

Readiness Review Submission Form - 7.0 Provider Network Requirements MCO: AmeriHealth Caritas

Contract   RFP Reference	Contract Requirement Language	Suggested Documentation/ Evidence	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
<b>7.1</b>	<b>General Provider Network Requirements</b>				
7.1.1	The MCO must maintain a network that ensures, at a minimum, equal access to qualified providers as the rest of the insured population in the area. [42 CFR 438.210.(a)(2)]	Met This requirement is addressed on page 3 of the Network Development & Management Plan.	ACLA Network Development & Management Plan 2015	Network Mgmt. Departmental Function	Pg. 3
7.1.2	All services covered under this contract shall be accessible to MCO members in comparable timeliness, amount, duration and scope as those available to other insured individuals in the same service area.	Met This requirement is addressed on page 3 of the Network Development & Management Plan.	ACLA Network Development & Management Plan 2015	Network Mgmt. Departmental Function	Pg. 3
7.1.3	Network providers must be available within a reasonable distance to members and accessible within an appropriate timeframe to meet the members' medical needs. Standards for distance and time are fully outlined in this Section and in Appendix SS – Provider Network – Appointment Availability Standards. The MCO shall ensure that providers are available in network within the distance requirements set forth in this Section.	Met This requirement is addressed on pages 13 and 14 of the Network Development & Management Plan.	ACLA Network Development & Management Plan 2015	Network Monitoring	Pg. 13
7.1.4	If the MCO is unable to provide the necessary services to a member within their network, the MCO must adequately and timely cover these services out of network. The MCO shall ensure coordination with respect to authorization and payment issues in these circumstances [42 CFR §438.206.(b)(4) and (5)].	Met This requirement is addressed on page 13 of the Network Development & Management Plan.	ACLA Network Development & Management Plan 2015	Geographic Access	13
7.1.5	The MCO's network providers shall comply with all requirements set forth in this RFP.	Met This requirement is addressed on page 3 of the Network Development & Management Plan.	ACLA Network Development & Management Plan 2015	Network Mgmt. Departmental Function	Pg. 3
7.1.6	The MCO shall require that providers deliver services in a culturally competent manner to all members, including those with limited English proficiency and diverse cultural and ethnic backgrounds and provide for interpreters in accordance with 42 CFR §438.206(c)(2).	Met This requirement is addressed on page 14 of the Network Development & Management Plan.	ACLA Network Development & Management Plan 2015	Cultural Needs & Preference Standards	Pg. 14
<b>7.2</b>	<b>Appointment Availability Access Standards</b>				
7.2.1	The following appointment availability standards have been established as minimum requirements to ensure	Met This requirement is addressed in the Access to Care Annual	159.202 Provider Geographical Access		Pg. 13

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	that members' needs are sufficiently met. DHH will monitor the MCO's compliance with these standards through regular reporting as shown in Appendix UU – <b>Provider Network – Geographic and Capacity Standards</b> . The MCO shall ensure that appointments with qualified providers are on a timely basis, as follows:	Survey as well as in the Provider Accessibility Standards and Compliance Policy.			
7.2.1.1	Emergent or emergency visits immediately upon presentation at the service delivery site. Emergency services must be available at all times.	Met This requirement is addressed on page 2 of the Provider Accessibility Standards.	159.201 Provider Accessibility Standards		Pg. 2
7.2.1.2	Urgent Care within twenty-four (24) hours; Provisions must be available for obtaining urgent care 24 hours per day, 7 days per week. Urgent care may be provided directly by the PCP or directed by the MCO through other arrangements.	Met This requirement is addressed on page 2 of the Provider Accessibility Standards.	159.201 Provider Accessibility Standards		Pg. 2
7.2.1.3	Non-urgent sick care within seventy-two (72) hours or sooner if medical condition(s) deteriorates into an urgent or emergency condition;	Met This requirement is addressed on page 2 of the Provider Accessibility Standards.	159.201 Provider Accessibility Standards		Pg. 2
7.2.1.4	Routine, non-urgent, or preventative care visits within six (6) weeks;	Met This requirement is addressed on page 2 of the Provider Accessibility Standards.	159.201 Provider Accessibility Standards		Pg. 2
7.2.1.5	Specialty care consultation within one (1) month of referral or as clinically indicated;	Met This requirement is addressed on page 2 of the Provider Accessibility Standards.	159.201 Provider Accessibility Standards		Pg. 2
7.2.1.6	Lab and X-ray services (usual and customary) not to exceed three (3) weeks for regular appointments and forty-eight (48) hours for urgent care or as clinically indicated; and	Met This requirement is addressed on page 4 of the Provider Accessibility Standards.	159.201 Provider Accessibility Standards		Pg. 4

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7.2.1.7	Maternity Care - Initial appointment for prenatal visits for newly enrolled pregnant women shall meet the following timetables from the postmark date the MCO mails the member's welcome packet for members whose basis of eligibility at the time of enrollment in the MCO is pregnancy. The timeframes apply for existing member or new members whose basis of eligibility is something other than pregnancy from the date the MCO or their subcontracted provider becomes aware of the pregnancy: within their first trimester within fourteen (14) days; within the second trimester within seven (7) days; within their third trimester within three (3) days; high risk pregnancies within three (3) days of identification of high risk by the MCO or maternity care provider, or immediately if an emergency exists;	Met This requirement is addressed on page 2 of the Provider Accessibility Standards.	159.201 Provider Accessibility Standards		Pg. 2
7.2.1.8	Follow-up visits to ED visits in accordance with ED attending provider discharge instructions.	Met This requirement is addressed on page 4 of the Provider Accessibility Standards.	159.201 Provider Accessibility Standards		Pg. 4
7.2.1.9 7.2.1.10 7.2.1.11 7.2.1.12	In office waiting time for scheduled appointments should not routinely exceed forty-five (45) minutes, including time in the waiting room and examining room: If a provider is delayed, patients shall be notified immediately. If the wait is anticipated to be more than ninety (90) minutes, the patient shall be offered a new appointment.; Walk-in patients with non-urgent needs should be seen if possible or scheduled for an appointment consistent with written scheduling procedures; Direct contact with a qualified clinical staff person must be available through a toll-free telephone number at all times.	Met This requirement is addressed on page 4 of the Provider Accessibility Standards.	159.201 Provider Accessibility Standards		Pg. 3-5
<b>7.3</b>	<b>Geographic Access Requirements</b>				
7.3.0	The MCO shall comply with the following maximum travel time and/or distance requirements, as determined by DHH approved mapping software (e.g. GeoAccess). Requests for exceptions as a result of	Met This requirement is addressed on page 13 of the Network Development & Management Plan.	ACLA Network Development & Management Plan 2015 (See 7.1)	Geographic Access	Pg. 13

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	prevailing community standards must be submitted in writing to DHH for approval. Such requests should include data on the local provider population available to the non-Medicaid population.	This requirement is also addressed on page 1 of the Provider Geographical Access P/P.	159.202 Provider Geographical Access (See 7.1)	Definition Section	Pg.1
7.3.1 7.3.1.1 7.3.1.2	<b>Primary Care Providers</b> <ul style="list-style-type: none"> <li>Travel distance for members living in rural parishes shall not exceed 30 miles; and</li> <li>Travel distance for members living in urban parishes shall not exceed 10 miles (Appendix UU states 20 miles)</li> </ul>	<p>Met This requirement is addressed on page 13 of the Network Development &amp; Management Plan.</p> <p>Geo Access Report Member access to PCP Urban (standard: 1 in 20miles) = 99.8% Rural (standard: 1 in 30 miles) = 100%</p> <p>The plan commences recruiting efforts when the availability measurement falls below 98% of membership accessibility in any area.</p>	<p>ACLA Network Development &amp; Management Plan 2015 (See 7.1)</p> <p>159.202 Provider Geographical Access (See 7.1)</p>	<p>Geographic Access</p> <p>Attachment</p>	Pg. 13
7.3.2 7.3.2.1 7.3.2.2	<b>Acute Inpatient Hospitals</b> <ul style="list-style-type: none"> <li>Travel distance for members living in rural parishes shall not exceed 30 miles; If no hospital is available within 30 miles of a member's residence, the MCO may request, in writing, an exception to this requirement.</li> <li>Travel distance for members living in urban parishes shall not exceed 10 miles.</li> </ul>	<p>Met This requirement is addressed on page 13 of the Network Development &amp; Management Plan.</p> <p>Geo Access Report Access to Hospitals Urban (standard: 1 in 10miles) = 91.7% Rural (standard: 1 in 30 miles) = 99.8%</p> <p>The plan provided a gap analysis of the data in its Network Adequacy Annual Summary. The plan is contracted with all but one acute care hospital in the State.</p>	<p>ACLA Network Development &amp; Management Plan 2015 (See 7.1)</p> <p>159.202 Provider Geographical Access (See 7.1)</p>	<p>Geographic Access</p> <p>Attachment</p>	Pg. 13

