IOWA MEDICAID

MANAGED CARE ORGANIZATION (MCO) ONGOING OPERATIONS REPORTING MANUAL

FINAL

OCTOBER 2022

Iowa Department of Human Services, Iowa Medicaid
Managed Care Reporting Manual

TABLE OF CONTENTS

OVERVIEW

This manual provides information for all reporting requirements required by the Iowa Department of Human Services (DHS) Iowa Medicaid for Iowa Health Link Medicaid Managed Care Organizations (MCOs). All submitted reports must be specific to the Iowa Health Link program only and must meet the ***Performance Targets and Reporting Requirements*** identified in Section 14.1 of the MCO Contract.

Each managed care organization is required to adhere to reporting requirements in Section 14 of the contract including but not limited to:

Section 14.1.1 - Reporting Requirements

The Contractor shall comply with all reporting requirements and shall submit the requested data completely and accurately within the requested timeframes and in the format identified by the Agency…

Section 14.1.5 - Other Reporting and Changes

The Agency may change the frequency of reports and may require additional reports and performance targets at any time. In these situations, the Agency will provide at least thirty (30) calendar days' notice to the Contractor before changing reporting requirements. The Agency may request ad hoc reports at any time. The Reporting Manual, which shall be provided following the Contract award date, will detail reporting requirements and the full list of required reports.

The department has provided over thirty days' notice as described in 14.1.5. As such, template revisions provided to the managed care organizations on January 17, 2017, are expected to be implemented as of reporting due on March 2, 2017, for monthly reports and April 30, 2017, for quarterly reports, and subsequent reporting periods until any further changes are made. If reports are submitted in a format other than what is expected, these reports will be considered incomplete until submitted on the most current template.

Notice: Submitting questions related to reporting does not preclude a report from being due. All parties will work together to ensure that all questions are answered but, to the extent that there are outstanding questions as of the due date of required reports, it is the expectation that the managed care organization document assumptions made and submit the report by the communicated due date.

SUBMISSION REQUIREMENTS

Unless otherwise noted, the MCO must submit all reports using the formats specified by Iowa Medicaid. If Iowa Medicaid changes the reporting templates, formats, or definitions, Iowa Medicaid will provide the MCO with new electronic versions of the templates or formats.

To minimize the impact of mid-year changes Iowa Medicaid Staff and/or MCO's should recommend changes to templates, formats, or definitions at least 30-days prior to the start of the new state fiscal year.

Decommissioned Reports

In the event an MCO exits the market, a separate "decommissioned" document will be created to outline final reporting requirements.

File Names

MCO must submit reports using the following Iowa Medicaid prescribed naming conventions.

File Name Construction:

[MCO] [Template name with applicable version] - [Reporting Period] - [Date Report Submitted]

- **MCO**: AGP or ITC
- **Template Name**: AccQual A1 A5 D1 E4 Care Coordination V12
- **Reporting Period**: Data reflects covered timeframe
    - Monthly Reports: **MMM** SFY**YY** (Jan SFY21)
    - Quarterly Reports: Q**1-4** SFY**YY** format (Q1 SFY21)
        - Quarters will be defined as follows:
            - Quarter 1 (Q1): July, August, and September
            - Quarter 2 (Q2): October, November, and December
            - Quarter 3 (Q3): January, February, and March
            - Quarter 4 (Q4): April, May, June
    - Biannual Reports (E10): Biannual + Experience Month & Year (Biannual Jul 2020)
    - Annual Reports: Indicate the covered timeframe by using either **Annual** CY**YY** (i.e., Jan-Dec), **Annual** SFY**YY** (i.e., Jul-Jun), or just A**nnual** if neither CY or SFY (i.e., COI effective dates are 3/1/20 to 3/1/21)
- **Date Report Submitted**: Use DD.MM.YYYY format

Examples:

- AGP PI1-PI7_Program Integrity Report V1 - Jul SFY21 - 08.30.2020
- ITC AccQual A1 A5 D1 E4 Care Coordination V12 - Q1 SFY21 - 10.30.2020
- AGP AccQual E10 Employment V4 - Biannual Jul 2020 - 11.30.2020
- ITC FinAdm B3 Insurance Premium Notice V2 - Annual - 07.15.2020

Submitting Reports to Iowa Medicaid

As of June 2022, all reports must be uploaded to the **Iowa Medicaid Portal Access** (**IMPA**) site; however, a project is in progress that will eventually transition all reporting from IMPA to a new **Secure File Transfer Protocol** (**SFTP**) site.

- **Exception**: The **Member & Provider Tip Reports** are sent to the **FWA** mailbox for both the mid-month and month-end reports.

Quality Assurance Samples

- MCOs must use sound research methodology.
- The annual sample size will then be divided into 12 equal parts and the random draw would be done monthly.
- Each year the sample size will be recalculated so sample sizes are approximate.
- Random samples would also be weighted by consumers who are newly enrolled and consumers with ongoing utilization of services.
- Random samples will be weighted by geographical areas of the state and age.
- For member surveys, members do have the right to decline interviews however a sample with a 95% confidence level is the goal of completed interviews.
    - For this reason, ***a separate random sample will be pulled*** and used as a resource to replace consumers declining the QA interview.
    - This sample will remain intact as a resource until exhausted. At that point, another random sample will be drawn.

Resubmitted or Corrected Reports

- The department may initiate requests for report resubmission for reasons including but not limited to accuracy or completion
- Report resubmissions that are not initiated by the department require a written request from the MCO and authorization for resubmission by the department
    - Resubmitted or corrected reports are accepted without a written request on or before the report due date only
- Report resubmissions will result in liquidated damages at the discretion of the department when resubmission is related to at least one of the following compliance issues: completion, accuracy, timeliness, or failure to meet performance standards
- If the MCO is submitting a corrected report replace the initial **Date Report Submitted** date with "**- Resubmitted** (**MM.DD.YYYY**)" behind the file name

Examples:

- AGP PI1-PI7_Program Integrity Report V1 - Jul SFY21 - Resubmitted 09.09.2020

- ITC AccQual A1 A5 D1 E4 Care Coordination V12 - Q1 SFY21 - Resubmitted - 11.09.2020
- AGP AccQual E10 Employment V3 – Biannual SFY21 - Resubmitted 09.09.2020
- ITC FinAdm B3 Insurance Premium Notice - Annual SFY21 - Resubmitted 07.21.2020

Rounding Standards

Reported measures may include percentages, whole numbers, or numbers expressed to a specific decimal place; however, standard numerical rounding rules apply to all reported measures. The only exception is when a specific measurement explicitly states that the number must be absolute, and rounding is not to be used. For example, all pharmacy prior authorizations must be completed within 24 hours:

8,525 Rx prior authorizations/ 8,500 Rx prior authorizations completed timely = 99.7%, not 100%

Templates

Prescribed Templates

In the cases where Iowa Medicaid prescribes a template, the MCO must adhere to the following guidelines:

- Iowa Medicaid requires that the MCO submit its data in these templates ***without changing the template format*.**
- Iowa Medicaid will supply these templates electronically to the MCO. If the MCO submits data with incorrect file or worksheet names, or in formats that have been altered in any other way except to provide the performance data for the current reporting period, Iowa Medicaid will require the MCO to re-submit the data under correct file or worksheet names and in correct formats.
- Each report template has a Data Definitions worksheet that indicates:
    - Contract reporting requirement
    - Measure definitions
    - Measure calculations
- MCOs should only enter data in the identified cells. Do not insert new worksheets, columns, or rows, except where instructed.
- MCOs wishing to resubmit previous reporting period data must provide Iowa Medicaid with the reason for restatement and must label files consistent with the file naming convention outlined below.
- N**o Date/Blank Spaces** (Where there is no data to report):
    - **Text Fields**: Indicate **N/A** or a sentence expressing that there is no information to report
    - **Numeric Fields**: Key **0**
    - **Exceptions**:
        - "Comment" fields may be left blank

- If template instructions allow

No Prescribed Templates

In the cases where a template is not prescribed, the MCO must adhere to the following guidelines:

