

RFP Reference	Contract Requirement Language	Review Determination	2015 MCO Documentation Title(s)	2015 MCO Document Section(s)	MCO Page Number(s)
<b>12.11</b>					
12.11	The MCO shall ensure all materials and services do not discriminate against Medicaid MCO members on the basis of their health history, health status or need for health care services. This applies to enrollment, re-enrollment or disenrollment materials and processes from the MCO.	Met This requirement is addressed in P/P 124 12 011 Non-Discrimination 2100 2014; page 1	P&P 205.100 Member Materials-Development and Approval Member Handbook		Page 37, 38, 39
<b>12.11.1</b>					
12.11.1.1	The MCO shall have written policies and procedures for the following, but not limited to: Orienting new members of its benefits and services; Role of the PCP; What to do during the first thirty (30) to sixty (60) days after enrollment (e.g. How to access services, continue medications, and obtain emergency or urgent medical services when transferring from FFS to MCO, or from one MCO to another, etc); How to utilize services; What to do in an emergency or urgent medical situation; and How to file a grievance and appeal.	Met The P/P New Member Education and Communication 124 12.004; pages 2-4 states that the New Member Welcome Packets and New Member Welcome Calls provide this information		124.12.004	Pages 1 through 17
12.11.1.2	The MCO shall identify and educate members who access the system inappropriately and provide continuing education as needed	Met This requirement is addressed in the ICM Program Description on pages 42 through 44.	101314-ER Utiliz PIP-DHH-IPRO		
12.11.1.3	The MCO may propose, for approval by DHH, alternative methods for orienting new members and must be prepared to demonstrate their efficacy.	Met As an incumbent plan, ACLA has an existing method for orienting members.		124.12.004	Pages 1 through 17
12.11.1.4	The MCO shall have written policies and procedures for notifying new members within ten (10) business days after receiving notification from the Enrollment Broker of enrollment. This notification must be in writing.	Met The P/P Assigning Primary Care Physicians and Changing Primary Care Physicians 124.12.010; page 3 address this standard.		124.12.004	Pages 1 through 17
12.11.1.5	The MCO shall submit a copy of the procedures to be used to contact MCO members for initial member education to DHH for approval within thirty (30) days following the date the Contract is signed. These procedures shall adhere to the enrollment process and procedures outlined in this RFP and the Contract.	Met As an incumbent plan, ACLA has an existing method for educating members.		124.12.004	Pages 1 through 17
12.11.1.6	New Medicaid eligibles shall be provided the opportunity to select a PCP within the MCO that: 1) is a Louisiana Medicaid Program enrolled provider; 2) is accepting new members and has entered into a subcontract with the MCO; and 3) is within a reasonable commuting distance from their residence.	Met This requirement is addressed in the Assigning Primary Care Physicians and Changing Primary Care Physicians documentation.		124.12.004, 124.12.010 and 124.12.012	All three documents are designed to explain the full process
<b>12.11.2</b>					

12.11.3	DHH's Enrollment Broker shall send the MCO a daily electronic transmission ANSI ACS X-12 834 as specified in the MCO Systems Companion Guide. The file shall contain the names, addresses and phone numbers of all newly eligible enrollees assigned to the MCO with an indicator for individuals who are automatically assigned to the MCO. The MCO shall use the file in assignment of PCPs and to identify and initiate communication with new members via welcome packet mailings and welcome calls, as prescribed in this RFP.	Met As an incumbent plan, ACLA has been receiving electronic files from its enrollment broker.			
12.11.3.1	<b>Welcome Packets</b>				
12.11.3.1.1	The MCO shall send a welcome packet to new members within ten (10) business days from the date of receipt of the ANSI ACS X-12 834 file identifying the new enrollee.	Met This requirement is addressed in the plan's P/P New Member Education and Communication 124.12.004; pages 2 and 3.		124.12.004	Pages 2 and 3
12.11.3.1.2	The MCO must mail a welcome packet to each new member. When the name of the responsible party for the new member is associated with two (2) or more new members, the MCO is only required to send one welcome packet.	Met This requirement is addressed in the plan's P/P New Member Education and Communication P/P 124.12.004; page 3.		124.12.014	Pages 2 and 3
12.11.3.1.3	All contents of the welcome packet are considered member education materials and, as such, shall be reviewed and approved in writing by DHH prior to distribution according to the provisions described in this RFP. Contents of the welcome packets shall include those items specified in the Contract. The welcome packet shall include, but is not limited to:	Met This requirement is addressed in the plan's P/P New Member Education and Communication 124.12.004; page 3.		124.12.004	
12.11.3.1.3	A Member Handbook and/or Welcome Member Newsletter;	Met This requirement is addressed in the plan's P/P New Member Education and Communication 124.12.004; page 3.		124.12.004	Page 3
12.11.3.1.3.	The MCO Member ID Card (if not mailed under a separate mailing);	Met This requirement is addressed in the plan's P/P New Member Education and Communication 124.12.004; page 3.  The P/P Member ID Cards 124.12.009; page 3, states that the plan shall issue Member ID Cards separately.		124.12.004 and 124.12.009	Page 3
12.11.3.1.3	If the Member ID Card is mailed separately, a welcome letter highlighting major program features, details that a card specific to the MCO's Bayou Health Plan will be sent via mail separately and contact information for the MCO's Bayou Health Plan; and	Met This requirement is addressed in the plan's New Member Education and Communication P/P 124.12.004; page 3.		124.12.004 and 124.12.009	Page 3
12.11.3.1.3.	A current Provider Directory when specifically requested by the member (also must be available in searchable format on-	Met This requirement is addressed in the plan's P/P New		124.12.004	Page 3

