

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy (ies) / Procedure(s) / Document(s) Section(s) / Number(s)	MCO Page Number(s)
14.1	Quality Assessment and Performance Improvement Program (QAPI)				
14.1.1	The MCO shall establish and implement a Quality Assessment and Performance Improvement (QAPI) program, as required by 42 CFR §438.240(a)(1), to:	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf QAPI Work Plan.pdf		Page 4 Page 1-12
14.1.1.2.	Objectively and systematically monitor and evaluate the quality and appropriateness of care and services and promote improved patient outcomes through monitoring and evaluation activities;	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf QAPI Work Plan.pdf		Page 4 Page 1-12
14.1.3.	Incorporate improvement strategies that include, but are not limited to: performance improvement projects; medical record audits; performance measures; Plan-Do-Study-Act cycles or continuous quality improvement activities; member and/or provider surveys; and activities that address health disparities identified through data collection.	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf QAPI Work Plan.pdf		Page 4, 53 Page 2, 4, 5, 7, 9, 11
14.1.4.	Detect underutilization and overutilization of services	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf QAPI Work Plan.pdf		Page 4, 39 Page 10
14.1.5	The MCO shall establish a quality improvement strategy which includes at least three (3) non-medically indicated procedures for either prior authorization or nonpayment in specific populations. Multiple medical specialty recommendations on appropriate utilization of services can be found at www.choosingwisely.org/ . The strategy will be reviewed and approved by DHH prior to initial implementation and prior to implementation of significant changes, defined as adding or deleting a procedure, to the strategy.	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf QAPI Work Plan.pdf		Page 39 Page 10
14.1.6	The MCO shall reduce underutilization of services in areas including, but not limited to HIV and Syphilis screening in pregnant women, use of long acting reversible contraceptives and appropriate pain management approaches in patients with sickle cell disease.	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf QAPI Work Plan.pdf		Page 4-5 Page 10
14.1.7	The MCO shall reduce overutilization of services and medications through policies such as, but not limited to, prior authorization for prescription of ADHD drugs to children younger than seven years of age.	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf QAPI Work Plan.pdf		Page 4-5, 39 Page 10
14.1.8.	The MCO shall assess the quality and appropriateness of	Met	QAPI Program Description.pdf		Page 5

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	care furnished to enrollees with special health care needs.	The QAPI Program Description addresses this requirement.	QAPI Work Plan.pdf		Page 10
14.1.9	The MCO shall collect and report on CMS electronic Clinical Quality Measures for all contracted providers participating in the Medicaid HER Incentive Payment Program.	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf QAPI Work Plan.pdf		Page 5 Page 10
14.1.10	The MCO shall collect data on race, ethnicity, primary language, disability, and geography (i.e., urban/rural). As part of the QAPI program description the MCO shall include the methodology utilized for collecting the data, as well as any interventions taken to enhance the accuracy of the data collected. The MCO shall have the ability to report all performance measures stratified by race, ethnicity, primary language, disability, and geography at the request of DHH.	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf QAPI Work Plan.pdf		Page 59 Page 11
14.1.11	The QAPI Program's written policies and procedures shall address components of effective healthcare management and define processes for ongoing monitoring and evaluation that will promote quality of care. High risk and high volume areas of patient care should receive priority in selection of QAPI activities.	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf QAPI Work Plan.pdf		Page 4 Page 1
14.1.12	The QAPI Program shall define and implement improvements in processes that enhance clinical efficiency, provide effective utilization, and focus on improved outcome management achieving the highest level of success.	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf QAPI Work Plan.pdf		Page 5 Page 1-12
14.1.13	The MCO shall submit its QAPI Program description to DHH for written approval by June 30, 2015, and any updates within thirty (30) days.	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf QAPI Work Plan.pdf		Page 5 Page 1
14.1.14	The MCO's governing body shall oversee and evaluate the impact and effectiveness of the QAPI Program. The role of the MCO's governing body shall include providing strategic direction to the QAPI Program, as well as ensuring the QAPI Program is incorporated into the operations throughout the MCO.	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf QAPI Work Plan.pdf		Page 5 Page 1
14.2	QAPI Committee				
14.2.1	The MCO shall form a QAPI Committee that shall, at a	Met	QAPI Program Description.pdf		Page 14

