

# Prototype Citation Map

Prototype Design Element #	Citation for Proposed Requirement	Citation for Finalized Requirement	Proposed Regulatory Text	Updated Regulatory Text in Final Rule	Prototype A Page #	Prototype B Page #
1	§ 438.520(a)(1)(i)	Unchanged	A statement of the purpose of the Medicaid managed care quality rating system as proposed at § 438.520(a)(1)(i)	N/A	1	1
s2	§ 438.520(a)(1)(i)	Unchanged	Relevant information on Medicaid, CHIP and Medicare as proposed at § 438.520(a)(1)(i)	N/A	1	1
3	§ 438.520(a)(1)(i)	Unchanged	Overview of how to use the information available in the display to select a quality managed care plan as proposed at § 438.520(a)(1)(i)	N/A	1	1
4	§ 438.520(a)(1)(ii)	Unchanged	Information on how to access the beneficiary support system identified in § 438.505(a)(4) to answer questions about using the State's managed care quality rating system to select a managed care plan as proposed at § 438.520(a)(1)(ii)	N/A	1	All pages
5	§ 438.520(a)(1)(iii)	Unchanged	If users must input user-specific information to access or use the QRS, an explanation of why the information is requested and whether it is optional or required as proposed at § 438.520(a)(1)(iii)	If users are requested to input user-specific information, including the information described in paragraph (a)(2)(i) of this section, an explanation of why the information is requested, how it will be used, and whether it is optional or required to	N/A (no user input is requested in Prototype A)	1,2,3,4

## Prototype Citation Map

				access a QRS feature or type of information.		
6	§ 438.520(a)(2)(i)	Unchanged	All available managed care programs and plans for which a user may be eligible based on the user's age, geographic location, and dually eligible status, if applicable, as well as other demographic data identified by CMS as proposed at § 438.520(a)(2)(i)	N/A	1,2,5,6,7,8	1,2,3,4
7	§ 438.520(a)(2)(ii)	Unchanged	A description of the drug coverage for each managed care plan, including the formulary information specified in § 438.10(i) and other similar information as specified by CMS as proposed at § 438.520(a)(2)(ii)	N/A	1	11
8	§ 438.520(a)(2)(iii)	Unchanged	Provider directory information for each managed care plan including all information required by § 438.10(h)(1) and (2) and such other provider information as specified by CMS as proposed at § 438.520(a)(2)(iii)	N/A	1	9
9	§ 438.520(a)(2)(iv)	Unchanged	Quality ratings described at § 438.515(a)(4) that are calculated by the State for each managed care plan in accordance with § 438.515 of this subpart for mandatory measures identified by CMS as proposed at § 438.520(a)(2)(iv)	N/A	1	12-18
10	§ 438.520(a)(2)(v)	Unchanged	The quality ratings described in 438.520(a)(iv) calculated by the State for each managed care plan in accordance with 438.515 of this subpart for	N/A	1,6,7,8	12,14

## Prototype Citation Map

			mandatory measures identified by CMS stratified by dual eligibility status, race and ethnicity, and sex as proposed at § 438.520(a)(2)(v)			
11	§ 438.520(a)(3)(i)	Unchanged	The name of each managed care plan as proposed at § 438.520(a)(3)(i)	N/A	1-8	7,8,12,13, 15-18
12	§ 438.520(a)(3)(ii)	Unchanged	An internet hyperlink to each managed care plan's website as proposed at § 438.520(a)(3)(ii)	N/A	1-8	7,8,12,13, 15-18
13	§ 438.520(a)(3)(ii)	Unchanged	Each available managed care plan's toll-free customer service telephone number as proposed at § 438.520(a)(3)(ii)	N/A	1-8	7,8,12,13, 15-18
14	§ 438.520(a)(3)(iii)	Unchanged	Premium and cost-sharing information including differences in premium and cost-sharing among available managed care plans within a single program as proposed at § 438.520(a)(3)(iii)	N/A	1,3	5
15	§ 438.520(a)(3)(iii)	Unchanged	Premium and cost-sharing information including differences in premium and cost-sharing among available managed care plans within a single program as proposed at § 438.520(a)(3)(iii)	N/A	1,3	5
16	§ 438.520(a)(3)(iv)	Unchanged	A summary of benefits including differences in benefits among available managed care plans within a single program as proposed at § 438.520(a)(3)(iv)	A summary of benefits including differences in benefits among available managed care plans within a single program and other similar information specified by CMS, such as whether access to the benefit	1,3,4	6,8