- Each report should be submitted in a single document containing all elements
- Include a detailed Table of Contents that lists all sections and subsections and their corresponding, correct page numbers for lengthy documents
- Indicate clearly which data is Health Link if reporting for multiple lines of business or states
- Define terms that may not be familiar to the lay reader
    - **Example**: The consumer satisfaction survey was completed using the Mixed Methodology
- Spell out acronyms upon first use
    - **Example**: MRR = medical record review
- Eliminate typographical errors and tracked changes, unless track changes have been included to facilitate Iowa Medicaid review
- Number all pages in consecutive order, including appendix pages
- Include a footer with the report name, year, and submission date
    - **Example**: 2015 [MCO name] Annual Program Evaluation, 10/1/15
- Regarding charts, graphs, and data tables within these documents the MCO's will follow the guidelines below:
    - Include a header for each chart or table, with an explanation for the data presented in the table and the timeframe represented
    - Label clearly both the horizontal and vertical axis on each table
    - Include detailed data charts and graphs, including trended data which compares more than the most recent two years, in an appendix (**Example**: Do not include a table listing all 80 languages spoken by providers and the number of providers speaking each language in the body of the report)
    - Include the targets for tables and charts comparing actual performance to targets,
    - Reference the header name of the table or chart in the narrative when referring to data represented in a table or chart
    - Provide a key to tables and charts which use unfamiliar terms or acronyms, defining those terms or acronyms (**Example**: Den = denominator)
    - Shade charts and graphs so that the reader can easily distinguish data and rate comparisons if printing in black and white
    - Include the header(s) on each page for tables and charts that comprise more than one page (**Example** to correct: Header for data table is on the bottom of one page with no data, and data for table is on the following page with no header)

Timeframes

The MCO must submit reports by the dates due as indicated in the report descriptions and in the specified formats. The Required Reporting below provides information on timeframes for submitting the reports.

In the event the report submission date falls on a weekend or a holiday, the report must be submitted the next business day.

FINANCIAL AND ADMINISTRATIVE (FINADM) REPORTING

This section outlines definitions for the following reports:

A. Third Party Liability (TPL) and Insurance
B. Iowa Insurance
C. Physician Incentives
D. Program Integrity
E. Claims Processing and Pharmacy Rebates

B-2. Annual Independent Audit	
Purpose	Audit MCO financials
Frequency	Annually
Timeframe	Within six months following the end of each calendar year (**June 30**)
MCO Report Template Filename	(MCO) FinAdm B-2 Annual Independent Financial Audit V1  Financial Audit V1 - 09.28.2016
Definitions	Reference the templates ***Data Definitions*** tab
Prescribed Template	Yes
Report Effective Date	Template provided to MCO: 09/28/2016 First Reporting Period: n/a First Production Due: n/a

A. Physician Incentives	
C-1. Provider Incentives	
Purpose	Monitor how the MCO has utilized provider incentives
Frequency	Quarterly
Timeframe	Thirtieth (30th) calendar day after the close of the quarter

A. Physician Incentives	
MCO Report Template Filename	(MCO) FinAdm C-1 Provider Incentives V7  C1 Incentives V7 - 06.2021
Definitions	Reference the templates ***Data Definitions*** tab
Prescribed Template	Yes
Report Effective Date	Template provided to MCO: June 2021 First Reporting Period: Q1 SFY2022 First Production Due: 10/30/2021

C-2. CMMI Reporting	
Purpose	Gather and Report State Innovation Model Activities as Required by the Center for Medicare and Medicaid Innovation (CMMI)
Frequency	Annually
Timeframe	No later than **September 30th** of the reporting year.
MCO Report Template Filename	(MCO) FinAdm C-2 CMMI Reporting V4  CMMI Reporting V4 - 07.11.2019
Definitions	Reference the templates ***Data Definitions*** tab
Prescribed Template	Yes
Report Effective Date	Template provided to MCO: 07/11/20019 First Reporting Period: n/a First Production Due: n/a

B. Program Integrity
Member Tip Report

B. Program Integrity	
Purpose	Provides a **semi-monthly** overview of tips being reported to the MCO or DBM which compliments the monthly **PI_1 Investigative Activities** report. Feedback for submission, accuracy, completion, and performance will be captured when Iowa Medicaid reviews the semi-monthly tips against the monthly PI_1 report. **Note**: The Member Tip Report is sent to the **FWA** mailbox for both the mid-month and month-end reports.
Frequency	Semi-Monthly
Timeframe	First (1st) and Sixteenth (16th) of every month.
MCO Report Template Filename	(MCO) Program Integrity Member Tip Report V2  Member Tip Report_V2 - 02.28.2(
Definitions	Reference the ***Program Integrity Reporting Companion Guide***
Prescribed Template	Yes
Report Effective Date	Template provided to MCO: 02/28/2020
Provider Tip Report	
Purpose	Provides a **semi-monthly** overview of tips being reported to the MCO or DBM which compliments the monthly **PI_1 Investigative Activities** report. Feedback for submission, accuracy, completion, and performance will be captured when Iowa Medicaid reviews the semi-monthly tips against the monthly PI_1 report. **Note**: The Provider Tip Report is sent to the **FWA** mailbox for both the mid-month and month-end reports.
Frequency	Semi-Monthly
Timeframe	First (1st) and Sixteenth (16th) of every month.
MCO Report Template Filename	(MCO) Program Integrity Provider Tip Report V2

B. Program Integrity	
	Provider Tip Report_V2
Definitions	Reference the ***Program Integrity Reporting Companion Guide***
Prescribed Template	Yes
Report Effective Date	Template provided to MCO: May 2022
PI_1 Investigative Activities	
Purpose	Utilized for tracking the progress of tips, investigations and providing next steps once an investigation is closed. If the tip progresses to requesting records, this tip is moved to the investigation phase for the purposes of this report as described below.
Frequency	Monthly
Timeframe	Thirtieth (30th) calendar day after the close of the month
MCO Report Template Filename	(MCO) PI1-PI7_Program Integrity Report V14 PI1-PI7_PI Report V14
Definitions	Reference the ***Program Integrity Reporting Companion Guide***
Prescribed Template	Yes
Report Effective Date	Template provided to MCO: May 2022
PI2_FWA Provider Notices	
Purpose	The Provider Notice tab is a way to track FWA provider notices submitted, supplemental information provided to MFCU without provocation, overpayment letters sent to providers and/or education letters sent to providers. *See PI_1 for shared template.

B. Program Integrity	
PI3_Recovery	
Purpose	The Recovery tab is used to track the amount and number of recoupments made throughout the reporting timeframe. *See PI_1 for shared template.
PI4_Credible Allegation of Fraud	
Purpose	This tab is to detail the CAFs that each MCO or DBM has in place. *See PI_1 for shared template.
PI5_IME Provider Action	
Purpose	This section describes actions that Iowa Medicaid has taken against a provider that the MCO or DBM implements. *See PI_1 for shared template.
PI6_MCO Provider Action	
Purpose	This section highlights actions that the MCO or DBM has taken against a provider for program integrity reasons. *See PI_1 for shared template.
PI7_Requests for PI Information	
Purpose	This section is to provide Iowa Medicaid with information that has been requested from the MCO or DBM relevant to program integrity. *See PI_1 for shared template.
PI14_Total Non-PI Recoveries	
Purpose	This report shows the amount of money recovered due to a variety of non-program integrity related reasons. Although this section shows non-PI recoveries, these recoveries may show trends that do involve PI in the future.
Frequency	Monthly
Timeframe	Thirtieth (30th) calendar day after the close of the month
MCO Report Template Filename	(MCO) PI14_Total Non-PI Recoveries V4  PI14_Non-PI Recoveries V4
Definitions	Reference the ***Program Integrity Reporting Companion Guide***
Prescribed Template	Yes
Report Effective Date	Template provided to MCO: Oct 2022

B. Program Integrity	
PI8_Cost Avoidance Cost Savings	
Purpose	This section shows the amount of money saved as cost avoidances or cost savings. At the top of this report, there is a spot to update the MCO/DBM name and add the SFY. Categories are broken down into Data Mining, Payment Policies, Internal Policy and Rule Changes and Proprietary Payment Edits (Non-CCI). There is a spot for categories listed below for categories not covered in those listed. Examples are SIU Pre-Payment Review and Audit Services, among other avoidance and saving techniques.
Frequency	Quarterly
Timeframe	Thirtieth (30th) calendar day after the close of the quarter
MCO Report Template Filename	(MCO) PI8-PI10_Program Integrity Cumulative-Quarterly Update and Reporting V4 PI Report V4 - 04.19.2021
Definitions	Reference the ***Program Integrity Reporting Companion Guide***
Prescribed Template	Yes
Report Effective Date	Template provided to MCO: 04/19/2021
PI9_PI Activity	
Purpose	This portion of the template shows activities completed surrounding member outreach, provider outreach, education, and prevention. At the top of this report, there is a spot to update the MCO/DBM name and add the SFY. *See **PI8** for shared template.
PI10_Algorithms	
Purpose	This section highlights each algorithm run by the MCO or DBM. There must be enough information reported to understand what was reviewed. At the top of this report, there is a spot to update the MCO/DBM name and add the SFY. The definition that Iowa Medicaid is using for algorithms is as follows: Running data and identifying a pattern in your data that shows a potential program integrity concern. These are not to be confused with system edits. *See **PI8** for shared template.