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	minimum include:	The QAPI Program Description addresses this requirement.			
14.2.1.1.	QAPI Committee Members- The MCO Medical Director must serve as either the chairman or co-chairman;	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf		Page 16
14.2.1.2	The MCO Behavioral Health Director;	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf		Page 16
14.2.1.3.	Appropriate MCO staff representing the various departments of the organization will have membership on the committee; and	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf		Page 16
14.2.1.4.	The MCO is encouraged to include a member advocate representative on the QAPI Committee.	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf		Page 16
14.2.1.5	The MCO shall include a DHH representative on the QAPI Committee.	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf		Page 16
14.2.2	QAPI Committee Responsibilities – The committee shall meet on a quarterly basis. Its responsibilities shall include:	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf QAPI Work Plan.pdf		Page 15, 16 Page 1-12
14.2.2.1.	Direct and review quality improvement (QI) activities;	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf		Page 15
14.2.2.2.	Assure than QAPI activities are implemented throughout the MCO;	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf		Page 15
14.2.2.3.	Review and suggest new and or improved QI activities;	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf		Page 15

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14.2.2.4.	Direct task forces/committees to review areas of concern in the provision of healthcare services to members;	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf		Page 15
14.2.2.5.	Designate evaluation and study design procedures;	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf		Page 15
14.2.2.6.	Conduct individual PCP and practice quality performance measure profiling;	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf		Page 15
14.2.2.7.	Report findings to appropriate executive authority, staff, and departments within the MCO;	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf		Page 15
14.2.2.8.	Direct and analyze periodic reviews of members' service utilization patterns;	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf		Page 15
14.2.2.9.	Maintain minutes of all committee and sub-committee meetings and submit meeting minutes to DHH;	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf		Page 15, 63
14.2.2.10.	Report an evaluation of the impact and effectiveness of the QAPI program to DHH annually. This report shall include, but is not limited to, all care management services;	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf		Page 15
14.2.2.11.	Ensure that a QAPI committee designee attends DHH quality meetings.	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf		Page 15 Also pg. 64
14.2.2.12	Update provider manuals and other relevant clinical content on a periodic basis as determined by the committee chairperson.	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf		Page 15
14.2.3	QAPI Work Plan - The QAPI Committee shall develop and implement a written QAPI plan which incorporates the strategic direction provided by the governing body. The QAPI plan shall be submitted to	Met The QAPI Program Description and QAPI Work Plan address	QAPI Program Description.pdf QAPI Work Plan.pdf		Page 10, 63 Page 1

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	DHH within thirty (30) days from the date the Contract with DHH is signed by the MCO and annually thereafter, and prior to revisions. The QAPI plan, at a minimum, shall:	this requirement.			
14.2.3.1.	Reflect a coordinated strategy to implement the QAPI Program, including planning, decision making, intervention and assessment of results;	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf		Page 10
14.2.3.2.	Include processes to evaluate the impact and effectiveness of the QAPI Program;	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf		Page 10
14.2.3.3.	Include a description of the MCO staff assigned to the QAPI Program, their specific training, how they are organized, and their responsibilities;	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf		Page 10
14.2.3.4.	Describe the role of its providers in giving input to the QAPI Program; and	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf		Page 10
14.2.3.5	Be exclusive to Louisiana Medicaid and shall not contain documentation from other state Medicaid programs or product lines operated by the MCO.	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf		Page 10
14.2.4	QAPI Reporting Requirements -	Met	QAPI Program Description.pdf		Page 11, 63
14.2.4.1	The MCO shall submit QAPI reports annually to DHH which, at a minimum, shall include: Quality improvement (QI) activities; Recommended new and/or improved QI activities; and Results of the evaluation of the impact and effectiveness of the QAPI program.	The QAPI Program Description addresses this requirement.	QAPI Work Plan.pdf		Page 1
14.4	Health Plan Accreditation				
14.4.1.	The MCO must attain health plan accreditation by NCQA. If the MCO is not currently accredited by NCQA, the MCO must attain accreditation by meeting NCQA accreditation standards.	Met The QAPI Program Description addresses this requirement. On page 30 it states that the accreditation plan audit QM manager is responsible for managing the Aetna	QAPI Program Description.pdf QAPI Work Plan.pdf		Page 30 Page 11

