

Medicaid Managed Care Final Rule

*Provisions Effective July 1, 2017**

The Centers for Medicare & Medicaid Services (CMS) published the Medicaid Managed Care (MMC) Final Rule on May 6, 2016. The new federal regulations modernize the rules governing the Medicaid program and are set to be implemented over the next several years with the first significant implementation date on July 1, 2017. The [CBHDA Federal Regulations Resources](#) page provides federal and state resources and summaries of the new regulatory requirements, including a comprehensive timeline of regulatory sections applicable to county MHPs and DMC-ODS waiver counties.

Category	Section	Section Description
Beneficiary Support & Protections	438.10	Information Requirements
	438.210	Coverage and authorization
	438.400	Subpart F (Grievance & Appeals System); Statutory basis and definition
	438.402	Subpart F (Grievance & Appeals System); General requirements
	438.404	Timely and adequate notice of adverse benefit determination
	438.406	Handling of grievances and appeals
	438.408	Resolution and notification: grievances and appeals
	438.410	Expedited resolution of appeals
	438.414	Information about the grievance system to providers and subcontractors

*The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) Final Rule, found in Subpart K of 42 CFR Part 438, has a compliance date of October 2, 2017. Specific compliance requirements for county behavioral health systems will be based on the outcomes of the DHCS statewide parity assessment.

CBHDA Medi-Cal Policy Committee
 Medicaid Managed Care Rule – July 1, 2017 Provisions
 June 21, 2017

Category	Section	Section Description
	438.416	Recordkeeping requirements
	438.420	Continuation of benefits while the PIHP appeal and state fair hearing are pending
	438.424	Effectuation of reversed appeal resolutions
Data Reporting	438.242	Health Information Systems
Monitoring and Quality	438.66 (a-d)	State Monitoring Requirements; readiness reviews
	438.332	State review of the accreditation status of PIHPs
Program Integrity	438.602 (a,c,d,e,f,g)	State responsibilities
	438.604	Data, information, and documentation that must be submitted
	438.606	Source, content, and timing of certification
	438.608 (a,c,d)	Program integrity requirements under the contract

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Summary Slides from DHCS Presentations to County Behavioral Health Directors



Provisions Effective July 1, 2017

- Information Requirements
- State Monitoring Requirements
- Beneficiary Protections
- Program Integrity
- Health Information Systems
- Coverage & Authorization

- Mental Health and Substance Use Disorder Parity – **October 2, 2017**



Specific 2017 Deliverables

- Uniform Provider Credentialing Policy
- Indian Enrollee Claiming and Service Requirements
- Enrollee/Beneficiary Handbook
- Notice of Adverse Benefit Determinations
- Subcontractor Guidance
- MHP Accreditation Status, if applicable
- Ownership and Control Reporting Requirements
- Encounter and Financial Audit Requirements
- Annual Report of Overpayment Recoveries
- Reporting and Data Certification Procedures
- Web Transparency and Information Requirements