

Exhibit 12 does not include all reports that may be required to support the PBHS or providers

Report #	Title	Minimum Report Frequency	Reports to be Made Available to MDH	Reports to be Made Available at the LAA and LBHA Level-County Specific
Audit Reports				
MARA1000	Top 5 Billed Days for Provider (Formatted)	Weekly	x	
MARA1100	Provider Audit Data	Weekly	x	
Clinical Reports				
MARC3000	Length of Stay by RTC	Monthly	x	x
MARC3010	Inpatient Length of Stay by Provider	Monthly	x	x
MARC3020	Readmissions to Inpatient Facilities	Monthly	x	x
MARC3025	Admission Report	Daily	x	x
MARC3030	Discharge Summary by Provider for Inpatient Stays	Monthly	x	x
MARC3040	Ambulatory Care Follow-Up	Monthly	x	x
MARC3050	Diagnosis Category Summary by Age Group	Weekly	x	x
MARC3051	Diagnosis Categories And ICD Codes	One time only-look up report	x	
MARC3060	Service Utilization by Procedure Code	Monthly	x	x
MARC3300	TBS Authorizations Open Within Last 6 Months	Weekly	x	x
MARC9200	Authorization Detail Report	Daily	x	
74207.2.01	ALOS and Readmission Report	Monthly	x	x
ADAA003CL	Primary Substance at Admission	Monthly	x	
*158286c SUD IMD	Residential Admission Report	Monthly		x
MARC4500	Daily Auth Report - Jurisdiction Specific	Daily	x	x
MARC4600	High Inpatient Utilizer Report-All jurisdictions	Weekly	x	x
MARC5000	Maryland UM Dashboard	Monthly	x	
Documentation				

MARD0100	Reports Availability/Status Report	One time only-look up report	x	x
Financial				
MARF0001	Total System Expenditures, Service Units and Unduplicated Consumer Count by Service Category	Monthly	x	x
MARF0002	Weekly Dollars Paid By Fiscal Year	Weekly	x	x
MARF0004-Mental Health	Total System Expenditures by Service Group, Coverage Type and Age Group	Monthly	x	x
MARF0004-SUD	Total System Expenditures by Service Group, Coverage Type and Age Group	Monthly	x	x
MARF0005	Payments by CSA and Service Fiscal Years	Monthly	x	
MARF5005	Claims Lag	Monthly	x	x
MARF5100	Expenditure By Provider And Coverage Group	Monthly	x	x
MARF5110	Number of Services and Expenditures By CPT Code	Monthly	x	x
MARF5120	Expenditure and Consumer Count for Dual Diagnosis Consumers	Monthly	x	x
MARF5200	Average Monthly Consumer Cost By Provider Type	Monthly	x	x
MARF5300	PRP Encounter Claims Detail by Consumer	Monthly	x	
MARF5400	PRP Summary by Provider	Monthly	x	
MARF5410	Missing Encounter Report	Monthly	x	
MARF5420	PRP Claims - Unsupported Difference	Monthly	x	
MARF9420	Provider Check Reconciliation	Weekly	x	
MARL9110	Providers With High Volume Denies	Weekly	x	
74021.2.03	Expenditure and Consumer Count for Dual Diagnosis Consumers-Based on Claims Paid in the Month	Monthly	x	
74021.2.04	Monthly Tele-Behavioral Health Report Number of Consumers Served by Tele-Behavioral Health Services	Monthly	x	
Claims				
MARC3301	TBS Claims Paid Within Last 6 Months	Monthly	x	
MARL1000	EOP Detail Report-MH (Formatted)	Weekly	x	x
MARL1000	EOP Detail Report-SUD (Formatted)	Weekly	x	x
MARL1000	Raw EOP Detail Report-MH (Unformatted)	Weekly	x	x
MARL1000	Raw EOP Detail Report-SUD (Unformatted)	Weekly	x	x