	line).	Member Education and Communication 124.12.004; page 3.			
12.11.3.1.5	The MCO shall agree to make available the full scope of core benefits and services to which a member is entitled immediately upon his or her effective date of enrollment, which, with the exception of newborns, will always be the 1st day of a month.	Met This requirement is addressed in the New Member Education Policy and Procedure.		124.12.004	
12.11.3.2	<b>Welcome Calls</b>				
12.11.3.2.1	The MCO shall make welcome calls to new members within fourteen (14) business days of the date the MCO sends the welcome packet.	Met This requirement is addressed in the plan's P/P New Member Education and Communication 124.12.004; page 3; New Member Welcome Calls.		124.12.004	Page 3
12.11.3.2.2	The MCO shall review PCP assignment if an automatic assignment was made and assist the member in changing the PCP if requested by the member.	Met This requirement is addressed in P/P Assigning Primary Care Physicians and Changing Primary Care Physicians 124.12.010 and in the plan's P/P New Member Education and Communication 124.12.004; page 3.		124.12.004 and 124.12.010	
12.11.3.2.3	The MCO shall develop and submit to DHH for approval a script to be used during the welcome call to discuss the following information with the member:	Met This requirement is addressed in the plan's P/P New Member Education and Communication 124.12.004; page 3; New Member Welcome Calls.		124.12.004	Page 3
12.11.3.2.3	A brief explanation of the program;	Met This requirement is addressed in the plan's P/P New Member Education and Communication 124.12.004; page 3; New Member Welcome Calls.		124.12.004	Page 3
12.11.3.2.3	Statement of confidentiality;	Met This requirement is addressed in the plan's P/P New Member Education and Communication 124.12.004; page 3; New Member Welcome Calls.		124.12.019	Page 3
12.11.3.2.3.	The availability of oral interpretation and written translation services and how to obtain them free of charge;	Met This requirement is addressed in the plan's P/P New Member Education and Communication 124.12.004; page 3; New Member Welcome Calls.		124.12,019	Page 3
12.11.3.2.3	The concept of the patient-centered medical home, including the importance of the member(s) making a first appointment with his or her PCP for preventive care before the member requires care due to an illness or condition and instructions about changing PCPs; and	Met This requirement is addressed in the plan's P/P New Member Education and Communication 124.12.004; page 3; New Member Welcome Calls.		124.12.010	Page 3
12.11.3.2.3	A discussion to discover whether the member is pregnant has a chronic condition, or any special health care needs. Assistance in making an appointment with the PCP shall be offered to all members with such issues.	Met This requirement is addressed in the plan's P/P New Member Education and Communication 124.12.004; page 4; New Member Welcome Calls.		124.12.002, 124.12.004, 124.12.005,124.12.011, 124.12.012, 124.12.019	Page 4

Readiness Review Submission Form - 12.0 Member Education

MCO: AmeriHealth Caritas

12.11.3.2.4	The MCO shall make three (3) attempts to contact the member. If the MCO discovers that the member lost or never received the welcome packet, the MCO shall resend the packet.	Met This requirement is addressed in the plan's P/P New Member Education and Communication 124.12.004; page 4; New Member Welcome Calls.		124.12.004	Page 4
<b>12.12</b>					
12.12.1	The MCO shall develop and maintain a member handbook that adheres to the requirements in 42 CFR §438.10 (f)(6).	Met The Member Handbook was submitted, which contains the required content as specified in 42 CFR §438.10 (f)(6).	Member Handbook		Entire Handbook
12.12.2	Member handbook shall include the following information:		Member Handbook		Entire handbook
12.12.2.1	Table of contents;	Met This requirement is addressed in the Member Handbook; page 1.	Member Handbook	Table of Contents	Page 1
12.12.2.2	A general description about how MCOs operate, member rights and responsibilities, appropriate utilization of services including ED for non-emergent conditions, a description of the PCP selection process, and the PCP's role as coordinator of services;	Met This requirement is addressed in the Member Handbook; pages 9-10 & 38.	Member Handbook	Getting care, staying healthy; Member Rights and Responsibilities	Page 9, 37
12.12.2.3	Member's right to disenroll from MCO;	Met This requirement is addressed in the Member Handbook; page 39.	Member Handbook	Voluntary disenrollment	Page 36
12.12.2.4	Member's right to change providers within the MCO;	Met This requirement is addressed in the Member Handbook; page 50	Member Handbook	Changing your primary care provider (PCP)	Page 49
12.12.2.5	Any restrictions on the member's freedom of choice among MCO providers;	Met This requirement is addressed in the Member Handbook; page 6	Member Handbook	Enrolling	Page 6
12.12.2.6	Member's rights and protections, as specified in 42 CFR §438.100 and this RFP;	Met This requirement is addressed in the Member Handbook; pages 38-40	Member Handbook	Member Rights and Responsibilities	Page 37
12.12.2.7	The amount, duration, and scope of benefits available to the member under the contract between the MCO and DHH in sufficient detail to ensure that members understand the benefits to which they are entitled and information about health education and promotion programs, including chronic care management;	Met This requirement is addressed in the Member Handbook; page 39	Member Handbook	We need you to help us	Page 4
12.12.2.8	Procedures for obtaining benefits, including prior authorization requirements;	Met This requirement is addressed in the Member Handbook; page 32	Member Handbook	Prior authorization (pre-approval)	Page 16
12.12.2.9	Description on the purpose of the Medicaid card and the MCO card and why both are necessary and how to use them;	Met This requirement is addressed in the Member Handbook; page 7	Member Handbook	The Department of Health and Hospitals ID card	Page 7

