

# Change Control Record

| Date     | Section(s)               | Page(s)  | Change   |
|----------|--------------------------|----------|--|
| 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)     |
|          | 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,<br>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-<br>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   |
|          | 14.3.6.9 -<br>14.3.6.9.3 | 111      | Revised Errors and Encounter Validation  |

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| 12-01-15 | 3.2.3.2.5 -<br>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 -<br>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)  |
|          | 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                                |

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| Date     | Section(s)  | Page(s)   | Change   |
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|          |   | 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  |
|          | 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 section numbering to coincides with the 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 |

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| Date     | Section(s)      | Page(s) | Change   |
|----------|-----------------|---------|--|
|          | 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   |
|          | 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                                    |
| 03-01-15 | 4.1             | 26      | Revised Inpatient Hospital Services  |

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| Date            | Section(s) | Page(s) | Change   |
|-----------------|------------|---------|--|
|                 | 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   |
| <b>12-15-14</b> | -          | -       | <b>**New** MCO Policies and Procedures effective July 1, 2014</b>  |
| 06-01-14        | Appendix 5 | 134     | Revised Withhold for Quality Performance Measures                  |
| 05-01-14        | 5.4        | 30      | Revised Managed Care Enrollment Period                             |
|                 | 10.11      | 44      | Revised Home Health Services                                       |
|                 | 10.27      | 53-54   | Revised Substance Abuse Services                                   |
|                 | Appendix 5 | 130     | Revised Centering Program  |
| 01-01-14        | 10.26      | 53      | Revised Vision Care Services                                       |
| 11-01-13        | Cover      |         | Replaced SCHC logo and remove MCO logo                             |

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| Date     | Section(s)      | Page(s)                | Change  |
|----------|-----------------|------------------------|---|
|          | 3.2             | 21                     | Added new section Enrollment Broker Updates for Managed Care Organizations  |
|          | 4.2             | 25                     | Revised MCO Credentialing Committee and the Credentialing Process   |
|          | 15.0            | 79-91                  | Revised Program Integrity Policies And Procedures – Managed Care Fraud and Abuse Complaints and Referrals   |
|          | 25.0            | 106, 110<br>107<br>109 | <ul style="list-style-type: none"> <li>• Added definitions for Medicaid Fraud Control Unit (MFCU) and Surveillance and Utilization Surveillance and Utilization Review System (SURS)</li> <li>• Moved Member Handbook definition beneath Medicare</li> <li>• Revised Protected Health Information (PHI) definition</li> </ul> |
| 09-01-13 | 6.7             | 34-35                  | Revised FQHC/RHC Wrap Payment Process   |
|          | 10.9            | 43                     | Revised Family Planning   |
|          | Appendix 5      | 119<br>125<br>125      | <ul style="list-style-type: none"> <li>• Revised provider-designated and MCO-designated incentives</li> <li>• Revised Withhold for quality Performance Measures</li> <li>• Disposition of Undistributed Withhold Funds</li> </ul>   |
| 08-01-13 | 2.0             | 4, 5                   | Added form number to Disclosure of Ownership and Control Interest Statement   |
|          | 2.1             | 5                      | Revised Required Submissions  |
|          | 10.25           | 51                     | Revised Transplant and Transplant-Related Services  |
|          | 10.27           | 52                     | Added Substance Abuse Services  |
|          | 13.0            | 59                     | Revised Quality Assessment And Utilization Management Requirements  |
|          | 14.1-Appendix 4 | 73, 74, 76, 94, 109    | Replaced “Certificate of Evidence of Coverage” with “Member Handbook”   |
|          | Appendix 5      | 118, 120               | <ul style="list-style-type: none"> <li>• Revised Patient Centered Medical Home (PCMH)</li> <li>• Revised Centering Pregnancy Incentive (formerly Centering Program)</li> </ul>  |
| 05-30-13 | Appendix 5      | 117                    | Revised Patient Centered Medical Home (PCMH)  |

