

## WCHO/CMHSP Contract Requirements and Delegated Functions

<b>Subpart A-General Provisions</b>					
<b>Legal Citation</b>	<b>Subject</b>	<b>Where Found</b>	<b>How Met</b>	<b>Policy/ Procedure</b>	<b>Delegation Process</b>
42 CFR 438.6(f)(1)	<u>Compliance with contracting rules</u> All contracts must comply with Federal and state laws and regulations including title VI of the Civil Rights Act of 1964; title IX of the Education Amendments of 1972 (regarding education programs and activities); the Age Discrimination Act of 1975; the Rehabilitation Act of 1973; and the Americans with Disability Act.	MDCH/PIHP Medicaid Managed Specialty Services Contract, section 15.1	All WCHO and CMHSP Subcontracts must contain specified language	N/A	Contract Execution and Bd. Approval.
42 CFR 438.6(g)	<u>Inspection of Financial Records</u> Risk Contracts must provide that the State agency and the Department may inspect and audit any financial records of the entity or its subcontractors	MDCH/PIHP Medicaid Managed Specialty Services Contract, section 9.3	Referenced in WCHO/CSSN contract. PIHP should have policy referencing financial audits or subcontract and externally monitor through CSSN review process.	NA	NA
42 CFR 438.6(h)	<u>Physician Incentive Plans (PIP)</u> MCO, PIHP, PAHP contracts must provide for compliance with the requirements set forth in 422.208 and 422.210	MDCH/PIHP Medicaid Managed Specialty Services	If MCO and or CMHSP is using PIP's (e.g. Bonus or	NA	NA

## WCHO/CMHSP Contract Requirements and Delegated Functions

		Contract, section 6.4.1	withholds for physician payments) this must be disclosed and meet the CMS reporting requirements set forth in 42.CFR 422.208 and 210		
42 CFR 438.6(i)(1) 42 CFR 438.10 (g)(2) 42 CFR 422.128 42 CFR 489 (Subpart I) 42 CFR 489.100	<p><u>Advance Directives.</u> All MCO and PIHP contracts must provide for compliance with the requirements of 422.128 for maintaining written policies and procedures for advance directives. Requirements of 422.128:</p> <ul style="list-style-type: none"> <li>• Each MCO and PIHP must maintain written policies and procedures that meet requirements for advance directives in Subpart 1 of part 489.</li> <li>• Advance directives are defined in 42 CFR 489.100.</li> <li>• Each MCO and PIHP must maintain written policy and procedures concerning advance directives with respect to all adult individuals receiving medical care by or through the MCO or PIHP.</li> </ul>	MDCH/PIHP Medicaid Managed Specialty Services Contract, Part II section 6.8.6	WCHO/CSSN contract will require CSSN's and contractors to distribute all applicable information to meet federal and state requirements	Regional Advanced Directives Policy and Procedure.	Distribution of information to adult consumers.

## WCHO/CMHSP Contract Requirements and Delegated Functions

	<ul style="list-style-type: none"> <li>• Each MCO and PIHP must provide written information to those individuals with respect to the following:</li> <li>• Their rights under the law of the state</li> <li>• The organizations' policies respecting the implementation of those rights, including a statement of any limitation regarding the implementation of advance directives as a matter of conscience.</li> <li>• The MCO or PIHP must inform individuals that complaints concerning noncompliance with the advance directive requirements may be filed with the State survey and certification agency.</li> </ul>				
42 CFR 438.6 (i)(3)	<u>Advance Directives</u> The MCO, PIHP, or PAHP subject to this requirement must provide adult enrollees with written information on advance directives policies, and include a description of applicable State law.	MDCH/PIHP Medicaid Managed Specialty Services Contract, Part II section 6.8.6	Covered in Previous	Covered in Previous	Covered in Previous
42 CFR 438.6(i)(4)	<u>Advance Directives</u> The written information provided by the MCO, PIHP, or PAHP must reflect changes in State law as soon as possible, but no later	MDCH/PIHP Medicaid Managed Specialty Services	Covered in Previous	Covered in Previous	Covered in Previous

## WCHO/CMHSP Contract Requirements and Delegated Functions

	than 90 days after the effective date.	Contract, Part II section 6.8.6 Contract			
42 CFR 438.6(1)	<p><u>Subcontracts</u> All subcontracts must fulfill the requirements of 438.6 that are appropriate to the service or activity delegated under the subcontract.</p>	MDCH/PIHP Medicaid Managed Specialty Services Contract, section 6.4.2	WCHO/CSSN contract references this delegated function manual. Via MDCH reviews including RR and certification as a CMHSP and the CSSN reviews performed by the WCHO, the PIHP has assessed the CMHSP's ability to perform delegated functions or services, prior to delegation.		CMHSP carries out delegated functions as outlined.
42 CFR 438.6(m)	<p><u>Choice of Health Professional</u> The contract must allow each enrollee to choose his or her health professional to the extent possible and appropriate.</p>	MDCH/PIHP Medicaid Managed Specialty Services	WCHO/CSSN contract assures that the CSSN provides the	Regional Policy addressing choice of	As part of service access and ongoing

## WCHO/CMHSP Contract Requirements and Delegated Functions

		Contract, section 3.4.4	enrollee's with the choice of healthcare providers. This includes Fiscal Intermediaries (FI) and Self Determination (SD) program models. MDCH/MCO contract examples include physician, therapist etc.	provider.  Self Determination Policy and/or best practice  Regional use of FI	service delivery, the CSSN offers consumers choice of providers on a regular basis.
42 CFR 438.10(b)(1) SMD letter 02/20/98	<u>Basic Rules.</u> Each State, enrollment broker, MCO, PIHP, PAHP, and PCCM must provide all enrollment notices, informational materials, and instructional materials relating to enrollees and potential enrollees in a manner and format that may be easily understood.	MDCH/WCHO Medicaid Managed Specialty Services Contract, section 6.3.3  Note: potential enrollee's requirements pertain to the state Medicaid agency not to MCO's	Regional Brochure that meets the requirements of section 6.3.3 of the amended MDCH/WCHO contract.	N/A	Distribution of information to new enrollees as they enter the system. Note: contract and/or provider changes maybe joint responsibility of regional PRU

## WCHO/CMHSP Contract Requirements and Delegated Functions

42 CFR 438.10(b)(3)	<p><u>Mechanism.</u> Each MCO and PIHP must have in place a mechanism to help enrollees and potential enrollees understand the requirements and benefits of the plan.</p>	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 6.3.1	Member Services brochures, organizational structure with identifiable Member/Custo mer services.	N/A	Maintains local Member Service/Custo mer service system and distribution of materials.
42 CFR 438.10(c)(3)	<p><u>Language Requirements:</u> Each entity must make its written information available in the prevalent non-English languages in its particular service area.</p>	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part I section 18B indicates that standards 2.5.1 through 2.5.5 and 3.1 through 3.8 and 3.9.10 of the AFP are part of the contract.	Evidence of CSSN use of language line.	LEP Policy	CSSN accesses language line contract held by WCHO.
42 CFR 438.10(c)(4)	<p><u>Interpretation Services</u> Each entity must make oral interpretation services available free of charge to each potential enrollee and enrollee. This applies to all non-English languages not just those that the State identifies as prevalent. <i>Note: The beneficiary is not to be charged for interpretation services. Either the State or the entity, at the State's discretion, will be responsible to pay for these services.</i></p>	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 6.4 F	WCHO/CSSN contract and provider sub- contracts (if applicable) require the availability of interpretation services at no cost to the	LEP, and Ability to Pay policy?	Arrange for and show evidence of the use of interpretation services when requested.

## WCHO/CMHSP Contract Requirements and Delegated Functions

			enrollee		
42 CFR 438.10(c)(5)(i)	<u>Notification – Interpretation</u> Each entity must notify its enrollees that oral interpretation is available for any language and written information is available in prevalent languages and how to access those services.	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 6.3.3 F	Regional Brochure that meets the requirements of section 6.3.3 of the amended MDCH/WCHO contract	LEP Policy and Procedure?	Covered in Previous
42 CFR 438.10(c)(5)(ii)	<u>Notification – How to access interpretation services.</u> Each entity must notify its enrollees how to access oral interpretation services.	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 6.4 F	Regional Brochure that meets the requirements of section 6.3.3 of the amended MDCH/WCHO contract	LEP Policy and Procedure?	Covered in Previous
42 CFR 438.10(d)(1)(i)	<u>Format Requirements:</u> Written material must use easily understood language and format.	MDCH/WCHO Medicaid Managed Specialty Services Contract. Part II, section 6.3.2	Regional Brochure that meets the requirements of section 6.3.3 of the amended MDCH/WCHO contract	LEP Policy and Procedure?	Covered in Previous
42 CFR 438.10(d)	<u>Alternative Formats.</u> Written material must be available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited or have limited reading	MDCH/WCHO Medicaid Managed Specialty Services Contract. Part II, section	Covered in Previous	Covered in Previous	Covered in Previous

## WCHO/CMHSP Contract Requirements and Delegated Functions

	proficiency.	6.3.3 B & C			
42 CFR 438.10(d)(2)	<u>Notification – Alternative Formats.</u> All enrollees and potential enrollees must be informed that information is available in alternative formats and how to access those formats.	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 6.3.3 C	Regional Brochure that meets the requirements of section 6.3.3 of the amended MDCH/WCHO contract	LEP Policy and Procedure?	Covered in Previous.
42 CFR 438.10(f)(3)	<u>Timeframe for Information</u> The State, its contracted representative, or the entity must furnish to each of its enrollees the information specified in paragraph 438.10(f)(6) of this section and, if applicable, paragraphs 438.10(g) and 438.10(h) of this section, within a reasonable time after the MCO, PIHP, PAHP, or PCCM receives from the State or its contracted representative, notice of the recipient’s enrollment.	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 6.3.3 E	Regional Brochure that meets the requirements of section 6.3.3 of the amended MDCH/WCHO contract	LEP Policy and Procedure?	. Covered in Previous
42 CFR 438.10(f)(4)	<u>Notice on Change of Information</u> The State, its contracted representative, or the entity must give each enrollee written notice of any change (that the State defines as “significant”) in the information specified in paragraphs 438.10(f)(6) of this section and, if applicable, paragraphs 438.10(g) and 438.10(h), at least 30 days before the intended effective date of the change.	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 6.3.3 F	Regional Brochure that meets the requirements of section 6.3.3 of the amended MDCH/WCHO contract	LEP Policy and Procedure?	Covered in Previous



## WCHO/CMHSP Contract Requirements and Delegated Functions

<p>42 CFR 438.10(f)(5)</p>	<p><u>Notice of Provider Termination</u> The MCO, PIHP, and when appropriate, the PAHP or PCCM must make a good faith effort to give written notice of termination of a contracted provider, within 15 days after receipt or issuance of the termination notice, to each enrollee who received his or her primary care from, or was seen on a regular basis by, the terminated provider.</p>	<p>MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 6.3.3 G</p>	<p>WCHO Provider Relations Unit makes a good faith effort to notify enrollee's within 15 days of terminating a provider.</p>	<p>?</p>	<p>Notify Regional PRU when local contract provider is terminated?</p>
<p>42 CFR 43.10(f)(2) 42 CFR 438.10(f)(6)(iv) 42 CFR 438.10(g)(1) 42 CFR 438.6(h) 42 CFR 438.6(i)(1)</p> <p>42 CFR 438.400 Through 42 CFR 438.424 42 CFR 438.424 42 CFR 431.230 SMM 2900 SMM 2902.2</p>	<p><u>Information to enrollees of MCO or PIHP</u> The State, its contracted representative, or the entity must provide for all MCO and PIHP enrollees, the following information on grievance appeal and fair hearing procedures:</p> <ul style="list-style-type: none"> <li>• Grievance, appeal and fair hearing procedures and timeframes, as provided in 438.400 through 438.424, in a State-developed or State-approved description that must include the following:</li> </ul> <p>For State fair hearing:</p> <ul style="list-style-type: none"> <li>• The right to hearing;</li> <li>• The method for obtaining a hearing; and</li> <li>• The rules that govern representation at the hearing</li> </ul>	<p>MDCH/WCHO Medicaid Managed Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)</p>	<p>Regional G A Policy</p>	<p>Regional G A Policy</p>	<p>Disseminatio n of G &amp; A materials</p>

## WCHO/CMHSP Contract Requirements and Delegated Functions

	<ul style="list-style-type: none"> <li>• The right to file grievances and appeals</li> <li>• The requirements and timeframes for filing a grievance or appeal</li> <li>• The availability of assistance in the filing process</li> <li>• The toll-free numbers that the enrollee can use to file a grievance or an appeal by phone</li> <li>• The fact that, when requested by the enrollee:             <ul style="list-style-type: none"> <li>• Benefits will continue if the enrollee files an appeal or a request for State fair hearing within the timeframes specified for filing; and</li> <li>• The enrollee may be required to pay the cost of services furnished while the appeal is pending, if the final decision is adverse to the enrollee.</li> </ul> </li> <li>• Any appeal rights that the State chooses to make available to</li> </ul>				
--	---	--	--	--	--

## WCHO/CMHSP Contract Requirements and Delegated Functions

	<p>providers to challenge the failure of the organization to cover a service.</p> <ul style="list-style-type: none"> <li>• Advance Directives, as set forth in 438.6(i)(1).</li> <li>• Additional information that is available upon request, including the following: <ul style="list-style-type: none"> <li>• Information on the structure and operation of the MCO or PIHP.</li> <li>• Physician incentive plans as set forth in 438.6(h) of this chapter.</li> </ul> </li> </ul>				
42 CFR 438.12(a)(1) 42 CFR 438.214(c)	<p><u>General</u> An MCO, PIHP, or PAHP may not discriminate for the participation, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable State law, solely on the basis of that license or certification</p>	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 6.4.1	Regional Procurement/C redentiaing policy	Regional Procurement/Credenti aling policy	NA
42 CFR 438.12(a)(1)	<p><u>Declining Providers</u> In an MCO, PIHP, or PAHP declines to include individual or groups of providers in its network, it must give the affected providers written notice of the reason for its decision.</p>	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 6.4.1	Regional Procurement/C redentiaing policy	Regional Procurement/Credenti aling policy	NA

