Medicaid Managed Care Program Annual Report

Frequently Asked Questions Technical Assistance Resource for States

Updated September 2026

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Section 1. General Questions

1. Where can I get more information on MDCT MCR or the MCPAR?

For questions about Medicaid Data Collection Tool for Managed Care Reporting (MDCT MCR) access or other technical issues, please email the MDCT Help Desk at mdct_help@cms.hhs.gov.

For questions about MCPAR content (e.g., how to complete a specific MCPAR field or interpret a question), please email the Managed Care TA team at ManagedCareTA@cms.hhs.gov.

2. When is the deadline for submitting MCPARs?

MCPARs are due annually, no later than 180 days after the end of each program's contract year (i.e., the time period associated with plan annual obligations and performance). For example, for a contract year from January 1 through December 31 of a given year, the associated MCPAR is due June 28 of the following year. Additional example deadlines are available on the Public Access to State-Submitted MCPARs webpage.

For contracts that are longer or shorter than a 12-month period, please email ManagedCareTA@cms.hhs.gov for your specific deadline.

3. NEW: What kinds of information must States report on the MCPAR?

The MCPAR collects a wide range of information including, but not limited to, program integrity, prior authorization, quality and performance measures, financial reporting, encounter data quality, appeals and grievances volume, network adequacy, and sanctions, in accordance with 42 CFR 438.66(e). States must submit data at the State, Program, and Plan level that may require coordination across different parts of State Medicaid agencies. To facilitate State reporting, CMS publishes an Excel template within the MDCT MCR portal and online at the Medicaid and CHIP Managed Care Reporting page that mirrors the fields included in the MCPAR MDCT portal. The Excel template is available only as a supporting resource for States and their managed care plans.[1] As a reminder, States must use the MDCT MCR portal, not the Excel template, to submit their MCPARs.

4. NEW: Are States required to report all data fields included in the MCPAR webform?

Yes, States must report all data fields included in the MCPAR report to ensure compliance with the reporting requirements set forth under 42 CFR 438.66(e). The MCPAR applies to many different types of Medicaid managed care programs; not all data fields are required in some limited instances, which are denoted in the MCPAR webform. If States report "N/A" for fields that are required and applicable to the program being reported on, CMS may view this as being out of compliance with the requirements of 42 CFR 438.66(e). Reporting "N/A" is different than reporting "0." Reporting "0" should only be used in instances where there is in fact zero activity. For example, it would only be appropriate to report "0" for the number of program integrity staff

[1] The term "managed care plan" is utilized in this document to refer to managed care organizations (MCOs), prepaid inpatient health plans (PIHPs), prepaid ambulatory health plans (PAHPs), and primary care case management entities (PCCM entities).

at a plan level if the plan has reported they have zero program integrity staff to the state. Additional guidance for when States should report "N/A" or "0" is included in Question 22 of this document.

CMS strongly encourages States to review and validate all data entered into the MDCT webform for MCPAR reports for accuracy before submitting. Deficiencies in reporting may be viewed as reflecting a systemic failure in data collection, validation, and/or reporting practices; such deficiencies must be addressed promptly to prevent being deemed out of compliance with the requirements of 42 CFR 438.66(e). Inaccurately reported data may also lead to erroneous analysis results and findings of noncompliance.

5. UPDATED: We filled out the MCPAR Excel template that is available on Medicaid.gov; can we upload the MCPAR template to MDCT MCR or email it to CMS instead of manually entering the data in MDCT MCR?

No, the only way to submit a MCPAR is via the MDCT MCR portal using the MCPAR webform. States may elect to use the template to collect program and plan specific information in a format that supports data entry to complete the report.

6. Do we have to submit separate MCPARs for each Medicaid managed care program?

Yes, the MCPAR is a program-specific report and States must submit one MCPAR for each Medicaid managed care program as required in 42 CFR 438.66(e)(1). States may not combine multiple Medicaid managed care programs into a single MCPAR. For the purposes of the MCPAR, a Medicaid managed care program is defined by a specified set of benefits and eligibility criteria that is articulated in a contract between the States and Medicaid managed care plans, and that has associated rate cells. The program name list in MDCT MCR was compiled and reconciled from official program names submitted to CMS by States. Additional details on this change are included in Section 3 of these FAQs.