		One time only-look up report		
MARL2099	Explanation Codes for the Claims System		x	x
MARL3000	Number of Claims Processed by Claim Type	Monthly	x	
MARL3200	Denied Claims BY NPI & Provider Type	Weekly	x	
Executive				
MARE0001	Number of Consumers and Expenditures By Provider and Service Type	Monthly	x	
MARE0002 - By Paid Date	Paid Claims By Provider with Consumer Subtotals - By Paid Date	Monthly	x	
MARE0002 - By Service Date	Paid Claims By Provider with Consumer Subtotals - By Service Date	Monthly	x	
MARE7000	Expenditure By County	Monthly	x	
MARE7010	Service Count And Expenditures By CPT Code and Provider	Monthly	x	
74078.2.02	Veterans Report of Claim Expenditures	Monthly	x	
74078.2.03	Veterans Report of Consumer Counts	Monthly	x	
74079.2.01	Combine Counts for all Veterans and for Veterans of Iraq and/or Afghanistan	Monthly	x	
152820.101	Veterans Receiving Substance Use Disorder services by county, number served and expenditures by fiscal year. M	Monthly	x	
152820.102	Veterans Receiving Mental Health services by county, number served and expenditures by fiscal year.	Monthly	x	
Consumers				
MARS0001	Individuals Enrolled in Out of Home Placements	Monthly	x	
MARS0002	Dually Diagnosed Individuals with SMI/SED by Age Group	Monthly	x	x
MARS4000	Service Recipient Listing By Jurisdiction	Weekly	x	x
MARS4005	New Consumers Accessing the PBHS	Daily	x	x
MARS4010	Consumer Look-up Report	Weekly	x	x
MARS4020	Consumer Profile Report	Monthly	x	x
MARS4030	Consumer Claims By Fiscal Year Detail Report	Monthly	x	x
MARS4100	Number of Consumers by Service Type	Monthly	x	x
MARS4110	Number of Consumers by Age and Coverage Type	Monthly	x	x
MARS4115	Number of Consumers by Age and Service Type	Monthly	x	x

MARS4120	Unduplicated Consumer Counts by Coverage Type	Monthly	x	x
MARS4130	Number of Consumers by County and Race M	Monthly	x	x
MARS4135	Number of Consumers by Race and Age Group	Monthly	x	x
MARS4140	High Cost Consumers	Monthly	x	x
MARS4150	Distinct Consumer Count by Procedure Code	Monthly	x	x
MARS4160	Number of SMI and SED Consumers by Service Type M	Monthly	x	x
MARS4161	Number of SMI and SED Consumers by Age Group	Monthly	x	x
MARS4162	Number of SMI and SED Consumers by County	Monthly	x	
MARS4180	Continuous High Cost Consumers	Monthly	x	x
MARS4190	Dual Diagnosis Consumer Count by County and Age Group	Monthly	x	
MARS9480	Dual Diagnosis Consumer Count and Expenditures By Service Category and Age Group	Monthly	x	
MARS9490	Dual Diagnosis Consumer Count and Expenditures By County and Age Group	Monthly	x	
74145.2.01	Case Management Expenditures for Uninsured	Monthly	x	x
131043-S	Demographics of Individuals Receiving Substance Use Disorder Treatment	Monthly	x	x
144325-S	Substance Use Disorder Treatment Characteristics	Monthly	x	x
156967.1.01	Arrested 30 Days Prior to Admission-Discharge: SUD	Monthly	x	
*131043-Sc	Demographics of Individuals Receiving Substance Use Disorder Treatment	Monthly		x
*144325-Sc	Substance Use Disorder Treatment Characteristics	Monthly		x
*ADAA003CL	Primary Substance at Admission	Monthly		x
*ADAA005CR	Arrested 30 Days Prior to Admission-Discharge (County)	Monthly		x
Provider				
MARP0001	Active Provider List by Jurisdiction and Provider Type	Monthly	x	x

Special Programs				
MARG1010	8-507 Determination Report	Monthly	x	
MARG1020	Ticket to Work-Report	Monthly	x	
MARG1030	Maryland Recovery Net Payments by Provider and Consumer	Monthly	x	
MARG1040	Maryland's Commitment to Veterans Data report	Weekly	x	
MARG1050	Bi-Weekly Gambling Report	Daily	x	
MARG1060	Weekly Pregnant Women and Children (PWC) Auth Report	Weekly	x	
MARG1061	Claims Paid for Pregnant Women and Children (PWC)	Monthly	x	
MARG1062	Weekly Pregnant Women and Children (PWC) New Auth Report	Weekly	x	
MARG1063	Individuals Served & Amount Paid for Pregnant Women/Women with Children by Provider and Level of Care	Monthly	x	
MARG1070	Individuals Served & Amount Paid for Court Ordered Placements by Provider and Level of Care	Monthly	x	
MARG1080	SUD Residential Services Reconciliation Report - Authorizations versus Claims Paid	Monthly	x	
MARG1090	Individuals Served & Amount Paid in Residential Crisis Services by Provider	Monthly	x	
MARG1100	IMD Expenditures for Adults 22-64 by Service Month/Amount Paid by Service Month for IMD Providers	Monthly	x	

