

## Medicaid Subcontract Change Log – FY21

### Changes throughout document

- Dates to reflect FY21
- Formatting (to also be reviewed once changes are accepted)
- Removed references to specific attachments contained in FY20 MDHHS/PIHP contract; the FY21 MDHHS/PIHP contract does not include those attachments
- Removed “Master” from identification of MDHHS/PIHP agreement

### V. Termination of Agreement

G.3. Added references to MDHHS/PIHP contract and 42 CFR

### XII. Licenses, Accreditations, and Certifications; Credentialing and Privileging Requirements

A. Moved section to better clarify

### XIV. Consideration and Payment Procedures

Removed paragraph immediately preceding “(1)” referencing the “State Waiver Programs” as all waivers now managed care

### XVII. Reporting Requirements; Accounting Procedures and Internal Financial Controls.

- A. Added “sentinel event” as a specific required report
- B. Added references to MDHHS policies; reporting requirements and MDHHS/PIHP contract and removed references to specific attachments

### XVIII. Program and Financial Books, Documents, and Records . . .

A. Added reference regarding right to audit 42 CFR 438.230(c)(3)(iii)

### XX. Non-Discrimination

- B. Revised language based on FY21 Master Agreement related to employment discrimination; identified all listed characteristics; Added Executive Directive reference
- D. Replaced “handicap” with “physical or mental disability” as used in “B” above; updated language regarding gender identity and sex stereotyping

### XXI. Health and Safety of Consumers

A. Added “and sentinel event” as specific required reporting

### XXIX. Miscellaneous Provisions

G. Added language to address COVID-19 impacts on compliance and monitoring



## Mid-State Health Network

### Exhibit A – Delegation Grid

- I. Customer Service – updated language to reflect correct title of documents; Added language regarding format requirements of required documents; Removed reference to “Sentinel Events” and “Critical Incidents” (Moved to Quality Management)
- III. Financial Management – Updated references for clarification; Added Encounter Quality Initiative (EQI) report.
- IV. Information Systems Management – Corrected PI indicator numbers; Changed all references from “QI” to “BH-TEDS” based on changes from MDHHS; Added language regarding Health Information Exchange
- V. Jail Diversion – Updated language based on wording used in FY21 MDHHS/PIHP contract; Changed “collect data reflective of jail diversion activities...” from “Retained” to “Delegated”
- VII. Provider Network – Added language requirements related to Provider (Organizational and LIP) credentialing
- VIII. Quality Management – Added reference to MDHHS/PIHP Agreement; Added specific title to PI Plan; added clarifying language regarding Annual plans; Added clarifying language regarding Quality Activity CAP’s; Deleted Quarter QI data submission; Deleted Coordination and Continuity of Care; Deleted implementation of compliance plan activities.
- X. Utilization Mangement – added MCG/Parity Requirements
- XI. Integrated Health – added Coordination and Continuity of Care, previously under Quality Mangement.
- XIII. NEW Compliance Section

### Exhibit C – Disclosure of Ownership, Control, and Criminal Convictions

- No changes to form; added to contract to ensure annual update of disclosure

### Exhibit E – Training Grid

Refer to Training Grid. Process: MSHN → Councils/Committees → PNMC → Training Coordinators → PNMC

### Exhibit G – Reporting Requirements

- Dates changed to reflect FY21
- E-mail addresses/submission points updated as necessary
- Deleted reports identified with an “N/A” due date
- Added Encounter Quality Initiative Report
- Added Sentinel Event Reporting
- Added MBPIS