

Medicaid Managed Care Operational Readiness Review Preparation

Last reviewed October 2026 · <https://www.integralhs.com/medicaid-managed-care-readiness-review-preparation>

What to have ready

- Your State contract or draft contract and the State's review tool and schedule, since, in IHS's reading, they set the specific documents (42 CFR 438.66 [<https://www.law.cornell.edu/cfr/text/42/438.66>]).
- A calendar counted back from the effective date, because the State's review must start at least 3 months before it (438.66(d)(2)(i)).
- For operations and administration, your staffing plan, delegation and oversight documents, enrollee and provider communications, and member services and outreach materials (438.66(d)(4)(i)).
- Grievance and appeals, provider network management, and program integrity and compliance policies, with records showing them in use (438.66(d)(4)(i)).
- For service delivery, your case management, care coordination and service planning documents, quality improvement program and utilization review procedures (438.66(d)(4)(ii)).
- For financial management, your financial reporting and monitoring documents and your solvency materials (438.66(d)(4)(iii)).
- For systems management, your claims management documents and your encounter data and enrollment information management procedures (438.66(d)(4)(iv)).
- A list of every delegate and the evidence of how you oversee each one (438.66(d)(4)(i)).
- A roster of the staff and leaders who manage key operational areas, who the State may interview (438.66(d)(3)).
- Logistics for an on-site review, which the regulation requires for a new program or a plan new to the State and allows at the State's option for new eligibility groups (438.66(d)(3)).

If you want help assembling these, the free introductory call is the place to start.