

MCO Reports Companion Guide Change Control Record

Date	Section(s)	Page(s)	Change
12/31/25	Managed Care Reports List	11	Changed date of submission for Service Auth by Benefit Type Report
	Managed Care Reports List	5-22	Added new TPL Medicare reports; made minor edits to list of PI reports
	4.2	28	Added new HCNE list
	4.2	29	Updated information on sPDL report
	7.4	64	Removal of Independent Community Pharmacy Directed Payment program information from state directed payments.
	10.10	78-84	Minor updates to TPL health report submission details; addition of TPL Medicare reports
	11	85-111	Addition of P&P language into RCG; edits to current PI reporting language throughout
	Appendix C	217-233	Addition of new reports to report lists
07/01/2025	Managed Care Reports List	5-19	Added Service Authorization Requirements by Benefit Type Report
	2.6	20-21	Added new subsection outlining submission requirements for Subcontractor Boilerplate agreements.
	3.9	25	Relocated Redetermination Report (previously Section 3.2) and expanded language for clarity.
	3.14	26	Added new subsection outlining submission requirements for Member communication materials.
	4.2	27-31	Expanded language for the High Cost No Experience Drug Report subsection and added Exhibit 2- SCDHHS High Cost No Experience Drug List Added new subsection establishing Single Preferred Drug List (sPDL) Compliance Report requirements and Exhibit 3 outlining Comprehensive Drug List criteria.
	4.3	32-33, 36	Updated section to clarify submission process and required fields for the Additional Services Request Form. Expanded language under Additional Services Evaluation Report to clarify reporting requirements.
	5.6	39-40	Added new subsection addressing CMS-1500 Claim Form.
	6.2	41	Added new subsection, “Provider Network Submission” referencing Network Adequacy Service Groups and

MCO Reports Companion Guide Change Control Record

			corresponding charts in Appendix D.
6.3	41-51		Expanded language under "Provider Network Submission." Updated definition for 'Age Range Served' in the table, <i>Data Definitions for Provider Network Report</i> .
6.5	51-52		Added new subsection, "Non-Participating Providers"
7.3	55-56, 60-61,		Added new language regarding the Deceased Members Report and Waiver and Hospice Members Report. Updated and expanded language under "Dual Medicare/Medicaid Report."
7.4	64-75		Added new subsection, "State Directed Payments," outlining requirements and schedules Expanded language under FQHC/RHC wrap payments to include RHC reporting requirements, FQHC Encounter Submission of FQHC Data, and FQHC Reporting Requirements. Added Exhibits 17–19: <i>FQHC/RHC Report Schedule</i> , <i>RHC Wrap Payment Methodology</i> , and <i>FQHC Wrap Payment Methodology</i> .
7.10	76		Added new subsection, "Annual Independent Audit Report"
8	77		Added Utilization Management section consisting of a single subsection on the "Service Authorization Report."
9.0-9.2	78-79		Added new subsection, "Grievance and Appeals Procedures & Provider Disputes." Expanded language under "Member Grievance and Appeal Log" and "Provider Dispute Log."
11	84-102		Comprehensively revised and expanded Section 11: Program Integrity to restructure content, consolidate guidance, and add new subsections, forms, definitions, reporting requirements, and exhibits.
12.4	104-106		Added new subsections on "Marketing Material Submission Requirements" and "Document Labeling"
14.6	111		Added new subsection, "Encounter Data"
14.10	111-113		Expanded language under "EQI report Template" to include Exhibit 24- Quarterly & Annual EQI Reporting Schedules
15.4	114-118		Added language under "HEDIS and CAHPS Reports" outlining submission requirements, including file naming conventions, due dates, and supporting Exhibits 25-27.

MCO Reports Companion Guide Change Control Record

	15.6	119-120	“MCO Withhold Report” moved from Section 7.3 to 15.6
	15.7	120-124	Moved “PCMH” from Section 7.3 to Section 15.7; expanded language in the subsection and added Exhibit 29. Moved “Member Incentive Form” from Section 4.8 to Section 15.7; expanded language in this subsection and added Exhibit 30.
	15.8	125-127	Revised “Alternative Payment Models (APM)” subsection with expanded language and new supporting Exhibits 31 and 32.
	15.12	127	Added “Corrective Action Plan” subsection
	16.5	128	Added “Historical Claims Reporting” subsection
	D-SNP Program	140-148	Added new section on Dual Special Needs (D-SNP) Program, including reporting requirements for both Highly Integrated (HIDE) and Coordination-Only (CO) D-SNPs.
	Appendix B	211	Relocated Redetermination File Layout (previously located in Section 3.2)
	Appendix C	213	Added <i>Non-Par Template</i> to “Monthly Report Requirements”
	Appendix D	225-269	Added Appendix D, “Network Adequacy Charts”
	Appendix E	270-272	Added Appendix E, “County Rurality Classifications”
	Appendix F	273-274	Added Appendix F, “Exhibits List”