## WCHO/CMHSP Contract Requirements and Delegated Functions

<p>42 CFR 438.12(a)(2) 42 CFR 438.214</p>	<p><u>Contracts with Providers</u> In all contracts with health care professionals, an MCO, PIHP, or PAHP must comply with the requirements specified in 438.214 which include selection and retention of providers, credentialing and recredentialing requirements, and nondiscrimination.</p>	<p>MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 6.4.1. Also QA Technical Requirement, section 6.7.1.1</p>	<p>Regional Boiler Plate Contract</p>	<p>NA</p>	<p>Contract Execution and Bd. Approval?</p>
<p>42 CFR 438.12(b)(1)</p>	<p><u>Construction of Providers</u> 42 CFR 438.12(a) of this section may not be construed to:</p> <ul style="list-style-type: none"> <li>• Require the MCO, PIHP, or PAHP to contract with providers beyond the number necessary to meet the needs of its enrollee.</li> <li>• Preclude the MCO, PIHP, or PAHP from using different reimbursement amounts for different specialties or for different practitioners in the same specialty; or</li> <li>• Preclude the MCO, PIHP or PAHP from establishing measures that are designed to maintain quality of services and control costs and is consistent with its responsibilities to enrollee.</li> </ul>	<p>MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 6.4.1</p>	<p>NA</p>	<p>NA</p>	<p>NA</p>

**Subpart C Enrollee  
Rights and**

---

## WCHO/CMHSP Contract Requirements and Delegated Functions

### Protections

	<p><u>General Rule.</u> The MCO and PIHP must have written policies regarding the enrollee rights specified in this section.</p>	<p>MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 6.3.2 (Technical advisory 6.3.2.1)</p>	<p>Regional Grievance and Appeal process</p>	<p>Regional Grievance and Appeal Policy</p>	<p>Distribution of G &amp; A materials, advanced and adequate notice including denials. Schedule hearings in cooperation with regional G &amp; A office.</p>
<p>42 CFR 438.100(a)(2)</p>	<p><u>General Rule.</u> Each MCO, PIHP, PAHP, and PCCM must comply with any applicable Federal and State laws that pertain to enrollee rights and ensure that its staff and affiliated providers take those rights into account when furnishing services to enrollees.</p>	<p>MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 6.3.2 (Technical advisory 6.3.2.1)</p>	<p>Covered in Previous</p>	<p>Covered in Previous</p>	<p>Covered in Previous</p>
<p>42 CFR 438.100(b)(2)(ii)</p>	<p><u>Dignity and Privacy.</u> Each managed care enrollee is guaranteed the right to be treated with respect and with due consideration for his or her dignity and privacy.</p>	<p>MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II Section 6.3.2 (Technical advisory 6.3.2.1)</p>	<p>Covered in Previous</p>	<p>Covered in Previous</p>	<p>Covered in Previous</p>

## WCHO/CMHSP Contract Requirements and Delegated Functions

<p>42 CFR 438.100(b)(2)(iii)</p>	<p><u>Receive Information on Available Treatment Options.</u> Each managed care enrollee is guaranteed the right to receive information on available treatment options and alternatives, presented in a manner appropriate to the enrollee's condition and ability to understand.</p>	<p>MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II Section 6.3.2 (Technical advisory 6.3.2.1)</p>	<p>Covered in Previous</p>	<p>Covered in Previous</p>	<p>Covered in Previous</p>
<p>42 CFR 438.100(b)(2)(iv)</p>	<p><u>Participate in Decisions.</u> Each managed care enrollee is guaranteed the right to participate in decisions regarding his or her health care, including the right to refuse treatment.</p>	<p>MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 6.3.2 (Technical advisory 6.3.2.1)</p>	<p>Covered in Previous</p>	<p>Covered in Previous</p>	<p>Covered in Previous</p>
<p>42 CFR 238.100(b)(2)(iv)</p>	<p><u>Free from Restraint or Seclusion.</u> Each managed care enrollee is guaranteed the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.</p>	<p>MDCH/WCHO Medicaid Managed Specialty Services Contract. Part II section 6.3.2 (Technical advisory 6.3.2.1)</p>	<p>Covered in Previous</p>	<p>Covered in Previous</p>	<p>Covered in Previous</p>
<p>42 CFR 438.100(b)(2)(iv) 45 CFR 164</p>	<p><u>Copy of Medical Records</u> Each managed care enrollee is guaranteed the right to request and receive a copy of his or her medical records, and to request that they be amended or corrected as specified in 45 CFR part 164.</p>	<p>MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II Section 6.3.2 (Technical</p>	<p>Covered in Previous</p>	<p>Covered in Previous</p>	<p>Covered in Previous</p>

## WCHO/CMHSP Contract Requirements and Delegated Functions

		advisory 6.3.2.1)			
42 CFR 438.100(c)	<u>Free Exercise of Rights</u> Each enrollee is free to exercise his or her rights, and that the exercise of those rights does not adversely affect the way the MCO, PIHP, PAHP or PCCM and its providers or the State agency treat the enrollee.	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 6.3.2 (Technical advisory 6.3.2.1)	Covered in Previous	Covered in Previous	Covered in Previous
42 CFR 438.100(d)	<u>Compliance with other Federal and State Laws</u> Each MCO, PIHP, PAHP or PCCM must comply with any other applicable Federal and State laws (such as Title VI of the Civil Rights Act of 1964 etc) and other laws regarding privacy and confidentiality.	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part I section 15.3	All WCHO and CMHSP Subcontracts must contain specified language	NA	Contract Execution and Bd. Approval?
1932(b)(3)(D) 42 CFR 438.102(a)(1)(I) SMD letter 2/20/98	<u>Alternative Treatment.</u> An MCO, PIHP, or PAHP may not prohibit, or otherwise restrict, a health care professional acting within the lawful scope of practice, from advising or advocating on behalf of an enrollee who is his or her patient <u>for the enrollee's health status, medical care, or treatment options, including any alternative treatment that may be self-administered.</u>	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 6.8	Regional Authorization Policy? RR?	Regional Policy Authorizati on? RR?	Evidence of adherence to Policy
1932(b)(3)(D) 42 CFR 438.102(a)(1)(ii) SMD letter 2/20/98	<u>Treatment Options</u> An MCO, PIHP, or PAHP may not prohibit, or otherwise restrict, a health care professional acting within the lawful scope of practice, from advising or advocating on	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II	Covered in Previous	Covered in Previous	Covered in Previous

## WCHO/CMHSP Contract Requirements and Delegated Functions

	behalf of an enrollee who is his or her patient, <u>for any information the enrollee needs in order to decide among all relevant treatment options.</u>	section 6.8			
42 CFR 438.102(a)(1)(iii) SMD letter 2/20/98	<u>Treatment vs Non-Treatment</u> An MCO, PIHP or PAHP may not prohibit, or otherwise restrict, a health care professional acting within the lawful scope of practice, from advising or advocating on behalf of an enrollee who is his or her patient, <u>for the risks, benefits, and consequences of treatment or non-treatment.</u>	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 6.8	Covered in Previous	Covered in Previous	Covered in Previous
42 CFR 438.102(a)(1)(iv) SMD letter 2/20/98	<u>Participate in Treatment Options</u> An MCO, PIHP, or PAHP may not prohibit, or otherwise restrict, a health care professional acting within the lawful scope of practice, from advising or advocating on behalf of an enrollee who is his or her patient, <u>for the enrollee's right to participate in decisions regarding his or her health care, including the right to refuse treatment, and to express preferences about future treatment decisions.</u>	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 6.8	Covered in Previous	Covered in Previous	Covered in Previous
1932(d)(2)(B) 42 CFR 438.104(b)(1)(ii) SMD letter 12/30/97	<u>Service Area Distribution</u> The contract must provide that the entity distributes the materials to its entire service areas as indicated in the contract.	MDCH/WCHO Medicaid Managed Specialty Services Contract, section 6.3.3	WCHO/Memb er Services must distribute information about specialty services to the entire service area.	NA	NA



## WCHO/CMHSP Contract Requirements and Delegated Functions

<p>1932(d)(2)(A)(i) (II) 42 CFR 438.104(b)(2) SMM 2090.1 SMD letter 2/20/98</p> <p>1932(b)(6) 42 CFR 438.106(a) SMD letter 12/30/97</p>	<p><u>Accurate Materials</u> Each contract must specify the methods by which the entity assures that State agency that marketing, including plans and materials, is accurate and does not mislead, confuse, or defraud the recipients or the State agency.</p> <p><u>Insolvency.</u> Each contract must provide that its Medicaid enrollees are not held liable for the MCO's, PIHP's, or PAHP's debts, in the event of the entity's insolvency.</p>	<p>6.3.3 of the MDCH/WCHO Medicaid Managed Specialty Services Contract Part II, section 6.3.3D</p> <p>MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 6.6.3.2</p>	<p>Regional marketing materials are reviewed and approved by DCH</p> <p>Regional Ability to pay (e.g. Cannot charge MA consumers).</p>	<p>N/A</p> <p>Regional Ability to Pay</p>	<p>Distribution of materials</p> <p>Adherence of and/or local adoption of regional ability to pay.</p>
<p>1932(b)(6) 42 CFR 438.106(b)(1) SMD letter 12/30/97</p>	<p><u>Non-Payment to Entity</u> Each contract must provide that its Medicaid enrollees are not held liable for the covered services provided to the enrollee, for which the State does not pay the MCO, PIHP or PAHP.</p>	<p>MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II, section 6.6.3.2</p>	<p>Regional Ability to pay (e.g. Cannot charge MA consumers).</p>	<p>Regional Ability to Pay</p>	<p>Adherence of and/or local adoption of regional ability to pay.</p>
<p>1932(b)(6) 42 CFR 438.107(b)(2) 42 CFR 438.6(1) 42 CFR 438.230 42 CFR 438.204(a) SMD letter 12/30/97</p>	<p><u>Non-Payment to Provider.</u> Each contract must provide that its Medicaid enrollees are not held liable for the covered services provided to the enrollee, for which the State, or the MCO, PIHP, or PAHP does not pay the individual or health care provider that furnishes the services under a contractual, referral, or other arrangement.</p>	<p>MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II, section 6.6.3.2</p>	<p>Regional Ability to pay (e.g. Cannot charge MA consumers).</p>	<p>Regional Ability to Pay</p>	<p>Adherence of and/or local adoption of regional ability to pay.</p>
<p>42 CFR 438.106(c) 42 CFR 438.6(1) 42 CFR 438.230</p>	<p><u>Excess Payments</u> Each contract must provide that its Medicaid enrollees are not held liable for</p>	<p>MDCH/WCHO Medicaid Managed</p>	<p>Regional Ability to pay (e.g. Cannot</p>	<p>Regional Ability to Pay</p>	<p>Adherence of and/or local adoption of</p>

## WCHO/CMHSP Contract Requirements and Delegated Functions

<p>42 CFR 438.204(a) SMD letter 12/30/97</p> <p>42 CFR 438.116(a)(1) SMM 2086.6</p>	<p>payments for covered services furnished under a contract, referral, or other arrangement, to the extent that those payment are in excess of the amount that the enrollee would owe if the MCO, PIHP, or PAHP provided the services directly.</p> <p><u>Requirements for Assurances</u> Each MCO, PIHP, and PAHP that is not a federally qualified HMO must provide assurances satisfactory to the State showing that its provision against the risk of insolvency I adequate to ensure that its Medicaid enrollees will not be liable for the MCO's, PIHP's, or PAHP's debts if the entity becomes insolvent.</p>	<p>Specialty Services Contract, Part II section 6.6.3.2</p> <p>MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 7.7.2</p>	<p>charge MA consumers).</p> <p>Actuary study and establishment of ISF.</p>		<p>regional ability to pay.</p> <p>Provides Qtrly revenue and expense statements to the WCHO, operates within established budget.</p>
<p><b>Subpart D Quality Assessment and Performance Improvement</b></p>					
<p>42 CFR 438.204</p>	<p><u>State Quality Strategy</u> The contract must reflect the requirement that the entity is subject to annual, external independent reviews of the quality outcomes, timeliness of, and access to, the services covered under each contract.</p>	<p>MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II, section 6.7</p>	<p>QAPIP Plan and indicators and DCH review and acceptance.</p>	<p>N/A</p>	<p>Adherence to plan and indicator validation.</p>
<p>42 CFR 438.206(b)(1)</p>	<p><u>Delivery Network</u> The contract must require that the entity maintain a network of appropriate providers that is supported by written agreements.</p>	<p>MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II</p>	<p>AFP plan 3.8, for network development and Management.</p>	<p>N/A?</p>	<p>Execution and Bd. approval of regional boilerplate</p>

## WCHO/CMHSP Contract Requirements and Delegated Functions

		section 6.4.2 and AFP Section 3.8			contract.
42 CFR 438.206(b)(1)	<p><u>Delivery Network</u> The contract must require that the entity maintain a network of appropriate providers that is sufficient to provide adequate access to all services covered under the contract.</p>	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 6.4.2 and AFP Section 3.8	Inventory of Contracts compared to State Plan, B(3) and Hab-Waiver supports and Services.	N/A	Contract execution and local Bd. approval of regional contracts for a full array of mental health, SA and DD services.
42 CFR 438.206(b)(1)	<p><u>Delivery Network</u> The contract must require that in establishing and maintaining the network, the entity must consider the following:</p> <ul style="list-style-type: none"> <li>• The anticipated Medicaid enrollment,</li> <li>• The expected utilization of services, taking into consideration the characteristics and health care needs of specific Medicaid populations represented in the particular MCO, PIHP, and PAHP.</li> <li>• The numbers and types (in terms of training, experience, and specialization) of providers required</li> </ul>	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 6.4.2 and AFP Section 3.8	Service Capacity Assessment	N/A	N/A

## WCHO/CMHSP Contract Requirements and Delegated Functions

	<p>to furnish the contracted Medicaid services,</p> <ul style="list-style-type: none"> <li>• The numbers of network providers who are not accepting new Medicaid patients,</li> <li>• The geographic location of providers and Medicaid enrollees, considering distance, travel time, the means of transportation ordinarily used by Medicaid enrollees, and whether the location provides physical access for Medicaid enrollees with disabilities.</li> </ul>				
42 CFR 438.206(b)(3)	<p><u>Second Opinion</u> The contract must require that the entity provide for a second opinion from a qualified health care professional within the network, or arrange for the ability of the enrollee to obtain one outside the network, at no cost to the enrollee.</p>	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II, section 3.4.5	Regional Grievance and Appeals Policy.	Regional Grievance and Appeals Policy.	Adherence to policy and notifications of consumer rights for second opinion.
42 CFR 438.206(b)(4)	<p><u>Out of Network Providers</u> Each contract must require that if the entity's network is unable to provide necessary medical services covered under the contract to a particular enrollee, the entity must adequately and timely cover these services out of network for the enrollee, for as long as the entity I unable to provide them.</p>	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 3.4.4	Inventory of contracts and services to ensure the PIHP's contract network has the availability of all medically necessary services included in Ch. 3. MSA		CSSN has contractual access to the regions entire service array.

