



EOHHS Medicaid Managed Care Organization (MCO) Requirements for Reporting and Non- Compliance

Policy and Procedures for Managed Care Core Contract

Rhode Island Executive Office of Health and Human Services

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Introduction to Policy

To advance the goals of performance-based contracting of Medicaid Managed Care Organizations (MCOs) in alignment with federal and state reporting requirements, the Rhode Island Executive Office of Health and Human Services (EOHHS) has developed requirements for submission of MCOs reports to EOHHS.

MCO reports must meet the following criteria:

- 1. Reports must be submitted on time, in accordance with Reporting Calendar and/or contractual requirements;**
- 2. When specified, reports must be submitted on reporting templates provided by EOHHS in the specified format on the Reporting Calendar or associated file specifications;**
- 3. Reports must be submitted using the correct file naming convention; and,**
- 4. Data/information must be certified. Each submission must be certified by Chief Executive Officer; Chief Financial Officer; or an individual who reports directly to the Chief Executive Officer or Chief Financial Officer with delegated authority to sign for the Chief Executive Officer or Chief Financial Officer per 42 CFR 438.606.**

EOHHS will provide a Reporting Calendar to the MCO with reporting specifications described in this policy. All specified reporting templates will be located on the File Transfer Portal (FTP). MCOs must not alter, delete or otherwise make any modifications to reporting templates provided by EOHHS. MCOs are required to begin using updated reporting templates within ninety (90) calendar days of notification from EOHHS. Ad hoc reporting requirements are not addressed in these requirements; however, similar reporting elements will be provided to MCOs when submitting ad hoc reports to EOHHS.

MCOs must provide all contractually required reports. EOHHS may, at its discretion, request additional reports not on the Reporting Calendar. In addition, some reports may not be listed on the Reporting Calendar because they do not have a specific reporting cadence. Some examples of required reports that are not included in this calendar are third party insurance reports, active contract management data requests, requested financial documentation reports and requested audit materials.

For any questions about reports, MCO should contact the EOHHS contract liaison, with a copy to OHHS.MCOOversight@ohhs.ri.gov for the MCO. Report modifications will be updated on an annual basis for MCOs.

Section 1 of this policy outlines requirements for submitting reports on-time and in compliance with CMS reporting certification requirements. Section 2 of this policy outlines the enforcement of warnings, disciplinary actions and/or CMS intermediate sanctions if the MCO is noncompliant in its reporting duties.

Section 1: Reporting Requirements

The following section outlines MCO reporting procedures and requirements. MCOs are required to comply with all EOHHS and contractual reporting requirements.

Reports submitted to EOHHS must meet all four major reporting elements:

- 1. Reports must be submitted on time;**
- 2. MCO must submit reports using the correct reporting template and file naming convention;**
- 3. Reports must be accurate, thorough, and contain complete data/information; and,**
- 4. MCO must attest to the accuracy of data/information in reports submitted to EOHHS.**

If the MCO does not meet these requirements, the MCO may be subject to disciplinary actions including, but not limited to, warning letter, imposition of corrective action plan, notification of non-compliance to the MCO Board of Directors, suspension of enrollment, and/or CMS sanction as described in Section 2 of this policy.

MCOs must comply with the following procedures:

- 1) All reports must be submitted on-time in compliance with EOHHS reporting policy and Reporting Calendar deadlines, or per an EOHHS-approved reporting deadline extension.**

A. On-time Criteria:

- *Report Delivery:* Delivered to the File Transfer Portal (FTP) reporting folder no later than 11:59 p.m. EST on the due date listed on the Reporting Calendar. Due dates listed in the Reporting Calendar are considered the official due dates for each report.
- *Timely notification:* Email notification to OHHS.MCOOversight@ohhs.ri.gov and designated EOHHS report contacts that report(s) and attestation form(s) have been submitted to FTP by the due date or extension request by EOHHS using the *Medicaid Managed Care Report Date Change Request Form*.

