Colu

Reporting Template for COVID-19 Risk Corridor Recond
Instructions

Overview

Regulations at 42 C.F.R. § 438.6 outline provisions related to payments to Medicaid Managed Ca
Plans (PAHPs)—collectively referred to as “managed care plans.” The purpose of this template is
to reduce uncertainty associated with the COVID-19 Public Health Emergency.

To submit this information to the Centers for Medicare & Medicaid Services (CMS), states should
particular rating period. States are not expected to report risk corridor reconciliation results in this
that used different COVID-19-related risk corridors or have completed multiple reconciliations, the
Annual Report (MCPAR) required by 42 C.F.R. § 438.66(e), this template defines a program as a
are articulated in a contract between the state and managed care plans.

Information that states submit in this template will assist CMS in helping oversee the performance
be sent to: ManagedCareTA@cms.hhs.gov.

Organization

This template is dynamic and contains formulas to help states submit the information to CMS effi
succession. When opening a new file, states will only see this current "Instructions" tab and Tab I
reporting process (see “Inputting Information”).

In Tab I ("State, program, and plan information"), states should provide general information about
have been implemented. Information entered here will determine the layout of the subsequent Ta
risk corridor structure and report on plan-level revenue and expenses that are eligible for reconcil
that will calculate the final reconciliation amounts. In Tab III ("Detailed plan revenue and expense
quarter; states also have the option of reporting specific revenue/expense sources eligible for rec

Inputting information

A description of how to input information is provided below. Subsequent sections/tabs provide fur
of data to be entered (for example, free text, numerical or drop-down list of set values) are specif

BEIGE: Cell is a required data entry item. States must follow instructions and input the type of da

BLUE: Cell is an optional data entry item. States may follow instructions and input the type of dat

GREY: Cell contains a formula and is automatically filled once input data is entered. Grey cells ar

GREEN: Cell contains example data, for reference only. States can refer to the example before tl

WHITE: Cell contains instructions, for reference only. States should not attempt to change anythi

NOTE: This template requires the use of macros. You may not use this file in "read-only" r
so now. The image on the right shows prompts you may receive and circles the items that

NOTE: The template is dynamic and all information in the first tab "I_State, program, and p

Tab I. State, Program, and Plan Information

I.A. State and Program Information
States should use this section to report their contact information, date of report submission, progr

I.B Plan Information
States should use this section to report information of applicable plans (up to 40 plans) for the ris

_____
I.C Risk Corridor Information
States must enter all information in this section to determine the layout of the subsequent Tabs II
Health Emergency should be provided in this template.

I.D Covered Providers - Optional
If the risk corridor covers a specific program, states may use this section to report the types of pr
meaning the risk corridor applies uniformly to all managed care programs within the state.

After completing Tab 1, please click the "Proceed to Tab II" button. This will allow the layo

Tab II. Risk Corridor Reconciliation Information

II.A. Risk Corridor Features
States should use this section to describe key features of the risk corridor being reported on, suc
**After completing this section, please click the "Continue Tab II" button to complete the re
described in Section II.A.**

II.B. Risk Corridor Band Boundaries
States should use this section to specify the risk corridor band boundaries as well as the risk sha
illustrate how states should complete this section to ensure that the formula-driven reconciliation

II.C. Eligible Revenue and Expenses for Determining Reconciliations
States should use Items II.C.1 and II.C.2 in this section to report the risk corridor target and actua
in the risk corridor.

**After completing Items II.C.1 and II.C.2, please proceed to review item II.C.3, sections II.D t
calculate the reconciliation amount according to the risk corridor being reported on. No da**

II.H. Federal Share of Reconciliation
After confirming the reconciliation amounts as calculated, states should use items II.H.2 through
has not established the final federal share amount, please provide an estimate. Please contact M
not as expected.

Click the "Proceed to Tab III" button. This will allow the layout of Tab III to match informati

Tab III. Detailed Plan Revenue and Expenses

III.A Monthly/Quarterly Plan Revenue and Expenses
States should use this section to report a monthly or quarterly (per item I.C.3) breakdown of plan
template automatically compares annual revenue and expenses as reported in Tab II. **This is the**

III.B Revenue Sources by Plan (Annual) - Optional
States may report annual breakdown by revenue sources (per item II.A.5). This section is optiona
the reconciliation results.