## WCHO/CMHSP Contract Requirements and Delegated Functions

			bulletin for SA, MH and DD services.		
42 CFR 438.206(b)(5)	<u>Out of Network Providers</u> Out of network providers must coordinate with the entity with respect to payment. The entity must ensure that cost to the enrollee is no greater than it would be if the services were furnished within the network.	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 6.6.3.2	Regional Ability to pay (e.g. Cannot charge MA consumers).	Regional Ability to Pay	Adherence of and/or local adoption of regional ability to pay.
42 CFR 438.206(c)(1)(i)	<u>Timely Access</u> The contract must require that the entity meet and require its providers to meet State standards for timely access to care and services, taking into account the urgency of need for services. <i>Note: The actual state standards should be indicated or referenced in the contract.</i>	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II, section 3.1	PIHP/CSSN contract outlines Timeliness and access to service requirements.	Regional Access to services policy	Adherence to contract and policy as well as HX and monitoring of access timelines.
42 CFR 438.206(c)(1)(ii)	<u>Timely Access</u> The contract must require that network providers offer hours of operation that are no less than the hours of operation offered to commercial enrollees or comparable to Medicaid fee-for-service, if the provider serves only Medicaid enrollees.	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II, section 6.4.2	Regional Boilerplate as well as CSSN contract must indicate hours of operations and those that are not for MA enrollee's only.	N/A	Adherence to contract and hours of operations
42 CFR 438.206(c)(1)(iii)	<u>Timely Access</u> The contract must require that services are available 24 hours a day, 7 days a week, when medically necessary.	MA Manual Ch. III CMH/PIHP services	PIHP and CSSN contract must indicate 24 hour seven day a week	N/A	Adherence to contract and hours of operations

## WCHO/CMHSP Contract Requirements and Delegated Functions

			availability.		
42 CFR 438.206(c)(1)(iv) 42 CFR 438.206(c)(1)(v) 42 CFR 438.206(c)(1)(vi)	<u>Timely Access Monitoring</u> The contract must require that the entity: <ul style="list-style-type: none"> <li>Establish mechanisms to ensure that network providers comply with the timely access requirements;</li> <li>Monitor regularly to determine compliance;</li> <li>Take corrective action if there is a failure to comply</li> </ul>	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 3.8.8 and AFP section 3.8.7	PIHP/CSSN contract outlines Timeliness and access to service requirements	Regional Access to services policy	Adherence to contract and policy as well as HX and monitoring of access timelines.
42 CFR 438.206(c)(2)	<u>Cultural Considerations</u> Each entity must participate in the State's efforts to promote the delivery of services in a culturally competent manner to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds. <i>Note: It is left to State discretion as to which efforts it will require. Entity participation in these efforts should be included in the contract.</i>	MDCH/WCHO Medicaid Managed Specialty Services Contract, Amendment, Part II, section 3.4.2	Regional Policy Cultural Competency Policy, and CSSN and Boilerplate contract language. DCH Audits.	Regional Policy Cultural Competenc y Policy	Adherence to policy, PIHP monitoring of training and DCH audits including POC's
42 CFR 438.207(b)	<u>Documentation of Adequate Capacity and Services</u> The contract must require that the entity submit documentation to the State to demonstrate, in a format specified by the State, that it: <ul style="list-style-type: none"> <li>Offers an appropriate range of preventive, primary care and specialty services that is adequate</li> </ul>	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 6.4 and AFP section 3.8	Service Capacity Assessment	N/A	N/A

## WCHO/CMHSP Contract Requirements and Delegated Functions

	<p>for he anticipated number of enrollees for the service area.</p> <ul style="list-style-type: none"> <li>• Maintains a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of enrollees in the service area.</li> </ul>				
42 CFR 438.207(c)	<p><u>Assurances of Adequate Capacity and Services</u> The contract must require that the entity submit the documentation assuring adequate capacity and services as specified by the State, and specifically as follows, but no less frequently than:</p> <ul style="list-style-type: none"> <li>• At the time it enters into a contract with the State.</li> <li>• At any time there has been a significant change (as defined by the State) in the entity’s operations that would affect adequate capacity and services, including: <ul style="list-style-type: none"> <li>• Changes in services, benefits, geographic service area or payments, or:</li> <li>• Enrollment of a new population in the MCO, PIHP, or PAHP.</li> </ul> </li> </ul>	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 6.4 and AFP section 3.8	Service Capacity Assessment	N/A	N/A
42 CFR 438.208(b)(2)	<p><u>Primary Care and Coordination of Health Care Services</u> The contract must require that the entity implement procedures to coordinate the</p>	MDCH/WCHO Medicaid Managed Specialty Services	PIHP and CSSN will maintain MA Health Plan	N/A	Maintain local Health Plan agreements.

## WCHO/CMHSP Contract Requirements and Delegated Functions

	services the MCO, PIHP, or PAHP furnishes to the enrollee with the services the enrollee receives from any other MCO, PIHP, or PAHP. At State discretion, exceptions may exist for MCO's that serve dually eligible enrollees.	Contract, Part II, section 6.4.5 and 6.8.3	agreements.  Regional QAPIP for Primary Care coordination.		Service planning guidelines and information release agreements meet coordination requirements.
42 CFR 438.208(b)(3)	<u>Primary Care and Coordination of Health Care Services</u> Each MCO, PIHP, and PAHP must implement procedures to share with other MCO's, PIHP's, and PAHP's serving the enrollee the results of its identification and assessment of any enrollee with special health care needs (as defined by the state) so that those activities need not be duplicated.	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II, section 6.4.5 and 6.8.3	Covered above	Covered above	Covered above
42 CFR 438.208(b)(4)	<u>Primary Care and Coordination of Health Care Services</u> The contract must require that the entity implement procedures to ensure that in the process of coordinating care, each enrollee's privacy is protected consistent with the confidentiality requirements in 45 CFR parts 160 and 164. <i>At State's discretion, exceptions may exist for MCO's that serve dually eligible enrollees.</i>	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 6.4.5 and 6.8.3	Covered above	Covered above	Covered above
42 CFR	<u>Coverage</u>	MDCH/WCHO	PIHP/CSSN	Regional	All claims



## WCHO/CMHSP Contract Requirements and Delegated Functions

<p>438.210(a)(1) SMM 2080.8</p>	<p>Each contract must identify, define, and specify the amount, duration, and scope of each service that the MCO, PIHP, or PAHP is required to offer.</p>	<p>Medicaid Managed Specialty Services Contract, Part II section 1.2, 2.1, 2.2, and 3.2</p>	<p>contract must reference the MSA MA manual Ch. III and the (CMHPSEM) Service Reporting, Program Requirements, and Service Utilization Manual</p>	<p>Access Policy?</p>	<p>and SAL's that are reported to the MDCH and/or third party payers must use standard and approved set of CPT codes. Encompass descriptions and unit's definitions should be standardized.</p>
<p>42 CFR 438.210(a)(3)(i)</p>	<p><u>Coverage</u> The contract must require that the services are sufficient in amount, duration, or scope to reasonably be expected to achieve the purpose for which the services are furnished.</p>	<p>MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II, section 1.2, 2.1, 2.2, and 3.2</p>	<p>Service array description and regional service selection guidelines and medical necessity.</p>	<p>Regional Access Policy</p>	<p>Use of service array and application and verification of the standard use of the regional service selection guidelines and medical</p>

## WCHO/CMHSP Contract Requirements and Delegated Functions

					necessity.
42 CFR 438.210(a)(3)(ii)	<u>Coverage</u> The contract must require that the entity may not arbitrarily deny or reduce the amount, duration, or scope of a required service solely because of the diagnosis, type of illness, or condition.	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II, section 1.2, 2.1, 2.2, and 3.2	Covered above	Covered above	Covered above
42 CFR 438.210(a)(3)(iii)	<u>Coverage</u> The entity may place appropriate limits on a service on the basis of criteria such as medical necessity; or for utilization control, provided the services furnished can reasonably be expected to achieve their purpose.	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 1.2, 2.1, 2.2, and 3.2	Covered above	Covered above	Covered above
42 CFR 438.210(a)(4)	<u>Medically Necessary Services</u> Each contract must specify what constitutes “medically necessary services” in a manner that: <ul style="list-style-type: none"> <li>• Is no more restrictive than the State Medicaid program and</li> <li>• Addresses the extent to which the MCO, PIHP, or PAHP is responsible for covering services related to the following: <ul style="list-style-type: none"> <li>• The prevention, diagnosis, and treatment of health impairments.</li> <li>• The ability to achieve age-appropriate growth and development.</li> </ul> </li> </ul>	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II, section 1.2, 2.1, 2.2, 3.2 and attachment 3.2.1, 3.3.1, 3.3.2	Covered above	Covered above	Covered above

## WCHO/CMHSP Contract Requirements and Delegated Functions

	<ul style="list-style-type: none"> <li>The ability to attain, maintain, or regain functional capacity</li> </ul>				
42 CFR 438.210(b)(1)	<p><u>Authorization of Services</u> The contract must require that the entity and its subcontractors have in place, and follow, written policies and procedures for processing requests for initial and continuing authorizations of services.</p>	AFP Section 3.3.1	PIHP needs to monitor adherence to a regional service authorization policy.	Regional policy regarding service authorization (needs flow that accounts for regional and affiliate differences with regard to service access and authorization outlined).	Carry out intent of service authorization policy via Access CSM's etc.
42 CFR 438.210(b)(2)	<p><u>Authorization of Services</u> The contract must require that the entity have in effect mechanisms to ensure consistent application of review criteria for authorization decisions; and consult with the requesting provider when appropriate.</p>	AFP Section 3.3.1	Covered above but need communication mechanism in Encompass to communicate with requesting provider.	Covered above but need communication mechanism in Encompass to communicate	Covered above but need communication mechanism in Encompass to communicate with requesting

## WCHO/CMHSP Contract Requirements and Delegated Functions

				ate with requesting provider.	provider.
42 CFR 438.210(b)(3)	<p><u>Authorization of Services</u> The contract must require that any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested, be made by a health care professional that has appropriate clinical expertise in treating the enrollee's condition or disease.</p>	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II, section 3.4.5	Regional G & A policy regarding second opinions.	Regional G & A policy regarding second opinions.	G & A tracking and reporting of second opinions.
42 CFR 438.210(c)	<p><u>Notice of Adverse Action</u> Each contract must require the entity to notify the requesting provider, and give the enrollee written notice of any decision to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested. For MCOs and PIHPs, the notice must meet the requirements of §438.404, except that the notice to the provider need not be in writing.</p>	MDCH/WCHO Medicaid Managed Specialty Services Contract, section 6.3.2 and attachment 6.3.2.1 as revised	Regional G & A policy and procedure. (Needs to be automated in Encompass to ensure compliance.	Regional G & A policy and procedure. (Needs to be automated in Encompass to ensure compliance	PIHP compliance review and application of Regional G & A policy and procedure. (Needs to be automated in Encompass to ensure compliance
42 CFR 438.210(d)(1)	<p><u>Timeframe for Decisions</u> Each contract must provide for the following decisions and notices: <u>Standard authorization decisions.</u> For standard authorization decisions, provide notice as expeditiously as the enrollee's health condition requires and within State-established timeframes that may not exceed</p>	MDCH/WCHO Medicaid Managed Specialty Services Contract, section 6.3.2 and attachment 6.3.2.1 as revised	Covered Above	Covered Above	Covered Above

## WCHO/CMHSP Contract Requirements and Delegated Functions

	<p>14 calendar days following receipt of the request for service, with a possible extension of up to 14 additional calendar days, if—</p> <ul style="list-style-type: none"> <li>• The enrollee, or the provider, request extension; or</li> <li>• The entity justifies (to the State agency upon request) a need for additional information and how the extension is in the enrollee’s interest.</li> </ul>				
<p>42 CFR 438.210(d)(2)</p>	<p><u>Expedited Authorization Decisions</u></p> <ul style="list-style-type: none"> <li>• For cases in which a provider indicates, or the entity determines, that following the standard timeframe could seriously jeopardize the enrollee’s life or health or ability to attain, maintain, or regain maximum function, the entity must make an expedited authorization decision and provide notice as expeditiously as the enrollee’s health condition requires and no later than 3 working days after receipt of the request for service.</li> <li>• The entity may extend the 3 working days time period by up to 14 calendar days if the enrollee requested an extension, or if the</li> </ul>	<p>MDCH/WCHO Medicaid Managed Specialty Services Contract., section 6.3.2 and attachment 6.3.2.1 as revised</p>	<p>Covered Above</p>	<p>Covered Above</p>	<p>Covered Above</p>

## WCHO/CMHSP Contract Requirements and Delegated Functions

	entity justifies (to the State agency upon request) a need for additional information and how the extension is in the enrollee's interest.				
42 CFR 438.210(e)	<p><u>Compensation for Utilization Management Activities</u> Each contract must provide that compensation to individuals or entities that conduct utilization management activities is not structured so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any enrollee.</p>	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II, section 3.4	Contract language to ensure that compensation to CSSN's who conduct ongoing U/M functions is not structured in a way to provide incentives for the entity to deny or limit medically necessary services.	N/A	N/A

**Subpart D  
Structure and  
Operation  
Standards**

42 CFR 438.214(a)	<p><u>Selection and Retention of Providers</u> Each contract must require the entity to have written policies and procedures for selection and retention of providers.</p>	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II	N/A	Regional procure- ment Policy	N/A
-------------------	--	---	-----	--	-----

## WCHO/CMHSP Contract Requirements and Delegated Functions

		section 6.4.3			
42 CFR 438.206(b)(6)	<u>Credentialing</u> Each contract must include a requirement that the entity demonstrate that its providers are credentialed. <i>*Note: The contract must include language indicating how the entity demonstrates compliance with this provision.</i>	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II, section 6.4.3	N/A	Regional Credentialing Policy	N/A
42 CFR 438.214(b)(1) 42 CFR 438.214(b)(2)	<u>Credentialing and Recredentialing Requirements</u> Each State must have a uniform credentialing and recredentialing policy. The contract must require that the entity follow this documented process for credentialing and recredentialing of providers who have signed contracts or participation agreements with the MCO, PIHP, or PAHP. <i>*Note: The contract should include a description of the actual state process.</i>	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 6.4.3 and attachment 6.4.3.1	N/A	Regional Credentialing Policy	N/A
42 CFR 438.214(c)	<u>Nondiscrimination</u> The contract must require that the entity's provider selection policies and procedures cannot discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II, section 6.4.1	N/A	Regional Credentialing Policy	N/A
42 CFR 438.214(d)	<u>Excluded Providers</u> The contract must ensure that the entity may not employ or contract with providers excluded from participation in Federal	MDCH/WCHO Medicaid Managed Specialty Services	N/A	Regional Credentialing Policy	N/A

## WCHO/CMHSP Contract Requirements and Delegated Functions

	health care programs under either section 1128 or section 1128A of the Social Security Act.	Contract, Part II section 6.4.1			
42 CFR 438.224 SMM 2080.15	<u>Confidentiality</u> Each contract must ensure that for medical records and any other health and enrollment information that identifies a particular enrollee, each entity establishes and implements procedures consistent with confidentiality requirements in 45 CFR parts 160 and 164.	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part I, section 14.0		Regional or local adherence of Confidenti ality Policy	Locally adopt regional confidentialit y policy.
42 CFR 438.230(a) SMM 2081.2 SMM 2087.4	<u>Subcontractual Relationships and Delegation</u> Each contract must ensure that the entity oversees and is held accountable for any functions and responsibilities that it delegates to any subcontractor. <i>*Note: 45 CFR 74 requires that all subcontracts meet this requirement.</i>	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II, section 6.4.2	Duplication of Subpart A 438.6(1)	See 438.6(1)	See 438.6(1)
42 CFR 438.2320(b)(1)	<u>Subcontractual Relationships and Delegation.</u> Each contract must ensure that the entity evaluates the prospective subcontractor's ability to perform the activities to be delegated.	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II, section 6.4.2.	WCHO/CSSN contract references this delegated function manual. The WCHO must first review and assess the CMHSP's ability to perform	N/A	CMHSP carries out delegated functions as outlined.



