Managed Care Program Annual Report – Supplemental Information

The purpose of this document is to provide background and supplemental information about this report to aid in the interpretation of the data presented in the Department's annual managed care program report submission.

Background

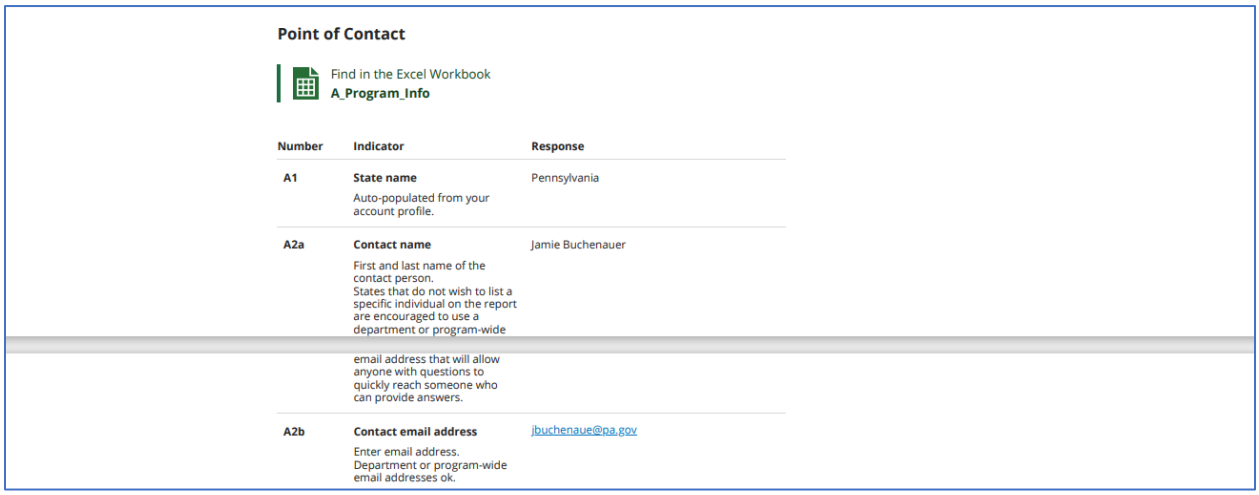
The May 2016 Medicaid and CHIP managed care final rule strengthened state monitoring requirements and added new reporting requirements for states on their managed care programs. In June 2021 and July 2022, CMS released two Informational Bulletins to introduce and provide information on a series of report templates for each of the following reports: the Managed Care Program Annual Report (MCPAR) required in 42 CFR § 438.66(e), the Medical Loss Ratio (MLR) Summary Report required in 42 CFR § 438.74(a), and the Network Adequacy and Access Assurance Report (NAAAR) required in 42 CFR § 438.207(d) and (e). CMS developed standardized templates and a web-based reporting portal to create a single submission process and repository for all reporting related to managed care. The templates for these reports can be found on CMS' Medicaid and CHIP Managed Care Reporting website. The MCPAR report is the first report to be submitted through this web-based portal.

MCPAR – Supplemental Information

Excel Workbooks

Each section of the MCPAR PDF report on DHS's website displays a green spreadsheet icon and states "Find in the Excel Workbook". The Excel template used to populate CMS' online reporting template is not embedded in the PDF of the report. Please note that the information contained in the PDF is the same information required in the MCPAR reporting template. As noted above, the MCPAR reporting template can be found on CMS' Medicaid and CHIP Managed Care Reporting website. Please see the example of the Physical HealthChoices report with the green spreadsheet icon below.

Example – Physical HealthChoices Report Displaying the Green Spreadsheet Icon:



Point of Contact

Find in the Excel Workbook
A_Program_Info

Number	Indicator	Response
A1	**State name** Auto-populated from your account profile.	Pennsylvania
A2a	**Contact name** First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide email address that will allow anyone with questions to quickly reach someone who can provide answers.	Jamie Buchenauer
A2b	**Contact email address** Enter email address. Department or program-wide email addresses ok.	jbuchenaue@pa.gov

Plan Names

Tab A, *Program Information*, collects general program information and the name of each managed care plan that is participating in the program. In order to have information correctly reported in the CMS online reporting portal, DHS had to identify all relevant entities in the plan name field for indicator A.7, *Plan Name*. For Physical HealthChoices and Community HealthChoices, this required indicating both the zone level plan name and the statewide plan name because some metrics are reported at the zone level, such as enrollment and complaint and grievance data. Other measures, such as the quality measures and medical loss ratio are reported at the state level by plan. Behavioral HealthChoices plan names include both the MCO name and all the primary contractors because some information is reported at the MCO level while other information is reported at the primary contractor level.

For example, an MCO that operates in all five geographic zones has six plan names entered for indicator A-7 – five zone names and one statewide name. The plan enrollment reported in indicator D1.I.1, *Plan Enrollment*, reflects zone level enrollment. As a result, the statewide name will display “N/A” to avoid duplicating counts and skewing percentage calculations. All the zone level enrollment is grouped together alphabetically while the plan level “N/A” is listed alphabetically at the bottom. Please see Community HealthChoices D1.I.1 below as an example.

