CARE MANAGEMENT BUSINESS AREA
PIHP AND PAHP MANAGED CARE (MP) CHECKLIST

STATE:	DATE OF REVIEW:	REVIEWER:

PIHP AND PAHP MANAGED CARE (MP) CHECKLIST

PIHP AND PAHP MANAGED CARE CHECKLIST BACKGROUND

Background for this checklist

1. Prepaid Inpatient Health Plan (PIHP) and Prepaid Ambulatory Health Plan (PAHP) are models of managed care that limit risk and/or the scope of benefits to a less-than a risk comprehensive (MCO-type) package (e.g., inpatient mental health, dental services).
2. Members may be automatically enrolled in PIHP and PAHP programs (no choice) or voluntary enrolled.
3. PIHP and PAHP specific reporting requirements are identified below in the body of the checklist.
4. Managed Care Enrollment business processes are covered in a separate checklist. Reference to Enrollment in this checklist covers requirements in the PAHP/PIHP interfaces

Sources for the criteria in this checklist are as follows:

CFR – Code of Federal Regulations, available from http://www.access.gpo.gov/uscode/title42/title42.html

IBP – Industry Best Practices. Items are selected from RFPs for MMISs developed by states and approved by CMS.

HIPAA – HIPAA act, available from
http://www.cms.hhs.gov/TransactionCodeSetsStands/02_TransactionsandCodeSetsRegulations.asp#TopOfPage

BUSINESS OBJECTIVES

Reference #	Business Objectives	Comments
MP1	Support accurate and timely automatic or choice-based enrollment of Medicaid eligibles into a PIHP and PAHP.	
MP2	Monitor access to and availability of qualified providers to serve participants enrolled in PIHP and PAHP.	
MP3	Make accurate and timely payment to providers for managed care services provided.	

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BUSINESS OBJECTIVES		
Reference #	**Business Objectives**	**Comments**
MP4	Receive and process encounter records from PIHP/PAHP and/or its providers.	
MP5	Monitor quality and cost of care provided to enrollees.	
MP6	Identify services covered under capitation premiums and deny duplicate fee-for-service payments.	
MPSS1	*Add State-specific business objectives for the PIHP and PAHP Managed Care (MP) Checklist here.*	

MP1 – SUPPORT ENROLLMENT INTO A PIHP OR PAHP					
Ref #	**System Review Criteria**	**Source**	**Yes**	**No**	**Comments**
MP1.1	Captures enrollee choice of (or assignment to) a PIHP or PAHP, and enters into Beneficiary record.	CFR			
MP1.2	Displays enrollees associated with a PIHP or PAHP.	IBP			
MP1.3	Disenrolls member from a PIHP or PAHP.	CFR			
MP1.4	Allows disenrollment from a PIHP or PAHP without cause during the 90 days following the date of the enrollee's initial enrollment and at least once every 12 months thereafter.	CFR			
MP1.5	Automatically disenrolls and re-enrolls members in new plans during periods of open enrollment or when a PIHP or PAHP	CFR			

MP1 – SUPPORT ENROLLMENT INTO A PIHP OR PAHP					
Ref #	**System Review Criteria**	**Source**	**Yes**	**No**	**Comments**
	goes out of business.				
MP1.6	Automatically disenrolls member from a terminated PIHP or PAHP and places in regular fee-for-services status.	CFR			
MP1.7	Generates enrollment and disenrollment notices to a Beneficiary.	CFR			
MP1.8	Identifies Beneficiaries excluded from enrollment, subject to mandatory enrollment, or free to voluntarily enroll in a PIHP or PAHP.	CFR			
MP1.9	Automatically re-enrolls a beneficiary who is disenrolled solely because he or she loses Medicaid eligibility for a period of two months or less (optional if State Plan so specifies).	CFR			
MP1.10	Generates periodic enrollment and timely notification of changes for active Medicaid members to each PIHP or PAHP provider.	CFR			
MP1.11	Supports ANSI X12N 834 transaction as required by HIPAA.	HIPAA			
MP1SS.1	*Add State-specific criteria for this objective here.*				

MP2 – MONITOR ACCESS AND AVAILABILITY TO QUALIFIED PROVIDERS					
Ref #	**System Review Criteria**	**Source**	**Yes**	**No**	**Comments**

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MP2 – MONITOR ACCESS AND AVAILABILITY TO QUALIFIED PROVIDERS					
Ref #	**System Review Criteria**	**Source**	**Yes**	**No**	**Comments**
MP2.1	Captures information on contracted PIHP or PAHP, including geographic locations, capitation rates, and organization type.	IBP			
MP2.2	Identifies contracted providers within PIHP or PAHP network, including PCPs, specialists, hospitals in network, languages spoken by providers and providers not accepting new patients.	CFR			
MP2.3	Accepts and processes update information as changes are reported.	IBP			
MP2.4	Captures termination information when a PIHP or PAHP contract is cancelled.	IBP			
MP2.5	Generates reports to monitor adequacy of PIHP or PAHP network (e.g., number and types of physicians and provider locations).	CFR			
MP2.6	Generates reports to monitor enrolled providers to prohibit affiliations with individuals debarred by State or Federal agencies.	CFR			
MP2SS.1	*Add State-specific criteria for this objective here.*				