## WCHO/CMHSP Contract Requirements and Delegated Functions

			function or service, prior to delegation.		
42 CFR 438.230(b)(2) SMM 2080.17 SMM 2080.1	<u>Subcontractual Relationships and Delegation</u> The contract must require a written agreement between the entity and the subcontractor that specifies the activities and report responsibilities delegated to the subcontractor; and provides for revoking delegation or imposing other sanctions if the subcontractor's performance is inadequate.	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II, section 6.4.2	Need contract sanction/revoking language related to delegated functions reporting responsibilities. (May be generally covered in PIHP/CSSN agreement?)	N/A	N/A
42 CFR 438.230(b)(3)	<u>Sub contractual Relationships and Delegation</u> Each contract must ensure that the entity monitor the subcontractor's performance on an ongoing basis and subject it to formal review according to a periodic schedule established by the State, consistent with industry standards or State MCO laws and regulations.	AFP 3.8.7	CSSN monitoring tool	N/A	N/A
42 CFR 438.230(b)(4)	<u>Sub contractual Relationships and Delegation</u> Each contract must ensure that the entity identifies deficiencies or areas for improvement, the entity and the subcontractor must take corrective action.	AFP 3.8.7	CSSN monitoring tool	N/A	Write and implement POC as required through the CSSN audit.

## WCHO/CMHSP Contract Requirements and Delegated Functions

<p><b>Subsection D.3 Measurement and Improvement Standards.</b></p>					
<p>42 CFR 438.236(b)</p>	<p><u>Practice Guidelines</u> Each contract must require an MCO and when applicable a PIHP or PAHP to adopt practice guidelines that meet the following requirements:</p> <ul style="list-style-type: none"> <li>• Are based on valid and reliable clinical evidence or a consensus of health care professionals in the particular field;</li> <li>• Consider the needs of the enrollees;</li> <li>• Are adopted in consultation with contracting health care professionals; and</li> <li>• Are reviewed and updated periodically as appropriate</li> </ul>	<p>MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II, section 6.8.2</p>	<p>PIHP must have a mechanism to disseminate Practice guidelines (including access assurances to providers and beneficiaries.</p>	<p>N/A</p>	<p>Dissemination of information upon request</p>
<p>42 CFR 438.236(c)</p>	<p><u>Dissemination of Guidelines</u> Each contract must require that the entity disseminate the guidelines to all affected providers and, upon request, to enrollees and potential enrollees.</p>	<p>MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 6.8.2</p>	<p>Must be outlined or referenced in the CSSN contract and/or provider manual</p>	<p>N/A</p>	<p>Covered in Previous</p>
<p>42 CFR 438.236(d)</p>	<p><u>Application of Guidelines</u> Each contract must ensure that decisions for</p>	<p>MDCH/WCHO Medicaid</p>	<p>PIHP must assure that</p>	<p>N/A</p>	<p>Guidelines referenced</p>

## WCHO/CMHSP Contract Requirements and Delegated Functions

	utilization management, enrollee education, coverage of services, and other areas to which the guidelines apply should be consistent with the guidelines.	Managed Specialty Services Contract, Part II, section 6.8.2	decisions regarding utilization Management, enrollee education and service coverage are consistent with guidelines.		and/or attached in the CSSN contract and CSSN provider audits should focus on compliance.
42 CFR 438.240(a)(1) SMM 2091.7	<u>Quality Assessment and Performance Improvement Program</u> Each contract must ensure that the entity has an ongoing quality assessment and performance improvement program for the services it furnishes to its enrollees.	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II, section 6.8.2	Regional QAAPIP referenced in contract or in CSSN Manual.	N/A	Compliance with documenting QAAPIP studies.
42 CFR 438.240(a)(2)	<u>Quality Assessment and Performance Improvement Program</u> CMS, in consultation with States and other stakeholders, may specify performance measures and topics for performance improvement projects to be required by States in their contracts with MCOs and PIHPs.	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II, section 6.7 and attachment 6.7.1.1	Covered in Previous	Covered in Previous	Covered in Previous
42 CFR 438.240(b)(3)	<u>Quality Assessment and Performance Improvement Program</u> Each contract must require that the entity have in effect mechanisms to detect both underutilization and over utilization of service.	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II, section 6.8 and attachment 6.7.1.1	Covered in Previous	Covered in Previous	Covered in Previous

## WCHO/CMHSP Contract Requirements and Delegated Functions

<p>42 CFR 438.240(b)(4)</p>	<p><u>Quality Assessment and Performance Improvement Program</u> Each contract must ensure that the entity has in effect mechanisms to assess the quality and appropriateness of care furnished to enrollees with special health care needs.</p>	<p>MDCH/WCHO Medicaid Managed Specialty Services Contract, Attachment 6.7.1.1</p>	<p>Covered in Previous</p>	<p>Covered in Previous</p>	<p>Covered in Previous</p>
<p>42 CFR 438.240(b)(2) 42 CFR 38.240(c)</p>	<p><u>Performance Measurement</u> Each contract must require that on an annual basis the entity must:</p> <ul style="list-style-type: none"> <li>• Measure and report to the State its performance, using standard measures required by the State;</li> <li>• Submit to the State, data specified by the State, that enables the State to measure the entity's performance; or</li> <li>• Perform a combination of the activities listed above.</li> </ul>	<p>MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II, section 6.7 and attachment 6.5.1.1</p>	<p>Regional MMBPIS and committee requirements will be attachment to the CSSN manual</p>	<p>N/A</p>	<p>Data entry and verification of local performance indicators as specified in the CSSN manual.</p>
<p>42 CFR 438.240(b)(1) 42 CFR 438.240(d)(1)</p>	<p><u>Performance Improvement Projects</u> Each contract must ensure that the entity conduct performance improvement projects that are designed to achieve, through ongoing measurements and intervention, significant improvement, sustained over time, in clinical care and non clinical case areas that are expected to have a favorable effect on health outcomes and enrollee satisfaction. The performance improvement projects must involve the following:</p> <ul style="list-style-type: none"> <li>• Measurement of performance using</li> </ul>	<p>MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II, section 6.7</p>	<p>Covered in Previous</p>	<p>Covered in Previous</p>	<p>Covered in Previous</p>

## WCHO/CMHSP Contract Requirements and Delegated Functions

	<p>objective quality indicators</p> <ul style="list-style-type: none"> <li>• Implementation of system interventions to achieve improvement in quality</li> <li>• Evaluation of the effectiveness of the interventions</li> <li>• Planning and initiation of activities for increasing or sustaining improvement</li> </ul>				
42 CFR 438.240(d)(2)	<p><u>Performance Improvement Projects</u> Each contract must require that the entity report the status and results of each project to the State as requested.</p>	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II, section 6.7	Covered in Previous	Covered in Previous	Covered in Previous
42 CFR 438.240(d)(2)	<p><u>Performance Improvement Projects</u> Each performance improvement project must be completed in a reasonable time period so as to generally allow information on the success of performance improvement projects in the aggregate to produce new information on quality of care every year.</p>	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II, section 6.7	Covered in Previous	Covered in Previous	Covered in Previous
42 CFR 438.240(e)(2)	<p><u>Program review by the State</u> The State may require that an MCO or PIHP have in effect a process for its own evaluation of the impact and effectiveness of its quality assessment and performance improvement program. If the State imposes such a requirement, it should be included in the contract.</p>	MDCH/WCHO Medicaid Managed Specialty Services Contract, Attachment 6.7.1.1	Covered in Previous	Covered in Previous	Covered in Previous

## WCHO/CMHSP Contract Requirements and Delegated Functions

42 CFR 438.232(a)	<u>Health Information Systems</u> Each contract must ensure that the entity maintains a health information system that collects, analyzes, integrates, and reports data. The system must provide information on areas including, but not limited to: utilization, grievances and appeals, and disenrollments for other than loss of Medicaid eligibility.	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II, section 6.5.1 and Grievance and Appeals Technical Requirement.	Grievance and appeals tracking module of encompass and adherence to policy as reviewed in the CSSN site review tool	G & A Policy and procedure	Use of module dissemination of information and adherence to policy.
42 CFR 438.242(b)(1)	<u>Health Information Systems</u> Each contract must require that the entity collects data on enrollee and provider characteristics as specified by the State and on services furnished to enrollees through an encounter data system or other methods as may be specified by the State.	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II section 6.5.1.	Covered in Previous	Covered in Previous	Covered in Previous
42 CFR 438.242(b)(2) SMM 2080.13	<u>Health Information Systems</u> The contract must require that the entity ensures that data received from providers is accurate and complete by: <ul style="list-style-type: none"> <li>• Verifying the accuracy and timeliness of reported data;</li> <li>• Screening the data for completeness, logic, and consistency, and</li> <li>• Collecting service information in standardized formats to the extent feasible and appropriate.</li> </ul>	MDCH/WCHO Medicaid Managed Specialty Services Contract, Part II, section 6.5.1.	Covered in Previous	Covered in Previous	Covered in Previous
42 CFR 438.242(b)(3)	<u>Health Information Systems</u> The contract must require that the entity	MDCH/WCHO Medicaid	Covered in Previous	Covered in Previous	Covered in Previous

## WCHO/CMHSP Contract Requirements and Delegated Functions

	make all collected data available to the State and upon request to CMS.	Managed Specialty Services Contract, Part II, section 6.5.1			
<b>Subpart F: Grievance System</b>					
42 CFR 431.201 42 CFR 438.400(b) 42 CFR 438.52(b)(2)(ii)	<p><u>Action: MCO &amp; PIHP</u> The contract must define action as the:</p> <ul style="list-style-type: none"> <li>• Denial or limited authorization of a requested service, including the type or level of service;</li> <li>• Reduction, suspension, or termination of a previously authorized service;</li> <li>• Denial, in whole or in part, of payment for a service;</li> <li>• Failure to provide services in a timely manner, as defined by the State*;</li> <li>• Failure of an MCO or PIHP to act within the timeframes; or</li> <li>• For a rural area resident with only one MCO or PIHP, the denial of a Medicaid enrollee’s request to obtain services outside the network**:  <ul style="list-style-type: none"> <li>○ From any other provider (in terms of training, experience, and specialization) not available within the network</li> </ul> </li> </ul>	<p>MDCH/WCHO Medicaid Managed Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)</p> <p><i>Rural resident citations do not apply</i></p>	<p>Regional G A Policy</p> <p>Reviewed in CSSN audits</p> <p>Regional trainings</p>	<p>Regional G A Policy</p>	<p>Dissemination of G &amp; A policy and materials</p> <p>Training by Regional FHO</p> <p>Local compliance overseen by Regional FHO and Local G&amp;A Administrator</p> <p>Local practices</p>

## WCHO/CMHSP Contract Requirements and Delegated Functions

	<ul style="list-style-type: none"><li>○ From a provider not part of the network that is the main source of a service to the recipient – provided that the provider is given the same opportunity to become a participating provider as other similar providers. If the provider does not choose to join the network or does not meet the qualifications, the enrollee is given a choice of participating providers and is transitioned to a participating provider within 60 days.</li><li>○ Because the only plan or provider available does not provide the service because of moral or religious objections.</li><li>○ Because the recipient's provider determines that the recipient needs related services that would subject the recipient to unnecessary risk if received separately and not all related services are available within the network.</li><li>○ The State determines that other circumstances warrant</li></ul>		See above		
--	--	--	-----------	--	--



## WCHO/CMHSP Contract Requirements and Delegated Functions

	<p style="text-align: center;">out-of-network treatment.</p> <p><i>*Note: The State must define the action “failure to provide services in a timely manner” in the contract.</i></p> <p><i>**Note: Only the MCO or PIHP definition of action includes this rural area provision. The PAHP and PCCM definition of action is found at 42 CFR 431.201 and does not allow for State fair hearings for the denial of these requests unless the State so chooses at its option.</i></p>				
42 CFR 431.201	<p><u>Service Authorization</u> The contractor must define service authorization in a manner that at least includes a managed care enrollee’s request for the provision of a service.</p>	MDCH/WCHO Medicaid Managed Specialty Services Contract, section 3.3.4	Regional policy and procedures Training Local procedures	Reg. UM policy	Dissemination of authorization criteria  Local practice  Local compliance overseen by Regional FHO and Local G&A Administrator
42 CFR 438.210(b)(3)	<p><u>Service Authorization Process: Procedure</u> Any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than</p>	MDCH/WCHO Medicaid Managed Specialty Services	Regional policy Regional forms Training	Reg G&A policy Reg. UM policy	Local  Reg G&A Training

