EQR PROTOCOL 1 – ASSESSING MCO COMPLIANCE WITH MEDICAID AND CHIP MANAGED CARE REGULATIONS

Attachment A: Compliance Review Worksheet

Subpart C:--Enrollee Rights and Protections

Federal Regulation Source(s)	State Regulation Source(s)	Applicable MCO Documents	Reviewer Determination
438.100(b)(2)(i) Enrollee right to receive information	1) The language(s) that the State has determined are prevalent in the MCO's geographic service area. 2) Any requirements the State has issued to the MCO specifying a standard for the reading level of written materials prepared for enrollees. 3) The State's decision about whether or not the MCO is to notify all enrollees at least once a year their rights to request and obtain the information listed in paragraphs (f)(6) and (g) of §438.10.	• Medicaid/CHIP and other enrollee survey results (AM) • Provider Contracts (PS) • Medicaid/CHIP enrollee services policies and procedures (ES) • Statement of enrollee rights (ES) • Medicaid/CHIP enrollee marketing materials • Medicaid/CHIP marketing plans, policies and procedures (ES)	• Fully Met • Substantially Met • Partially Met • Minimally Met • Not Met • Not Applicable Reviewer Notes:

Federal Regulation Source(s)	State Regulation Source(s)	Applicable MCO Documents	Reviewer Determination
438.100(b)(2)(i) Enrollee right to receive information	4) The State's decision about whether the MCO is to furnish to each of its Medicaid/CHIP enrollees the information listed in paragraphs (f)(6) and (g) within a reasonable time after the MCO receives, from the State or its contracted representative, notice of the recipient's enrollment. 5) Information on how the State has defined a "significant change" in the information MCOs are required to give enrollees pursuant to §438.10(f) and (g). 6) Whether or not the MCO is part of a State managed care initiative that employs mandatory enrollment of beneficiaries in the MCO under section 1932(a)(1)(A) of the Act. If the MCO is part of such an initiative, obtain information from the State on the State's decision about whether the State or the MCO is to provide potential enrollees with the information contained in §438.10(h). 7) If the MCO is part of a mandatory managed care initiative AND IF the State has directed the MCO to provide comparative information on disenrollment as part of a chart-like	• Medicaid/CHIP enrollment and disenrollment policies and procedures (ES) • Medicaid/CHIP Enrollee Handbooks (ES) • Medicaid/CHIP Enrollee Orientation Curriculum (ES) • Medicaid/CHIP enrollee grievance and appeals policies and procedures (ES) • Staff Handbooks (SP) • Staff Orientation and Training Curriculum (SP) • Other	

Federal Regulation Source(s)	State Regulation Source(s)	Applicable MCO Documents	Reviewer Determination
	comparison of MCOs obtain the State agency's definition of "disenrollment rate". 8) Whether or not the State agency has chosen to give providers the right to challenge the failure of an MCO to cover a contracted service. 9) Any applicable State laws on enrollee rights.		
438.100(b)(2)(iii) Enrollee right to receive information on available treatment options and alternatives . . . including requirements of §438.102: Provider-enrollee communications	Information on whether or not the MCO has documented to the State any moral or religious objection to providing, reimbursing for, or providing coverage of, a counseling or referral service for a particular Medicaid/CHIP service or services.	• Medicaid/CHIP and other enrollee survey results (AM) • Provider Contracts (PS) • Medicaid/CHIP enrollee services policies and procedures (ES) • Statement of enrollee rights (ES) • Medicaid/CHIP enrollee marketing materials (ES) • Medicaid/CHIP marketing plans, policies and procedures (ES) • Medicaid/CHIP enrollment and disenrollment policies and procedures (ES) • Medicaid/CHIP Enrollee Handbooks (ES) • Medicaid/CHIP Enrollee Orientation Curriculum (ES) • Medicaid/CHIP enrollee grievance and appeals policies	• Fully Met • Substantially Met • Partially Met • Minimally Met • Not Met • Not Applicable Reviewer Notes:

Federal Regulation Source(s)	State Regulation Source(s)	Applicable MCO Documents	Reviewer Determination
		and procedures (ES) • Staff Handbooks (SP) • Staff Orientation and Training Curriculum (SP) • Other:	
438.100(b)(2)(iv) and (v): Enrollee right to: - participate in decisions regarding his or her care, including the right to refuse treatment; - Be free from any form of restraint . . . as specified in other Federal regulations. And related: 438.6(i) Advance directives	1) A written description of any State law(s) concerning advance directives. The written description may include information from State statutes on advance directives, regulations that implement the statutory provisions, opinions rendered by State courts and other States administrative directives. [Note to reviewers: Each State Medicaid/CHIP agency is required under Federal regulations at 42 CFR 431.20 to develop such a description of State laws and to distribute it to all MCOs. Revisions to this description as a result of changes in State law are to be sent to MCOs no later than 60 days from the effective date of the change in State law.] 2) Information on whether or not the	• Medicaid/CHIP and other enrollee survey results (AM) • Provider Contracts (PS) • Medicaid/CHIP enrollee services policies and procedures (ES) • Statement of enrollee rights (ES) • Medicaid/CHIP enrollee marketing materials (ES) • Medicaid/CHIP marketing plans, policies and procedures (ES) • Medicaid/CHIP enrollment and disenrollment policies and procedures (ES) • Medicaid/CHIP Enrollee Handbooks (ES) • Medicaid/CHIP Enrollee Orientation Curriculum (ES) • Medicaid/CHIP enrollee grievance and appeals policies and procedures (ES)	• Fully Met • Substantially Met • Partially Met • Minimally Met • Not Met • Not Applicable Reviewer Notes:

Federal Regulation Source(s)	State Regulation Source(s)	Applicable MCO Documents	Reviewer Determination
	MCO has documented to the State any moral or religious objection to fulfilling the regulatory provisions pertaining to advance directives.	• Staff Handbooks (SP) • Staff Orientation and Training Curriculum (SP) • Other:	
438.100(d): Compliance with other Federal and State laws	Obtain from the State Medicaid/CHIP agency the identification of all State laws that pertain to enrollee rights and with which the State Medicaid/CHIP Agency requires its MCOs to comply.	• Medicaid/CHIP and other enrollee survey results (AM) • Provider Contracts (PS) • Medicaid/CHIP enrollee services policies and procedures (ES) • Statement of enrollee rights (ES) • Medicaid/CHIP enrollee marketing materials (ES) • Medicaid/CHIP marketing plans, policies and procedures (ES) • Medicaid/CHIP enrollment and disenrollment policies and procedures (ES) • Medicaid/CHIP Enrollee Handbooks (ES) • Medicaid/CHIP Enrollee Orientation Curriculum (ES) • Medicaid/CHIP enrollee grievance and appeals policies and procedures (ES) • Staff Handbooks (SP) • Staff Orientation and Training Curriculum (SP)	• Fully Met • Substantially Met • Partially Met • Minimally Met • Not Met • Not Applicable Reviewer Notes:

Federal Regulation Source(s)	State Regulation Source(s)	Applicable MCO Documents	Reviewer Determination
		• Other:	

Subpart D:--Quality Assessment and Performance Improvement

Federal Regulation Source(s)	State Regulation Source(s)	Applicable MCO Documents	Reviewer Determination
438.206: Availability of services	Information on whether or not: 1) The State agency has required the MCO to adhere to any explicit standards for provider network adequacy, such as prescribed primary physician/enrollee ratios or specialist/enrollee ratios 2) The State agency has in place any time or distance standards for beneficiary travel to access covered services in Medicaid/CHIP fee-for-service 3) There are any State laws requiring MCOs to make specific types of providers available for the provision of certain services	• Service planning documents and provider network planning documents (e.g., geographic assessments, provider network assessments, enrollee demographic studies, population needs assessments)(AM) • Service availability and accessibility expectations and standards (AM) • Other performance standards and quality indicators established by the MCO (AM) • Any measurement or analysis reports on service availability and accessibility (AM) • List of all care and service providers in the MCO's network (may be the same as the provider directory) (AM) • Organization strategic plans (AM) • Administrative policies and procedures (AM) • Medicaid/CHIP and other enrollee survey results (AM) • Utilization management policies and procedures (UM)	• Fully Met • Substantially Met • Partially Met • Minimally Met • Not Met • Not Applicable Reviewer Notes:

Federal Regulation Source(s)	State Regulation Source(s)	Applicable MCO Documents	Reviewer Determination
		• Service authorization policies and procedures (UM) • Provider Contracts (PS) • Provider/Contractor procedure manuals (PS) • Provider/Contractor oversight and evaluation policies and procedures, audit tools (PS) • Medicaid/CHIP enrollee services policies and procedures (ES) • Statement of enrollee rights (ES) • Medicaid/CHIP Enrollee Handbooks (ES) • Medicaid/CHIP provider directory • Medicaid/CHIP Enrollee Orientation Curriculum (ES) • Medicaid/CHIP enrollee grievance and appeals policies and procedures (ES)	
438.206(c)(1): Furnishing of services and timely *access*	Obtain a copy of the State Medicaid/CHIP agency's standards for timely enrollee access to care and services required of Medicaid/CHIP and MCOs.	• Service planning documents and provider network planning documents (e.g., geographic assessments, provider network assessments, enrollee demographic studies, population needs assessments)(AM) • Service availability and accessibility expectations and standards (AM) • Other performance standards and	• Fully Met • Substantially Met • Partially Met • Minimally Met • Not Met • Not Applicable

Federal Regulation Source(s)	State Regulation Source(s)	Applicable MCO Documents	Reviewer Determination
		quality indicators established by the MCO (AM) • Any measurement or analysis reports on service availability and accessibility (AM) • List of all care and service providers in the MCO's network (may be the same as the provider directory) (AM) • Organization strategic plans (AM) • Administrative policies and procedures (AM) • Medicaid/CHIP and other enrollee survey results (AM) • Utilization management policies and procedures (UM) • Service authorization policies and procedures (UM) • Provider Contracts (PS) • Provider/Contractor procedure manuals (PS) • Provider/Contractor oversight and evaluation policies and procedures, audit tools (PS) • Medicaid/CHIP enrollee services policies and procedures (ES) • Statement of enrollee rights (ES) • Medicaid/CHIP Enrollee Handbooks (ES) • Medicaid/CHIP provider directory	Reviewer Notes:

Federal Regulation Source(s)	State Regulation Source(s)	Applicable MCO Documents	Reviewer Determination
		• Medicaid/CHIP Enrollee Orientation Curriculum (ES) • Medicaid/CHIP enrollee grievance and appeals policies and procedures (ES) • Other:	
438.206(c)(2): Furnishing of services and cultural considerations.	1) Descriptive information on 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. 2) The requirements the State has communicated to the MCO with respect to how the MCO is expected to participate in the State's efforts to promote the delivery of services in a culturally competent manner.	• Service planning documents and provider network planning documents (e.g., geographic assessments, provider network assessments, enrollee demographic studies, population needs assessments)(AM) • Service availability and accessibility expectations and standards (AM) • Other performance standards and quality indicators established by the MCO (AM) • Any measurement or analysis reports on service availability and accessibility (AM) • List of all care and service providers in the MCO's network (may be the same as the provider directory) (AM) • Organization strategic plans (AM) • Administrative policies and procedures (AM)	• Fully Met • Substantially Met • Partially Met • Minimally Met • Not Met • Not Applicable Reviewer Notes:

Federal Regulation Source(s)	State Regulation Source(s)	Applicable MCO Documents	Reviewer Determination
		• Medicaid/CHIP and other enrollee survey results (AM) • Utilization management policies and procedures (UM) • Service authorization policies and procedures (UM) • Provider Contracts (PS) • Provider/Contractor procedure manuals (PS) • Provider/Contractor oversight and evaluation policies and procedures, audit tools (PS) • Medicaid/CHIP enrollee services policies and procedures (ES) • Statement of enrollee rights (ES) • Medicaid/CHIP Enrollee Handbooks (ES) • Medicaid/CHIP provider directory (ES) • Medicaid/CHIP Enrollee Orientation Curriculum (ES) • Medicaid/CHIP enrollee grievance and appeals policies and procedures (ES)	
438.208: Coordination and continuity of care	1) Definition/specifications used by State to identify individuals with special health care needs (SHCNs). 2) Methods used by the State to identify to the MCO new enrollees with SHCNs.	• Practice guidelines adopted by the MCO (AM) • Provider/Contractor Services policies and procedures manuals (PS) • Provider Contracts (PS)	• Fully Met • Substantially Met • Partially Met • Minimally Met