B. Medicaid Managed Care Report Date Change Request Form.

- An EOHHS-approved extension request must be made in writing using the *Medicaid Managed Care Report Date Change Request Form* no later than five (5) business days before the report's due date. MCO must email the *Medicaid Managed Care Report Date Change Request Form* to the EOHHS Managed Care Director, copying the OHHS.MCOOversight@ohhs.ri.gov.
- If EOHHS accepts the reporting request extension and approves the later submission date, the MCO will be required to submit the report on the new

due date. Reports submitted after the agreed upon extension due date will be considered late.

- MCOs must use the latest version of this form which is uploaded in the templates folder on the FTP for MCO use.
- EOHHS reserves the right to reject a deadline extension request submitted by the MCO if the reason for the extension request is deemed unsatisfactory.
 - Satisfactory reasons for extension requests include, but are not limited to, unforeseeable events that forced the MCO to submit the report late, an EOHHS action that prevented the MCO from gathering the data, or natural or humanmade event, Acts of God or cyber-attack against MCO. All satisfactory reasons for extension requests are subject to consideration by EOHHS in granting approval.
 - Unsatisfactory reasons for a report to be delivered late, which will not be granted an extension, include, but not limited to, MCO's employee's action such as going on vacation or medical leave, termination of employment or an employee's destruction of data on servers.
- An MCO that repeatedly fails to submit reports timely may be subject to disciplinary action including, but not limited to warning letter, imposition of corrective action plan, notification of non-compliance to the MCO Board of Director or suspension of enrollment.

C. Report Submission Requirements:

- MCO must use the correct file naming convention and specified file format (inclusive of the correct version of reporting template) as outlined in the Reporting Calendar.
- Report must have accurate, thorough, and complete information/data.
- Minimum data reporting standards apply for all reports; scope of data is noted in data dictionaries within most reporting templates.
- Reports that fail to meet minimum reporting standards, have missing, incomplete, altered reporting templates, inaccurate/falsified data or information will not be considered on-time.
 - Falsified data will be rejected and will be reported to CMS for further actions or sanctions per Section 2 of this policy.

2) All reports and attestations forms must be uploaded via the file transfer portal (FTP) in the correct submission folder. Reports not submitted via the FTP shall be considered late for failing to meet on-time standards.

A. General FTP Submission Reporting and Reporting Attestations Requirements

- All reports and data attestations forms must be submitted through the secure FTP. Reports and data attestations should not be emailed directly to reporting contacts.
- MCOs must upload reports to the FTP in the correct submission folder associated to the MCO. Reports should be uploaded to the 'Report Submission' folder and attestations should be submitted to 'Attestation Submission' folders. MCO is responsible for uploading reports and attestations in the correct folders and subfolders.

B. FTP MCO Access Request Requirements

- MCO may request access to the FTP via the *MMIS Request Form*. Form is available upon request from MCO. MCOs may request this form from EOHHS by contacting the Managed Care Director.
- This request form shall be submitted to OHHS.MCOOversight@ohhs.ri.gov, the EOHHS Managed Care Director and Medicaid Project Manager. Allow up to ten (10) business days for EOHHS to grant access to the FTP for MCOs. All new *MMIS Request Form* permissions require an electronic signature or users' hand signed *MMIS Request Form* to be granted access to FTP site. All current access credentials granted by EOHHS to MCO users will continue under this policy and do not require new submission of *MMIS Request Form* from MCO.
- No more than five (5) user accounts shall be given to an MCO for FTP access.
- It is the responsibility of the MCO to notify EOHHS by emailing OHHS.MCOOversight@ohhs.ri.gov, the EOHHS Managed Care Director and Medicaid Project Manager if an FTP user's access needs to be revoked or a new user needs to be added by EOHHS.
- It is the responsibility of the MCO to comply with FTP security protocols. Improper use of the FTP by a user may result in the temporary suspension of the user's account or permanent access denial by EOHHS. Examples of misuse include improper submission of reports, falsified attestation submissions, or giving user credentials to unauthorized users to submit reports to EOHHS.