## WCHO/CMHSP Contract Requirements and Delegated Functions

	<p>requested, must be made by a health care professional who has appropriate clinical expertise in treating the enrollee's condition or disease.</p> <p><i>*Note: the Service Authorization process in 42 CFR 438.210 applies to PIHPs, PAHPs, and MCOs. The Grievance System requirements in 438.400 apply only to PIHPs and MCOs. These distinctions are noted throughout the checklist.</i></p>	Contract, section 3.3.4			<p>done by Regional FHO</p> <p>Local compliance overseen by Regional FHO and Local G&amp;A Administrator</p>
42 CFR 438.210(c)	<p><u>Service Authorization Process: Provider Notice of Adverse Action</u></p> <p>The contractor must notify the requesting provider of any decision to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested. The notice to the provider need not be in writing.</p>	MDCH/WCHO Medicaid Managed Specialty Services Contract, Par II, section 6.3.2	Regional forms Regional policy Encompass enhancements Training	Reg. G&A policy Reg. UM policy	<p>Policy/forms disseminated to locals.</p> <p>Local UM practices</p> <p>Training by Regional FHO</p> <p>Local compliance overseen by Regional FHO and Local G&amp;A Administrator</p>
42 CFR 438.210(c)	<u>Service Authorization Process: Enrollee</u>	Managed	Regional forms	Reg. G&A	Local UM

## WCHO/CMHSP Contract Requirements and Delegated Functions

	<p><u>Notice of Adverse Action.</u> Each contractor must notify the enrollee in writing of any decision to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested. <i>*Note: PAHPs are only required to send notices to the enrollees for notice of actions for service authorizations. This does not negate the State Medicaid agency's requirement to send notices of action for other types of actions as defined in the State Fair Hearing Regulations (42CFR 431 Subpart E).</i></p>	<p>Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)</p>	<p>Regional policy Training CSSN audits</p>	<p>policy Reg. UM Policy</p>	<p>practices Policy/forms disseminated to locals  Training given to locals done by Regional FHO  Local compliance overseen by Regional FHO and Local G&amp;A Administrator</p>
<p>42 CFR 431.200(b) 42 CFR 431.206 42 CFR 438.404(a) 42 CFR 438.404(c) 42 CFR 438.210(c)</p>	<p><u>Notice of Action</u> The MCO or PIHP must give the enrollee written notice of any action (not just service authorization actions) within the timeframes for each type of action. <i>*Note: The State must determine when the MCO or PIHP will issue notice for "Failure to provide services in a timely manner" in the contract.</i> <i>*Note: The State must determine when the MCO or PIHP will issue notice for "For a</i></p>	<p>Managed Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)</p>	<p>Regional policy/procedures Regional forms Training CSSN audits</p>	<p>Reg. G&amp;A Policy Reg. UM Policy Regional forms</p>	<p>Policy &amp; forms disseminated to locals  Training done by Regional FHO  Local</p>

## WCHO/CMHSP Contract Requirements and Delegated Functions

	<i>rural area resident with only one MCO, the denial of a Medicaid enrollee's request to obtain services outside the network.</i>				compliance overseen by Regional FHO and Local G&A Administrator
42 CFR 438.228	<p><u>Notice of Action – State Delegation (State Option)</u>            The State Medicaid agency is required to send notices of action in the State Fair Hearing Regulations (42 CFR 431 Subpart E). If the State delegates its additional fair hearing notice responsibilities (under 42 CFR 431 Subpart E) to the MCO, PIHP, or PAHP, any delegated notice responsibilities must be in the contract so that the contractor can include the additional content requirements under the fair hearing regulations in this notice.</p>	Managed Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)	Regional policy & procedures Regional forms Training Encompass enhancements  CSSN audits	Reg. G&A policy	<p>Policy &amp; forms disseminated to locals;</p> <p>Local compliance overseen by Regional FHO and Local G&amp;A Administrator</p> <p>Training done by Regional FHO</p>
42 CFR 438.404(b) 42 CFR 438.210(c)	<p><u>Notice of Adverse Action: Content</u>            The notice must explain:</p> <ul style="list-style-type: none"> <li>○ The action the MCO or PIHP or its contractor has taken or intends to take;</li> <li>○ The reasons for the action;</li> <li>○ The enrollee's or the provider's right</li> </ul>	Managed Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance Resolution (as	Regional policy & procedure Regional forms  CSSN audits	Reg G&A policy	<p>Policy &amp; forms disseminated to locals;</p> <p>Local compliance</p>

## WCHO/CMHSP Contract Requirements and Delegated Functions

	<p>to file an appeal;</p> <ul style="list-style-type: none"> <li>○ If the State does not require the enrollee to exhaust the MCO or PIHP level appeal procedures, the enrollee’s right to request a State fair hearing;</li> <li>○ Procedures for exercising enrollee’s rights to appeal or grieve;</li> <li>○ Circumstances under which expedited resolution is available and how to request it</li> <li>○ The enrollee’s rights to have benefits continue pending the resolution of the appeal, how to request that benefits be continued, and the circumstances under which the enrollee may be required to pay the costs of these services.</li> </ul> <p><i>(Note: If the State delegates the fair hearing notice to the MCO and PIHP, the MCO’s action notice must also include the items in 42 CFR 431.206(b) and 431.210: 1) that the enrollee may represent himself or use legal counsel, a relative, a friend, or other spokesman; 2) the specific regulations that support, or the change in Federal or State law that requires, the action, and 3) an explanation of the individual’s right to request an evidentiary hearing if one is available or a state agency hearing, or in</i></p>	<p>revised)</p> <p>See Above</p>			<p>overseen by Regional FHO and Local G&amp;A Administrator</p> <p>Training done by Regional FHO</p>
--	--	----------------------------------	--	--	--

## WCHO/CMHSP Contract Requirements and Delegated Functions

	<i>cases of an action based on change in law, the circumstances under which a hearing will be granted.)</i>				
42 CFR 438.404(a) 42 CFR 438.10(c) and (d)	<p><u>Notice of Adverse Action: Language and Format</u></p> <p>The notice must be in writing and must meet the language and format requirements:</p> <p><u>Language:</u></p> <ul style="list-style-type: none"> <li>• The state must establish a methodology for identifying the prevalent, a significant number of percentage, of non-English languages spoken by enrollees and potential enrollees throughout the State;</li> <li>• The State must make available written information in each prevalent non-English language;</li> <li>• The State must require MCO, PIHP, to make its written information available in the prevalent non-English languages in its particular service area;</li> <li>• The State must make oral interpretation services available for all languages and require each MCO and PIHP to make those services available free of charge; and</li> <li>• The State must notify enrollees and potential enrollees, and require each</li> </ul>	<p>Managed Specialty Services Contract.</p> <p>Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)</p>	<p><b>** Last bullet in this section (next page) is the only one applicable to PIHP</b></p> <p>Policy Reg. forms and publications</p>	<p>Reg. G&amp;A policy</p> <p>Reg. G&amp;A pamphlet</p> <p>Member Services Guide to Service</p>	<p>Policy &amp; forms disseminated to locals;</p> <p>Local compliance overseen by Regional FHO and Local G&amp;A Administrator</p> <p>Local Member Services function</p> <p>Training done by Regional FHO</p>

## WCHO/CMHSP Contract Requirements and Delegated Functions

	<p>MCO, PIHP, to notify its enrollees that oral interpretation is available for any language and written information is available in prevalent language and how to access those services.</p> <p><u>Format:</u> Written material must use easily understood language and format, be available in alternative formats, and in an appropriate manner that takes into consideration those with special needs. All enrollees and potential enrollees must be informed that information is available in alternative formats and how to access those formats.</p>				
<p>42 CFR 438.404(c) 42 CFR 431.211 42 CFR 431.213 42 CFR 431.214 42 CFR 483.12(a)(5)(ii)</p>	<p><u>Timeframes for Notice of Action: Termination, Suspension or Reduction of Services</u> MCO or PIHP gives notice at least 10 days before the date of action when the action is a termination, suspension, or reduction of previously authorized Medicaid-covered services, except:</p> <ul style="list-style-type: none"> <li>• The period of advanced notice is shortened to 5 days if probably recipient fraud has been verified</li> <li>• By the date of the action for the following: <ul style="list-style-type: none"> <li>○ In the death of a recipient;</li> <li>○ A signed written recipient</li> </ul> </li> </ul>	<p>Managed Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)</p>	<p>Policy and procedure Forms/publications CSSN audits</p>	<p>Reg. G&amp;A policy</p>	<p>Policy, forms and publications (pamphlet) Disseminated to locally for use</p> <p>Local compliance overseen by Regional FHO and Local G&amp;A Administrator</p>

## WCHO/CMHSP Contract Requirements and Delegated Functions

	<p>statement requesting service termination or giving information requiring termination or reduction of services (where he understands that this must be the result of supplying that information);</p> <ul style="list-style-type: none"> <li>○ The recipient's admission to an institution where he is ineligible for further services;</li> <li>○ The recipient's address is unknown and mail directed to him has no forwarding address;</li> <li>○ The recipient has been accepted for Medicaid services by another local jurisdiction;</li> <li>○ The recipient's physician prescribes the change in the level of medical care;</li> <li>○ An adverse determination made with regard to the preadmission screening requirements for NF admissions on or after January 1, 1989; or</li> <li>○ The safety or health of individuals in the facility</li> </ul>	<p>See above</p>			<p>Training done by Regional FHO</p>
--	--	------------------	--	--	--------------------------------------



## WCHO/CMHSP Contract Requirements and Delegated Functions

	would be endangered, the resident's health improves sufficiently to allow a more immediate transfer or discharge, an immediate transfer or discharge is required by the resident's urgent medical needs or a resident has not resided in the nursing facility for 30 days (applies only to adverse actions for NF transfers)				
42 CFR 438.404(c)(2)	<u>Timeframes for Notice of Action: Denial of Payment</u> MCO or PIHP gives notice on the date of action when the action is a denial of payment.	Managed Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)	Policy and procedure Forms	Regional UM policy	Local dissemination of forms  Local compliance monitored by Local G&A Administrator and Regional FHO
42 CFR 438.210(c) 42 CFR 438.210(d)(1) 42 CFR 438.404(c)(3) 42 CFR 438.404(c)(4)	<u>Timeframes for Notice of Action: Standard Service Authorization Denial</u> The MCO, PIHP, or PAHP gives notice as expeditiously as the enrollee's health condition requires and within State-established timeframes that may not exceed 14 calendar days following receipt of the request for service, with a possible	Managed Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)	Policy and procedure  Regional forms  CSSN audits	Reg. G&A Policy	Local dissemination of forms  Local compliance overseen by Regional

## WCHO/CMHSP Contract Requirements and Delegated Functions

	<p>extension of up to 14 additional calendar days, if the enrollee, or the provider, requests extension; or the MCO, PIHPO, or PAHP justifies a need for additional information and how the extension is in the enrollee's interest (upon State request). If the MCO, PIHP, or PAHP extends the timeframe, the contractor must give the enrollee written notice of the reason for the decision to extend the timeframe and inform the enrollee of the right to file a grievance if he or she disagrees with that decision; and issue and carry out its determination as expeditiously as the enrollee's health condition requires and no later than the date the extension expires.</p>				<p>FHO and Local G&amp;A Administrator</p> <p>Training done by Regional FHO</p> <p>Data maintained &amp; reviewed by Reg. Due Process Committee and reported to Regional PI</p>
<p>42 CFR 438.210(d)(2) 42 CFR 438.404(c)(6)</p>	<p><u>Timeframes for Notice of Action: Expedited Service Authorization Denial</u> For cases in which a provider indicates, or the MCO, PIHP, or PAHP determines, that following the standard timeframe could seriously jeopardize the enrollee's life or health or ability to attain, maintain, or regain maximum function, the MCO, PIHP or PAHP gives notice must make an expedited authorization decision and provide notice as expeditiously as the enrollee's health condition requires and no later than 3 working days after receipt of the</p>	<p>Managed Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)</p>	<p>Regional policy Regional forms</p>	<p>Reg. G&amp;A Policy</p>	<p>Local dissemination of forms</p> <p>Local compliance overseen by Regional FHO and Local G&amp;A Administrator</p> <p>Training</p>



## WCHO/CMHSP Contract Requirements and Delegated Functions

					reviewed by Reg. Due Process Committee and reported to Regional PI
42 CFR 438.228 42 CFR 438.402(a) 42 CFR 438.400(b)	<p><u>Grievance System</u> The MCO and PIHP contract must require a grievance system for enrollees meeting all regulation requirements, including a grievance process, an appeal process, and access to the State's fair hearing system. The contract must have requirements separately addressing each of these functions. This checklist details each process separately and outlines the specific requirements for that process. The contract must distinguish between grievance system, grievance process, and a grievance.</p> <ul style="list-style-type: none"> <li>• The grievance system includes a grievance process, an appeal process, and access to the State's fair hearing system. Any grievance system requirements apply to all three components of the grievance system not just to the grievance process.</li> <li>• A grievance process is the procedure for addressing enrollee's grievances.</li> </ul>	Managed Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)	Regional policy & procedure  Regional forms  Regional data tracking	Reg. G&A Policy; Reg. Member Services Policy	* Grievance process delegated to local Member Service Dept. * Grievance forms and databases used are regional. * Data reviewed by Reg. Member Services, Reg. Due Process Committee, and Reg. PI.