Federal Regulation Source(s)	State Regulation Source(s)	Applicable MCO Documents	Reviewer Determination
	3) Whether the MCO is required to screen to identify and/or assess persons with SHCNs using the State's definition of SHCNs. 4) State requirements for MCO care coordination programs. 5) If the organization to be reviewed is a MCO, whether the MCO is required to ensure each enrollee has: A) an ongoing source of primary care appropriate to his/her needs, and B) a person/entity formally and primarily responsible for coordinating the health care services furnished to the enrollee. 6) If the organization is an MCO serving enrollees also enrolled in a Medicare Advantage plan and receiving Medicare benefits, information about the extent to which the MCO is required to implement: - for enrollees determined to have ongoing special conditions that require a course of treatment or regular care monitoring, a mechanism to ensure that: (1) the enrollee may directly access a specialist (e.g., through a standing referral or approved number of visits) as appropriate for the enrollee's condition and identified needs; and (2) a treatment plan that, if required by the MCO is	• Provider/Contractor procedure manuals (PS) • Medicaid/CHIP enrollee services policies and procedures (ES) • Medicaid/CHIP enrollment and disenrollment policies and procedures (ES) • Medicaid/CHIP Enrollee Handbooks (ES) • Care coordination policies and procedures, and enrollee records (ES) • Sample of Medicaid/CHIP enrollee records (ES) • Other:	• Not Met • Not Applicable • Reviewer Notes:

Federal Regulation Source(s)	State Regulation Source(s)	Applicable MCO Documents	Reviewer Determination
	developed by the specialist in consultation with the enrollee's primary care provider, and is (i) developed with enrollee participation; (ii) approved by the MCO in a timely manner, if this approval is required; and iii) In accord with the State's quality assurance and utilization review standards. - a primary care and coordination program that meets State requirements and ensures each enrollee has: 1) an ongoing source of primary care appropriate to his/her needs; and 2) a person or entity formally and primarily responsible for coordinating health care services furnished to the enrollee. 7) The State's quality assurance and utilization review standards.		
438.210(b-e): Coverage and authorization of services, including 438.114, emergency and post-	Obtain from the State Medicaid/CHIP agency the State-established standards for MCO processing of standard authorization decisions.	• Contracts or written agreements with organizational subcontractors (AM) • Other:	• Fully Met • Substantially Met • Partially Met • Minimally Met • Not Met

Federal Regulation Source(s)	State Regulation Source(s)	Applicable MCO Documents	Reviewer Determination
stabilization services			• Not Applicable Reviewer Notes:
438.210(b-e): Coverage and authorization of services, including 438.114, emergency and post-stabilization services	Obtain from the State Medicaid/CHIP agency the State-established standards for MCO processing of standard authorization decisions.	• Completed evaluations of entities conducted before delegation is granted (AM) • Medicaid/CHIP and other enrollee grievance and appeals data (AM) (AM) • Utilization management policies and procedures (UM) • Coverage rules and payment policies (UM) • Data on claims denials (UM) • Service authorization policies and procedures (UM) • Policies and procedures for notifying providers and enrollees of denials of service (UM)	• Fully Met • Substantially Met • Partially Met • Minimally Met • Not Met • Not Applicable Reviewer Notes:
438.214: *Provider selection*	Obtain from the State information on any credentialing, recredentialing, or other provider selection and retention requirements established by the State.	• Service planning documents and provider network planning documents (e.g., geographic assessments, provider network assessments, enrollee demographic studies, population needs assessments) (AM) • Contracts or written agreements	• Fully Met • Substantially Met • Partially Met • Minimally Met • Not Met

Federal Regulation Source(s)	State Regulation Source(s)	Applicable MCO Documents	Reviewer Determination
		with organizational subcontractors (AM) • Procedures and methodology for oversight, monitoring, and review of delegated activities (AM) • Contracts or written agreements with organizational subcontractors (AM) • Completed evaluations of entities conducted before delegation is granted (AM) • Provider/Contractor files, 15-20 individual health care professional files, and 15-20 institutional provider files (PS) • Credentialing committee or other provider review mechanism meeting minutes (PS) • Sample of files of practitioners who have not been appointed or reappointed (PS) • Other:	• Not Applicable Reviewer Notes:
438.226: Enrollment and disenrollment, including section 438.56:	Information on: 1) Whether or not the State Medicaid/CHIP agency allows the MCO to process enrollee requests for disenrollment for cause and, if so, whether or not the State requires enrollees to seek redress through the	• Medicaid/CHIP enrollment and disenrollment policies and procedures (ES) • Other:	• Fully Met • Substantially Met • Partially Met • Minimally Met • Not Met

