

Contract   RFP Reference	Contract Requirement Language	Reviewer Determination	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. Contract language is met in LA 6100.45 Network Development Composition Adequacy Access Standards System Monitoring, pg. 2.	LA 6100.45 Network Development Composition Adequacy Access Standards System Monitoring	PURPOSE:	Page 1
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 Contract language is met in 4500.35 Member Rights and Responsibilities, pg. 3.	4500.35 Member Rights and Responsibilities	Rights	Page 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 – <b>Provider Network – Appointment Availability Standards</b> . The MCO shall ensure that providers are available in network within the distance requirements set forth in this Section.	Met. Met in LA 6100.08 Accessibility and Availability of Health Care Professionals.	LA 6100.08 Accessibility and Availability of Health Care Professionals		Page 8
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. Contract elements met in LA 6100.08 Accessibility and Availability of Health Care Professionals, pg. 15.	LA 6100.08 Accessibility and Availability of Health Care Professionals		Page 15
7.1.5	The MCO's network providers shall comply with all requirements set forth in this RFP.	Met. Contract element is met in LA Provider Manual, pg. 8.	LA Provider Manual *Located in Provider Services section		Page 8
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. Contract elements are met in LA Provider Manual, pgs. 21-22.  Contract elements are met in 6300.10 Provider Responsibilities, pg. 8.	6300.10 Provider Responsibilities *Located in Provider Services section		Page 8
<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 that members' needs are sufficiently met. DHH will monitor the MCO's compliance with these standards through regular reporting	Met. Contract language met in LA 6100.08 Accessibility and Availability of Health Care	LA 6100.08 Accessibility and Availability of Health Care Professionals		Page 6-7

Contract   RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	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:	Professionals, pg. 7-10.			
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. Contract element is met in LA Provider Manual, pg. 9.	External Provider Training Document - Access and Appointment Availability Standards		Page 1
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. Contract element is met in LA Provider Manual, pg. 9.	External Provider Training Document - Access and Appointment Availability Standards		Page 1
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. Contract element is met in LA Provider Manual, pg. 9.	External Provider Training Document - Access and Appointment Availability Standards		Page 1
7.2.1.4	Routine, non-urgent, or preventative care visits within six (6) weeks;	Met. Contract element is met in LA Provider Manual, pg. 9.	External Provider Training Document - Access and Appointment Availability Standards		Page 1
7.2.1.5	Specialty care consultation within one (1) month of referral or as clinically indicated;	Met. Contract element is met in LA Provider Manual, pg. 9.	External Provider Training Document - Access and Appointment Availability Standards		Page 1
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. Contract element is met in LA Provider Manual, pg. 9.	External Provider Training Document - Access and Appointment Availability Standards		Page 1
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. Contract language met in updated External Provider Training Document - Access and Appointment Availability, pg. 1.	External Provider Training Document - Access and Appointment Availability Standards		Page 1
7.2.1.8	Follow-up visits to ED visits in accordance with ED attending provider discharge instructions.	Met. Contract element is met in External Provider Training Document - Access and	External Provider Training Document - Access and Appointment Availability Standards		Page 1

Contract   RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
		Appointment Availability Standards, pg. 1.			
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. Contract element is met in External Provider Training Document - Access and Appointment Availability Standards, pg. 1.	External Provider Training Document - Access and Appointment Availability Standards		Page 1
<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 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.	Met. Contract language met in updated LA 6100.08 Accessibility and Availability of Health Care Professionals, pg. 5.	LA 6100.08 Accessibility and Availability of Health Care Professionals		Page 5
7.3.1 7.3.1.1 7.3.1.2	<p><b>Primary Care Providers</b></p> <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. Contract language met in LA 6100.08 Accessibility and Availability of Health Care Professionals pgs. 6-7.</p> <p><u>Geo Access Reports</u> Deficiencies were noted in travel distance for members living in urban parishes (exceeding 10 miles). The plan submitted a gap analysis narrative which addresses deficiencies (see Louisiana Network Build Gap Analysis Narrative_1-15-15 Submission).</p>	LA 6100.08 Accessibility and Availability of Health Care Professionals		Page 6-7
7.3.2 7.3.2.1	<p><b>Acute Inpatient Hospitals</b></p> <ul style="list-style-type: none"> <li>Travel distance for members living in rural parishes shall not</li> </ul>	Met Contract language is met in	LA 6100.08 Accessibility and Availability of Health Care Professionals		Page 7