## WCHO/CMHSP Contract Requirements and Delegated Functions

	<ul style="list-style-type: none"> <li>A grievance is an enrollee’s expression of dissatisfaction with any aspect of their care <u>other than the appeal of actions</u>, (which is an appeal).</li> </ul>				
42 CFR 438.406(a)	<p><u>Grievance System: General Requirements</u> The MCO and PIHP must:</p> <ul style="list-style-type: none"> <li>Give enrollees any reasonable assistance in completing forms and other procedural steps not limited to providing interpreter services and toll-free numbers with TTY/TDD and interpreter capability.</li> <li>Acknowledge receipt of each grievance and appeal</li> <li>Ensure that decision makers on grievances and appeals were not involved in previous levels of review or decision-making and who are health care professionals with clinical expertise in treating the enrollee’s condition or disease if any of the following apply: <ul style="list-style-type: none"> <li>A denial appeal based on lack of medical necessity</li> <li>A grievance regarding denial of expedited resolutions of an appeal</li> <li>Any grievance or appeal involving clinical issues</li> </ul> </li> </ul>	Managed Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)	Regional policy & procedure  Regional forms and data tracking	Reg. G&A Policy; Reg. Member Services Policy	<ul style="list-style-type: none"> <li>* Grievance process delegated to local Member Service Dept.</li> <li>* Grievance forms and databases used are regional.</li> <li>* Data reviewed by Reg. Member Services and Reg. PI.</li> </ul> <p>Local training done by Regional FHO</p>

## WCHO/CMHSP Contract Requirements and Delegated Functions

<p>42 CFR 438.414 42 CFR 438.10(g)(1)</p>	<p><u>Grievance System: Information to Providers and Subcontractors</u> The MCO or PIHP must provide the following grievance, appeal, and fair hearing procedures and timeframes to all providers and subcontractors at the time they enter into a contract:</p> <ul style="list-style-type: none"> <li>• The enrollee’s right to a state fair hearing, how to obtain a hearing, and representation rules at a hearing;</li> <li>• The enrollee’s right to file grievances and appeals and their requirements and timeframes for filing;</li> <li>• The availability of assistance in filing;</li> <li>• The toll-free numbers to file oral grievances and appeals</li> <li>• The enrollee’s right to request continuation of benefits during an appeal or State fair hearing filing and, if the MCO or PIHP’s action is upheld in a hearing, the enrollee may be liable for the cost of any continued benefits; and</li> <li>• Any State-determined provider appeal rights to challenge the failure of the organization to cover a service</li> </ul>	<p>Managed Specialty Services Contract, Part II, section 6.4</p>	<p>Regional policy Regional forms &amp; publications CSSN audits</p>	<p>Reg. G&amp;A policy Reg. Member Services policy and publications (Guide to Services)</p>	<p>Information and materials disseminated locally Local delegation of ensuring enrollee’s are informed of their rights Local delegation of Member Services functions.  Local training by Regional FHO  Local G&amp;A Administrator ensures local information dissemination  Oversight by Regional FHO and</p>
---	--	--	--	---	---

## WCHO/CMHSP Contract Requirements and Delegated Functions

					Reg. Due Process/ Appeals Committee
42 CFR 438.416	<p><u>Grievance System: Record Keeping and Reporting.</u> MCOs and PIHPs must maintain records of grievances and appeals.</p>	Managed Specialty Services Contract, Part II, section 6.3.2	<p>Grievance records (hardcopy)</p> <p>Encompass data base for grievance</p> <p>Regional grievance and appeals forms</p> <p>Local appeals records (hardcopy)</p> <p>State appeals records (hardcopy)</p>	<p>Reg. G&amp;A Policy</p> <p>Reg. Member Services policy</p>	<p>Local maintenance of records for grievances and local appeals.</p> <p>Regional FHO maintains records for state level hearings.</p> <p>Data for grievances maintained/reviewed by Reg. Member Services and reported to Reg. Sue Process and Regional PI</p> <p>Data for appeals</p>

## WCHO/CMHSP Contract Requirements and Delegated Functions

					maintained and reviewed by Reg. Due Process/Appeals and reported to Regional PI
42 CFR 438.400(b)	<p><u>Appeal</u> The contractor must define appeal a the request for review of an “action”</p>	<p>Managed Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)</p>	Regional policy & procedures	Regional G&A policy	Information disseminated locally with local compliance oversight done by local G&A Administrator and reported to Regional FHO/Reg. Due Process Committee
42 CFR 438.402(b)(1)	<p><u>Appeal Process: Authority to File</u> An enrollee may file an MCO or PIHP level appeal. A provider, acting on behalf of the enrollee and with the enrollee’s written consent, may file an appeal.</p>	<p>Managed Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)</p>	Regional policy & procedures	Regional G&A policy	Information disseminated locally with local compliance oversight done by local G&A Administrator



## WCHO/CMHSP Contract Requirements and Delegated Functions

					and reported to Regional FHO/Reg. Due Process Committee
42 CFR 438.402(b)(2)	<u>Appeal Process: Timing</u> The enrollee or provider may file an appeal within a reasonable timeframe that cannot be less than 20 days (I've never heard of this 20 day piece) and not to exceed 90 days from the date on the notice of action.	Managed Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)	Regional policy & procedures  Regional forms and publications	Regional G&A policy	Information and publications disseminated locally  Local to ensure enrollees are informed of timeframes  Compliance oversight done by local G&A Administrator and reported to Regional FHO/Reg. Due Process Committee
42 CFR 438.402(b)(3)(ii)	<u>Appeal Process: Procedures</u> The enrollee or provider may file an appeal	Managed Specialty Services	Regional policy & procedures	Regional G&A	Information and

## WCHO/CMHSP Contract Requirements and Delegated Functions

	either orally or in writing and must follow an oral filing with a written, signed, appeal.	Contract. Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)	Regional forms and publications	policy Reg. Guide to Services	publications disseminated locally  Local to ensure enrollees are informed of timeframes (Member Services & G&A Administrator ) Compliance oversight done by local G&A Administrator and reported to Regional FHO/Reg. Due Process Committee
42 CFR 438.406(b)	<u>Appeal Process: Procedures</u> The MCO or PIHP must: <ul style="list-style-type: none"> <li>• Ensure that oral inquiries seeking to appeal an action are treated as appeals and confirm those inquiries in writing, unless the enrollee or the</li> </ul>	Managed Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance	Regional policy & procedures  Regional forms and publications	Regional G&A policy  Reg. Guide to Services	Information and publications disseminated locally

## WCHO/CMHSP Contract Requirements and Delegated Functions

	<p>provider requests expedited resolution;</p> <ul style="list-style-type: none"> <li>• Provide a reasonable opportunity to present evidence, and allegations of fact or law, in person as well as in writing;</li> <li>• Allow the enrollee and representative opportunity, before and during the appeals process, to examine the enrollee's case file, including medical records, and any other documents and records;</li> </ul> <p>Consider the enrollee, representative, or estate representative of a deceased enrollee as parties to the appeal.</p>	Resolution (as revised)		(Member Services)	<p>Local to ensure enrollees are informed of rights in these areas</p> <p>Compliance oversight done by local G&amp;A Administrator and reported to Regional FHO/Reg. Due Process Committee</p>
<p>42 CFR 438.408(a) 42 CFR 438.408(b)(2) 42 CFR 438.408(c)</p>	<p><u>Appeal Process: Resolution and Notification</u> The MCO or PIHP must resolve each appeal, and provide notice, as expeditiously as the enrollee's health condition requires, within State-established timeframes not to exceed 45 days from the day the MCO or PIHP receives the appeal. <u>Extension</u>; The MCO or PIHP may extend the timeframes by up to 14 calendar days if the enrollee requests the extension; or the MCO or PIHP shows that there is need for additional information and how the delay is</p>	<p>Managed Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)</p>	<p>Regional policy &amp; procedures (local appeals process is regionalized)</p> <p>Regional forms and publications</p>	<p>Regional G&amp;A policy</p>	<p>Information and publications disseminated locally</p> <p>Local to ensure enrollees are informed of rights/ timeframes</p>

## WCHO/CMHSP Contract Requirements and Delegated Functions

	<p>in the enrollee's interest (upon State request).</p> <p><u>Requirements following Extension:</u> for any extension not requested by the enrollee, the MCO or PIHP must give the enrollee written notice of the reason for the delay.</p>				<p>Compliance oversight done by local G&amp;A Administrator and reported to Regional FHO/Reg. Due Process Committee</p>
<p>42 CFR 438.408(d)(2)(i) 42 CFR 438.408(e)</p>	<p><u>Appeal Process: Format and Content of Resolution Notice:</u> The MCO or PIHP must provide written notice of disposition. The written resolution notice must include:</p> <ul style="list-style-type: none"> <li>• The results and date of the appeal resolution</li> <li>• For decisions not wholly in the enrollee's favor: <ul style="list-style-type: none"> <li>○ The right to request a State fair hearing,</li> <li>○ How to request a State fair hearing,</li> <li>○ The right to continue to receive benefits pending a hearing;</li> <li>○ How to request the continuation of benefits, and</li> <li>○ If the MCO or PIHP's action</li> </ul> </li> </ul>	<p>Managed Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)</p>	<p>Regional policy &amp; procedures (local appeals process is regionalized)</p> <p>Regional forms and publications</p>	<p>Regional G&amp;A policy</p> <p>Reg. Guide to Services (Member Services)</p>	<p>Information and publications disseminated locally</p> <p>Local to ensure enrollees are informed of rights/ timeframes</p> <p>Compliance oversight done by local G&amp;A Administrator and reported</p>

## WCHO/CMHSP Contract Requirements and Delegated Functions

	is upheld in a hearing, the enrollee may be liable for the cost of any continued benefits				to Regional FHO/Reg. Due Process Committee
42 CFR 438.420(b) 42 CFR 438.402(b)(2) 42 CFR 438.404(c)(1)	<p><u>Appeal and State Fair Hearing Process:</u> <u>Continuation of Benefits</u> The MCO or PIHP must continue the enrollee's benefits if:</p> <ul style="list-style-type: none"> <li>• The appeal is filed timely, meaning on or before the later of the following: <ul style="list-style-type: none"> <li>○ Within 10 days of the MCO or PIHP mailing the notice of action</li> <li>○ The intended effective date of the MCO or PIHP's proposed action</li> </ul> </li> <li>• The appeal involves the termination, suspension, or reduction of a previously authorized course of treatment;</li> <li>• The services were ordered by an authorized provider;</li> <li>• The authorization period has not expired; and</li> <li>• The enrollee requests extension of benefits</li> </ul>	Managed Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)	Regional policy & procedures (local appeals process is regionalized)  Regional forms and publications	Regional G&A policy  Reg. Guide to Services (Member Services)	Information and publications disseminated locally  Local to ensure enrollees are informed of rights/ timeframes  Compliance oversight done by local G&A Administrator and reported to Regional FHO/Reg. Due Process Committee
42 CFR 438.420(c)	<u>Appeal and State Fair Hearing Process:</u>	Managed	Regional policy	Regional	Information

## WCHO/CMHSP Contract Requirements and Delegated Functions

	<p><u>Duration of Continued or Reinstated Benefits</u>          If the MCO or PIHP continues or reinstates the enrollee’s benefits must be continued until one of the following occurs:</p> <ul style="list-style-type: none"> <li>• The enrollee withdraws the appeal</li> <li>• The enrollee does not request a fair hearing within 10 days from when the MCO mails an adverse MCO or PIHP decision.</li> <li>• A State fair hearing decision adverse to the enrollee is made.</li> <li>• The authorization expires or authorization service limits are met.</li> </ul>	<p>Specialty Services Contract.          Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)</p>	<p>&amp; procedures (local appeals process is regionalized)           Regional forms and publications</p>	<p>G&amp;A policy           Reg. Guide to Services (Member Services)</p>	<p>and publications disseminated locally           Local to ensure enrollees are informed of rights/ timeframes           Compliance oversight done by local G&amp;A Administrator and reported to Regional FHO/Reg. Due Process Committee</p>
<p>42 CFR 438.420(d)          42 CFR 431.230(b)</p>	<p><u>Appeal and State Fair Hearing Process: Enrollee Responsibility for Services Furnished While the Appeal is Pending</u>          The MCO or PIHP may recover the cost of the continuation of services furnished to the enrollee while the appeal was pending if the final resolution of the appeal upholds the MCO’s or PIHP’s action.</p>	<p>Managed Specialty Services Contract.          Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)</p>	<p>Regional policy &amp; procedures (local appeals process is regionalized)           Regional forms and publications</p>	<p>Regional G&amp;A policy           Reg. Guide to Services (Member Services)</p>	<p>Information and publications disseminated locally           Local to ensure enrollees are</p>

## WCHO/CMHSP Contract Requirements and Delegated Functions

					<p>informed of rights/ timeframes</p> <p>Compliance oversight done by local G&amp;A Administrator and reported to Regional FHO/Reg. Due Process Committee</p>
42 CFR 438.424(a)	<p><u>Appeal and State Fair Hearing Process: Effectuation When Services were not furnished</u> The MCO or PIHP must authorize or provide the disputed services promptly, and as expeditiously as the enrollee's health condition requires if the services were not furnished while the appeal is pending and the MCO or PIHP, or the State fair hearing officer reverses a decision to deny, limit, or delay services.</p>	<p>Managed Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)</p>	<p>Regional policy &amp; procedures (local appeals process is regionalized)</p> <p>Regional forms and publications</p>	<p>Regional G&amp;A policy</p> <p>Reg. Guide to Services (Member Services)</p>	<p>Information and publications disseminated locally</p> <p>Local to ensure enrollees are informed of rights/ timeframes</p> <p>Compliance oversight done by local</p>

## WCHO/CMHSP Contract Requirements and Delegated Functions

					G&A Administrator and reported to Regional FHO/Reg. Due Process Committee
42 CFR 438.424(b)	<p><u>Appeal and State Fair Hearing Process: Effectuation when Services were furnished</u>                      The MCO or PIHP or the State must pay for disputed services, in accordance with State policy and regulations, if the MCO or PIHP, or the State fair hearing officer reverses a decision to deny authorization of services, and the enrollee received the disputed services while the appeal was pending.</p>	<p>Managed Specialty Services Contract.                      Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)</p>	<p>Regional policy &amp; procedures (local appeals process is regionalized)                       Regional forms and publications</p>	<p>Regional G&amp;A policy                       Reg. Guide to Services (Member Services)</p>	<p>Information and publications disseminated locally                       Local to ensure enrollees are informed of rights/ timeframes                       Compliance oversight done by local G&amp;A Administrator and reported to Regional FHO/Reg. Due Process Committee</p>
42 CFR 438.410(a)	<u>Expedited Appeals Process – General</u>	Managed	Regional policy	Regional	Information



