

SCDHHS
Managed Care Policy and Procedure Guide
Change Control Record, 2015-2019

Date	Section(s)	Page(s)	Change
10-1-19	4.2.21.8	36	Added federally required language for Drug Utilization Review to meet requirements.
	15.1.6	145	Amended language in the final sentence in this section to ensure correct reading of the information.
	15.3	145	Modified the date for CAHPS data submission from April 1 to April 30.
	15.3	146	Modified the data submissions to include South Carolina specific CAHPS data.
	15.4	146	Added information on HEDIS measures when NCQA does not require specific measures for accreditation. Added additional information on the Final Audit Report (FAR)
	15.5	147-148	Modified the reporting and measurement years.
	15.5	149-150	Modified the HEDIS measure table and reporting and measurement year.
	Definitions	172	Modified the Authorized Representative definition so that it is the same definition found in the contract.
07-01-19	Introduction	2	Removed fax and telephone number from introduction
	3.2	13	Added definition to text messaging for MCO members

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	3.4.1-3.4.4	15	Added new assignment rules effective 10/1/19
	3.10	20	Maximum enrollment for all MCOs added
	3.13.5- 3.13.5.10	21	Added a description of where to find the template for the enrollment brokers provider directory submission
	4.2.5-4.2.5.4	26	Added additional provider manuals covered by behavioral health
	4.2.5.3	27	Added additional section to correspond with contract
	4.2.5.4- 4.2.5.4.1	27	Added process for IMD services in excess of 15 days
	4.2.23-4.2.23	36	Numbering change to correspond with contract addition
	10.4.4	84	Removed Maternal Health Services
	10.9.1- 10.9.1.4	88	Additional data point added and modified language to coincide with contract language being 365 days for casualty claims.
	Section 11	89-127	Revised Program Integrity Section

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Date	Section(s)	Page(s)	Change
	12.2	128	Removed sentence regarding phone numbers
	13.1	135-140	Modified report table to coincide with changes in reports
	15.6	157	Correction of typo to contract section numbering
04-01-19	4.2.21.3 - 4.2.21.3.3	33-35	Revised Medication Assisted Therapy (MAT) Minimum Coverage Criteria
	4.2.24 - 4.2.24.5	40	Revised Group I – Kidney and Corneal
	13.1.2	133	Revised General Requirements
	Definition of Terms	181	Added Health Care Professional
01-01-19	4.2.21.3 - 4.2.21.3.3	33	Revised Pharmacy / Prescription Drugs
	4.2.23 - 4.2.23.3	35	Revised Alcohol and Other Drug (AOD) Risk Factors by Domains
	11.2.10 - 11.2.11.1	103	Revised Compliance Plan Requirements
	11.12.1 - 11.12.5	118	Corrected section numbering
	11.12.11.1 - 11.12.13	120	Revised CONTRACTOR Providers and Employees – Exclusions, Debarment, and Terminations

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	12.2 - 12.2.10	121	Revised Guidelines for Marketing Materials and Activities
	15.5	146-149	Revised Quality Withhold and Bonus Program
10-01-18	3.15.1.2- 3.15.2.10.1	21	Revised Member Communication
	6.2	51-60	Revised CONTRACTOR Provider Network
	7.3.1.1 - 7.3.2.2.	65-66	Revised Provider Quality Incentive Programs
	7.4.3.2	70	Revised Payments from CONTRACTOR to Subcontractors
	7.9.1	76	Revised Periodic and Annual Audits
	11.1.6 11.1.11 11.1.16 11.1.17	88-92 94-97 97, 99 101-102	Revised General Requirements, Program Integrity
	11.2.10 - 11.2.11.1	103	Revised Compliance Plan Requirements
	11.4.2, 11.4.5	104, 105	Revised Reviews, Investigations and Audits
	11.6.3.1.2.2	107	Revised Overpayments, Recoveries, and Refunds
	12.4-12.4.2	126	Revised Marketing Material Submission Requirements

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	13.1.2	128	Revised General Requirements, Reporting Requirements
	14.8.2	138	Revised FQHC / RHC Encounter Reporting
	16.3	158	Revised Notification of Medicaid MCO Program Policies and Procedures
07-01-18	All	-	Revised entire document
01-01-18	11.10	103	Revised Ownership and Control
	13.1.1	116	Revised General Requirements
	14.10.8 – 14.10.8.3	124-125	Revised Data Validation
	15.0	126-133	Revised Quality Management and Performance
	19.4	143	Revised Safeguarding Information
	Definition of Terms	150	Revised Authorized Representative
10-01-17	2.8.2.4	8	Revised Provider Enrollment and Credentialing
	3.2	12-13	Revised Member Eligibility Redetermination
	4.2.21.2	32-33	Revised Pharmacy / Prescription Drugs
	11.10	104-105	Revised Ownership and Control
	14.5.6 - 14.5.12.1	120	Revised Encounter Data

