**Medicare-Medicaid Alignment Initiative (MMAI) Demonstration**

Summary of Changes to the Three-Way Contract

- Made technical corrections and general clean up to clarify terms and language.

- Updated and clarified language regarding federal Medicaid regulations. For example:
    - Updated language related to Indian Enrollee and Indian Health Care Providers (Sections 1.80, 1.81, 2.7.1.18, 4.4.5.2 - 4.4.5.7).
    - Updated appeals terminology from Adverse Action to Adverse Benefit Determination (Section 1.9),
    - Clarified standards for enrollee access to services (Section 2.9.1).
    - Updated language to allow enrollees to file grievances at any time (Section 2.11.1).
    - Streamlined hospital discharge appeals language (Section 2.12.7).

- Aligned the following with HealthChoice Illinois (the state's Medicaid managed care program) contract language: care coordination policies related to enrollee contacts (Section 2.5.3.1.8), care coordinator qualifications and training requirements (Sections 2.5.3.4 and 2.5.3.5), and Grievance Committee requirements (Section 2.11.2.1.4).

- Deleted Model of Care requirements (formerly Section 2.5.8) to align with updated demonstration policy.

- Aligned policies for notifying providers and enrollees when providers are leaving the MMP's network (Section 2.8.1.2.1) with both state and federal laws and regulations.

- Changed the provider credentialing process requirements to require MMPs to use the state's IMPACT system for provider credentialing for any provider enrolled in Medicaid (Section 2.8.10.2) to align with the process in the state's Medicaid program.

- Clarified and updated language related to marketing requirements, including adding state law requirements related to Provider and Pharmacy Network Directories (Sections 2.14.5.1.2 - 2.14.5.1.5).

- Updated CMS reporting requirements to include all relevant reporting regulations (Section 2.16.2.2).

- Updated information related to state payments for enrollees residing in Institution for Mental Diseases (IMDs) (Section 4.2.1.2.4, Appendix A: A.2.7).

- Updated language related to 820 payment files and payment file reconciliation (Section 4.2.1.4).

- Updated Medical Loss Ratio (MLR) requirements (Sections 4.3.1 and 4.3.2) by setting a Target MLR and providing information on the MLR calculation.

- Added requirements for final Medicare Reconciliation and Settlement (Section 4.6.2.2).