Description	Minimum Frequency	Section
Deliver a monthly open inquiry report to MDH, that includes all open inquiries over 5 Business Days, including inquiry age, reason, and documented escalation procedures to resolve the inquiry.	Monthly	Call Intake and Documentation
Deliver a monthly report to MDH of finalized inquiries showing volume and percent of inquiries resolved within the month, with a summary and detailed by category and age from inception to resolution.	Monthly	Call Intake and Documentation
Complaints must be logged and tracked through to resolution. Both resolved and unresolved complaints shall be reported routinely through a monthly report to MDH.	Monthly	Call Intake and Documentation
Report aggregate data and analyze grievance and appeal data for monthly review meetings with MDH.	Monthly	Grievance and Appeal Process
Compile and report survey results to MDH quarterly and annually	Quarterly & Annually	Provider Education, and Training
Generate a quarterly report for MDH including a summary section to demonstrate Participant access to PBHS services. The report will include details indicating Provider enrolled/disenrolled and to graphically show PBHS participation by Provider type, services rendered by geographic location and include recommendations for network enhancement. Post a publicly available quarterly report on the contractor's website.	Quarterly	Provider Network Gap Analysis
Submit a quarterly report on Provider recruitment activities, including the type of Provider, location, date, and type of recruitment activity;	Quarterly	Recruitment and Provider Network Enhancement
Submit a quarterly report on outcomes of recruitment activities to include metrics on which type of new Providers enrolled post recruitment activity;	Quarterly	Recruitment and Provider Network Enhancement
Submit a quarterly report of all Providers whose participation status was terminated during the preceding quarter, including the Provider's name, address, specialty, and, when possible, reason for termination;	Quarterly	Recruitment and Provider Network Enhancement
Submit to the ABA team a monthly report on Provider recruitment activities, including the type of Provider, location, date, and type of recruitment activity	Monthly	Recruitment and Provider Network Enhancement
Provide monthly, quarterly, and annual quality results reporting to MDH.	Monthly, Quarterly, Annually	Provider Relations Quality Assurance

Produce an ad hoc report of suspended Providers in contractor's system upon request.	upon request	Provider Maintenance
Provide monthly, quarterly, and annual quality results reporting to MDH.	Monthly, Quarterly, Annually	Provider Management Quality Assurance
Report 100% of fall-out requiring MDH action, within one (1) Business Day of file load	as applicable	Provider Management Performance Measures
Provide monthly, quarterly, and annual quality results reporting to MDH.	Monthly, Quarterly, Annually	Participant Eligibility Quality Assurance
Provide annual report of PASRR results and trends.	Annually	Pre-Admission Screening and Resident Review (PASRR)
Provide quarterly claims reports of behavioral health services paid in nursing facility place of service by Provider and service type	Quarterly	Pre-Admission Screening and Resident Review (PASRR)
Provide monthly, quarterly and annual quality results reporting to MDH.	Monthly, Quarterly, Annually	Clinical Management Quality Assurance
Provide to MDH with a report and action plan to address the results of the Provider Experience survey and a raw survey data file containing individual Provider responses to all survey questions in a format approved by MH by July 1 of each Contract year.	July 1 of each Contract year.	Provider Experience Survey
Develop and maintain DataLink dashboard and provide reports to BHA, LBHAs and DPSCS quarterly, at a minimum, to assist with coordinating care for the individual while detained and upon release	Quarterly	Data Link
Retain arrest data to conduct data analyses for submission of reports to DPSCS, and BHA		Data Link
Provide monthly, quarterly and annual quality results reporting to MDH to include: Claim Overall Accuracy Rate - Ratio of the number of claims/units processed accurately (without procedural or financial errors) to the total number of claims/units processed Claims Payment Accuracy - Ratio of the number of claims/units	Monthly, Quarterly, Annually	Claims Management Quality Assurance