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07-01-17	3.14-3.16, 4.1, 4.2.12, 4.2.21, 4.2.23-4.2.25, 4.2.27, 4.3.7-4.3.7.3, 5.6.6.3-5.6.6.5, 7.3.3.3, 7.10, 7.11, 13.1.10.5 14.1, 14.5.5.2 14.14, 15.2-15.9	19, 21 26, 30 32-36 36 37 45 58, 65 117 117 125-134	Revised numbering to link with contract numbering
	2.8	7	Revised Provider Enrollment and Credentialing
	3.1	11	Revised Member Eligibility
	3.13	18, 19	Revised Member Disenrollment
	3.19	20	Revised Member Call Center
	4.2.5	24-25	Revised Behavioral Health Services
	4.2.14	27	Revised Hysterectomies
	4.2.27	36, 37	Revised Sterilization
	4.4.2	38	Deleted Autism Spectrum Disorder Services
	6.2	46	Revised Contractor Provider Network
	7.3.1.1	56 58	Revised Incentive Payments Deleted Centering Program
	7.4.3.2	61	Revised Payments from Contractor to Subcontractors

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Date	Section(s)	Page(s)	Change
	7.5	63-64	Revised Co-payments
	7.9	65	Added Periodic and Annual Audits
	9.1.3.1-9.3.1.1.1	66-68	Revised Member Grievance and Appeal System
	10.1	75	Revised General
	11.1.10	76	Revised General Requirements
	12.3.2-12.3.4	108	Revised Marketing Plan Requirements
	13.1	113-114	Revised General Requirements
	14.8.6	119-120	Revised FQHC / RHC Encounter Reporting
	14.10	123-124	Revised Data Validation
	14.13	125	Revised Periodic Audits
	15.2	125	Deleted Quality Assessment and Performance Improvement (QAPI)
	19.35	154-177	Revised Definition of Terms
04-01-17	2.8	9	Revised Provider Enrollment and Credentialing
	5.5.3 - 5.5.5.2.2	44	Revised Continuity of Care Management Activities
	7.3	57-59	Revised Capitation Payments from the Department to CONTRACTOR
	9.1.6.3.1.1	70	Revised Member Grievance and Appeal System
	11.4.2	90	Revised Reviews, Investigations and Audits

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	11.8	94	Revised Suspension of Payment Based on Credible Allegation of Fraud
	11.10	104	Revised. Ownership and Control
	14.5.6 - 14.5.12.1	119-120	Revised Encounter Data
	14.10	126	Revised Data Validation
01-01-17	4.2.1	22	Revised Abortions
	7.2.2	58	Revised Centering Program
	11.1	83	Revised General Requirements – Provider Reviews Monthly Reports
		86	Revised General Requirements – SCDHHS Reporting of Suspensions
	11.4	89-89	Revised Reviews, Investigations and Audits
	12.0	105-110	Revised Marketing Program
	13.1	113	Revised General Requirements – Table
	14.10	122-123	Revised Data Validation
	15.6	127-128	Revised Quality Withhold and Bonus Program -
10-11-16	-	-	MCO Policies and Procedures effective July 1, 2016,
05-01-16	3.2.7 - 3.2.7.4	13	Revised Member Auto-Assignment (Non-Newborns)
	6.1.1.10	53-57	Revised General Requirements (Provider Network Adequacy Determination Process)

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Date	Section(s)	Page(s)	Change
	7.2.2	68	Revised Centering Program
	7.3.1 - 7.3.1.4	72	Revised Payments from CONTRACTOR to Subcontractor - Background
	14.2.4.1, 14.2.15	107, 108	Revised Encounter Data
	14.3.6.3.1	109	Revised Errors and Encounter Validation
04-01-16	14.2	109	Revised Encounter Data
03-01-16	4.19	46	Revised Broker-Based Transportation (Routine Non-Emergency Medical Transportation)
	7.2.2	69	Revised Centering Program
		72	Revised MCO Withhold
	11.7	97	Revised Ownership and Control
	14.3.1.1	118	Revised Errors and Encounter Validation
02-01-16	4.1	21	Revised Ambulance Transportation
	4.18.6	45	Revised Additional Services
	7.2.2	68	Revised Patient Centered Medical Home (PCMH)
	10.9.2-10.9.2.1.4	84-85	Revised Reporting Requirements
	12.3.1	104	Revised Guidelines for Marketing Materials and Activities
	14.2.1-14.2.4.1	108	Revised Encounter Data

