



State of California—Health and Human Services Agency
Department of Health Care Services



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Director

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DATE: **JUN 22 2010**

MMCD All Plan Letter 10-005

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: FINANCIAL REPORTING REQUIREMENTS

This All Plan Letter (APL) serves to alert all Medi-Cal managed care health plans (Plans) to the complete list of their financial reporting obligations. The table enclosed with this APL consolidates into a single list the financial reporting obligations found in various sections of the Medi-Cal managed care contract, including the financial reports, statements, and forecasts each Plan is required to submit to the Medi-Cal Managed Care Division on a monthly, quarterly, and/or annual basis (Enclosures 1-3). Separate tables are enclosed for each of three models of Medi-Cal managed care: County Organized Health Systems; Geographic Managed Care; and Two-Plan Model.

The items listed in these tables have been required under Plan contracts with the Department of Health Care Services (DHCS) and by applicable statutes and regulations. For your convenience, the tables include references to the section of your contract where you can review these requirements.

Plans must prepare the required financial information in accordance with Generally Accepted Accounting Principles. These reports, statements, and forecasts must be prepared in accordance with the 1989 HMO Financial Report of Affairs and Conditions Format.

If you have any questions regarding this letter, please contact Mr. Tim Keegan, Chief, Fiscal Monitoring and Payments Section, at Tim.Keegan@dhcs.ca.gov or (916) 449-5000.

Sincerely,

Tanya Homman, Chief
Medi-Cal Managed Care Division

Enclosures

cc: See Next Page

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**County Organized Health Systems
Financial Reporting Requirements**

Report	Due Date(s)	Contractual Provisions*	Other Requirements**
Annual Consolidated (All Lines of Business) Financial Report	120 Days After the PLAN Fiscal Year End	Section 2 B1	
Quarterly Consolidated Financial Reports	Feb 14 th , May 15 th , Aug 14 th , Nov 14 th	Section 2 B2	
Annual Medi-Cal Only Financial Report	120 Days After the STATE Fiscal Year End	Section 5	1,,2
Quarterly Medi-Cal Only Financial Reports	Feb 14 th , May 15 th , Aug 14 th , Nov 14 th	Section 2 F	1,,2
Annual Audited Financial Statements	120 Days After the PLAN Fiscal Year End	Section 2 B1	
Annual Forecast for All Lines of Business (for the following State Fiscal Year)	June 30 th	Section 1 C; Section 5	2,,3
Annual Forecast for Medi- Cal Only Line of Business (for the following State Fiscal Year)	June 30 th	Section 1 C; Section 2 G; Section 5	1,,2,3

* Contractual Provisions can be found in Exhibit A, Attachment 2.

** Please refer to the California Code of Regulations, Health and Safety Code, and Welfare and Institutions Codes for applicable statues and regulatory references.

Other Requirements

- 1 Include cost, revenue and enrollment information applicable to Medi-Cal beneficiaries enrolled in the plan through direct contract with DHCS.
- 2 If operating in multiple counties, reports #2 and #4 are to be expanded to show financial and enrollment information by county.
- 3 Prepare using reports #2 and #4 of the Financial Reporting Form in addition to underlying assumptions used to develop the forecast.

PLEASE NOTE: A plan may be required to file monthly Financial Statements at DHCS' request. (Please refer to contract Exhibit A, Attachment 2, Section 3)

**Geographic Managed Care
Financial Reporting Requirements**

Report	Due Date(s)	Contractual Provisions*	Other Requirements**
Annual Consolidated (All Lines of Business) Financial Report	120 Days After the PLAN Fiscal Year End	Section 2 B1	
Quarterly Consolidated Financial Reports	Feb 14 th , May 15 th , Aug 14 th , Nov 14 th	Section 2 B2	
Annual Medi-Cal Only Financial Report	120 Days After the STATE Fiscal Year End	Section 5	1,,2
Quarterly Medi-Cal Only Financial Reports	Feb 14 th , May 15 th , Aug 14 th , Nov 14 th	Section 5	1, 2
Annual Audited Financial Statements	120 Days After the PLAN Fiscal Year End	Section 2 B1	
Annual Forecast for All Lines of Business (for the following Plan Fiscal Year)	60 Days Prior to the PLAN Fiscal Year End	Section 1 C; Section 5	2,,3
Annual Forecast for Medi-Cal Only Line of Business (for the following Plan Fiscal Year)	60 Days Prior to the PLAN Fiscal Year End	Section 1 C; Section 5	1,,2,,3

* Contractual Provisions can be found in Exhibit A, Attachment 2.

** Please refer to the California Code of Regulations, Health and Safety Code, and Welfare and Institutions Codes for applicable statues and regulatory references.

Other Requirements

- 1 Include cost, revenue and enrollment information applicable to Medi-Cal beneficiaries enrolled in the plan through direct contract with DHCS.
- 2 If operating in multiple counties, reports #2 and #4 are to be expanded to show financial and enrollment information by county.
- 3 Prepare using reports #2 and #4 of the Financial Reporting Form in addition to underlying assumptions used to develop the forecast.

PLEASE NOTE: A plan may be required to file monthly Financial Statements at the DHCS's request. (Please refer to Title 28 CCR Section 1300.84.3(d))

**Two-Plan Model
Financial Reporting Requirements**

Report	Due Date(s)	Contractual Provisions*	Other Requirements**
Annual Consolidated (All Lines of Business) Financial Report	120 Days After the PLAN Fiscal Year End	Section 2 B1	
Quarterly Consolidated Financial Reports	Feb 14 th , May 15 th , Aug 14 th , Nov 14 th	Section 2 B3	
Annual Medi-Cal Only Financial Report	120 Days After the STATE Fiscal Year End	Section 5	1,,2
Quarterly Medi-Cal Only Financial Reports	Feb 14 th , May 15 th , Aug 14 th , Nov 14 th	Section 5	1,,2
Annual Audited Financial Statements	120 Days After the PLAN Fiscal Year End	Section 2 B1	
Annual Forecast for All Lines of Business (for the following Plan Fiscal Year)	60 Days Prior to the PLAN Fiscal Year End	Section 1 C; Section 5	2,,3
Annual Forecast for Medi-Cal Only Line of Business (for the following Plan Fiscal Year)	60 Days Prior to the PLAN Fiscal Year End	Section 1 C; Section 5	1,,2,3

* Contractual Provisions can be found in Exhibit A, Attachment 2.

** Please refer to the California Code of Regulations, Health and Safety Code, and Welfare and Institutions Codes for applicable statues and regulatory references.

Other Requirements

- 1 Include cost, revenue and enrollment information applicable to Medi-Cal beneficiaries enrolled in the plan through direct contract with DHCS.
- 2 If operating in multiple counties, reports #2 and #4 are to be expanded to show financial and enrollment information by county.
- 3 Prepare using reports #2 and #4 of the Financial Reporting Form in addition to underlying assumptions used to develop the forecast.

PLEASE NOTE: A plan may be required to file monthly Financial Statements at the DHCS's request. (Please refer to Title 22 CCR Section 53862 (c)(6) and Title 28 CCR Section 1300.84.3(d))