B. Program Integrity	
PI11_Single Case Agreement Annual Report	
Purpose	This Excel spreadsheet is used to document all the single case agreements that the MCO or DBM had during the previous SFY.
Frequency	Annual
Timeframe	No later than **July 30** for the prospective state fiscal year plan.
MCO Report Template Filename	(MCO) PI11_Single Case Agreement Annual Report V1  Single Case V1 - 02.28.2020
Definitions	Reference the ***Program Integrity Reporting Companion Guide***
Prescribed Template	Yes
Report Effective Date	Template provided to MCO: 02/28/2020
PI12_Program Integrity Annual Work Plan	
Purpose	This template is in Excel and should be a brief plan to show what activities the MCO or DBM will complete throughout the year.
Frequency	Annual
Timeframe	No later than **July 30** for the prospective state fiscal year plan.
MCO Report Template Filename	(MCO) PI12_Program Integrity Annual Work Plan V1  Annual Work Plan V1 - 02.28.2020
Definitions	Reference the ***Program Integrity Reporting Companion Guide***
Prescribed Template	Yes
Report Effective Date	Template provided to MCO: 02/28/2020
PI13_Program Integrity Compliance Plan	
Purpose	This form is a word document that allows for an explanation for each section in each MCO or DBM Compliance Plan.

B. Program Integrity	
Frequency	Annual
Timeframe	No later than **July 30** for the prospective state fiscal year plan.
MCO Report Template Filename	(MCO) PI13_Program Integrity Compliance Plan V2  Compliance Plan V2 - 02.28.2020
Definitions	Reference the ***Program Integrity Reporting Companion Guide***
Prescribed Template	Yes
Report Effective Date	Template provided to MCO: 02/28/2020
PI15_Program Integrity Annual Member Lock-in Report	
Purpose	This form is an Excel document that captures the members that have been locked throughout the previous State Fiscal Year.
Frequency	Annual
Timeframe	No later than **July 30** for the prospective state fiscal year plan.
MCO Report Template Filename	PI15_Program Integrity Annual Member Lock-in Report V1  PI Report V1 - 04.19.2021
Definitions	Reference the ***Program Integrity Reporting Companion Guide***
Prescribed Template	Yes
Report Effective Date	Template provided to MCO: 04/19/2021

C. Claims Processing	
E-1. Claims Processing	
Purpose	Report and assess MCO claims processing activities
Frequency	Quarterly Split-by-Month

C. Claims Processing	
Timeframe	Thirtieth (30th) calendar day after the close of the quarter
MCO Report Template Filename	(MCO) Consumer Reports V7  Consumer Reports V7
Definitions	Reference the templates ***Data Definitions*** tab
Prescribed Template	Yes
Report Effective Date	Template provided to MCO: May 2022
E-2. Claims Denials	
Purpose	Identify the most frequent reasons for claims denials. *See E-1 for shared template.
E-3. Point of Sale (POS) Claims (Pharmacy)	
Purpose	Report and assess MCO POS pharmacy claims processing. *See E-1 for shared template.
E-4. POS Claims Denials – Top 10 Reasons for Claims Denial	
Purpose	Identify the most frequent reasons for claims denials. *See E-1 for shared template.
E-5. Claim Reprocessing and Adjustments	
Purpose	Monitor MCO processing of provider-initiated adjustments. *See E-1 for shared template.
E-6. Correct Coding Initiative Details	
Purpose	Monitor MCO correct coding initiatives
Frequency	Quarterly
Timeframe	Thirtieth (30th) calendar day after the close of the quarter

C. Claims Processing	
MCO Report Template Filename	(MCO) FinAdm E-6 Correct Coding Initiative Details V6  E-6 Correct Coding Initiative V6
Definitions	Reference the templates ***Data Definitions*** tab
Prescribed Template	Yes
Report Effective Date	Template provided to MCO: May 2022
E-7. Claims Run Out	
Purpose	(MCO) Consumer Reports V6. *See E-1 for shared template. ****Note**: E-7 data is reported quarterly; however, measures are reported with a 90-day lag.

D. Financial Reporting	
F-1. Iowa Financial MRT	
Purpose	Report and assess MCO revenue, income, expenses, program integrity, and third-party liability. MRT = Medicaid Reporting Template
Frequency	Quarterly
Timeframe	Due 5/15, 8/15, 11/15, & 3/1
MCO Report Template Filename	(MCO) FinAdm F1 Iowa Financial MRT V2  FinAdm F1 Iowa Financial MRT V2
Definitions	Reference the templates ***Data Definitions*** tab

D. Financial Reporting	
	Special Note: The new template includes previously reported B3 Insurance Premium Notice requirements and requires all MCOs to document effective and renewal dates of all their commercial lines insurance policies (e.g., GL, Auto, Property, WC, etc.). In addition to this requirement all MCOs must also submit copies of their Certificate of Insurance (COI) for each policy. MCOs will need to create a folder in **IMPA** titled "**Certificates of Insurance** (**COI**)" separate from monthly, quarterly, and annual report folders. Within 30-days of each policy renewal upload a copy of each certificate of insurance copy into this folder and send an FYI email to your account manager. The date files are loaded in this COI folder is the date that should be listed on the F-1 template.
Prescribed Template	Yes
Report Effective Date	o First Ad HOC for SFY22 due 12/2/2022 o First quarterly production is due 12/2/2022

G. Electronic Visit Verification (EVV)	
G-2. EVV Maintenance and Operations	
Purpose	Provide information on oversight of EVV maintenance and operations
Frequency	Quarterly Split-by-Month
Timeframe	Thirtieth (30th) calendar day after the close of the quarter
MCO Report Template Filename	(MCO) FinAdm G2 EVV Maintenance and Operations
Definitions	For EVV maintenance and operations oversight, MCOs have submitted a report that includes the following data and visualizations. Please provide the Iowa Medicaid approved maintenance and operations report quarterly. 1. Executive summary

G. Electronic Visit Verification (EVV)	
	a. Visits/ Claims by provider type b. Enhancements c. Change order requests d. Trends/ Insights 2. Monthly visit summary/ check in method by provider type 3. On time/ late (1-3 hrs)/ missed (3+ hours) visits 4. Manual entry reason codes a. Caregiver error b. Forgot to clock in/out c. No access to application or IVR d. Technical error e. Other 5. Claimed visits 6. Claimed amounts 7. Visits with pre-billing edits 8. Open & resolved pre-billing alerts 9. Pre-Billing Edits/Alerts (Top 5 Cumulative) for Providers 10. Pre-Billing Edits/Alerts (Top 5 Cumulative) for Payer 11. Glossary of terms
Prescribed Template	No
Report Effective Date	Template provided to MCO: n/a First Reporting Period: Q1 SFY2022 First Production Due: 10/30/2021

ACCESS AND QUALITY (ACCQUAL) REPORTING

This section outlines definitions for the following reports:

A. Member Support and Satisfaction
B. Provider Network Access and Credentialing
C. Quality Management
D. Health Outcomes
E. Long Term Care Services and Supports
F. Prior Authorizations

A. Member Support and Satisfaction	
A-1. Completion of Initial and Comprehensive Health Risk Assessment (Senior, Adult and Child)	
Purpose	Monitor MCO health risk assessment activities
Frequency	Quarterly
Timeframe	Thirtieth (30th) calendar day after the close of the quarter
MCO Report Template Filename	(MCO) AccQual A1 A5 D1 E1 Care Coordination V14  A1 A5 D1 E1 Care Coordination V14
Definitions	Reference the templates ***Data Definitions*** tab
Prescribed Template	Yes
Report Effective Date	Template provided to MCO: June 2022 First Reporting Period: SFY 2023 Q1 First Production Due: 10/30/2022
A-5. Reassessments and Update of Care Plans (Senior, Adult and Child)	
Purpose	Monitor MCO care plan updates. *See A-1 for shared template.
A-8. Helpline Performance	
Purpose	Monitor call center performance
Frequency	Quarterly Split-by-Month
Timeframe	Thirtieth (30th) calendar day after the close of the quarter

