

# managed care report

oversight and monitoring requirements



On June 28, 2021, CMS released an Informational Bulletin on Medicaid and CHIP Managed Care Monitoring and Oversight describing:



The form and content of a managed care annual report that will be required for contract years beginning July 1, 2021, or thereafter;



A pilot program that adds a component to managed care “readiness reviews” focused on grievances and appeals;



“Toolkits” that are the beginning of a series intended “to assist states in complying with various managed care standards and regulations, and to help improve state monitoring and oversight of their managed care programs.”

## Overview

This report must provide information on and an assessment of the operation of managed care organizations including, but not limited to the following:



Enrollment



Financial performance and encounter reporting



Grievance and Appeals



Availability and accessibility of services including network adequacy



Quality measures



Program integrity



Modifications to, and implementation of, benefits covered under the contract with the state

## MCPAR content

### The MCPAR Spreadsheet

- Designed to collect data that will be easy to upload to CMS' web-based portal
- Includes State, Program and Plan level metric reporting
- Includes several "Free Text" fields that allow states to explain oversight
- Examples of metrics included:
  - MLR aggregation, population, and reporting period discrepancies
  - Number of Critical Instances filed by an LTSS user who had previously filed an appeal
  - Dedicated program integrity staff FTE count
  - Count of PI referrals to the state
  - Share of encounter data submissions that were HIPAA compliant
  - Contract standard for Overpayments
  - Beneficiary Support System entity Type and Role

### MCPAR Template Organization

Consistent with 438.66(e), this template provides space for states to report indicators related to ten topics: (I) Program Characteristics and Enrollment; (II) Financial Performance; (III) Encounter Data Reporting; (IV) Grievance, Appeals, and State Fair Hearings; (V) Availability, Accessibility, and Network Adequacy; (VI) Quality and Performance Measures; (VII) Sanctions and Corrective Action Plans; (VIII) Beneficiary Support System; and (IX) Program Integrity.

Data on each topic is organized by reporting level: state, program, plan, and other entity (i.e. beneficiary support system). Within this report, states will find data elements with specific drop downs that CMS has pre-selected to standardize data across states, as well as places with instructions for states to report state-specific indicators or free text. Tabs are organized as follows:

Tab topic	Tab name
Reporting Instructions	Instructions
A. Cover sheet and identifying information	A_COVER
B. State level, set indicators	B_STATE_set-indc
C1. Program-level, set indicators	C1_PROG_set-indc
C2. Program-level, state-specific indicators: Availability, accessibility, and network adequacy	C2_PROG_free-indc_accs
D1. Plan-level, set indicators	D1_PLAN_set-indc
D2. Plan-level, state-specific indicators: Quality and Performance Measures	D2_PLAN_free-indc_qual
D3. Plan-level, state-specific indicators: Sanctions and Corrective Action Plans	D3_PLAN_free-indc_sanc
E. BSS-entities, set indicators	E_BSS_set-indc
Glossary	Glossary
List of all indicators in the MCPAR, crosswalked to the tab on which they appear	Crosswalk

## Annual report timelines

Reports will be due 180 days after the managed care contract year beginning on or after July 1, 2021

Contract year of the managed care program	Contract period of first report	First report due
July – June	7/1/2021 – 6/30/2022	December 27, 2022
September – August	9/1/2021 – 8/31/2022	February 27, 2023
October – September	10/1/2021 – 9/30/2022	March 29, 2023
January – December	1/1/2022 – 12/31/2022	June 29, 2023
February – January	2/1/2022 – 1/31/2023	July 30, 2023
April – March	4/1/2022 – 3/31/2023	September 27, 2023

## Mercer can help

- 1**  
Gap Analysis
- 2**  
Review of available information
- 3**  
Resources to complete requirements

### Our experience

Mercer Government is assisting numerous states with MCO oversight

#### Financial reporting and monitoring

##### Readiness reviews including:

- Financial performance and encounter reporting
- Grievance and Appeals
- Availability and Accessibility of Services including Network Adequacy
- Quality Measures

#### Program integrity reviews EQRO

##### Various dashboard reporting:

- MCO Performance
- Historical Utilization
- Pharmacy/Drug Experience
- Enrollment/MCO Member Mix

## For more information

Visit our website at [www.mercer-government.mercer.com](http://www.mercer-government.mercer.com) to view our experience, service and client feedback.