III.C Expense Sources by Plan (Annual) - Optional
States may report annual breakdown by expense sources (per item II.A.6). This section is optiona
the reconciliation results.

PRA Disclosure Statement The purpose of this template is to collect data detailing the financ
COVID-19 public health emergency. The requirements to complete this template are voluntary
private to the extent of the law.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a c
number for this information collection is 0938-1148 (CMS-10398 #70). The time required to co

number for this information collection is 0938-1148 (CMS-10398 #79). The time required to co
time to review instructions, search existing data resources, gather the data needed, and comp
time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security B
1850.

ciliation

are Organizations (MCOs), Prepaid Inpatient Health Plans (PIHPs), and Prepaid Ambulatory Health
s to collect and analyze reconciliations for one and two-sided risk corridors that states implemented

l complete one (1) template with information for all applicable plans within a program during a
document for rating periods that end after December 31, 2021. If states have multiple programs
ey should submit one (1) template per reconciliation. Consistent with the Managed Care Program
a group of plans that have a specified set of benefits, eligibility criteria, and capitation rate cells that

e of state Medicaid managed care plans. Questions regarding the completion of this template should

ciently and accurately. It includes three tabs (Tabs I, II, and III), which states should fill out in
l. States will use macro-enabled buttons to unhide tabs II and III as they proceed through the

t the program, the managed care plans (up to 40 plans) and the COVID-19 related risk corridors that
abs II and III. In Tab II ("Risk corridor reconciliation information"), states should provide details on the
liations according to the risk corridor. Information entered here will feed into the imbedded formulas
s"), states should provide detailed breakdowns on plan-level revenue and expenses by month or
conciliations.

ther instructions on how each item should be reported in the “Item Instructions” column. The types
ied in the “Data Format” columns. Cells are color coded based on their contents, as follows:

ta as specified.

a as specified. These items will also have "(Optional)" in the description.

re locked for data entry; states should not attempt to change anything.

hey complete the relevant items.

ng.

node but must save this file. If you have not already enabled content on this file, please do
a user must select to enable full functionality.

lan info" must be completed before entering data in subsequent tabs.

am information, and other related information. All items are required.

k corridor. All items are required.

and III. Only information on programs with risk corridors that are specific to the COVID-19 Public

ovider covered under the program. States can enter "N/A" if the risk corridor is "state-based",

ut of Tabs II and III to match information provided in Tab I.

h as number of bands and target methodology.
maining Tab II items. This will allow the layout of the subsequent sections to match features

ring percentages in line with the state's design of the risk corridor. An example is provided to amounts are calculated correctly.

als in terms of the eligible revenue and expense for determining reconciliation amounts for each plan

through II.G and item II.H.1, which have been pre-populated with formulas to automatically ata entry is allowed with these items.

II.H.4 to report the federal and non-federal shares of the gross reconciliation payment. If the state lanagedCareTA@cms.hhs.gov, if the total reconciliation amounts shown in items II.G.1 and II.H.1 is

ion provided in Tab II.

revenue and expenses that are eligible for the risk corridor reconciliation. For quality assurance, the **e last required item in this template.**