A. Member Support and Satisfaction	
MCO Report Template Filename	(MCO) AccQual A8 B6 Helplines V2  Helplines - V2
Definitions	Reference the templates ***Data Definitions*** tab
Prescribed Template	Yes
Report Effective Date	Template provided to MCO: April 2021 First Reporting Period: SFY 2022 Q1 First Production Due: 10/30/2021
A-10. Member Grievances and Appeals (Adult and Child)	
Purpose	Monitor the volume of MCO member grievances
Frequency	Quarterly
Timeframe	Thirtieth (30th) calendar day after the close of the quarter
MCO Report Template Filename	(MCO) AccQual A-10 Grievances and Appeals V9  A10 Grievance and Appeals V9
Definitions	Reference the templates ***Data Definitions*** tab
Prescribed Template	Yes
Report Effective Date	Template provided to MCO: Oct 2022
A-11. CAHPS Survey Results	
Purpose	Monitor MCO CAHPS rates
Frequency	Annually
Timeframe	No later than **July 15th** of reporting year
MCO Report Template Filename	(MCO) AccQual A-11 CAHPS Annual V4

A. Member Support and Satisfaction	
	A-11 CAHPS Annual V4
Definitions	CAHPS survey results; Reference the templates ***Data Definitions*** tab
Prescribed Template	Yes
Report Effective Date	Template provided to MCO: May 2022
A-12. Value-Added Services	
Purpose	Monitor value-added service provision and utilization
Frequency	Quarterly
Timeframe	Thirtieth (30th) calendar day after the close of the quarter
MCO Report Template Filename	(MCO) AccQual A-12 Value-Added Services V6 Value-Added V6 - 06.28.2019
Definitions	Reference the templates ***Data Definitions*** tab
Prescribed Template	Yes
Report Effective Date	Template provided to MCO: 06/28/2019 First Reporting Period: SFY2020 Q1 First Production Due: 10/30/2019
A-13. Revised Assessments	
Purpose	Monitor assessment revisions
Frequency	Quarterly
Timeframe	Thirtieth (30th) calendar day after the close of the quarter
MCO Report Template Filename	(MCO) AccQual A-13 Revised Assessments V3

A. Member Support and Satisfaction	
	Assessments V3 - 09.29.2017
Definitions	Reference the templates ***Data Definitions*** tab
Prescribed Template	Yes
Report Effective Date	Template provided to MCO: 09/29/2017 First Reporting Period: SFY 2018 Q1 First Production Due: 10/30/2017
A-14. Revised Care Plans	
Purpose	Monitor care plan revisions
Frequency	Quarterly
Timeframe	Thirtieth (30th) calendar day after the close of the quarter
MCO Report Template Filename	(MCO) AccQual A-14 Revised Care Plans V5 Care Plans V5 - 07.24.2019
Definitions	Reference the templates ***Data Definitions*** tab
Prescribed Template	Yes
Report Effective Date	Template provided to MCO: 07/24/2018 First Reporting Period: SFY 2019 Q1 First Production Due: 10/30/2018
A-15 Care Plan Reductions	
Purpose	Report reductions or terminations in services
Frequency	Monthly
Timeframe	Thirtieth (30th) calendar day after the close of the month

A. Member Support and Satisfaction	
MCO Report Template Filename	(MCO) AccQual A-15 Care Plan Reductions V6 (aka **Step 1**): **Step 1**: MCO sends **all** Care Plan Reductions and Terminations for a specific month.  A-15 Service Plan Reductions V7 (MCO) AccQual A-15 Sample Care Plan Reductions V5 (aka **Step 2 - 4**): The Sample template is used to go back and forth between Iowa Medicaid and MCO. **Step 2**: Iowa Medicaid will take a **random sample** from the Step 1 template and apply to the Sample template. File is then renamed Step 2. **Step 3**: MCO completes additional information and sends completed file back to Iowa Medicaid. The MCO does not rename file. **Step 4**: Iowa Medicaid completes review process, renames file to Step 4, and returns to MCO for their records. **Note**: If applicable, the MCO will be notified if an additional response is required.  A-15 SAMPLE Service Plan Reducti
Definitions	Reference the templates ***Data Definitions*** tab

A. Member Support and Satisfaction	
Prescribed Template	Yes
Report Effective Date	**Step 1**: Template provided to MCO: May 2022 **Sample**: Template provided to MCO: May 2022

A-16. Planned Coordination Events	
Purpose	Document observations of the service planning process
Frequency	Semi-Monthly
Timeframe	Fifteenth (15st) and Thirtieth (30th) of every month.
MCO Report Template Filename	(MCO) AccQual A16 Planned Coordination Events V8 A16 Planned Coordination Events
Definitions	Reference the templates ***Data Definitions*** tab
Prescribed Template	Yes
Report Effective Date	Template provided to MCO: June 2022 First Reporting Period: SFY23 First Production Due: 07/30/2020

B. Provider Network Access and Credentialing	
B-3. 24-Hour Provider Access	
Purpose	Monitor MCO provider network for providers available 24 hours, seven days a week.
Frequency	Annually
Timeframe	No later than **July 15** of the reporting year
MCO Report Template Filename	No prescribed template

B. Provider Network Access and Credentialing	
Definitions	MCOs must monitor 24-hour provider access throughout the year and provide an annual report of monitoring activities. The MCO is required to submit a report that includes the following: a. Providers Reviewed [Count] i. Providers Identified with Less than 24/7 Availability [Count and %] b. Corrective Action Plan Submitted i. Yes ii. No c. Date Corrective Action Plan Submitted to DHS
Prescribed Template	No
Report Effective Date	Template provided to MCO: n/a First Reporting Period: n/a First Production Due: n/a
B-4. Provider Credentialing	
Purpose	Monitor MCO provider credentialing procedures
Frequency	Quarterly
Timeframe	Thirtieth (30th) calendar day after the close of the quarter
MCO Report Template Filename	MCO) AccQual B-4 Provider Credentialing V4 B-4 Provider Credentialing V4 (MCO) AccQual B-4 Provider Credentialing V5 – New template version suspended until 7/1/2023 B-4 Provider Credentialing V5
Definitions	Reference the templates ***Data Definitions*** tab

B. Provider Network Access and Credentialing	
Prescribed Template	Yes
Report Effective Date	10/31/2022
B-5. Subcontractor Compliance Reporting	
Purpose	Monitor MCO subcontractor compliance
Frequency	Quarterly
Timeframe	Thirtieth (30th) calendar day after the close of the quarter
MCO Report Template Filename	No prescribed template
Definitions	The MCO is required to submit a report that includes the following elements: a. Name of Subcontractor Reviewed b. Compliance Areas Reviewed c. Specific Compliance Issues Identified (*If no issues, the MCO should report "none."*) *d.* Corrective Action Plan (*If no specific compliance issues are identified, this field is not required.)* *e.* Date Corrective Action Plan Submitted to DHS (*If no specific compliance issues are identified, this field is not required.)* In accordance with the Iowa managed care contract: **2.2.2 Subcontractor Oversight** The Contractor shall have policies and procedures, subject to Agency review and approval, to audit and monitor subcontractors' data, data submission and performance, and shall implement oversight mechanisms to monitor performance and compliance with Contract requirements. The Contractor shall implement and adhere to the Agency-approved policies and procedures. Changes to these policies and procedures shall receive the Agency's prior approval. Further, the Contractor shall monitor the subcontractor's performance on an ongoing basis. The Contractor shall conduct formal reviews at least quarterly. The Agency reserves the right to audit subcontractor data. Whenever deficiencies or areas of improvement are identified, the Contractor and subcontractor shall take corrective action. The Contractor shall provide to the Agency the findings of all subcontractor performance monitoring and reviews upon request and shall notify the Agency any time a subcontractor is placed on corrective action. Additionally,

