

1. COMPLIES WITH ANY HEALTH CARE QUALITY IMPROVEMENT SYSTEM DEVELOPED BY THE HEALTH CARE FINANCING ADMINISTRATION;

2. COMPLIES WITH THE QUALITY REQUIREMENTS OF APPLICABLE STATE LICENSURE LAWS AND REGULATIONS;

3. COMPLIES WITH PRACTICE GUIDELINES AND PROTOCOLS SPECIFIED BY THE DEPARTMENT;

4. PROVIDES FOR AN ENROLLEE GRIEVANCE SYSTEM, INCLUDING AN ENROLLEE HOTLINE;

5. PROVIDES A PROVIDER GRIEVANCE SYSTEM;

6. PROVIDES FOR ENROLLEE AND PROVIDER SATISFACTION SURVEYS, TO BE TAKEN AT LEAST ANNUALLY;

7. PROVIDES FOR A CONSUMER ADVISORY BOARD TO RECEIVE REGULAR INPUT FROM ENROLLEES;

8. PROVIDES FOR AN ANNUAL CONSUMER ADVISORY BOARD REPORT TO BE SUBMITTED TO THE SECRETARY; AND

9. COMPLIES WITH SPECIFIC QUALITY, ACCESS, DATA, AND PERFORMANCE MEASUREMENTS ADOPTED BY THE DEPARTMENT FOR TREATING ENROLLEES WITH SPECIAL NEEDS;

~~(ii) Collect and submit TO ENABLE THE DEPARTMENT TO MONITOR COMPLIANCE AND PROGRESS OF THE PROGRAM AND TO PROVIDE MANAGED CARE ORGANIZATIONS WITH TIMELY FEEDBACK TO ASSIST THE MANAGED CARE ORGANIZATION IN PROVIDING MORE EFFICIENT AND COST EFFECTIVE CARE, SUBMIT to the Department; service-specific~~

1. SERVICE-SPECIFIC data by service type in a format to be established by the Department; AND

2. UTILIZATION AND OUTCOME REPORTS, SUCH AS THE HEALTH PLAN EMPLOYER DATA AND INFORMATION SET (HEDIS), AS DIRECTED BY THE DEPARTMENT;

~~(iii) Promote timely access to and continuity of health care SERVICES for Program recipients ENROLLEES;~~

~~(iv) Develop special programs tailored to meet the individual health care needs of Program recipients;~~

(IV) DEMONSTRATE ORGANIZATIONAL CAPACITY TO PROVIDE SPECIAL PROGRAMS, INCLUDING OUTREACH, CASE MANAGEMENT, AND HOME VISITING, TAILORED TO MEET THE INDIVIDUAL NEEDS OF ALL ENROLLEES;

~~(v) Provide assistance to Program recipients ENROLLEES in securing necessary health care services;~~