
42 C.F.R. § 438.66

State monitoring requirements.

(a) *General requirement.* The State agency must have in effect a monitoring system for all managed care programs.

(b) The State's system must address all aspects of the managed care program, including the performance of each MCO, PIHP, PAHP, and PCCM entity (if applicable) in at least the following areas:

- (1) Administration and management.
- (2) Appeal and grievance systems.
- (3) Claims management.
- (4) Enrollee materials and customer services, including the activities of the beneficiary support system.
- (5) Finance, including medical loss ratio reporting.
- (6) Information systems, including encounter data reporting.
- (7) Marketing.
- (8) Medical management, including utilization management and case management.
- (9) Program integrity.
- (10) Provider network management, including provider directory standards.
- (11) Availability and accessibility of services, including network adequacy standards.
- (12) Quality improvement.
- (13) Areas related to the delivery of LTSS not otherwise included in paragraphs (b)(1) through (12) of this section as applicable to the managed care program.
- (14) All other provisions of the contract, as appropriate.

(c) The State must use data collected from its monitoring activities to improve the performance of its managed care program, including at a minimum:

- (1) Enrollment and disenrollment trends in each MCO, PIHP, or PAHP.
 - (2) Member grievance and appeal logs.
 - (3) Provider complaint and appeal logs.
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(4) Findings from the State's External Quality Review process.

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