B. Provider Network Access and Credentialing	
	the Agency will establish and provide to the Contractor through the Reporting Manual, any reporting requirements for incorporating subcontractor performance into the reports to be submitted to the Agency. **14.4.4 Subcontractor Compliance Summary Report**: The Contractor shall conduct quarterly formal reviews of all subcontractors and provide summary reports to the Agency, in the prescribed format, of all key findings and any applicable corrective action plans implemented.
Prescribed Template	No
Report Effective Date	Template provided to MCO: n/a First Reporting Period: n/a First Production Due: n/a
B-6. Provider Helpline Performance	
MCO Report Template Filename	Member and Provider Helplines are now consolidated using the AccQual A8 B6 Helplines template to also include NEMT. See section A-8. *See A8 for shared template.
B-10. Geographic Access & Exceptions	
Purpose	Monitor geographic access of the provider network.
Frequency	Quarterly
Timeframe	Thirtieth (30th) calendar day after the close of the month
MCO Report Template Filename	(MCO) AccQual B10 Geographic Access and Exceptions V1  B10 Geographic Access V2 - 09.14.20
Definitions	Reference the templates ***Data Definitions*** tab
Prescribed Template	Yes
Report Effective Date	Template provided to MCO: 09/14/2020

B. Provider Network Access and Credentialing	
	First Reporting Period: SFY 2021 Q1 First Production Due: 10/30/2020

C. Quality Management	
C-1. Quality Management/ Improvement Work Plan	
Purpose	Monitor MCO plan for quality management and quality improvement activities
Frequency	Annually
Timeframe	No later than **July 15**
MCO Report Template Filename	No Prescribed Template
Definitions	The MCO is required to submit a Quality Management/ Improvement Work plan that includes an analysis and evaluation of the last year's quality strategies and outcomes. Additionally, the MCO is required to submit a report that includes the following elements for the prospective year: a. Scope of population b. Planned activity name c. Goals/Measurable objectives d. Person responsible e. Data source f. Data collection methodology g. Reporting frequency h. Start date i. End date j. Status
Prescribed Template	No
Report Effective Date	Template provided to MCO n/a First Reporting Period: n/a First Production Due: n/a

D. Health Outcomes	
D-1. Care Coordination Report (Adult and Child)	
Purpose	Monitor MCO care coordination and community-based case manager procedures. *See A-1 for shared template.
D-11. Annual HEDIS Report	
Purpose	Monitor MCO HEDIS rates
Frequency	Annually
Timeframe	No later than **July 15th** of reporting year
MCO Report Template Filename	Plans must provide HEDIS data to the Agency based on current National Committee for Quality Assurance (NCQA) reporting measures in an **Excel Workbook** format.
Definitions	MCO HEDIS report
Prescribed Template	Refer to NCQA
Report Effective Date	Template provided to MCO: n/a First Reporting Period: n/a First Production Due: n/a
D-12. MCO Children Summary	
Purpose	Monitor Well Child Exams, Screenings, Immunizations, and Mental Health and Behavioral Health issues for children 21 and under
Frequency	Quarterly
Timeframe	Thirtieth (30th) calendar day after the close of the quarter
MCO Report Template Filename	(MCO) AccQual D12 MCO Children Summary V2  D12 MCO Children Summary V2
Definitions	Reference the templates ***Data Definitions*** tab
Prescribed Template	Yes

D. Health Outcomes	
Report Effective Date	Template provided to MCO: May 2022

E. Long-Term Care Services and Supports	
E-1. PASSR Evaluations and Specialized Services	
Purpose	Monitor MCO PASSR Evaluations and Specialized Services. *See A-1 for shared template.
E-2. MDS Section Q Screens	
Purpose	Monitor MCO MDS Section Q screens
Frequency	Quarterly
Timeframe	Thirtieth (30th) calendar day after the close of the quarter All measures suspended
MCO Report Template Filename	(MCO) AccQual E2 E6 E9 Waivers V12  AccQual E2 E6 E9 Waivers
Definitions	Reference the templates ***Data Definitions*** tab
Prescribed Template	Yes
Report Effective Date	Template provided to MCO: June 2022 First Reporting Period: Q1 SFY 2023 First Production Due: 10/30/2022
E-6. Fall Risk Management	
Purpose	Monitor MCO fall risk management. *See E2 for shared template.
E-8. Level of Care/Functional Assessment	
Purpose	Monitor MCO hospital admissions
Frequency	Quarterly Split-by-Month
Timeframe	Thirtieth (30th) calendar day after the close of the quarter

<table>
<tr><th colspan="2">E. Long-Term Care Services and Supports</th></tr>
<tr><td>MCO Report Template Filename</td><td>(MCO) AccQual E8 LTSS V8

 
E8 LTSS V8 - 07.15.2020</td></tr>
<tr><td>Definitions</td><td>Reference the templates Data Definitions tab</td></tr>
<tr><td>Prescribed Template</td><td>Yes</td></tr>
<tr><td>Report Effective Date</td><td>Current Version: n/a
Template provided to MCO: 07/15/2020
First Reporting Period: SFY 2021 Q1
First Production Due: 10/30/2020</td></tr>
<tr><th colspan="2">E-9. Care Plans Completed</th></tr>
<tr><td>Purpose</td><td>Monitor MCO completion of care plans. *See E2 for shared template.</td></tr>
<tr><th colspan="2">E-10. Employment</th></tr>
<tr><td>Purpose</td><td>Monitor MCO employment outcomes for LTSS members</td></tr>
<tr><td>Frequency</td><td>Biannually to Quarterly Transition</td></tr>
<tr><td>Timeframe</td><td>
<table>
<tr><th>Data Collection Periods</th><th>IME Due Date</th></tr>
<tr><td>April 16 - April 30, 2021</td><td>July 30, 2021</td></tr>
<tr><td>October 15 - October 29, 2021</td><td>January 31, 2022</td></tr>
<tr><td>January 16 - January 29, 2022</td><td>May 2, 2022</td></tr>
<tr><td>April 17 - April 30, 2022</td><td>August 1, 2022</td></tr>
<tr><td>July 17 – July 30, 2022</td><td>October 31, 2022</td></tr>
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</td></tr>
</table>

E. Long-Term Care Services and Supports	
	October 16 – October 29, 2022 | January 30, 2023
MCO Report Template Filename	(MCO) AccQual E10 Employment V5  E10 Employment V5 - 06.14.2021
Definitions	Reference the templates ***Data Definitions*** tab
Prescribed Template	Yes
Report Effective Date	Template provided to MCO: June 2021 First Reporting Period: See table above First Production Due: See table above
E-12. Non-Emergency Medical Transportation (NEMT)	
Purpose	Monitor MCO non-emergency medical transportation
Frequency	Quarterly Split-by-Month
Timeframe	Thirtieth (30th) calendar day after the close of the quarter
MCO Report Template Filename	(MCO) AccQual E-12 NEMT V6  E12 NEMT V6 - 09.14.2020
Definitions	Reference the templates ***Data Definitions*** tab
Prescribed Template	Yes
Report Effective Date	Template provided to MCO: 09/29/2017 First Reporting Period: SFY 2018 Q1 First Production Due: 10/30/2017

E. Long-Term Care Services and Supports	
E-14. Iowa Participant Experience Survey (IPES)	
Purpose	Monitor MCO IPES results.
Frequency	Quarterly
Timeframe	Thirtieth (30th) calendar day after the close of the quarter
MCO Report Template Filename	(MCO) AccQual E14 IPES V4  E14 IPES V4 - 06.2021
Definitions	Reference the templates ***Data Definitions*** tab
Prescribed Template	Yes
Report Effective Date	Template provided to MCO: June 2021 First Reporting Period: Q1 SFY2022 First Production Due: 10/30/2021
E-17. CMS NEW 1915c and 1915i Reporting	
Purpose	Monitor MCO performance in CMS evidentiary measures.
Frequency	Quarterly
Timeframe	Thirtieth (30th) calendar day after the close of the quarter ***Note**: E-17 data is reported quarterly; however, measures are reported with a 90-day lag
MCO Report Template Filename	(MCO) AccQual E-17 CMS NEW 1915c and 1915i V9  E17 CMS 1915c and 1915i V9
Definitions	Reference the templates ***Data Definitions*** tab
Prescribed Template	Yes

E. Long-Term Care Services and Supports	
Report Effective Date	Template provided to MCO: Oct 2022

F. Prior Authorizations	
F-1. Prior Authorizations	
Purpose	Monitor MCO service prior authorization performance. *See E-1 for shared template.
F-2. Prior Authorization Denial and Modification	
Purpose	Monitor prior authorization denial and modification reasons. *See E-1 for shared template.
F-3. Pharmacy Prior Authorization	
Purpose	Monitor pharmacy prior authorization performance. *See E-1 for shared template.
F-4. Pharmacy Prior Authorization Denial	
Purpose	Monitor pharmacy prior authorization denial reasons. *See E-1 for shared template.