Contract   RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
7.3.2.2	<p>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.</p> <ul style="list-style-type: none"> <li>Travel distance for members living in urban parishes shall not exceed 10 miles.</li> </ul>	<p>updated LA 6100.08 Accessibility and Availability of Health Care Professionals, pg. 7.</p> <p><u>Geo Access Reports</u> Deficiencies were noted in several regions. The plan submitted a gap analysis which addresses areas deficient in acute inpatient hospitals (see Louisiana Network Build Gap Analysis Narrative_1-15-15 Submission).</p>			
7.3.3 7.3.3.1 7.3.3.2 7.3.3.3 7.3.3.4	<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.</p> <p>Contract language is met in 6100.08 Accessibility and Availability of Health Care Professionals, pg. 5.</p> <p><u>Geo Access Reports</u> Deficiencies were noted in the specialty areas listed below. The plan submitted a gap analysis which addresses deficient areas (see Louisiana Network Build Gap Analysis Narrative_1-15-15 Submission)</p> <p>Areas with which the plan intends on closing this gap in coverage by subcontracting prior to 2/1/15. Anesthesiology Dermatology Gastroenterology Neurology Ophthalmology Otorhinolaryngology/Otolaryng Pulmonary Medicine Surgery – Neuro Surgery – Plastic</p>	6100.08 Accessibility and Availability of Health Care Professionals		Page 5

Contract   RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
		<p>Urology</p> <p>Areas with which the plan requests a non-competitive market exception or an exception for the areas' hospitals to provide this specialty in the applicable region; there are no applicable providers in certain regions for this specialty.</p> <p>Audiology                      Endocrin and Metabolism                      Nephrology                      Occ Therapy                      Pediatric Allergy                      Pediatric Critical Care                      Pediatric Emergency Care                      Pediatric Hematology-Oncology                      Pediatric Infectious Disease                      Pediatric Nephrology                      Pediatric Pulmonology                      Pediatric Rheumatology                      Pediatric Sports Medicine                      Physical Therapy                      Radiology                      Rheumatology                      Speech Therapy</p> <p>Areas with which the plan is both subcontracting to assuage the gap in coverage and requesting an exception for a different region affected by the deficiency (within the same specialty).</p> <p>Neonatology                      Nuclear Medicine                      Pediatric Cardiology                      Pediatric Endocrin                      Pediatric Gastro                      Pediatric Surgery</p>			

Contract   RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
7.3.4 7.3.4.1 7.3.4.2	<b>Lab and Radiology Services</b> <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>	Surgery – Colon/Rectal  Met. Contract language is met in LA Bayou Network Development Plan.  <u>Geo Access Reports</u> Deficiencies were noted in several regions. The plan submitted a gap analysis which addresses areas deficient in lab and radiology services (see Louisiana Network Build Gap Analysis Narrative_1-15-15 Submission).	LA Bayou Network Development Plan	Lab and Radiology Network travel distance	Page 7
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>	Met. Contract language is met in LA Bayou Network Development Plan.  <u>Geo Access Reports</u> Deficiencies were noted in travel distance for members living in urban parishes (exceeding 10 miles). The plan submitted a gap analysis narrative which addresses deficiencies (see Louisiana Network Build Gap Analysis Narrative_1-15-15 Submission).	LA Bayou Network Development Plan	Pharmacy Network travel distance	Page 7
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>	Met. Contract language is met in LA Bayou Network Development Plan.  <u>Geo Access Reports</u> Deficiencies were noted in several regions. The plan submitted a gap	LA Bayou Network Development Plan	Hemodialysis Centers Network travel distance	Page 7

Contract   RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
		analysis which addresses areas deficient in hemodialysis centers (see Louisiana Network Build Gap Analysis Narrative_1-15-15 Submission).			
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.	Met. Met in updated 6100.08 Accessibility and Availability of Health Care Professionals. Page 5 of the Accessibility and Availability document also states that minimum ratio requirements can be found in Appendix UU.	6100.08 Accessibility and Availability of Health Care Professionals		Tricia Hamm page 5
<b>7.5</b>	<b>Monitoring and Reporting on Provider Networks</b>				
7.5.1 7.5.1.1 7.5.1.2	Appointment Availability Monitoring <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>	Met. Contract elements are met, including appointment standards, in LA Provider Manual.	LA Provider Manual *Located in Provider Services section		Page 10
<b>7.6</b>	<b>Provider Enrollment</b>				
7.6.1 7.6.1.1	<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).	Met All elements of contract language are met in updated 6100.08 Accessibility and Availability of Health Care Professionals at pages 7 and 8.	6100.08 Accessibility and Availability of Health Care Professionals		Pages 7-8
7.6.1.2	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	Met. Contract language is met in updated LA 6100.05 Physician and Provider Contracting and	LA 6100.05 Physician and Provider Contracting and Development		Page 6

Contract   RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	made.	Development, pg. 6.			
7.6.1.3	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.	Met. Contract language is met in updated LA 6100.05 Physician and Provider Contracting and Development, pg. 7.	LA 6100.05 Physician and Provider Contracting and Development		Page 7
7.6.1.4	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)].	Met. Contract language is met in updated LA 6100.05 Physician and Provider Contracting and Development, pg. 6.	LA 6100.05 Physician and Provider Contracting and Development		Page. 6
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. Contract language is met in Credentialing Policy Amendment: - LA-QM 54.	LA 6100.05 Physician and Provider Contracting and Development		Page 7
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. Contract language is met in Credentialing Policy Amendment: - LA-QM 54.	LA 6100.45 Network Development Composition Adequacy Access Standards System Monitoring  LA 6100.05 Physician and Provider Contracting and Development  LA- Credentialing Policy Amendments: - LA- QM 53 - LA- QM 54 - LA- QM 70 * Located in Quality Management section  Aetna Standard Credentialing Policies - QM 53 - QM 54 - QM 70 * Located in Quality Management section	Monitoring Access to Care Overall	Page 9  Page 4  Page 3 Page 3 Page 3  Page 25 Page 20 Page 17
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	Met. Contract language is met in	LA 6100.45 Network Development Composition Adequacy Access Standards	Monitoring Access to Care Overall	Page 9