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	14.3.6.9 - 14.3.6.9.3	111	Revised Errors and Encounter Validation
12-01-15	3.2.3.2.5 - 3.2.4.3.2	10-12	Revised Enrollment Process
	11.5	91, 93	Revised Recoveries and Provider Refunds
	11.6	93-94, 95-96	Revised Reporting Requirements for Program Integrity
11-01-15	2.2.1.10	4, 5	Revised Contractor Administration and Management
	3.1	9	Revised Enrollment
	3.2, 3.2.7 - 3.2.7.4	10-11	Revised Enrollment Process
	4.1	23	Revised Core Benefits for the South Carolina Medicaid MCO Program – Hysterectomies, Sterilizations, and Abortions
	7.2	63	Revised Capitation Payments from the Department to CONTRACTOR - Retrospective Review and Recoupment
	7.3.2	71	Revised FQHC/RHC Wrap Data Files (Spreadsheets)
	14.3.6.3.1	106-107	Revised Errors and Encounter Validation
10-01-15	4.1	24	Revised Core Benefits for the South Carolina Medicaid MCO Program – Abortions
	4.17.1-4.17.8	40	Revised Member Incentives
	4.18	41	Revised Additional Services
	7.2.2	63-64	Revised Patient Centered Medical Home (PCMH)

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Date	Section(s)	Page(s)	Change
	11.0	80-93	Revised entire section
	12.3	95	Revised Guidelines for Marketing Materials and Activities
09-01-15	3.1.1	7	Replaced Managed Care Eligibility and Eligibility Categories table
	4.1	19	Revised Core Benefits for the South Carolina Medicaid MCO Program – Ancillary Services
		23	Revised Core Benefits for the South Carolina Medicaid MCO Program – Hysterectomies
		24-25	Revised Core Benefits for the South Carolina Medicaid MCO Program – Abortions
	6.1.1.10	27	Revised MCO Credentialing Committee and the Credentialing Process
	7.2.2	40-42	Revised Centering Program
	7.3	45	Revised Payments from CONTRACTOR to Subcontractor
	9.1	47-49	Revised Member Grievance and Appeal
	9.2	49-50	Revise Provider Dispute System
	11.6	67	Revised Reporting Requirements for Program Integrity
	13.1.1	78	Revised General Requirements
08-01-15	14.2.1-14.2.4.1	105	Revised Encounter Data
07-01-15	4.19	42	Revised Autism Spectrum Disorder Services

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	7.2.2	62, 63, 65	Revised Capitation Payments from the Department to CONTRACTOR
	7.6	69	Revised heading to Return to Funds
	15.6.1	114, 117, 118	Revised Quality Withhold and Bonus Programs
06-01-15	2.2, 3.8, 3.13, 4.18, 5.1-5.3, 6.3, 7.2, 7.5-7.6, 11.7, 11.10-11.12, 12.3, 14.1	5, 15, 17-18, 41, 47-49, 61, 67, 69, 93, 95-96, 97, 104-105	Revised the numbering to link with contract numbering
	3.2	11	Revised Enrollment Process
	3.4	13-14	Revised Notification to MCO of Membership
	3.7	14-15	Revised Redetermination Notice
	4.1	31	Revised Core Benefits for the South Carolina Medicaid MCO Program — Prescription Drugs
	4.19	42	Revised Excluded Services to add Autism Spectrum Disorder Services
	6.1	52	Revised General Requirements (Provider Network Adequacy Determination Process)
	6.2	58	Revised Provider Network
	6.3	61	Added Attestations
	14.1	105	Revised Encounter Data

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	15.6	115-119	Revised Quality Withhold and Bonus Programs — NCQA HEDIS Reporting Measures
05-01-15	13.1.1	102	Revised General Requirements
	14.3.1.1-14.3.5	105	Revised Errors and Encounter Validation
	15.6.1	111-113	Revised Quality Withhold and Bonus Programs
	15.7.4	116	Value Oriented Contracting (VOC)
04-01-15	2.2	5	Revised Contractor Administration and Management
	2.4	6	Revised Subcontractor Requirements
	3.10	15	Revised Provider Directory
	3.13	17	Revised Member Communications
	6.1	51	Revised MCO Credentialing Committee and the Credentialing Process
	6.2	55	Revised Provider Network
	6.3	60	Deleted sample Attestation Statement
	7.2	61	Revised Retrospective Review and Recoupment – Dual Eligible
	12.3	102-103	Revise Guidelines for Marketing Materials and Activities
	15.6	109	Revised Quality Withhold and Bonus Programs

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03-01-15	4.1	26	Revised Inpatient Hospital Services
	7.2	62, 65	Revised Capitation Payments from the Department to CONTRACTOR
	12.3	102	Revised Beneficiary Marketing and Member Education Materials/Media
	13.1	104	Revised General Requirements
	14.3.6.3.1	107	Revised Errors and Encounter Validation
02-01-15	4.1	18, 26	Revised Core Benefits for the South Carolina Medicaid MCO Program
	4.19	44	Revised Excluded Services
	6.1	53	Revised MCO Credentialing Committee and the Credentialing Process
	7.2	62-63	Revised Retrospective Review and Recoupment – Dual Eligible
	11.2	82	Revised CONTRACTOR Requirements
01-01-15	3.8	14	Revised Member Call Center
	7.2	63	Retrospective Review and Recoupment – Dual Eligible
	7.3	69	Payments from Contractor to Subcontractor
	14.2	107	Encounter Data