



CMS Medicaid Managed Care Final Rule (CMS-2390-F)

MHP Sections of Impact by Category and Implementation Date

Category	Section	Section Description	Implementation Date
Beneficiary Support & Protections	438.228	Grievance and appeal systems	60 Days
Beneficiary Support & Protections	438.10	Information Requirements	7/1/2017
Beneficiary Support & Protections	438.210	Coverage and authorization	7/1/2017
Beneficiary Support & Protections	438.400	Subpart F (Grievance & Appeals System); Statutory basis and definition	7/1/2017
Beneficiary Support & Protections	438.402	Subpart F (Grievance & Appeals System); General requirements	7/1/2017
Beneficiary Support & Protections	438.404	Timely and adequate notice of adverse benefit determination	7/1/2017
Beneficiary Support & Protections	438.406	Handling of grievances and appeals	7/1/2017
Beneficiary Support & Protections	438.408	Resolution and notification: grievances and appeals	7/1/2017
Beneficiary Support & Protections	438.410	Expedited resolution of appeals	7/1/2017
Beneficiary Support & Protections	438.414	Information about the grievance system to providers and subcontractors	7/1/2017
Beneficiary Support & Protections	438.416	Recordkeeping requirements	7/1/2017
Beneficiary Support & Protections	438.420	Continuation of benefits while the PIHP appeal and state fair hearing are pending	7/1/2017



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Beneficiary Support & Protections	438.424	Effectuation of reversed appeal resolutions	7/1/2017
Beneficiary Support & Protections	438.62	Continued services to enrollees	7/1/2018
Data Reporting	438.242	Data Quality – TMISIS; increased reporting amount and frequency	7/1/2017
Data Reporting	438.818	Enrollee Encounter Data – loss of FFP non-compliance with Data Quality/Health Info Systems	7/1/2018
External Quality Review	438.358	EQRO – validation of network adequacy	7/1/2018
External Quality Review	438.364	EQRO– must post technical report by April 30 annually	7/1/2018
External Quality Review	438.350	External quality review	7/1/2018
Monitoring and Quality	438.334	Quality Rating System	3 Years after publication on Federal Register
Monitoring and Quality	438.66 (a-d)	State Monitoring Requirements; readiness reviews	7/1/2017
Monitoring and Quality	438.332	State review of the accreditation status of PIHPs	7/1/2017
Monitoring and Quality	438.340	Managed care state quality strategy	7/1/2018



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Monitoring and Quality	438.66 (e)	Annual program report	Rating period for contracts that start after the release of CMS guidance
Network Adequacy	438.68	Network Adequacy – have to certify networks and publically report providers, service types, locations, etc.	7/1/2018
Network Adequacy	438.206	Availability of services	7/1/2018
Network Adequacy	438.207	Assurances of adequate capacity and services	7/1/2018
Program Integrity	438.58	Conflict of interest safeguards	60 Days
Program Integrity	438.600	Subpart H; Statutory Basis	60 Days
Program Integrity	438.610	Prohibited affiliations	60 Days
Program Integrity	438.214	Provider selection	60 Days
Program Integrity	438.602 (a,c,d,e,f,g)	State responsibilities	7/1/2017
Program Integrity	438.604	Data, information, and documentation that must be submitted	7/1/2017
Program Integrity	438.606	Source, content, and timing of certification	7/1/2017



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Program Integrity	438.608 (a,c,d)	Program integrity requirements under the contract	7/1/2017
Program Integrity	438.602 (b)	Screening and enrollment and revalidation of providers	7/1/2018
Program Integrity	438.608 (b)	Provider screening and enrollment requirements	7/1/2018