Contract   RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	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)].	Credentialing Policy Amendment: - LA-QM 54.	System Monitoring  LA- Credentialing Policy Amendments: - LA- QM 53 - LA- QM 54 * Located in Quality Management section  Aetna Standard Credentialing Policies - QM 53 - QM 54 * Located in Quality Management section		Page 3 Page 3  Page 9 Page 8
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. Contract elements are met in LA 6100.05 Physician and Provider Contracting and Development.	LA 6100.05 Physician and Provider Contracting and Development		Page 4
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. Contract elements are met in LA 6100.05 Physician and Provider Contracting and Development.	6100.90 Provider Network Voluntary and Involuntary Terminations		Page 3
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 Contract language is addressed in 4500.12 Member Notice of Provider Termination on page 2.	4500.12 Member Notice of Provider Termination *Located in Member Education section  LA-14-10-91 PCP Termination Member Letter	Provider Terminations	Page 2  Entire document
<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. Contract element is met in 6300.10 Provider Responsibilities.	6300.10 Provider Responsibilities *Located in Provider Services section		Page 10
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	Met. Contract element is met in 6300.10 Provider Responsibilities.	6300.10 Provider Responsibilities *Located in Provider Services section  LA 6100.45 Network Development Composition Adequacy Access Standards System Monitoring	Monitoring Access to Care Overall	Page 7 & 8  Page 9

Contract   RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	prohibited practices include, but are not limited to, the following:				
7.7.2.1	Denying or not providing to a member any covered service or availability of a facility.	Met. Contract element is met in 6300.10 Provider Responsibilities.	6300.10 Provider Responsibilities *Located in Provider Services section		Page 7 & 8
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. Contract element is met in 6300.10 Provider Responsibilities.	6300.10 Provider Responsibilities *Located in Provider Services section		Page 7 & 8
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. Contract element is met in 6300.10 Provider Responsibilities.	6300.10 Provider Responsibilities *Located in Provider Services section		Page 7 & 8
<b>7.8</b>	<b>Primary Care</b>				
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. Contract language is met in LA Provider Manual.	PCP Assignment.doc		Page 1
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. Contract language is met in updated PCP Assignment.doc., pg. 2.	PCP Assignment.doc		Page 2
7.8.1.5	The MCO shall confirm the PCP selection information in a written notice to the member.	Met. Contract language is met in PCP Assignment.doc.	4500.15 Member Information *Located in Member Education section  PCP Assignment.doc	Welcome Letter	Page 5  Page 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	Met. Contract language is met in	4500.03 PCP Assignment and Changes After Initial Enrollment	Responsibilities	Page 3

Contract   RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	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;	4500.03 PCP Assignment and Changes After Initial Enrollment. Pg. 3.	4500.15 Member Information *Located in Member Education section PCP Assignment.doc	Welcome Calls	Page 9
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. Contract language is met in updated 4500.15 Member Information.	4500.15 Member Information *Located in Member Education section	Welcome Calls	Page 9
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 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.	Met. Contract language is met in PCP Assignment.doc.	PCP Assignment.doc		Page 4
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. Contract language is met in PCP Assignment.doc.	PCP Assignment.doc		Page 2
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. Contract language is met in PCP Assignment.doc.	PCP Assignment.doc		Page 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. Contract language is met in PCP Assignment.doc.	PCP Assignment.doc		Page 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. Contract language is met in 4500.03 PCP Assignment and Changes After Initial Enrollment.	PCP Assignment.doc		Page 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. Contract language is met in PCP Assignment.doc.	PCP Assignment.doc		Page 4