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		Better Health accreditation activities including maintaining an accreditation workplan, oversight of accreditation workgroups and conducting mock audits of plan departments to verify compliance with accreditation standards.			
14.4.2	The MCO's application for accreditation must be submitted at the earliest point allowed by the organization. The MCO must provide DHH with a copy of all correspondence with NCQA regarding the application process and the accreditation requirements.	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf QAPI Work Plan.pdf		Page 30 Page 11
14.4.3	Achievement of provisional accreditation status shall require a CAP within thirty (30) calendar days of receipt of the Final Report from NCQA. Failure to obtain full NCQA accreditation and to maintain the accreditation thereafter shall be considered a breach of the Contract and shall result in termination of the Contract.	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf QAPI Work Plan.pdf		Page 30 Page 11
14.5	Credentialing and Re-credentialing of Providers and Clinical Staff				
14.5.1.	The MCO must have a written credentialing and re-credentialing process that complies with 42 CFR §438.12; §438.206, §438.214, §438.224, §438.230, §455.103 and §455.105, and NCQA health plan Accreditation Standards for the review and credentialing and re-credentialing of licensed, independent providers and provider groups with whom it contracts or employs and with whom it does not contract but with whom it has an independent relationship. An independent relationship exists when the MCO selects and directs its members to see a specific provider or group of providers.	Met The QM54 Practitioner Credentialing-Recredentialing.pdf policy and the LA-QM54 Amendment addressed the requirement. Additionally, the LA-QM02, LA-QM04, LA-QM51, LA-QM53, LA-QM56, LA-QM59, LA-QM62, LA-QM70, LA-	Aetna Better Health-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 Aetna Standard Credentialing Policies		ABH-LA Amendments LA-QM02 - Page1-2 LA-QM04 – Page 2 LA-QM 51 – Page1-2 LA-QM 53 – Page1-2 LA-QM 54 – Page1-2 LA-QM 56 - Page1-2

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		QM75 and LA-QM78 Standard Credentialing Policies address this requirement.	- QM 02 - QM 04 - QM 51 - QM 53 - QM 54 - QM 56 - QM 59 - QM 62 - QM 70 - QM 75 - QM 78		LA-QM 59 - Page1-2 LA-QM 62 – Page 2 LA-QM 70 - Page 2 LA-QM 75 - Page 2 LA-QM 78 - Page 2 Aetna Cred Policies - QM 02 – Page 1-6 - QM 04 Page 1-8 - QM 51 Page 1-54 - QM 53 Page 1-36 - QM 54 Page 1-32 - QM 56 Page 1-6 - QM 59 Page 1-11 - QM 62 Page 1-21 - QM 70 Page 1-31 - QM 75 Page 1-5 - QM 78 Page 1-17
14.5.2	The MCO shall use the Louisiana Standardized Credentialing Application Form (Appendix F) or Council for Affordable Quality Healthcare (CAQH) standardized credentialing form. These procedures shall be submitted as part of the Proposal, when a change is made, and annually thereafter.	Met The LA-QM56 Practitioner Application Amendment policy addresses this	LA-QM 56 Practitioner Application Amendment.pdf QM 56 Practitioner Application Policy.pdf		LA-QM 56 Page -2 Page – 2- 3

