AUGUST 15, 2020

ADMINISTRATIVE

(1.3) GOVERNING BODY

Authority: 2.1III

Submit:

1) List of Board Members with term length
2) Board meeting dates
3) Board meeting minutes – the Medicaid Health Plans (MHPs) must submit an attestation stating: **– DUE AUGUST 31, 2020**
   a) Board met at least quarterly (with dates that coincide with the Board Meeting Dates the MHP submit as part of Section 1.3 of the Compliance Review) and **– DUE AUGUST 31, 2020**
   b) Medicaid Managed Care Operations/Quality topics were discussed at these meetings **– DUE AUGUST 31, 2020**
4) Board Member appointment policy

(1.4) MANDATORY ADMINISTRATIVE MEETINGS

Authority: 3.1 I(A)

MDHHS will track contractor or contractor representative attendance at the following meetings

1) Bi-Monthly Administrative Issues (Bi-monthly)
2) Clinical Advisory Committee (Quarterly)
3) CEO (Bi-monthly)
4) Operations (Bi-Weekly)
5) QI Directors (Bi-monthly)
6) Other meetings as directed by MDHHS

(1.5) DATA PRIVACY & INFORMATION SECURITY

Authority: Standard Contract Terms, 24b

1) ***Submit*** annual audit findings from comprehensive independent third-party audit of data privacy and information security program

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QUALITY

(2.12) MATERNAL INFANT HEALTH PROGRAM (MIHP) ACTIVITIES

Authority: 1.1VI(N)

AUGUST 15, 2020

Submit *a narrative with page numbers and document names for items references below (a-i)* ***Submit*** *annual report on MIHP activities, including:*

1) Provide a summary and template(s) of executed agreements. Only include the template if it is different than the DHHS format. Agreements must include:
    a) Medical coordination, including pharmacy and laboratory coordination
    b) Data and reporting requirements
    c) Quality assurance coordination
    d) Grievance and Appeal resolution
    e) Dispute resolution
    f) Transportation
    g) Enrollee referral MIHP Provider organization within 30 days of MIHP eligibility determination, if the Enrollee is not already enrolled in another evidenced based home-visiting program
    h) Sufficient number of MIHP Providers to meet Enrollee service and visitation needs within the required response time according to MDHHS MIHP protocols
    i) Service delivery response times
2) Specific examples of collaborative approaches and program success
3) Summary of quality improvement initiatives
4) Send dates of MIHP regularly scheduled meetings including locations and agendas
5) Policies and procedures related to referring to behavioral health and out-of-network

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(2.14) DENTAL PROVIDER DIRECTORY REPORT

Authority: Appendix 14 & 15

Submit *Provider Directory Template (provided by MDHHS). Template will include provider directory and access ratios.*

PROVIDERS

(2.16) PBM SERVICE ORGANIZATION CONTROLS REPORT (SOC-1)

Authority: 1.1VI(D)(20)(d)(1)

Submit copy of Service Organization Controls report (SOC-1) audit of the PBM's services and activities.

MEMBERS

(3.13) CSHCS CONSULTATION

Authority: 1.1X(D)(1)(G)

MDHHS Review. Complete two (2) CSHCS consultation calls with MDHHS prior to August. MHP must submit information as requested and specified by Office of Medical Affairs staff and as outlined below.

AUGUST 15, 2020

1) Office of Medical Affairs will schedule a telephone conference twice per year with a MDHHS CSHCS Medical Consultant and the Medical Director and nurse reviewer of the health plan.
2) Six weeks prior to the meeting, the CSHCS Medical Consultant will request cases (approx. 4 or 5) from the health plan to conduct an initial review.
3) Three weeks prior to the meeting, the health plan will provide their cases electronically via MCPD FTP.

QUALITY

(4.6) HEDIS FINANCIAL AUDIT REPORT (FAR)

Authority: 3.2 II(D)

Submit *HEDIS Final Audit Report (refer to annual HEDIS letter from MDHHS for instructions)*

1) A copy of the MHP's NCQA-certified HEDIS compliance auditor's signed and dated Final Audit Opinion and report

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(4.9) PMR REVIEW

Authority: 1.1XI(D)

Review of the most current, ***published****, PMR*

1) Reviewing the most current published PMR rates, as compared to established MDHHS standards
2) Acceptable CAPs received for measures that did not meet the standard

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(4.12) TOBACCO CESSATION

Authority: 1.1VI(G)

Submit *the Medicaid Tobacco Cessation Benefits Grid as provided by MDHHS detailing tobacco cessation treatment that includes, at a minimum, the following services:*

