

Network and Access Standards	State-Directed Payments (SDPs)	Medical Loss Ratio (MLR)	In Lieu of Services (ILOS)
<ul style="list-style-type: none"> States must develop wait-time standards for adult and pediatric primary care and outpatient mental health (MH), substance use disorder (SUD), and OB/GYN services, as well as one other healthcare service that the state identifies. Establishes federal maximum appointment wait times. States must develop a quantitative network adequacy standard for certain providers. Requires states to conduct "secret shopper" and enrollee experience surveys. Requires states to submit an annual analysis of managed care organization (MCO) provider payments. Requires MCOs to provide electronic information about networks, including MH, SUD, and telehealth services. 	<ul style="list-style-type: none"> Streamlines ability to use SDPs to implement value-based payment arrangements. Permits states to implement, without prior approval, minimum fee schedules at the Medicare payment rate. Requires that payment for inpatient and outpatient hospital services, nursing facility services, and professional services provided at academic medical centers be at or below the average commercial rate. Allows states to use SDPs to pay family planning providers. Addresses impermissible redistribution arrangements related to SDPs. Requires that SDPs be described and documented in managed care contracts. 	<ul style="list-style-type: none"> Clinical or quality improvement standards for provider incentive arrangements: <ul style="list-style-type: none"> Defined performance period Defined quality improvement/ performance metrics Link payment to completion of metrics No administrative costs for quality improvement activity reporting. New requirements for reporting the expense allocation methodology used. 	<ul style="list-style-type: none"> Clarifies ILOS coverage can be an immediate or longer-term substitute for a covered health care service or setting under the state plan or when the ILOS can be expected to reduce or prevent a Medicaid enrollee's future need to use the covered service or setting. Requires documentation of each ILOS in managed care contracts. Projected and final ILOS cost percentage cannot exceed 5 percent of total capitation payments. Requires states to document processes for determining whether an ILOS is medically appropriate and cost-effective when the ILOS costs exceed 1.5 percent of total capitation payments.

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Medicare and Medicaid Guide ,2006 **Code of Federal Regulations** ,2005 Special edition of the Federal Register containing a codification of documents of general applicability and future effect with ancillaries *A Practical Guide to Medicare Appeals* Kathleen Scully-Hayes,Daniel A. Cody,2007 A Practical Guide to Medicare Appeals describes the steps necessary to successfully resolve appeals of all types of Medicare determinations Co authored by a CMS hearing officer and a private practitioner with years of Medicare appeals experience this book will walk practitioners through every step of the very confusing and sometimes self contradictory rules so that appeals can be decided on their merits rather than barred for procedural rules violations **Public Health** Office of the Federal Register (U.S.) Staff,2011-01-03 The Code of Federal Regulations is a codification of the general and permanent rules published in the Federal Register by the Executive departments and agencies of the United States Federal Government *Ektron Developer's Guide* Bill Cava,Bill Rogers,Aniel Sud,2011-01-11 The first book to cover the Ektron content management system CMS Ektron CMS400 NET provides a complete platform that features all the functionality needed to create deploy and manage your Web site The power is in your hands when you use the built in server controls to deploy a site or customize the deployment with the API Authored by a trio of Ektron insiders this book escorts you through the detailed steps of building a prototype company site Upon completion you will have a complete and functional coded Web site that you can use as a template for future projects Introduces the Ektron CMS400 NET as well as the Ektron architecture and includes an in depth explanation of the Ektron framework Assumes no prior knowledge of the Ektron platform Shows you how to install the CMS software dependencies and samples sites Explains how to implement a social network and construct a storefront Ektron Users Guide provides you with everything you need to know about the exciting possibilities of working with this popular and powerful platform **Cornell MVS User's Guide** ,1987 *Federal Register* ,2004-08 **VS FORTRAN Version 2 Interactive Debug Guide and Reference, Release 3** ,1988 **The Massachusetts register** ,1995 *Guide to Medicare Coverage Decision-making and Appeals* Eleanor D. Kinney,2002 Effective negotiation is essential to the success of any law practice To help you sharpen your negotiating skills for the challenges you face every day in your professional life The Lawyer's Guide to Negotiation is a book for lawyers written by lawyers that is uniquely designed to make winning at the negotiating table the norm rather than a hit or miss proposition By following the practical no nonsense principles and tactics outlined in this easy to read common sense guide you'll find out how to consistently get what you want out of any negotiating session *BNA Pension & Benefits Reporter* ,2006 *End-of-Life-Care: A Practical Guide, Second Edition* Barry M. Kinzbrunner,Joel Policzer,2011-01-07 The most thorough text available on providing patients and families with quality end of life care The study learning questions at the end of each chapter make this book an excellent resource for both faculty who wish to test knowledge and individual learners who wish to assess their own learning The book is well written and easy to read 3 Stars Doody's Review Service End of Life

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