



**Medicaid and CHIP Managed Care Final Rule
(CMS 2390-F)
*Information Required on a Public Website***

August 16, 2016

The final rule improves transparency by requiring states and managed care plans to provide and maintain specific content on a public website accessible to beneficiaries. Specifically, the final rule requires states and managed care plans to provide the following information on a public website:

<u>Medicaid Managed Care</u>		
Citation	Data, Documentation, or Information Required on Public Website	Compliance Date
§438.10(c)(3) and §438.10(g)(3)(iii)	Enrollee Handbook	Rating period on or after July 1, 2017
§438.10(c)(3) and §438.10(h)(4)	Provider Directory	Rating period on or after July 1, 2017
§438.10(c)(3) and §438.10(i)(3)	Drug Formulary	Rating period on or after July 1, 2017
§438.66(e)(3)(i)	Annual Managed Care Program Report (including financial performance, encounter data reporting, enrollment, benefits covered, grievances and appeals, availability and accessibility of covered services, evaluation of plan performance on quality measures, sanctions or corrective action plans, activities and performance of the beneficiary support system, and factors related to the delivery of MLTSS)	Rating period on or after the date of publication of CMS guidance
§438.68(e)	State Network Adequacy Standards	Rating period on or after July 1, 2018
§438.332(c)(1)	Accreditation Status of MCOs, PIHPs, and PAHPs (including whether the managed care plan has been accredited and the name of the accrediting entity, accreditation program, and accreditation level)	Rating period on or after July 1, 2017
§438.334(e)	Quality Rating (given by the state to each managed care plan)	Three years from the date of a final notice published in the Federal Register
§438.340(b)(3)(i)	Quality Measures and Performance Outcomes (State Quality Strategy)	July 1, 2018

§438.340(c)(2)(ii)	Review and Evaluation of the Effectiveness of the State Quality Strategy	July 1, 2018
§438.340(d)	The final State Quality Strategy (including all elements described in §438.340(b))	July 1, 2018
§438.364(c)(2)(i)	Annual EQR Technical Report	July 1, 2018
§438.602(g)	<p>Program Integrity:</p> <ol style="list-style-type: none"> 1. Managed Care Plan Contract 2. Documentation regarding the managed care plan's compliance with the requirements for availability and accessibility of services (including the adequacy of the provider network) 3. Name and title of individuals included in the information on ownership and control from managed care plans and subcontractors 4. The results of periodic audits regarding the accuracy, truthfulness, and completeness of the encounter and financial data submitted by each managed care plan 	Rating period on or after July 1, 2017

CHIP Managed Care

Citation	Data, Documentation, or Information Required on Public Website	Compliance Date
§457.1207	Provider Directory	The state fiscal year beginning on or after July 1, 2018
§457.1207	Drug Formulary	The state fiscal year beginning on or after July 1, 2018
§457.1218	State Network Adequacy Standards	The state fiscal year beginning on or after July 1, 2018
§457.1240(c)	Accreditation Status of MCOs, PIHPs, and PAHPs (including whether the managed care plan has been accredited and the name of the accrediting entity, accreditation program, and accreditation level)	The state fiscal year beginning on or after July 1, 2018
§457.1240(d)	Quality Rating (given by the state to each managed care plan)	Three years from the date of a final notice published in the Federal Register
§457.1240(e)	Quality Measures and Performance Outcomes (State Quality Strategy)	The state fiscal year beginning on or after July 1, 2018
§457.1240(e)	Review and Evaluation of the Effectiveness of the State Quality Strategy	The state fiscal year beginning on or after July 1, 2018
§457.1240(e)	The final State Quality Strategy (including all elements described in §438.340(b))	The state fiscal year beginning on or after July 1, 2018
§457.1250(a)	Annual EQR Technical Report	The state fiscal year beginning on or after July 1, 2018

<p>§457.1285</p>	<p>Program Integrity:</p> <ol style="list-style-type: none"> 1. Managed Care Plan Contract 2. Documentation regarding the managed care plan's compliance with the requirements for availability and accessibility of services (including the adequacy of the provider network) 3. Name and title of individuals included in the information on ownership and control from managed care plans and subcontractors 4. The results of periodic audits regarding the accuracy, truthfulness, and completeness of the encounter and financial data submitted by each managed care plan 	<p>The state fiscal year beginning on or after July 1, 2018</p>
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