Contract   RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
7.8.1.14	The MCO shall have policies for accessing emergency/urgent care during this transition period. These policies and procedures shall be submitted within thirty (30) days from the date the MCO signs the Contract with DHH.	Met. Contract language is met in AMA 7000.40 Member Transition LA.	AMA 7000.40 Member Transition LA; *Located in Core Benefits and Services	New Members into Aetna Better Health of Louisiana and Members Transferring out of Aetna Better Health of Louisiana	Page 8
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. Contract language is met in 6100.90 Provider Network Voluntary and Involuntary Terminations.	AMA 7100.05 Prior Authorization LA 6100.90 Provider Network Voluntary and Involuntary Terminations	Emergency Services	Page 8 Page 3 & 4
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. Contract element is met in PCP Assignment.doc.	PCP Assignment.doc		Page 1
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. Contract language is met in PCP Assignment.doc.	PCP Assignment.doc		Page 2
7.8.1.17.2	Does not make a PCP selection after a voluntary selection of a MCO; or	Met. Contract language is met in updated PCP Assignment.doc, pg. 3.	PCP Assignment.doc		Page 3
7.8.1.17.3	Selects a PCP within the MCO that has reached their maximum physician/patient ratio; or	Met. Contract language is met in PCP Assignment.doc.	PCP Assignment.doc		Page 3
7.8.1.17.4	Selects a PCP within the MCO that has restrictions/limitations (e.g. pediatric only practice).	Met. Contract language is met in updated PCP Assignment.doc., pg. 3.	PCP Assignment.doc		Page 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. Contract language is met in updated PCP Assignment.doc., pg. 4.	PCP Assignment.doc		Page 4
7.8.1.17.6	Assignment shall be made to a PCP with whom, based on fee for service claims history or prior 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	Met. Updated PCP Assignment doc. contains contract elements.	PCP Assignment.doc		Page 3 & 4.

Contract   RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	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.				
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. Contract language is met in updated PCP Assignment.doc., pgs. 3-4.	PCP Assignment.doc		Page 3 & 4.
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. Contract language is met in updated PCP Assignment.doc., pg. 3.  Contract language is met in the updated LA Provider Manual, pg. 4.  A description of auto assignment is detailed in LA Bayou Health Member Handbook.	PCP Assignment.doc  LA Provider Manual *Located In Provider Services Section		Page 3  Page 4
<b>7.8.2</b>	<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. Contract elements are met in 6300.10 Provider Responsibilities.	6300.10 Provider Responsibilities *Located in Provider Services section		Page 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. Contract elements are met in 6300.10 Provider Responsibilities.	6300.10 Provider Responsibilities *Located in Provider Services section		Page 11
7.8.2.3	Communicating with other levels of medical care to coordinate, and follow up the care of individual patients.	Met. Contract elements are met in 6300.10 Provider Responsibilities.	6300.10 Provider Responsibilities *Located in Provider Services section		Page 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. Contract elements are met in 6300.10 Provider Responsibilities.	6300.10 Provider Responsibilities *Located in Provider Services section		Page 11
7.8.2.5	Maintaining a medical record of all services rendered by the PCP	Met.	6300.10 Provider Responsibilities		Page 11

Contract   RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	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;	Contract elements are met in 6300.10 Provider Responsibilities.	*Located in Provider Services section		
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. Contract elements are met in 6300.10 Provider Responsibilities.	6300.10 Provider Responsibilities *Located in Provider Services section		Page 11
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. Contract elements are met in 6300.10 Provider Responsibilities.	6300.10 Provider Responsibilities *Located in Provider Services section		Page 11
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. Contract elements are met in 6300.10 Provider Responsibilities.	6300.10 Provider Responsibilities *Located in Provider Services section		Page 12
7.8.2.9	Maintaining hospital admitting privileges or arrangements with a physician who has admitting privileges at an MCO participating hospital.	Met. Contract elements are met in 6300.10 Provider Responsibilities.	6300.10 Provider Responsibilities *Located in Provider Services section		Page 12
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 Contract elements are met in LA 6100.05 Physician and Provider Contracting, pg. 6..	LA 6100.05 Physician and Provider Contracting and Development		Page 6
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 Contract elements are met in LA 6100.05 Physician and Provider Contracting and Development on page 7.	LA 6100.05 Physician and Provider Contracting and Development		Page 7
7.8.3.4	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:	Met Contract elements are met in LA 6100.05 Physician and Provider Contracting and Development on page 5.	LA 6100.05 Physician and Provider Contracting and Development		Page 5

Contract   RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	<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>				
7.8.3.5	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.	Met Contract elements are met in Accessibility and Availability of Health Care Professionals P/P on page 6 and Network Development Composition Adequacy Access Standards System Monitoring on pages 6 and 7.	6100.08 Accessibility and Availability of Health Care Professionals  LA 6100.45 Network Development Composition Adequacy Access Standards System Monitoring		Page 6  Page 6-7
7.8.3.6	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.	Met. Contract language is met in updated LA 6100.45 Network Development Composition Adequacy Access Standards System Monitoring, pg. 4.	LA 6100.45 Network Development Composition Adequacy Access Standards System Monitoring		Page 4
7.8.3.7	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.	Met Contract elements are met in Accessibility and Availability of Health Care Professionals P/P on page 5.	6100.08 Accessibility and Availability of Health Care Professionals		Page 5
7.8.4	<b>Hospitals</b>				
7.8.4.1	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.				
7.8.4.2 7.8.4.2.1 7.8.4.2.2	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 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.	Met. Contract language is met in updated 6100.08 Accessibility and Availability of Health Care Professionals, pgs. 5-6.	6100.08 Accessibility and Availability of Health Care Professionals		Page 5-6
7.8.4.3	The MCO may contract with out-of-state hospitals in the trade	Met.	LA 6100.05 Physician and Provider		Page 5