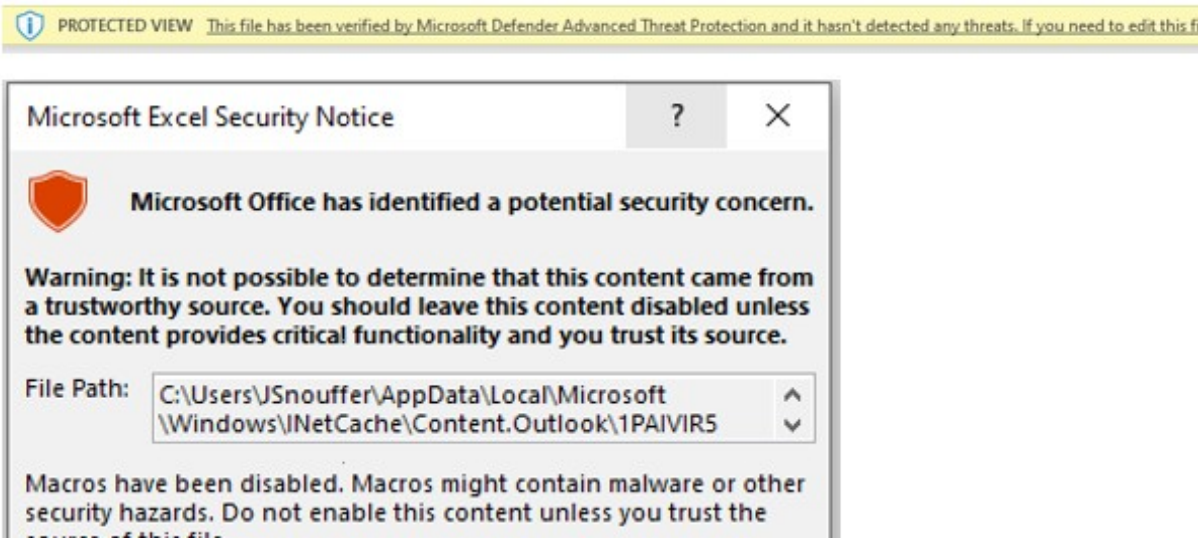
al, but states are highly encouraged to provide additional detail that will assist in the CMS review of

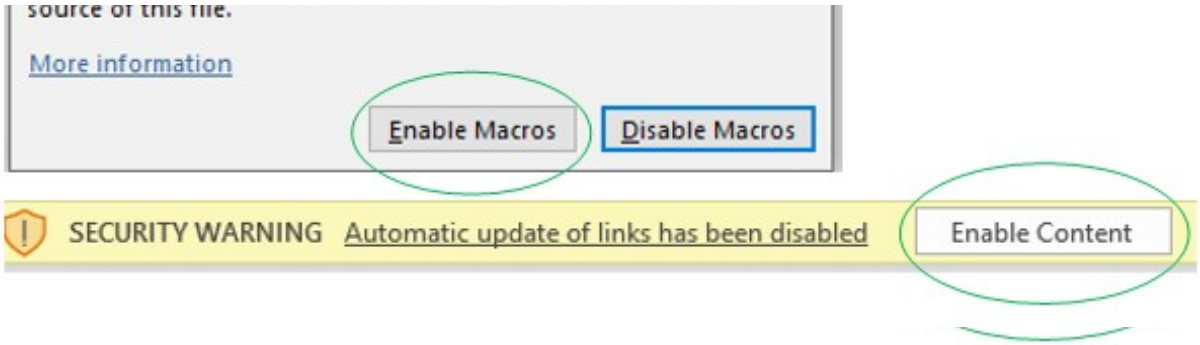
al, but states are highly encouraged to provide additional detail that will assist in the CMS review of

cial reconciliations of risk corridors implemented to address managed care uncertainty due to the . Under the Privacy Act of 1974 any personally identifying information obtained will be kept

ollection of information unless it displays a valid OMB control number. The valid OMB control
mplete this information collection is estimated to average 2 hours per response, including the

mplete this information collection is estimated to average 3 hours per response, including the
lete and review the information collection. If you have comments concerning the accuracy of the
oulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-


PROTECTED VIEW This file has been verified by Microsoft Defender Advanced Threat Protection and it hasn't detected any threats. If you need to edit this f
Microsoft Excel Security Notice
?
Microsoft Office has identified a potential security concern.
Warning: It is not possible to determine that this content came from a trustworthy source. You should leave this content disabled unless the content provides critical functionality and you trust its source.
File Path:
C:\Users\JSnouffer\AppData\Local\Microsoft \Windows\INetCache\Content.Outlook\1PAIVIR5
Macros have been disabled. Macros might contain malware or other security hazards. Do not enable this content unless you trust the