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| Date     | Section(s) | Page(s)    | Change  |
|----------|------------|------------|---|
| 05-24-13 | 6.7        | 34         | Revised Background Information  |
|          | 7.0        | 34         | Revised Grievance (Complaint)   |
|          | 14.3       | 73         | Revised Beneficiary Marketing and Member Education Materials/Media  |
|          | 20.0       | 90         | Removed Daily Newborn Enrollee file from Summary of Required Files, Reports, and Forms tables   |
|          | 21.1       | 91         | Revised the definition of beneficiary   |
|          | Appendix 5 | 117        | Revised Patient Centered Medical Home (PCMH)  |
|          | 19.0       | 86-87      | Revised Pay For Performance Process (CRCS Reporting)  |
|          | Appendix 5 | 122        | Revised penalty for low performance measurements  |
| 03-12-13 | 4.1        | 23         | Revised Initial Credentialing and Recredentialing Policy  |
|          | 11.1       | 52         | Revised Mental Health Authorization or Provided by State Agencies   |
|          | Appendix 5 | 117<br>122 | <ul style="list-style-type: none"> <li>• Revised Patient Centered Medical Home (PCMH)</li> <li>• Revised Withhold for Quality Performance Measures</li> </ul> |
| 03-01-13 | 2.7        | 9-10       | Revised New Boilerplate Subcontract   |
|          | 2.8        | 10         | Revised Contract Update Process   |
|          | 2.9        | 10         | Revised MCO Communications to Providers   |
|          | 2.11       | 13         | Corrected Specialists table entries   |
|          | 4.2        | 24-26      | Revised MCO Credentialing Committee and the Credentialing Process   |
|          | 6.1        | 33         | Revised Retrospective Review and Recoupment – Dual Eligible   |
|          | 6.8        | 34         | Added <b>new</b> section: Affordable Care Act (ACA) Primary Care Enhanced Payments for Eligible Primary Care Physicians                                       |
|          | 10.21      | 49         | Revised Prescription Drugs  |

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| Date     | Section(s)      | Page(s) | Change  |
|----------|-----------------|---------|---|
|          | 10.25           | 52      | Revised Transplant and Transplant-Related Services  |
|          | 10.27           | 53      | Deleted section for DAODAS (Alcohol and Drug Abuse Services)  |
|          | 11.1            | 53      | Changed section heading to Mental Health and Alcohol and Other Drug Abuse Treatment Services Authorized or Provided by State Agencies |
|          | 11.8            | 56      | MAPPS Family Planning Services  |
|          | 14.4            | 75      | Revised General Marketing/Advertising and Medicaid MCO Member Education Policies  |
|          | 18.1            | 86      | Revised section heading to Pay For Performance (CRCS Reporting)   |
|          | 19.0            | 87      | Revised Summary of Required Files, Reports, and Forms table   |
|          | 20.0            | 88      | Revised definition for SCDHHS   |
|          | Appendix 5      | 117-123 | Revised Incentives and Withholds Requirements   |
|          | Appendix 6      | 123-124 | Revised Quality Weighted Auto Assignments   |
| 01-01-12 | 10.27           | 53      | Added <b>new</b> section for DAODAS (Alcohol and Drug Abuse Services)   |
|          | 11.1            | 54      | Removed DAODAS language from Mental Health section  |
|          | 19.0            | 89      | Revised Pay for Performance language  |
|          | Appendix 5      |         | Revised Appendix 5 – Incentives and Withhold language   |
| 11-20-12 | Appendices 5, 6 | -       | Complete revision   |
| 10-01-12 | 2.1             | 5       | Updated contract section numbers  |
|          | 2.10            | 12      | Added reference to Appendix 5   |
|          | 5.2             | 27      | Deleted How is Medicaid Eligibility Determined? section   |
|          | 5.3             | 27      | Deleted Infants and Medicaid Eligibility section  |

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| Date | Section(s) | Page(s)        | Change   |
|------|------------|----------------|--|
|      | 5.4        | 28             | Deleted Annual Review – Medicaid Eligibility Redetermination section   |
|      | 5.5        | 31             | <ul style="list-style-type: none"> <li>Added policy MCOs may contact new members upon receipt of the monthly member listing file</li> <li>Changed the number of days institutionalized in a LTC/nursing facility to 90 <b>continuous</b> days</li> </ul>   |
|      | 6.1        | 34             | For retro-Medicare members, changed the timeframe to recoup provider payments from twenty-27 months to twelve (12) months  |
|      | 7.0        | 35             | Added new section Grievance (Complaint)  |
|      | 8.0        | 35             | <ul style="list-style-type: none"> <li>Changed heading to Appeals and State Fair Hearings formerly Grievance and Appeals</li> <li>Updated policy throughout section</li> </ul>   |
|      | 9.0        | 27             | Updated the following policy: <ul style="list-style-type: none"> <li>Expedited Authorization Decisions</li> <li>Universal PA Medications Form</li> </ul>   |
|      | 10.12.2    | 45             | Deleted Sterilization note   |
|      | 10.12.3    | 46             | Added sterilization to as a service not offered as a Core Benefit  |
|      | 11.1       | 53             | Deleted Institutional Long-Term Care Facilities/Nursing Homes - Limitations section  |
|      | 13.0       | 60<br>65<br>66 | <ul style="list-style-type: none"> <li>Added Quality Assessment Program description</li> <li>Change submission of Encounter Data to semi-monthly</li> <li>Added MCO member contact procedure when resolving grievances</li> <li>Specify MCOs must use a spreadsheet to record the activities of the their grievance and appeal system</li> </ul> |
|      | 14.0       | 68             | <ul style="list-style-type: none"> <li>Updated first paragraph to include changes in marketing plan submission and plan details</li> <li>Removed Healthy Connections Choices telephone number</li> </ul>   |
|      | 14.1       | 70             | <ul style="list-style-type: none"> <li>Added 30-day timeframe for an MCO appeal</li> <li>Change marketing materials from “gifts” to “give-a-way” items or value added times and services</li> <li>Added policy for gift cards</li> </ul>   |

