

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
12.11	Member Education – Required Materials and Services				
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 Addressed in P# 4500.20 Member Material Standards, pg. 2	4500.20 Member Material Standards *Located in Marketing	Material Standards	Page 2
12.11.1					
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 Addressed in P# 4500.15 Member Information, pg. 3	4500.15 Member Information	Scope	Page 3
12.11.1.2	The MCO shall identify and educate members who access the system inappropriately and provide continuing education as needed	Met Addressed in P# 4500.15 Member Information, pg. 9	4500.15 Member Information	Ongoing Member Communication	Page 9
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 Addressed in P# 4500.15 Member Information, pg. 3	4500.15 Member Information	New Member Communication	Page 3
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 Addressed in P# 4500.15 Member Information, pg. 3	4500.15 Member Information	New Member Welcome Packet	Page 3
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 Addressed in P# 4500.15 Member Information, pg. 2 & 9	4500.15 Member Information	Welcome calls	Page 9
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	Met Addressed in P# 4500.03 PCP Assignment and Changes After Initial Enrollment, pg. 3	4500.03 PCP Assignment and Changes After Initial Enrollment	PCP Selection Criteria	Page 3

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	subcontract with the MCO; and 3) is within a reasonable commuting distance from their residence.				
12.11.2	Communication with New Enrollees				
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 The plan submitted updated documentation for the Data Imports_Exports and Exceptions. Page 4 includes language that states names, addresses and phone numbers will be included and how the file will be used. Confirmed onsite that the files the plan is currently using meet all requirements	Data Imports_Exports and Exceptions.doc		Pages 2-4
12.11.3.1	Welcome Packets				
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 Addressed in P# 4500.15 Member Information, pg. 3	4500.15 Member Information	New Member Welcome Packet	Page 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 Addressed in P# 4500.15 Member Information, pg. 3	4500.15 Member Information	New Member Welcome Packet	Page 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 Addressed in P# 4500.15 Member Information, pg. 3	4500.15 Member Information	Responsibility	Page 3
12.11.3.1.3	A Member Handbook and/or Welcome Member Newsletter;	Met Addressed in P# 4500.15 Member Information, pg. 3	4500.15 Member Information	New Member Welcome Packet	Page 3
12.11.3.1.3.	The MCO Member ID Card (if not mailed under a separate mailing);	Met Addressed in P# 4500.15	4500.15 Member Information	New Member Welcome Packet	Page 3

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		Member Information, pg. 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 Addressed in P# 4500.15 Member Information, pg. 4	4500.15 Member Information	New Member Welcome Packet	Page 4
12.11.3.1.3.	A current Provider Directory when specifically requested by the member (also must be available in searchable format on-line).	Met Addressed in P# 4500.15 Member Information, pg. 8	4500.15 Member Information	Provider Directory	Page 8
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 Addressed in P# 4500.15 Member Information, pg. 1	4500.15 Member Information	Purpose	Page 1
12.11.3.2	Welcome Calls				
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 Addressed in P# 4500.15 Member Information, pg. 8 Welcome Call script_ADULT Welcome Call Script_PED also contain same language (page 2 of both documents.)	4500.15 Member Information Welcome Call script_ADULT Welcome Call Script_PED	Welcome calls	Page 8 Page 2 Page 2
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 Addressed in P# 4500.15 Member Information, pg. 8 Welcome Call script_ADULT Welcome Call Script_PED also contain same language (page 5 of both documents.)	4500.15 Member Information Welcome Call script_ADULT Welcome Call Script_PED	Welcome calls	Page 8 Page 5 Page 5
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 Addressed in P# 4500.15 Member Information, pg. 8 Welcome Call script_ADULT Welcome Call Script_PED also contain same language (page 2 of both documents.)	4500.15 Member Information Welcome Call script_ADULT Welcome Call Script_PED	Welcome calls	Page 8 Page 2 Page 2