G. Managed Care Program Annual Report (MCPAR)	
G-1. MCPAR - Plan Level Information	
Purpose	The annual **Managed Care Program Annual Report** (**MCPAR**) reporting template contains data from various departments within the state to include all participating MCOs. **Iowa Medicaid Responsibility** Iowa Medicaid is responsible for consolidating all reported data and will submit the completed report to CMS no later than 180 days after the end of the State Fiscal Year. A completed copy will also be posted to the DHS website. **MCO Responsibility** Each MCO is responsible for completing **Topics IV** and **X** of the **D1_Plan_set-indc** tab only. The template itself provides all instruction to include the exclusion of CHIP data, if possible. **Topic IV. -** Grievance, Appeals, and State Fair Hearings

G. Managed Care Program Annual Report (MCPAR)	
	Topic X. - Program Integrity
Frequency	Annual
Timeframe	No later than **September 30**
MCO Report Template Filename	Download and complete the template from Medicaid.gov. Rename template to MCO Abbreviation + MCPAR + SFY + Date Submitted. **Example**: AGP MCPAR SFY2022 10302022
Definitions	Reference the macpar-reporting template
Prescribed Template	See www.medicaid.gov/medicaid/downloads/macpar-reporting-template.xlsm
Report Effective Date	First Reporting Period: SFY2022 (Jul 1, 2021, to Jun 30, 2022) First Production Due: 9/30/2022

H. Exceptions to Non-Covered Drugs	
H-1. Exceptions to Non-Covered Drugs	
Purpose	This template facilitates the offset of exceptions as outlined in the ETP Policy and Procedures
Frequency	Quarterly
Timeframe	Thirtieth (30th) calendar day after the close of the quarter
MCO Report Template Filename	(MCO) AccQual H1 Exceptions to Non-Covered Drugs V1  H1 Exceptions to Non-Covered Drugs
Definitions	Reference the templates ***Data Definitions*** tab
Prescribed Template	Yes
Report Effective Date	First Reporting Period: May 2022

MCO REPORTING MANUAL - CHANGE LOG

Version	MCO Reporting Manual - Change Log
V2	✓ Original Published to MCOs
V3	✓ Added **E-9. Staff Resource Monitoring** report ✓ Added **E-10. Communications** report ✓ Added **A-13. Revised Assessments** report ✓ Added **A-14. Revised Care Plans** report ✓ Added **A-15. Care Plan Reductions** report ✓ Added **A-16. Planned coordination Events** report

Version	MCO Reporting Manual - Change Log
V4	✓ Updated **A-2. Care Coordination** definitions ✓ Updated **A-3. Setting and Service** definitions ✓ Updated **B-1. Population Descriptive** (**Adult and Child**) definitions ✓ Updated **B-2. Care Coordination** (**Adult and Child**) definitions ✓ Updated **B-5. Health Care Outcomes** (**Adult and Child**) definitions ✓ Updated **B-6. Member Outcomes** (**Adult and Child**) definitions ✓ Updated **C-2. Care Coordination** (**Adult and Child**) definitions ✓ Updated **C-5. Health Care Outcomes** (**Adult and Child**) definitions ✓ Updated **C-6. Member Outcomes** (**Adult and Child**) definitions ✓ Updated **D-2. Care Coordination** (**Adult and Child**) definitions ✓ Updated **D-3. Setting and Service** (**Adult and Child**) definitions ✓ Updated **D-4. Health Care Outcomes** (**Adult and Child**) definitions ✓ Updated **D-5. Access and Provider Satisfaction** (**Adult and Child**) definitions ✓ Updated **B-6. Financial Ratios** definitions ✓ Updated **C-1. Physician Incentives**: o Switched from using “no prescribed template” to FinAdm C-1 Physician Incentives o Updated definitions ✓ Updated **E-1. Claims Processing** definitions ✓ Updated **E-3. Point of Sale** (**POS**) **Claims** (**Pharmacy**) definitions ✓ Updated **E-6. Correct Coding Initiative Details** definitions ✓ Updated **E-7. Provider Type Reimbursement** definitions ✓ Updated **A-12. Value-Added Services** definitions ✓ Updated **A-15. Care Plan Reductions** definitions ✓ Updated **D-5. Children’s Health Outcomes** definitions ✓ Updated **D-6. Prenatal and Childbirth Outcomes** definitions ✓ Updated **D-7. Chronic Condition Management** definitions ✓ Updated **D-10. Adult Preventive Care** definitions ✓ Updated **E-8. Level of Care/Functional Assessment** definitions ✓ Updated **E-12. Non-Emergency Medical Transportation** (**NEMT**) definitions

V5	✓ Removed the following quarterly population reports: o **Pop A-1-A-6 Elderly**: ▪ A-1. Population Descriptive ▪ A-2. Care Coordination ▪ A-3. Setting and Service ▪ A-4. Critical Incidents ▪ A-5. Health Care Outcomes ▪ A-6. Member Outcomes o **Pop B-1-B-6 Special Needs**: ▪ B-1. Population Descriptive (Adult and Child) ▪ B-2. Care Coordination (Adult and Child) ▪ Purpose ▪ B-3. Setting and Service (Adult and Child) ▪ B-4. Critical Incidents (Adult and Child) ▪ B-5. Health Care Outcomes (Adult and Child) ▪ B-6. Member Outcomes (Adult and Child) o **Pop C-1-C-7 Behavioral Health**: ▪ C-1. Population Descriptive (Adult and Child) ▪ C-2. Care Coordination (Adult and Child) ▪ C-3. Setting and Service (Adult and Child) ▪ C-4. Critical Incidents (Adult and Child) ▪ C-5. Health Care Outcomes (Adult and Child) ▪ C-6. Member Outcomes (Adult and Child) ▪ C-7. Evidence Based Practice (Adult and Child) o **Pop D-1-D-5 General**: ▪ D-1. Population Descriptive (Adult and Child) ▪ D-2. Care Coordination (Adult and Child) ▪ D-3. Setting and Service (Adult and Child) ▪ D-4. Health Care Outcomes (Adult and Child) ▪ D-5. Access and Provider Satisfaction (Adult and Child) ✓ Updated **A-1. Third Party Liability Payments and Recoveries** report frequency from “quarterly and annually” to quarterly ✓ Removed **A-2. Third Party Covered Members** report ✓ Updated **B-6. Financial Ratios** definitions ✓ Updated **C-1. Provider Incentives** definitions ✓ Added annual **FinAdm C-2 CMMI Reporting** ✓ Several Program Integrity Updates: o Removed **FinAdm D-1-D-8, D-11 Program Integrity** report ▪ D-1. Summary ▪ D-2. TIPS ▪ D-3. Audits-Investigations ▪ D-4. Provider Referrals Made ▪ D-5. Overpayments ▪ D-6. New PI Actions ▪ D-7. List of Involuntary Terms ▪ D-8. All Other Cost Avoidance ▪ D-11. Credible Allegation of Fraud (CAF) o Removed **FinAdm D-9-Member Program Integrity** report ▪ D-9. Members Referred to DIA- Iowa Medicaid