C. Notification of Submission

- After reports and attestations form(s) are uploaded to the FTP, the MCO must email OHHS.MCOOversight@ohhs.ri.gov and report contact(s) to notify EOHHS that report(s) and attestation form(s) have been submitted and are available for review on the FTP. Report contacts are listed in the Reporting Calendar's 'Calendar' tab. Email notification should attach the attestation form(s) to certify report data/information.

Email Notification

- a. Email notification is intended to alert EOHHS that reports and attestations have been delivered to the FTP folder and are ready for review by EOHHS.

3) Attestation Form Submission Requirements

- MCO must submit attestation form on the FTP. Form must be submitted with report(s) on the same day.
- MCO must use the *MCO Managed Care Core Contract Attestation Statement for Health Plan Reporting Submission* form to certify reports and data submitted to EOHHS.
- Attestation form is available to the MCO as a fillable PDF in the FTP report templates folder. MCO is responsible for submitting attestation on correct version of form.
- Per 42 CFR 438.604, MCO shall attest that reports have been reviewed for completeness and accuracy, and that the submission, to the best of the MCOs knowledge, is a true and honest representation of reporting requirements set forth by EOHHS in its contract with the MCO.
- Per 42 CFR 438.606, contractor shall certify data from one of the following individuals:
 - CEO
 - CFO
 - An individual with delegated authority to sign for, and who reports directly to the MCO's CEO or CFO.
- Attestations that do not include the handwritten or electronic signature of an individual with the authority to certify the data/information shall be rejected.
- MCOs are permitted to use a batch processing for attestation submissions if reports are submitted by the MCO on the same calendar day. Batch processing allows the MCO to submit data attestation for multiple reports if report submission data is the same day for all submitted reports.
 - Naming Convention – Individual Report =
Attestation_REPORTNAME_REPORTDATARANGE_HEALTH PLAN
 - Naming Convention – Batch Reports =
Attestation_REPORTSSUBMISSIONDATE_HEALTHPLAN

Please note special requirements for financial reporting below.

- Financial Reporting Requirements: For all financial based reports, listed below, the CFO or an individual with delegated authority and reports directly to the CFO, must attest to the reporting submission. The following are considered financial reports:
 - Audited financials
 - NAIC Annual Filing
 - NAIC Quarterly
 - Risk Share/Gain Share
 - APM Report

- TCOC Performance - ****Attestation is within reporting document. Please only submit attestation within reporting document. ****
- Annual MLR --****Attestation is within reporting document. Please only submit attestation within reporting document. ****
- Financial Data Cost Report—****Attestation is within reporting document. Please only submit attestation within reporting document.****
- All other reports are considered program reports and can be attested by the CEO or an individual who reports to the CEO that has the delegated authority to attest for the integrity of the report submitted.

4) Reporting Calendar

The Reporting Calendar’s ‘Report Naming and Due Dates’ tab provides deadlines for reports to be submitted to EOHHS on the FTP. It also provides information on the report data ranges, file naming convention and EOHHS report contacts.

MCOs should consult the Reporting Calendar for specific requirements for each report. Noncompliance with Reporting Calendar reporting standards may result in the report being rejected and/or deemed late by EOHHS.

A. Tab 1 of the Reporting Calendar, titled ‘Calendar’ provides an overview of required reports due within the calendar year (January-December). Per contractual reporting requirements, reports are assigned a reporting cadence rule that aligns with contracting requirements.

1. Report Name (Column B)

- a. Each report name has a superscript number (1-9) attached. These numbers are detailed in a key at the bottom of the calendar.
- b. The key will detail the month in which a report must be submitted by the MCO. For example, a ³ next to the report name would suggest the report is due ninety (90) days after contract effective date, then annually thereafter.