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| Date            | Section(s) | Page(s)  | Change  |
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|                 | 14.2       | 72       | <ul style="list-style-type: none"> <li>Change inappropriate contact with disenrollee to include indirect or third-party vendor</li> </ul>   |
|                 | 14.5       | 75       | <ul style="list-style-type: none"> <li>Added telephonic and social media surveys</li> <li>Changed submission of results to 45 <b>calendar</b> days</li> </ul>   |
|                 | 14.7       | 77<br>78 | <ul style="list-style-type: none"> <li>Changed policy to members must use SCDHHS-issued Medicaid cards</li> <li>Added SC Healthy Connections Logo must be in color and show Medicaid identification number</li> </ul> |
|                 | 16.0       | 82       | <ul style="list-style-type: none"> <li>Changed disclosure form number to 1514</li> <li>Added policy MCOs must use form 1514 by April 1, 2013</li> </ul>   |
|                 | 19.0       | 88       | Added CRCS Reporting to heading   |
|                 | 20.0       | 90       | Added Quality Initiatives to table of required files, reports, and forms  |
|                 | 21.0       | 94<br>95 | <ul style="list-style-type: none"> <li>Added age limit for EPSDT</li> <li>Updated Grievance definition</li> </ul>   |
|                 | Appendix 5 | 119-122  | Revised Incentives and Withholds Requirements   |
|                 | Appendix 6 | 123-125  | Revised entire section  |
| <b>07-01-12</b> | -          | -        | <b>**New** MCO Policies and Procedures effective July 1, 2012</b>   |
|                 | 2.11       | 15       | Long-Term Care - Changed the number of days institutionalized in an LTC/nursing facility to 90 days and the MCO liability to 120 days   |
|                 | 3.0, 3.1   | 20       | Changed the reimbursement for additional cost incurred due to Network Termination or Transition to "incremental cost"   |
|                 | 5.8        | 33       | Changed the number of days institutionalized in a LTC/nursing facility to 90 days   |
|                 | 8.0        | 38       | Updated Expedited Authorization Decision policy to <ul style="list-style-type: none"> <li>Changed services received by member entering an MCO the day before enrollment to all medical services</li> </ul>            |

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| Date     | Section(s) | Page(s)   | Change   |
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|          | 9.2        | 41        | Updated to remove outpatient services from covered ancillary medical services  |
|          | 9.15       | 48        | Changed the number of days institutionalized in a LTC/nursing facility to 90 days and the MCO liability to 120 days  |
|          | 9.21       | 51        | Added language to support the Universal PA Medication form implementation in October 1, 2012   |
|          | 10.1       | 54        | Changed the number of days institutionalized in a LTC/nursing facility to 90 days and the MCO liability to 120 days  |
|          | 10.7       | 58        | Added pervasive developmental disorders and Medically Complex Children's waiver to list of current special needs waivers   |
|          | 12.1       | 69-70     | <ul style="list-style-type: none"> <li>Removed HEDIS 2010 Technical Specification format requirement</li> <li>Added requirement to obtain NCQA accreditation by 2015</li> </ul>  |
|          | 13.0       | 70-71     | <ul style="list-style-type: none"> <li>Added requirement to submit marketing plan to SCDHHS in accordance with section 7.2 of the MCO Contract</li> <li>Updated marketing/advertising material requirements</li> </ul> |
|          | 20.0       | 95<br>103 | <ul style="list-style-type: none"> <li>Added definition for Contracted Provider</li> <li>Added definition for Value Added Items and Services (VAIS)</li> </ul>   |
|          | Appendix 3 | 106       | Updated Transportation Broker Listing and Contact Information  |
|          | Appendix 5 | 119-121   | Updated entire section   |
|          | Appendix 6 | 122-155   | Updated entire section and added Milliman SAS coding logic   |
| 06-01-12 | 1.0        | 3         | Added Corrective Action Plan (CAP) policy  |
|          | 9.1.2      | 42        | Added Back Transfers section   |
| 04-01-12 | 2.3        | 7         | Deleted requirement for one (1) PCP per 2500 Medicaid MCO members  |