7. NEW: Which types of programs do States need to submit MCPARs for?

States need to submit MCPARs for **all Medicaid managed care programs** that provide Medicaid covered services under their contracts. This includes:

- Dual Eligible Special Needs Plans (D-SNPs) that hold a Medicaid contract with the State to cover Medicaid benefits. Note, States should limit the information included in MCPARs to Medicaid covered services only.
- Medicaid expansion CHIP. MCPARs should not be submitted for Separate CHIP programs (Title XXI only).[2]
- Medicare-Medicaid Plans (MMPs) authorized under the Financial Alignment Initiative in Section 1115A of the Social Security Act.
- Primary Care Case Management (PCCM) entities. States must only report on three

[2] If you are unable to exclude information about enrollees served through a separate CHIP program in one or more of your MCPARs, you may indicate this constraint through the CHIP Exclusion question at the beginning of the MCPAR webform.

sections of the MCPAR for managed care programs that utilize PCCM entities - Program Information, Enrollment and Service Expansions, and Sanctions.[3]

States should not submit MCPARs for:

- Separate CHIP programs
- Programs that utilize Non-Emergency Medical Transportation (NEMT) PAHPs only
- Programs that utilize PCCMs only

8. NEW: Can we report multiple Beneficiary Support System (BSS) entities in the MCPAR?

Yes. You can enter multiple BSS entities in Section A.8 of the MCPAR webform.

9. NEW: Do we need to report each Aging and Disability Resource Center (ADRC) location as a unique BSS entity?

If ADRCs perform largely the same functions, you can report them as a single BSS entity called a Multi-Location ADRC. When prompted to enter information describing the functions performed by ADRCs, also note the number of locations where the ADRC operates.

Section 2. Questions on MDCT MCR Access and Use

10. UPDATED: Is there a recorded demonstration of how to access and fill in the MCPAR?

Yes, recordings and transcripts are available on the MDCT Portal page.

11. How do State staff obtain access to the MDCT MCR portal?

The MDCT MCR portal can be found online.

To access the portal, you must register for one of two user roles: State Representative or State User. Information to help you decide the appropriate user role and for requesting access to these roles can be found in the MCR IDM Access Guide for State Representatives and the MCR IDM Access Guide for State Users.

State Representatives and State Users have the same privileges (add data, edit data, review data/report, save report, submit report, etc.) within the MDCT MCR portal. The only difference is State Representatives can approve and remove State Users' access to MDCT MCR.

Both State Representatives and State Users must register for MDCT MCR themselves.

For additional information about gaining access to MDCT MCR, please visit the MDCT for Managed Care Reporting page.

[3] 42 CFR 438.66(e)(2)(iii) and (viii)

12. How can States get the name of their State Representative or get assistance if the State Representative no longer works for the State?

States can obtain the name of their current State Representative or get assistance if their State Representative no longer works for the State by emailing ManagedCareTA@cms.hhs.gov. CMS recommends that States maintain more than one State Representative so that the State can always access MDCT.

13. How does the State Representative receive notification that a State User needs to be approved?

The State Representative will receive an email notification from CMS's Identity Management (IDM) system to notify them of pending State User requests.

14. If I have an IDM User ID for other CMS system applications (QMR, CARTS, etc.), do I still need to request access specific to MDCT MCR for MCPAR reporting?

Yes, having access to other CMS systems such as QMR and CARTS will not grant you automatic access to the MDCT MCR portal. However, if you have an existing IDM User ID you can use that same User ID to request the appropriate MDCT MCR role in IDM (i.e., State Representative or State User).