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12.11.3.2.3	A brief explanation of the program;	Met Addressed in P# 4500.15 Member Information, pg. 8 Welcome Call script_ADULT Welcome Call Script_PED also contain same language (page 4 of both documents.)	4500.15 Member Information Welcome Call script_ADULT Welcome Call Script_PED	Welcome calls	Page 8 Page 4 Page 4
12.11.3.2.3	Statement of confidentiality;	Met Addressed in P# 4500.15 Member Information, pg. 9 Welcome Call script_ADULT Welcome Call Script_PED also contain HIPAA language (page 6 of both documents.)	4500.15 Member Information Welcome Call script_ADULT Welcome Call Script_PED	Welcome calls	Page 9 Page 6 Page 6
12.11.3.2.3.	The availability of oral interpretation and written translation services and how to obtain them free of charge;	Met Addressed in P# 4500.15 Member Information, pg. 9 Welcome Call script_ADULT Welcome Call Script_PED also contain same language (page 3 of both documents.)	4500.15 Member Information Welcome Call script_ADULT Welcome Call Script_PED	Welcome calls	Page 9 Page 3 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 Addressed in P# 4500.15 Member Information, pg. 9 Welcome Call script_ADULT Welcome Call Script_PED also contain same language (page 5 of both documents.)	4500.15 Member Information Welcome Call script_ADULT Welcome Call Script_PED	Welcome calls	Page 9 Page 5 Page 5
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 Addressed in P# 4500.15 Member Information, pg. 9 Also addressed in Welcome Call script_ADULT and Welcome Call Script_PED (via	4500.15 Member Information Welcome Call script_ADULT Welcome Call Script_PED	Welcome calls	Page 9 Page 6,7,8,10,11 Page 6,7,8,10

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		the questions on the HRA.)			
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 Addressed in P# 4500.15 Member Information, pg. 9 Welcome Call script_ADULT Welcome Call Script_PED also contain same language (page 2 of both documents.)	4500.15 Member Information Welcome Call script_ADULT Welcome Call Script_PED	Welcome calls	Page 9 Page 2 Page 2
12.12	MCO Member Handbook				
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 Addressed in P# 4500.15 Member Information, pg. 6	4500.15 Member Information	Member Handbook	Page 6
12.12.2	Member handbook shall include the following information:	NA – Intro statement	LA Bayou Health Member Handbook	Cover	n/a
12.12.2.1	Table of contents;	Met Addressed in LA Bayou Health Member Handbook	LA Bayou Health Member Handbook	Table of Contents	Page 4-6
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 Addressed in LA Bayou Health Member Handbook located within document as stated	LA Bayou Health Member Handbook	Welcome Rights and Responsibilities Your PCP How do I pick my PCP Getting Care Getting Prior Authorization Emergency Care	Page 7 Page 15-17 Page 17-18 Page 18 Page 19 Page 30-31 Page 41
12.12.2.3	Member’s right to disenroll from MCO;	Met Addressed in LA Bayou Health Member Handbook, page 56	LA Bayou Health Member Handbook	Disenrollment	Page 56
12.12.2.4	Member’s right to change providers within the MCO;	Met Addressed in LA Bayou Health	LA Bayou Health Member Handbook	How do I change PCPs	Page 19