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<p>7.3.3 7.3.3.1 7.3.3.2 7.3.3.3 7.3.3.4</p>	<p><b>Specialists</b></p> <ul style="list-style-type: none"> <li>Travel distance to each specialty type shall not exceed 60 miles for at least 75% of members; and</li> <li>Travel distance shall not exceed 90 miles for all members.</li> <li>Specialists included under this requirement are listed in Appendix TT – <b>Network Providers by Specialty Type</b>. DHH reserves the right to add additional specialty types as needed to meet the medical needs of the member population</li> <li>Telemedicine may be used to facilitate access to specialists to augment MCO’s network or to meet specific needs of a subset of the MCO’s membership. If an MCO intends to utilize telemedicine to meet network adequacy requirements, the MCO’s telemedicine utilization must be approved by DHH for this purpose.</li> </ul>	<p>Met This requirement is addressed on page 13 of the Network Development and Management Plan.</p> <p>Geo Access Report standard: 1 in 60miles for 75% of members and 90 miles for all members</p> <p>Deficiencies were noted in the following areas: Dermatology (def: 99.9% within 90 miles) Endocrinology and Metabolism (def: 95.5% within 90 miles)</p> <p>The plan provided a gap analysis of the data in its Network Adequacy Annual Summary. The plan is contracted with all significant traditional LA Medicaid providers within the respective geographical areas that accept Medicaid payers,</p> <p>The plan’s Annual Summary also addresses provider types unavailable in the state or unavailable within the respective geographical areas within the non-high volume specialties.</p>	<p>ACLA Network Development &amp; Management Plan 2015 (See 7.1)</p> <p>159.202 Provider Geographical Access (See 7.1)</p>	<p>Geographic Access</p> <p>Attachment</p>	<p>Pg. 13</p>
<p>7.3.4 7.3.4.1 7.3.4.2</p>	<p><b>Lab and Radiology Services</b></p> <ul style="list-style-type: none"> <li>Travel distance shall not exceed 20 miles in urban parishes; and</li> <li>Travel distance shall not exceed 30 miles for rural parishes.</li> </ul>	<p>Met This requirement is addressed on page 13 of the Network Development &amp; Management Plan.</p> <p>Geo Access Report Free Standing Radiology Centers Urban (standard: 1 in 20miles) = 87.6% Rural (standard: 1 in 30miles) = 49.2%</p> <p>Labs Urban (standard: 1 in 20miles) = 100% Rural (standard: 1 in 30miles) = 76.8%</p> <p>The plan provided a gap analysis of the data in its Network Adequacy Annual Summary. All network hospitals provide outpatient imaging services and are not denoted within access data.</p>	<p>ACLA Network Development &amp; Management Plan 2015 (See 7.1)</p> <p>159.202 Provider Geographical Access (See 7.1)</p>	<p>Geographic Access</p> <p>Attachment</p>	<p>Pg. 13</p>

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7.3.5 7.3.5.1 7.3.5.2	<b>Pharmacies</b> <ul style="list-style-type: none"> <li>Travel distance shall not exceed 10 miles in urban parishes; and</li> <li>Travel distance shall not exceed 30 miles in rural parishes.</li> </ul>	<p>Not Met This requirement is addressed on page 13 of the Network Development &amp; Management Plan.</p> <p>Geo Access Report No geo access data was submitted by the plan.</p>	<p>ACLA Network Development &amp; Management Plan 2015 (See 7.1)</p> <p>159.202 Provider Geographical Access (See 7.1)</p>	<p>Geographic Access</p> <p>Attachment</p>	Pg. 13
7.3.6 7.3.6.1 7.3.6.2	<b>Hemodialysis Centers</b> <ul style="list-style-type: none"> <li>Travel distance shall not exceed 10 miles in urban areas; and</li> <li>Travel distance shall not exceed 30 miles in rural areas.</li> </ul>	<p>Met This requirement is addressed on page 13 of the Network Development &amp; Management Plan.</p> <p>Geo Access Report Urban (standard: 1 in 10miles) =91.2% Rural (standard: 1 in 30 miles) = 98.9% The plan provided a gap analysis of the data in its Network Adequacy Annual Summary. The plan is contracted with all significant traditional dialysis providers.</p>	<p>ACLA Network Development &amp; Management Plan 2015 (See 7.1)</p> <p>159.202 Provider Geographical Access (See 7.1)</p>	<p>Geographic Access</p> <p>Attachment</p>	Pg. 13
7.4.1	<b>Provider to Member Ratios</b> The MCO must demonstrate that their network has a sufficient number of providers and facilities to meet minimum ratio requirements and allow adequate access for members. Adequate ratios of providers to members can be found in Appendix UU.	<p>Met This requirement is addressed on page 13 of the Network Development &amp; Management Plan.</p> <p>The plans geo access reports demonstrate that their network has a sufficient number of providers and facilities to meet minimum ratio requirements in most areas. Areas of deficiency are identified and addressed in the plan's Annual Summary.</p>	<p>ACLA Network Development &amp; Management Plan 2015 (See 7.1)</p> <p>159.202 Provider Geographical Access (See 7.1)</p>	<p>Geographic Access</p> <p>Attachment</p>	Pg. 13
<b>7.5</b>	<b>Monitoring and Reporting on Provider Networks</b>				
7.5.1 7.5.1.1 7.5.1.2	<b>Appointment Availability Monitoring</b> <ul style="list-style-type: none"> <li>The MCO shall have written policies and procedures about educating its provider network about appointment time requirements. The MCO must include their appointment standards in the Provider Manual. The MCO is encouraged to include the standards in the provider subcontracts.</li> <li>The MCO is responsible for monitoring and assurance of provider compliance with appointment availability standards and provision of appropriate after-hour coverage.</li> </ul>	<p>Met This requirement is addressed on pages 13 and 14 of the Network Development and Management Plan.</p>	<p>ACLA Network Development &amp; Management Plan 2015 (See 7.1)</p> <p>159.203 Access Standards Annual Audit</p>	Appointment Availability	Pg. 13/14
<b>7.6</b>	<b>Provider Enrollment</b>				

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7.6.1 7.6.1.1	<p><b>Provider Participation -</b> The MCO must offer a Contract to the following providers: Louisiana Office of Public Health (OPH); all OPH-certified School Based Health Clinics (SBHCs); all small rural hospitals meeting the definition in the Rural Hospital Preservation Act of 1997; Federally Qualified Health Centers (FQHCs); Rural Health Clinics (RHCs) (free-standing and hospital based); the MCO shall make a reasonable effort to contract with all local family planning clinics and providers, including those funded by Title X of the Public Health Services Act services).</p>	<p>Met This requirement is addressed on page 4 of the Network Development &amp; Management Plan under subsection 'Provider Recruiting and Contracting'.</p>	<p>ACLA Network Development &amp; Management Plan 2015 (See 7.1)</p>	<p>Provider Recruitment &amp; Contracting</p>	<p>Pg. 4</p>
7.6.1.2	<p>The MCO shall make a good faith effort to execute a contract with significant traditional providers (STPs). In the event an agreement cannot be reached and a STP does not participate in the MCO, the MCO shall maintain documentation detailing efforts that were made.</p>	<p>Met This requirement is addressed on page 4 of the Network Development &amp; Management Plan under subsection 'Provider Recruiting and Contracting'.</p>	<p>ACLA Network Development &amp; Management Plan 2015 (See 7.1)</p>	<p>Provider Recruitment &amp; Contracting</p>	<p>Pg. 4</p>
7.6.1.3	<p>If a current Medicaid provider requests participation in a MCO, the MCO shall make a good faith effort to execute a contract. In the event an agreement cannot be reached and the provider does not participate in the MCO, the MCO has met this requirement; the MCO shall maintain documentation detailing efforts made.</p>	<p>Met This requirement is addressed on page 4 of the Network Development &amp; Management Plan under subsection 'Provider Recruiting and Contracting'.</p>	<p>ACLA Network Development &amp; Management Plan 2015 (See 7.1)</p>	<p>Provider Recruitment &amp; Contracting</p>	<p>Pg. 4</p>
7.6.1.4	<p>The provision in Section (7.6.1.2 and 7.6.1.3) does not prohibit the MCO from limiting provider participation to the extent necessary to meet the needs of the MCO's members. This provision also does not interfere with measures established by the MCO to control costs and quality consistent with its responsibilities under this contract nor does it preclude the MCO from using reimbursement amounts that are the greater than the published Medicaid fee schedule for different specialists or for different practitioners in the same specialty [42 CFR 438.12(b)(1)].</p>	<p>Met This requirement is addressed on page 5 of the Network Development &amp; Management Plan under subsection 'Provider Recruiting and Contracting'.</p>	<p>ACLA Network Development &amp; Management Plan 2015 (See 7.1)</p>	<p>Provider Recruitment &amp; Contracting</p>	<p>Pg. 5</p>

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7.6.1.5	If the MCO declines requests of individuals or groups of providers to be included in the MCO network, the MCO must give the requested providers written notice of the reason for its decision within fourteen (14) calendar days of its decision [42 CFR 438.12(a)(1)].	Met This requirement is addressed on page 5 of the Network Development & Management Plan under subsection 'Provider Recruiting and Contracting'.	ACLA Network Development & Management Plan 2015 (See 7.1)	Provider Recruitment & Contracting	Pg. 5
7.6.2 7.6.2.1	<b>Exclusion from Participation -</b> The MCO shall not execute contracts with individuals or groups of providers who have been excluded from participation in Federal health care programs under either section 1128 or section 1128A of the Social Security Act [42 CFR 438.214(d)] or state funded health care programs. The list of providers excluded from federally funded health care programs can be found at <a href="https://www.sam.gov/index.html">https://www.sam.gov/index.html</a> , and Health Integrity and Protection Data Bank at <a href="http://www.npdbhipdb.hrsa.gov/index.jsp">http://www.npdbhipdb.hrsa.gov/index.jsp</a> .	Met This requirement is addressed on page 5 of the Network Development & Management Plan under subsection 'Provider Recruiting and Contracting'.	ACLA Network Development & Management Plan 2015 (See 7.1)	Provider Credentialing	Pg. 5
7.6.3 7.6.3.1	<b>Other Enrollment and Disenrollment Requirements -</b> The MCO shall not discriminate with respect to participation in the MCO program, reimbursement or indemnification against any provider solely on the provider's type of licensure or certification [42 CFR 438.12(a)(1) and (2)]. In addition, the MCO must not discriminate against particular providers that service high-risk populations or specialize in conditions that require costly treatment [42 CFR 438.214(c)].	Met This requirement is addressed on page 5 of the Network Development & Management Plan under subsection 'Provider Recruiting and Contracting'.	ACLA Network Development & Management Plan 2015 (See 7.1)	Provider Credentialing	Pg. 5
7.6.3.2	All providers shall be in compliance with American with Disabilities Act (ADA) requirements and provide physical access for Medicaid members with disabilities	Met This requirement is addressed on page 14 of the Network Development and Management Plan under subsection 'Cultural Needs & Preference Standards'.	ACLA Network Development & Management Plan 2015 (See 7.1)	Cultural Needs & Preference Standards	Pg. 14
7.6.3.3	If the MCO terminates a provider's contract for cause, the MCO shall provide immediate written notice to the provider. The MCO shall notify DHH of the termination as soon as possible, but no later than seven (7) calendar days, of written notification of cancelation to the provider.	Met This requirement is addressed on page 5 and 6 of the Network Development and Management Plan under subsection 'Provider Termination'.	ACLA Network Development & Management Plan 2015 (See 7.1)  159.301 Provider Termination Process	Provider Termination	Pg. 5/6

