

Network and Access Standards	State-Directed Payments (SDPs)	Medical Loss Ratio (MLR)	In Lieu of Services (ILOS)
<ul style="list-style-type: none"> <li>• States must develop wait-time standards for adult and pediatric primary care and outpatient mental health (MH), substance use disorder (SUD), and OB/GYN services, as well as one other healthcare service that the state identifies. Establishes federal maximum appointment wait times.</li> <li>• States must develop a quantitative network adequacy standard for certain providers.</li> <li>• Requires states to conduct “secret shopper” and enrollee experience surveys.</li> <li>• Requires states to submit an annual analysis of managed care organization (MCO) provider payments.</li> <li>• Requires MCOs to provide electronic information about networks, including MH, SUD, and telehealth services.</li> </ul>	<ul style="list-style-type: none"> <li>• Streamlines ability to use SDPs to implement value-based payment arrangements.</li> <li>• Permits states to implement, without prior approval, minimum fee schedules at the Medicare payment rate.</li> <li>• Requires that payment for inpatient and outpatient hospital services, nursing facility services, and professional services provided at academic medical centers be at or below the average commercial rate.</li> <li>• Allows states to use SDPs to pay family planning providers.</li> <li>• Addresses impermissible redistribution arrangements related to SPDs.</li> <li>• Requires that SDPs be described and documented in managed care contracts.</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical or quality improvement standards for provider incentive arrangements: <ul style="list-style-type: none"> <li>○ Defined performance period</li> <li>○ Defined quality improvement/performance metrics</li> <li>○ Link payment to completion of metrics.</li> </ul> </li> <li>• No administrative costs for quality improvement activity reporting.</li> <li>• New requirements for reporting the expense allocation methodology used.</li> </ul>	<ul style="list-style-type: none"> <li>• Clarifies ILOS coverage can be an immediate or longer-term substitute for a covered healthcare service or setting under the state plan or when the ILOS can be expected to reduce or prevent a Medicaid enrollee’s future need to use the covered service or setting.</li> <li>• Requires documentation of each ILOS in managed care contracts.</li> <li>• Projected and final ILOS cost percentage cannot exceed 5 percent of total capitation payments.</li> <li>• Requires states to document processes for determining whether an ILOS is medically appropriate and cost-effective when the ILOS costs exceed 1.5 percent of total capitation payments.</li> </ul>

# Managed Care Resource Guide Agency Settings

**Jessica J Manson**



**Managed Care Resource Guide Agency Settings:**

## Whispering the Techniques of Language: An Mental Journey through **Managed Care Resource Guide Agency Settings**

In a digitally-driven world where monitors reign great and quick communication drowns out the subtleties of language, the profound strategies and psychological nuances hidden within phrases usually go unheard. Yet, set within the pages of **Managed Care Resource Guide Agency Settings** a fascinating fictional treasure pulsating with natural thoughts, lies an extraordinary quest waiting to be undertaken. Penned by a talented wordsmith, that charming opus attracts readers on an introspective journey, delicately unraveling the veiled truths and profound influence resonating within ab muscles cloth of each and every word. Within the mental depths of the moving review, we can embark upon a sincere exploration of the book is core styles, dissect their captivating publishing type, and succumb to the effective resonance it evokes heavy within the recesses of readers hearts.

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