

Crosswalk of changes to 1932a SPA Preprint

CMS-PM-10120; OMB No: 0938-0933

Old Section	Type of Change	Rationale
A	Made two paragraphs to be clearer; revised last sentence in second paragraph from <i>“this authority may not be used to mandate enrollment in PIHPs, PAHPS, nor can it be used to mandate the enrollment of 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.)</i> to <i>“this authority may not be used to mandate enrollment in PIHPs, PAHPS, nor can it be used to mandate the enrollment of beneficiaries who are described in 42 CFR 438.50(d).”</i>	Last sentence revised to reference regulation instead of description.
B	Revised title from <i>“General Description of the Program and Public Process”</i> to <i>“Managed Care Delivery System”</i>	To more accurately describe subject of the section
B.1-2.	Reorganized by model and appropriate reimbursement options	To accurately and clearly align models and applicable reimbursement options for each.
B.2.i. and v.	Deleted <i>“i. fee for service”</i> and <i>“v. a supplemental payment.”</i>	“i.” deleted to eliminate confusion since all PCCMs are paid FFS for direct care services; “v” deleted because it can be put under “iii. other”
B.3.ii-vi	Reordered	To match order in regulation
B.4.	Re-labeled to C <i>“Public Process”</i>	To clarify transition to a different topic
B.5.	Delete county/area options list	Incorporated into table in E for clarity and accuracy.
C	Re-labeled to D	For consecutive labeling
D	Re-labeled to E and revised title from <i>“Eligible groups”</i> to <i>“Populations and Geographic Area”</i>	To accurately describe subject of the section and make it easier for state to complete
E.1-4	Put text into table format in E	To improve accuracy and clarity and organize text related to one topic in one place. To facilitate easier completion by state. Old E.4 is addressed in table by graying out inapplicable boxes instead of requiring a description.
E.5-6.	Deleted <i>“Describe the state’s process for allowing children to request an exemption from mandatory enrollment..”</i> and <i>“Describe how the state identifies the following groups who are exempt from mandatory enrollment into managed care.”</i> to <i>“D.5. The state assures that it appropriately identifies individuals in the mandatory exempt groups identified in 1932(a)(1)(a)(1).”</i>	Not required by regulation; captured as assurance in D.5 using regulation text.

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F	Incorporated information from “ <i>List other eligible groups not previously mentioned who will be exempt from mandatory enrollment.</i> ” to table in E.1.	To improve accuracy and clarity and organize text related to one topic in one place.
G	Incorporated information from “ <i>List all other eligible groups who will be permitted to enroll on a voluntary bases</i> ” to table in E.1.	To improve accuracy and clarity and organize text related to one topic in one place.
H.1.	Re-labeled at F; revised definitions of <i>existing provider relationship and providers that have traditionally served</i> from 438.50 to new ones for “ <i>auto assignment</i> ” and “ <i>default assignment</i> ” as used in this section.	To delete definitions in regulation and add definitions needed to add clarity to F.2.
H.2.	Removed three criteria of a default enrollment process from 438.50(f) to “ <i>in accordance with 438.50(f)</i> ”	To add the clarity of a direct regulation text
H.3.i.	Moved from Enrollment section to Disenrollment section and re-labeled as G.1.	To organize text related to one topic in one place.
H.3.ii	Moved “The time frame for recipients to choose a health plan before being default assigned will be...” to F.2.b.i in Enrollment section	To clarify that 2.b.i is only applicable to the active choice option.
H.3.iii	Moved “ <i>Describe the state’s process for notifying recipients of their auto assignment</i> ” to table in F.2.a-c	Text from “iii” was added to 2a-2c to add clarifying detail
H.3.iv.	Moved “ <i>Describe the state’s process for notifying the recipients of their right to disenroll without cause during the first 90 days of their enrollment.</i> ” and re-labeled as G.4.	To organize text related to one topic in one place.
H.3.v.	Moved “ <i>Describe the algorithm used for auto assignment</i> ” and re-labeled as F.2.a-c	Text from “v” was added to 2a-2c to add clarifying detail
H.3.vi.	Deleted “ <i>Describe how the state monitors any changes in the default assignment rate.</i> ”	Part of quality strategy; information not needed for SPA approval
I.1-3,5	Re-labeled “ <i>State Assurances on the Enrollment Process</i> ” as E.3.	To organize text related to one topic in one place
I.4	Deleted “ <i>The state limits enrollment into a single HIO....</i> ”	Only applies in CA; information will be gathered as RAI
J.1.-4.	Re-label as G.1.-5; add one question about length of limitation; correct “ <i>lock-in</i> ” to “ <i>limit disenrollment</i> ”	Question added to gather additional needed information to verify regulatory compliance; “lock-in” changed to “limit disenrollment” to match regulation text
K	Re-label as H	For consecutive labeling
L	Re-label as I	For consecutive labeling
M	Re-label as N	For consecutive labeling
Didn’t exist in previous version	E.2.: “ <i>Describe how the state effectuates enrollment</i> ” section J: “ <i>The state assures that each MCO has and internal grievance process for beneficiaries</i> ” K: “ <i>Describe how the state has assured adequate capacity and services.</i> ” L: “ <i>The state assures that a quality assessment and improvement strategy has been developed and implemented.</i> ”	Added new questions to align with questions in 1915(b) preprint and gather additional needed information to verify regulatory compliance

Old Section	Type of Change	Rationale
	M: <i>“The state assures that and EQR conducted by a qualified independent entity will be performed yearly.”</i>	