Readiness Review Submission Form - 12.0 Member Education

MCO: AmeriHealth Caritas

12.12.2.10	The extent to which, and how, members may obtain benefits, including family planning services and specialized behavioral health services from out-of-network providers;	Met This requirement is addressed in the Member Handbook; pages 14, 19, and 20	Member Handbook	Out-of-network specialists; Family planning services	Page 14, 19
12.12.2.11	The extent to which, and how, after-hours and emergency coverage are provided, including: What constitutes an emergency medical condition, emergency services, and post-stabilization services, as defined in 42 CFR §438.114(a); That prior authorization is not required for emergency services; The process and procedures for obtaining emergency services, including use of the 911-telephone system or its local equivalent; <ul style="list-style-type: none"> <li>The locations of any emergency settings and other locations at which providers and hospitals furnish emergency services and post-stabilization services covered by the MCO; and</li> <li>That, subject to the provisions of 42 CFR §438, the member has a right to use any hospital or other setting for emergency care.</li> </ul>	Met This requirement is addressed in the Member Handbook; pages 8, 11-12, 16, 28, 38-39	Member Handbook	Benefits and Services: Your AmeriHealth Caritas Louisiana benefits include, but are not limited to, the following services:; Getting in touch with your PCP?; Member Rights and Responsibilities	Page 8, 11.12,38
12.12.2.12	The post-stabilization care services rules set forth in 42 CFR 422.113(c);	Met This requirement is addressed in the Member Handbook; page 8	Member Handbook	Benefits and Services	Page 8
12.12.2.13	Policy on referrals for specialty care, including specialized behavioral health services and for other benefits not furnished by the member's PCP;	Met This requirement is addressed in the Member Handbook; pages 15 & 19	Member Handbook	Out-of-network specialists	Page 14, 38
12.12.2.14	How and where to access any benefits that are available under the Louisiana Medicaid State Plan but, are not covered under the MCO's contract with DHH;	Met This requirement is addressed in the Member Handbook; page 34	Member Handbook	How You Can Help Us	Page 4
12.12.2.15	That the member has the right to refuse to undergo any medical service, diagnoses, or treatment or to accept any health service provided by the MCO if the member objects (or in the case of a child, if the parent or guardian objects) on religious grounds;	Met This requirement is addressed in the Member Handbook; pages 38 & 41	Member Handbook	Advanced directives	Page 41
12.12.2.16	For counseling or referral services that the MCO does not cover because of moral or religious objections, the MCO should direct the member to contact the Enrollment Broker for information on how or where to obtain the service;	Met This requirement is addressed in the Member Handbook; page 8 states the plan does not determine coverage based on any moral or religious reasons.	Member Handbook	Services not covered	Page 32
12.12.2.17	Member grievance, appeal and state fair hearing procedures and time frames, as described in 42 CFR §§438.400 through 438.424 and this RFP;	Met This requirement is addressed in the Member Handbook; pages 43 - 45	Member Handbook	Member Grievances, Appeals, and Fair Hearings	Page 42, 43 ,44
12.12.2.18	Grievance, appeal and fair hearing procedures that include the following:	Met This requirement is addressed in the Member	Member Handbook	Member Grievances, Appeals, and Fair	Page 42, 42, 44

	<ul style="list-style-type: none"> <li>For State Fair Hearing: the right to a hearing; the method for obtaining a hearing; and the rules that govern representation at the hearing;</li> <li>The right to file grievances and appeals;</li> <li>The requirements and timeframes for filing a grievance or appeal;</li> <li>The availability of assistance in the filing process;</li> <li>The toll-free numbers that the member can use to file a grievance or an appeal by phone;</li> <li>The fact that, when requested by the member: Benefits will continue if the member files an appeal or a request for State Fair Hearing within the timeframes specified for filing; and the member may be required to pay the cost of services furnished while the appeal is pending, if the final decision is adverse to the member;</li> <li>In a State Fair Hearing, the Division of Administrative Law shall make the recommendation to the Secretary of the DHH who has final authority to determine whether services must be provided.</li> </ul>	Handbook; pages 43 - 45		Hearings	
12.12.2.19	<p>Advance Directives, set forth in 42 CFR §438.6(i)(2) - A description of advance directives which shall include:</p> <ul style="list-style-type: none"> <li>The MCO policies related to advance directives;</li> <li>The member's rights under Louisiana state law, including the right to accept or refuse medical, surgical, or behavioral health treatment and the right to formulate advance directives; any changes in law shall be reflected in the member handbook as soon as possible, but no later than ninety (90) calendar days after the effective date of the change;</li> <li>Information that members can file complaints about the failure to comply with an advance directive with the Office of Health Standards, Louisiana's Survey and Certification agency) by calling 225 342 0138; and</li> <li>Information about where a member can seek assistance in executing an advance directive and to whom copies should be given.</li> </ul>	<p>Met</p> <p>This requirement is addressed in the Member Handbook; page 42</p>	Member Handbook	Members Rights and Responsibilities	Page 37, 38, 39
12.12.2.20	<p>Information to call the Medicaid Customer Service Unit toll free hotline, go to Louisiana Medicaid website at <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or visit a local Medicaid eligibility office to report if family size, living arrangements, parish of</p>	<p>Met</p> <p>This requirement is addressed in the Member Handbook; page 4</p>	Member Handbook	We need you to help us	Page 4