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14.5.3	The MCO shall utilize the current NCQA Standards and Guidelines for the Accreditation of MCOs for the credentialing and re credentialing of licensed independent providers and provider groups with whom it contracts or employs and who fall within its scope of authority and action.	requirement. Met The LA-QM56 Practitioner Application Amendment policy addresses this requirement. Additionally, the Aetna CVO NCQA Certification Verification.pdf addresses this requirement.	Aetna CVO NCQA Certification Verification.pdf Aetna Better Health-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 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		Page 1 ABH-LA Amendments - - LA-QM 02 Page 2 - LA-QM 04 Page 2 - LA-QM 51 Page 2 - LA-QM 53 Page 2 - LA-QM 54 Page 2 - LA-QM 56 Page 2 - LA-QM 59 Page 2 - LA-QM 62 Page 2 - LA-QM 70 Page 2 - LA-QM 75 Page 2 - LA-QM 78 Page 2 Aetna Cred Policies - - QM 02 Page 1-2 - QM 04 Page 1-2 - QM 51 Page 1-2 - QM 53 Page 1-2 - QM 54 Page 1-2

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					- QM 56 Page 1-2 - QM 59 Page 1-2 - QM 62 Page 1-2 - QM 70 Page 1-2 - QM 75 Page 1-2 - QM 78 Page 1-2
14.5.4	If the MCO has NCQA health plan Accreditation those credentialing policies and procedures shall meet DHH's credentialing requirements.	Met The LA-QM56 Practitioner Application Amendment policy addresses this requirement.	Aetna Better Health-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		ABH-LA Amendments - - - LA-QM 02 Page 2 - LA-QM 04 Page 2 - LA-QM 51 Page 2 - LA-QM 53 Page 2 - LA-QM 54 Page 2 - LA-QM 56 Page 2 - LA-QM 59 Page 2 - LA-QM 62 Page 2 - LA-QM 70 Page 2 - LA-QM 75 Page 2 - LA-QM 78 Page 2
14.5.5	The MCO shall completely process credentialing applications from all types of provider types within thirty (30) calendar days of receipt of a completed credentialing application, including all necessary documentation and attachments, and	Met The LA-QM56 Practitioner Application	Aetna Better Health-LA Credentialing Policy Amendments: - LA-QM 02 - LA-QM 04		ABH-LA Amendments - - - LA-QM 02 Page 2

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	a signed provider agreement. "Completely process" shall mean that the MCO shall:	Amendment policy addresses this requirement.	<ul style="list-style-type: none"> - 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 		<ul style="list-style-type: none"> - LA-QM 04 Page 2 - LA-QM 51 Page 2 - LA-QM 53 Page 2 - LA-QM 54 Page 2 - LA-QM 56 Page 2 - LA-QM 59 Page 2 - LA-QM 62 Page 2 - LA-QM 70 Page 2 - LA-QM 75 Page 2 - LA-QM 78 Page 2
14.5.5.1	Review, approve and load approved applicants to its provider files in its claims processing system; and	Met The LA-QM56 Practitioner Application Amendment policy addresses this requirement.	Aetna Better Health-LA Credentialing Policy Amendments: <ul style="list-style-type: none"> - 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 		ABH-LA Amendments - - <ul style="list-style-type: none"> - LA-QM 02 Page 2 - LA-QM 04 Page 2 - LA-QM 51 Page 2 - LA-QM 53 Page 2 - LA-QM 54 Page 2 - LA-QM 56 Page 2 - LA-QM 59 Page 2 - LA-QM 62 Page 2 - LA-QM 70 Page 2

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					- LA-QM 75 Page 2 - LA-QM 78 Page 2
14.5.5.2	Submit on the weekly electronic Provider Directory to DHH or Submit on the weekly electronic Provider Directory to DHH or DHH's designee; or	Met The LA-QM56 Practitioner Application Amendment policy addresses this requirement.	Aetna Better Health-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		ABH-LA Amendments - - - LA-QM 02 Page 2 - LA-QM 04 Page 2 - LA-QM 51 Page 2 - LA-QM 53 Page 2 - LA-QM 54 Page 2 - LA-QM 56 Page 2 - LA-QM 59 Page 2 - LA-QM 62 Page 2 - LA-QM 70 Page 2 - LA-QM 75 Page 2 - LA-QM 78 Page 2
14.5.5.3	Deny the application and assure that the provider is not used by the MCO.	Met The LA-QM56 Practitioner Application Amendment policy addresses this requirement.	Aetna Better Health-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		ABH-LA Amendments - - - LA-QM 02 Page 2 - LA-QM 04 Page 2 - LA-QM 51 Page 2 - LA-QM 53 Page 2 - LA-QM 54 Page 2