MP3 – MAKE ACCURATE AND TIMELY PAYMENT TO PIHPs AND PAHPs					
Ref #	**System Review Criteria**	**Source**	**Yes**	**No**	**Comments**
MP3.1	Calculates capitation payment per member per month for PIHP or PAHP based on rate factors such as a fixed fee per enrollee or	IBP			

MP3 – MAKE ACCURATE AND TIMELY PAYMENT TO PIHPs AND PAHPs					
Ref #	**System Review Criteria**	**Source**	**Yes**	**No**	**Comments**
	special supplement payment for high-risk enrollees.				
MP3.2	Adjusts capitation payment based on reconciliation of errors or corrections.	IBP			
MP3.3	Performs mass adjustment to rates according to State policy, e.g., annual adjustment, negotiated rate change, court settlement.	IBP			
MP3.4	Produces report for each PIHP and PAHP and each primary care case manager showing their enrollees and the individual and total payment per month.	IBP			
MP3.5	Performs periodic reconciliations of State Medicaid member records with PIHP and PAHP enrollment records.	IBP			
MP3.6	Supports ANSI X12N 820 transaction as required by HIPAA.	HIPAA			
MP3SS.1	*Add State-specific criteria for this objective here.*				

MP4 – RECEIVE AND PROCESS ENCOUNTER RECORDS FROM PIHPs or PAHPs					
Ref #	**System Review Criteria**	**Source**	**Yes**	**No**	**Comments**
MP4.1	Receives, processes, and stores encounter data on a periodic basis.	IBP			
MP4.2	Applies key edits to encounter data, e.g., PIHP or PAHP, physician, member ID	IBP			

MP4 – RECEIVE AND PROCESS ENCOUNTER RECORDS FROM PIHPs or PAHPs					
Ref #	**System Review Criteria**	**Source**	**Yes**	**No**	**Comments**
	numbers; diagnosis and procedure codes. (Note: The encounter record edits can be different from claims edits.)				
MP4.3	Returns erroneous encounter data for correction.	IBP			
MP4.4	Performs adjustments to encounter data.	IBP			
MP4SS.1	*Add State-specific criteria for this objective here.*				

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MP5 – MONITOR QUALITY AND COST OF CARE PROVIDED TO ENROLLEES					
Ref #	**System Review Criteria**	**Source**	**Yes**	**No**	**Comments**
MP5.1	Receives, processes, and stores encounter data from PIHP. Generates reports from encounter data to monitor services furnished to enrollees with special health needs.	CFR			
MC5.2	Produces MSIS reports using PIHP/PAHP encounter data.	IBP			
MP5.3	Determines capitation rates using encounter data.	IBP			
MP5.4	Detects under-underutilization of PIHP enrollees using encounter data.	CFR			
MP5.5	Generates reports from encounter data to monitor enrollment and disenrollment into a PIHP or PAHP.	CFR			
MP5.6	Generates reports from encounter data to identify persons with special health care needs.	CFR			
MP5.7	Generates reports for monitoring the number of grievance and appeals and the outcome of grievance and appeal.	CFR			
MP5.8	Receives, stores, and transmits data for external independent reviews for quality and timeliness of care, health outcomes and access to services.	CFR			

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MP5 – MONITOR QUALITY AND COST OF CARE PROVIDED TO ENROLLEES					
Ref #	**System Review Criteria**	**Source**	**Yes**	**No**	**Comments**
MP5.9	Generates reports to monitor PIHP and PAHP network and enrollee access to services.	CFR			
MP5.10	Generates reports from encounter data to monitor access to specialists for enrollees with special health care needs.	CFR			
MP5SS.1	*Add State-specific criteria for this objective here.*				

MP6 – IDENTIFY PIHP AND PAHP COVERED SERVICES AND MAKE APPROPRIATE PAYMENTS					
Ref #	**System Review Criteria**	**Source**	**Yes**	**No**	**Comments**
MP6.1	Blocks payment to fee-for-service providers for services included in the PHIP or PAHP benefit package.	CFR			
MP6.2	Allows payment to providers for services carved out of the PHIP or PAHP benefit package.	CFR			
MP6.3	Allows payment for emergency medical condition without authorization from PIHP or PAHP.	CFR			
MP6.4	Allows payment to fee-for-service providers for services rendered in pre-enrollment periods or other periods of transition.	IBP			
MP6SS.1	*Add State-specific criteria for this objective here.*				

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MPSS1 – FIRST STATE-SPECIFIC OBJECTIVE					
Ref #	**System Review Criteria**	**Source**	**Yes**	**No**	**Comments**
MPSS1.1	*Add criteria based on the APD, RFP, etc., that are relevant to this State-specific objective*.				