Medicaid Managed Care Program Annual Report (MCPAR)

Technical Assistance Resource for States

March 2024

Section 1. General Questions

1. Who should we contact if we have questions or need more information?

For questions about Medicaid Data Collection Tool 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, 2023, through December 31, 2023, the associated MCPAR report would be due June 28, 2024. Additional example deadlines are available at https://www.medicaid.gov/medicaid/managed-care/guidance/medicaid-and-chip-managed-care-reporting/index.html#AMCPR.

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

3. Do we have to submit separate MCPARs for each program?

Yes, the MCPAR is a program-specific report and states must submit one MCPAR for each program as required in 42 CFR 438.66(e)(1). States should not combine multiple programs into a single MCPAR.

4. Where do I find the most recent version of the MCPAR Excel template?

The Excel template is available within the MDCT MCR portal and is also online at https://www.medicaid.gov/medicaid/managed-care/guidance/medicaid-and-chip-managed-care-reporting/index.html. As a reminder, states must use the MDCT portal, not the Excel template, to submit their MCPARs. The Excel template is available only as a supporting resource for states and their managed care plans.[1]

5. Is the MCPAR replacing the Medicaid Managed Care Data Collection System (MMCDCS)?

No, the MCPAR collects a wide range of information including financial performance, encounter data quality, appeals and grievances volume, network adequacy, quality performance, and

[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).

sanctions in accordance with 42 CFR 438.66(e). MMCDCS is a separate reporting process that specifically collects information on managed care enrollment and generates an annual Medicaid Enrollment Data Report by state describing program and plan characteristics.

Section 2. Questions on MDCT MCR Access, Use, and Report Submission

1. How do we access the MDCT MCR portal?

The MDCT MCR portal is online at https://mdctmcr.cms.gov.

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.

For additional information about gaining access to MDCT MCR, please visit https://www.medicaid.gov/medicaid/managed-care/guidance/medicaid-and-chip-managed-care-reporting/index.html#MDCT.

2. What is the difference between the State Representative and State User role?

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.

3. Can State Representatives request access for State Users on their behalf?

No, State Users must register for MDCT MCR themselves.

4. Who do we ask if we don't know who our State Representative is or if the State Representative no longer works for the state?

If your state doesn't have a State Representative or you don't know who your State Representative is, please email ManagedCareTA@cms.hhs.gov. CMS recommends that states maintain more than one State Representative.

5. 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.

6. If I have an IDM User ID for other CMS system applications (QMR, CARTS, etc.), do I still need to request access specific to 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).

7. 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 web-form. 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.

8. 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 on Medicaid.gov.

9. During data entry, do we have to complete the form in order?

No, as long as you are saving and progressing by clicking the "Continue" button at the bottom of each screen, you can navigate to different areas of the form and complete them in any order.

10. If we log out before submitting, will the work be saved as "in progress?"

Yes, the status will continue to show "in progress," but you must click "Continue" to save your data before logging out.

11. If we partially complete the report, do we need to click the "Submit" button to save our work?

No, do not click the "Submit" button until the report is complete, as you will not be able to edit it after you submit (see question 14 for further details). Instead, click "Continue" to save your data as you progress through the report.

12. 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.

13. How do we review the data before submission?

You can review the report from the MDCT MCR dashboard. 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" and then click "Download PDF."

14. Can we edit the data after submission?

No. The MCPAR reports are locked after submission. Should you need to make a change to your submitted MCPAR, you must email ManagedCareTA@cms.hhs.gov to request approval to make a change. Post-submission changes are not encouraged and will only be approved by CMS in limited circumstances with appropriate justification.

15. 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 the information. In certain cases, CMS will reach out to states to request revisions to the data or to clarify data submitted.

16. Who will CMS contact for questions during the review? If the State Representative is different than the submitter, will both be notified?

CMS will contact both the submitter and the individual listed as the point of contact in the MCPAR under sections A.2a and A.2b of the MCPAR web-form.

17. When should we expect feedback on our MCPAR submission?

To date, CMS has answered individual state questions about the MCPAR through the technical assistance mailbox (ManagedCareTA@cms.hhs.gov) and has provided in-depth feedback to specific states with the goal of ensuring that states are reporting the correct programs and addressing significant reporting issues. CMS may develop standardized feedback for all MCPARs in the future to continue advancing data quality. If you are seeking specific feedback on a previous report or have questions as you prepare a new submission, please email ManagedCareTA@cms.hhs.gov.

18. What are the requirements for posting the MCPAR on the state website and distributing it?

Under current regulations at 42 CFR 438.66, states must post the MCPAR to the website required under 42 CFR 438.10(c)(3). 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.

19. Is CMS planning to make the MCPARs public?

Yes. As a first step towards transparency of this data, CMS is planning to post PDF versions of state MCPARs on Medicaid.gov in 2024.

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

MDCT MCR saves the data that states submit. As of November 2, 2023, the MCPAR includes a "copy" functionality that will allow 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, network adequacy standards, 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 performance data, will not be copied over.