## Prototype Citation Map

				requires prior authorization from the plan		
17	§ 438.520(a)(3)(v)	Unchanged	Certain of the metrics, as specified by CMS, of managed care plan performance that States must make available to the public under § 438 subparts B and D, including data most recently reported to CMS on each managed care program pursuant to § 438.66(e) and the results of the secret shopper survey specified in § 438.68(f) of this part as proposed at § 438.520(a)(3)(v)	N/A	1	1
18	§ 438.520(a)(3)(vi)	Unchanged	If a managed care plan offers an integrated Medicare-Medicaid plan, a denotation that an integrated D-SNP is available and a link to the plan's most recent rating under the Medicare Advantage 5-Star Rating System as proposed at § 438.520(a)(3)(vi)	N/A	5,6,7,8	12-18
19	§ 438.520(a)(4)(i)	Unchanged	A plain language description of the importance and impact of each performance measure assigned a quality rating as proposed at § 438.520(a)(4)(i)	N/A	5,6,7,8	12-18
20	§ 438.520(a)(4)(ii)	Unchanged	The measurement period during which the data used to calculate the quality rating was produced as proposed at § 438.520(a)(4)(ii)	N/A	5,6,7,8	12-18
21	§ 438.520(a)(4)(iii)	Unchanged	Information on quality ratings data validation, including a plain language description of when, how and by whom	N/A	5,6,7,8	12-18

## Prototype Citation Map

			the data were validated as proposed at § 438.520(a)(4)(iii)			
22	§ 438.520(a)(5)	Unchanged	Information or hyperlinks directing users to resources on how and where to apply for Medicaid and enroll in a Medicaid or CHIP plan as proposed at § 438.520(a)(5)	N/A	1	All pages
23	§ 438.520(a)(6)(i)	§ 438.520(a)(6)(iii)(A)	A search tool that enables users to identify available managed care plans that provide coverage for a drug identified by the user as proposed at § 438.520(a)(6)(i)	(iii) For managed care programs with two or more participating plans—  (A) A search tool that enables users to identify available managed care plans within the managed care program that provide coverage for a drug identified by the user	Not included (not required in phase 1)	10, 11
24	§ 438.520(a)(6)(ii)	§ 438.520(a)(6)(iii)(B)	A search tool that enables users to identify available managed care plans that include a provider identified by the user in the plan’s network of providers as proposed at § 438.520(a)(6)(ii)	(iii) For managed care programs with two or more participating plans—  (B) A search tool that enables users to identify available managed care plans within the managed care program that include a provider identified by the user in the plan’s network of providers.	Not included (not required in phase 1)	9

## Prototype Citation Map

25	§ 438.520(a)(6)(iii)	§ 438.520(a)(6)(i)	The quality ratings described in 438.520(a)(iv) calculated by the State for each managed care plan in accordance with 438.515 of this subpart for mandatory measures identified by CMS, including the display of such measures stratified by dual eligibility status, race and ethnicity, sex, age, rural/urban status, disability, language of the enrollee, or other factors specified by CMS in the annual technical resource manual described in § 438.530 as proposed at § 438.520(a)(6)(iii)	N/A	See element 10 (additional stratification elements in this element are not required in phase 1)	12-18
26	§ 438.520(a)(6)(iv)	§ 438.520(a)(6)(ii)	An interactive tool that enables users to view the quality ratings described at § 438.520(a)(iv) stratified by the factors described in paragraph (a)(6)(iii) of this section as proposed at § 438.520(a)(6)(iv)	N/A	Not included (not required in phase 1)	12-18