	○ Updated **D-10. Program Integrity** (**Compliance**) **Workplan** report from monthly to annual to include changes to definitions ○ Added **FinAdm D-1-D-5 Program Integrity** report ○ Added **FinAdm D-6 - Cost Avoidance** report ▪ **Note**: Reporting Manual stated monthly, but is a quarterly report ✓ New monthly **Consumer Reports AccQual A8-B6 F1-F4 FinAdm E1-E5** template replaces the following: ○ **FinAdm E-1-E-5 Claims Processing** ▪ E-1. Claims Processing ▪ E-2. Claims Denials ▪ E-3. Point of Sale (POS) Claims (Pharmacy) ▪ E-4. POS Claims Denials – Top 10 Reasons for Claims Denial ○ **AccQual A-8 B-6 Helpline Performance** ▪ A-8. Member Helpline Performance ▪ B-6. Provider Helpline Performance ○ **AccQual F-1-F-4 Prior Authorization** ▪ F-1. Prior Authorizations ▪ F-2. Prior Authorization Denial and Modification ▪ F-3. Pharmacy Prior Authorization ▪ F-4. Pharmacy Prior Authorization Denial and Modification ✓ Updated **E-6. Correct Coding Initiative Details** definitions ✓ Removed **E-7. Provider Type Reimbursement** report ✓ Removed **E-8. Utilization** report ✓ New **AccQual A1 A5 D1 E4 Care Coordination** template replaces the following: ○ **AccQual A-1-A-2 Risk Assessment** ▪ A-1. Completion of Initial Health Risk Assessment (Adult and Child) ▪ A-2. Completion of Comprehensive Health Risk Assessment (Adult and Child) ○ **AccQual A-3-A-4 Risk Assessment Attempts** ▪ A-3. Attempts to Contact Members for Initial Health Risk Assessment – No Assessment Completed ▪ A-4. Attempts to Contact Members for Comprehensive Risk Assessment – No Assessment Completed ○ **AccQual A-5 Updated Care Plans** ○ **AccQual D-1 Care Coordination** ✓ Removed **A-6. Value-Based Purchasing** (**VBP**) **Enrollment** (**Adult and Child**) report ✓ Removed **A-7. Primary Care Provider** (**PCP**) **Assignment** report ✓ Removed **A-9. Member Enrollment and Disenrollment (Adult and Child**) report ✓ Updated **A-10. Member Grievances and Appeals** (**Adult and Child**) definitions ✓ Updated **A-12. Value-Added Services** definitions ✓ Updated **A-15 A. Care Plan Reductions** title to include "A" ✓ Added **A-15 B. SAMPLE Care Plan Reductions** report ✓ Replaced **B-2. Geographic Access – Key Issues** with **AccQual B-2 – MCO Provider Exception** Request ✓ Several **B-3. 24-Hour Provider Access** updates: ○ Changed from quarterly to annual

Version	MCO Reporting Manual - Change Log
	○ Switched from using the AccQual B-3 24 Hr. Provider template to "no prescribed template" ○ Updated definitions ✓ Updated **B-4. Provider Credentialing** definitions ✓ Several **B-5. Subcontractor Compliance Reporting** updates: ○ Updated report title ○ Switched from using the AccQual B-5 Subcontractor Compliance template to "no prescribed template" ○ Updated definitions ✓ Added **B-7. Provider Market Share** report ✓ Added **B-8. Provider Ratios** report ✓ Added **B-9. GeoAccess Maps** report ✓ Updated **C-1 Quality Management/ Improvement Work Plan** report frequency from quarterly to annual ✓ Updated **C-2. Quality Management** (**QM**) **Committee Meeting Minutes** report ○ Switched from using the AccQual C-2 QM Committee Meeting Minutes template to "no prescribed template" ○ Updated definitions ✓ Updated **AccQual D-2-D-4 Foster Children Health** Outcomes prescribed template by adding asterisk to advise can use interim HEDIS reports instead of required template: ○ D-5. Children's Health Outcomes ○ D-6. Prenatal and Childbirth Outcomes ○ D-10. Adult Preventive Care ✓ Removed **D-7. Chronic Condition Management** report ✓ Removed **D-8. Hospital Admissions** (**Adult and Child**) report ✓ Removed **D-9. Emergency Department Use** (**Adult and Child**) report ✓ Removed **E-3. Average Length of Stay/Days of Care** report ✓ Updated **E-5. Out-of-State Placement (Adult, Child, Child in Need of Assistance** [**CINA**] **and Juvenile Court System** [**JCS**]) definitions ✓ Updated **E-8. Level of Care/Functional Assessment** definitions ✓ Several **E-10. Employment** updates: ○ Changed from quarterly to biannual ○ Switched from using the AccQual E-1-E-4 E-7 E-9-E-11 Waivers template to AccQual E-10 Employment ○ Updated definitions ✓ Added **E-14. Iowa Participant Experience Survey** (**IPES**) report ✓ Added **E-15. CMS 1915**(**c**) **Reporting** ✓ Added **E-16. CMS Habilitation Reporting**

Version	MCO Reporting Manual - Change Log
V6	✓ Corrected the **D-6. Cost Avoidance** report to quarterly ✓ Updated the **D-10. Program Integrity** (**Compliance**) **Workplan** report o Changed from annual to "annual with quarterly updates" o Updated definitions ✓ Updated **Consumer Reports AccQual A8-B6 F1-F4 FinAdm E1-E5** to quarterly ✓ Corrected **the E-3. Point of Sale** (**POS**) **Claims** (**Pharmacy**) template to **Consumer Reports AccQual A8-B6 F1-F4 FinAdm E1-E5** ✓ Updated **A-1. Completion of Initial and Comprehensive Health Risk Assessment** (**Senior, Adult and Child**) definitions ✓ Updated timeframe for the biannual **E-10. Employment** report

Version	MCO Reporting Manual - Change Log
V7	✓ Several Program Integrity Updates o Updated **D-1. Fraud, Waste, Abuse** definitions o Updated **D-6. Cost Avoidance** definitions o Updated **D-10. Program Integrity** (**Compliance**) **Workplan** definitions ✓ Updated **E-1. Claims Processing** from monthly to quarterly to include changes to definitions ✓ Updated **E-2. Claims Denials** from monthly to quarterly ✓ Updated **E-3. Point of Sale** (**POS**) **Claims** (**Pharmacy**) report frequency from monthly to quarterly to include updated definitions ✓ Updated **E-4 POS Claims Denials – Top 10 Reasons for Claims Denial** from monthly to quarterly ✓ Updated **E-5. Claim Reprocessing and Adjustments** from monthly to quarterly to include changes to definitions o Updated **A-8. Member Helpline Performance** from monthly to quarterly to include changes to definitions ✓ Updated **A-16. Planned coordination Events** from monthly to quarterly ✓ Updated **B-1. Geographic Access – HCBS & Non-HCBS and B-2. Provider Exception Request** from monthly to quarterly ✓ Updated **B-6. Provider Helpline Performance** definitions o **Note**: Missed updating frequency and timeframe change from monthly to quarterly ✓ Updated **B-7. Provider Market Share** from monthly to quarterly ✓ Added **C-3. Stakeholder Advisory Board** (**SAB**) **Meeting Minutes** report ✓ Removed **D-2. Foster Children Receiving 2+ Psychotropic Drugs** report ✓ Removed **D-3. Foster Children Prescribed Medications for Behavioral Health Diagnosis** report ✓ Removed **D-4. Foster Children Receiving EPSDT Screening** report ✓ Updated **D-5. Children's Health Outcomes** definitions ✓ Updated name of the **D-6. Prenatal and Childbirth Outcomes** to **D-6. Adult Health Outcomes** to include changes to definitions ✓ Changed name of the **D-10. Adult Preventive Care** report to **D-10. Adult and Child Health Outcomes** to include changes to definitions ✓ Updated name of the **D-11. HEDIS Report** to the **D-11. Annual HEDIS Report** ✓ Removed the **E-5. Out-of-State Placement** (**Adult, Child, Child in Need of Assistance** [**CINA**] **and Juvenile Court System** [**JCS**]) report ✓ Updated **E-6 Fall Risk Management** report from monthly to quarterly ✓ Updated **F-1. Prior Authorizations** report from monthly to quarterly to include changes to definitions ✓ Updated **F-2. Prior Authorization Denial and Modification** report from monthly to quarterly ✓ Updated **F-3. Pharmacy Prior Authorization** report from monthly to quarterly ✓ Updated **F-4. Pharmacy Prior Authorization Denial and Modification** report from monthly to quarterly

Version	MCO Reporting Manual - Change Log
V8	✓ Added note that the **E-9. Staff Resource Monitoring** and **E-10. Communications** reports would have final production for SFY18Q1 due 10/30/17 ✓ Updated **E-12. Non-Emergency Medical Transportation** (**NEMT**) report from monthly to quarterly ✓ Updated **A-5. Non-LTSS Reassessments and Update of Care Plans** (**Senior, Adult and Child**) report name to **A-5. Reassessments and Update of Care Plans** (**Senior, Adult and Child**) ✓ Corrected **B-6. Provider Helpline Performance** report to quarterly
V9	✓ Updated **FinAdm C-1 Provider Incentives** definitions ✓ Updated **D-11. Annual HEDIS Report** template requirement from "no prescribed template" to using the National Committee for Quality Assurance reporting template
V10	✓ Several Program Integrity Updates o Replaced **D-1-D-4 Program Integrity** reporting template with **D-1-D-4, D-6 – D-7 Program Integrity** o Replaced **D-10. Program Integrity** (**Compliance**) **Workplan** reporting template with **D-10. PI Quarterly Work Plan Update** ▪ Changed from "annual with quarterly updates" to quarterly ▪ Added D-11. Algorithms report ✓ Several **AccQual E1-E2 E6 E7 E9 E11** Waivers updates o Removed E-1. PASSR Evaluations and Specialized Services o Removed E-7. Self-Direction o Removed E-11. Community Rebalancing ✓ Removed **E-4. Return to Community** report ✓ Removed **E-9. Staff Resource Monitoring** report ✓ Removed **E-10. Communications** report ✓ Replaced **E-15. CMS 1915(c) and E-16. CMS Habilitation** reporting template with **E-17. CMS NEW 1915c and 1915i Reporting** ✓ Updated **A-16. Planned Coordination Events** from quarterly to monthly
V11	✓ Added **FinAdm F-1 Monthly Financial Package Report**
V12	✓ Added back **E-1. PASSR Evaluations and Specialized Services** report o Previous report ✓ Updated **A-12. Value-Added Services** definitions ✓ Added F-1 Report to table of contents