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		Member Handbook, page 19			
12.12.2.5	Any restrictions on the member's freedom of choice among MCO providers;	Met Addressed in LA Bayou Health Member Handbook, page 18	LA Bayou Health Member Handbook	How do I pick my PCPs	Page 18
12.12.2.6	Member's rights and protections, as specified in 42 CFR §438.100 and this RFP;	Met Addressed in LA Bayou Health Member Handbook, page 16-17	LA Bayou Health Member Handbook	your rights	Pages 16- 17
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 Addressed in LA Bayou Health Member Handbook (located within document as stated)	LA Bayou Health Member Handbook	Covered Services Case Management Disease Management	Page 21-25 Page 38-39 Page39
12.12.2.8	Procedures for obtaining benefits, including prior authorization requirements;	Met Addressed in LA Bayou Health Member Handbook, pages 21-25 and 30-31	LA Bayou Health Member Handbook	Covered Services Getting Prior Authorization	Page 21-25 Page 30-31
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 Addressed in LA Bayou Health Member Handbook, pages 13-14	LA Bayou Health Member Handbook	ID Card	Pages 13-14
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 Addressed in LA Bayou Health Member Handbook, pages 33 and 29	LA Bayou Health Member Handbook	Family Planning Services Medicaid covered services	Page 33 Page 29
12.12.2.11	The extent to which, and how, after-hours and emergency coverage are provided, including: <ul style="list-style-type: none"> • 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; • The locations of any emergency settings and other locations at which providers and 	Met The member handbook provides information on coverage for post stabilization services on p 44.	LA Bayou Health Member Handbook	Emergency Care	Page 40-41

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	hospitals furnish emergency services and post-stabilization services covered by the MCO; and <ul style="list-style-type: none"> That, subject to the provisions of 42 CFR §438, the member has a right to use any hospital or other setting for emergency care. 				
12.12.2.12	The post-stabilization care services rules set forth in 42 CFR 422.113(c);	Met Addressed in LA Bayou Health Member Handbook, page 44	LA Bayou Health Member Handbook	Types of Care	Page 44
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 Addressed in LA Bayou Health Member Handbook, pages 20 and 31	LA Bayou Health Member Handbook	Getting Specialist Care Behavioral Health Services	Page 20 Page 31
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 Addressed in LA Bayou Health Member Handbook, page 29	LA Bayou Health Member Handbook	Medicaid Covered Services	Page 29
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 Addressed in LA Bayou Health Member Handbook, page 15	LA Bayou Health Member Handbook	your rights	Page 15
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 Addressed in LA Bayou Health Member Handbook, page 56	LA Bayou Health Member Handbook	Disenroll from Aetna Better Health	Page 56
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 Addressed in P# 3100.70 Member Appeals Policy, page 4 LA Bayou Health Member Handbook, page 50	3100.70 Member Appeals Policy	Legal/Contract Reference	Page 4, 50
12.12.2.18	Grievance, appeal and fair hearing procedures that include the following: <ul style="list-style-type: none"> For State Fair Hearing: the right to a hearing; the method for obtaining a hearing; and the rules that govern representation at the hearing; 	Met Addressed in P# 3100.70 Member Appeals Policy, pages, 4, 5, 16 LA Bayou Health Member	3100.70 Member Appeals Policy	Responsibility	Page 4, 5, 16, 50-51, 53-55

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	<ul style="list-style-type: none"> The right to file grievances and appeals; The requirements and timeframes for filing a grievance or appeal; The availability of assistance in the filing process; The toll-free numbers that the member can use to file a grievance or an appeal by phone; 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; 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. Page 	Handbook, pages 50-51, 53-55			
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"> The MCO policies related to advance directives; 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; 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 	Met Addressed in LA Bayou Health Member Handbook, pages 57-58	LA Bayou Health Member Handbook	Advance Directives	Page 57-58

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	0138; and <ul style="list-style-type: none"> Information about where a member can seek assistance in executing an advance directive and to whom copies should be given. 				
12.12.2.20	Information to call the Medicaid Customer Service Unit toll free hotline, go to Louisiana Medicaid website at www.medicaid.la.gov ,or visit a local Medicaid eligibility office to report if family size, living arrangements, parish of residence, or mailing address changes;	Met Addressed in LA Bayou Health Member Handbook, page 49	LA Bayou Health Member Handbook	Your Information	Page 49
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 Discussed the language in the member handbook onsite regarding importance of notifying provider of cancelled appointments 24 hours prior to a cancelled appointment. The language meets the requirement. Updated Handbook includes auditors' recommendation that a stronger statement about not being a no-show be included.	LA Bayou Health Member Handbook	Quick Tips about appointments	Page 20
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 The Handbook contains: the toll-free number, fax number, and mailing address. LA-14-10-86 LA Bayou Health Member Handbook submitted. Email for Member Services is found via the plan's website. Handbook submitted after the onsite visit indicated the email address.	LA Bayou Health Member Handbook	Member Services	Page 8-9
12.12.2.23	How to obtain emergency and non-emergency medical	Met	LA Bayou Health Member Handbook	Transportation	Page 21