2. Months by Calendar Year (Columns C-N)

- a. Each report will have an X in the column(s) for one or more month(s).
- b. If a report has an X in the month column, the report must be submitted that month.
- c. Each month with an X is color coded as a second way to utilize the key at the bottom of calendar to identify a reporting cadence rule.

3. Report Contacts (Column O)

- a. Report contacts *must* be notified that reports have been submitted to the FTP.

- b. All other questions related to reports from MCO must be directed through the MCO's liaison to EOHHS.

4. Reporting Cadence Legend for Timeframes (Numbered 1-9 and color coded)

- a. Reporting cadence rule legend provides guidance on the reporting cadence rule for when reports are due for a specified report per contractual agreement.
- b. There are two ways to connect the reports to the legend.
 - a. Numerical number 1-9, which is listed next to report name.
 - b. Boxes with an "X" are also color coded to key.
- c. Reporting Cadence Key color code is also defined in the 'Report Naming and Due Dates' tab of the Reporting Calendar.

B. Tab 2 of the Reporting Calendar, 'Naming Convention' provides file naming convention and file type specifications the MCO must use to submit reports.

- Reports must be submitted using the EOHHS-approved file naming convention and specified file type to be considered on-time.
- The following file naming convention must be used when saving and submitting reports to EOHHS on the FTP:

REPORTNAME_REPORTDATARANGE_HEALTHPLAN_VENDOR_VERSION.filetype

- **For the AE Provider Roster and AE Population Extract reports submitted to DXC, MCO must follow the reporting naming convention listed in file specifications. These file specifications for these reports are located in the templates folder on the FTP.**
- All text and full numeric values must be separated with an underscore (_), not a blank space, hyphen (/) or dash (-).
- For REPORTNAME specification, the report name must match the report being submitted to EOHHS. The report name should be copied exactly from the Reporting Calendar. This is the same name as the report template name on the FTP.
- For REPORTDATARANGE, this convention specification refers to the time period of data represented in the report. Report data range is not the date the report is submitted to EOHHS, but the time scope of data represented in the report. Examples of data ranges are an annual, quarterly or monthly report.
- HEALTHPLAN and VENDOR naming convention should be copied exactly as presented in example(s) column for the vendor. The addition of a vendor in the file naming convention is an optional field, however, must be used on certain report such as Accountable Entity (AE) reports.
- VERSION refers to the version number of the template. All templates are marked with the version number within the template and the file naming convention. MCO should not alter the version number in the naming convention

template. MCO should consult FTP report templates folder to ensure MCO is using the latest and correct version of template.

- FileType specification is the accepted file type format accepted by EOHHS for a report. Common forms of accepted report formats are all Microsoft Office products. The MCO must submit reports to EOHHS in their original file types. MCOs should not modify file type or convert report into another file type or alter headers or footers of report templates. For example, converting an Excel report into a PDF is not permitted. Required file types are outlined in Tab 3 of Reporting Calendar.
- MCOs should review Tab 2 of Reporting Calendar 'Naming Convention' for additional information and examples for file naming convention and file type requirements.

Reports not submitted with the required naming convention or submitted on altered reporting templates, or older version of template will be rejected and returned to MCO. Reports not using the correct naming convention or modified file type will be deemed late by EOHHS per Procedure 2 of this policy

C. In Tab 3 of Reporting Calendar, 'Report Naming and Due Dates', the report name (REPORTNAME) and report data range (REPORTDATARANGE) can be found.

- MCOs must not alter the header or footers in reporting templates.
- **Tab 3** of Reporting Calendar, 'Report Naming and Due Dates' provides report specification for naming convention, report data ranges, and report due dates. Tab 3 of the Reporting Calendar is broken out per report to clarify reporting due dates, file naming conventions and accepted file type for MCOs.