Version	MCO Reporting Manual - Change Log
V13	✓ Corrected **B-9 GeoAccess Maps** from Monthly to Biannual

V14	✓ Submission Requirements ○ Added **Decommissioned Reports** section ○ Updated **File Name** section ▪ Clarified overall format ▪ Added examples ○ Updated Iowa Medicaid's SharePoint Site section to advise all reports are submitted to the SharePoint Site except for the **Member & Provider Tip Report** ○ Updated **Resubmitted** or **Corrected Reports** with examples for corrected filenames ○ Added **Rounding Standards** ○ Updated Prescribed Templates section to address exceptions for when there is no data to report in text and numeric fields ✓ All templates are now imbedded in Reporting Manual; Individual copies will still be maintained in **SharePoint** ✓ If applicable, report "Definitions" were removed and replaced with "Reference the templates Data Definitions tab" ✓ Updated **A-15 Care Plan Reductions** instructions ✓ Updated A16 Planned Coordination Events template ✓ Updated B3 Insurance Premium template ✓ Several Program Integrity Updates ○ Removed **FinAdm D-1-D-4, D-6 – D-7 Program Integrity** ▪ D-1. Fraud, Waste, Abuse ▪ D-2. CAF ▪ D-3. IME Provider Actions ▪ D-4. MCO Provider Actions ▪ D-6. Cost Avoidance/ Cost Savings ▪ D-7. Audit Recovery Report ○ Removed **FinAdm D-5 Total Non-PI Recoveries** ○ Removed **FinAdm D-8 Program Integrity Compliance Plan** ○ Removed **FinAdm D-9 Program Integrity Annual Work Plan** ○ Removed **FinAdm D-10 – D-11 Program Integrity Work Plan Quarterly Update** ▪ D-10. PI Quarterly Work Plan Update ▪ D-11. Algorithms ○ Added **Program Integrity Member & Provider Tip Report** ○ Added **PI1-PI7_Program Integrity Report** ▪ PI_1 Investigative Activities ▪ PI2_FWA Provider Notices ▪ PI3_Recovery ▪ PI4_Credible Allegation of Fraud ▪ PI5_IME Provider Action ▪ PI6_MCO Provider Action ▪ PI7_Requests for PI Information ○ Added **PI14_Total Non-PI Recoveries** ○ Added **PI8-PI10_Program Integrity Cumulative-Quarterly Update and Reporting** ▪ PI8_Cost Avoidance Cost Savings ▪ PI9_PI Activity ▪ PI10_Algorithms ○ Added **PI11_Single Case Agreement Annual Report**

Version	MCO Reporting Manual - Change Log
	○ Added **PI12_Program Integrity Annual Work Plan** ○ Added **PI13_Program Integrity Compliance Plan** ✓ **Several Provider Network Access Changes** ○ Removed the following: ▪ B-1. Geographic Access - Non-HCBS ▪ B-1. Geographic Access - HCBS ▪ B-2. Provider Exception Request ▪ B-7. Provider Market Share ▪ B-8. Provider Ratios ▪ B-9. GeoAccess Maps ○ Added B10 Geographic Access and Exceptions template ✓ Updated E14 IPES template ✓ Updated E10 Employment template

Version	MCO Reporting Manual - Change Log
V15	✓ Updated E8 LTSS template ✓ Updated B10 Geographic Access and Exceptions template ✓ Updated A16 Planned Coordination Events template ✓ Updated Consumer Reports template/Shortened file name to "Consumer Reports" ✓ Add new A8 B6 Helplines template ✓ Updated E12 NEMT template

Version	MCO Reporting Manual - Change Log
V16	✓ All templates are imbedded in the Reporting Manual; Individual copies will also be maintained using **Iowa Medicaid Portal Access** (**IMPA**) ✓ Updated E10 Employment template ✓ Updated A15 Service Plan Reductions template ✓ Added new G1 EVV Verification Methods template ✓ Added G2 EVV Maintenance and Operations requirements (no prescribed template) ✓ Updated C1 Provider Incentives template ✓ Updated A8 B6 Helplines template ✓ Added new D12 MCO Children Summary template ✓ Updated E14 IPES template ✓ Several Program Integrity Updates ○ **Updated** - PI1-PI7_Program Integrity Report V13 ○ **Updated** - PI8-PI10_Program Integrity Cumulative-Quarterly Update and Reporting V4 ○ **New -** PI15_Program Integrity Annual Member Lock-in Report V1 ✓ Updated A1 A5 D1 E1 Care Coordination template ✓ Updated E17 CMS New 1915c and 1915i template ✓ Updated B6 Financial Ratios template ✓ Removed **AccQual D-5 D-6 D-10 Health Outcomes** template

Version	MCO Reporting Manual - Change Log
V17	✓ All templates are imbedded in the Reporting Manual; Individual copies will also be maintained using **Iowa Medicaid Portal Access** (**IMPA**) ✓ Replaced wording "**Enterprise**" and "**IME**" with "**Iowa Medicaid**" in updated templates ✓ Removed **F-1 Monthly Financial** template. ✓ Removed **G1 EVV Verification Methods** template from reporting manual ✓ Removed requirement to submit **C-2 Quality Management** (**QM**) **Committee Meeting Minutes** on a quarterly basis. However, notes should be available upon request, as stated in contact. ✓ Removed requirements to submit **C-3 Stakeholder Advisory Board** (**SAB**) Meeting minutes on a quarterly basis. However, notes should be available upon request, as stated in contact. ✓ Several Program Integrity Updates ○ Updated all **Annual Program Integrity** template due dates from **July 15** to **July 30** (PI11, PI12, PI13, and PI15) ○ Updated **Program Integrity Provider Tip Report** ○ Updated **PI14 Non-PI Recoveries** template ○ Updated **PI1-PI7 Program Integrity Report** ✓ Updated E-6 Correct Coding Initiative template ✓ Updated Consumer Reports template ✓ Added G1 MCPAR - Plan Level Information template ✓ Updated A-15 and A-15 Sample templates ✓ Updated AccQual E17 CMS 1915c and 1915i template ✓ Added AccQual H1 Exceptions to Non-Covered Drugs template ✓ Updated AccQual A11 CAHPS template ✓ Updated AccQual A10 Grievance and Appeals template ✓ Updated AccQual D12 MCO Children Summary template ✓ Updated A1 A5 D1 E1 Care Coordination template ✓ Updated AccQual E2 E6 E9 Waivers template ✓ Updated A16 Planned Coordination Events template

Version	MCO Reporting Manual - Change Log
Current **V18**	✓ Corrected Expedited Appeals "timely" formula on the **A10 Member Grievances and Appeals** template ✓ Corrected Summary tab formula to include "**Other**" in total calculation on the **PI14_Non-PI Recoveries** template ✓ Updated **B4 Provider Credentialing** template. – New version suspended until 7/1/2023 ✓ Updated **E17 CMS NEW 1915c and 1915i Reporting** template ✓ Updated **A15 Service Plan Reductions** template o Both A-15 templates ✓ Added new **F1 Iowa Financial MRT** template o Removed **B1 Iowa Insurance Division (IID) Reporting** template o Removed **B3 Insurance Premium** template o Removed **B4 Reinsurance** template o Removed **B6 Financial Ratios** template o Removed **A1 Third-Party Liability (TPL) Payments and Recoveries** template

MCO Reporting Manual Calendar

*Includes tab for State Holidays.

Version	MCO Reporting Manual - Change Log
V33  Reporting Manual Calendar - V33	✓ Added SFY2023 reporting dates