source of this file.
More information
Enable Macros
Disable Macros

SECURITY WARNING
Automatic update of links has been disabled
Enable Content

ile, click enable editing.
Enable Editing

Column A is bl

I. Sta

A. Sta

States sh

#
I.A.1
I.A.2
I.A.3
I.A.4
I.A.5
I.A.6
I.A.7
I.A.8
I.A.9
I.A.10
I.A.11
I.A.12

B. Pla

States sh

#
I.B.1
I.B.2

I.B.3

C. Ris

States sh
response

#
1.C.1
I.C.2
I.C.3

D. Co

If the risk
its model
on a stat

#
I.D.1
I.D.2
I.D.3
I.D.4
I.D.5
I.D.6
I.D.7

I.D.8
I.D.9
I.D.10
I.D.11
I.D.12

ank. All information begins in column B, row 2.

te, program, and plan information

te and program information

ould use this section to report their contact information, date of report submission, program inf

Item
Contact name
Contact email address
State or territory
State-based or program-based risk corridor
Risk corridor title
Program name(s) for a state-based risk corridor
Program name for a program-based risk corridor
Program start date
Plan type
Rating period start date
Rating period end date
Date of report submission

n information

ould use this section to report plan names for the program specified above in I.A.4. *(All items*

Item
Plan names
Plan parent company

Member months covered by the plan

sk corridor targets and monthly/quarterly expenditure and rev

ıould enter information in this section to obtain instructions on which tabs to use in completing t
es provided. *(All items in this section require input.)*

Item
If the risk corridor is implemented at the state level, does the risk corridor target differ by plan?
If the risk corridor is implemented at the program level, does the risk corridor target differ by plan?
Does your state use monthly or quarterly expenditure and revenue data?

vered providers (Optional)

corridor covers a specific program per item I.A.4, complete items I.D.1 - I.D.12. Indicate whetl
contract for the program for this information. These questions also appear in the Network Ade
e-based risk corridor per item I.A.4, enter N/A for these items. (*This section is optional.)*

Item
Adult primary care
Pediatric primary care
OB/GYN
Adult behavioral health
Pediatric behavioral health
Adult specialist
Pediatric specialist

Hospital
Pharmacy
Pediatric dental
LTSS
Other

ormation, and other related information. *(All items in this section require input.)*

Item Instructions
Enter the name of the individual(s) filling out this document.
Enter the email address(es) of the individual(s) filling out this document.
Enter the state or territory represented in this document.
Indicate if the COVID-19 risk corridor that the state is reporting on applies to all programs and plans in the state or is limited to one program and the plans under that program. If the state is reporting on a single risk corridor state-wide across all programs, choose "State". If the state is reporting on a risk corridor that applies to one program, choose “Program”. We do not expect risk corridors structures (i.e., the number of risk corridor bands or risk sharing percentages for plans and states) to vary for a particular risk corridor, although the state may set different risk corridor targets (for example, different Medical Loss Ratio (MLR) targets) for each plan. The state can enter specific targets for plans in the “II_Reconciliation” tab.
If the risk corridor that the state is reporting on has a title, indicate the name of the risk corridor.
If the state selected “State” in item I.A.4, indicate the program name(s) that the risk corridor applies to.
If the state selected “Program” in item I.A.4, indicate the program name that the risk corridor applies to.
If the state selected “Program” in item I.A.4, indicate what year the state implemented the program.
Indicate the managed care plan type (MCO, PIHP, or PAHP) that contracts with the state for the risk corridor that the state is reporting on.
Enter the rating period start date for the risk corridor reconciliation results that the state is reporting on in this document.
Enter the rating period end date for the risk corridor reconciliation results that the state is reporting on in this document. States are not expected to report risk corridor reconciliation results in this document for rating periods that end after December 31, 2021.
Enter the date on which the state is submitting this document to CMS.

in this section require input.)

Item Instructions
Enter the names of the plans that contract with the state for the risk corridor that the state is reporting on. Leave any remaining fields blank. **This response will affect the layout of Tab 2 and Tab 3.**
For each plan entered for item I.B.1, enter the plan's parent company name. Leave any remaining fields blank. If your plan parent company name is the same as the plan name, please enter it here.