1) Approved telephone quit line
2) Individual counseling separate from the 20 outpatient visits
3) Prescription inhaler
4) Nasal spray
5) Non-nicotine prescription medication
6) OTC agents: patch, gum, lozenge
7) Combination therapy

(4.13) FAMILY PLANNING GRID

AUGUST 15, 2020

Authority: 1.2V(G)

Submit *the Family Planning Grid as provided by MDHHS detailing family planning services that include, at minimum, the following:*

1) Ensure that enrollees have full freedom of choice of family planning providers, both in-network and out-of-network
2) Allow enrollees to seek family planning services, drugs, supplies and devices without prior authorization
3) Regarding type, duration, or frequency of drugs, supplies and devices for the purpose of family planning, be not more restrictive than Medicaid FFS
4) Maintain accessibility and confidentiality for family planning services

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(4.14) MI HEALTH ACCOUNT VENDOR OVERSIGHT

Authority: XII(B)

Submit *a description of ongoing monitoring of MI Health Account Vendor which must include:*

1) Review of all Maximus required reports
2) Participate in all quarterly oversight meetings with MI Health Account Vendor and description of processes to follow-up on issues identified during the course of oversight
3) Description of monitoring related to member education on cost-sharing responsibilities including welcome letter, statements, and payment coupons

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(4.15) MEMBER INCENTIVE

Authority:

Submit *Policy/Program Description that outlines the MHP process for members receiving an incentive. This includes, at minimum, the following:*

1) Method of receiving and processing completed Health Risk Assessments and identifying which members are eligible for incentives, including:
    a) HRAs completed during the FFS period, and
    b) Second and subsequent year HRAs
2) Process to 'flag' those members for an incentive in the MIS/administrative system
3) Process for identifying member who have identified health risk reduction goals on HRA and outreach to these members. Report of members reached and documentation of support services, education, or other interventions provided by MHP
4) Process for outreach and education on the completion of second and subsequent year HRAs
5) Description of updates to all policies/procedures related to revisions to HMP Health Risk Assessment and new Healthy Behaviors Incentives
6) Weekly submission of the 5944 Healthy Behaviors file

QUALITY

AUGUST 15, 2020

(4.17) DENTAL DATA EXTRACT

Authority: 1.1X(A)(2)(a)

Submit *denta data as outlined in the data extract specifications provided by MDHHS. Template will be provided*

(4.18) ORAL HEALTH QUALITY – QIP EVALUATION AND WORK PLAN FOR ORAL HEALTH; UM PROGRAM AND EFFECTIVENESS REVIEW

Authority: 1.1X(A, B); 3.2II(B)

Submit *the following approved Quality Improvement documents with approval dates:*

1) *Current year program description*
2) *Current year work plan*
3) *Annual Quality Program worksheet completed. Must include highlights, document names and page numbers as required*

Submit *the following approved Utilization Review documents:*

4) *Current year program description which includes: Approval dates and highlighted changes since last submission*

(4.19) ORAL HEALTH QUALITY – QI & UM POLICIES AND PROCEDURES

Authority: 1.1XI(I)

Submit *final approved QI & UM policies and procedures:*

1) *Provide page reference and highlight changes since last submission*
2) *Include policy and procedure language which gives management authority to the Medical Director*

MIS

(5.3) QUARTERLY FINANCIALS

Authority: 3.2 II(A), Appendix 3

1) ***Submit*** *Quarterly Financial Statements and Reports that were submitted to DIFS* ***FY2020 Q3 April 1, 2020 through June 30, 2020***
    a) Quarterly Statement
    b) Risk Based Capital
    c) Statement of Actuarial Opinion
    d) FIS 317 – Revenue and Expense Report for HMOs
    e) FIS 320 – HMO Inpatient Discharges & Benefits Payout Report

f) FIS 321 – Working Capital Calculation
g) Third Party Collections

(5.5) THIRD PARTY RECOVERY QUARTERLY REPORT

Authority: 1.1XVII(G)(7)

*Complete and **submit** Third Party Recovery report for **FY2020 Q3 April 1, 2020 through June 30, 2020** to the TPL FTP site.*

(5.7) THIRD PARTY WEEKLY MATCH REPORTS

Authority: 1.1 XVII (G)(8)

***MDHHS Review** of downloads of TPL Weekly Match Reports. MHPs must be downloading the reports monthly at a minimum.*

OIG

(6.1) (6.2) (6.3) (6.4) (6.5) (6.6) PROGRAM INTEGRITY

Authority: 1.1XVIII (H)

*Complete and **submit** Program Integrity form and related reports for **FY2020 Q3 April 1, 2020 through June 30, 2020***

1) Tips and Grievances
2) Data Mining
3) Audits
4) Provider Dis-enrollments
5) Overpayments Collected
6) EOB Reporting Requirements