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	transportation;	Addressed in LA Bayou Health Member Handbook, page 21			
12.12.2.24	Information about Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services;	<p>Met LA-14-10-86 LA Bayou Health Member Handbook submitted. Page 36; plan added language informing members that the Well Baby and Well Child services are part of EPSDT. While onsite reviewed the Member Portal. This will contain more detailed information regarding EPSDT.</p> <p>Updated Handbook includes the auditors' recommendation that the Handbook refer the members to the Portal for more information on EPSDT.</p>	LA Bayou Health Member Handbook	Well Baby and Well child	Page 36-38
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;	<p>Met Addressed in LA Bayou Health Member Handbook, page 49</p>	LA Bayou Health Member Handbook	Other insurance	Page 49
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;	<p>Met Addressed in LA Bayou Health Member Handbook, page 49</p>	LA Bayou Health Member Handbook	Other insurance	Page 49
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;	<p>Met Warning regarding the selling of the ID included in the updated Handbook submitted</p> <p>Handbook includes the statement that ID cards are not to be lent to anyone else.</p> <p>Auditors recommend that the consequences of abusing their</p>	LA Bayou Health Member Handbook	your responsibilities	Page 17

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		ID card could result in loss of eligibility			
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 ;	<p>Met Handbook included language about interpretation services at no cost to member.</p> <p>In follow up documentation, the plan referred the reviewers to Policy 4500.15 Member Information. Page 7 submitted. States the member handbook is available online and in hard copy upon request to Member Services and is produced in both English and Spanish. This is a policy document and as such is not direct evidence that the members are informed that the multilingual interpretation services are available. The instructions must be in English and Spanish. P 16 of the English version contains a statement that services are available. P 3 provides a number to call to receive services.</p> <p>While onsite, the plan provided a mock up of the handbook showing the Spanish and English versions. This mock up met requirements. The Spanish version will not be available until final sign-off from DHH. When available, the plan should submit the Spanish version of the Handbook to IPRO for</p>	LA Bayou Health Member Handbook	Language Services	Page 9

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		confirmation.			
12.12.2.29	Information on the member's right to a second opinion at no cost and how to obtain it;	Met Addressed in LA Bayou Health Member Handbook, page 20	LA Bayou Health Member Handbook	Getting a second opinion	Page 20
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 Addressed in LA Bayou Health Member Handbook, page 55	LA Bayou Health Member Handbook	Fraud and Abuse	Page 55
12.12.2.31	Any additional text provided to the MCO by DHH or deemed essential by the MCO;	Met Addressed in LA Bayou Health Member Handbook, page 8	LA Bayou Health Member Handbook	Member Handbook	Page 8
12.12.2.32	The date of the last revision;	Met Addressed in LA Bayou Health Member Handbook, page 1	LA Bayou Health Member Handbook		Page 1
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 Addressed in LA Bayou Health Member Handbook, pages 8, 48, 55	LA Bayou Health Member Handbook	Member handbook Other Information for you	Page 8 Page 48, 55
12.12.2.36	MCO Welcome Newsletter				
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 Addressed in P# 4500.15 Member Information, page 4	4500.15 Member Information	Welcome Member Newsletter	Page 4
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 Addressed in P# 4500.15 Member Information, page 4	4500.15 Member Information	Welcome Member Newsletter	Page 4
12.12.2.36.3	At a minimum, the welcome member newsletter shall include the following information: <ul style="list-style-type: none"> • 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;	Met Addressed in P# 4500.15 Member Information, pages 4-5	4500.15 Member Information	Welcome Member Newsletter	Page 4-5