## WCHO/CMHSP Contract Requirements and Delegated Functions

	<p>Each MCO and PIHP must establish and maintain an expedited review process for appeals, when the MCO or PIHP determines (for a request from the enrollee) or the provider indicates (in making the request on the enrollee’s behalf or supporting the enrollee’s request) that taking the time for a standard resolution could seriously jeopardize the enrollee’s life or health or ability to attain, maintain, or regain maximum function.</p> <p><i>*Note: Expedited appeals are just a “special type” of appeals. The MCO or PIHP is required to follow all standard regulation appeal regulations for expedited requests except where differences are specifically noted in the regulation for expedited resolution.</i></p>	<p>Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)</p>	<p>&amp; procedures (local appeals process is regionalized)  Regional forms and publications</p>	<p>G&amp;A policy  Reg. Guide to Services (Member Services)  Reg. UM Policy</p>	<p>and publications disseminated locally  Local to ensure enrollees are informed of rights/ timeframes  Compliance oversight done by local G&amp;A Administrator or UM staff and reported to Regional FHO/Reg. Due Process Committee</p>
<p>42 CFR 438.402(b)(3)(ii)</p>	<p><u>Expedited Appeals Process – Authority to File</u> The enrollee or provider may file an expedited appeal either orally or writing. No additional enrollee follow-up is required.</p>	<p>Managed Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance Resolution (as</p>	<p>Regional policy &amp; procedures (local appeals process is regionalized)  Regional forms</p>	<p>Regional G&amp;A policy  Reg. Guide to Services (Member</p>	<p>Information and publications disseminated locally  Local to</p>

## WCHO/CMHSP Contract Requirements and Delegated Functions

		revised)	and publications	Services)	ensure enrollees are informed of rights/ timeframes  Compliance oversight done by local G&A Administrator and reported to Regional FHO/Reg. Due Process Committee
42 CFR 438.406(b)(2)	<u>Expedited Appeals Process – Procedures</u> The contractor must inform the enrollee of the limited time available for the enrollee to present evidence and allegations of fact or law, in person and in writing, in the case of expedited resolution.	Managed Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)	Regional policy & procedures (local appeals process is regionalized)  Regional forms and publications	Regional G&A policy  Reg. Guide to Services (Member Services)  Reg. UM Policy	Information and publications disseminated locally  Local to ensure enrollees are informed of rights/ timeframes  Compliance oversight

## WCHO/CMHSP Contract Requirements and Delegated Functions

					done by local G&A Administrator Or UM staff and reported to Regional FHO/Reg. Due Process Committee
42 CFR 438.408(a) 42 CFR 438.408(b)(3) 42 CFR 438.408(c)	<p><u>Expedited Appeal Process: Resolution and Notification</u></p> <p>The MCO or PIHP must resolve each expedited appeal and provide notice, as expeditiously as the enrollee’s health condition requires, within State-established timeframes not to exceed 3 working days after the MCO or PIHP receives the appeal.</p> <p><u>Extension:</u> The MCO or PIHP may extend the timeframes by up to 14 calendar days if the enrollee requests the extension; or the MCO or PIHP shows that there is need for additional information and how the delay is in the enrollee’s interest (upon State request)</p> <p><u>Requirements following Extension:</u> for any extension not requested by the enrollee, the MCO or PIHP must give the enrollee written notice of the reason for the delay.</p>	Managed Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)	Regional policy & procedures (local appeals process is regionalized)  Regional forms and publications	Regional G&A policy  Reg. Guide to Services (Member Services)  Reg. UM Policy	Information and publications disseminated locally  Local to ensure enrollees are informed of rights/ timeframes  Compliance oversight done by local G&A Administrator or UM staff and reported to Regional FHO/Reg.

## WCHO/CMHSP Contract Requirements and Delegated Functions

					Due Process Committee
42 CFR 438.408(d)(2)(ii)	<p><u>Expedited Appeal Process: Format of Resolution Notice</u> In addition to written notice, the MCO or PIHP must also make reasonable efforts to provide oral notice.</p>	Managed Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)	Regional policy & procedures (local appeals process is regionalized)  Regional forms and publications	Regional G&A policy  Reg. Guide to Services (Member Services)  Reg. UM Policy	<p>Information and publications disseminated locally</p> <p>Local to ensure enrollees are informed of rights/ timeframes</p> <p>Compliance oversight done by local G&amp;A Administrator /UM staff and reported to Regional FHO/Reg. Due Process Committee</p>
42 CFR 438.410(b)	<p><u>Expedited Appeal Process: Punitive Action</u> The MCO or PIHP must ensure that punitive action is not taken against a provider who either requests an expedited resolution or supports an enrollee's appeal.</p>	Managed Specialty Services Contract. Attachment 6.3.2.1 Appeals	Regional policy & procedures (local appeals process is regionalized)	Regional G&A policy Reg. Provider	Information and publications disseminated locally

## WCHO/CMHSP Contract Requirements and Delegated Functions

		and Grievance Resolution (as revised)	Regional forms and publications	Appeals policy	Local to ensure enrollees are informed of rights/ timeframes  Compliance oversight done by local G&A Administrator and reported to Regional FHO/Reg. Due Process Committee
42 CFR 438.410(c)	<p><u>Expedited Appeal Process: Action Following Denial of a Request for Expedited Resolution</u></p> <p>If the MCO or PIHP denies a request for expedited resolution of an appeal, it must:</p> <ul style="list-style-type: none"> <li>• Transfer the appeal to the standard timeframe of no longer than 45 days from the day the MCO or PIHP receives the appeal with a possible 14 day extension (see 438.408(b)(2)); and</li> <li>• Give the enrollee prompt oral notice</li> </ul>	Managed Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)	Regional policy & procedures (local appeals process is regionalized)  Regional forms and publications	Regional G&A policy  Reg. Guide to Services (Member Services)	Information and publications disseminated locally  Local to ensure enrollees are informed of rights/ timeframes

## WCHO/CMHSP Contract Requirements and Delegated Functions

	<p>of the denial (make reasonable efforts) and a written notice within two calendar days.</p> <p><i>Note: The State should define the content of this notice because this decision does not constitute an action or require a notice of adverse action subject to federal requirements. The enrollee could grieve this decision but it is not appealable.</i></p>				<p>Compliance oversight done by local G&amp;A Administrator / UM Staff and reported to Regional FHO/Reg. Due Process Committee</p>
<p>42 CFR 431.200(b) 42 CFR 431.220(5) 42 CFR 438.414 42 CFR 438.10(g)(1)</p>	<p><u>State Fair Hearing Process: MCO and PIHP Notification of State Procedures:</u> (Note: The State may delegate some of the State Fair Hearings responsibilities to the MCO or PIHPs (e.g. notices but not the hearing itself). Some explanation of the State Fair Hearing procedures is required of the contractor in the provider and enrollee information per 438.414 and 438.10(g)(1) regardless of any State delegation. Please see 42 CFR 431 Subpart E for all State Fair Hearing requirements.) In addition, the SFH description must be included in enrollee and provider information within the MCO and PIHP Contract.</p> <p>If the MCO or PIHP takes action and the enrollee requests a State fair hearing, the State (not the MCO or PIHP) must grant the enrollee a State fair hearing. The right to a</p>	<p>Managed Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)</p>	<p>Regional FHO conducts all hearings and represents all four CSSNs and the PIHP at hearings</p> <p>Regional policy &amp; procedures (local appeals process is regionalized)</p> <p>Regional forms and publications</p>	<p>Regional G&amp;A policy</p> <p>Reg. Guide to Services (Member Services)</p>	<p>Information and publications disseminated locally</p> <p>Local to ensure enrollees are informed of rights/ timeframes</p> <p>Compliance oversight done by local G&amp;A Administrator and reported</p>

## WCHO/CMHSP Contract Requirements and Delegated Functions

	<p>state fair hearing, how to obtain a hearing, and representation rules at a hearing must be explained to the enrollee and provider by the MCO or PIHP (if they have delegated authority) or by the State (if the State has not delegated that authority). Other information for beneficiaries and providers would include:</p> <ol style="list-style-type: none"> <li>1. An enrollee may request a State fair hearing. The provider may request a State fair hearing only if the State permits the provider to act as the enrollee's authorized representative.</li> <li>2. The State must permit the enrollee to request a State fair hearing within a reasonable time period specified by the State, but not less than 20 or in excess of 90 days from whichever of the following dates applies:             <ul style="list-style-type: none"> <li>• If the State requires exhaustion of the MCO or PIHP level appeal procedures and the enrollee appeals directly to the State for a fair hearing, from the date on the MCO's or PIHP's notice of action.</li> </ul> </li> <li>3. The State must reach its decisions within the specified timeframes:             <ul style="list-style-type: none"> <li>• Standard resolution: within 90 days of the date the enrollee filed the appeal with the MCO or PIHP if the</li> </ul> </li> </ol>		<p><i>State standards</i></p>		<p>to Regional FHO/Reg. Due Process Committee</p>
--	---	--	-------------------------------	--	---

## WCHO/CMHSP Contract Requirements and Delegated Functions

	<p>enrollee filed initially with the MCO or PIHP (excluding the days the enrollee took to subsequently file for a State fair hearing) or the date the enrollee filed for direct access to a State fair hearing.</p> <ul style="list-style-type: none"><li>• Expedited resolution (if the appeal was heard first through the MCO or PIHP appeal process): within 3 working days from agency receipt of a hearing request for a denial of a service that:<ul style="list-style-type: none"><li>○ Meets the criteria for an expedited appeal process but was not resolved using the MCO or PIHP's expedited appeal timeframes, or</li><li>○ Was resolved wholly or partially adversely to the enrollee using the MCO or PIHP's expedited appeal timeframes.</li></ul></li><li>• Expedited resolution (if the appeal was made directly to the State Fair Hearing process without accessing the MCO or PIHP appeal process): within 3 working days from agency receipt of a hearing request for a denial of a service that meets the criteria for an expedited appeal</li></ul>				
--	--	--	--	--	--



## WCHO/CMHSP Contract Requirements and Delegated Functions

	<p>process.</p> <p><i>Note: The expedited State fair hearing process doesn't apply to fee-for-service or PAHP enrollees because the criteria in the expedited appeal process applies only to MCO or PIHP enrollees. Both 431.244(f)(3) and 438.410(a) refer only to MCO or PIHP enrollees. Note: All of 42 CFR 431 Subpart E applies to PAHPs and PCCMs including the action definition, notices, resolution, and hearing requirements.</i></p>				
<p>42 CFR 438.408(f)(2)</p>	<p><b><u>State Fair Hearing: Parties</u></b> The parties to the State fair hearing include the MCO or PIHP as well as the enrollee and his or her representative or the representative of a deceased enrollee's estate.</p>	<p>Managed Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)</p>	<p>Regional FHO conducts all hearings and represents all four CSSNs and the PIHP at hearings</p> <p>Regional policy &amp; procedures (local appeals process is regionalized)</p> <p>Regional forms and publications</p>	<p>Regional G&amp;A policy</p> <p>Reg. Guide to Services (Member Services)</p>	<p>Information and publications disseminated locally</p> <p>Local to ensure enrollees are informed of rights/ timeframes</p> <p>Compliance oversight done by local G&amp;A Administrator and reported</p>

## WCHO/CMHSP Contract Requirements and Delegated Functions

					to Regional FHO/Reg. Due Process Committee
42 CFR 438.400	<p><u>Grievance</u>  <b>The contract</b> <b>What contract – the one between the State and the PIHP?</b> must define a grievance as an expression of dissatisfaction about any matter other than an “action”.</p>	<p>Managed Specialty Services Contract.          Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)</p>	<p>Not sure if this applies to us or the state. If it applies to us, then:          Regional policy and publications</p>	<p>Reg. G&amp;A policy           Reg. Member Services Policy</p>	<p>Information and publications disseminated locally           Local to ensure</p>

## WCHO/CMHSP Contract Requirements and Delegated Functions

				G&A publications (pamphlet, Guide to Services)	enrollees are informed of definition (local Member Services and G&A Administrator ) Local training done by Regional FHO  Local compliance ensured by G&A Administrator and Member Services
42 CFR 438.402(b)(3)(i)	<p><u>Grievance Process: Procedures</u> The contract must explain if enrollee is allowed to file a grievance only with the contractor or if the enrollee can also file a grievance directly with the State. <i>Note: The State must determine if it will accept and review grievances directly from enrollees. At a minimum, the MCO or PIHP must accept grievances directly from the enrollees.</i></p>	Managed Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)	<b>This seems to apply to the State, not the PIHP</b> <i>See Above for how demonstrated by the PIHP</i>		

## WCHO/CMHSP Contract Requirements and Delegated Functions

	<p><i>Note to RO: Beyond the requirements in the grievance system (in F.1.15-F.1.19) and the grievance process (in F.6.01-F.6.05) the State is free to define the grievance process so long as it meets these basic minimum requirements.</i></p>				
<p>42 CFR 438.402(b)(1)(i) 42 CFR 438.402(b)(3)(i)</p>	<p><u>Grievance Process: Authority to File a Grievance.</u> An enrollee may file a grievance either orally or in writing. A provider may file a grievance if the State permits the provider to act as the enrollee’s authorized representative.</p>	<p>Managed Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)</p>	<p>Regional policy &amp; procedure  Regional forms and data tracking</p>	<p>Reg. G&amp;A Policy; Reg. Member Services Policy</p>	<p>* Grievance process delegated to local Member Service Dept. * Grievance forms and databases used are regional. * Data reviewed by Reg. Member Services, Reg. Due Process Committee and Reg. PI.</p>
<p>42 CFR 438.408(a) 42 CFR 438.408(b)(1)</p>	<p><u>Grievance Process: Disposition and Notification</u> The MCO or PIHP must dispose of each grievance and provide notice, as expeditiously as the enrollee’s health condition requires, within State-established</p>	<p>Managed Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance</p>	<p>Regional policy &amp; procedure  Regional forms and data tracking</p>	<p>Reg. G&amp;A Policy; Reg. Member Services Policy</p>	<p>* Grievance process delegated to local Member Service Dept. * Grievance</p>

## WCHO/CMHSP Contract Requirements and Delegated Functions

	timeframes not to exceed 90 days from the day the MCO or PIHP receives the grievance.	Resolution (as revised)			forms and databases used are regional. * Data reviewed by Reg. Member Services, Reg. Due Process and Reg. PI.
42 CFR 438.408(d)(1)	<p><u>Grievance Process: Format of Disposition Notice</u> The State must establish the method MCOs and PIHPs will use to notify an enrollee of the disposition of a grievance.</p>	Managed Specialty Services Contract. Attachment 6.3.2.1 Appeals and Grievance Resolution (as revised)	Regional policy & procedure  Regional forms and data tracking	Reg. G&A Policy; Reg. Member Services Policy	* Grievance process delegated to local Member Service Dept. * Grievance forms and databases used are regional. * Data reviewed by Reg. Member Services, Reg. Due Process and Reg. PI.
<b>Subpart H- Certifications and program Integrity</b>					