The following elements are described in the 'Report Naming and Due Dates' tab:

- 1. Report # (Column A)**
- 2. Report Name (Column B)**
 - i. The report names the MCO must title reports in file naming convention.
 - ii. MCO must copy the Report Name for the naming convention when submitting reports.
- 3. Required File Type (Column C)**
 - i. The accepted file type for report submission.
- 4. EOHHS Reporting Template (Column D)**
 - ii. Yes—Indicates if a template has been provided by EOHHS that the MCO must use.
 - iii. No –indicates that no template has been provided by EOHHS. MCO is required to submit report in requested file type, however, report specifications have been not provided.
- 5. Template Version (Column E)**

- i. The version and version date of the current template in use. This is also indicated within the reporting template and file naming convention. MCO should not delete template version specification in naming convention.
- 6. Report Cadence Rule (Column F)**
- i. Report Cadence Rule is the contracted reporting submission cadence for when a report is expected to be delivered to EOHHS.
- 7. Report Data Range (Column G)**
- i. The range of data/information submitted in report. The date range is NOT the date the report is submitted.
 - ii. MCO should copy report data range from Reporting Calendar when submitting reports on FTP.
 - iii. See file naming convention of Reporting Calendar Section 2 for acceptable reporting ranges for submission if not specified in Tab 3.
- 8. Report Due Date (Column H)**
- i. The latest date the report can be submitted to EOHHS for the report to be considered on-time by EOHHS.
 - ii. Dates marked with an asterisk (*) are due dates that have been moved because the due date falls on a weekend or a federal or state holiday. Consideration by the MCO must be made in writing to the Managed Care Director and Medicaid Project Manager with a cc: to OHHS.MCOOversight@ohhs.ri.gov if the proposed date in Reporting Calendar cannot be met by the MCO. The request must be submitted to EOHHS no later than five (5) business days prior to the date of these asterisked reports using the
 - iii. Report due dates listed in this column are considered the final date in which a report must be submitted by the MCO unless the MCO obtained an approved MCO Medicaid Managed Care Report Date Change Request Form.

D. Tab 5, 'Report Descriptions' describes how EOHHS utilizes the report and the whether the report is a federally, state or a contractually required report.

5) Special Considerations for Reports Uploaded to DXC FTP and OHHS

The MCO must upload the AE Population Extract and AE Provider Roster reports to the DXC FTP. MCO must follow report specifications provided by EOHHS. Attestations must be uploaded to the EOHHS FTP with notification to EOHHS report contacts.

6) Approved Reporting Templates

As specified in 'Reporting Naming and Due Dates' tab of Reporting Calendar, MCO must submit reports on approved EOHHS reporting templates. Reports must be accurate, thorough, complete. MCOs have up to ninety (90) calendar days from the date EOHHS notifies the MCO of a new report template to begin using the new template. MCOs may not make any modifications to reporting templates unless permission has been granted by EOHHS.

A. Required Use of Reporting Templates:

- a. FTP reporting templates are considered the most up to date reporting templates for MCO usage. MCO should use consult the FTP reporting templates folder to ensure that MCO is not using an outdated template. Each reporting template will include the current version number and template revised date on each tab and tab footer for reference. If a report does not have a report template, reporting specification documentation is uploaded on FTP.
- b. For reports that do not have a required template, MCO must submit the required information as provided in the report description of the Reporting Calendar or as agreed per MCO contract.
- c. Reports not submitted on an EOHHS-approved reporting template will be rejected or sent back to the MCO and will be deemed late by EOHHS for failing to comply with on-time standards.

B. Reports must be accurate, thorough, and complete:

- 1) For reports with specified EOHHS reporting templates, all fields should be completed on EOHHS approved reporting templates. Unless otherwise indicated by EOHHS or for reports with no reporting templates and ad hoc reports, MCO must submit on correct template with the correct template version.
- 2) Before submitting report, MCO is expected to perform due diligence to ensure that the report submitted is thorough, complete and accurate, and minimum data standards have been applied.
- 3) Reports that fail to meet reporting standards will be sent back to the MCO and may be considered late by EOHHS for failing to include all requested data.
- 4) MCO should consult reporting calendar to determine if a report has an associated EOHHS reporting template.

