

**LOUISIANA BAYOU HEALTH PROGRAM
MEMBER CALL CENTER REPORT COVER LETTER**

MEMBER CALL CENTER (RFP § 12.15)	NAME:
	PHONE #: E-MAIL:
REPORTING MONTH/YEAR:	
HEALTH PLAN NAME, ID	

SUMMARY

THE SUMMARY SHOULD INCLUDE IF ALL PERFORMANCE INDICATORS WERE MET AS WELL AS AN EXPLANATION TO JUSTIFY PERFORMANCE INDICATOR RESULTS IF NOT MET.

ANALYSIS AND OBSERVATIONS

- DISCUSS TRENDS BOTH UPWARD AND DOWNWARD AND POSSIBLE EXPLANATION.

INTERVENTIONS OR CHANGES IMPLEMENTED OR UNDER CONSIDERATION

- THE MCO MUST CONDUCT ONGOING QUALITY ASSURANCE TO ENSURE THESE STANDARDS ARE MET. IF DHH DETERMINES THAT IT IS NECESSARY TO CONDUCT ONSITE MONITORING OF THE MCO'S MEMBER CALL CENTER FUNCTIONS, THE MCO IS RESPONSIBLE FOR ALL REASONABLE COSTS INCURRED BY DHH OR ITS AUTHORIZED AGENT(S) RELATING TO SUCH MONITORING.