2024-2025 PACE Contract

Substantive Changes effective 1/1/2024

Article I – Definitions

- Removing terms no longer used in the contract
- Updating definitions of functionally equivalent, telehealth, sexual abuse, encounter data, restrictive measure
- Adding definition of waste, encounter data reporting, Adult Incident Reporting System

Article II – MCO Governance and Consumer and Member Involvement

Article III – Eligibility

- Adding SharePoint to the list of programs that include PHI and for which the Department must revoke access when an MCO employee or contractor is terminated (Article III.F.7)

Article IV – Enrollment and Disenrollment

- Clarifying that MCOs cannot influence member enrollment or disenrollment (Article IV.A.4 and B.5)

Article V – Care Management

- Adding "the source of primary care appropriate to the member's needs" and "the person or entity formally designated as primarily responsible for coordinating the health care services furnished to the member" to the list of documentation requirements for the member centered plan (Article V.C.1.c)
- Adding level of risk as a consideration to triage member visits for IDT staff (Article V.E.4.d)
- Adding timing requirement for IDT staff follow-up on services and supports (Article V.E.4.d)
- Modifying requirement that IDT staff conduct an in-person visit to a member in a 1-2 bed adult family home when there is significant staff turnover by adding that the staff turnover poses a threat to residents' health or safety (Article V.I.10)
- Modifying language for IDT staff in-person visits to clarify the requirements (Articles V.C.1, V.D.1, V.G.1, V.H.1)
- Adult Incident Reporting System-related changes
    - Adding examples of incidents that may meet criteria in Wis. Stat. §§ 46.90 (4) and 55.043 (1m) (Article V.J.6.d)
    - Adding requirement to report member incidents in the Adult Incident Reporting system (Article V.J.6)
    - Clarifying reporting requirements for member incidents, types of incidents that must be reported, and incident investigation requirements (Article V.J.6)
    - Moving reporting requirements for events related to members to their own section (Article V.J.7)
- Adding that the IDT may notify the participant orally when the IDT extends a timeline for extended service authorization decisions (Article V.K.9)

Article VI – Self-Directed Supports

Article VII – Services

Article VIII – Provider Network

- Modifying requirement that MCO must report when it receives information about a change in a network provider's circumstances that may affect the network provider's eligibility to participate in the managed care program (Article VIII.D.5.g and J.1.a)
- Removing outdated exception to HCBS settings requirement (Article VIII.G.7)
- Removing exception allowing a provider to be certified if it meets the MCO's provider standards approved by the Department (Article VIII.G.7)
- Adding MCO requirement to create a policy addressing conflicts of interest and prohibited self-referrals and influence (Article VIII.N)
- Adding MCO requirement to train staff about conflicts of interest and self-referral (Article VIII.N)
- Adding language prohibiting MCOs from locking out providers (Article VIII.E)

Article IX – Marketing and Member Materials

- Updating tagline language to align with 42 CFR 438.10 (Article IX.E)

Article X – Member Rights and Responsibilities

Article XI – Grievances and Appeals

Article XII – Quality Management

- Adding MCO requirement to hold quarterly regional meetings with providers (Article XII.A.3)

Article XIII – MCO Administration

- Modifying member record requirements for adverse and favorable service authorizations (Article XIII.A.9)
- Updating program integrity reporting language (Article XIII.K.2)
- Aligning contract language with 42 C.F.R. § 460.200 (d) (2) (Article XIII.A.9)
- Adding requirements for member records to align with 42 C.F.R. § 460.210 (b)(6) (Article XIII.A.9)

Article XIV – Reports and Data

- Modifying timeframe for MCOs or Department notice of contract modification or termination (Article XIV.F.1)
- Modifying timeframe for MCO transition plan submission (Article XIV.F.6)
- Removing monthly report for member incidents (Article VI.C.2)
- **Encounter Reporting Project**
    - Modifying language about encounter data format to align with new Medicaid Management Information System (MMIS) (Article XVI.B.2)
    - Clarifying encounter data certification reporting requirements (Article XVI.B.5)

Article XV – Functions and Duties of the Department

Article XVI – Contractual Relationship

- Adding Department ability to review MCO compliance with application laws, regulations, and contract if the MCO decertifies another line of Medicaid business (Article XVI.D.4)
- Adding financial penalties for MCOs that withdraw from a region (Article XVI.F.6)
- Adding new reason to impose sanctions (Article XVI.E.2)

Article XVII – Fiscal Components/Provisions

- Adding that MCOs operating under HMOs must meet solvency requirements (Article XVII.A.9)

Article XVIII – Payment to the Managed Care Organization

Article XIX – MCO Specific Contract Terms

Addendum I – Actuarial Basis

Addendum II – Requirements for Memoranda of Understanding

Addendum III – MCO Quality Indicators

Addendum IV – Data Certification

Addendum V – Personal Experience Outcomes in Long-Term Care

Addendum VI – Benefit Package Service Definitions

- Clarifying relocation services definition (Addendum VI.A.16)

Addendum VII – Data Use Agreement

Addendum VIII – Materials Cited in This Contract & Other Related Communications

- Removing obsolete memo and fee schedule (Addendum VIII.7 and 8)