Contract   RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	area.	Contract language is met in updated LA 6100.05 Physician and Provider Contracting and Development, pg. 5.	Contracting and Development		
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. Contract language is met in updated LA 6100.05 Physician and Provider Contracting and Development, pg. 5.	LA 6100.05 Physician and Provider Contracting and Development		Page 5
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. Contract language is met in updated LA 6100.45 Network Development Composition Adequacy Access Standards System Monitoring, pg. 7.	LA 6100.45 Network Development Composition Adequacy Access Standards System Monitoring		Page 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. Contract language is met in updated LA- 8300.20 Family Planning Reproductive Health, pg. 3-4.	LA- 8300.20 Family Planning Reproductive Health	Access	Page 3-4
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. Contract language is met in updated LA Bayou Health Member Handbook *Located in Member Education section, pg. 33.	LA Bayou Health Member Handbook *Located in Member Education section		Page 33
7.8.6.2	MCO members shall have the freedom to receive family planning services and related supplies from appropriate Medicaid providers	Met. Contract language is met in	LA- 8300.20 Family Planning Reproductive Health	Health Plan DHH Specific Requirements	Page 8



Contract   RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	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;	updated LA- 8300.20 Family Planning Reproductive Health, pg. 8.			
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. Contract language is met in LA-8300.20 Family Planning Reproductive Health.	LA- 8300.20 Family Planning Reproductive Health		Page 4
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 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.	Met. Contract language is met in 7000.42 Prenatal Services LA.	7000.42 Prenatal Services LA		Page. 1
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. Contract language is met in updated 6100.08 Accessibility and Availability of Health Care Professionals, pg. 12.	6100.08 Accessibility and Availability of Health Care Professionals		Page 11
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. Contract language is met in updated 6100.08 Accessibility and Availability of Health Care Professionals, pg. 10.	6100.08 Accessibility and Availability of Health Care Professionals		Page 10
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	Met. Contract language is met in updated 6100.08 Accessibility and Availability of Health Care Professionals, pg. 11.	6100.08 Accessibility and Availability of Health Care Professionals		Page 10

Contract   RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	home; nor be picked up prior to the completion of treatment.				
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 provider.	Met. Contract language is met in 4500.15 Member Information.	4500.15 Member Information *Located in Member Education section		Page. 9-10
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 Contract elements are met in LA 6100.05Physycian and Provider Contracting and Developing P/P on page 6.	LA 6100.05 Physician and Provider Contracting and Development		Page 6
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 Contract elements are met in LA 6100.05Physycian and Provider Contracting and Developing P/P on page 6.	LA 6100.05 Physician and Provider Contracting and Development		Page 6
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 Contract elements are met in LA 6100.05Physycian and Provider Contracting and Developing P/P on page 6.	LA 6100.05 Physician and Provider Contracting and Development		Page 6
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. Contract language is met in the updated LA Marketing Plan, pg. 9.	LA Marketing Plan *Located in Marketing section		Page 5-6
<b>7.9</b>	<b>Network Provider Development Management Plan</b>				

Contract   RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
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. Paraphrased (not exact) contract language is met in LA Bayou Network Development Plan.	LA Bayou Network Development Plan		Entire Document
7.9.1.1	Anticipated maximum number of Medicaid members;	Met. Contract language is met in LA Bayou Network Development Plan, pg. 5-6.	LA 6100.45 Network Development Composition Adequacy Access Standards System Monitoring		Page 4
7.9.1.2	Expected utilization of services, taking into consideration the characteristics and health care needs of the members in the MCO;	Met. Contract language is met in LA Bayou Network Development Plan.	LA Bayou Network Development Plan	Network Development and Management Policies and Procedures and Evaluating quality of services	Pages 16, 18
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. Contract language is met in updated LA 6100.06 Network Development Monitoring and Management, pg. 4.	LA 6100.06 Network Development Monitoring and Management		Page 4
7.9.1.4	The numbers of MCO providers who are not accepting new MCO members; and	Met. Contract language is met in updated LA 6100.06 Network Development Monitoring and Management, pg. 4.	LA 6100.06 Network Development Monitoring and Management		Page 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. Contract language is met in LA Bayou Network Development Plan.	LA Bayou Network Development Plan	Network strategy for aligning provider and member locations	Page 6
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. Contract language is met in LA Bayou Network Development Plan.	LA Bayou Network Development Plan	Demonstrating Access to Services	Page 6
7.9.2.1	Assurance of Adequate Capacity and Services	Met.	LA Bayou Network Development Plan	Providing Timely,	Page 6