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7.6.3.4	The MCO shall make a good faith effort to give written notice of termination of a contracted provider, within fifteen (15) days after receipt of issuance of the termination notice, to each MCO member who received his or her primary care from or was seen on a regular basis by the terminated provider as specified in 42 CFR §438.10(f)(5).	Met This requirement is addressed on page 6 of the Network Development Plan under subsection 'Provider Termination'.	ACLA Network Development & Management Plan 2015 (See 7.1)  159.301 Provider Termination Process	Provider Termination	Pg. 5/6
<b>7.7</b>	<b>Mainstreaming</b>				
7.7.1	DHH considers mainstreaming of MCO members into the broader health delivery system to be important. The MCO therefore must ensure that all MCO providers accept members for treatment and that MCO providers do not intentionally segregate members in any way from other persons receiving services.	Met This requirement is addressed on page 12 of the Provider Manual under Office Standards and Requirements.	ACLA Provider Manual 2015	Section II – Provider Office Standards & Requirements	Pg. 12
7.7.2	To ensure mainstreaming of members, the MCO shall take affirmative action so that members are provided covered services without regard to race, color, creed, sex, religion, age, national origin ancestry, marital status, sexual preference, health status, income status, program membership, or physical or behavioral disability, except where medically indicated. Examples of prohibited practices include, but are not limited to, the following:	Met This requirement is addressed on page 14 of the Network Development and Management Plan. The requirement is communicated to the providers on page 12 of the Provider Manual.	ACLA Network Development & Management Plan 2015 (See 7.1)  ACLA Provider Manual 2015	Cultural Needs & Preference Standards  Section II – Provider Office Standards & Requirements	Pg. 14  Pg. 12
7.7.2.1	Denying or not providing to a member any covered service or availability of a facility.	Met This requirement is addressed on page 12 of the Provider Manual under Office Standards and Requirements.	ACLA Provider Manual 2015	Section II – Provider Office Standards & Requirements	Pg. 12
7.7.2.2	Providing to a member any covered service which is different, or is provided in a different manner, or at a different time from that provided to other members, other public or private patients, or the public at large.	Met This requirement is addressed on page 12 of the Provider Manual under Office Standards and Requirements.	ACLA Provider Manual 2015	Section II – Provider Office Standards & Requirements	Pg. 12
7.7.2.3	Discriminatory practices with regard to members such as separate waiting rooms, separate appointment days, or preference to private pay or Medicaid fee-for-service patients.	Met This requirement is addressed on page 12 of the Provider Manual under Office Standards and Requirements.	ACLA Provider Manual 2015	Section II – Provider Office Standards & Requirements	Pg. 12
<b>7.8</b>	<b>Primary Care</b>				

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7.8.0	The PCP shall serve as the member's initial and most important point of interaction with the MCO's provider network. A PCP in the MCO must be a provider who provides or arranges for the delivery of medical services, including case management, to assure that all services, which are found to be medically necessary, are made available in a timely manner as outlined in this Section.	Met This requirement is addressed on page 6 of the Network Development Plan under subsection 'Access to Primary Care'.	ACLA Network Development & Management Plan 2015 (See 7.1)	Access to Primary Care	Pg. 6
7.8.1	<b>Assignment of Primary Care Providers</b>				
7.8.1.1	As part of the financial Medicaid application process, applicants may be given the option to indicate their preferred choice of MCO.				
7.8.1.2	If the choice of MCO and PCP is not indicated on the new eligible file transmitted by DHH to the Enrollment Broker, the Enrollment Broker shall contact the eligible individual to request their choice of MCO and if available the PCP of choice.				
7.8.1.3	The Enrollment Broker shall encourage the continuation of any existing satisfactory provider/patient relationship with their current PCP who is in a MCO.				
7.8.1.4	The name of PCP requested by a new enrollee will be included in the Member File from the Enrollment Broker to MCO.	Met This requirement is addressed on page 1 of the Assigning PCP P/P.	124.12.010 Assigning PCP		1
7.8.1.5	The MCO shall confirm the PCP selection information in a written notice to the member.	Met This requirement is addressed on page 1 of the Assigning PCP P/P.	124.12.010 Assigning PCP		1 3
7.8.1.6	If no PCP is selected on the Member File received from the Enrollment Broker, the MCO shall contact the member, as part of the welcome call, within ten (10) business days of receiving the Member File from the Enrollment Broker to assist the member in making a selection of a PCP or auto assign a PCP;	Met This requirement is addressed on page 1 of the Assigning PCP P/P.	124.12.010 Assigning PCP		1 3
7.8.1.7	Inform the member that each family member has the right to choose his/her own PCP. The MCO may explain the advantages of selecting the same primary care provider for all family members, as appropriate.	Met This requirement is addressed on page 3 of the Assigning PCP P/P.	124.12.010 Assigning PCP		3
7.8.1.8	Members, for whom an MCO is the primary payor, who do not proactively choose a PCP will be auto-assigned to a	Met This requirement is addressed on page 1 of the Assigning PCP P/P.	124.12.010 Assigning PCP		1

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	PCP by the MCO. Members, for whom an MCO is a secondary payor, will not be assigned to a PCP by the MCO, unless the members request that the MCO do so.				
7.8.1.9	The MCO shall be responsible for providing to the Enrollment Broker, information on the number of Medicaid member linkages and remaining capacity of each individual PCP of additional Medicaid member linkages on a quarterly basis.	Met This requirement is addressed on page 6 of the Network Development and Management Plan under subsection 'Access to Primary Care'.	ACLA Network Development & Management Plan 2015 (See 7.1)	Access to Primary Care	Pg. 6
7.8.1.10	If the member does not select a PCP and is auto assigned to a PCP by the MCO, the MCO shall allow the member to change PCP, at least once, during the first ninety (90) days from assignment to the PCP without cause.	Met The plan places no prohibitions of the amount of times a member may changes their PCP.  See page 4 of the Assigning PCP P/P.	124.12.010 Assigning PCP		p.4
7.8.1.11	Effective the ninety-first (91st) day, the member may be locked into the assignment to the selected PCP for a period of up to twelve months (12) months beginning from the original date the member was assigned to the MCO.	Met The plan places no prohibitions of the amount of times a member may changes their PCP.  See page 4 of the Assigning PCP P/P.	124.12.010 Assigning PCP		p.4
7.8.1.12	If a member requests to change his or her PCP with cause, at any time during the enrollment period, the MCO must agree to grant the request.	Met The plan places no prohibitions of the amount of times a member may changes their PCP.  See page 4 of the Assigning PCP P/P.	124.12.010 Assigning PCP		p.4
7.8.1.13	The MCO shall have written policies and procedures for allowing members to select a new PCP, including auto-assignment, and provide information on options for selecting a new PCP when it has been determined that a PCP is non-compliant with provider standards (i.e. quality of care) and is terminated from the MCO, or when a PCP change is ordered as part of the resolution to a grievance proceeding. The MCO shall allow members to select another PCP within ten (10) business days of the postmark date of the termination of PCP notice to members and provide information on options for selecting a new PCP.	Met This requirement is addressed on page 4 of the Assigning PCP P/P.	124.12.010 Assigning PCP		p.4
7.8.1.14	The MCO shall have policies for accessing emergency/urgent care during this transition period. These policies and	Met  This requirement is addressed in the documentation provided.	124.12.002 Accessing Emergent & Urgent Care		Pages 1-3

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	procedures shall be submitted within thirty (30) days from the date the MCO signs the Contract with DHH.				
7.8.1.15	The MCO shall notify the Fiscal Intermediary by close of business the next business day of a PCP's termination.	Met This requirement is addressed on page 7 of the Provider Termination Process.	ACLA Network Development & Management Plan 2015 (See 7.1)  159.301 Provider Termination Process (See 7.6)	Provider Termination	Pg. 5
7.8.1.16	The MCO shall have written policies and procedures for handling the assignment of its members to a PCP. The MCO is responsible for linking to a PCP all assigned MCO members for whom the MCO is the primary payor.	Met This requirement is addressed throughout the Assigning a PCP P/P.	124.12.010 Assigning PCP		
7.8.1.17	<b>PCP Auto-Assignments</b>				
7.8.1.17.1	The MCO is responsible for developing a PCP automatic assignment methodology in collaboration with DHH to assign to a PCP an enrollee for whom the MCO is the primary payor when the enrollee:	Met This requirement is addressed on page 3 of the Assigning a PCP P/P.	124.12.010 Assigning PCP		3
7.8.1.17.2	Does not make a PCP selection after a voluntary selection of a MCO; or	Met This requirement is addressed on page 3 of the Assigning a PCP P/P.	124.12.010 Assigning PCP		3
7.8.1.17.3	Selects a PCP within the MCO that has reached their maximum physician/patient ratio; or	Met This requirement is addressed on page 3 of the Assigning a PCP P/P.	124.12.010 Assigning PCP		3
7.8.1.17.4	Selects a PCP within the MCO that has restrictions/limitations (e.g. pediatric only practice).	Met This requirement is addressed on page 3 of the Assigning a PCP P/P.	124.12.010 Assigning PCP		3
7.8.1.17.5	Does not make a selection of a PCP for a newborn within fourteen (14) calendar days of birth. The effective date of a PCP selection or assignment of a newborn will be no later than the first month of enrollment subsequent to the birth of the child.	Met This requirement is addressed on page 3 of the Assigning a PCP P/P.	124.12.010 Assigning PCP		3
7.8.1.17.6	Assignment shall be made to a PCP with whom, based on fee for service claims history or prior	Met This requirement is addressed on page 3 of the Assigning a	124.12.010 Assigning PCP		3

