

State: _____

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<p>Citation</p>	<p>Condition or Requirement</p>

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1932(a)(1)(A)

A. Section 1932(a)(1)(A) of the Social Security Act.

The State of _____ enrolls Medicaid beneficiaries on a mandatory basis into managed care entities (managed care organization (MCOs) and/or primary care case managers (PCCMs)) in the absence of section 1115 or section 1915(b) waiver authority. This authority is granted under section 1932(a)(1)(A) of the Social Security Act (the Act). Under this authority, a state can amend its Medicaid state plan to require certain categories of Medicaid beneficiaries to enroll in managed care entities without being out of compliance with provisions of section 1902 of the Act on statewideness (42 CFR 431.50), freedom of choice (42 CFR 431.51) or comparability (42 CFR 440.230). This authority may **not** be used to mandate enrollment in Prepaid Inpatient Health Plans (PIHPs), Prepaid Ambulatory Health Plans (PAHPs), nor can it be used to mandate the enrollment of Medicaid beneficiaries who are Medicare eligible, who are Indians (unless they would be enrolled in certain plans—see D.2.ii. below), or who meet certain categories of “special needs” beneficiaries (see D.2.iii. - vii. below)

B. General Description of the Program and Public Process.

For B.1 and B.2, place a check mark on any or all that apply.

1932(a)(1)(B)(i)
1932(a)(1)(B)(ii)
42 CFR 438.50(b)(1)

PAHPs)

1. The State will contract with an

- i. MCO
- ii. PCCM (including capitated PCCMs that qualify as
- iii. Both

42 CFR 438.50(b)(2)
42 CFR 438.50(b)(3)

2. The payment method to the contracting entity will be:

- i. fee for service;
- ii. capitation;
- iii. a case management fee;
- iv. a bonus/incentive payment;
- v. a supplemental payment, or
- vi. other. (Please provide a description below).

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TN No. _____
Supersedes
TN No. _____

Approval Date _____ Effective Date _____

State: _____

<p>—</p>	
<p>Citation</p>	<p>Condition or Requirement</p>

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1905(t)
42 CFR 440.168
42 CFR 438.6(c)(5)(iii)(iv)

3. For states that pay a PCCM on a fee-for-service basis, incentive payments are permitted as an enhancement to the PCCM’s case management fee, if certain conditions are met.

If applicable to this state plan, place a check mark to affirm the state has met **all** of the following conditions (which are identical to the risk incentive rules for managed care contracts published in 42 CFR 438.6(c)(5)(iv)).

- ___ i. Incentive payments to the PCCM will not exceed 5% of the total FFS payments for those services provided or authorized by the PCCM for the period covered.
- ___ ii. Incentives will be based upon specific activities and targets.
- ___ iii. Incentives will be based upon a fixed period of time.
- ___ iv. Incentives will not be renewed automatically.
- ___ v. Incentives will be made available to both public and private PCCMs.
- ___ vi. Incentives will not be conditioned on intergovernmental transfer agreements.
- ___ vii. Not applicable to this 1932 state plan amendment.

CFR 438.50(b)(4)
program and its

4. Describe the public process utilized for both the design of the initial implementation. In addition, describe what methods the state will use to ensure ongoing public involvement once the state plan program has been implemented. *(Example: public meeting, advisory groups.)*

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TN No. _____
Supersedes
TN No. _____

Approval Date _____ Effective Date _____

State: _____

Citation	Condition or Requirement
----------	--------------------------

1932(a)(1)(A)

5. The state plan program will ___/will not___ implement mandatory enrollment into managed care on a statewide basis. If not statewide, mandatory___/ voluntary___ enrollment will be implemented in the following county/area(s):

- i. county/counties (mandatory) _____
- ii. county/counties (voluntary) _____
- iii. area/areas (mandatory) _____
- iv. area/areas (voluntary) _____

C. State Assurances and Compliance with the Statute and Regulations.

If applicable to the state plan, place a check mark to affirm that compliance with the following statutes and regulations will be met.

1932(a)(1)(A)(i)(I)

1. ___The state assures that all of the applicable requirements of

1903(m)

section 1903(m) of the Act, for MCOs and MCO contracts will be met.