Contract   RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
		Contract language is met in LA Bayou Network Development Plan.		Adequate Capacity and Services	
7.9.2.2	Access to Primary Care Providers	Met. Contract language is met in LA Bayou Network Development Plan.	LA Bayou Network Development Plan	Access to Primary Care Providers (PCPs)	Page 7
7.9.2.3	Access to Specialists	Met. Contract language is met in LA Bayou Network Development Plan.	LA Bayou Network Development Plan	Access to Specialists and Other Providers	Pages 8,9
7.9.2.4	Access to Hospitals	Met. Contract language is met in LA Bayou Network Development Plan	LA Bayou Network Development Plan	Access to Hospitals	Page 9
7.9.2.5	Timely Access	Met. Contract language is met in LA Bayou Network Development Plan	LA Bayou Network Development Plan	Providing Timely, Adequate Capacity and Services	Page 6
7.9.2.6	Service Area	Met. Contract language is met in LA Bayou Network Development Plan	LA Bayou Network Development Plan	Service Area	Page 9
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. Contract language is met in LA Bayou Network Development Plan	LA Bayou Network Development Plan	Other Access Requirements	Page 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. Contract language is met in LA Bayou Network Development Plan	LA Bayou Network Development Plan	Identifying and addressing network gaps	Page 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. LA Bayou Network Development Plan states: “GeoAccess will be in compliance with RFP requirements”; does not specify exact contract language such as “coding of all network providers for each provider type”.	LA Bayou Network Development Plan	GeoAccess Mapping, Coding, and Reporting	Page 13

Contract   RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
		Please note pgs. 15-16 provide examples for Texas rather than for Louisiana.			
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. Contract language is met in LA Bayou Network Development Plan.	LA Bayou Network Development Plan	Negotiating, contracting, and communicating with providers	Page 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. Contract language is met in updated 6300.10 Provider Responsibilities, pg. 16.	6300.10 Provider Responsibilities	PCP Monitoring	Page 16
7.9.5.3	Evaluate the quality of services delivered by the network;	Met. Contract language is met in LA Bayou Network Development Plan.	LA Bayou Network Development Plan		Page 18
7.9.5.4	Provide or arrange for medically necessary covered services should the network become temporarily insufficient within the contracted service area;	Met. Contract language is met in LA Bayou Network Development Plan.	LA 6100.08 Accessibility and Availability of Health Care Professionals		Page 5
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. Contract language is met in LA 6100.45 Network Development Composition Adequacy Access Standards System Monitoring.	LA 6100.45 Network Development Composition Adequacy Access Standards System Monitoring		Page. 8
7.9.5.6	Process expedited and temporary credentials. Recruit, select, credential, re-credential and contract with providers in a manner that incorporate quality management, utilization, office audits and provider profiling;	Met. Contract language is met in updated LA 6100.45 Network Development Composition Adequacy Access Standards System Monitoring, pg. 3.	LA 6100.45 Network Development Composition Adequacy Access Standards System Monitoring		Page 3
7.9.5.7	Provide training for its providers and maintain records of such training;	Met. Contract language is met in 6200.15 Provider Relations Department Functions and Responsibilities, pg. 5.	6200.15 Provider Relations Department Functions and Responsibilities	Responsibilities	Page 5
7.9.5.8	Track and trend provider inquiries/complaints/requests for	Met.	6300.35 Provider Grievance LA		Page 5

Contract   RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	information and take systemic action as necessary and appropriate;	Contract language is met in 6300.35 Provider Grievance LA.	*Located in Provider Services section		
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. Addressed in updated 6300.35 Provider Grievance LA, pg. 6-8.	6300.35 Provider Grievance LA *Located in Provider Services section		Page 6
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. Contract language is met in LA 6100.45 Network Development Composition Adequacy Access Standards System Monitoring.	LA 6100.45 Network Development Composition Adequacy Access Standards System Monitoring		Page. 3
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. Contract language is met in LA 6100.45 Network Development Composition Adequacy Access Standards System Monitoring.	LA 6100.45 Network Development Composition Adequacy Access Standards System Monitoring		Page 11
<b>7.10</b>	<b>Patient-Centered Medical Home (PCMH)</b>				
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. Contract language is met in AMA 7000.66 Patient-Centered Medical Home.	AMA 7000.66 Patient-Centered Medical Home  LA 8000.40 Practitioner Profile	Definitions  Definitions	Page 2-3  Page 1-2
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. Contract language is met in AMA 7000.66 Patient-Centered Medical Home.	AMA 7000.66 Patient-Centered Medical Home	PCMH Implementation Plan	Page 4
7.10.4.1	Any payment methodology for payment to primary care practices for the specific purpose of supporting necessary costs to transform	Met. Contract language is met in AMA	AMA 7000.66 Patient-Centered Medical	PCMH Implementation Plan	Page 4