21. Are other templates (Network Adequacy and Access Assurance Report [NAAAR], Medical Loss Ratio [MLR] report, etc.) available in a web-based format?

As of September 2023, states can submit their MLR reports through MDCT MCR. CMS regulations at 42 CFR § 438.74(a) require that these MLR summary reports are due with their

rate certification required in 42 CFR § 438.7. As a reminder, for rating periods beginning on or after July 1, 2024, states are required to submit MLR reports through MDCT-MCR; submissions using the excel workbook will no longer be accepted.

The NAAAR is not yet available in a web-based format in MDCT MCR, but the NAAAR template is available online at: https://www.medicaid.gov/medicaid/managed-care/guidance/medicaid-and-chip-managed-care-reporting/index.html. The NAAAR should be submitted via email to MCGDMCOActions@cms.hhs.gov. As a reminder, the NAAAR is required to be submitted to CMS: (1) at the time the state enters into a contract with each MCO, PIHP or PAHP; (2) on an annual basis; (3) any time there is a significant change in the operations that would affect the adequacy of capacity of services of an MCO, PIHP, or PAHP. Until CMS provides notice that the NAAAR can be submitted via MDCT MCR, CMS recommends that the report be submitted via email as supporting documentation at the same time the state submits an associated managed care contract to CMS for approval, including a new contract, or other contract action such as a contract amendment. For annual NAAAR reports, states could align their NAAAR submission with their MCPAR submissions, that is, 180 days after the end of the contract year. CMS will notify states when the NAAAR is available for submission via MDCT MCR.

22. If we contact the MDCT Help Desk, what is the turnaround time for receiving a response?

Usually, the MDCT Help Desk acknowledges the inquiry within the same business day. The resolution time of an issue depends on the severity and complexity of the issue.

Section 3. Questions on MCPAR Content

1. What do we do if we are unable to report some data?

CMS acknowledges that states may need to update their contracts with managed care plans to collect some information requested in the MCPAR. If your state does not yet have data available for the period requested in the MCPAR, please email ManagedCareTA@cms.hhs.gov if you would like technical assistance.

2. What do we put in a field if the answer is "none"?

For text fields, write "None" or enter a statement explaining that there is nothing relevant for a response to the question. For numerical fields, enter "0" (zero). For example, if the MCPAR asks for the number of resolved grievances related to quality of care and you had no grievances related to this, you would enter "0." Do not write "N/A" as an answer to questions that apply to your program. The MDCT MCR system will not allow you to leave fields blank.

3. When is "Not Applicable" (N/A) an acceptable response?

Only use N/A if the question does not apply to your managed care program. For example, 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. The MDCT MCR web-form will not allow you to leave fields blank. CMS is working to clarify instructions throughout

the MCPAR and is developing additional technical assistance resources related to the use of "N/A".

4. Do states need to submit MCPARs for Program of All-Inclusive Care for the Elderly (PACE) programs?

No, states do not need to submit MCPARs for their PACE programs as they are not required to do so under 42 CFR 438.66(e).

5. Do states need to submit MCPARs for prepaid ambulatory health plans (PAHPs) that only cover non-emergency medical transportation (NEMT) services?

No, states do not need to submit MCPARs for NEMT PAHPs as they are not required to do so under 42 CFR 438.9.

6. Do we need to include data on the Children's Health Insurance Program (CHIP)?

States with integrated Medicaid and CHIP programs should include CHIP data in their MCPARs. States with separate CHIP programs funded exclusively under Title XXI should not submit MCPARs for those CHIP programs. 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 web-form.

7. How do we report data for Dual Eligible Special Needs Plans (D-SNPs)?

For D-SNPs that hold a Medicaid contract with the state to cover Medicaid benefits, states must submit a MCPAR for services covered under that Medicaid contract. Specifically, for D-SNPs that qualify as Applicable Integrated Plans (AIPs) under 42 CFR 422.561, states should limit their MCPAR-reported appeals and grievances data to those appeals and grievances filed for Medicaid-only covered services.

8. How do we report data for Medicare-Medicaid Plans (MMPs)?

States that utilize MMPs authorized under the Financial Alignment Initiative in section 1115A of the Social Security Act must submit a MCPAR. To reduce duplication, states completing a MCPAR for MMPs should only report "Availability, Accessibility, and Network Adequacy" standards for provider types that render Medicaid-only covered services. Network adequacy standards for providers that do not render Medicaid-only covered services do not need to be included in the MCPAR.

9. Do I need to submit a MCPAR report for a Primary Care Case Manager (PCCM) or Primary Care Case Management Entity (PCCM entity)? If I am reporting for a PCCM entity program, what do I have to report and how do I navigate the web-form?

MCPAR reports are not required for PCCMs but are required for PCCM entities. States are only required to complete two sections of the MCPAR for PCCM entities. These include the section on Program Information, Enrollment and Service Expansions and the section on Sanctions (see 42 CFR 438.66(e)(2)(iii) and (viii)). For this reason, CMS has developed a shorter web-form for PCCM entity MCPAR reports in the MDCT MCR portal.