For each plan entered for item I.B.1, indicate how many member months the plan covered for the rating period entered in I.A.12 and I.A.13.

venue data

this template. After entering the information below, the template will return a list of tabs to complete based on the

Item Instructions
Indicate whether the state-based risk corridor that the state is reporting on has risk corridor targets that vary by plan For example, this could include unique MLR targets for each plan based on enrollment of beneficiaries from differen rate cells. Enter N/A if the state is reporting on a program-based risk corridor per item I.A.4.
Indicate whether the program-based risk corridor that the state is reporting on has risk corridor targets that vary by plan. For example, this could include unique MLR targets for each plan based on enrollment of beneficiaries from different rate cells. Enter N/A if the state is reporting on a state-based risk corridor per item I.A.4.
Indicate whether the state uses monthly or quarterly expenditure and revenue data for the risk corridor it is reporting on. **This response will affect the layout of Tab 3.**

ner the program specified in I.A.8 covers each 42 C.F.R. § 438.68 provider type specified. The state can reference quacy and Access Assurances Report (NAAAR) template that is available on Medicaid.gov. If the state is reporting

Item Instructions
Indicate whether the program covers adult primary care providers.
Indicate whether the program covers pediatric primary care providers.
Indicate whether the program covers Ob/Gyn providers.
Indicate whether the program covers adult behavioral health providers.
Indicate whether the program covers pediatric behavioral health providers.
Indicate whether the program covers adult specialist providers.
Indicate whether the program covers pediatric specialist providers.

Indicate whether the program covers hospital providers.
Indicate whether the program covers pharmacy providers.
Indicate whether the program covers pediatric dental providers.
Indicate whether the program covers long-term services and supports (LTSS) providers.
Provide (1) any notes for items I.D.1 - 11 and/or (2) other provider types covered under the program not listed in items I.D.1 - 11, such as adult dental services.

Data Format
Free text
Free text
Drop down list of set values (select one)
Drop down list of set values (select one)
Free text
Free text
Free text
Free text
Drop down list of set values or free text (select one)
Date (MM/DD/YYYY)
Date (MM/DD/YYYY)
Date (MM/DD/YYYY)

Data Format
Free text
Free text

Numeric

Data Format
Drop down list of set values (select one)
Drop down list of set values (select one)
Drop down list of set values (select one)

Data Format
Drop down list of set values (select one)
Drop down list of set values (select one)
Drop down list of set values (select one)
Drop down list of set values (select one)
Drop down list of set values (select one)
Drop down list of set values (select one)
Drop down list of set values (select one)

Drop down list of set values (select one)
Drop down list of set values (select one)
Drop down list of set values (select one)
Drop down list of set values (select one)
Free text

Input state/program-level data in this column
[State]

Input plan-level data in beige cells in these columns >>
Plan 1

Input state/program-level data in this column

Input state/program-level data in this column

Plan 2	Plan 3

Plan 4	Plan 5

Plan 6	Plan 7

Plan 8	Plan 9

Plan 10	Plan 11

Plan 12	Plan 13

Plan 14	Plan 15

Plan 16	Plan 17

Plan 18	Plan 19

Plan 20	Plan 21

Plan 22	Plan 23

Plan 24	Plan 25

Plan 26	Plan 27

Plan 28	Plan 29

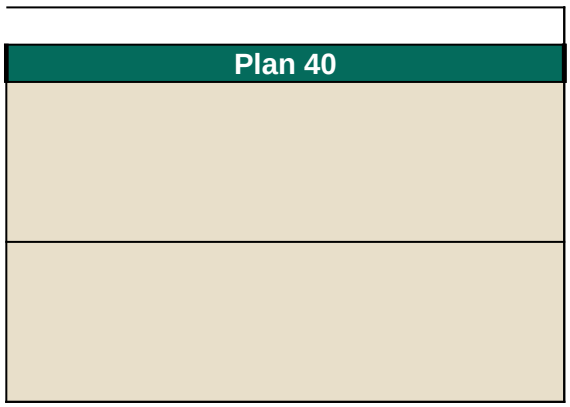
Plan 30	Plan 31

Plan 32	Plan 33

Plan 34	Plan 35

Plan 36	Plan 37

Plan 38	Plan 39


Plan 40