	residence, or mailing address changes;				
12.12.2.21	How to make, change and cancel medical appointments and the importance of canceling and/or rescheduling rather than being a "no show";	Met This requirement is addressed in the Member Handbook; pages 4 & 12	Member Handbook	Member responsibilities	Page 39
12.12.2.22	A description of Member Services and the toll-free number, fax number, e-mail address and mailing address to contact Member Services;	Met This requirement is addressed in the Member Handbook; pages 2 & 3	Member Handbook	How we can help you	Page 3
12.12.2.23	How to obtain emergency and non-emergency medical transportation;	Met This requirement is addressed in the Member Handbook; page 16	Member Handbook	Transportation	Page 15
12.12.2.24	Information about Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services;	Met This requirement is addressed in the Member Handbook; pages 8, 11, 24	Member Handbook	Care for your child: Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	Page 23
12.12.2.25	Information about the requirement that a member shall notify the MCO immediately if he or she has a Workman's Compensation claim, a pending personal injury or medical malpractice law suit, or has been involved in a auto accident;	Met This requirement is addressed in the Member Handbook; page 36	Member Handbook	Other sources of payment	Page 35
12.12.2.26	Reporting requirements for the member that has or obtains another health insurance policy, including employer sponsored insurance. Such situations shall be reported the MCO;	Met This requirement is addressed in the Member Handbook; page 36	Member Handbook	If you have other health insurance	Page 35
12.12.2.27	Member responsibilities, appropriate and inappropriate behavior, and any other information deemed essential by the MCO or DHH. This shall include a statement that the member is responsible for protecting their ID card and that misuse of the card, including loaning, selling or giving it to others could result in loss of the member's Medicaid eligibility and/or legal action;	Met This requirement is addressed in the Member Handbook; pages 38-40	Member Handbook	Member Rights and Responsibilities	Page 37, 38, 39
12.12.2.28	Instructions on how to request multi-lingual interpretation and translation when needed at no cost to the member. This instruction shall be included in all versions of the handbook in English and Spanish;	Met This requirement is addressed in the Member Handbook; page 5	Member Handbook	Middle of page disclaimer	Page 54
12.12.2.29	Information on the member's right to a second opinion at no cost and how to obtain it;	Met This requirement is addressed in the Member Handbook; page 15	Member Handbook	Specialist office visits	Page 14
12.12.2.30	Ways to report suspected provider fraud and abuse including but not limited to DHH and MCO toll-free numbers and website established for that purpose;	Met This requirement is addressed in the Member Handbook; page 46	Member Handbook	Fraud and Abuse	Page 45
12.12.2.31	Any additional text provided to the MCO by DHH or deemed essential by the MCO;	Met This requirement is addressed in the Member	Member Handbook	Bottom of page disclaimer	Page 54

		Handbook; page 55			
12.12.2.32	The date of the last revision;	Met This requirement is addressed in the Member Handbook; page 55	Member Handbook	Bottom of page disclaimer	Page 54
12.12.2.33	Additional information that is available upon request, including the following: Information on the structure and operation of the MCO; Physician incentive plans [42 CFR 438.6(h)]. Service utilization policies; and How to report alleged marketing violations to DHH utilizing the Marketing Complaint Form. (See Appendix Z of this RFP)	Met This requirement is mostly addressed in the Member Handbook; page 38; Member Rights and Responsibilities.	Member Handbook	On the Web	Page 5
12.12.2.36	<b>MCO Welcome Newsletter</b>				
12.12.2.36.1	Should the MCO elect not to provide a Member Handbook hard copy at the time of sending the welcome packet for new members, the MCO shall develop and maintain a welcome newsletter that adheres to the requirements in 42 CFR §438.10.	Met. A Member Handbook is included in the welcome kit and meets this requirement.			
12.12.2.36.2	The MCO shall review and update the Welcome Member Newsletter at least once a year. The Newsletter must be submitted to DHH for approval within four weeks of the annual renewal and upon any changes prior to being made available to members.	Met The Member Handbook is included in the welcome kit and meets this requirement.			
12.12.2.36.3	At a minimum, the welcome member newsletter shall include the following information: <ul style="list-style-type: none"> <li>• Right to request an updated Member Handbook at no cost to the member. Notification that the Handbook is available on the Contractor's website, be electronic mail or through postal mailing must be referenced;</li> <li>• Member Grievance and Appeal rights;</li> <li>• Right to access oral interpretation services, free of charge, and how to access them;</li> <li>• MCO service hours and availability with contact information including but not limited to Member Services, Nurse Line, Behavioral Health MCO, Dental Benefit Manager, Reporting suspected Fraud and Abuse, Pharmacy Benefit Manager, and Transportation;</li> <li>• Tobacco Cessation information with a website link to tobacco education and prevention program;</li> <li>• Information on how to search for providers and how to obtain, at no charge, a directory of</li> </ul>	Met A Member Handbook is included in the welcome kit and meets this requirement.			



	<ul style="list-style-type: none"> <li>providers;</li> <li>Information on what to do if a member is billed, and under what circumstances a member may be billed for non-covered services;</li> <li>How to file a complaint;</li> <li>What to do in case of an emergency, information on proper emergency service utilization, and the right to obtain emergency services at any hospital or other ED facility, in or out of network;</li> <li>Description of fraud, waste, and abuse, including instruction on how to report suspected fraud, waste, and abuse;</li> <li>Right to be treated fairly regardless of race, religion, gender, age, and ability to pay;</li> <li>Right to request a medical record copy and/or inspect medical records at no cost;</li> <li>How to access afterhours care;</li> <li>How to change Health Plans;</li> <li>Instructions on changing your PCP;</li> <li>Instructions where to find detailed listing of covered benefits; and</li> <li>Identification of services for which copays are applicable.</li> </ul>				
<b>12.13</b>					
12.13.1	MCO members will be issued at a minimum two (2) different member identification cards related to their enrollment in the Louisiana Medicaid managed care delivery system. The MCO may opt to provide members with a third ID card, if the MCO elects to issue a separate pharmacy-related ID card.	Met This requirement is addressed in P/P Member ID Cards 124.12.009; page 2.		124.12.004 124.12.009, and 124.12.012	Page 3
12.13.2	A DHH issued ID card to all Medicaid eligibles, including MCO members. This card is not proof of eligibility, but can be used for accessing the state's electronic eligibility verification systems by MCO providers. These systems will contain the most current information available to DHH, including specific information regarding MCO enrollment. There will be no MCO specific information printed on the card. The MCO member will need to show this card to access Medicaid services not included in the MCO core benefits and services.	Met This requirement is addressed in P/P Member ID Cards 124.12.009; page 2.		124.12.004, 124.12.009 , and 124.12.012	Page 2

