



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES


Med-QUEST Division
Health Care Services Branch
Contract Monitoring and Compliance Section
P. O. Box 700190
Kapolei, Hawaii 96709-0190

July 1, 2016

MEMORANDUM

MEMO NO.
CTR-1602

TO: Kathy Fay, Hawaii Dental Services (HDS)

FROM:  Judy Mohr Peterson, PhD
Med-QUEST Division Administrator

SUBJECT: MONTHLY AND QUARTERLY DENTAL REPORTS JANUARY TO
DECEMBER

The Med-QUEST Division (MQD) is issuing this memorandum to provide monthly and quarterly reporting requirements for the Dental RFP-MQD-2016-003 (contract.) HDS is required to submit a monthly report within five (5) working days after the end of the month in which the services were provided, a quarterly report within forty-five (45) days after the end of the quarter and an annual CMS 416 report.

Timeliness of reporting must be maintained. Extension requests must be submitted via email to mqdcmcs@dhs.hawaii.gov no fewer than two business days before the due date of the report. The extension must be approved by MQD before the report's due date.

The MQD will closely monitor HDS's performance and compliance of the contract. When necessary, the MQD will impose corrective actions and appropriate sanctions if HDS is not in compliance with the provisions included in the contract.

This memo includes the reporting requirements and calendar of the due dates, from *January 1 through December 31.*

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HDS shall follow the Dental Reports Submission Procedure when submitting dental reports to the MQD's SFTP server. All report files shall be completed in Word 2013 or lower (.docx) and Excel 2013 or lower (.xlsx). Report data shall not be submitted in .pdf files, with read only, or protected formatting. Report files shall be named according to the codes below.

Should you have any questions, please contact Grant Shiira at (808) 692-8104 or email at gshiira@dhs.hawaii.gov.

Attachments:

Dental Reports Submission Procedure
Dental Reports Calendar

CMS 416 Report – EPSDT

RFP Requirements: ***N/A***

Report Scope: ***Annually, reporting all activities during the report year***

Report Period(s): ***One (1) twelve – month period for the federal fiscal year, from October 1 through September 30***

Report Due Date(s): ***Annually, January 15th***

Report Formats: ***Electronic copy in a format described by the MQD***

Code: ***416_YY***

Required Report Information:

Please follow the latest CMS 416 report format and instructions when preparing this report.

Dental Monthly Report

RFP Requirements: Section 40.635

Report Scope: Monthly, reporting all activities during the report month

Report Period(s): Twelve (12) one-month periods starting January and ending in December of the report year

Report Due Date(s): Five (5) working days after the end of the month in which the service was provided

Report Formats: Electronic file in a format described by MQD

Code: DMR_(YYMM). Example: DMR_1607, DMR_1608, DMR_1609, etc.

Required Report Information:

The TPA shall submit monthly Authorization reports for the following services:

- Interpretation Services;
- Ground Travel;
- Air Travel; and
- Meals and Lodging.

Reports shall be submitted using the format provided by the DHS.

Dental Quarterly Report

RFP Requirements: ***RFP Section 40.635***

Report Scope: ***Quarterly, reporting all activities during the report quarter***

Report Period(s): ***Four (4) three-month periods, from January through March, April through June, July through September & October through December***

Report Due Date(s): ***Forty-five (45) days after the end of the quarter***

Report Formats: ***Electronic file in a format described by MQD***

Code: ***DQR_YYMM. Example: DQR_1609, DQR_1612, DQR_1703, DQR_1706***

Required Report Information:

The TPA shall submit quarterly reports on the following:

- Encounter Data;
- Patient Contacts;
- Scheduling;
- Provider Contacts;
- Complaints and Fraud and Abuse Referral;
- Outreach Encounter;
- TPL Reports;
- Provider Monitoring;
- Claims Processing;
- Member Grievances and Appeals;
- Provider Grievances and Appeals;

- Language Assistance Services for Persons with Limited English Proficiency; (LEP) and American Sign Language (ASL);
- Summary of New Accomplishments;
- Summary of Issues; and
- Summary of Goals.

Reports shall be submitted using the format provided by the DHS.