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	<ul style="list-style-type: none"> • Member Grievance and Appeal rights; • Right to access oral interpretation services, free of charge, and how to access them; • 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; • Tobacco Cessation information with a website link to tobacco education and prevention program; • Information on how to search for providers and how to obtain, at no charge, a directory of providers; • Information on what to do if a member is billed, and under what circumstances a member may be billed for non-covered services; • How to file a complaint; • 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; • Description of fraud, waste, and abuse, including instruction on how to report suspected fraud, waste, and abuse; • Right to be treated fairly regardless of race, religion, gender, age, and ability to pay; • Right to request a medical record copy and/or inspect medical records at no cost; • How to access afterhours care; • How to change Health Plans; • Instructions on changing your PCP; • Instructions where to find detailed listing of covered benefits; and 				

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	<ul style="list-style-type: none"> Identification of services for which copays are applicable. 				
12.13	Member Identification (ID) Card				
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 There is an option to provide a third ID card related to pharmacy. Plan noted that pharmacy is covered by the other card and that they opt not to use a third card.	4500.15 Member Information	Member Identification Cards	Page 5
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 Addressed in P# 4500.15 Member Information, page 5	4500.15 Member Information	Member Identification Cards	Pages 5-6
12.13.3	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: <ul style="list-style-type: none"> The member's name and date of birth; The MCO's name and address; Instructions for emergencies; The PCP's name, address and telephone numbers (including after-hours number, if different from business hours number); Name and contact number for the Louisiana Behavioral Health Partnership; and 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) 	Met Addressed in P# 4500.15 Member Information, pages 5-6	4500.15 Member Information	Member Identification Cards	Page 6

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12.13.3.1	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.	Met Addressed in P# 4500.15 Member Information, pages 5-6	4500.15 Member Information	Member Identification Cards	Page 6
12.13.3.2	The card will be issued without the PCP information if no PCP selection has been made on the date of the mailing.	Met Addressed in P# 4500.15 Member Information, page 6	4500.15 Member Information	Member Identification Cards	Page 6
12.13.3.3	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.	Met Addressed in P# 4500.15 Member Information, page 6	4500.15 Member Information	Member Identification Cards	Page 6
12.13.3.4	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.	Met Addressed in P# 4500.15 Member Information, page 6	4500.15 Member Information	Member Identification Cards	Page 6
12.13.3.5	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.	Met Addressed in P# 4500.15 Member Information, page 6	4500.15 Member Information	Proper Use of ID Cards	Page 6
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 Addressed in P# 4500.15 Member Information, page 6	4500.15 Member Information	Proper Use of ID Cards	Page 6
12.13.4	Pharmacy-Related ID Card Requirements				
12.13.4.1	The MCO shall provide on the member's identification	Met	4500.15 Member Information		Page 5

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	card, or on a separate prescription benefit card, or through other technology, prescription billing information that:	The plan resubmitted 4500.15 Member Information showing that the ID card will contain PBM information			
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 The plan resubmitted 4500.15 Member Information; page 6 includes language indicating that the National Council for Prescription Drug Programs pharmacy ID cards will follow implementation guidelines at the time of the issuance of the card or other technology.	4500.15 Member Information		Page 5
12.13.4.1.2	Includes, at a minimum, the following data elements: <ul style="list-style-type: none"> The name or identifying trademark of the MCO and the prescription benefit manager (see co-branding restrictions in 12.20.3); The name and MCO member identification number of the recipient; 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). <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>	Met The plan resubmitted 4500.15 Member Information; pages 5 & 6 addresses identifying PBM information on card, name, phone number providers may call for assistance, member services and filing grievances and provider services and PA.	4500.15 Member Information		Page 5
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 The plan resubmitted 4500.15 Member Information; page 6 states that ID cards will include all electronic transaction and routing information required to	SFTP Diagrams		Page 1