42 CFR 438.50(c)(1)

TN No. _____
Supersedes
TN No. _____

Approval Date _____ Effective Date _____

State: _____

Citation	Condition or Requirement
1932(a)(1)(A)(i)(I) 1905(t) 42 CFR 438.50(c)(2) 1902(a)(23)(A)	2. ____ The state assures that all the applicable requirements of section 1905(t) of the Act for PCCMs and PCCM contracts will be met.
1932(a)(1)(A) 42 CFR 438.50(c)(3)	3. ____ The state assures that all the applicable requirements of section 1932 (including subpart (a)(1)(A)) of the Act, for the state's option to limit freedom of choice by requiring recipients to receive their benefits through managed care entities will be met.
1932(a)(1)(A) 42 CFR 431.51 1905(a)(4)(C)	4. ____ The state assures that all the applicable requirements of 42 CFR 431.51 regarding freedom of choice for family planning services and supplies as defined in section 1905(a)(4)(C) will be met.
1932(a)(1)(A) 42 CFR 438 42 CFR 438.50(c)(4) 1903(m)	5. ____ The state assures that all applicable managed care requirements of 42 CFR Part 438 for MCOs and PCCMs will be met.
1932(a)(1)(A) 42 CFR 438.6(c) 42 CFR 438.50(c)(6)	6. ____ The state assures that all applicable requirements of 42 CFR 438.6(c) for payments under any risk contracts will be met.
1932(a)(1)(A) CFR 447.362 for 42 CFR 447.362 42 CFR 438.50(c)(6)	7. ____ The state assures that all applicable requirements of 42 CFR 447.362 for payments under any nonrisk contracts will be met.
45 CFR 74.40	8. ____ The state assures that all applicable requirements of 45 CFR 92.36 for procurement of contracts will be met.

D. Eligible groups

TN No. _____
Supersedes _____ Approval Date _____ Effective Date _____
TN No. _____

State: _____

Citation	Condition or Requirement
42 CFR 438.50(d)(3)(i)	Security Income (SSI) under title XVI.
1932(a)(2)(A)(iii) 42 CFR 438.50(d)(3)(ii)	iv. ____ Children under the age of 19 years who are eligible under 1902(e)(3) of the Act.
1932(a)(2)(A)(v) out-of- 42 CFR 438.50(3)(iii)	v. ____ Children under the age of 19 years who are in foster care or other the-home placement.
1932(a)(2)(A)(iv) 42 CFR 438.50(3)(iv)	vi. ____ Children under the age of 19 years who are receiving foster care or adoption assistance under title IV-E.
1932(a)(2)(A)(ii) through a 42 CFR 438.50(3)(v)	vii. ____ Children under the age of 19 years who are receiving services family-centered, community based, coordinated care system that receives grant funds under section 501(a)(1)(D) of title V, and is defined by the state in terms of either program participation or special health care needs.

E. Identification of Mandatory Exempt Groups

- 1932(a)(2)
42 CFR 438.50(d)
1. Describe how the state defines children who receive services that are funded under section 501(a)(1)(D) of title V. (*Examples: children receiving services at a specific clinic or enrolled in a particular program.*)
- 1932(a)(2)
V children
42 CFR 438.50(d)
2. Place a check mark to affirm if the state's definition of title V children is determined by:
- i. program participation,
 ii. special health care needs, or

TN No. _____
Supersedes
TN No. _____

Approval Date _____ Effective Date _____

State: _____

Citation

Condition or Requirement

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iii. the equitable distribution of Medicaid recipients among qualified MCOs and PCCMs available to enroll them, (excluding those that are subject to intermediate sanction described in 42 CFR 438.702(a)(4)); and disenrollment for cause in accordance with 42 CFR 438.56 (d) (2). *(Example: No auto-assignments will be made if MCO meets a certain percentage of capacity.)*

1932(a)(4)

42 CFR 438.50

include

3. As part of the state's discussion on the default enrollment process, the following information:

i. The state will ___/will not ___ use a lock-in for managed care managed care.

ii. The time frame for recipients to choose a health plan before being auto-assigned will be _____.

iii. Describe the state's process for notifying Medicaid recipients of their auto-assignment. *(Example: state generated correspondence.)*