Federal Regulation Source(s)	State Regulation Source(s)	Applicable MCO Documents	Reviewer Determination
Enrollment and disenrollment: Requirements and limitations	MCO's grievance system before the State makes a determination on the enrollee's request. 2) A copy of the State-MCO contract provisions, which specify the methods by which the MCO assures the State Medicaid/CHIP agency that it does not request disenrollment for reasons other than those permitted under the contract.		• Not Applicable Reviewer Notes:
438.228: Grievance systems	Obtain information on whether or not the State delegates responsibility to the MCO for providing each Medicaid/CHIP enrollee (who has received an adverse decision with respect to a request for a covered service) notice that he or she has the right to a State fair hearing to reconsider their request for the covered service.	• Medicaid/CHIP enrollee grievance and appeals policies and procedures (ES) • Medicaid/CHIP enrollee grievance and appeal tracking reports (ES) • Other:	• Fully Met • Substantially Met • Partially Met • Minimally Met • Not Met • Not Applicable Reviewer Notes:
438.230: Sub contractual relationships and delegation	Obtain from the State the "periodic schedule" established by the State according to which the MCO is to monitor and formally review on an ongoing basis all subcontractors' performance of any delegated activities.	• Procedures and methodology for oversight, monitoring, and review of delegated activities (AM) • Contracts or written agreements with organizational subcontractors (AM) • Completed evaluations of entities conducted before delegation is granted (AM)	• Fully Met • Substantially Met • Partially Met • Minimally Met • Not Met • Not Applicable

Federal Regulation Source(s)	State Regulation Source(s)	Applicable MCO Documents	Reviewer Determination
		• Ongoing evaluations of entities performing delegated activities • Other:	Reviewer Notes:
438.240: Quality assessment and performance improvement program (a) General rules (b) Basic elements of MCO quality assessment and performance improvement programs (d) Performance improvement projects	Obtain from the State Medicaid/CHIP agency: 1) Information on whether or not the State Medicaid/CHIP agency has required the MCO's performance improvement projects to address a specific topic(s), or address a specific topic(s) and also use specific quality indicators identified by the State Medicaid/CHIP agency 2) The State's requirements with respect to MCO reporting of the status and results of each performance improvement project to the State Medicaid/CHIP agency 3) Any reports on the status and results of the performance improvement projects submitted by the MCO in response to State requirements for reporting the status and results of each performance improvement project to the State Medicaid/CHIP agency	• QAPI program evaluation (AM) • QAPI project descriptions, including data sources and data audit results (AM) • QAPI project quality indicators, the selection or development criteria, and processes for selection or development (AM) • QAPI program evaluation (AM) • QAPI data analysis and reports (AM) • Performance measures produced by the MCO (AM) • Policies and procedures related to data collection and data quality checks for QAPI projects (AM) • Utilization management policies and procedures (UM) • Other:	• Fully Met • Substantially Met • Partially Met • Minimally Met • Not Met • Not Applicable Reviewer Notes:
438.240(c): Performance	Obtain from the State Medicaid/CHIP agency:	• QAPI program evaluation (AM) • QAPI project descriptions,	• Fully Met • Substantially Met