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		process claims electronically.			
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.	Met Plan is opting not to use a third card but the plan should ensure that information regarding the pharmacy benefit is included on the other card.	4500.15 Member Information		Page 5
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.	NA	No documentation submission. Aetna Better Health of Louisiana will not provide a separate prescription benefit card; all prescription benefit information will be included on the MCO issued member ID card.		
12.14	Provider Directory for Members				
12.14.1	The MCO shall develop and maintain a Provider Directory in four (4) formats:	Met Addressed in P# 6300.25 Provider Directory, page 2	6300.25 Provider Directory		Page 2-3
12.14.1.1.	A hard copy directory for members and upon request, potential members;	Met Addressed in P# 6300.25 Provider Directory, page 3	6300.25 Provider Directory		Page 2-3
12.14.1.2.	Web-based, searchable, online directory for members and the public; and	Met Addressed in P# 6300.25 Provider Directory, page 3	6300.25 Provider Directory		Page 2-3
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 Addressed in P# 6300.25 Provider Directory, page 3	6300.25 Provider Directory		Page 2-3
12.14.1.4.	Hard copy, abbreviated version for the Enrollment Broker.	Met Addressed in P# 6300.25 Provider Directory, page 3	6300.25 Provider Directory		Page 2-3
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 Addressed in P# 6300.25 Provider Directory, page 7	6300.25 Provider Directory		Page 7
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	Met Requirement states that inserts may be used for updates and fulfilling requests. During the onsite visit, plan should explain whether inserts will be used	6300.25 Provider Directory		Page 7

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	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.	and, if not, how it will handle updates and fulfilling requests by members Remaining elements addressed in P# 6300.25 Provider Directory, page 7			
12.14.4	In accordance with 42 CFR 438.10(f) (6), the provider directory shall include, but not be limited to:	Met Addressed in P# 6300.25 Provider Directory, page 3	6300.25 Provider Directory		Page 3
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 Addressed in P# 6300.25 Provider Directory, page 3	6300.25 Provider Directory		Page 3-4
12.14.4.2	Identification of primary care physicians, specialists, and hospitals PCP groups, clinic settings, FQHCs and RHCs in the service area;	Met Addressed in P# 6300.25 Provider Directory, page 4	6300.25 Provider Directory		Page 4
12.14.4.3	Identification of any restrictions on the enrollee's freedom of choice among network providers; and	Met Addressed in P# 6300.25 Provider Directory, page 4	6300.25 Provider Directory		Page 4
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 Addressed in P# 6300.25 Provider Directory, page 3	6300.25 Provider Directory		Page 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 Addressed in P# 6300.25 Provider Directory, page 6	6300.25 Provider Directory		Page 6
12.15	Member Call Center				
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 Addressed in P# 4500.50 Member Services Phone Line, page 1	4500.50 Member Services Phone Line	Purpose	Page 1
12.15.1.1.	Explanation of MCO policies and procedures;	Met	4500.50 Member Services Phone Line	Scope	Page 2

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		Addressed in P# 4500.50 Member Services Phone Line, page 2			
12.15.1.2.	Prior authorizations;	Met Addressed in P# 4500.50 Member Services Phone Line, page 2	4500.50 Member Services Phone Line	Scope	Page 2
12.15.1.3.	Access information;	Met Addressed in P# 4500.50 Member Services Phone Line, page 2	4500.50 Member Services Phone Line	Scope	Page 2
12.15.1.4.	Information on PCPs or specialists;	Met Addressed in P# 4500.50 Member Services Phone Line, page 2	4500.50 Member Services Phone Line	Scope	Page 2
12.15.1.5.	Referrals to participating specialists;	Met Addressed in P# 4500.50 Member Services Phone Line, page 2	4500.50 Member Services Phone Line	Scope	Page 2
12.15.1.6.	Resolution of service and/or medical delivery problems; and	Met Addressed in P# 4500.50 Member Services Phone Line, page 2	4500.50 Member Services Phone Line	Scope	Page 2
12.15.1.7.	Member grievances.	Met Grievances addressed in P# 4500.50 Member Services Phone Line, page 2	4500.50 Member Services Phone Line	Scope	Page 2
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 Addressed in P# 4500.50 Member Services Phone Line, page 1	4500.50 Member Services Phone Line	Purpose	Page 1
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	Met Addressed in P# 4500.50 Member Services Phone Line, page 3	4500.50 Member Services Phone Line	Automated Call Distribution System	Page 3