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	linkage, the member has a historical provider relationship. If there is no historical PCP relationship, the member shall be auto-assigned to a provider who is the assigned PCP for an immediate family member enrolled in the MCO plan. If other immediate family members do not have an assigned PCP, auto-assignment shall be made to a provider with who a family member has a historical provider relationship.	PCP P/P.			
7.8.1.17.7	If there is no member or immediate family historical usage, members shall be auto-assigned to a PCP using an algorithm developed by the proposer, based on the age and sex of the member and geographic proximity.	Met This requirement is addressed on page 3 of the Assigning a PCP P/P.	124.12.010 Assigning PCP		3
7.8.1.17.8	The final MCO and PCP automatic assignment methodology must be provided thirty (30) days from the date the MCO signs the contract with DHH. Approval must be obtained from the Department prior to implementation. This methodology must be made available via the MCO's website, Provider Handbook, and Member Handbook.	Met  As an incumbent plan, ACLA has an existing methodology in place.	124.12.010 Assigning PCP		
7.8.2	<b>Primary Care Provider Responsibilities</b>				
7.8.2.0	The MCO must ensure that network Primary Care Providers fulfill their responsibilities including but not limited to the following:				
7.8.2.1	Managing the medical and health care needs of members to assure that all medically necessary services are made available in a timely manner;	Met This requirement is addressed on page 11 of the Provider Manual under Office Standards and Requirements.	ACLA Provider Manual 2015 (See 7.7)	Section II – Provider Office Standards & Requirements	Pg. 11
7.8.2.2	Referring patients to subspecialists and subspecialty groups and hospitals as they are identified for consultation and diagnostics according to evidence-based criteria for such referrals as it is available;	Met This requirement is addressed on page 11 of the Provider Manual under Office Standards and Requirements.	ACLA Provider Manual 2015 (See 7.7)	Section II – Provider Office Standards & Requirements	Pg. 11
7.8.2.3	Communicating with other levels of medical care to coordinate, and follow up the care of individual patients.	Met This requirement is addressed on page 11 of the Provider Manual under Office Standards and Requirements.	ACLA Provider Manual 2015 (See 7.7)	Section II – Provider Office Standards & Requirements	Pg.11
7.8.2.4	Providing the coordination necessary for the referral of patients to specialists and for the referral of patients to services available through fee-for-service Medicaid;	Met This requirement is addressed on page 11 of the Provider Manual under Office Standards and Requirements.	ACLA Provider Manual 2015 (See 7.7)	Section II – Provider Office Standards & Requirements	Pg.11

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7.8.2.5	Maintaining a medical record of all services rendered by the PCP and record of referral to other providers and any documentation provided by the rendering provider to the PCP for follow up and/or coordination of care;	Met This requirement is addressed on page 11 of the Provider Manual under Office Standards and Requirements.	ACLA Provider Manual 2015 (See 7.7)	Section II – Provider Office Standards & Requirements	Pg.11
7.8.2.6	Development of plan of care to address risks and medical needs and other responsibilities as defined in Section 6.33.	Met This requirement is addressed on page 12 of the Provider Manual under Office Standards and Requirements.	ACLA Provider Manual 2015 (See 7.7)	Section II – Provider Office Standards & Requirements	Pg. 12
7.8.2.7	Ensuring that in the process of coordinating care, each enrollee's privacy is protected consistent with the confidentiality requirements in 45 CFR Parts 160 and 164. 45 CFR Part 164 specifically describes the requirements regarding the privacy of individually identifiable health information and all state statutes.	Met This requirement is addressed on page 12 of the Provider Manual under Office Standards and Requirements.	ACLA Provider Manual 2015 (See 7.7)	Section II – Provider Office Standards & Requirements	Pg. 12
7.8.2.8	Providing after-hours availability to patients who need medical advice. At minimum, PCP office must have a return call system staffed and monitored in order to assure that the member is connected to a designated medical practitioner within 30 minutes of the call.	Met This requirement is addressed on page 1 of the Access Standards Annual Audit P/P.	ACLA Network Development & Management Plan 2015 (See 7.1)  159.203 Access Standards Annual Audit (See 7.5)	Appt Availability Standards	Pg. 13/14
7.8.2.9	Maintaining hospital admitting privileges or arrangements with a physician who has admitting privileges at an MCO participating hospital.	Met This requirement is addressed on page 5 of the Practitioner Credentialing P/P.	CR.100.LA Practitioner Credentialing		Pg. 5
7.8.3	<b>Specialty Providers</b>				
7.8.3.1	The MCO shall assure access to specialty providers, as appropriate, for all members. The MCO shall assure access standards and guidelines to specialty providers are met as specified in this Section in regard to timeliness and service area.				
7.8.3.2	The MCO provider network shall include participating specialists with pediatric expertise for children/adolescents when the need for pediatric specialty care is significantly different from the need for adult specialty care (e.g. a pediatric cardiologist).	Met This requirement is addressed on page 7 of the Network Development and Management Plan under 'Access to Specialty Care'.	ACLA Network Development & Management Plan 2015 (See 7.1)	Access to Specialty Care	Pg. 7
7.8.3.3	The MCO shall ensure access to appropriate service settings for members needing medically high risk perinatal care, including both prenatal and neonatal care,	Met This requirement is addressed on pages 7 and 8 of the Network Development and Management Plan under 'Access to Tertiary Care'.	ACLA Network Development & Management Plan 2015 (See 7.1)	Access to Tertiary Care  Prenatal & Postnatal Care Services	Pg. 7/8

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7.8.3.4	<p>The MCO shall establish and maintain a provider network of physician specialists that is adequate and reasonable in number, in specialty type, and in geographic distribution to meet the medical needs of its members (adults and children) without excessive travel requirements. This means that, at a minimum:</p> <ul style="list-style-type: none"> <li>• The MCO has signed a contract with providers of the specialty types listed in Appendix TT who accept new members and are available on at least a referral basis; and</li> <li>• The MCO is in compliance with access and availability requirements</li> </ul>	<p>Met This requirement is addressed on pages 7 and 8 of the Network Development and Management Plan under 'Access to Tertiary Care'.</p>	<p>ACLA Network Development &amp; Management Plan 2015 (See 7.1)</p>	<p>Access to Specialty Care</p>	<p>Pg. 7</p>
7.8.3.5	<p>The MCO shall assure, at a minimum, the availability of the specialists listed in Appendix TT with the ratio, distance, and appointment time requirements set in this Section and in Appendices SS and UU.</p>	<p>Met This requirement is addressed on pages 13 and 14 of the Network Development and Management Plan. The plan's geo access support this requirement.</p>	<p>ACLA Network Development &amp; Management Plan 2015 (See 7.1)</p>	<p>Geographical Access-Specialty Grid</p>	<p>Pg. 13</p>
7.8.3.6	<p>The MCO will be required to provide a higher ratio of specialists per member population and/or additional specialist types/member ratios may be established, if it is determined by DHH the MCO does not meet the access standards specified in the Contract.</p>	<p>Met This requirement is addressed on pages 13 and 14 of the Network Development and Management Plan. The plan's geo access support this requirement.</p>	<p>ACLA Network Development &amp; Management Plan 2015 (See 7.1)</p>	<p>Provider-to-member ratio</p>	<p>Pg. 14</p>
7.8.3.7	<p>In accordance with 42 CFR §438.208(c)(4), for enrollees determined to need a course of treatment or regular monitoring, the MCO must have a mechanism in place to allow enrollees to directly access a specialist as appropriate for the enrollee's condition and identified needs.</p>	<p>Met This requirement is addressed on page 12 of the Network Development and Management Plan.</p>	<p>ACLA Network Development &amp; Management Plan 2015 (See 7.1)</p>	<p>Utilization of out of network providers</p>	<p>Pg. 12</p>
7.8.4	<p><b>Hospitals</b></p>				
7.8.4.1	<p>Hospital services providers must be qualified to provide services under the Medicaid program. All services must be provided in accordance with applicable state and federal laws and regulations and adhere to the requirements set forth in this RFP.</p>				
7.8.4.2 7.8.4.2.1 7.8.4.2.2	<p>The MCO shall include, at a minimum, access to the following: One (1) hospital that provides emergency room services, inpatient, and outpatient care in each parish in the state, provided the parish has such a hospital. MCO must establish access to the following within their network of hospital: Level III Obstetrical</p>	<p>Met This requirement is addressed on page 7 of the Network Development and Management Plan.</p>	<p>ACLA Network Development &amp; Management Plan 2015 (See 7.1)</p>	<p>Access to Hospital Care</p>	<p>Pg. 7</p>

