ICE Report_2024 | IPA Oversight / Year / Annual | FDR Oversight |



Medicare Provider Reporting Requirements Schedule

IPA Medicare Calendar Year Reporting Period: 2024

| IPA Deliverable | Report Frequency | CY 2024 Reporting Period | IEHP Due Date | IEHP Policy Number (s) | Department(s) | File Naming Convention | SFTP Folder | Regulatory Measure(s) |
|---|-------------------------------|--------------------------|--|--|---------------|-------------------------------------|-------------------------------|---|
| IPA Oversight-Annual QM Program Description | Annual | 2024 | February 28, 2024 | MA 25D1 - Quality Management Reporting Requirements | QM | IPACode_QM Program Description_2024 | IPA Oversight / Year / Annual | FDR Oversight |
| IPA Oversight-Annual QM Workplan / Initial | Annual | 2024 | February 28, 2024 | MA 25D1 - Quality Management Reporting Requirements | QM | IPACode_QM_Workplan_2024 | IPA Oversight / Year / Annual | FDR Oversight |
| IPA Oversight-Annual QM Program Evaluation | Annual | 2024 | February 28, 2025 | MA 25D1 - Quality Management Reporting Requirements | QM | IPACode_QM_Evaluation_2024 | IPA Oversight / Year / Annual | FDR Oversight |
| Compliance-Annual Guidelines for Care Management Provider and Internal Staff Training Completion Records | Annual | 1/1-12/31 | February 28, 2024 | MA 12A7 Coordination of Care | CM | IPACode_Model_Care_Trng_2024 | IPA Oversight / Year / Annual | Guidelines for Care Management |
| IPA Oversight-Annual HCC Workplan | Annual | 1/1-12/31 | February 28, 2024 | MA 21C – Medicare Risk Adjustment and Hierarchical Condition Categories (HCC) | HCI | IPACode_HCC_Workplan_2024 | IPA Oversight / Year / Annual | FDR Oversight |
| Care Coordinator training for supporting self-direction under the demonstration | Annual | 1/1-12/31 | January 15, 2024 | MA 21F - Medicare MMP Reporting Requirements - IEHP DualChoice Cal MediConnect Plan (Medicare - Medicaid Plan) | CM | IPACode_Care_Coordinator_Trng_2024 | IPA Oversight / Year / Annual | California-Specific Reporting - CA3.2 Organizational Structure & Staffing |
| Credentialing and Recredentialing- Written and Approved Credentialing, Recredentialing, Peer Review Policies and Procedures | Precontractual and Annual DOA | 1/1-12/31 | As required for Precontractual Assessment and Annual DOA | MA 13G - Delegation Oversight Audit | Credentialing | IPA Name_Policy Name_MMDDYY | Audits / 2023 DOA Audit | FDR Oversight |

Medicare Provider Reporting Requirements Schedule



IPA Medicare Calendar Year Reporting Period: 2024

| IPA Deliverable | Report Frequency | CY 2024 Reporting Period | IEHP Due Date | IEHP Policy Number (s) | Department(s) | File Naming Convention | SFTP Folder | Regulatory Measure(s) |
|---|------------------|--------------------------|--|--|---------------|------------------------|-----------------------------------|---|
| Compliance- Compliance Program policies and procedures | Annual | 7/1/2023-6/30/2024 | As required for Precontractual Assessment and Annual DOA | MA 23B Compliance Reporting Requirements | Compliance | N/A | IPA Oversight / Compliance / Year | MMCM Chapter 21 |
| Compliance- FWA Program policies and procedures | Annual | 7/1/2023-6/30/2024 | As required for Precontractual Assessment and Annual DOA | MA 23B Compliance Reporting Requirements | Compliance | N/A | IPA Oversight / Compliance / Year | Code of Federal Regulations, Title 42, Part 422 and 423; Code of Federal Regulations, Title 42, §438.608 and §455.2; Federal False Claims Act, US Code, Title 31; Health & Safety Code §1348; Welfare & Institutions Code, §14043.1 |
| Compliance- Sanction and Exclusion Screenings policies and procedures and evidence activity was conducted prior to hire and monthly thereafter. | Annual | 7/1/2023-6/30/2024 | As required for Precontractual Assessment and Annual DOA | MA 23B Compliance Reporting Requirements | Compliance | N/A | IPA Oversight / Compliance / Year | MMCM Chapter 21 |
| Compliance - Standards/Code of Conduct and evidence of distribution to New Hires and Annually thereafter | Annual | 7/1/2023-6/30/2024 | As required for Precontractual Assessment and Annual DOA | MA 24E Compliance Program Description | Compliance | N/A | IPA Oversight / Compliance / Year | Code of Federal Regulations, Title 42 § 422.503(b)(4)(vi)(A) |
| Compliance - Copies of Compliance and FWA Trainings and evidence of completion records for New Hires and Annually thereafter. | Annual | 7/1/2023-6/30/2024 | As required for Precontractual Assessment and Annual DOA | MA 23B Compliance Reporting Requirements | Compliance | N/A | IPA Oversight / Compliance / Year | MMCM Chapter 21 |