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			- LA-QM 78		- LA-QM 56 Page 2 - LA-QM 59 Page 2 - LA-QM 62 Page 2 - LA-QM 70 Page 3 - LA-QM 75 Page 2 - LA-QM 78 Page 2
14.5.6	If the MCO has delegated credentialing to a subcontractor, there shall be a written description of the delegation of credentialing activities within the contract. The MCO must require that the subcontractor provide assurance that all licensed medical professionals are credentialed in accordance with DHH's credentialing requirements DHH will have final approval of the delegated entity.	Met The LA-QM59 Delegated Credentialing, Recredentialing Amendment policy addresses this requirement.	LA-QM 59 QM 59		Page - 2 Page - 2, 6, 7
14.5.7	To the extent the MCO has delegated credentialing agreements in place with any approved delegated credentialing agency, the MCO shall ensure all providers submitted to the MCO from the delegated credentialing agent is loaded to its provider files and into its claims processing system within thirty (30) calendar days of receipt.	Met The LA-QM59 Delegated Credentialing, Recredentialing Amendment policy addresses this requirement.	QM 59		Page - 3
14.5.8	The MCO shall notify DHH when the MCO denies a provider credentialing application for program integrity-related reasons or otherwise limits the ability of providers to participate in the program for program integrity reasons.	Met The LA-QM51 Assessment Credentialing of Organizational Providers Amendment policy addresses this requirement.	Aetna Better Health-LA Credentialing Policy Amendments: - LA-QM 51 - LA-QM 53 - LA-QM 54 - LA-QM 78		ABH-LA Amendments - - - LA-QM 51 Page 3 - LA-QM 53 Page 3 - LA-QM 54 Page 3 - LA-QM 78 Page 3
14.5.9	The process of periodic re-credentialing shall be implemented at least once every three (3) years.	Met The LA-QM51	Aetna Better Health-LA Credentialing Policy Amendments:		ABH-LA Amendments - -

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		Assessment Credentialing of Organizational Providers Amendment policy addresses this requirement.	- LA-QM 51 - LA-QM 53 - LA-QM 54 - LA-QM 70 Aetna Standard Credentialing Policies - QM 51 - QM 53 - QM 54 - QM 70		- LA-QM 51 Page 2 - LA-QM 53 Page 2 - LA-QM 54 Page 2 - LA-QM 70 Page 3 - QM 51 Page 6, 8 - QM 53 Page 9 - QM 54 Page 8 - QM 70 Page 4
14.5.10	The MCO shall develop and implement policies and procedures for approval of new providers, and termination or suspension of providers to assure compliance with the Contract. The policies and procedures should include but are not limited to the encouragement of applicable board certification.	Met The LA-QM51, LA-QM53, LA-QM 54 and LA-QM70 policy addresses this requirement.	Aetna Better Health-LA Credentialing Policy Amendments: - LA-QM 51 - LA-QM 53 - LA-QM 54 - LA-QM 70 Aetna Standard Credentialing Policies - QM 51 - QM 53 - QM 54 - QM 70		ABH-LA Amendments - - - LA-QM 51 Page 2-3 - LA-QM 53 Page 3 - LA-QM 54 Page 2-3 - LA-QM 70 Page 3 Aetna Cred Policies - - QM 51 Page 1-54 - QM 53 Page 1-36 - QM 54 Page 1-32 - QM 70 Page 1-31
14.5.11	The MCO shall develop and implement a mechanism, subject to DHH's approval, for reporting quality deficiencies which result in suspension or termination of a network provider/ subcontractor(s). This process shall be submitted for review and approval thirty (30) days from the date the	Met The LA-QM78 Reporting Sanctions NPDB and State Licensing Authorities	LA-QM 78 QM 78		Page 1,-2 Page 1-17