Dental Reports Submission Procedures

This instruction sheet shall be used by Hawaii Dental Services (HDS) when submitting monthly and quarterly reports to the Med-QUEST Division (MQD). HDS shall use the two report tool formats provided by the MQD when completing the reports. These guidelines shall be effective July 1, 2016.

INITIAL SUBMISSION:

1. HDS shall upload the monthly and quarterly Dental Reports to the State's Secure File Transfer Protocol (SFTP) site located at:

HSDSDEN/OTHER/Report Submission/IN

2. HDS shall name the report file with an ID and report code.
 - ID: HDS-
 - Monthly Dental Report: MDR_
 - Quarterly Dental Report: QDR_
 - Two-digit year (YY): 16, 17, 18, etc.
 - Two-digit month (MM): 01, 02, 03, 04, 05, 06, etc.
 - Examples:
 - ❖ Example 1: HDS-MDR_YYMM (monthly report)
 - ❖ Example 2: HDS-MDR_1601 (monthly report)
 - ❖ Example 3: HDS-QDR_YYMM (quarterly report)
 - ❖ Example 4: HDS-QDR_1603 (quarterly report)
 - ❖ **Note:** Include the "dash" and "underscore" in the examples above.
 - ❖ **Note:** Use the current year for the annual CMS416 report even though the report period is for the previous year. (Example: 416_17)
3. HDS shall submit an email to the Contracts Monitoring and Compliance (CMCS) mail box mqdcmcs@dhs.hawaii.gov to notify the MQD when the monthly or quarterly dental reports are uploaded. In the subject line, HDS shall specify the name of the report.

- Examples:

- ❖ Example 1: Dental Report submission: HDS-MDR_1601

- ❖ Example 2: Dental Report submission: HDS-QDR_1603

4. The MQD / CMCS staff will send a confirmation email upon MQD's receipt of the report from the SFTP site.

RESUBMISSION:

1. The MQD / CMCS staff will upload the review tool file to the following location on the SFTP:

HSDDEN/OTHER/Report Submission/OUT

2. The MQD / CMCS staff will notify HDS by email when the review tool is available.
3. HDS shall confirm receipt of the file by replying to the email.
4. If the report is not approved, HDS shall read the "Additional Comments" box after each section in the review tool and address each question / comment.
5. See the "Date Due Back to MQD (if not approved)" area at the top of the review tool and resubmit the report and / or review tool by the due date.

Dental Reports JANUARY – DECEMBER

January	February	March	April	May	June
<p><i>Dental Monthly Report</i> Report Period: Dec. Due date: Jan. 5</p> <p><i>Annual CMS 416 Report</i> Report Period: Previous federal fiscal year Due date: Jan. 15</p>	<p><i>Dental Monthly Report</i> Report Period: Jan. Due date: Feb. 5</p> <p><i>Dental Quarterly Report</i> Report Period: Oct – Dec Due date: Feb. 15</p>	<p><i>Dental Monthly Report</i> Report Period: Feb. Due date: Mar. 5</p>	<p><i>Dental Monthly Report</i> Report Period: Mar. Due date: Apr. 5</p>	<p><i>Dental Monthly Report</i> Report Period: Apr. Due date: May 5</p> <p><i>Dental Quarterly Report</i> Report Period: Jan - Mar Due date: May 15</p>	<p><i>Dental Monthly Report</i> Report Period: May Due date: Jun. 5</p>

July	August	September	October	November	December
<p><i>Dental Monthly Report</i> Report Period: Jun. Due date: Jul. 5</p>	<p><i>Dental Monthly Report</i> Report Period: Jul. Due date: Aug. 5</p> <p><i>Dental Quarterly Report</i> Report Period: Apr - Jun Due date: Aug. 15</p>	<p><i>Dental Monthly Report</i> Report Period: Aug. Due date: Sep. 5</p>	<p><i>Dental Monthly Report</i> Report Period: Sep. Due date: Oct. 5</p>	<p><i>Dental Monthly Report</i> Report Period: Oct. Due date: Nov. 5</p> <p><i>Dental Quarterly Report</i> Report Period: Jul - Sep Due date: Nov. 15</p>	<p><i>Dental Monthly Report</i> Report Period: Nov. Due date: Dec. 5</p>