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	services; Level III Neonatal Intensive Care (NICU) services; Pediatric services; Trauma services; Burn services; and A Children’s Hospital that meets the CMS definition in 42CFR, Parts 412 and 413.				
7.8.4.3	The MCO may contract with out-of-state hospitals in the trade area.	Met This requirement is addressed on page 7 of the Network Development and Management Plan.	ACLA Network Development & Management Plan 2015 (See 7.1)	Access to Hospital Care	Pg. 7
7.8.4.4	If there are no hospitals within the parish that meet these requirements in section 7.8.4.2.1, or a contract cannot be negotiated, The MCO may contract with out-of-state hospitals to comply with these requirements.	Met This requirement is addressed on page 7 of the Network Development and Management Plan.	ACLA Network Development & Management Plan 2015 (See 7.1)	Access to Hospital Care	Pg. 7
7.8.5	<b>Tertiary Care –</b> Tertiary care is defined as health services provided by highly-specialized providers, such as medical sub-specialists; these services frequently require complex technological and support facilities. The MCO shall provide tertiary care services including trauma centers, burn centers, level III (high risk) nurseries, rehabilitation facilities, and medical sub-specialists available twenty-four (24) hours per day. If the MCO does not have a full range of tertiary care services, the MCO shall have a process for providing such services including transfer protocols and arrangements with out-of-network providers.	Met This requirement is addressed on page 7 of the Network Development and Management Plan.	ACLA Network Development & Management Plan 2015 (See 7.1)	Tertiary Care	Pg. 7
7.8.6	<b>Direct Access to Women’s Health Care –</b> The MCO shall provide direct access to a health specialist(s) in-network for core benefits and services necessary to provide women’s routine and preventive health care services. This access shall be in addition to the member’s PCP if that provider is not a women’s health specialist.	Met This requirement is addressed on page 8 of the Network Development and Management Plan.	ACLA Network Development & Management Plan 2015 (See 7.1)	Direct Access to Women’s Health Care	Pg. 8

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7.8.6.1	The MCO shall notify and give each member, including adolescents, the opportunity to use their own PCP or utilize any family planning service provider for family planning services without requiring a referral or authorization. Family planning services shall be available to help prevent unintended or unplanned pregnancies. Family planning services include examinations, assessments and traditional contraceptive devices. The MCO family planning services shall also include preconception and interconception care services for members to optimize member health entering pregnancy. The MCO shall agree to make available all family planning services to MCO members as specified in this RFP;	Met This requirement is addressed throughout the Network Development and Management Plan. This requirement is communicated to the members through the Member Handbook.	ACLA Member Handbook	Getting care, staying health; Family Planning Services; Getting Care for Your Family	Page 9, 19, 20, 21, 22, 23
7.8.6.2	MCO members shall have the freedom to receive family planning services and related supplies from appropriate Medicaid providers outside the MCO's provider network without any restrictions as specified in 42 CFR §431.51(b)(2). The out-of-network Medicaid enrolled family planning services provider shall bill the MCO and be reimbursed no less than the Medicaid rate in effect on the date of service. MCO members should be encouraged by the MCO to receive family planning services through the MCO's network of providers to ensure continuity and coordination of the member's total care. No additional reimbursements shall be made to the MCO for MCO members who elect to receive family planning services outside the MCO's provider network;	Met This requirement is addressed on page19 of the Network Development and Management Plan. This information is communicated to the members in the Member Handbook.	ACLA Member Handbook	Family Planning Services	Page 19
7.8.6.4	The MCO shall maintain the confidentiality of family planning information and records for each individual member including those of minor patients.	Met This requirement is addressed on pages 3, 13, and 37 of the Member Handbook.	ACLA Member Handbook	About Us; Nurse Call Line; Member Rights	Page 3, 13, 37
7.8.7 7.8.7.1	<b>Prenatal Care Services -</b> The MCO shall assist all pregnant members in choosing a pediatrician, or other appropriate PCP, for the care of their newborn babies before the beginning of the last trimester of gestation. In the event that the pregnant member does not select a pediatrician, or	Met This requirement is addressed on pages 20-23 of the Member Handbook.	ACLA Member Handbook	Getting Care for Your Family	Page 20, 21, 22, 23

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	other appropriate PCP, the MCO shall provide the member with a minimum of fourteen (14) calendar days after birth to select a PCP prior to assigning one.				
7.8.8	<b>Other Service Providers –</b> The MCO shall ensure the availability of medical service providers including, but not limited to, ambulance services, durable medical equipment, orthotics, prosthetics and certain supplies, and radiology, and laboratories. All services must be provided in accordance with applicable state and federal laws and regulations.	Met This requirement is addressed on page 9 of the Network Development and Management Plan.	ACLA Network Development & Management Plan 2015 (See 7.1)	Access to other service providers	Pg. 9
7.8.9	<b>Non-Emergency Medical Transportation</b>				
7.8.9.1	The MCO is responsible for <b>all</b> necessary Non-Emergency Medical Transportation for its members. This includes transportation to both services covered within the scope of this RFP and all state plan services currently excluded, such as, but not limited to dental and behavioral health.	Met The plan provided a letter that states that Logisticare will provide non-emergency transportation for its members beginning on Feb 1, 2015.  The plan provided the Logisticare Scope of Work which addresses this requirement.	Logisticare Commitment		
7.8.9.2	For medically necessary non-emergent transportation requested by the member or someone on behalf of the member, the MCO shall require its transportation contractor to schedule the transportation so that the member arrives on time but no sooner than one hour before the appointment; nor have to wait more than one hour after the conclusion of the treatment for transportation home; nor be picked up prior to the completion of treatment.	Met This requirement is addressed on pages 1 and 2 of the plan's Pick-up and Delivery.	ACLA Pick-up and Delivery Standards	Sections 1-14	Page 1,2
7.8.9.3	If a member requests an MCO provider who is located beyond access standards, and the MCO has an appropriate provider within the MCO who accepts new patients, it shall not be considered a violation of the access requirements for the MCO to grant the member's request. However, in such cases the MCO shall not be responsible for providing transportation for the member to access care from this selected provider, and the MCO shall notify the member in writing as to whether or not the MCO will provide transportation to seek care from the requested	<b>Not Met</b> The documentation submitted does not meet the requirement regarding granting a member's request for a provider beyond the access standards.	ACLA Out of Service Area Process		

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	provider.				
7.8.10 7.8.10.1	<b>FQHC/RHC Clinic Services –</b> The MCO must offer to contract with all FQHCs and RHCs (both freestanding and hospital-based) in the state.	Met This requirement is addressed on page 8 of the Network Development and Management Plan.	ACLA Network Development & Management Plan 2015 (See 7.1)	Access to RHC & FQHC	Pg. 8
7.8.11 7.8.11.1	<b>School-Based Health Clinics (SBHCs) –</b> SBHC (certified by the DHH Office of Public Health) services are those Medicaid services provided within school settings to Medicaid eligible children under the age of 21.				
7.8.11.2	The MCO must offer a contract to each SBHC. The MCO may stipulate that the SBHC follow all of the MCO's required policies and procedures	Met This requirement is addressed on page 8 of the Network Development and Management Plan.	ACLA Network Development & Management Plan 2015 (See 7.1)	Access to School Based Health Clinics	Pg. 8
7.8.13 7.8.13.1	<b>Local Parish Health Clinics –</b> The MCO must offer a contract to the Louisiana Office of Public Health (OPH) for the provision of personal health services offered within the parish health units (e.g. immunizations, STD, family planning).	Met This requirement is addressed on page 9 of the Network Development and Management Plan.	ACLA Network Development & Management Plan 2015 (See 7.1)	Access to Local Parish Health Units & Clinics	Pg. 9
7.8.13.2	The MCO shall coordinate its public health-related activities with OPH. Coordination mechanisms and operational protocols for addressing public health issues shall be negotiated with OPH and BHSF (Medicaid) and reflect Louisiana public health priorities. The coordination of activities related to public health will take the form of agreements among the parties which may include policy memos or separate memorandums of understanding signed by OPH, BHSF (Medicaid), and the MCO.	Met This requirement is addressed on page 8 of the Network Development and Management Plan.	ACLA Network Development & Management Plan 2015 (See 7.1)	Access to Local Parish Health Units & Clinics	Pg. 8
<b>7.9</b>	<b>Network Provider Development Management Plan</b>				

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7.9.1	The MCO shall develop and maintain a Provider Network Development and Management Plan which ensures that the provision of core benefits and services will occur [42 CFR 438.207(b)]. The Network Development and Management Plan shall be submitted to DHH as part of the proposal, as well as when significant changes occur and annually thereafter. The Network Development and Management Plan shall include the MCO's process to develop, maintain and monitor an appropriate provider network that is supported by written agreements and is sufficient to provide adequate access of all required services included in the Contract. When designing the network of providers, the MCO shall consider the following (42 CFR 438.206):	Met This requirement is addressed on pages 3 and 4 of the Network Development and Management Plan.	ACLA Network Development & Management Plan 2015 (See 7.1)	NM Departmental Function Design of ACLA provider Network	Pgs. 3/4
7.9.1.1	Anticipated maximum number of Medicaid members;	Met This requirement is addressed on pages 3 and 4 of the Network Development and Management Plan.	ACLA Network Development & Management Plan 2015 (See 7.1)	NM Departmental Function Design of ACLA provider Network	Pgs. 3/4
7.891.2	Expected utilization of services, taking into consideration the characteristics and health care needs of the members in the MCO;	Met This requirement is addressed on pages 3 and 4 of the Network Development and Management Plan.	ACLA Network Development & Management Plan 2015 (See 7.1)	NM Departmental Function Design of ACLA provider Network	Pgs. 3/4
7.9.1.3	The numbers and types (in terms of training, experience, and specialization) of providers required to furnish Medicaid core benefits and services;	Met This requirement is addressed on pages 3 and 4 of the Network Development and Management Plan.	ACLA Network Development & Management Plan 2015 (See 7.1)	NM Departmental Function Design of ACLA provider Network	Pgs. 3/4
7.9.1.4	The numbers of MCO providers who are not accepting new MCO members; and	Met This requirement is addressed on pages 3 and 4 of the Network Development and Management Plan.	ACLA Network Development & Management Plan 2015 (See 7.1)	NM Departmental Function Design of ACLA provider Network	Pgs. 3/4
7.9.1.5	The geographic location of providers and members, considering distance, travel time, the means of transportation ordinarily used by members, and whether the location provides physical access for Medicaid enrollees with disabilities.	Met This requirement is addressed on pages 3 and 4 of the Network Development and Management Plan.	ACLA Network Development & Management Plan 2015 (See 7.1)	NM Departmental Function Design of ACLA provider Network	Pgs. 3/4