Federal Regulation Source(s)	State Regulation Source(s)	Applicable MCO Documents	Reviewer Determination
measurement and improvement	1) A list of all performance measures required of the MCO by the State for the year or years for which the review is being conducted 2) The actual performance measures submitted by the MCO to the State for the year or years for which the review is being conducted 3) Instructions from the State on whether or not the State wishes the EQRO to validate the MCO's submitted performance measures.	including data sources and data audit results (AM) • QAPI project quality indicators, the selection or development criteria, and processes for selection or development (AM) • QAPI program evaluation (AM) • QAPI data analysis and reports (AM) • Performance measures produced by the MCO (AM) • Policies and procedures related to data collection and data quality checks for QAPI projects (AM) • Utilization management policies and procedures (UM) • Other:	• Partially Met • Minimally Met • Not Met • Not Applicable Reviewer Notes:
438.240(e): Program review by the State.	Determine from the State Medicaid/CHIP agency whether or not the State has required the MCO to have in effect a process for its own evaluation of the impact and effectiveness of its quality assessment and performance improvement (QAPI) program and, if so, how frequently the MCO is to make such an evaluation.	• QAPI program evaluation (AM) • QAPI project descriptions, including data sources and data audit results (AM) • QAPI project quality indicators, the selection or development criteria, and processes for selection or development (AM) • QAPI program evaluation (AM) • QAPI data analysis and reports (AM) • Performance measures produced	• Fully Met • Substantially Met • Partially Met • Minimally Met • Not Met • Not Applicable Reviewer Notes:

Federal Regulation Source(s)	State Regulation Source(s)	Applicable MCO Documents	Reviewer Determination
		by the MCO (AM) • Policies and procedures related to data collection and data quality checks for QAPI projects (AM) • Utilization management policies and procedures (UM) • Other:	
438.242: Health information systems	1) Information on whether or not the State has required the MCO to undergo, or has otherwise received, a recent assessment of the MCO's health information system. If the State has required or received such an assessment, obtain a copy of the information system Assessment from the State or the MCO. Also obtain contact information about the person or entity that conducted the assessment and to whom follow-up questions may be addressed. 2) State specifications for data on enrollee and provider characteristics that must be collected by the MCO. 3) State specifications for how MCOs are to collect data on services furnished to enrollees (i.e., whether or not the MCO must collect encounter data or may use other methods). If the State allows the	• QAPI project descriptions, including data sources and data audit results (AM) • Medicaid/CHIP and other enrollee grievance and appeals data (AM) • Analytic reports of service utilization (UM) • Information systems capability assessment reports (IS) • Policies and procedures for auditing data or descriptions of other mechanisms used to check the accuracy and completeness of data (internally generated and externally generated data) information system • Completed audits of data or other evidence of data monitoring for accuracy and completeness both for MCO data and information system • Provider/Contractor Services	• Fully Met • Substantially Met • Partially Met • Minimally Met • Not Met • Not Applicable Reviewer Notes:

Federal Regulation Source(s)	State Regulation Source(s)	Applicable MCO Documents	Reviewer Determination
	MCO to use other methods, what are the State's requirements with respect to these "other methods?" If the State requires MCOs to collect encounter data and report it to the State, does the State validate this data or require it to be validated? If the data is validated, obtain a copy of the most recent validation report.	policies and procedures manuals (PS) • Provider Contracts (PS) • Other:	

Subpart F:--Grievance System

Federal Regulation Source(s)	State Regulation Source(s)	Applicable MCO Documents	Reviewer Determination
438.402: General requirements	Obtain from the State information on: 1) The time frame during which enrollees and providers are allowed to file an appeal; 2) Whether or not the State requires enrollees to exhaust MCO level appeals prior to requesting a State fair hearing; and	• QAPI project descriptions, including data sources and data audit results (AM) • Medicaid/CHIP and other enrollee grievance and appeals data (AM) • Analytic reports of service utilization (UM) • Information systems capability assessment reports (information	• Fully Met • Substantially Met • Partially Met • Minimally Met • Not Met • Not Applicable

Federal Regulation Source(s)	State Regulation Source(s)	Applicable MCO Documents	Reviewer Determination
	3) Whether enrollees are required or permitted to file a grievance with either the State or the MCO or both.	systems) • Policies and procedures for auditing data or descriptions of other mechanisms used to check the accuracy and completeness of both internally generated and externally generated data (Information systems) • Completed audits of data or other evidence of data monitoring for accuracy and completeness both for MCO data and contractor (delegate) data (information systems) • Provider/Contractor Services policies and procedures manuals (PS) • Provider Contracts (PS) • Ot	Reviewer Notes:
438.404: Notice of Action	Obtain from the State Medicaid/CHIP Agency information on the time frames within which it requires MCOs to make standard (initial) coverage and authorization decisions and provide written notice to requesting enrollees. These time frames will be the required period within which MCOs must provide Medicaid/CHIP enrollees written notice of any intent to deny or limit a service	• Data on claims denials (UM) • Medicaid/CHIP enrollee grievance and appeals policies and procedures (ES) • Other:	• Fully Met • Substantially Met • Partially Met • Minimally Met • Not Met • Not Applicable Reviewer Notes:

Federal Regulation Source(s)	State Regulation Source(s)	Applicable MCO Documents	Reviewer Determination
	(for which previous authorization has not been given by the MCO) and the enrollee's right to file an MCO appeal (or request a State fair hearing if the State does not require the enrollee to exhaust MCO level appeals prior to requesting a State fair hearing).		
438.408: Resolution and notification: Grievances and appeals	Obtain from the State Medicaid/CHIP Agency: 1) The State-established standard time frames during which the State requires MCOs to: - dispose of a grievance and notify the affected parties of the result; - resolve appeals and notify affected parties of the decision; and - expedite and resolve appeals and notify affected parties of the decision. 2) The methods prescribed by the State that the MCO must follow to notify an enrollee of the disposition of a grievance. 3) Information on whether or not the State requires Medicaid/CHIP enrollees to exhaust MCO level appeals before receiving a State fair hearing.	• Medicaid/CHIP enrollee grievance and appeals policies and procedures (ES) • Medicaid/CHIP enrollee grievance and appeal tracking reports (ES) • Other:	• Fully Met • Substantially Met • Partially Met • Minimally Met • Not Met • Not Applicable Reviewer Notes:
438.414: Information about the grievance	Obtain from the State Medicaid/CHIP Agency information on: 1) Whether the State develops or	• Contracts or written agreements with organizational subcontractors (AM)	• Fully Met • Substantially Met

Federal Regulation Source(s)	State Regulation Source(s)	Applicable MCO Documents	Reviewer Determination
system to providers and subcontractors	approves the MCO's description of its grievance system that the MCO is required to provide to all Medicaid/CHIP enrollees [Note that under regulations at §438.10(g)(1) the State must either develop a description for use by the MCO or approve a description developed by the MCO] 2) If the States approves, rather than develops, the description of the MCO's grievance system, information on whether or not the State has already approved the MCO's description 3) The State-specified time frames for disposition of grievances	• Completed evaluations of entities conducted before delegation is granted (AM) • Provider Contracts (PS) • Provider/Contractor procedure manuals (PS) • Other:	• Partially Met • Minimally Met • Not Met • Not Applicable Reviewer Notes:
438.420: Continuation of benefits while the MCO appeal and the State Fair Hearing are pending	Obtain from the State Medicaid/CHIP Agency information on any time limits specified by the State that must be met by Medicaid/CHIP enrollees who wish to file an appeal, request for expedited appeal, or State fair hearing	• Medicaid/CHIP enrollee grievance and appeals policies and procedures (ES) • Other:	• Fully Met • Substantially Met • Partially Met • Minimally Met • Not Met • Not Applicable Reviewer Notes:
438.424: Effectuation of reversed appeal resolutions	Obtain from the State Medicaid/CHIP Agency information on whether the State or the MCO is required to pay for services in situation in which the MCO,	• Medicaid/CHIP enrollee grievance and appeals policies and procedures (ES) • Other:	• Fully Met • Substantially Met • Partially Met

Federal Regulation Source(s)	State Regulation Source(s)	Applicable MCO Documents	Reviewer Determination
	or the State fair hearing officer reversed a decision to deny authorization of services, and the enrollee received the disputed services while the appeal was pending		• Minimally Met • Not Met • Not Applicable Reviewer Notes:

[1] MCO documents are identified using generic names, except in instances where the regulatory provisions refer to and require a specific document be present and reviewed for content.

The subject matter of each example MCO document is indicated in parenthesis as follows:

Administrative/ Managerial (AM)	Provider/Contractor Services
Utilization Management (UM)	Enrollee Services (ES)
Information Systems	Staff Planning, Education, Development and Evaluation (SP)

Note: The subject matter designation does not imply that the document cannot be used as a data source for addressing other provision issues, or that it should be the sole source of data in evaluating compliance with the provisions noted.