

REPORT REQUIREMENTS

The Contractor shall submit accurate and all-inclusive reports to the Department including:

- Call Center Statistics Summary (Monthly)
 - Answered Calls
 - Calls Abandoned
 - After Hours Calls
 - Call Response Time
- Help Line, Enrollment and Transfer Activity Report (Quarterly) – Narrative with Data in Tables)
 - Call Reasons by County
 - Call Reasons by Category and Percentages
 - Enrollment
 - Disenrollment/Transfer
 - Managed Care Questions
 - General Questions
 - Request/Response
 - Grievances
 - Total
 - Enrollment Call Reasons and Percentages
 - Request Enrollment
 - Questions – Enrollment
 - Response to Outreach
 - Require Enrollment
 - Total
 - Disenrollment/Transfer Call Reasons and Percentages
 - Plan Transfer
 - Request PCP Transfer Referred to each Plan
 - Request Disenrollment/Waiver
 - Total
 - Managed Care Question Call Reasons and Percentages
 - Outreach – Follow-Up
 - Managed Care Question
 - Lock-in Information
 - Provider/Plan
 - Transportation
 - Claim Payment
 - Medical Access
 - Total
 - General Question Call Reasons and Percentages
 - Mental Health/Substance Abuse

- Health Related
 - Other
 - Total
- Request/Response Call Reasons and Percentages
 - Default/Reenrollment
 - Demographic Update
 - Response to Mailings, General
 - Total
- Grievance Call Reasons and Percentages
 - Personnel Provided Little Help
 - General Complaint Regarding NMC
 - Other General Complaints
 - PCP Won't Accept as Patient
 - Other PCP Complaints
 - Plan Complaints
- Caller Type and Percentages
 - Participants
 - DHHS Caseworkers
 - Foster Parent/guardian
 - Medical Providers
 - Community Agencies
 - Health Plans
 - Other
 - Total
- Number of Callbacks and Return Rate
- Number of Calls Abandoned and Abandonment Rate
- Enrollment Broker Problems and Issues
- Enrollment Broker Goals and Status
- Grievances – issue and action taken (Monthly)
- Consumer Satisfaction Report (Annually)