paid accurately to the total number of claims/units processed.		
Dollar Accuracy - Ratio of dollars paid accurately to dollars paid.		
Produce Monthly financial reports to MDH, on a schedule approved by the state during implementation:		Financial Management
1. Bank Reconciliation Report - End-of-month reconciliation of each checking account including a list of outstanding checks;	Monthly	Financial Management
2. Service Category Report - Payment made in the month by funding source/bank account, service category and service fiscal year	Monthly, and schedule to be approved by the state	Financial Management
3. Financial Adjustment reports that support Draw Down Report, in an agreed upon format, e.g., Negative Balance Report, Recovery/Refunds	Monthly, and schedule to be approved by the state	Financial Management
4. Detail Check Register – separate listing of the payment made to Providers for each bank account	schedule to be approved by the state	Financial Management
5. Draw down report - Separate weekly requests for reimbursement for each bank account by jurisdiction and service fiscal year	schedule to be approved by the state	Financial Management
6. Funding Statement report - by each bank account by check date and by payment type (paper check versus EFT)	schedule to be approved by the state	Financial Management
Support MDH in cost projection activities for services, including claim lag reporting	Monthly	Financial Management
Provide monthly, quarterly, and annual quality results reporting to MDH.	Monthly, Quarterly, Annually	Financial Management
Develop weekly and cumulative detail reports and dashboard reports, to track claims submitted for payment by the Contractor to MMIS, and claims denied by MMIS, and discrepant payment amounts, in accordance with MDH approval.	Weekly	Federal Funding Participation Management
Produce monthly FFP Status Report with breakdown.	Monthly	Federal Funding Participation Management
Develop, analyze, and provide reports to identify suspicious Provider billing activity with recommendations to BHA.	On-going	Provider Audits
Monthly tracking and reporting, by Participant, all services rendered to that individual to monitor for combination of service aberrations, such as services rendered be in excess of medical	Monthly	Provider Audits

necessity based on diagnosis		
Provide monthly, quarterly, and annual quality results reporting to MDH.	Monthly, Quarterly, Annually	Audit the Auditor Quality Measure
Provide Monthly (or more frequently as requested by MDH) report of the status of defects and enhancements including the relevant information from the tracking system	Monthly	System Update Process
Support federal reporting required by SAMHSA and report on outcomes.	as needed	Clinical
Produce authorization Turn Around Time (TAT) reports by service type.	Monthly	Reports and Data Analytics
Using Medicaid redetermination data, the Contractor shall develop and implement a report to Providers indicating when Medicaid recipients are within three months of their required redetermination date.	as needed	Reports and Data Analytics
Produce a monthly Average Length of Stay and Readmission Report by Hospitals and post it on the Contractor’s website.	Monthly	Reports and Data Analytics
Produce monthly reports with ROI presentation and acceptance rates by MCO and by Provider.	Monthly	Reports and Data Analytics
Report on data collected as of the most recent assessment within a twelve-month period (Fiscal Year, Calendar Year, and Rolling 12-months), as well as analyses of comparisons of Participant changes in assessments over time;	as specified	Special Reporting Initiatives Outcomes DataMart
Provide a monthly report to monitor and detail performance measures	Monthly	Service-Level Agreement Requirements
provide detailed monthly reports evidencing the attained level for each SLA.	Monthly	Service-Level Reporting
develop weekly and monthly “Status Reports,” including written reports detailing the status of the project. State approval and acceptance is required.	Weekly & Monthly	Status Reports
As part of the Quality Management Plan, the Contractor shall assess its performance against all SLAs listed in Section 3.4.2 and report its results to MDH on a monthly basis in a “Service-Level Agreement Self-Report” throughout the duration of the Contract.	Monthly	Quality Management Plan
The Contractor shall submit its monthly Service-Level Agreement Self-Report and all required detailed reports to the Contract Monitor against the performance standards in this section by the 15th of the following month.	Monthly	Liquidated Damages other than MBE
Each SLA requiring concomitant report(s) for its assessment period is indicated by an asterisk (‘*’) in Table 3-1 below.	Monthly	Liquidated Damages other than MBE

Produce standard provider reports to support provider operations, for example, individuals in LTC, individuals who have lost coverage, denial reports, authorization and claims reports.	on demand	Provider Management
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