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7.9.2	The Network Provider Development and Management Plan shall demonstrate the ability to provide access to Services and Benefits as defined in this RFP, access standards in 42 CFR §438.206 and shall include:	Met This requirement is addressed on pages 3 and 4 of the Network Development and Management Plan.	ACL Network Development & Management Plan 2015 (See 7.1)	NM Departmental Function Design of ACL provider Network	Pgs. 3/4
7.9.2.1	Assurance of Adequate Capacity and Services	Met This requirement is addressed on pages 3 and 4 of the Network Development and Management Plan.	ACL Network Development & Management Plan 2015 (See 7.1)	NM Departmental Function Design of ACL provider Network	Pgs. 3/4
7.9.2.2	Access to Primary Care Providers	Met This requirement is addressed on page 13 of the Network Development and Management Plan.	ACL Network Development & Management Plan 2015 (See 7.1)	Geographic Monitoring Specialty Grid	Pg. 13
7.9.2.3	Access to Specialists	Met This requirement is addressed on page 13 of the Network Development and Management Plan.	ACL Network Development & Management Plan 2015 (See 7.1)	Geographic Monitoring Specialty Grid	Pg. 13
7.9.2.4	Access to Hospitals	Met This requirement is addressed on page 13 of the Network Development and Management Plan.	ACL Network Development & Management Plan 2015 (See 7.1)	Geographic Monitoring Specialty Grid	Pg. 13
7.9.2.5	Timely Access	Met This requirement is addressed on page 13 of the Network Development and Management Plan.	ACL Network Development & Management Plan 2015 (See 7.1)	Appt. Availability Standards	Pg. 13/14
7.9.2.6	Service Area	Met This requirement is addressed on pages 3 and 13 of the Network Development and Management Plan.	ACL Network Development & Management Plan 2015 (See 7.1)	Scope  Geographic Monitoring Specialty Grid	Pg. 3  Pg. 13
7.9.2.7	Other Access Requirements: Direct Access to Women's Health , Special Conditions for Prenatal Providers, Second Opinion and Out-of-Network Providers	Met This requirement is addressed on pages 6 through 9 of the Network Development and Management Plan.	ACL Network Development & Management Plan 2015 (See 7.1)	Ensuring Access	Pg. 6-9
7.9.3	The Network Provider Development and Management Plan shall identify gaps in the MCO's provider network and describe the process by which the MCO shall assure all covered services are delivered to MCO members. Planned interventions to be taken to resolve such gaps shall also be included.	Met This requirement is addressed on pages 9 through 11 of the Network Development and Management Plan.	ACL Network Development & Management Plan 2015 (See 7.1)	Provider Network Capacity Highlights  Major Population Centers & Overview of Current Network Access	Pg. 9  Pg. 10/11

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				State-wide considerations & actions steps	Pg. 11/12
7.9.4	The MCO shall provide GEO mapping and coding of all network providers for each provider type by the deadline specified in the Schedule of Events, to geographically demonstrate network capacity. The MCO shall provide updated GEO coding to DHH quarterly, or upon material change (as defined in the Glossary) or upon request.	Met This requirement is addressed on page 13 of the Network Development and Management Plan.	ACLA Network Development & Management Plan 2015 (See 7.1)	Geographic Access	Pg. 13
7.9.5	The MCO shall develop and implement Network Development policies and procedures detailing how the MCO will [42 CFR 438.214(a)];				
7.9.5.1	Communicate and negotiate with the network regarding contractual and/or program changes and requirements;	Met This requirement is addressed on page 13 of the Network Development and Management Plan.	ACLA Network Development & Management Plan 2015 (See 7.1)	Provider Network Operations Team	Pg. 16/17
7.9.5.2	Monitor network compliance with policies and rules of DHH and the MCO, including compliance with all policies and procedures related to the grievance/appeal processes and ensuring the member's care is not compromised during the grievance/appeal processes;	Met This requirement is addressed on page 15 of the Network Development and Management Plan.	ACLA Network Development & Management Plan 2015 (See 7.1)	Ongoing Network Maintenance & Monitoring	Pg. 15
7.9.5.3	Evaluate the quality of services delivered by the network;	Met This requirement is addressed on pages 15 and 16 of the Network Development and Management Plan.	ACLA Network Development & Management Plan 2015 (See 7.1)	Provider Network Mgmt Team	Pg. 15/16
7.9.5.4	Provide or arrange for medically necessary covered services should the network become temporarily insufficient within the contracted service area;	Met This requirement is addressed on pages 15 and 16 of the Network Development and Management Plan.	ACLA Network Development & Management Plan 2015 (See 7.1)	Provider Network Mgmt Team	Pg. 15/16
7.9.5.5	Monitor the adequacy, accessibility and availability of its provider network to meet the needs of its members, including the provision of care to members with limited proficiency in English; and	Met This requirement is addressed on pages 15 and 16 of the Network Development and Management Plan.	ACLA Network Development & Management Plan 2015 (See 7.1)	Provider Network Mgmt Team	Pg. 15/16
7.9.5.6	Process expedited and temporary credentials. Recruit, select, credential, re-credential and contract	Met This requirement is addressed on pages 15 and 16 of the	ACLA Network Development &	Provider Network Mgmt Team	Pg. 15/16

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	with providers in a manner that incorporate quality management, utilization, office audits and provider profiling;	Network Development and Management Plan.	Management Plan 2015 (See 7.1)		
7.9.5.7	Provide training for its providers and maintain records of such training;	Met This requirement is addressed on pages 15 and 16 of the Network Development and Management Plan.	ACLA Network Development & Management Plan 2015 (See 7.1)	Provider Network Mgmt Team	Pg. 15/16
7.9.5.8	Track and trend provider inquiries/complaints/requests for information and take systemic action as necessary and appropriate;	Met This requirement is addressed on pages 15 and 16 of the Network Development and Management Plan.	ACLA Network Development & Management Plan 2015 (See 7.1)	Provider Network Mgmt Team	Pg. 15/16
7.9.5.9	Ensure that provider calls are acknowledged within 3 business days of receipt; resolve and/or state the result communicated to the provider within 30 business days of receipt (this includes referrals from DHH). If not resolved in 30 days the MCO must document why the issue goes unresolved; however, the issue must be resolved within 90 days.	Met This requirement is addressed on pages 15 and 16 of the Network Development and Management Plan.	ACLA Network Development & Management Plan 2015 (See 7.1)	Provider Network Mgmt Team	Pg. 15/16
7.9.6	An evaluation of the initial Network Provider Development and Management Plan, including evaluation of the success of proposed interventions and any needed revisions, shall be submitted to DHH at the end of the first year of operations and annually thereafter.	Met This requirement is addressed on pages 15 and 16 of the Network Development and Management Plan.	ACLA Network Development & Management Plan 2015 (See 7.1)	Provider Network Mgmt Team	Pg. 15/16
7.9.7	MCO Network Development and Management policies shall be subject to approval by DHH, Medicaid Coordinated Care Section and shall be monitored through operational audits.	Met This requirement is addressed on page 4 of the Creation and Approval of Communication Materials (found in the Marketing Section).	161.002 Creation & Approval of Communications Material (See 6.38)		p.4
<b>7.10</b>	<b>Patient-Centered Medical Home (PCMH)</b>				

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7.10.1 7.10.2 7.10.3	Patient-Centered Medical Home (PCMH) is a system of care led by a team of primary care providers who partner with the patient, the patient’s family and the community to coordinate care in all settings, from specialists and hospitals to pharmacies, mental health programs, and home health agencies. The MCO shall promote and facilitate the capacity of primary care practices to function as patient-centered medical homes by using systematic, patient-centered and coordinated care management processes; and to receive National Committee on Quality Assurance (NCQA) Physician Practice Connections®-Patient-Centered Medical Home (PPC®-PCMH) recognition or Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Primary Care Home (PCH) accreditation.	Met This requirement is addressed on pages 3 and 4 of the PCMH Implementation Plan.	ACLA PCMH Implementation Plan 2015	Purpose	Pg. 3
7.10.4	The MCO shall provide a PCMH Implementation Plan within ninety (90) days of the “go live” date that identifies the methodology for promoting practice transformation to providing PCMHs for its members. The Plan shall include, but not be limited to the following:	Met  ACLA submitted its 2015, PCMH Implementation Plan.	ACLA PCMH Implementation Plan 2015	Business Strategy	Pg. 3
7.10.4.1	Any payment methodology for payment to primary care practices for the specific purpose of supporting necessary costs to transform and sustain a medical home practice:	Met This requirement is addressed on pages 4 and 5 of the PCMH Implementation Plan.	ACLA PCMH Implementation Plan 2015	PCMH Reimbursement Strategy options	Pg. 4/5
7.10.4.2	Provision of technical support, to assist in their transformation;	Met This requirement is addressed on pages 4 and 5 of the PCMH Implementation Plan.	ACLA PCMH Implementation Plan 2015	Implementation Support	Pg. 4
7.10.4.3	Facilitation of specialty provider network access and coordination to support the PCMH;	Met This requirement is addressed on page 4 of the PCMH Implementation Plan.	ACLA PCMH Implementation Plan 2015	ACLA PCMH Implementation Plan 2015	Pg. 4
7.10.4.4	Efforts to increase and support the provision of appropriate basic behavioral services in the primary care setting, as well as, the coordination of services with specialty behavioral health providers and other community support services;	Met This requirement is addressed on page 4 of the PCMH Implementation Plan.	ACLA PCMH Implementation Plan 2015	ACLA PCMH Implementation Plan 2015	Pg. 4
7.10.4.5	Facilitation of data interchange between PCMH practices, specialists, labs, pharmacies, and other providers.	Met This requirement is addressed on page 6 of the PCMH Implementation Plan.	ACLA PCMH Implementation Plan 2015	Measurement/Reporting	Pg. 6