C. Ninety (90) Day Reporting Implementation Requirement

- Once the MCO receives notification that a new reporting template is required, the MCO has up to ninety (90) calendar days post-notification to fully implement usage of new reporting template.
 - For example, if an updated reporting template is delivered by EOHHS to the MCO on October 1, the MCO is required to implement usage of report in the required format and completion of information no later than January 1.

- MCO may begin using new reporting template earlier than ninety (90) calendar days if MCO is able to operationalize new template sooner. MCO must notify EOHHS if they want to implement sooner with new implementation date.
- If an MCO cannot implement the use of a new reporting template within the ninety (90) calendar day contracting requirement, MCO must inform Managed Care Director within sixty (60) calendar days prior to required implementation date.
- **Reports that fail to use new reporting templates post the ninety (90) calendar day notification will be considered non-compliant with reporting requirements and fail to meet on-time standards described in this policy.**
- MCO may receive a warning, financial penalty, and/or sanction for failing to comply with ninety (90) calendar day report implementation requirement per contractual agreement.

Section 2: Issues of Non-Compliance with Reporting Requirements

The following section outlines issues of non-compliance for Reporting Requirements and disciplinary actions EOHHS may impose if MCOs fail to meet the Contractual Reporting Requirements.

A. Issues of Non-Compliance for Reporting

The MCO is considered non-compliant with contractual data reporting requirements if reports are consistently submitted late, missing data elements, not submitted in its entirety, misrepresents data or contains false or materially misleading information. MCOs should consult Section 1 (Reporting Requirements) of this policy and the Reporting Calendar to ensure compliance with reporting requirements.

B. Reasons for Non-Compliance

Reasons a MCO report(s) will be deemed non-compliant with Contractual reporting requirements include, but not limited to:

- Report(s) not submitted to EOHHS;
- Report(s) contains false or materially misleading data;
- Report submitted after Reporting Calendar due date;
- Report submitted after extension date approved by EOHHS on MCO Medicaid Managed Care Report Date Change Request Form;
- Report extension not granted by EOHHS and the MCO failed to submit the report on-time;
- Proper notification email was not sent to OHHS.MCOOversight@ohhs.ri.gov and report contact(s);
- Data attestation form was not submitted to the FTP site when report was submitted;
- Data Attestation form unsigned or not signed by MCO's CEO, CFO or appropriate designee;

- Report was improperly submitted to EOHHS (i.e., not via the FTP);
- Report failed to use correct file naming convention;
- Report was converted into a non-accepted file type or reporting template was improperly altered by the MCO; and,
- Reporting template has missing data or is submitted on a previous version of the template.

C. Levels of Warnings and/or Disciplinary Actions

If EOHHS determines the MCO knowingly and/or repeatedly submits late and/or inaccurate report(s) or fails to provide EOHHS with required reports may impose disciplinary actions including a warning letter, notification of MCO Board of Directors up to and including, imposing corrective action plan and/or suspension of enrollment per EOHHS and the MCOs contract Section 3.07.04.03 (Managed Care Core Contracts), and in accordance with [42 CFR 438.700\(b\)\(4\)](#) and 42 CFR 438.702 .

I. Warning (Level 1)

- In the event an MCO fails to comply with reporting requirements, EOHHS issues the MCO a warning letter via email stating that the MCO has failed to comply with reporting requirements.
- The warning letter will indicate where the MCO has failed to meet a reporting requirement (late, missing, or inadequate report). EOHHS will specify the area of deficiency.
- The MCO has up to three (3) business days after receipt of warning notification from EOHHS to submit late, missing, or inadequate report or modification to previously submitted report.
- The MCO must comply with the request from EOHHS to provide correction to, or addition of, late, missing, or inadequate data for a report submission.
- If the MCO believes they have met the reporting requirements and that the warning was incorrectly imposed, the MCO may provide written documentation to the EOHHS Managed Care Director, no later than three (3) business days after date of warning letter.
 - If, after internal review, EOHHS agrees and finds that the warning was incorrectly imposed on the MCO, EOHHS will provide written acknowledgement within five (5) business days of the retraction. Retraction of warning will be documented and filed with MCO Oversight.
 - If, after internal review, EOHHS does not agree the warning was incorrectly imposed, EOHHS will notify the MCO within five (5) business days, in writing, that the warning remains in effect.
 - The MCO then has up to three (3) business days, after notification from EOHHS stating the warning notification remains in place to submit late, missing, or inadequate report or modification to previously submitted report