12.13.3	<p>An MCO issued member ID card that contains information specific to the MCO. The members ID card shall at a minimum include, but not be limited to the following:</p> <ul style="list-style-type: none"> <li>• The member's name and date of birth;</li> <li>• The MCO's name and address;</li> <li>• Instructions for emergencies;</li> <li>• The PCP's name, address and telephone numbers (including after-hours number, if different from business hours number);</li> <li>• Name and contact number for the Louisiana Behavioral Health Partnership; and</li> <li>• The toll-free number(s) for: 24-hour Member Services and Filing Grievances, Provider Services and Prior Authorization and Reporting Medicaid Fraud (1-800-488-2917)</li> </ul>	<p>Met This requirement is addressed in Member ID Cards Policy; pages 2 &amp; 3.</p>		124.12.004, 124.12.009, and 124.12.012	Pages 2 and 3
12.13.3.1	<p>The MCO may provide the MCO Member ID card in a separate mailing from the welcome packet, however the card must be sent no later than ten (10) business days from the date of receipt of the file from DHH or the Enrollment Broker identifying the new enrollee. As part of the card mailing, the MCO must explain the purpose of the card, how to use the card, and how to use it in tandem with the DHH-issued card.</p>	<p>Met This requirement is addressed in the Member ID Card Policy and Procedure.</p>		124.12.004, 124.12.009 and 124.12.012	Page 3
12.13.3.2	<p>The card will be issued without the PCP information if no PCP selection has been made on the date of the mailing.</p>	<p>Met This requirement is addressed in the Member ID Card Policy and Procedure.</p>		124.12.004, 124.12.009, 124.12.010, and 124.12.012	Page 3
12.13.3.3	<p>Once PCP selection has been made by the member or through auto assignment, the MCO will reissue the card in keeping with the time guidelines of this RFP and the Contract. As part of the mailing of the reissued card, the MCO must explain the purpose of the reissued card, the changes between the new card and the previous card, and what the enrollee should do with the previous card.</p>	<p>Met This requirement is addressed in P/P Member ID Cards 124.12.009; page 3.</p>		124.12.004, 124.12.009, 124.12.010, and 124.12.012	Page 3
12.13.3.4	<p>The MCO shall reissue the MCO ID card within ten (10) calendar days of notice that a member reports a lost card, there is a member name change or the PCP changes, or for any other reason that results in a change to the information on the member ID card.</p>	<p>Met This requirement is addressed in P/P Member ID Cards 124.12.009; page 3.</p>		124.12.004, 124.12.009, 124.12.010, and 124.12.012	Page 3
12.13.3.5	<p>The holder of the member identification card issued by the MCO shall be a MCO member or guardian of a member. If the MCO has knowledge of any MCO member permitting the use of this identification card by any other person, the MCO shall immediately report this violation to the Medicaid Fraud Hotline number 1-800-488-2917.</p>	<p>Met This requirement is addressed in P/P Member ID Cards 124.12.009; page 3.</p>		124.12.004, 124.12.009, 124.12.010, and 124.12.012	Page 3

12.13.3.6	The MCO shall ensure that its subcontractors can identify members in a manner which will not result in discrimination against the members, in order to provide or coordinate the provision of all core benefits and services and/or expanded services and out of network services.	Met This requirement is addressed in P/P Member ID Cards 124.12.009; page 3.		124.12.004, 124.12.009, 124.12.010, and 124.12.012	Page 3
12.13.4	<b>Pharmacy-Related ID Card Requirements</b>				
12.13.4.1	The MCO shall provide on the member's identification card, or on a separate prescription benefit card, or through other technology, prescription billing information that:				
12.13.4.1.1	Complies with the standards set forth in the National Council for Prescription Drug Programs pharmacy ID card prescription benefit card implementation guide at the time of issuance of the card or other technology; or	Met As an incumbent plan, ACLA has an existing process for its pharmacy ID card	Member handbook		7
12.13.4.1.2	Includes, at a minimum, the following data elements: <ul style="list-style-type: none"> <li>The name or identifying trademark of the MCO and the prescription benefit manager (see co-branding restrictions in 12.20.3);</li> <li>The name and MCO member identification number of the recipient;</li> <li>The telephone number that providers may call for: pharmacy benefit assistance, 24-hour member services and filing grievances, provider services and prior authorization, and reporting Medicaid Fraud (1-800-488-2917).</li> </ul> <p>Per 12.20.3, MCOs are prohibited from displaying the names and/or logos of co-branded PBMs on the MCO's member identification card. MCOs that choose to co-brand with providers must include on marketing materials (other than ID cards) the following language: "Other Pharmacies are Available in Our Network."</p>	Not Met This requirement is addressed in part in the Member Handbook.  The plan has been advised to include the relevant information on its ID card.	Member handbook		7
12.13.4.1.3	All electronic transaction routing information and other numbers required by the MCO or its benefit administrator to process a prescription claim electronically.	Met This requirement is addressed in the Member Handbook; page 7.	Member handbook		7
12.13.4.1.4	If the MCO chooses to include the prescription benefit information on the Bayou Health Plan card, the MCO must ensure all members have a card that includes all necessary prescription benefit information, as outlined above.	Not Met This requirement is addressed in part in the Member Handbook.  The plan has been advised to include the relevant information on its ID card.	Member handbook		7