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7.10.4.6	Methodology for evaluating the level of practice participation, level of practice transformation and any capacity and/or health outcomes achieved, The findings from all evaluations shall be included in the annual update of the PCMH Implementation Plan.	Met This requirement is addressed on page 5 of the PCMH Implementation Plan.	ACLA PCMH Implementation Plan 2015	Implementation Time Line	Pg. 5
<b>7.12</b>	<b>Coordination with Other Service Providers</b>				
7.12.0	The MCO shall encourage network providers and subcontractors to cooperate and communicate with other service providers who serve Medicaid members. Such other service providers may include: Head Start programs; Healthy Start programs; Nurse Family Partnership; Early Intervention programs; and school systems. Such cooperation may include performing annual physical examinations for schools and the sharing of information (with the consent of the enrollee).	Met This requirement is addressed on page 9 of the Network Development and Management Plan.	ACLA Network Development & Management Plan 2015 (See 7.1)	Access to other service providers	Pg. 9
<b>7.13</b>	<b>Subcontract Requirements</b>				
7.13.1	In order to ensure that members have access to a broad range of health care providers, and to limit the potential for disenrollment due to lack of access to providers or services, the MCO shall not have a contract arrangement with any service provider in which the provider represents or agrees that it will not contract with another MCO or in which the MCO represents or agrees that it will not contract with another provider. The MCO shall not advertise or otherwise hold itself out as having an exclusive relationship with any service provider.	Met This requirement is addressed on pages 4 and 5 of the Network Development and Management Plan.	ACLA Network Development & Management Plan 2015 (See 7.1)	Provider Recruitmnt & Contracting	Pg. 4/5
7.13.2	The MCO shall have written policies and procedures for selection and retention of providers in accordance with 42 CFR §438.214.	Met This requirement is addressed on pages 4 and 5 of the Network Development and Management Plan.	ACLA Network Development & Management Plan 2015 (See 7.1)	Provider Recruitment & Contracting	Pg. 4/5
7.13.2.1	Within 30 days of the MCO signing the contract, it shall provide DHH with written provider credentialing and re-credentialing policies that are compliant with NCQA Health Plan Accreditation standards and all applicable state laws	Met ACLA submitted its 2015 Credentialing Process.	ACLA Network Development & Management Plan 2015 (See 7.1)	Provider Credentialing	Pg. 5

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7.13.2.2	The MCO provider selection policies and procedures must not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.	Met This requirement is addressed on page 5 of the Network Development and Management Plan.	ACLA Network Development & Management Plan 2015 (See 7.1)	Provider Credentialing	Pg. 5
7.13.3	As required by 42 CFR §438.6(1), §438.230(a) and § 438.230(b)(1),(2),(3) the MCO shall be responsible to oversee all subcontractors' performance and shall be held accountable for any function and responsibility that it delegates to any subcontractor, including, but not limited to:	Met This requirement is addressed on page 1 of the Delegation Oversight P/P.	277.010 Delegation Oversight	Policy Statement	1
7.13.3.1	All provider subcontracts must fulfill the requirements of 42 CFR Part 438 that are appropriate to the service or activity delegated under the subcontract;	Met This requirement is addressed throughout the Delegation Oversight P/P. The plan provided subcontractor agreements which also demonstrate compliance with this requirement.	277.010 Delegation Oversight	Attachment M: Delegate Audit Tool Utilization Management	
7.13.3.2	DHH shall have the right to review and approve or disapprove any and all provider subcontracts entered into for the provision of any services under this RFP.	Met This requirement is addressed on page3 of the Delegation Oversight P/P.	277.010 Delegation Oversight	Procedure A.2.External Approvals	3
7.13.3.3	The MCO must evaluate the prospective subcontractor's ability to perform the activities to be delegated;	Met This requirement is addressed on page3 of the Delegation Oversight P/P.	277.010 Delegation Oversight	Procedure A: Pre-Delegation Assessment	3
7.13.3.4	The MCO must have a written agreement between the MCO and the subcontractor that specifies the activities and reporting responsibilities delegated to the subcontractor; and provides for revoking delegation or imposing other sanctions if the subcontractor's performance is inadequate;	Met This requirement is addressed on page 5 of the Delegation Oversight P/P.	277.010 Delegation Oversight	B: Delegation Agreement Provisions	5
7.13.3.5	The MCO shall monitor the subcontractor's performance on an ongoing basis and subject it to formal review according to a periodic schedule consistent with industry standards;	Met This requirement is addressed on page 7 of the Delegation Oversight P/P.	277.010 Delegation Oversight	D: Delegate Reporting Requirements	7
7.13.3.6	The MCO shall identify deficiencies or areas for improvement, and take corrective action; and	Met This requirement is addressed on pages 5 and 6 of the Delegation Oversight P/P.	277.010 Delegation Oversight	C. Annual Delegate Oversight Process	5 6

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7.13.3.7	The MCO shall specifically deny payments to subcontractors for Provider Preventable Conditions.	Met This requirement is addressed on page 69 of the Provider Manual.	ACLA Provider Manual 2015 (See 7.7)	Section IV Preventable Serious Adverse Events Payment Policy	Pg. 65
7.13.4	The MCO shall submit all major subcontracts, excluding provider subcontracts, for the provision of any services under this RFP to DHH for prior review and approval. DHH shall have the right to review and approve or disapprove any and all provider subcontracts entered into for the provision of any services under this RFP.	Met This requirement is addressed on page 3 of the Delegation Oversight P/P.	277.010 Delegation Oversight	Procedure A.2.External Approvals	3
7.13.5	Notification of amendments or changes to any provider subcontract which, in accordance with Section 7.6 of this RFP, materially affects this Contract, shall be provided to DHH prior to the execution of the amendment in accordance with Section 23.1 of this RFP.	Met This requirement is addressed on page 3 of the Delegation Oversight P/P.	277.010 Delegation Oversight	D: Delegate Reporting Requirements	7
7.13.6	The MCO shall not execute provider subcontracts with providers who have been excluded from participation in the Medicare and/or Medicaid program pursuant to §§ 1128 of the Social Security Act (42 U.S.C. §1320a-7) or §1156 of the Social Security Act (42 U.S.C. §1320c-5) or who are otherwise barred from participation in the Medicaid and/or Medicare program. The MCO shall not enter into any relationship with anyone debarred, suspended or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from non-procurement activities under regulations issued under Executive Orders.	Met This requirement is addressed within the Logisticare OIG Exclusion Policy as well as within the Credentialing and Recredentialing P/P.	Logisticare OIG Exclusion Policy  VSP Credentialing and Recredentialing Policy  VSP Sanctions Monitoring Report Process  DentaQuest OIG Exclusion Policy	Section I – Policy Section  Monitoring of Sanctions	1-3  1-6
7.13.7	The MCO shall provide written notification to DHH of its intent to terminate any provider subcontract that may materially impact the MCO's provider network and/or operations, as soon as possible, but no later than seven (7) calendar days prior to the effective date of termination. In the event of termination of a provider subcontract for cause, the MCO shall provide immediate written notice to the provider.	Met This requirement is addressed on pages 5 and 6 of the Network Development and Management Plan as well as in the Provider Termination Process.	PNM Network Development & Management Plan 2015  PNM 159.301 Provider Termination Policy	Provider Termination	Pg. 5/6

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7.13.8	If termination is related to network access, the MCO shall include in the notification to DHH their plans to notify MCO members of such change and strategy to ensure timely access to MCO members through out-of-network providers. If termination is related to the MCO's operations, the notification shall include the MCO's plan for how it will ensure that there will be no stoppage or interruption of services to member or providers.	Met This requirement is addressed in the Provider Termination Process.	PNM Network Development & Management Plan 2015  PNM 159.301 Provider Termination Policy	Provider Termination	Pg. 5/6
7.13.9	The MCO shall make a good faith effort to give written notice of termination of a subcontract provider, within fifteen (15) days after receipt of issuance of the termination notice, to each MCO member who received his or her primary care from or was seen on a regular basis by the terminated provider as specified in 42 CFR §438.10(f)(5).	Met This requirement is addressed on pages 5 and 6 of the Network Development and Management Plan.	ACLA Network Development & Management Plan 2015 (See 7.1)  159.301 Provider Termination Process (See 7.6)	Provider Termination	Pg. 5/6
7.13.10	All subcontracts executed by the MCO pursuant to this Section shall, at a minimum, include the terms and conditions listed in Section 25 of this RFP. No other terms or conditions agreed to by the MCO and its subcontractor shall negate or supersede the requirements in Section 25.	Met The plan provided subcontractor agreements which include evidence of compliance with the requirement.	ACLA VSP Contract Part 2  ACLA Sirona Contract Part 2  NIA DHH Subcon Checklist	Appendix G  Exhibit C.  Entire Document	
<b>7.14</b>	<b>Provider-Member Communication Anti-Gag Clause</b>				
7.14.1	Subject to the limitations in 42 CFR §438.102(a)(2), the MCO shall not prohibit or otherwise restrict a health care provider acting within the lawful scope of practice from advising or advocating on behalf of a member, who is a patient of the provider, regardless of whether the benefits for such care or treatment are provided under the Contract, for the following:	Met The plan provided subcontractor agreements which include evidence of compliance with the requirement. Additionally, the plan provided sample templates of the contracts which show evidence of compliance with the requirement as well.	Sample Provider Contracts <ul style="list-style-type: none"> <li>• PCP Contract</li> <li>• PCP / RHC FQHC Contract</li> <li>• Specialist Contract</li> </ul> Specialist RHC FQHC Contract	Template (Ancillary)  Template (Hospital)  Template (PCP)  Template (FQHC RHC)  Template (Specialist)	Section 9.12 pg.15  Section 9.12 pg.16  Section 9.12 pg.15  Section 9.12 pg.15  Section 9.12 pg. 15