Contract   RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	and sustain a medical home practice:	7000.66 Patient-Centered Medical Home.	Home		
7.10.4.2	Provision of technical support, to assist in their transformation;	Met. Contract language is met in AMA 7000.66 Patient-Centered Medical Home.	AMA 7000.66 Patient-Centered Medical Home	PCMH Implementation Plan	Page 4
7.10.4.3	Facilitation of specialty provider network access and coordination to support the PCMH;	Met. Contract language is met in AMA 7000.66 Patient-Centered Medical Home.	AMA 7000.66 Patient-Centered Medical Home	PCMH Implementation Plan	Page 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. Contract language is met in AMA 7000.66 Patient-Centered Medical Home.	AMA 7000.66 Patient-Centered Medical Home	PCMH Implementation Plan	Page 4
7.10.4.5	Facilitation of data interchange between PCMH practices, specialists, labs, pharmacies, and other providers.	Met. Contract language is met in AMA 7000.66 Patient-Centered Medical Home.	AMA 7000.66 Patient-Centered Medical Home	PCMH Implementation Plan	Page 4
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. Contract language is met in AMA 7000.66 Patient-Centered Medical Home.	AMA 7000.66 Patient-Centered Medical Home	PCMH Implementation Plan	Page 4
<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. Contract language is met in AMA 7000.43 Coordination of Member Care LA.	AMA 7000.43 Coordination of Member Care LA *Located in Core Benefits and Services section	Scope	Page 2
<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	Met Contract elements are met in LA 6100.45 Network Development Composition Adequacy Access Standards System Monitoring at page 4.	LA 6100.45 Network Development Composition Adequacy Access Standards System Monitoring		Page 4

Contract   RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	not contract with another provider. The MCO shall not advertise or otherwise hold itself out as having an exclusive relationship with any service provider.				
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. Contract element is met in LA 6100.05 Physician and Provider Contracting and Development.	LA 6100.05 Physician and Provider Contracting and Development		Page 1, 3, 7
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. Contract language is met in LA-Credentialing Policy Amendments:- LA- QM 53.	LA- Credentialing Policy Amendments: - LA- QM 02 - LA- QM 04 - LA- QM 51 - LA- QM 53 - LA- QM 54 - LA- QM 56 - LA- QM 59 - LA- QM 62 - LA- QM 70 - LA- QM 75 - LA- QM 78 * Located in Quality Management section  Aetna Standard Credentialing Policies - QM 02 - QM 04 - QM 51 - QM 53 - QM 54 - QM 56 - QM 59 - QM 62 - QM 70 - QM 75 - QM 78 * Located in Quality Management section		Entire document  Entire document
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. Contract language is met in LA-Credentialing Policy Amendments:- LA- QM 53.	LA- Credentialing Policy Amendments: - LA- QM 53 - LA- QM 54 * Located in Quality Management section  Aetna Standard Credentialing Policies		Page 3 Page 3  Page 9



Contract   RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
			- QM 53 - QM 54 * Located in Quality Management section		Page 8
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. Contract language is met in LA-8000.60 Delegation Oversight Responsibilities.docx.	LA- 8000.60 Delegation Oversight Responsibilities.docx  LA 6100.05 Physician and Provider Contracting and Development	FOCUS/DISPOSITION	Page 3  Page 3
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. Contract language is met in LA-8000.60 Delegation Oversight Responsibilities.docx.	LA- 8000.60 Delegation Oversight Responsibilities.docx  LA 6100.05 Physician and Provider Contracting and Development	FOCUS/DISPOSITION	Page 3  Page 3
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. Contract language is met in LA-8000.60 Delegation Oversight Responsibilities.docx.	LA- 8000.60 Delegation Oversight Responsibilities.docx	FOCUS/DISPOSITION	Page 3
7.13.3.3	The MCO must evaluate the prospective subcontractor's ability to perform the activities to be delegated;	Met. Contract language is met in LA-8000.60 Delegation Oversight Responsibilities.docx.	LA- 8000.60 Delegation Oversight Responsibilities.docx	FOCUS/DISPOSITION	Page 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. Contract language is met in LA-8000.60 Delegation Oversight Responsibilities.docx.	LA- 8000.60 Delegation Oversight Responsibilities.docx	FOCUS/DISPOSITION	Page 3
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. Contract language is met in LA-8000.60 Delegation Oversight Responsibilities.docx.	LA- 8000.60 Delegation Oversight Responsibilities.docx	FOCUS/DISPOSITION	Page 3
7.13.3.6	The MCO shall identify deficiencies or areas for improvement, and take corrective action; and	Met. Contract language is met in LA-8000.60 Delegation Oversight Responsibilities.docx.	LA- 8000.60 Delegation Oversight Responsibilities.docx	FOCUS/DISPOSITION	Page 3
7.13.3.7	The MCO shall specifically deny payments to subcontractors for Provider Preventable Conditions.	Met. Contract language is met in LA-8000.60 Delegation Oversight Responsibilities.docx.	LA- 8000.60 Delegation Oversight Responsibilities.docx	FOCUS/DISPOSITION	Page 4
7.13.4	The MCO shall submit all major subcontracts, excluding provider subcontracts, for the provision of any services under this RFP to	Met. Contract language is met in LA	LA 6100.05 Physician and Provider Contracting and Development		Page. 5

