

Medicaid Managed Care: State Medicaid Agency Technical Assistance Request Form

State Medicaid agencies may use this form to request technical assistance with Medicaid managed care design, implementation, operations, and oversight. State Medicaid agencies should send the completed form via email to ManagedCareTA@cms.hhs.gov. For questions about the technical assistance process, please contact rlester@mathematica-mpr.com.

Please note: This form is for state Medicaid agency TA requests only. We are not able to provide TA to non-state Medicaid agency requesters. Name _____ Agency name Email 1. Check one or more boxes below that best describe your TA needs: **Managed Care Program Planning & Procurement Benefit Design & Specialized Services and Populations** ☐ Federal Managed Care Authorities and Waiver ☐ Behavioral Health Services **Applications** ☐ Behavioral and Physical Health Integration ☐ Rate Setting and Risk Adjustment ☐ Dual Eligibles and Managed Care ☐ MCO Contracting and Purchasing ☐ Managed Long-Term Services and Supports ☐ Stakeholder Engagement ☐ Other, i.e. dental, transportation, pharmacy Access, Quality and MCO Financial Monitoring and Beneficiary Enrollment, Education, and Rights ☐ Beneficiary Education/Information Oversight ☐ Developing Standards and Measuring Provider ☐ Contracting with Enrollment Brokers ☐ Developing and Implementing Auto-**Network Adequacy** ☐ Quality Measurement, Reporting, and Improvement Enrollment/Auto-Assignment Strategies ☐ MCO Financial Oversight ☐ Managing Grievances and Appeals ☐ Monitoring and Enforcing MCO Compliance with Data **Contract Provisions** ☐ Analyzing Data for Performance Measurement ☐ Ensuring Program Integrity and Preventing Fraud ☐ Developing or Implementing Information and Abuse in MCOs **Technology and Systems** ☐ Encounter Data Collection and Validation

2. Briefly describe the question or problem facing your state and the information or TA needed:

□ Other