15. UPDATED: Will the data from previous reporting periods be saved and automatically populated for future submissions?

MDCT MCR saves the data that States submit. The MCPAR includes a "copy" functionality that allows States to automatically populate certain portions of a new MCPAR submission using data from an existing MCPAR record. For example, States can carry over managed care plan names, quality and performance measures, and contract language from a previous MCPAR record when appropriate, but States must review all data to ensure it continues to be accurate for the annual MCPAR submission. Fields that must be updated each year, such as enrollment numbers and financial, program integrity, and quality performance data, cannot be copied over. The Excel template's "Crosswalk" tab indicates which fields can be copied over from an existing MCPAR record.

16. UPDATED: How often do the MCPAR reporting requirements and the template change? Will States be notified when there is a change?

Twice a year (typically February and July), CMS will make updates to the MCPAR MDCT webform that are needed to refine existing requirements or changes to requirements in response to policy, regulatory or statutory requirements. Additional updates to the MCPAR MDCT webform are occasionally done, but on a limited basis. CMS will notify States of these changes to the MCPAR webform and template and the effective date of the changes. Additionally, the Excel template posted on Medicaid.gov lists recent MCPAR updates with their effective dates on the "Revisions" tab. A banner at the top of the MDCT landing page also lists this information.

CMS maintains a list of MCPAR contacts who receive MCPAR updates for each State. To add or edit your State's contacts, please email ManagedCareTA@cms.hhs.gov.

17. UPDATED: We started using a version of the Excel template before the MCPAR webform was updated before our submission date. Now, our data do not match what is in the new version of the webform. How can we ensure that the versions are the same?

It is best practice to make sure that you are using the most recent version of the Excel template which is current on Medicaid.gov and that you initiate the MCPAR in MDCT at the same time that you start filling out the most recent version. This will lock in the webform version in MDCT (to match the Excel template) and ensure that both versions are the same.

18. NEW: Does the MDCT MCR webform automatically save?

In general, the webform automatically saves as States enter data. However, please note the following exceptions:

- Field errors: If a field contains an error and the user navigates away, the system will flag the entry as invalid and remove it.
- Side panel ("drawer") forms: If a side panel opens, the user must complete the entire form and click "Save and Close." Selecting "Close" or "Cancel" without saving will result in data loss.

19. UPDATED: During data entry, does the webform have to be completed in order?

No. As long as you are saving as described in Question 17 in this section, you can navigate to different areas of the webform and complete them in any order.

20. UPDATED: Can partially completed webforms be saved as "in progress?"

Yes. Save your progress as described in Question 17 in this section before logging out. The status on your State's dashboard will continue to show "in progress." Do not click the "Submit" button until the report is complete, as you will not be able to edit it after you click "Submit."

21. UPDATED: Can multiple people work on the same report? What happens if two people try to edit the same field?

Yes, multiple people can work on the same report at the same time. It is recommended that individuals work on different sections of the report to avoid overwriting data. If two people are working on the same data, the last person to save the data will override any previously entered information. If someone navigates to a page that has already been filled out and saved, they will have to delete the information and replace it to update the information.

22. NEW: What if one of the fields does not apply in the MCPAR submission? Should the field be left blank?

MDCT MCR will not allow you to leave fields blank. States must respond to all fields with the appropriate data.

For questions where there is no activity at the plan level, States will still need to respond to indicate this.

- For text fields, enter a statement explaining that there is nothing relevant for a response to the question and why.
- For numeric fields where there was actually no activity, States should enter "0." For example, if the MCPAR asks for the number of program integrity staff at a plan level and the plan has reported they have zero program integrity staff, then the state would enter "0."

CMS strongly encourages States to review reported values of "0" before submission to ensure accuracy.

States should only use "N/A" when the question does not apply to the managed care program. The MDCT MCR webform denotes when "N/A" is an allowable response. Examples include if the question is about Long-Term Services and Supports (LTSS) and the program you are reporting on is a dental program or a medical program where LTSS is not a covered benefit, you can write "N/A" or enter a statement explaining that the question does not apply. Similarly, States that do not have any managed LTSS programs can enter "N/A" when prompted for BSS LTSS data. "N/A" should never be used in a numeric field if the answer is "zero" or "0."