Medicare Provider Reporting Requirements Schedule

IPA Medicare Calendar Year Reporting Period: 2024

| IPA Deliverable | Report Frequency | CY 2024 Reporting Period | IEHP Due Date | IEHP Policy Number (s) | Department(s) | File Naming Convention | SFTP Folder | Regulatory Measure(s) |
|---|------------------|--------------------------|--|--|---------------|------------------------|-----------------------------------|--|
| Compliance - Compliance Committee Meeting Minutes and Sign Ins | Annual | 7/1/2023-6/30/2024 | As required for Precontractual Assessment and Annual DOA | MA 24E Compliance Program Description | Compliance | N/A | IPA Oversight / Compliance / Year | Code of Federal Regulations, Title 42 §438.608(a)(iii) |
| Compliance Organizational Chart | Annual | 7/1/2023-6/30/2024 | As required for Precontractual Assessment and Annual DOA | MA 24E Compliance Program Description | Compliance | N/A | IPA Oversight / Compliance / Year | MMCM Chapter 21 |
| Compliance - Annual Compliance Work Plan | Annual | 7/1/2023-6/30/2024 | As required for Precontractual Assessment and Annual DOA | MA 24E Compliance Program Description | Compliance | N/A | IPA Oversight / Compliance / Year | Code of Federal Regulations, Title 42 §§ 422.503(b)(4)(vi)(F) and §§ 423.504(b)(4)(vi)(F) |
| Compliance - Annual Audit and Monitoring Plan | Annual | 7/1/2023-6/30/2024 | As required for Precontractual Assessment and Annual DOA | MA 24E Compliance Program Description | Compliance | N/A | IPA Oversight / Compliance / Year | Code of Federal Regulations, Title 42 §§ 422.503(b)(4)(vi)(F) and §§ 423.504(b)(4)(vi)(F) |
| Audit and Monitoring Universe Report | Annual | 7/1/2023-6/30/2024 | As required for Precontractual Assessment and Annual DOA | MA 24E Compliance Program Description | Compliance | N/A | IPA Oversight / Compliance / Year | Code of Federal Regulations, Title 42 §§ 422.503(b)(4)(vi)(F) and §§ 423.504(b)(4)(vi)(F) |
| Compliance - Annual Risk Assessment Report | Annual | 7/1/2023-6/30/2024 | As required for Precontractual Assessment and Annual DOA | MA 24E Compliance Program Description | Compliance | N/A | IPA Oversight / Compliance / Year | Code of Federal Regulations, Title 42 §§ 422.503(b)(4)(vi)(F) and §§ 423.504(b)(4)(vi)(F) |
| Compliance - Employee Universe including temporary, interns, volunteers and Governing Board | Annual | 7/1/2023-6/30/2024 | As required for Precontractual Assessment and Annual DOA | MA 23B Compliance Reporting Requirements | Compliance | N/A | IPA Oversight / Compliance / Year | MMCM Chapter 21 |
| Compliance - List of Downstream Entity/Subcontractors | Annual | 7/1/2023-6/30/2024 | As required for Precontractual Assessment and Annual DOA | MA 24E Compliance Program Description | Compliance | N/A | IPA Oversight / Compliance / Year | Code of Federal Regulations, Title 42 §§ 422.503(b)(4)(vi)(F) |
| Compliance- HIPAA Privacy Program policies and procedures | Annual | 7/1/2023-6/30/2024 | As required for Precontractual Assessment and Annual DOA | MA 23B Compliance Reporting Requirements | Compliance | N/A | IPA Oversight / Compliance / Year | Code of Federal Regulations, Title 45, Part 160, 162, and 164; U.S. Dept. of Health and Human Services (DHHS), section 13402(h)(2) of Public Law 111-5 (HITECH ACT). |



Medicare Provider Reporting Requirements Schedule

IPA Medicare Calendar Year Reporting Period: 2024

| IPA Deliverable | Report Frequency | CY 2024 Reporting Period | IEHP Due Date | IEHP Policy Number (s) | Department(s) | File Naming Convention | SFTP Folder | Regulatory Measure(s) |
|---|------------------|--------------------------|--|--|--------------------|---|-----------------------------------|---|
| Compliance - Copies of HIPAA Privacy Training and evidence of completion records for New Hires and Annually thereafter. | Annual | 7/1/2023-6/30/2024 | As required for Precontractual Assessment and Annual DOA | MA 23B Compliance Reporting Requirements | Compliance | N/A | IPA Oversight / Compliance / Year | MMCM Chapter 21 |
| Compliance-Confidentiality Statement and evidence of completion records for New Hires and Annually thereafter. | Annual | 7/1/2023-6/30/2024 | As required for Precontractual Assessment and Annual DOA | MA_23B HIPAA Privacy and Security | Compliance | N/A | IPA Oversight / Compliance / Year | Code of Federal Regulations, Title 45 §164.530(b)(1) |
| Compliance-HIPAA Privacy Incident Universe Report | Annual | 7/1/2023-6/30/2024 | As required for Precontractual Assessment and Annual DOA | MA_23B HIPAA Privacy and Security | Compliance | N/A | IPA Oversight / Compliance / Year | Code of Federal Regulations, Title 45 §164.530(i)(1) and §164.530(b)(1) |
| Annual Audited Financial Statements, Including IBNR Certification Financial Statements, Including IBNR Certification | Annual | Fiscal Year | 5 Months after end of your IPA's Fiscal Year | MC 19A - Financial Viability | Financial Analysis | IPACode_Annual Financial Statement_2023 | Financial Statements | |