

Medicaid Subcontract Change Log – FY24

Changes throughout document

- Dates to reflect FY24
- Formatting (to also be reviewed once changes are accepted)

XIV. Consideration and Payment Procedures (Pg. 9-15)

- A. Deleted duplicative sentence; Deleted “DEG’s”

XVI. Quality Improvements; Performance Indicators; Compliance Activities; Consumer Assessments and Outcomes Management Studies (Pg. 15-16)

- A. Added clarifying language
- B. Added clarifying language

XXVIII. Insurance (Pg. 26-29)

Updated based on requirements by MDHHS from PIHP/MDHHS Master agreement

XXIX. Miscellaneous Provisions (Pg. 29-30)

Deleted “G. COVID-19” in its entirety

Exhibit A – Delegation Grid (Pg. 34-56)

- I. Customer Service – Updated language to reflect requirements; Updated language regarding format and requirements of documents; Updated language based on current requirements
- IV. Information Systems Management - Deleted “Supports Intensity Scale,...” reference
- VI. Provider Network – Added reference to ABA standardized contract; Deleted reference to licensure in bordering states; Added requirement for utilization of MDHHS CRM; Added clarifying reference to Master Agreement Credentialing requirements
- VII. Quality Management – Updated language to reflect requirements of MDHHS Contract and MSHN policy; Added language for clarification/reference to requirements
- XI. Added Waiver types for clarification
- XIII. Compliance – Updated title; Added reference to required OIG Fraud Referral

Exhibit C – Business Associate Agreement

- No changes



Exhibit D – Training Grid

Refer to Training Grid. Process: MSHN → Provider Network Management → CMHSP Operations → Medicaid Subcontracting Agreement → FY2023

Exhibit E – Certification Form

- Deleted reference to SIS Assessments

Exhibit F – Reporting Requirements

- Dates changed to reflect FY24
- E-mail addresses/submission points updated as necessary

Exhibit G – 24/7/365 Technical Requirement

- No changes