If a State is uncertain whether "N/A" is an appropriate response or how to report a particular field, please reach out to ManagedCareTA@cms.hhs.gov for assistance.

23. UPDATED: What do we do if our program started or ended partway through a reporting year? How do we report a partial year of data?

CMS understands that program start and end dates do not always align to a 12-month period. Please contact our technical assistance team at ManagedCareTA@cms.hhs.gov to discuss your State's specific circumstance. CMS may advise you to report a partial year of data or more than 12 months of data in one MCPAR. Any time a MCPAR contains more or less than 12 months of data, the State should indicate that in MCPAR Section A in the Reporting period start date and Reporting period end date fields.

24. Can reports be reviewed before submission?

Yes, reports can be viewed from the MDCT MCR dashboard before submission. Click on the report and then review each section using the navigation bar on the left-hand side of the screen. You can also export all responses into one PDF. This function is available under the "Review and Submit" page; click "Review PDF" at the bottom of this page and then click "Download PDF."

25. UPDATED: Can data be edited after submission?

MCPARs are locked after submission. If you need to make a correction, email ManagedCareTA@cms.hhs.gov to request approval. If approved, CMS will unlock your webform for correction and resubmission. We encourage states to review their data to ensure accuracy before submission to minimize the need for them to be unlocked.

26. Does CMS provide feedback to States on MCPAR submissions?

Yes. CMS sends standardized MCPAR Feedback Reports to all States following each submission cohort. These reports identify potential data quality issues. CMS is currently revising these reports to include additional detail and strongly recommends that States correct errors and resubmit corrected data as soon as possible but no later than 60 days of receiving the MCPAR Feedback Reports. States seeking to revise their reports will need to reach out to ManagedCareTA@cms.hhs.gov to have CMS unlock their reports. States will need to identify which program report(s) the State is asking to correct along with which data need to be corrected. CMS is also updating the MDCT-MCR online portal to add upfront data validation that will prevent submission of data that is invalid.

CMS will continue to provide more in-depth, targeted feedback to specific States to address significant reporting issues or ensure that States are reporting the correct programs. If you have identified errors in your MCPAR submissions, please contact ManagedCareTA@cms.hhs.gov.

27. UPDATED: Who will CMS contact if there are questions about our MCPAR submission(s)? If the State Representative is different than the submitter, will both be notified?

CMS generally communicates through the State Representatives. If there is only one State Representative, CMS will also include the State's Managed Care Policy and Operations contact. When a State initiates an email to the TA Mailbox, the TA Mailbox team will reply to all recipients on the message.

Section 3. Data Use and Publication

28. Will CMS be able to view our data?

Yes. CMS will have read-only access to the data. This means that CMS will be able to view the data but not edit it. CMS will reach out to States to request revisions to the data or to clarify data submitted. CMS also publishes data submitted by States in an annual Public Use File (PUF) on Medicaid.gov. CMS will continue to expand use of the data as part of its monitoring and oversight. CMS strongly encourages states to review data prior to submission to ensure accuracy.

29. What are the requirements for posting the MCPAR on the State website and distributing it?

42 CFR 438.66(e)(3) requires States to post the MCPAR to the State's website within 30 calendar days of submission to CMS. We encourage States to align their website posting date with their MCPAR submission to CMS. The State must also provide the MCPAR to the Medical Care Advisory Committee and, if the program includes LTSS, to the stakeholder consultation group specified in 42 CFR 438.70.

States may post their MCPAR data in a different format as long as the data are exactly the same as what was submitted to CMS. To maximize accessibility, we encourage States to post the 508-compliant PDF, which can be generated by clicking "Review PDF" followed by "Download PDF" within the Review & Submit tab of the MDCT MCR webform.

30. UPDATED: Does CMS make MCPARs public?

Yes. CMS began posting PDF versions of State MCPARs on Medicaid.gov in 2024. Starting in May 2026, CMS also began publishing annual MCPAR Public Use Files (PUFs) on Data.Medicaid.gov. PUFs present MCPAR data in a format that supports analyses such as cross-State and cross-program comparisons.

