

EXHIBIT S

PROVIDER MANUAL

The CHC-MCO shall work with the Department to develop, distribute, and maintain a Provider manual. In addition, the CHC-MCO and/or CHC-MCO Subcontractors will be expected to distribute copies of all manuals and subsequent policy clarifications and procedural changes to Network Providers following advance written approval of the documents by the Department. Provider manuals must be updated to reflect any program or policy change(s) made by the Department via Medical Assistance bulletin within six (6) months of the effective date of the change(s), or within six (6) months of the issuance of the Medical Assistance bulletin, whichever is later, when such change(s) affect(s) information that the CHC-MCO is required to include in its Provider manual, as set forth in this exhibit. The Provider manual must include, at a minimum, the following information:

- A. A description of the needs screening, Assessment and Reassessment, service planning system and protocols and a description of the Provider's role in Service Planning and Service Coordination.
- B. A description of Service Coordination and how the Provider will fit into the Person-Centered Planning Team approach.
- C. A description of the population being served through CHC.
- D. A description of the accessibility requirements with which Providers are required to comply.
- E. A description of the role of a PCP as described in Section II, Definitions, and Section V.BB.4, Primary Care Practitioner (PCP) responsibilities.
- F. Information on how Participants may access specialists, including standing referrals and specialists as PCPs.
- G. A summary of the guidelines and requirements of Title VI of the Civil Rights Act of 1964, as amended, and its guidelines, and how Providers can obtain qualified interpreters familiar with medical terminology.
- H. Contact information to access the CHC-MCO, DHS, advocates, other related organizations, etc.
- I. A copy of the CHC-MCO's Prior Authorization and program exception process.
- J. A copy of the CHC-MCO's Formulary in the same machine readable file and format as made available to enrollees as specified under 42 C.F.R. § 438.10(i)(3).

- K. Contact follow-up responsibilities for missed appointments.
- L. Description of role of the Service Coordinator and how to contact them.
- M. Description of drug and alcohol treatment available and how to make referrals.
- N. Complaint, Grievance and DHS Fair Hearing information.
- O. Information on Provider Disputes.
- P. CHC-MCO policies, procedures, available services, and sample forms applicable to the Provider type.
- Q. A full description of Covered Services, listing all Covered Services outlined in Exhibit A, Covered Services List.
- R. Billing instructions.
- S. Information regarding applicable portions of 55 Pa. Code, Chapter 1101, General Provisions.
- T. Information on self-referred services and services which are not the responsibility of the CHC-MCO but are available to Participants on a Fee-for-Service basis.
- U. Provider performance expectations, including disclosure of Quality Management and Utilization Management criteria and processes.
- V. Information on procedures for sterilizations, hysterectomies and abortions (if applicable).
- V. A description of certain Providers' obligations, under law, to follow applicable procedures in dealing with Participants on "Advanced Directives" (durable healthcare power of attorney and living wills). This includes notification and record keeping requirements.
- W. Information on ADA and Section 504 of the Rehabilitation Act of 1973, other applicable laws, and available resources related to the same.
- X. A definition of "Medically Necessary" consistent with the language in this Agreement.
- Y. Information on Participant confidentiality requirements.

- Z. The Department's Medical Assistance Provider Compliance Hotline (formerly the Fraud and Abuse Hotline) telephone number and explanatory statement.
- AA. Explanation of CHC-MCO's and the Department's Recipient Restriction Program.
- BB. Information regarding written translation and oral interpretation services for Participants with LEP and alternate methods of communication for those requesting communication in alternate formats.
- CC. List and scope of services for referral and Prior Authorization.
- DD. Information about Recipient Restriction and how it works.
- EE. All of the items in Section V AA.2- Provider Orientation and Ongoing Education.
- FF. Information regarding mandatory reporting requirements under both the Adult Protective Services Act (APS) and the Older Adult Protective Services Act (OAPSA) and cooperation with investigations.

The CHC-MCO is required to provide documented training to its Providers and their staffs and to Subcontractors regarding the contents and requirements of the Provider manuals.