12.13.4.1.5	If the MCO chooses to provide a separate prescription benefit card, the card mailer that accompanies the card must include language that explains the purpose of the card, how to use the card and how to use it in tandem with the DHH-issued Medicaid Card and the MCO-issued card.	Met The Plan does not issue a separate prescription benefit card. Page 17 of the Member Handbook states that the member must show their AmeriHealth Caritas Louisiana member ID card when getting prescriptions.	N/A		
<b>12.14</b>					
12.14.1	The MCO shall develop and maintain a Provider Directory in four (4) formats:	Met This requirement is addressed in P/P Provider Paper/Online Directory Policy 170.104; page 3.	170.104 Provider Paper/Online Directory Policy		Page 3
12.14.1.1.	A hard copy directory for members and upon request, potential members;	Met This requirement is addressed in P/P Provider Paper/Online Directory Policy 170.104; page 3, as well as LA 2015 Provider Directory.	LA 2015 Provider Directory.pdf  170.104 Provider Paper/Online Directory Policy		Page 3
12.14.1.2.	Web-based, searchable, online directory for members and the public; and	Met This requirement is addressed in P/P Provider Paper/Online Directory Policy 170.104; page 3.	170.104 Provider Paper/Online Directory Policy		Page 3
12.14.1.3.	Electronic file of the directory to be submitted and updated weekly to the Medicaid FI or other designee as determined by DHH; for the Enrollment Broker; and	Met This requirement is addressed in P/P Provider Paper/Online Directory Policy 170.104; page 3.	LA 2015 Provider Directory  170.104 Provider Paper/Online Directory Policy		Page 3
12.14.1.4.	Hard copy, abbreviated version for the Enrollment Broker.	Met This requirement is addressed in P/P Provider Paper/Online Directory Policy 170.104; page 3.	170.104 Provider Paper/Online Directory Policy		Page 3
12.14.2	The MCO shall submit templates of its provider directory to DHH within thirty (30) days from the date the Contract is signed.	Met As an incumbent plan, ACLA has an existing, Provider Directory Template with no changes made.	N/A Provider Directory Template currently in use. No changes.		
12.14.3	The hard copy directory for members shall be reprinted with updates at least annually. Inserts may be used to update the hard copy directories monthly for new members and to fulfill requests by potential members. The web-based online version shall be updated in real time, but no less than weekly. While daily updates are preferred, the MCO shall at a minimum submit no less than weekly. The abbreviated hard copy version for the Enrollment Broker will be available to all Medicaid enrollees when requested by contacting the Enrollment Broker. Format for this version will be in a format specified by DHH.	Met This requirement is addressed in the Provider Paper/Online Directory Policy.	170.104 Provider Paper/Online Directory Policy		Page 3
12.14.4	In accordance with 42 CFR 438.10(f) (6), the provider directory shall include, but not be limited to:				

12.14.4.1	Names, locations, telephone numbers of, and non-English languages spoken by current contracted providers in the Medicaid enrollee's service area, including identification of providers, PCPs, specialists, and hospitals at a minimum, that are not accepting new patients;	Met This requirement is addressed in P/P Provider Paper/Online Directory Policy 170.104; pages 2 & 3 as well as LA 2015 Provider Directory.	170.104 Provider Paper/Online Directory Policy		Page 2, 3
12.14.4.2	Identification of primary care physicians, specialists, and hospitals PCP groups, clinic settings, FQHCs and RHCs in the service area;	Met This requirement is addressed in P/P Provider Paper/Online Directory Policy 170.104; pages 2 & 3 as well as LA 2015 Provider Directory.	170.104 Provider Paper/Online Directory Policy		Page 2, 3
12.14.4.3	Identification of any restrictions on the enrollee's freedom of choice among network providers; and	Met This requirement is addressed in Provider Paper/Online Directory Policy 170.104 and LA 2015 Provider Directory.	170.104 Provider Paper/Online Directory Policy		Page 2, 3
12.14.4.4	Identification of hours of operation including identification of providers with non-traditional hours (Before 8 a.m. or after 5 p.m. or any weekend hours).	Met This requirement is addressed in 170.104 Provider Paper/Online Directory Policy; pages 2 & 3, as well as LA 2015 Provider Directory.	170.104 Provider Paper/Online Directory Policy		Page 2,3
12.14.5	To assist Medicaid potential enrollees in identifying participating providers for each MCO, the Enrollment Broker will maintain and update weekly an electronic provider directory that is accessible through the website www.bayouhealth.com and will make available, (by mail) paper provider directories which comply with the member education material requirements of this RFP.	Met This requirement is addressed in 170.104 Provider Paper/Online Directory Policy; page 5, as well as LA 2015 Provider Directory.	170.104 Provider Paper/Online Directory Policy		Page 5
<b>12.15</b>					
12.15.1	The MCO shall maintain a toll-free member service call center, physically located in the United States, with dedicated staff to respond to member questions including, but not limited to, such topics as:	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012; page 3, as well as P/P Contact Center Telephone System (124.12.014); page 3.	124.12.012, 124.12.014, and 124.12.015		Page 3
12.15.1.1.	Explanation of MCO policies and procedures;	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012; page 4	124.12.012		Pages 3, 4
12.15.1.2.	Prior authorizations;	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012; page 4	124.12.012, 124.12.014, and 124.12.015		Page 4
12.15.1.3.	Access information;	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012; page 4	124.12.012,124.12.014, and 124.12.015		Page 4
12.15.1.4.	Information on PCPs or specialists;	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012; page 4	124.12.010,124.12.012, 124.12.014,and 124.12.015		Page 4
12.15.1.5.	Referrals to participating specialists;	Met This requirement is addressed in P/P Contact Center	124.12.012,124.12.014, and 124.12.015		Page 4