Example – Community HealthChoices Zone Level D1.I.2 Results:

D1I.2	**Plan share of Medicaid** What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment? • Numerator: Plan enrollment (D1.I.1) • Denominator: Statewide Medicaid enrollment (B.I.1)	**AmeriHealth Caritas Pennsylvania SW** 0.50082183447493 26% **Keystone First SE** 2.845682298094865% **AmeriHealth Caritas Pennsylvania LC** 1.04% **AmeriHealth Caritas Pennsylvania NE** 0.7353809977830942% **AmeriHealth Caritas Pennsylvania NW** 0.19802993700243918% **Pennsylvania Health & Wellness SW** 0.62% **Pennsylvania Health & Wellness SE** 0.897057189150615% **Pennsylvania Health & Wellness LC** 0.5252136477167041% **Pennsylvania Health & Wellness NE** 0.39845810983920127% **Pennsylvania Health & Wellness NW** 0.1731994220836575%

		UPMC Community HealthChoices SE 0.8370135529571417% **UPMC Community HealthChoices LC** 0.7642183213519 03% **UPMC Community HealthChoices NE** 0.47356383694336074% **UPMC Community HealthChoices NW** 0.5252136477167041% **AmeriHealth Caritas Pennsylvania** N/A% **Pennsylvania Health & Wellness** N/A% **UPMC Community HealthChoices** N/A% **Vista Healthcare DBA Keystone First and Vista Healthcare DBA AmeriHealth Caritas Pennsylvania** N/A%
D1I.3	**Plan share of any Medicaid managed care** What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in any type of managed care? • Numerator: Plan enrollment (D1.I.1)	**AmeriHealth Caritas Pennsylvania SW** 0.5056655567459282% **Keystone First SE** 2.873204450234879% **AmeriHealth Caritas Pennsylvania LC**

The opposite occurs when the measure is reported at the statewide level. For example, the Quality and Performance Measures in D2, *Plan Measures*, have results reported under the plan's statewide name. "N/A" is entered for the zone level plan names in this scenario.

Discrepancies
When DHS compared the data submitted to CMS against the PDF reports generated from the web-based reporting portal, DHS identified the following discrepancies:

Variations in the Way Decimals are Displayed

- The reports posted may round a percentage to two decimal places and in other instances the decimal will be expressed with multiple decimal places.

  This can be observed in indicator D1.I.2, *Plan Share of Medicaid*, and D1.I.3, *Plan Share of Any Medicaid Managed Care*. This also occurs with indicator D1.III.2, *Share of Encounter Data That Met State's Timely Submission Requirements*. The Community HealthChoices D1.I.2 zone level example above shows the use of two and multiple decimal places.

Medical Loss Ratio (MLR)

- The report posted for OLTL is missing Pennsylvania Health & Wellness' MLR in D1.II.1a. Pennsylvania Health & Wellness' MLR was 89.30%.

Example – Medical Loss Ratios for the three Community HealthChoices MCOs:

Pennsylvania Health & Wellness

N/A%

UPMC Community HealthChoices

87.10%

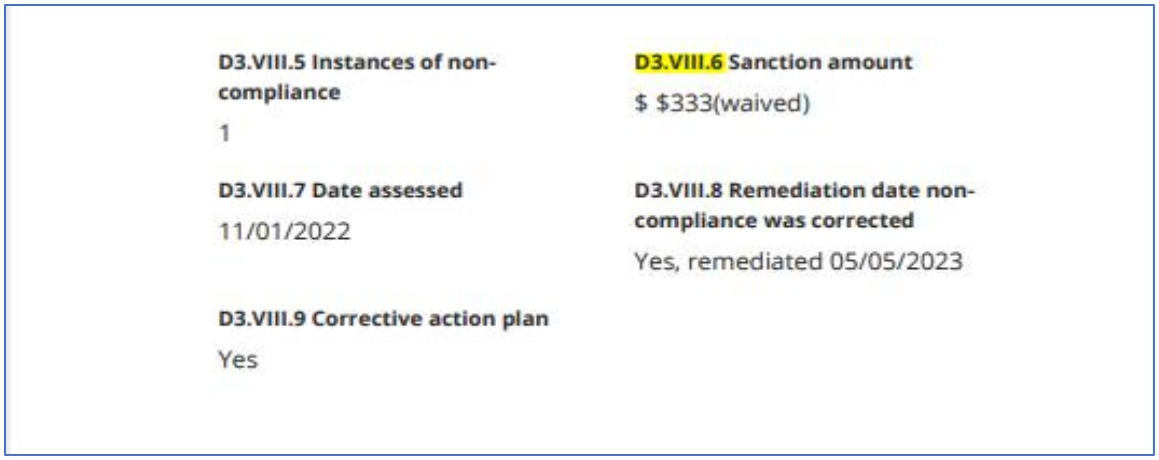
Vista Healthcare DBA Keystone First and Vista Healthcare DBA AmeriHealth Caritas Pennsylvania

91.60%

Sanctions

- The reports posted reflect two dollar sign ($$) symbols for indicator D3.VIII.6, *Sanction Amounts*, for some Physical HealthChoices responses.

Example – Physical HealthChoices D3.VIII.6 Illustrating Two Dollar Signs:



Beneficiary Support System (BSS)

- The reports posted for OLTL and OMHSAS drop additional narrative included as part of the "Other" response for Beneficiary Support System indicators E.IX.1, *BSS Entity Type*, and E.IX.2, *BSS Entity Role*. The response for both indicators on the OMHSAS report should read "Behavioral Health members are assigned a Behavioral Health MCO depending on their county of residence; therefore, choice counseling on behavioral health MCOs is not provided." Indicator E.IX.2 for PA MEDI (OLTL) should read "Other – assists individuals understand Medicare benefits and make informed choices about Medicare coverage options."

Example – Behavioral HealthChoices EIX.2 “Other “Dropped Narrative :

Number	Indicator	Response
EIX.1	**BSS entity type** What type of entity was contracted to perform each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).	**N/A** Other, specify – undefined
EIX.2	**BSS entity role** What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b).	**N/A** Other, specify – undefined