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	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.				
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 Addressed in P# 4500.50 Member Services Phone Line, page 5	4500.50 Member Services Phone Line	Performance Standards and Monitoring	Page 4-5
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 Addressed in P# 4500.50 Member Services Phone Line, page 5	4500.50 Member Services Phone Line	Contingency Plans	Page 5
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 Addressed in P# 4500.50 Member Services Phone Line, pages 1 & 5	4500.50 Member Services Phone Line	Statement of Objective	Page 1
12.15.7	The MCO shall develop call center quality criteria and	Met	4500.50 Member Services Phone Line	Staff Performance	Page 6

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	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.	Addressed in P# 4500.50 Member Services Phone Line, page 6		Monitoring	
12.16	ACD System				
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 Addressed in Backup Phone System Plan, page 1 and LA ACD Call Flow document pages 1-4	Backup Phone System Plan LA ACD Call Flow		page 1 pages 1-4
12.16.1.	Effectively manage all calls received and assign incoming calls to available staff in an efficient manner;	Met Addressed in 12.16.1 Manage calls within CMS, page 1 and Avaya CMS Workbook, page 11 & 19	12.16.1 Manage calls within CMS Avaya CMS Workbook		page 1 Page 11 and 19
12.16.2	Transfer calls to other telephone lines;	Met Addressed in Avaya phone agent user guide, page 2	Avaya phone agent user guide		page 2
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 Addressed in Avaya CMS Workbook, pages 25-26	Avaya CMS Workbook		pages 25 and 26
12.16.4.	Provide a message that notifies callers that the call may be monitored for quality control purposes;	Met Addressed in LA ACD Call Flow, page 1&4	LA ACD Call Flow		pages 1 and 4
12.16.5	Measure the number of calls in the queue ;	Met Addressed in Avaya CMS Workbook, page 19	Avaya CMS Workbook		page 19
12.16.6	Measure the length of time callers are on hold;	Met Addressed in Avaya CMS Workbook, page 25	Avaya CMS Workbook		page 25
12.16.7	Measure the total number of calls and average calls handled per day/week/month;	Met Addressed in Avaya CMS Workbook, page 20	Avaya CMS Workbook Call Summary Daily Call Summary Weekly Call Summary monthly		Page 20 page 1 page 1 page 1

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12.16.8	Measure the average hours of use per day;	Met Addressed in Avg Hour and Busiest time report	Avg Hour and Busiest time report		page 1
12.16.9	Assess the busiest times and days by number of calls;	Met Addressed in Avg Hour and Busiest time report	Avg Hour and Busiest time report		page 1
12.16.10	Record calls to assess whether answered accurately;	Met Addressed in 4500.50 Member Services Phone Line, page 6	4500.50 Member Services Phone Line	Staff Performance Monitoring	Page 6
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 Addressed in Backup Phone System Plan	Backup Phone System Plan		page 1
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 Addressed in LA ACD Call Flow chart, page 1	LA ACD Call Flow		Pages 1-4
12.16.13	Inform the member to dial 911 if there is an emergency.	Met Addressed in LA ACD Call Flow chart, page 1	LA ACD Call Flow		pages 1 and 4
12.16.14	Call Center Performance Standards				
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 Addressed in P# 4500.50 Member Services Phone Line, page 4	4500.50 Member Services Phone Line	Performance Standards and Monitoring	Page 4
12.16.14.2	No more than one percent (1%) of incoming calls receive a busy signal;	Met Addressed in P# 4500.50 Member Services Phone Line, page 4	4500.50 Member Services Phone Line	Performance Standards and Monitoring	Page 4
12.16.14.3	Maintain an average hold time of three (3) minutes or less;	Met Addressed in P# 4500.50 Member Services Phone Line, page 4	4500.50 Member Services Phone Line	Performance Standards and Monitoring	Page 4
12.16.14.4	Maintain abandoned rate of calls of not more than five (5) percent.	Met Addressed in P# 4500.50 Member Services Phone Line, page 4	4500.50 Member Services Phone Line	Performance Standards and Monitoring	Page 4
12.16.14.4.1.	The MCO must conduct ongoing quality assurance to ensure these standards are met.	Met Addressed in P# 4500.50 Member Services Phone Line,	4500.50 Member Services Phone Line	Performance Standards and Monitoring	Page 4