## WCHO/CMHSP Contract Requirements and Delegated Functions

<p>42 CFR 438.606(a)(1-3)</p>	<p><u>Authority to Certify</u> For the data and documents the MCO or PIHP submits to the State, they must be certified by one of the following:</p> <ul style="list-style-type: none"> <li>• The MCO's or PIHP's Chief Executive Office</li> <li>• The MCO's or PIHP's Chief Financial Officer</li> <li>• An individual who has delegated authority to sign for, and who reports directly to, the MCO's or PIHP's Chief Executive Officer or Chief Financial Officer</li> </ul>	<p>Managed Specialty Services Contract, Part II, section 6.5.1</p>	<p>Referenced in WCHO/CSSN contract. PIHP CEO and CFO certify regional data integrity. Reviewed via-CSSN Monitoring tool.</p>	<p>N/A</p>	<p>Adherence to contract and ongoing monitoring of data integrity.</p>
<p>42 CFR 438.606(b)(1)</p>	<p><u>Content of Certification</u> The certification must attest, based on best knowledge, information, and belief as to the accuracy, completeness and truthfulness of the documents and data.</p>	<p>Managed Specialty Services Contract, Part II, section 6.5.1</p>	<p>Covered in Previous</p>	<p>Covered in Previous</p>	<p>Covered in Previous</p>
<p>42 CFR 438.606(c)</p>	<p><u>Timing of Certification</u> The MCO or PIHP must submit the certification concurrently with the certified data and documents.</p>	<p>Managed Specialty Services Contract, Part II, section 6.5.1</p>	<p>Covered in Previous</p>	<p>Covered in Previous</p>	<p>Covered in Previous</p>
<p>42 CFR 438.608(a)</p>	<p><u>General Requirements</u> The MCO or PIHP must had administrative and management arrangements or procedures, and a mandatory compliance plan, that are designed to guard against fraud and abuse.</p>	<p>Managed Specialty Services Contract, Part II, section 6.9 and AFP section 4.1 (not entirely)</p>	<p>Covered Below</p>	<p>Covered Below</p>	<p>Covered Below</p>
<p>42 CFR 438.608(b)(1)</p>	<p><u>Specific Requirements</u> The MCO or PIHP arrangements or</p>	<p>Managed Specialty Services</p>	<p>Regional Corporate</p>	<p>Regional Corporate</p>	<p>Each CSSN, has a</p>

## WCHO/CMHSP Contract Requirements and Delegated Functions

	<p>procedures must include the following:</p> <ul style="list-style-type: none"> <li>• Written policies, procedures, and standards of conduct that articulates the organization’s commitment to comply with all applicable Federal and State standards.</li> <li>• The designation of a compliance officer and a compliance committee that are accountable to senior management</li> <li>• Effective training and education for the compliance officer and the organization’s employees.</li> <li>• Effective lines of communication between the compliance officer and the organization’s employees.</li> <li>• Enforcement of standards through well-publicized disciplinary guidelines</li> <li>• Provision for internal monitoring and auditing</li> <li>• Provision for prompt response to detected offenses, and for development of corrective action initiatives relating to the MCOs or PIHPs contract.</li> </ul>	<p>Contract, Part II, section 6.9 and AFP section 4.1 (not entirely)</p>	<p>Compliance Officer, including regional Corporate Compliance Policy and Procedure</p>	<p>Compliance Policy and Procedure</p>	<p>designated Corporate Compliance Officer that monitors local compliance with regional policy and procedure.</p>
<p>42 CFR 438.610(a) 42 CFR 438.610(b) SMD letter 2/30/98</p>	<p><u>Prohibited Affiliations with Individuals Debarred by Federal Agencies. General Requirement.</u> An MCO, PCCM, PIHP, or PAHP may not</p>	<p>Managed Specialty Services Contract, section 15.4</p>	<p>Regional Provider Relations units adherence to</p>	<p>Procurement and Credentialing Policy</p>	<p>Contracts with regional panel providers.</p>

## WCHO/CMHSP Contract Requirements and Delegated Functions

	<p>knowingly have a relationship with the following:</p> <ul style="list-style-type: none"> <li>• An individual who is debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.</li> <li>• An individual who is an affiliate, as defined in the Federal Acquisition Regulation, of a person described in paragraph (a)(1).</li> </ul> <p><i>Note: The relationship is described as follows:</i></p> <ul style="list-style-type: none"> <li>• <i>A director, officer, or partner of the MCO, PCCM, PIHP, PAHP</i></li> <li>• <i>A person with beneficial ownership of five percent or more of the MCO's, PCCM's, PIHP's or PAHP's equity.</i></li> <li>• <i>A person with an employment, consulting or other arrangement with the MCO, PCCM, PIHP, or PAHP obligations under its contract with the State.</i></li> </ul>		<p>the Procurement and Credentialing Policy and procedure for organizations and LIP's</p>	<p>and Procedures for organizations and LIP's</p>	
--	--	--	---	---	--



## WCHO/CMHSP Contract Requirements and Delegated Functions

1903(i)(2) SMD letter 12/30/97	<u>Excluded Providers</u> FFP is not available for amounts expended for providers excluded by Medicare, Medicaid, or S-Chip, except for emergency services.	Managed Specialty Services Contract, Part II, section 5.3	N/A	N/A	N/A
42 CFR 455.1(a)(1)	<u>Report</u> MCO, PIHP and PAHP must report fraud and abuse information to state.	Managed Specialty Services Contract, Part II, section 10.0	WCHO/CSSN contract requires the reporting of abuse and neglect Regional Office of RR and state reporting requirements	Regional RR Policy and procedures	Adherence to contract and regional RR Office.
42 CFR 455.17	<u>Report Content (suggested)</u> MCO, PIHP, and PAHP must report the following to the State: <ul style="list-style-type: none"> <li>• Number of complaints of fraud and abuse made to State that warrant preliminary investigation</li> <li>• For each which warrants investigation, supply the <ul style="list-style-type: none"> <li>○ Name. ID number</li> <li>○ Source of complaint</li> <li>○ Type of provider</li> <li>○ Nature of complaint</li> <li>○ Approximate dollars involved</li> </ul> </li> </ul>	Managed Specialty Services Contract, Part II, section 10.0	Covered in Previous	Covered in Previous	Covered in Previous

## WCHO/CMHSP Contract Requirements and Delegated Functions

	○ Legal & administrative disposition of the case				
42 CFR 455.1(a)(2)	<u>Service Verification</u> MCO, PIHP, and PAHP must have way to verify services actually provided.	Managed Specialty Services Contract, Part II, section 6.6.3	Medicaid Verification Report	Regional Claims Payment Policy and Procedure	Use of regional Encompass software and adherence to Policy and Procedure.
1932(d)(3)	<u>State Conflict of Interest Safeguards</u> MCO, PIHP, PAHP may not contract with state unless such safeguards at least equal to federal safeguards (41 USC 423, section 27) are in place.	Covered in Specialty Services Plan for Procurement approved by CMS	N/A	N/A	N/A
<b>Subpart X Procurement for Managed Care Contracts</b>					
45 CFR 74.48	<u>Contract Provisions:</u> <ul style="list-style-type: none"> <li>• Provision for remedies if the contractor breaches contract terms*</li> <li>• Provision for termination and applicable conditions*</li> <li>• Bonds required for facility improvement or construction (over \$1,000,000)</li> <li>• Provision that HHS, US Comptroller General or representatives have access to books, documents, etc of contractor*</li> </ul>	Managed Specialty Services Contract, section 12.0 and Part II, section 8.0 and 7.0 Contract Termination Provisions with the PIHP			

## WCHO/CMHSP Contract Requirements and Delegated Functions

	<ul style="list-style-type: none"> <li>• Provisions from Appendix A (see below)</li> </ul> <p><i>*Note: For contracts in excess of the small contact threshold \$100,000 only</i></p>				
45 CFR 74 Appendix A	<p><u>Contract Provisions:</u></p> <ul style="list-style-type: none"> <li>• EEO Provisions</li> <li>• Copeland Anti-Kickback Act (all contracts in excess of \$2,000)</li> <li>• Davis-Bacon Act (All contracts in excess of \$2,000)</li> <li>• Contract Work Hours and Safety Standards (All contracts in excess of \$2,000 for construction and \$2,500 employing mechanics or laborers)</li> <li>• Rights to Inventions Made Under a Contract or Agreement (All contracts containing experimental, developmental, or research work)</li> <li>• Clean Air Act and Federal Water Pollution Control Act (Contracts in excess of \$100,000)</li> <li>• Byrd Anti-Lobbying Amendment</li> <li>• Debarment and Suspension</li> </ul>	Managed Specialty Services Contract, section 15.0 and 15.0	Regional Boiler plate references legal provisions outlined in 15.9	N/A	Issuance of regional boiler plate contract.
SMM 2080.3	<u>Written.</u> Contracts must be in writing.				
Smm 2080.4	<u>Dates</u> Specify the Contract Period				
SMM 2080.5	<u>Function</u>				

## WCHO/CMHSP Contract Requirements and Delegated Functions

	<p>The contract is precise regarding specific functions of the contractor and the scope of those functions.</p> <p>The contract should be precise regarding ambiguous areas such as nonperformance, payment, and other sensitive issues where the possibility of dispute exists.</p>				
42 CFR 434.6(a)(2) SMM 2080.6	<p><u>Population</u> Identify the population covered by the Contract.</p>				
42 CFR 434.6(a)(4) SMM 2080.9	<p><u>Services</u> Specify the amount, duration, and scope of medical assistance to be provided or paid for.</p>				
42 CFR 434.6(a)(5) SMM 2080.9	<p><u>Evaluation</u> Provide for evaluation of services performed and for audit and inspection of contractor records – Contract must state that there shall be no restrictions on the right of the State or Federal government to conduct whatever inspections and audits are necessary to assure quality, appropriateness or timeliness of services and reasonableness of their costs.</p>				
42 CFR 438.610(c)(3) SMM 2080.10 SMM 2087.1(c)(4)	<p><u>Extension</u> Specify the procedures and criteria for extending the contract.</p> <p><i>*Note that if the State finds that an MCO, PCCM, PIHP, or PAHP is not in compliance with paragraphs 438.610(a) and 438.610(b) of section 438.610, then the</i></p>				

## WCHO/CMHSP Contract Requirements and Delegated Functions

	<p><i>State may not renew or otherwise extend the duration of an existing agreement with the MCO, PCCM, PIHP, or PAHP unless the Secretary provides to the State and to Congress a written statement describing compelling reasons that exist for renewing or extending the contract.</i></p>				
SMM 2080.11	<p><u>Renegotiations</u> Specify renegotiations procedures and criteria as follows:</p> <ul style="list-style-type: none"> <li>• For good cause, only at the end of the contract period; and</li> <li>• For modification(s) during the contract period, if circumstances warrant, at the discretion of the state.</li> </ul> <p><i>Note: Grounds for renegotiating the contract are defined in detail.</i></p>				
42 CFR 438.610(c)(3) 42 CFR 434.6(a)(6) SMM 2080.12	<p><u>Termination</u> Specify procedures and criteria for termination and include a requirement to supply all information necessary for reimbursement of outstanding Medicaid claims.</p>				
SMM 2080.13	<p><u>Maintenance of Records</u> Contractor must maintain appropriate record system for services to enrolled recipient.</p>				
45 CFR 74 SMM 2080.14	<p><u>Records Retention.</u> Retain records in accordance with requirements of 45 CFR 74 (3 years after</p>				

## WCHO/CMHSP Contract Requirements and Delegated Functions

	the final payment is made and all pending matters closed, plus additional time if an audit, litigation, or other legal action involving the records is started before or during the original 3 year period ends.)				
42 CFR 434.6(a)(9) SMM 2080.16	<u>Third Party Liability</u> Specify Contractor Activity Related to Third Party Liability. Include in the contract how the payments are reduced to the extent that any 3 <sup>rd</sup> party coverage maintained by or for recipients pays for part of the service.				
42 CFR 438.230(b)(2) 42 CFR 434.6(a)(10) SMM 2080.17	<u>Subcontracts</u> Specify functions to be subcontracted.				
42 CFR 434.6(b) SMM 2081.1	<u>Subcontracts</u> All subcontracts must be in writing and fulfill the requirements of 434.6 that are appropriate to the service or activity delegated under the subcontract.				
42 CFR 434.6(c) SMM 2081.2	<u>Subcontracts</u> Subcontracts must not terminate contractor's legal responsibility for overall performance under the contract.				
45 CFR 74 Appendix G, 14 61 FR 11743 SMD 12/7/95 SMD 12/4/95 SMD 8/11/95 SMD 5/8/95	<u>Other Federal Requirements</u> The contract must include the following provisions: <ul style="list-style-type: none"> <li>• The contract shall include notice of grantor agency requirements and regulations pertaining to reporting</li> </ul>				

## WCHO/CMHSP Contract Requirements and Delegated Functions

<p>SMD 4/13/95 SMD 4/11/95 SMD 2/21/95</p>	<p>and patent rights under any contract involving research, developmental, experimental or demonstration work with respect to any discovery or invention which arises or is developed in the course of or under such contract, and of grantor agency requirements and regulations pertaining to copyrights and rights in data</p> <ul style="list-style-type: none"> <li>• Contracts, subcontracts, and subgrants of amounts in excess of \$100,000 shall contain a provision which requires compliance with all applicable standards, orders or requirements issued under section 306 of the Clean Air Act (42 USC 1857(h), section 508 of the Clean Water Act (33 USC 1368), Executive Order 11738, and Environmental Protection Agency regulations (40 CFR part 15).</li> <li>• Contracts shall recognize mandatory standards and policies relating to energy efficiency which are contained in the State energy conservation plan issued in compliance with the Energy Policy and Conservation Act (Pub.L.94-165.)</li> </ul>				
<p>45 CFR 93 APP.A</p>	<p><u>Use of Federal Funds</u></p>				

## WCHO/CMHSP Contract Requirements and Delegated Functions

	The contract contains statement that Federal funds have not been used for lobbying.				
1932(d)(3)	<u>Conflict of Interest</u> The contract specifies conflict of interest safeguards for officers and employees of the state and local entity, with responsibilities relating to contracts with MCOs and/or to the default enrollment process under the State Plan Amendment option.				
1932(e)(5)	<u>Termination</u> The contract must state that, before imposing any sanction against a managed care entity other than termination of the entity's contract, the state shall provide the entity with notice and such other due process protections as the state may provide, except that a state may not provide a managed care entity with a pre-termination hearing before the appointment of temporary management.				