Contract   RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	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.	6100.05 Physician and Provider Contracting and Development.			
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. Contract language is met in LA 6100.05 Physician and Provider Contracting and Development.	LA 6100.05 Physician and Provider Contracting and Development		Page. 5
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. Contract language is met in updated LA 6100.05 Physician and Provider Contracting and Development, pg. 6.	LA 6100.05 Physician and Provider Contracting and Development  LA- Credentialing Policy Amendments: - LA- QM 53		Page 6  Page 3
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. Contract language is met in updated 6100.90 Provider Network Voluntary and Involuntary Terminations, pg. 6.	6100.90 Provider Network Voluntary and Involuntary Terminations		Page 6
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. Contract language is met in updated 6100.90 Provider Network Voluntary and Involuntary Terminations, pg. 6.	6100.90 Provider Network Voluntary and Involuntary Terminations	Material Change to Subcontractor(s)	Page 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. Contract language is met in updated 6100.90 Provider Network Voluntary and Involuntary Terminations, pg. 6.	6100.90 Provider Network Voluntary and Involuntary Terminations	Material Change to Subcontractor(s)	Page 6
7.13.10	All subcontracts executed by the MCO pursuant to this Section	Met	LA 8000.60 Delegation Oversight		Pg. 1

Contract   RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	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.	Contract elements are met in LA 8000.60 Delegation Oversight Responsibilities at page 3.	Responsibilities		
<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. Contract language is met in 6300.10 Provider Responsibilities.	6300.10 Provider Responsibilities *Located in Provider Services section		Page 14
7.14.1.1	The member's health status, medical care, or treatment options, including any alternative treatment that may be self-administered;	Met. Contract language is met in 6300.10 Provider Responsibilities.	6300.10 Provider Responsibilities *Located in Provider Services section		Page 14
7.14.1.2	Any information the member needs in order to decide among relevant treatment options;	Met. Contract language is met in 6300.10 Provider Responsibilities.	6300.10 Provider Responsibilities *Located in Provider Services section		Page 14
7.14.1.3	The risks, benefits and consequences of treatment or non-treatment; and	Met. Contract language is met in 6300.10 Provider Responsibilities.	6300.10 Provider Responsibilities *Located in Provider Services section		Page 14
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. Contract language is met in 6300.10 Provider Responsibilities.	6300.10 Provider Responsibilities *Located in Provider Services section		Page 14
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. Contract language is met in 6300.10 Provider Responsibilities.	6300.10 Provider Responsibilities *Located in Provider Services section		Page 14
<b>7.15</b>	<b>Pharmacy Network, Access Standards and Reimbursement</b>				
7.15.1	<b>Pharmacy Network Requirements</b>				
7.15.1.1	The MCO shall provide a pharmacy network that complies with DHH requirements but at a minimum includes only licensed and	Met. Contract language is met in LA	LA Pharmacy Network 7.15.1.10 Requirement Timeline		Entire Document

Contract   RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	registered pharmacies that conform to the Louisiana Board of Pharmacy rules concerning the records to be maintained by a pharmacy.	Pharmacy Network 7.15.1.10 Requirement Timeline.			
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. Contract language is met in updated LA Pharmacy Network 7.15.1.5.	LA Pharmacy Network 7.15.1.2		Entire Document
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. Updated "LA Provider Directory mockup pdf." contains all draft elements, pg. 16.	LA Provider Directory mockup.pdf	Chain Pharmacies/Retail	Page 18
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. Contract language is met in "6300.25 Provider Directory" policy.	6300.25 Provider Directory *Located in Member Education section		Page 4
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> <li>• The MCO shall submit to DHH the policies of its audit program for approval.</li> </ul>	Met Contract elements met in LA Pharmacy Network 7.15.1.5 whereby the plan provided a screen shot of the Caremark Provider Manual showing the required information and the policy for conducting random audits be provided for review.	LA Pharmacy Network 7.15.1.5		Entire document
7.15.1.6	The MCO shall ensure that pharmacies submit the NPI of the prescriber on claims.	Met Contract elements met in LA Pharmacy Network 7.15.1.56 whereby the plan provided a screen shot of the Caremark	LA Pharmacy Network 7.15.1.6		Entire document

Contract   RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
		Provider Manual showing the required information and the policy for ensuring that pharmacies submit the NPI of the prescriber on claims.			
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. Contract language is met in 6200.15 Provider Relations Department Functions and Responsibilities.	6200.15 Provider Relations Department Functions and Responsibilities *Located in Provider Services section		Page 6
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.	Met Contract language is addressed in the plan's Pharmacy network Requirement Timeline.	LA Pharmacy Network 7.15.1.10 Requirement Timeline		Entire document
<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 in the plan's Pharmacy Network follow-up documentation.	LA Pharmacy Network 7.15.3.1		Entire document
7.15.3.2	A specialty drug is defined as one that is:	Met This requirement is addressed in the plan's Pharmacy Network follow-up documentation.	LA Pharmacy Network 7.15.3.2		Entire document
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 in the plan's Pharmacy Network follow-up documentation.	LA Pharmacy Network 7.15.3.2		Entire document
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 specifications, short shelf life, and special handling; or</li> <li>must be administered, infused or injected by a health care professional; or</li> </ul>	Met This requirement is addressed in the plan's Pharmacy Network follow-up documentation.	LA Pharmacy Network 7.15.3.2		Entire document

Contract   RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	<ul style="list-style-type: none"> <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>				