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Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

DATE: August 25, 2022

TO: ALL MEDI-CAL DENTAL MANAGED CARE PLANS

SUBJECT: **APL 22-010: MANAGED CARE PROGRAM ANNUAL REPORT (MCPAR)**

PURPOSE

The purpose of this All Plan Letter (APL) is to inform and provide guidance to Dental Managed Care (DMC) Plans about new federal requirements for completing the Managed Care Plan Annual Report (MCPAR) due annually to the Centers for Medicare and Medicaid Services (CMS).

BACKGROUND:

On June 28, 2021, CMS announced new reporting requirements as part of its monitoring system over all Medicaid managed care programs, including the evaluation of managed care organizations, prepaid inpatient health programs, prepaid ambulatory health plans, and managed long-term services and supports plans. CMS is requiring states to submit the MCPAR for each managed care program administered by the State regardless of the authority under which the program operates.

The Center for Medicaid and CHIP Services (CMCS) Informational Bulletin related to this MCPAR announcement (CMCS MCPAR Bulletin) may be accessed at <https://www.medicaid.gov/federal-policy-guidance/downloads/cib06282021.pdf>.

POLICY AND REQUIREMENTS

In accordance with 42 CFR § 438.66(e), CMS requires each state to submit a report for each managed care program administered. As defined by the regulation, the report will collect information in the following categories:

- I. Program enrollment and service area expansions
- II. Financial performance
- III. Encounter data reporting
- IV. Grievances, appeals, and state fair hearings
- V. Availability, accessibility, and network adequacy
- VI. Delegated entities
- VII. Quality and performance measures
- VIII. Sanctions and corrective action plans
- IX. Beneficiary support system

X. Program integrity

CMS published the downloadable Annual Managed Care Program Report Excel workbook¹, which provides the exact program-level and plan-level indicators for covered health services, and all MCPAR measures that states are required to report.²

As set forth in the CMCS MCPAR Bulletin, the specific due dates for the MCPAR is based upon the DMC Plan's contract year, beginning January-December 2022. The first MCPAR report for DMC Plans is due to CMS by June 29, 2023.

Future Coordination with DHCS

In August 2022, DHCS will be coordinating with DMC Plans and partners on the MCPAR, and on an ongoing basis, in order to keep all parties on track to fulfill the MCPAR requirements for each plan by the applicable due date.

- DHCS is currently conducting an assessment of the impact of MCPAR on existing technological capabilities and processes for collecting requisite data from plans and programs. In the event DHCS finds necessary data to fulfill MCPAR requirements is not being collected from the DMC Plan, DHCS will provide additional guidance to DMC Plans on additional data collection requirements.
- In the effort to effectively monitor managed care plans and strengthen reporting requirements, CMS has indicated that additional reporting templates will need to be completed. More information about these CMS templates will be forthcoming as information is made available to DHCS.

REQUIREMENTS:

Action required by the DMC Plans: To ensure the accurate and timely completion of MCPAR, DHCS requires plans to provide all needed MCPAR plan-level and program-level data, as well as abide by all established DHCS timelines and processes for submission purposes. Enclosed with this APL are updated or new deliverables that will be used to compile MCPAR reporting requirements. Due dates for existing deliverables are outlined in [APL 21-006: Calendar Year 2022 Deliverables Schedule](#). Due dates for new deliverables are as indicated below and will be included in the deliverables schedule APL issued annually.

Deliverable	Due date
Grievance and Appeals Deliverable	As indicated in APL 21-006
Timely Access & Specialty Referral Report	As indicated in APL 21-006

¹ Annual Managed Care Program Report Excel Workbook:

<https://www.medicaid.gov/medicaid/managed-care/guidance/medicaid-and-chip-managed-care-monitoring-and-oversight-initiative/index.html>

² For purposes of the MCPAR, a program is defined by a distinct set of benefits and eligibility criteria that is articulated in a contract between the state and managed care plans. (See Excel workbook, on reporting instructions.)

Program Integrity Report (new report)	30 calendar days after the end of the Calendar Year (CY)
Policy and procedures for detecting fraud, waste, and abuse. ³	30 calendar days after the end of the CY
Policy and procedures for reporting fraud, waste, and abuse. ⁴	30 calendar days after the end of the CY

If you have any questions regarding this APL, please email dmcdeliverables@dhcs.ca.gov.

Sincerely,

Original signed by:

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Chief, Medi-Cal Dental Services Division
Department of Health Care Services

Enclosures

³ 42 CFR 438.608(a)

⁴ 42 CFR 438.608(a)(7)