- The MCO will receive one (1) warning letter accompanied by one (1) opportunity to correct and submit late, missing, or inadequate report. If the MCO fails to correct or submit, within three (3) business days, EOHHS will, at its discretion, notify the MCO's Board of Directors of non-compliance issue and failure to respond to EOHHS' request.
- If the MCO continues to be non-compliant with contractual reporting requirements, EOHHS, at its discretion, will require MCO to submit a corrective action plan (CAP) to address root cause and remediation of non-compliance with reporting requirements.
- Failure to comply with Warning may result in Disciplinary Action (Level 2).

II. Disciplinary Action (Level 2)

- A disciplinary action (Level 2) for the purpose of this policy includes notification of MCO Board of Directors up to and including, imposing corrective action plan and/or suspension of enrollment.
- EOHHS reserves the right to impose disciplinary actions against an MCO if the MCO fails to adhere to the reporting standards established herein or does not provide correction within three (3) business days following EOHHS' notification of reports that are late, missing data elements, not submitted in entirety, misrepresents data or contains false or materially misleading information.
- If the MCO fails to respond after the third (3rd) day following warning notification, EOHHS shall begin assessing further disciplinary actions for reports that are late, missing data elements, not submitted in its entirety, misrepresents data or contains false or materially misleading information. Disciplinary actions will proceed the first (1st) business day and continue thereafter until EOHHS deems the MCO has sufficiently corrected the non-compliance issue(s).
- EOHHS will provide the MCO with documentation outlining actions imposed, up to and including, suspension of member enrollment.
- The MCO may provide written documentation to the EOHHS Managed Care Director, that the MCO met the reporting requirements and that disciplinary action was incorrectly imposed against the MCO. If EOHHS agrees that the action was incorrectly imposed against the MCO, EOHHS will provide official notification via email to the MCO retracting the disciplinary action. Retraction of actions taken will be documented and filed with MCO Oversight. When the MCO has, to EOHHS satisfaction, submitted and/or provided correction of late, missing, or inadequate report, EOHHS will provide written notification to the MCO the date the disciplinary action will be lifted.

III. CMS Sanction (Level 3)

- As outlined under [42 CFR 438.704 \(b\)\(3\)](#), if an MCO provides EOHHS or CMS false or materially misleading information or false statements in reports, CMS may sanction the MCO.

- EOHHS shall provide documentation to the MCO where they have breached reporting requirements related to falsifying data reports.
- The MCO will have the opportunity to provide written explanation to deny the alleged falsification.
- EOHHS will be required to report findings to CMS.
- CMS will assess the violation and recommend to EOHHS if a financial penalty or denial of payment is warranted and the effective date of sanction will begin against the MCO.

Special note regarding encounter data submission: Per EOHHS-Managed Care Core Contract; (Section 2.13.02 Encounter Data Reporting) Encounter Data has specific data reporting guidance and is subject to different penalties. At the discretion of EOHHS, the Contractor may be subject to monetary penalties if the encounter denial rate exceeds two percent (2%). (Section 2.13.02.06 Penalties for Non-Compliance).

Attachments to this Policy

1. CY2022 MCO Core Contract Reporting Calendar or modified report based on MCO submission.
2. *Medicaid Managed Care Report Date Change Request Form V1*
3. MEDICAID MANAGED CARE CORE CONTRACT ATTESTATION STATEMENT FOR MCO REPORTING SUBMISSION V5