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		page 4			
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 Addressed in P# 4500.50 Member Services Phone Line, page 5	4500.50 Member Services Phone Line	Performance Standards and Monitoring	Page 5
12.16.15	Members' Rights and Responsibilities				
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 Addressed in P# 4500.35 Member Rights and Responsibilities, pages 1-2 LA Provider Manual, pages 32-35	4500.35 Member Rights and Responsibilities LA Provider Manual *Located in Provider Services	Purpose Focus/Disposition	Page 1 Page 2 Page 32-35
12.16.15.2	Members Rights - 2.16.3.1. The rights afforded to current members are detailed in Appendix AA, Members' Bill of Rights.	Met Addressed in P# 4500.35 Member Rights and Responsibilities, pages 2-7 LA Provider Manual, pages 32-35	4500.35 Member Rights and Responsibilities LA Provider Manual *Located in Provider Services	Rights	Page 2-4 Page 32-35
12.16.16	Member Responsibilities				
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 Addressed in P# 4500.35 Member Rights and Responsibilities, pages 4-6 LA Provider Manual, pages 32-35	4500.35 Member Rights and Responsibilities LA Provider Manual *Located in Provider Services	Responsibilities	Page 4-6 Page 32-35
12.16.16.2	The MCO members' responsibilities shall include but are not limited to: <ul style="list-style-type: none"> • Informing the MCO of the loss or theft of their ID card; • Presenting their MCO ID card when using health care services; • Being familiar with the MCO procedures to 	Met Addressed in P# 4500.35 Member Rights and Responsibilities, pages 5-6	4500.35 Member Rights and Responsibilities	Responsibilities	Page 5-6

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	the best of the member's abilities; <ul style="list-style-type: none"> • Calling or contacting the MCO to obtain information and have questions answered; • Providing participating network providers with accurate and complete medical information; • Asking questions of providers to determine the potential risks, benefits and costs of treatment alternatives and following the prescribed treatment of care recommended by the provider or letting the provider know the reasons the treatment cannot be followed, as soon as possible; • Living healthy lifestyles and avoiding behaviors know to be detrimental to their health; • Following the grievance process established by the MCO if they have a disagreement with a provider; and • 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. 				
12.17	Notice to Members of Provider Termination				
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 Addressed in P# 4500.12 Member Notice of Provider Termination, page 2	4500.12 Member Notice of Provider Termination	Provider Terminations	Page 2
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	Met Addressed in P# 4500.12 Member Notice of Provider Termination, page 2-3	4500.12 Member Notice of Provider Termination	Provider Terminations	Pages 2-3

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	<p>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.</p>				
12.18	Oral and Written Interpretation Services				
12.18.1	<p>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.</p>				
12.18.2	<p>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.</p>	<p>Met Addressed in P# 4500.25 Interpreter Services, pages 1-3</p>	<p>4500.25 Interpreter Services</p>	<p>Purpose Scope Communications with Eligible Individuals and Members Alternative Methods of Communication</p>	<p>Page 1 Page 1-2 Page 3 Page 3</p>
12.18.3	<p>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).</p>	<p>Met Addressed in P# 4500.20 Member Material Standards, page 3</p>	<p>4500.20 Member Material Standards *Located in Marketing</p>	<p>Translation</p>	<p>Page 3</p>