		Scope- Member Services 124.12.012; page 4			
12.15.1.6.	Resolution of service and/or medical delivery problems; and	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012; page 4	124.12.012,124.12.014, and 124.12.015		Page 4
12.15.1.7.	Member grievances.	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012; page 4	124.12.012 and 124.12.019		Page 4
12.15.2	The toll-free number must be staffed between the hours of 7 a.m. and 7 p.m. Central Time, Monday through Friday, excluding state declared holidays.	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012; page 3	124.12.012, 124.12.014, and 124.12.015		Page 3
12.15.3	The toll-free line shall have an automated system, available 24-hours a day, seven-days a week. This automated system must include the capability of providing callers with operating instructions on what to do in case of an emergency and the option to talk directly to a nurse or other clinician or leave a message, including instructions on how to leave a message and when that message will be returned. The MCO must ensure that the voice mailbox has adequate capacity to receive all messages and that member services staff return all calls by close of business the following business day.	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012; page 3	124.12.012,124.12.014, and 124.12.015		Page 3
12.15.4	The MCO shall have sufficient telephone lines to answer incoming calls. The MCO shall ensure sufficient staffing to meet performance standards listed in this RFP. DHH reserves the right to specify staffing ratio and/or other requirements, if performance standards are not met or it is determined that the call center staffing/processes are not sufficient to meet member needs as determined by DHH.	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012; pages 4 & 5	124.12.012, 124.12.014, and 124.12.015		Page 3
12.15.5	The MCO must develop a contingency plan for hiring call center staff to address overflow calls and emails and to maintain call center access standards set forth for MCO performance. The MCO must develop and implement a plan to sustain call center performance levels in situations where there is high call/e-mail volume or low staff availability. Such situations may include, but are not limited to, increases in call volume, emergency situations (including natural disasters such as hurricanes), staff in training, staff illnesses and vacations.	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012; pages 4 & 5, as well as P/P Contact Center Staffing 124.12.015; page 3.	124.12.012, 124.12.014, and 124.12.015		Page 3

Readiness Review Submission Form - 12.0 Member Education

MCO: AmeriHealth Caritas

12.15.6	The MCO must develop telephone help line policies and procedures that address staffing, personnel, hours of operation, access and response standards, monitoring of calls via recording or other means, and compliance with standards and emergencies including but not limited to hurricane-related evacuations. The MCO shall submit these telephone help line policies and procedures, including performance standards, to DHH for written approval prior to implementation of any policies. This must include a capability to track and report information on each call. The MCO call center must have the capability to produce an electronic record to document a synopsis of all calls. The tracking shall include sufficient information to meet the reporting requirements.	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012; pages 4 & 5, as well as P/P Contact Center Staffing 124.12.015; page 3.	124.12.012, 124.12.014, and 124.12.015		Page 3
12.15.7	The MCO shall develop call center quality criteria and protocols to measure and monitor the accuracy of responses and phone etiquette as it relates to the toll-free telephone line. The MCO shall submit call center quality criteria and protocols to DHH for review and approval annually.	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012; pages 4 & 5.	124.05.001 Call Center Auditing Process		Pages 1, 2
<b>12.16</b>					
12.16	The MCO shall install, operate and monitor an automated call distribution (ACD) system for the customer service telephone call center. The ACD system shall:	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012. Includes Member Services Workflow diagram and sample reporting.  Also addressed in P/P Contact Center Telephone System 124.12.014; pages 3 & 4.		124.12.012, 124.12.014, and 124.12.015	Pages 3, 4
12.16.1.	Effectively manage all calls received and assign incoming calls to available staff in an efficient manner;	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012. Includes Member Services Workflow diagram and sample reporting.		124.12.012, 124.12.014, and 124.12.015	Page 3, 4
12.16.2	Transfer calls to other telephone lines;	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012; page 3		124.12.012, 124.12.014, and 124.12.015	Page 3
12.16.3.	Provide detailed analysis as required for the reporting requirements, as specified, including the quantity, length and types of calls received, elapsed time before the calls are answered, the number of calls transferred or referred; abandonment rate; wait time; busy rate; response time; and call volume;	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012; page 3, as well as P/P Contact Center Telephone System 124.12.014; page 3.		124.12.012, 124.12.014, and 124.12.015	Page 3

12.16.4.	Provide a message that notifies callers that the call may be monitored for quality control purposes;	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012; page 3		124.12.015, 124.12.014, and 124.12.012	Page 3
12.16.5	Measure the number of calls in the queue ;	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012; page 3		124.12.012, 124.12.014, and 124.12.015	Page 3
12.16.6	Measure the length of time callers are on hold;	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012; page 3		124.12.012, 124.12.014, and 124.12.015	Page 3
12.16.7	Measure the total number of calls and average calls handled per day/week/month;	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012; page 3		124.12.012, 124.12.014, and 124.12.015	Page 3
12.16.8	Measure the average hours of use per day;	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012; page 3		124.12.012, 124.12.014, and 124.12.015	Page 3
12.16.9	Assess the busiest times and days by number of calls;	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012; page 3		124.12.012, 124.12.014, and 124.12.015	Page 3
12.16.10	Record calls to assess whether answered accurately;	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012; page 3		124.12.012, 124.12.015, and 124.12.014	Page 3
12.16.11	Provide a backup telephone system that shall operate in the event of line trouble, emergency situations including natural disasters, or other problems so that access to the telephone lines are not disrupted;	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012; page 3		124.12.012, 124.12.015, and 124.12.014	Page 3
12.16.12	Provide interactive voice response (IVR) options that are user-friendly to members and include a decision tree illustrating IVR system; and	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012; page 3		124.12.012, 124.12.015, and 124.12.014	Page 2
12.16.13	Inform the member to dial 911 if there is an emergency.	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012; page 3		124.12.012, 124.12.014, and 124.12.015	Page 3
12.16.14	<b>Call Center Performance Standards</b>				
12.16.14.1	Answer ninety-five (95) percent of calls within thirty (30) seconds or direct the call to an automatic call pickup system with IVR options;	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012; page 4		124.12.012, 124.12.014, and 124.12.015	Page 4
12.16.14.2	No more than one percent (1%) of incoming calls receive a busy signal;	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012; page 4		124.12.012, 124.12.014, and 124.12.015	Page 4
12.16.14.3	Maintain an average hold time of three (3) minutes or less;	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012; page 5		124.12.012, 124.12.014, and 124.12.015	Page 5
12.16.14.4	Maintain abandoned rate of calls of not more than five (5) percent.	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012; page 5		124.12.012, 124.12.014, and 124.12.015	Page 5



