

Overview of CHIP Template for Managed Care State Plan Amendments



*Division of State Coverage Programs
Children and Adults Health Group*

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Agenda

- Introduction
- Background
- Key Considerations
- Template Review
 - Overview of Template Structure
 - Q&A Session
- Additional Tips
- SPA Submission Process
- Key Resources
- Q&A

Background

- CHIPRA applied several Medicaid managed care provisions to CHIP
 - Guidance was provided in two 2009 SHO letters (#09-008 & #09-013)
 - Final managed care rule issued on May 6, 2016
 - The final rule supersedes and clarifies the guidance provided in the SHO letters and institutes additional changes to support principles of alignment and modernization
- Not applicable to states that use fee for service
- Not applicable to Medicaid expansion states – they will follow Medicaid managed care requirements and processes
- Managed care contracts must comply with rule starting with contracts in existence on the first day of the state fiscal year that begins on or after July 1, 2018. The SPA must be submitted by the end of the state fiscal year.

Key Considerations

- Separate CHIPs may vary delivery systems by population and delivery of different benefits
- Some sections of the SPA will only apply to states using certain managed care entities (e.g. MCOs, PIHPs, PAHPs, PCCMs, or PCCM entities)
- States will separately submit managed care contracts for CMS review (but no approval required like Medicaid)

Template Review

Overview of Structure

- CHIP state plan section 3 (Methods of Delivery and Utilization Controls) was updated to reflect managed care regulation
- Some sub-sections may not be relevant depending on a state's use of managed care entity types
- Comprised largely of assurances with a few questions requiring additional written responses
- Guidance is built into the template (e.g. signaling when to skip sections)

Template Review

- Section 3.1: Delivery systems
 - Section 3.1.1: Choice of delivery system
 - Section 3.1.2: Use of managed care entity types
 - Section 3.1.3: NEMT PAHPs
- Section 3.2: General managed care provisions
- Section 3.3: Rate development standards and MLR
- Section 3.4: Enrollment
 - Section 3.4.1: Enrollment Process
 - Section 3.4.2: Disenrollment
- Section 3.5: Information requirements
- Section 3.6: Benefits and services
- Section 3.7: Operations

Template Review Continued

- Section 3.8: Beneficiary protections
- Section 3.9: Grievances and appeals
- Section 3.10: Program integrity
 - *Should also still complete Section 11 (Program integrity)*
- Section 3.11: Sanctions
- Section 3.12: Quality measurement and improvement; External quality review
 - *Should also still complete sections 7 (Quality and appropriateness of care) and 9 (Strategic objectives and performance goals and plan administration)*
 - Section 3.12.1: Quality strategy
 - Section 3.12.2: Quality assessment and performance improvement program
 - Section 3.12.3: Accreditation
 - Section 3.12.4: Quality rating
 - Section 3.12.5: Quality review (EQRO, EQR-related activities, EQR report)

Q&A



SPA Submission Process

- Timing of State Plan Amendments (SPAs):
 - Managed care SPA must be effective no later than the date of contracts that are in existence on the first day of the state fiscal year that begins on or after July 1, 2018
 - Must submit the SPA to CMS no later than the end of their state fiscal year (per 42 CFR 457.65)
 - Encourage initial submission of SPAs in draft to facilitate advance technical assistance
- Coordination between Medicaid and CHIP for contract review

SPA Submission Process

- Complete any public notice or tribal consultations, if applicable, prior to submission
- Submit to CHIP SPA Submission mailbox & copy your CHIP project officer:
CHIPSPASubmissionMailBox@cms.hhs.gov
- State determined significant budgetary impact
 - Managed care compliance likely would not result in a budget impact

SPA Submission Process

CMS Contacts

Please reach out to your CMS CHIP Project Officer if you have questions or need technical assistance:

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Key Resources

- Updated CHIP State Plan Template
 - Available at: <https://www.medicaid.gov/chip/downloads/state-program-information/title-xxi-state-plan-template.pdf>
- Managed Care Contract Checklist:
 - Provides detailed information and guidance to help states ensure managed care contract compliance with the final Medicaid and CHIP managed care rule.
 - *Will be available soon and shared with states*
- Contact your CHIP Project Officer to set up a technical assistance call at any time

Wrap Up Q&A

Questions?