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7.14.1.1	The member's health status, medical care, or treatment options, including any alternative treatment that may be self-administered;	Met The plan provided subcontractor agreements which include evidence of compliance with the requirement. Additionally, the plan provided sample templates of the contracts which show evidence of compliance with the requirement as well.	Sample Provider Contracts <ul style="list-style-type: none"> <li>• PCP Contract</li> <li>• PCP / RHC FQHC Contract</li> <li>• Specialist Contract</li> </ul> Specialist RHC FQHC Contract	Template (Ancillary)  Template (Hospital)  Template (PCP)  Template (FQHC RHC)  Template (Specialist)	Section 9.12 pg.15  Section 9.12 pg.16  Section 9.12 pg.15  Section 9.12 pg.15  Section 9.12 pg. 15
7.14.1.2	Any information the member needs in order to decide among relevant treatment options;	Met The plan provided subcontractor agreements which include evidence of compliance with the requirement. Additionally, the plan provided sample templates of the contracts which show evidence of compliance with the requirement as well.	Sample Provider Contracts <ul style="list-style-type: none"> <li>• PCP Contract</li> <li>• PCP / RHC FQHC Contract</li> <li>• Specialist Contract</li> </ul> Specialist RHC FQHC Contract	Template (Ancillary)  Template (Hospital)  Template (PCP)  Template (FQHC RHC)  Template (Specialist)	Section 9.12 pg.15  Section 9.12 pg.16  Section 9.12 pg.15  Section 9.12 pg.15  Section 9.12 pg. 15
7.14.1.3	The risks, benefits and consequences of treatment or non-treatment; and	Met The plan provided subcontractor agreements which include evidence of compliance with the requirement. Additionally, the plan provided sample templates of the contracts which show evidence of compliance with the requirement as well.	Sample Provider Contracts <ul style="list-style-type: none"> <li>• PCP Contract</li> <li>• PCP / RHC FQHC Contract</li> <li>• Specialist Contract</li> </ul> Specialist RHC FQHC Contract Contract	Template (Ancillary)  Template (Hospital)  Template (PCP)  Template (FQHC RHC)	Section 9.12 pg.15  Section 9.12 pg.16  Section 9.12 pg.15  Section 9.12 pg.15

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				Template (Specialist)	Section 9.12 pg. 15
7.14.1.4	The member's right to participate in decisions regarding their health care, including, the right to refuse treatment, and to express preferences about future treatment decisions.	Met The plan provided subcontractor agreements which include evidence of compliance with the requirement. Additionally, the plan provided sample templates of the contracts which show evidence of compliance with the requirement as well.	Sample Provider Contracts <ul style="list-style-type: none"> <li>• PCP Contract</li> <li>• PCP / RHC FQHC Contract</li> <li>• Specialist Contract</li> </ul> Specialist RHC FQHC Contract	Template (Ancillary)  Template (Hospital)  Template (PCP)  Template (FQHC RHC)  Template (Specialist)	Section 9.12 pg.15  Section 9.12 pg.16  Section 9.12 pg.15  Section 9.12 pg.15  Section 9.12 pg. 15
7.14.1.5	Any MCO that violates the anti-gag provisions set forth in 42 U.S.C §438.102(a)(1) shall be subject to intermediate sanctions.				
7.14.1.6	The MCO shall comply with the provisions of 42 CFR §438.102(a)(1)(ii) concerning the integrity of professional advice to members, including interference with provider's advice to members and information disclosure requirements related to physician incentive plans.	Met The plan provided subcontractor agreements which include evidence of compliance with the requirement. Additionally, the plan provided sample templates of the contracts which show evidence of compliance with the requirement as well.	Sample Provider Contracts <ul style="list-style-type: none"> <li>• PCP Contract</li> <li>• PCP / RHC FQHC Contract</li> <li>• Specialist Contract</li> </ul> Specialist RHC FQHC Contract	Template (Ancillary)  Template (Hospital)  Template (PCP)  Template (FQHC RHC)  Template (Specialist)	Section 9.12 pg.15  Section 9.12 pg.16  Section 9.12 pg.15  Section 9.12 pg.15  Section 9.12 pg. 15
<b>7.15</b>	<b>Pharmacy Network, Access Standards and Reimbursement</b>				
7.15.1	<b>Pharmacy Network Requirements</b>				

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7.15.1.1	The MCO shall provide a pharmacy network that complies with DHH requirements but at a minimum includes only licensed and registered pharmacies that conform to the Louisiana Board of Pharmacy rules concerning the records to be maintained by a pharmacy.	Met This requirement is addressed on page 1 of the Pharmacy Network Management P/P.	151.003 Pharmacy Network Management	Policy	Page 1
7.15.1.2	No MCO may prohibit any pharmacy or pharmacist participating in the Medicaid program from contracting as a network provider provided the pharmacy or pharmacist is licensed and in good standing with the Louisiana State Board of Pharmacy and accepts the terms and conditions of the contract offered to them by the MCO.	Met This requirement is addressed on page 1 of the Pharmacy Network Management P/P.	151.003 Pharmacy Network Management	Policy	Page 1
7.15.1.3	The MCO must keep an up-to-date pharmacy provider directory on its website for public access. This directory must include, but not be limited to, the following information on all contracted network pharmacies: <ul style="list-style-type: none"> <li>• Names, locations and telephone numbers.</li> <li>• Any non-English languages spoken.</li> <li>• Identification of hours of operation, including identification of providers that are open 24-hours per day.</li> <li>• Identification of pharmacies that provide vaccine services.</li> <li>• Identification of pharmacies that provide delivery services.</li> </ul>	Met The plan provided evidence of the pharmacy provider directory on its website. The plan also provided the pharmacy directory which shows evidence of compliance with the requirement.	<a href="http://www.amerihhealthcaritasla.com/pdf/pharmacy/printable-pharmacy-list.pdf">http://www.amerihhealthcaritasla.com/pdf/pharmacy/printable-pharmacy-list.pdf</a>	See Directory – All pages	
7.15.1.4	The MCO must make a hard copy of this directory available to its members upon request. The hard copy must be updated at least annually. The online version should be updated in real time, but no less than weekly.	Met This requirement is addressed in the Pharmacy Network Policy.	ACLA Rx Network Oct 2014	See Directory – all pages	
7.15.1.5	The MCO shall ensure PBM/PBA has a network audit program that includes, at a minimum: <ul style="list-style-type: none"> <li>• Random audits to determine provider compliance with the program policies, procedures and limitations outlined in the provider's contract. The MCO shall not utilize contingency-fee based pharmacy audits.</li> </ul>	Met This requirement is addressed in the Network Pharmacy Audits documentation provided.	PHDC-1-05 Network Pharmacy Audits	Procedure: A, B, C	1-2

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	<ul style="list-style-type: none"> <li>The MCO shall submit to DHH the policies of its audit program for approval.</li> </ul>				
7.15.1.6	The MCO shall ensure that pharmacies submit the NPI of the prescriber on claims.	Met This requirement is addressed in the Payer Sheet Pharmacy documentation on page 5.	Payer Sheet Pharmacy ACLA	Prescriber Segment Questions: 466-EZ Prescriber ID Qualifier 01-NPI	5
7.15.1.7	The MCO must educate network providers about how to access their formulary and PDL on their websites. The MCO must also provide provider education on claims processing and payment policies and procedures.	Met This requirement is addressed in the Provider Handbook at page 59.	PHDC-1-02 Pharmacy Relations Program	Procedure A.4	2
7.15.1.10	Thirty days after enrollment of a new MCO into Bayou Health, DHH will require that the MCO and PBM receive active agreement from pharmacy providers to participate in the MCO's pharmacy network, even if the pharmacy provider has an existing relationship with the MCO's PBM. This means that if a pharmacy provider is already contracted with an MCO's PBM for other coverage products, notification alone will not be sufficient for that pharmacy provider to be considered part of the PBM's Medicaid network. The pharmacy provider must actively agree to the terms of the Medicaid contract addendum.	N/A This requirement applies to plans that are new to Bayou Health.	N/A Applies to new MCOs only		
<b>7.15.3</b>	<b>Specialty Drugs and Specialty Pharmacies</b>				
7.15.3.1	The MCO may limit distribution of specialty drugs from a network of specialty pharmacies that meet reasonable requirements to distribute specialty drugs and is willing to accept the terms of the MCO's agreement.	Met This requirement is addressed on page 1 of the Specialty Drugs and Specialty Pharmacies P/P.	151.002 Specialty Drugs and Specialty Pharmacies	Policy	p. 1
7.15.3.2	A specialty drug is defined as one that is:	Met This requirement is addressed on page 1 of the Specialty Drugs and Specialty Pharmacies P/P.			
7.15.3.2.1	Not typically available at community retail pharmacies or under limited distribution per manufacturer/FDA; or	Met This requirement is addressed on page 1 of the Specialty Drugs and Specialty Pharmacies P/P.	151.002 Specialty Drugs and Specialty Pharmacies	Definitions	p. 1
7.15.3.2.2	Includes at least two of the following characteristics: <ul style="list-style-type: none"> <li>requires inventory management controls including but not limited to unique storage</li> </ul>	Met This requirement is addressed on pages 1 and 2 of the Specialty Drugs and Specialty Pharmacies P/P.	151.002 Specialty Drugs and Specialty Pharmacies	Definitions	pgs. 1-2

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	<p>specifications, short shelf life, and special handling; or</p> <ul style="list-style-type: none"> <li>• must be administered, infused or injected by a health care professional; or</li> <li>• the drug is indicated primarily for the treatment of: a complex or chronic medical condition, defined as a physical, behavioral or developmental condition that may have no known cure and/or is progressive and/or can be debilitating or fatal if left untreated or under-treated, such as, but not limited to, multiple sclerosis, hepatitis C, cancer and rheumatoid arthritis; or a rare medical condition, defined as any disease or condition that typically affects fewer than 200,000 people in the United States; or</li> <li>• the total monthly cost is \$3,000 or more.</li> </ul>				