31. NEW: We are reporting network adequacy and access information in both the NAAAR and in the MCPAR. How can we reduce the duplication?

For rating periods starting on or after July 9, 2025, States must submit the Network Adequacy and Access Assurances Report (NAAAR) through the MDCT MCR webform. Starting in July 2025, States have had the option to opt out of the MCPAR Availability, Accessibility, and Network Adequacy section (C2.V.1–C2.V.8) if they have already submitted or plan to submit the NAAAR through MDCT for the same reporting period. This option is available to reduce State reporting burden and eliminate duplicative data entry.

⚠ Important: Once a State opts out of this section, it cannot be re-added to the same MCPAR submission.

Please note the following conditions for this opt-out:

- To opt out of completing this MCPAR section, States must provide the date the NAAAR was submitted or will be submitted through MDCT.
- Only NAAAR submissions via MDCT qualify for this opt out. Submitting a NAAAR via the Excel workbook does not qualify.
- Once a State elects to opt out, it cannot later edit the MCPAR to include the Availability, Accessibility, and Network Adequacy section.
- If the State does not submit its corresponding NAAAR through MDCT on the timelines it provided, CMS will require the State to either submit the NAAAR through MDCT or start a new MCPAR that includes the Availability, Accessibility, and Network Adequacy section.

Section 4. Program Name

32. How was the list of Medicaid managed care programs determined?

As part of CMS' efforts to streamline and make program names consistent across managed care reporting, users can now select a program name from a list of existing program names, add a new program, or rename a program. The program name list in MDCT MCR was compiled and reconciled from official program names submitted to CMS by States.

33. If I don't find the name of a program on the drop-down list, what do I do?

If the program name is not on the drop-down list, or the name needs revision, States can add or update a program name through the MCPAR.

34. When I update, delete, or add a new program name to the MCPAR, how will that change get incorporated for future program name selections and MCPAR reporting?

When a State has a new program or updates a program, CMS will follow up with the State to validate the change or address any discrepancies from other reports or contract documents to ensure we have the most accurate official name of the program. Once validated, the new or revised program name will be incorporated into the subsequent program name list for future use.

35. If I rebrand an existing program by changing its name, can I still copy an earlier program report to take advantage of the copy over function?

Yes. You may copy over the contents of an existing report from any program in your State for any reason. As before, copying a program's MCPAR will retain the structure of your program but allow you to enter updated responses for the new reporting period, including the name of the program.

Section 5. Questions on MCPAR Enrollment Indicators

36. What count should be used for the Statewide Medicaid enrollment (Question B.I.1)?

States must report the average number of individuals (unduplicated) enrolled per month in the State's Medicaid program. Include all Medicaid enrollees, whether they are in fee-for-service (FFS) or managed care. Each person should only be counted once, even if they access services in multiple delivery systems.

37. UPDATED: How should Statewide Medicaid managed care enrollment (Question B.I.2) be reported?

Question B.I.2 represents the average number of unduplicated individuals enrolled in any managed care program per month, which includes enrollment in all managed care programs subject to the MCPAR. Each individual should be counted only once, even if they are enrolled in more than one managed care program. Do not sum enrollment counts across managed care programs without de-duplicating.

38. What is the relationship between Questions B.I.1 and B.I.2?

Question B.I.1 (Statewide Medicaid enrollment) should always be greater than or equal to B.I.2 (Statewide managed care enrollment). B.I.1 and B.I.2 would only be equal if 100 percent of a State's Medicaid beneficiaries are enrolled in some form of managed care.

39. Can the values for Questions B.I.1 and B.I.2 vary across MCPARs submitted for the same reporting year?

No. Because Questions B.I.1 (Statewide Medicaid enrollment) and B.I.2 (Statewide managed care enrollment) are Statewide values, they should be consistent across all MCPAR submissions for the same reporting year.

40. UPDATED: What is the relationship between Statewide managed care enrollment and program enrollment (Questions B.I.2 and C1.I.5)?

