

## Managed Care CHIP SPA Checklist Sheet

All separate CHIPs that use managed care entities for any or all of the state's CHIP delivery system must submit a managed care SPA. The necessary sections and assurances that states need to complete will be based on the type of managed care entities the state uses. States do not need to submit documentation with the managed care SPA, but will be required to separately submit their managed care contracts, reports on medical loss ratio, and reports related to quality.

**1) For States that ONLY use NEMT PAHPs, the state only needs to complete the following sections:**

- Section 3.1.1: Choice of Delivery System
- Section 3.1.2: Use of a Managed Care Delivery System for All or Some of the State's CHIP Populations
- Section 3.1.3: NEMT PAHPs

**States do not need to provide a budget in Section 9.10 unless this SPA includes a fiscal impact on the state's CHIP.**

**2) For States that use MCOs, PIHPs and/or PAHPs, the following sections should be completed:**

- Section 3.1.1: Choice of Delivery System
- Section 3.1.2: Use of a Managed Care Delivery System for All or Some of the State's CHIP Populations
- Section 3.2: General Managed Care Contract Provisions
- Section 3.3: Rate Development Standards and Medical Loss Ratio
- Section 3.4: Enrollment
- Section 3.5.1 – 3.5.18: Information Requirements for Enrollees and Potential Enrollees
- Section 3.6.1 – 3.6.20: Benefits and Services
- Section 3.7.1 – 3.7.9: Operations
- Section 3.8: Beneficiary Protections
- Section 3.9: Grievances and Appeals
- Section 3.10.1 – 3.10.16: Program Integrity
- Section 3.11.1 – 3.11.3 and 3.11.5 – 3.11.7: Sanctions
- Section 3.12.1; 3.12.2.1.1 and 3.12.2.1.2; 3.12.2.2; 3.12.3; 3.12.4; 3.12.5; 3.12.5.1; 3.12.5.2.1 through 3.12.5.2.3; and 3.12.5.3: Quality Measurement and Improvement; External Quality Review

**States do not need to provide a budget in Section 9.10 unless this SPA includes a fiscal impact on the state's CHIP.**

**3) For States that use PCCMs and/or PCCM Entities, the following sections should be completed:**

- Section 3.1.1: Choice of Delivery System
- Section 3.1.2: Use of a Managed Care Delivery System for All or Some of the State's CHIP Populations
- Section 3.2: General Managed Care Contract Provisions
- Section 3.3: Rate Development Standards and Medical Loss Ratio
- Section 3.4: Enrollment
- Section 3.5.1 – 3.5.15: Information Requirements for Enrollees and Potential Enrollees
- Section 3.6.1 – 3.6.3: Benefits and Services
- Section 3.7.1: Operations
- Section 3.8: Beneficiary Protections
- Section 3.10.8 – 3.10.16: Program Integrity
- Section 3.11.4 – 3.11.7: Sanctions
- Section 3.12.1; 3.12.2.1.3; 3.12.5; 3.12.5.1; 3.12.5.2.4; and 3.12.5.3: Quality Measurement and Improvement; External Quality Review

**States do not need to provide a budget in Section 9.10 unless this SPA includes a fiscal impact on the state's CHIP.**