TN No. _____

Supersedes

TN No. _____

Approval Date _____

Effective Date _____

State: _____

Citation

Condition or Requirement

iv. Describe the state's process for notifying the Medicaid recipients who are auto-assigned of their right to disenroll without cause during the first 90 days of their enrollment. *(Examples: state generated correspondence, HMO enrollment packets etc.)*

v. Describe the default assignment algorithm used for auto-assignment. *(Examples: ratio of plans in a geographic service area to potential enrollees, usage of quality indicators.)*

vi. Describe how the state will monitor any changes in the rate of default assignment. *(Example: usage of the Medical Management Information System (MMIS), monthly reports generated by the enrollment broker)*

1932(a)(4)
42 CFR 438.50

I. State assurances on the enrollment process

TN No. _____
Supersedes
TN No. _____

Approval Date _____ Effective Date _____

State: _____

Citation	Condition or Requirement
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Place a check mark to affirm the state has met all of the applicable requirements of choice, enrollment, and re-enrollment.

1. ___ The state assures it has an enrollment system that allows recipients who are already enrolled to be given priority to continue that enrollment if the MCO or PCCM does not have capacity to accept all who are seeking enrollment under the program.

2. ___ The state assures that, per the choice requirements in 42 CFR 438.52, Medicaid recipients enrolled in either an MCO or PCCM model will have a choice of at least two entities unless the area is considered rural as defined in 42 CFR 438.52(b)(3).

3. ___ The state plan program applies the rural exception to choice requirements of 42 CFR 438.52(a) for MCOs and PCCMs.

___ This provision is not applicable to this 1932 State Plan Amendment.

4. ___ The state limits enrollment into a single Health Insuring Organization (HIO), if and only if the HIO is one of the entities described in section 1932(a)(3)(C) of the Act; and the recipient has a choice of at least two primary care providers within the entity. (California only.)

___ This provision is not applicable to this 1932 State Plan Amendment.

5. ___ The state applies the automatic reenrollment provision in accordance with 42 CFR 438.56(g) if the recipient is disenrolled solely because he or she loses Medicaid eligibility for a period of 2 months or less.

___ This provision is not applicable to this 1932 State Plan Amendment.

1932(a)(4)
42 CFR 438.50

J. Disenrollment

1. The state will ___/will not ___ use lock-in for managed care.

2. The lock-in will apply for ___ months (up to 12 months).

3. Place a check mark to affirm state compliance.

TN No. _____
Supersedes
TN No. _____

Approval Date _____ Effective Date _____

State: _____

Citation	Condition or Requirement
----------	--------------------------

_____The state assures that beneficiary requests for disenrollment (with and without cause) will be permitted in accordance with 42 CFR 438.56(c).

4. Describe any additional circumstances of "cause" for disenrollment (if any).

K. Information requirements for beneficiaries

Place a check mark to affirm state compliance.

1932(a)(5)
42 CFR 438.50
42 CFR 438.10

_____The state assures that its state plan program is in compliance with 42 CFR 438.10(i) for information requirements specific to MCOs and PCCM programs operated under section 1932(a)(1)(A)(i) state plan amendments. (Place a check mark to affirm state compliance.)

1932(a)(5)(D)
1905(t)

L. List all services that are excluded for each model (MCO & PCCM)

1932 (a)(1)(A)(ii)

M. Selective contracting under a 1932 state plan option

To respond to items #1 and #2, place a check mark. The third item requires a brief narrative.

TN No. _____
Supersedes
TN No. _____

Approval Date _____ Effective Date _____

State: _____

Citation

Condition or Requirement

1. The state will ___/will not___ intentionally limit the number of entities it contracts under a 1932 state plan option.
2. ___ The state assures that if it limits the number of contracting entities, this limitation will not substantially impair beneficiary access to services.
3. Describe the criteria the state uses to limit the number of entities it contracts under a 1932 state plan option. (*Example: a limited number of providers and/or enrollees.*)
4. ___ The selective contracting provision in not applicable to this state plan.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0933. The time required to complete this information collection is estimated to average 10 hours

TN No. _____
Supersedes
TN No. _____

Approval Date _____ Effective Date _____

CMS-PM-XX-X
Date:

ATTACHMENT 3.1-F
Page 15
OMB No.:0938-0933

State: _____

Citation

Condition or Requirement

per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

CMS-10120 (exp. 01/31/2008)

TN No. _____
Supersedes
TN No. _____

Approval Date _____

Effective Date _____