12.16.14.4.1.	The MCO must conduct ongoing quality assurance to ensure these standards are met.	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012; page 5			
12.16.14.4.2.	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.	Met This requirement is addressed in P/P Contact Center Scope- Member Services 124.12.012; page 5		124.12.012, 124.12.014, and 124.12.015	Page 5
12.16.15	<b>Members' Rights and Responsibilities</b>				
12.16.15.1	The MCO shall have written policies regarding member rights and responsibilities. The MCO shall comply with all applicable state and federal laws pertaining to member rights and privacy. The MCO shall further ensure that the MCO's employees, contractors and MCO providers consider and respect those rights when providing services to members.	Met This requirement is addressed in the Member Handbook; pages 38-39.  This is also addressed in P/P Member Rights and Responsibilities 124.01.004 L.	Member Handbook	Members Rights and Responsibilities	Page 37
12.15.2	Members Rights - 2.16.3.1. The rights afforded to current members are detailed in Appendix AA, Members' Bill of Rights.	Met This requirement is cited in P/P Member Rights and Responsibilities 124.01.004 L; page 7.	Member Handbook	Members Rights and Responsibilities	Page 37
12.16.16	<b>Member Responsibilities</b>				
12.16.16.1	The MCO shall encourage each member to be responsible for his own health care by becoming an informed and active participant in their care. Members have the responsibility to cooperate fully with providers in following mutually acceptable courses of treatment, providing accurate medical and personal histories, and being present at scheduled appointments and reporting on treatment progress, such as notifying their health care provider promptly if serious side effects and complications occur, and/or worsening of the condition arises.	Met This requirement is addressed in the Member Handboo; page 40.	Member Handbook	Members Rights and Responsibilities	Page 37
12.16.16.2	The MCO members' responsibilities shall include but are not limited to: <ul style="list-style-type: none"> <li>• Informing the MCO of the loss or theft of their ID card;</li> <li>• Presenting their MCO ID card when using health care services;</li> <li>• Being familiar with the MCO procedures to the best of the member's abilities;</li> <li>• Calling or contacting the MCO to obtain information and have questions answered;</li> <li>• Providing participating network providers with accurate and complete medical information;</li> <li>• Asking questions of providers to determine the potential risks, benefits and costs of treatment alternatives and following the prescribed</li> </ul>	Met This requirement is addressed in the Member Handbook; page 40.	Member Handbook	Members Rights and Responsibilities	Page 37

	<p>treatment of care recommended by the provider or letting the provider know the reasons the treatment cannot be followed, as soon as possible;</p> <ul style="list-style-type: none"> <li>• Living healthy lifestyles and avoiding behaviors know to be detrimental to their health;</li> <li>• Following the grievance process established by the MCO if they have a disagreement with a provider; and</li> <li>• Making every effort to keep any agreed upon appointments, and follow-up appointments; and accessing preventive care services, and contacting the provider in advance if unable to keep the appointment.</li> </ul>				
<b>12.17</b>					
12.17.1	The MCO shall make a good faith effort to give written notice of a provider's termination to each member who received their primary care from, or was seen on a regular basis by the terminated provider. When timely notice from the provider is received, the notice to the member shall be provided within fifteen (15) calendar days of the receipt of the termination notice from the provider	Met This requirement is addressed in ACLA Network Development and Management Plan 2015; page 6.	PNM Network Development Plan 2015  PNM 159.301 Provider Termination Policy	Provider Termination	Pages 6 and 6
12.17.2	The MCO shall provide notice to a member, who has been receiving a prior authorized course of treatment, when the treating provider becomes unavailable. The written notice shall be provided within ten (10) calendar days from the date the MCO becomes aware of such, if it is prior to the change occurring. Failure to provide notice prior to the dates of termination will be allowed when a provider becomes unable to care for members due to illness, a provider dies, the provider moves from the service area and fails to notify the MCO, or when a provider fails credentialing or is displaced as a result of a natural or man-made disaster. Under these circumstances, notice shall be issued immediately upon the MCO becoming aware of the circumstances.	Met Addressed in P/P Provider Termination Process 159.301; page 6.	PNM Network Development Plan 2015  PNM 159.301 Provider Termination Policy	Provider Termination	Pages 5 and 6
<b>12.18</b>					
12.18.1	In accordance with 42 CFR §438.10(b)(1) DHH shall provide on its website the prevalent non-English language spoken by enrollees in the state.				

12.18.2	The MCO must make real-time oral interpretation services available free of charge to each potential enrollee and enrollee. This applies to all non-English languages not just those that Louisiana specifically requires (Spanish). The enrollee is not to be charged for interpretation services. The MCO must notify its enrollees that oral interpretation is available for any language and written information is available in Spanish and how to access those services. On materials where this information is provided, the notation should be written in both Spanish.	Met Addressed in P/P Services for Members with LEP, LLP, and Sensory Impairment 124.12.020; pages 10 & 11.	124.12.020 Services for Members with Limited English Proficiency, Low literacy Proficiency, and Sensory Impairment	F: Translated materials individual mailings	Page 10, 11
12.18.3	The MCO shall ensure that translation services are provided for written marketing and member education materials for any language that is spoken as a primary language for four percent (4%) or more enrollee or potential enrollees of an MCO. Within ninety (90) calendar days of notice from DHH, materials must be translated and made available. Materials must be made available at no charge in that specific language to assure a reasonable chance for all members to understand how to access the MCO and use services appropriately as specified in 42 CFR §438.10(c) (4) and (5).	Met The 90 calendar day notice from DHH is addressed in P/P Services for Members with LEP, LLP, and Sensory Impairment 124.12.020; page 11. The plan provides translation services for any language that is spoken as a primary language for more than 200 members. This meets the 4% requirement.	124.12.020 Services for Members with Limited English Proficiency, Low literacy Proficiency, and Sensory Impairment		Page 11