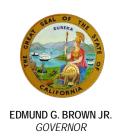


# State of California—Health and Human Services Agency Department of Health Care Services



**DATE:** May 2, 2017

**ALL PLAN LETTER 17-005** 

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

**SUBJECT:** CERTIFICATION OF DOCUMENT AND DATA SUBMISSIONS

#### **PURPOSE:**

The purpose of this All Plan Letter (APL) is to set forth the requirements related to certification of data, information, and documentation submitted to the Department of Health Care Services (DHCS).

### **BACKGROUND:**

Title 42, Code of Federal Regulations (42 CFR), Sections (§§) 438.604 and 438.606 (revised in May 2016), require certification of data, information, and documentation that are submitted to DHCS. The Centers for Medicare & Medicaid Services emphasizes that "certifications by a managed care plan cannot be based on a [simple] acceptance of information, including data critical to payment determinations, but must be informed." Further, § 438.606 includes specific requirements for the source, content, and timing of certifications.

#### **POLICY:**

Consistent with Exhibit E, Attachment 2, Program Terms and Conditions, Certifications, Medi-Cal managed care health plans (MCPs) must submit a completed and signed certification statement on MCP letterhead by the final business day of each month to their Managed Care Operations Division (MCOD) contract manager. The certification statement must apply to all data, information, and documentation submitted to DHCS during the specified month as follows:

- Encounter data as required in Exhibit A, Attachment 3 (Management Information System).
- Provider Network 274 data as required in Exhibit A, Attachment 3 (Management Information System).
- Other Documentation and Data submitted to DHCS describing the MCP's provider network as required in Exhibit A, Attachment 3 (Management Information System), and Attachment 6 (Provider Network).

<sup>1</sup> Federal Register/Vol. 81, No. 88/Friday, May 6, 2016; CMS rulemaking 2390-Final: https://www.gpo.gov/fdsys/pkg/FR-2016-05-06/pdf/2016-09581.pdf

- Data submitted to DHCS for the purposes of determining the MCP's capitation rates, such as Rate Development Templates and supplemental request to support the rate setting process.
- Data submitted to DHCS for the purposes of determining the MCP's Medical Loss Ratio (MLR) as required in Exhibit B, Budget Detail and Payment Provisions, Medical Loss Ratio.
- Documentation submitted to DHCS on a monthly, quarterly, or annual basis related to the MCP's financial status, as required in Exhibit A, Attachment 2 (Financial Information) and Attachment 17 (Reporting Requirements).
- Ownership and control information as required in Exhibit A, Attachment 1 (Organization and Administration of the Plan), including ownership and control information for subcontractors when requested by DHCS.
- The annual report of overpayment recoveries as required in Exhibit E,
   Attachment 2, Program Terms and Conditions, Treatment of Recoveries.
- Monthly and quarterly template data including, but not limited to, Grievance and Appeals data, Behavioral Health Treatment data, and Medical Exemption Request Continuity of Care data.
- Any other data, information, or documentation relating to the performance of the MCP's obligations under its contract upon notification by DHCS that such data, information, or documentation must be certified.

## **Source, Content and Timing of Certification:**

Each MCP must submit its certification statement on MCP letterhead by the final business day of each month to its MCOD contract manager. The certification statement must apply to all data, information, and documentation submitted to DHCS during the specified month. It is not necessary to submit certification statements with each data, information, and documentation submission. The certification statement must conform to the following requirements:

- Indicate the current month during which all data, information, and documentation submitted to DHCS, as described above, is certified.
- Specifically reference all types of data, information, and documentation described in the bulleted list above.
- State that the data, information, and documentation to which the certification statement applies is "accurate, complete, and truthful" to the declarant's "best information, knowledge, and belief."

Signed by the MCP's Chief Executive Officer (CEO), Chief Financial Officer (CFO), or an individual who reports directly to the CEO or CFO and has delegated authority to sign on his or her behalf so that the CEO or CFO is ultimately responsible for the certification and the data, information and documentation submitted to DHCS.

Repeated failure to submit this certification statement may result in corrective action. DHCS may also impose corrective action on MCPs that have submitted inaccurate or incomplete data, information, and documentation that was certified pursuant to § 438.606 and this APL. All data, information, and documentation submitted and certified pursuant to §§ 438.604 and 438.606, and this APL are subject to audit.

MCPs must submit their certification statements to their MCOD contract manager for review and approval prior to the first required certification. Subsequent review and approval by DHCS is only required if changes are made to the certification statement.

MCPs are responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Dual Plan Letters. These requirements must be communicated by each MCP to all delegated entities and subcontractors.

If you have questions regarding this APL, please contact your MCOD contract manager.

Sincerely,

Original signed by Nathan Nau

Nathan Nau, Chief Managed Care Quality & Monitoring Division