



COLORADO

Department of Health Care
Policy & Financing

303 E. 17th Avenue
Denver, CO 80203

Managed Care Accuracy Audit Report Instructions

Version 2.0 - Updated February 28, 2024

Managed Care Accuracy Audit Report (MCAAR) Background and Process

Managed Care Entities (MCEs) are required to reimburse Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) and Indian Health Service (IHS) facilities at an amount no less than the encounter rate set by the Department of Health Care Policy & Financing (Department). The Department is required to perform this MCAAR process no less than quarterly to help ensure that FQHC, RHC, and IHS facilities are receiving the full amount due them, based on those encounter rates.

FQHC, RHC and IHS facilities are required to participate in the MCAAR process. The facilities may participate in one of three ways: 1) by not submitting data (after which the Department will issue a final determination letter indicating they have been deemed paid in full); 2) by submitting data which indicate they have been paid in full (after which the Department will issue a final determination letter indicating they have been deemed paid in full); or 3) by submitting data which indicate that payment is still due for encounters with managed care enrollees. For this third option, it is **HIGHLY RECOMMENDED** that facilities reconcile their data with the relevant MCEs prior to data submission.

The Department will notify the relevant MCEs of the any facility data that indicates that payment is still due. The MCE can then agree, or work with the facility to reconcile any discrepancies in their understanding of the data. Facilities will be able to submit reconciled MCAAR data up to thirty (30) days after the MCEs are notified of the facility data.

In the case that the MCE and the facility cannot come to agreement on the data, the MCE should inform the Department of their internal data results. As a Department-initiated reconciliation of conflicting facility and MCE data, the Department will use: the lower of the number of valid visits, the encounter rate on file with the Department (or the lower of the encounter rates on file with the Department, in the case that multiple are active during the quarter), the higher of the payment from the MCE, and the higher of the payment from other sources.

Results of the MCAAR process will be delivered via a final determination letter. In the case that the MCAAR process finds that a facility is due additional reimbursement from an MCE, the Department will notify both the relevant facility and MCE in their final determination letters. It is then the responsibility of the relevant MCE to pay that additional amount to the facility within ninety (90) days of the Department's notification.

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MCAAR Data Submission Instructions

MCAAR data must be submitted within one year from the end of the time period under review. For example, a report that reviews data with service dates from January through March 2023 will be due at the end of March 2024. Late submissions will not be accepted. Data will be submitted via a Google Form (unique to every quarterly submission) and include the following information:

- The submitter's email;
 - ✓ After submission, the submitter will receive an automatic email with their Google Form responses.
- The name and title of the person who has reviewed the data and can legally/financially bind the FQHC/RHC/IHS organization;
 - ✓ This is in lieu of a separate attestation form.
- The email address of the person who has reviewed the data and can legally/financially bind the FQHC/RHC/IHS organization;
 - ✓ This is in lieu of a separate attestation form.
- The name of the FQHC/RHC/IHS facility submitting the data;
 - ✓ Facilities should submit data for all of their sites at once. Do not submit data for individual facility sites.
 - ✓ The entry must be a dropdown menu selection. The menu is organized by parent organizations - first FQHC facilities, then IHS facilities, then freestanding RHC facilities, then hospital-based RHC facilities.
- The name of the MCE that is the payer for the submitted data;
 - ✓ For the purposes of the MCAAR process, MCEs are limited to the following: all CHP+ programs, all RAEs, and Rocky Mountain Health Plans PRIME HMO, and Denver Health Medicaid Choice HMO.
 - ✓ The entry must be a dropdown menu selection. The menu is organized by CHP+ programs, then HMO programs, then RAEs.
- Whether the facility has previously shared the data with the MCE;
 - ✓ It is **HIGHLY RECOMMENDED** that facilities reconcile their data with the relevant MCEs **PRIOR TO ORIGINAL SUBMISSION**.
- The data submission type;
 - ✓ Select "Original Submission" if it is the first submission for the Facility/MCE pair.
 - ✓ Select "Reconciled Data" if it is a resubmission after HCPF and MCE review of the original submission.
- The number of valid visits;



- ✓ Valid visits are visits that have been adjudicated to paid status by the MCE and conform to the rules for encounters for FQHC/RHC/IHS facilities.
- ✓ The entry must be a whole number.
- The Medicaid encounter rate;
 - ✓ If multiple encounter rates are applicable for the time period in question, the data must be split into multiple separate Google Form submissions - one for each encounter rate.
 - ✓ The entry must be written as a number, greater than or equal to 0, without a dollar sign (for example, 235.55).
- The total payments the facility should have received;
 - ✓ The number of valid visits multiplied by the Medicaid encounter rate.
 - ✓ This does not require an entry, as it will be calculated by the Department.
- The payments received from the MCE (as reimbursement for the valid visits submitted);
 - ✓ The entry must be written as a number, greater than or equal to 0, without a dollar sign (for example, 235.55).
- The payments received from other sources (including co-pays and other insurance companies);
 - ✓ The entry must be written as a number, greater than or equal to 0, without a dollar sign (for example, 235.55).
- The final amount due the facility;
 - ✓ The total payments the facility should have received minus the payments already received (from both the MCE and other sources).
 - ✓ The MCAAR process protects the payment floor and ensures the facility received at least the amount due them. No action will be taken in terms of overpayment to the facility.
 - ✓ This does not require an entry, as it will be calculated by the Department.
- Additional information (optional).
 - ✓ This section is optional and may include information such as indicating dental/physical/behavioral service rates, encounter rate begin/end dates, etc.

If you have any questions or concerns regarding the data submission, or if you did not receive a Google Form link for a certain quarter, please reach out to the contacts listed below.

For more information contact

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