Follow these steps to access the shorter web-form for PCCM entity reports in MDCT MCR:

- On the MCPAR dashboard, select the 'Add / copy a MCPAR' button

- A modal will appear and when asked ‘Is your program a Primary Care Case Management (PCCM) entity? — select ‘yes’
- The system will guide you through the required questions for PCCM entity
- If throughout the process you have questions, click the 'Get Help' in the upper right corner of the screen.

10. Can we report multiple Beneficiary Support System (BSS) entities in the MCPAR?
Yes. You can enter multiple BSS entities in section E.IX.1 of the MCPAR web-form.

11. 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.

12. What do we do if we do not have data for a BSS Long-Term Services and Supports (LTSS) program because our state does not have managed LTSS (MLTSS)?
States that do not have any MLTSS programs can enter “N/A” when prompted for BSS LTSS data.

13. How do we report appeals and grievances related to enrollees who use LTSS?
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 web-form. If LTSS is not a 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.

14. What MCPAR questions require ratio calculations? How do we calculate these ratios?
Three questions in the plan-level program integrity section of the MCPAR require ratio calculations. Specifically, questions D1.X.3 (Ratio of opened program integrity investigations to enrollees), D1.X.5 (Ratio of resolved program integrity investigations to enrollees), and D1.X.8 (Ratio of program integrity referrals to the state) ask for ratios calculated using data from other questions in the MCPAR. The ratios standardize MCPAR data by number of enrollees, so that the data can be compared across plans and over time. Each ratio question calculates events per one thousand beneficiaries enrolled in a plan, so each ratio answer should take the form **[Number]: 1000** (including the colon and the 1000). You should calculate the ratios as follows:

- Question D1.X.3 = (1000 * [D1.X.2]) / [D1.I.1]: 1000
- Question D1.X.5 = (1000 * [D1.X.4]) / [D1.I.1]: 1000
- Question D1.X.8 = (1000 * [D1.X.7]) / [D1.I.1]: 1000

For example, if D1.X.2 (Count of opened program integrity investigations) = 50 and D1.I.1 (Plan enrollment) = 40,000, then the ratio in D1.X.3 should be calculated as (1000 * 50) / 40000 = 1.25 per 1000 enrollees. Therefore, the response to D1.X.3 should be, “1.25:1000”.

If you are preparing your responses using the MCPAR Excel template, the ratios required for D1.X.3, D1.X.5, and D1.X.8 will auto-populate once you have filled in D1.I.1, D1.X.2, D1.X.4, and D1.X.7. You can then copy those auto-calculated ratios from Excel into the MDCT MCR web form. Please note that these ratios will not auto-calculate in MDCT MCR, and users must use the formulas above to calculate these ratios.

15. In the past, some MCPAR questions required appeals and grievances data for the entire reporting year, but other questions required data as of the first day in the last month of the reporting year. These differences made it difficult to collect data from the managed care plans. Is CMS planning to align the reporting periods for appeals and grievances?

Yes, in October 2023, CMS revised the MCPAR to align the reporting period for all appeals, state fair hearings, and grievances questions, as well as enrollment questions, so that states report all values for the full reporting year.

16. What is the level of detail required for reporting quality and performance measures?

States should report all managed care plan-level measures that the state uses to monitor managed care quality and performance. The MCPAR collects measures under the following domains:

(1) Primary Care Access and Preventive Care
(2) Maternal and Perinatal Health
(3) Care of Acute and Chronic Conditions
(4) Behavioral Health Care
(5) Dental and Oral Health Services
(6) Health Plan Enrollee Experience of Care
(7) LTSS

States with measures that do not align with these domains should use free text to describe the domain and associated measures. All quality and performance measure results should be reported based on the managed care populations specifically identified in the associated MCPAR.

17. Is there a limit to the total number of quality and performance measures that we can submit in the MCPAR?

The MDCT-MCR portal previously had a systems issue that limited the number of quality and performance measures that could be submitted in the MCPAR, but this issue has been resolved. States should be able to enter all quality and performance measures in the MCPAR. If you experience any technical issues, please contact mdct_help@cms.hhs.gov.

18. 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.

19. The response options for specifying the frequency of plans reporting to states about changes in enrollee circumstances [Question D1.X.10] in the MCPAR web-form, does not reflect our process, as there is no option for "on occurrence". How should we report this to CMS?

You 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.

20. 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.

21. How often do the MCPAR reporting requirements and template change? Will states be notified when there is a change?

In 2023, CMS updated the MCPAR template several times to ensure the report was functioning correctly, to add functions to make the template work better for states, and to revise questions to ensure it collected useful information. CMS expects that the need for updates will decline over time as the MCPAR reporting process matures, and we intend to move to updating the MCPAR less frequently. CMS will notify states of any significant changes to the MCPAR web-form or template and the effective date of the changes.