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|          | 2.11       | 14                       | <ul style="list-style-type: none"> <li>Added the following network providers to the subcontractor spreadsheet: Licensed Independent Social Worker, Licensed Professional Counselor, Licensed Marriage &amp; Family Therapist, and Psychologist</li> <li>Changed Psychiatry (private) status from 3 to 1</li> </ul> |
|          | 6.1        | 34                       | Deleted Low Birth Weight and Very Low Birth Weight Kicker Payment Process section  |
|          | 9.19       | 49                       | Remove mental health, therapeutic, and rehabilitative services language  |
|          | 9.20       | 49                       | Removed payment language for medical services provided by psychiatrist or child psychiatrist   |
|          | 9.23       | 51                       | Renamed heading and updated language for psychiatric services  |
|          | 10.2       | 53                       | Changed heading and language to include services authorized or provided by state agencies  |
|          | 10.2.1     | 53                       | Deleted – Hospital Services (UB-04 Claims)   |
|          | 10.2.2     | 53                       | Deleted – Physicians/Clinic (CMS-1500 Claims)  |
|          | 12.0       | 65                       | Changed the age for recording immunization status in the pediatric record to under the age of 19   |
|          | Appendix 4 | 106<br>112, 115,<br>117, | <ul style="list-style-type: none"> <li>Added definition of a clean claim</li> <li>Updated language in the following requirements: D.8, E.10, G.8, H.2, H.3</li> </ul>  |
| 02-01-12 | 7.0        | 40                       | Updated working and added a paragraph to Grievances and Appeals  |
|          | 2.7        | 10                       | Removed options for New Boilerplate Subcontract  |
|          | 4          | 23                       | Updated outpatient hospital provider information   |
| 12-01-11 | 2.7        | 10-11                    | Added additional subcontractor boilerplate requirements  |
|          | 13.6       | 81-82                    | <ul style="list-style-type: none"> <li>Changed section name to “Focus Group and Member Surveys</li> <li>Updated section to include member survey language</li> </ul>   |

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|          | 14                | 110-120          | Added Appendix 4, Subcontract Boilerplate Requirements  |
| 11-01-11 | Table of Contents | -                | Updated to reflect reorganization of the document   |
|          | 1.0, 2.0          | 2-4              | Changed "Division of Care Management" to "Division of Managed Care"   |
|          | 2.10              | 12               | Added language to ensure MCOs receive approval by county for each provider network from SCDHHS before executing contracts   |
|          | 2.12              | 17               | Added Requirements for the Utilization of Nurse Practitioners (NPs) as Providers of Health Care Services section  |
|          | 3.0               | 19-20            | Updated network termination and transition language   |
|          | 3.1               | 20-21            | Added Voluntary Termination of a County(ies) section  |
|          | 4.0–4.2           | 21-26            | Updated provider certification and licensing language   |
|          | 9.0–9.25          | 41-56            | Rearranged and revised Core Benefits section  |
|          | 14.0–14.2         | 83-84            | Renamed section heading and revised language  |
|          | 18.0              | 92               | Changed claims completeness rate to 97 % instead of 95 %  |
|          | 20.0              | 96, 97, 101, 102 | Added the following definitions: <ul style="list-style-type: none"> <li>• Certified Nurse Midwife/Licensed Midwife</li> <li>• Certified Registered Nurse Anesthetist (CRNA)/Anesthesiologist Assistant (AA)</li> <li>• Medical Doctor</li> <li>• Nurse Practitioner and Clinical Nurse Specialist</li> <li>• Physician's Assistant</li> </ul> |
| 08-01-11 | 6.0               | 33               | Added paragraph for the Universal 17-P Universal Authorization form   |
|          | 19.0              | 95               | Updated second paragraph for monthly files/reports  |
| 06-01-11 | 7.1               | 35               | Updated first paragraph of Current Medicaid Service Limitations   |
|          | 7.3               | 35               | Updated first paragraph of Kidney section   |

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|          | 18.0       | 94      | Changed heading from "Pay for Reporting Process" to "Pay for Performance Process" and updated section language   |
|          | 19.0       | 95      | Updated Index of Required Files, Reports, and Forms section, paragraph. 2  |
| 05-01-11 | 2.3        | 8       | Added new paragraph at the end of the section to include MCO redetermination policy  |
|          | 3.8        | 25      | Deleted bullet #2 to remove language allowing MCOs to disenrollment a Medicaid MCO Member due to the member's failure to follow the rules of the Managed Care Plan |