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	Contract is signed and at the time of any change.	Amendment policy addresses this requirement.			
14.5.12	The MCO shall develop and implement a provider dispute and appeal process, with DHH's approval, for sanctions, suspensions, and terminations imposed by the MCO against network provider/contractor(s) as specified in the Contract. This process shall be submitted for review and approval thirty (30) days from the date the Contract is signed and at the time of any change.	Met The LA-QM62 Practitioner Participation and Peer Review Amendment policy addresses this requirement.	LA-QM 62 QM 62		Page 1-2 Page 1-21
14.5.13	The State reserves the right to contract with a single Credential Verification Organization (CVO). If this option is pursued, MCOs and their subcontractors shall agree to use the CVO for the credentialing and recredentialing of all participating providers. The MCO will be given at least 90 days' notice before implementation of any CVO contract.				
14.6	Credentialing Committee -				
14.6.1	The MCO must designate a credentialing committee that uses a peer review process to evaluate provider credentialing files (including recredentialing files). The credentialing committee, including the Medical Director, is responsible for credentialing decisions and is required to document its steps in the decision process and maintain individual provide files. A physician must oversee the credentialing committee.	Met The QAPI Program Description and policy QM 70 addresses this requirement.	QAPI Program Description.pdf QAPI Work Plan.pdf Aetna Standard Cred Policies - - QM 53 - QM 54 - QM 70		Page 19-20 Page 10 - QM 53 Page 5 - QM 54 Page 4 - QM 70 Page 3
14.7	Member Advisory Council				
14.7.1.	The MCO shall establish a Member Advisory Council to promote collaborative effort to enhance the service delivery system in local communities while maintaining member focus and allow participation in providing input on policy and programs.	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf QAPI Work Plan.pdf		Page 23 Page 11
14.7.2.	The Council is to be chaired by the MCO's Administrator/CEO/COO or designee and will meet at least quarterly.	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf QAPI Work Plan.pdf		Page 23 Page 11
14.7.3.	Every effort shall be made to include a broad representation of both members/families/significant others, member advocacy groups and providers that reflect the population and community served. At least one family member/caregiver	Met The QAPI Program Description addresses this requirement.	QAPI Program Description.pdf QAPI Work Plan.pdf		Page 23 Page 11

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	<p>of a child with special health care needs shall have representation on the committee. Members/families/significant others and member advocacy groups shall make up at least fifty per cent (50%) of the membership.</p>				
14.7.4.	<p>The MCO shall provide an orientation and ongoing training for Council members so they have sufficient information and understanding to fulfill their responsibilities.</p>	<p>Met The QAPI Program Description addresses this requirement.</p>	<p>QAPI Program Description.pdf QAPI Work Plan.pdf</p>		<p>Page 22 Page 11</p>
14.7.5.	<p>The MCO shall develop and implement a Member Advisory Council Plan that outlines the schedule of meetings and the draft goals for the council that includes, but is not limited to, member's perspectives to improve quality of care. This plan shall be submitted to DHH within thirty (30) days of signing the Contract and annually thereafter.</p>	<p>Met The QAPI Program Description addresses this requirement.</p>	<p>QAPI Program Description.pdf QAPI Work Plan.pdf</p>		<p>Page 22, Page 23 Page 11</p>
14.7.6.	<p>DHH shall be included in all correspondence to the Council, including agenda and Council minutes. Additionally, all agenda and Council minutes shall be posted to the MCO website in English and Spanish, with any member-identifying information redacted.</p>	<p>Met The QAPI Program Description addresses this requirement.</p>	<p>QAPI Program Description.pdf QAPI Work Plan.pdf</p>		<p>Page 23 Page 11</p>