Question B.I.2 (Statewide managed care enrollment) should be greater than or equal to C1.I.5 (program enrollment). Program enrollment represents a single managed care program and should always be a subset of or equal to total Statewide managed care enrollment.

41. What is the relationship between plan and program enrollment (Questions C1.I.5 and D1.I.1)?

Question D1.I.1 (plan enrollment) represents the average number of individuals enrolled per month in a particular managed care plan within a program. When enrollment for all plans in a program is summed, the total should closely match C1.I.5 (program enrollment). Minor discrepancies may occur due to member movement between plans, but large differences should be reviewed to determine if the numbers are valid.

42. How can we ensure accurate enrollment numbers reporting before submitting the MCPAR?

- Step 1: Validate that B.I.1 ≥ B.I.2.
- Step 2: Validate that B.I.2 ≥ C1.I.5.
- Step 3: Ensure that C1.I.5 closely approximates SUM (D1.I.1) with any variance only related to movement between plans.
- Step 4: Confirm that B.I.1 and B.I.2 are the same across all MCPARs for the same reporting period.

Section 6. Other Reporting Questions

43. Are there resources to help us report our appeals and grievances data?

Yes. In August 2024, CMS published the MCPAR Technical Guidance, Topic: Appeals and Grievances on Medicaid.gov to help States report more accurate, complete, and consistent data.

44. How should appeals and grievances data related to enrollees who use LTSS be reported?

As a first step, States should identify any enrollee who uses LTSS in the program they are reporting on. Then, States should report all appeals and grievances filed by or on behalf of these enrollees who use LTSS in Section D.1.IV of the MCPAR webform. If LTSS are not part of the program you are reporting on, answer "N/A" to all LTSS-related questions. In addition, there are several questions that require LTSS-specific reporting.

45. NEW: How should States categorize resolved appeals involving outpatient drugs covered under a medical benefit such as chemotherapy or infusion therapy administered by a medical professional?

CMS does not have policy on how plans should count resolved appeals for drugs covered under the medical benefit. Depending on the facts of an appeal, the denial could relate to the outpatient service or the pharmaceutical. States should decide the category most suited for counting the appeal—the outpatient services category in D1.IV.7b or the outpatient prescription drug category in D1.IV.7e—and require their plans to categorize accordingly to ensure consistency across all plans and reporting periods.

46. UPDATED: What level of detail is required for reporting quality and performance measures?

In July and August 2026, CMS revised the MCPAR quality and performance measures section to facilitate more consistent reporting across States and managed care plans while reducing administrative burden. These changes will be effective for MCPARs due on or after December 27, 2026. CMS published Technical Guidance related to these changes on Medicaid.gov at the Medicaid and CHIP Managed Care Reporting page along with Excel template updates published July 15, 2026, and revisions in the MDCT webform published August 27, 2026.

47. UPDATED: What is the scope of sanctions reported in the MCPAR?

As required in 42 CFR 438.66(e)(2)(viii), a State must report in the MCPAR all sanctions or corrective actions imposed by the State or other formal or informal intervention with a contracted managed care plan to improve performance, including those issued, in progress, or completed during the contract year. This includes, but is not limited to, financial penalties, corrective action plans, suspension of enrollment, written warnings, and other formal or informal intervention with a contracted plan to improve performance. The State should include any sanction-related action taken during the contract year, regardless of when the issue was identified and regardless of what entity identified the non-compliance (e.g., the State, an auditing body, the plan, EQRO).

States should continue to report sanctions in each performance year (PY) from when they are imposed until the sanctions are closed. For sanctions that are in progress, States should report in D3.VIII.7 the original date the State imposed the sanction, which may predate the current performance year, and select "Remediation in progress" in D3.VIII.8.

48. For Question D1.X.10 on the frequency of plans reporting changes in enrollee circumstances, how should States report “on occurrence?”

States should select the option that most closely reflects the frequency with which each managed care plan in your program reports changes in beneficiary circumstances to the State. CMS added an additional response option to this question with the phrasing, “Promptly when plan receives information about the change.” States should select this response option if it aligns with their processes.