

Contract RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
12.11	Member Education – Required Materials and Services				
12.11	The MCO shall ensure all materials and services do not discriminate against Medicaid MCO members on the basis of their health history, health status or need for health care services. This applies to enrollment, re-enrollment or disenrollment materials and processes from the MCO.	Met This standard is addressed in the following documents: Member Written Materials Guidelines; page 2, Disenrollment-LA; page 2-3 Involuntary Disenrollment, the LA Member Handbook; page 52, Amerigroup Louisiana 2015 Marketing Plan; pages 10-11.	Member Written Materials Guidelines Disenrollment – LA LA Member Handbook Amerigroup Louisiana 2015 Marketing Plan Final	Procedures – 7 Involuntary disenrollment Taking Part in decisions about your health Section 5.4.15.2	Pages 2 Pages 2-3 Page 52 Pages 10-11
12.11.1	New Member Orientation				
12.11.1.1	The MCO shall have written policies and procedures for the following, but not limited to: Orienting new members of its benefits and services; Role of the PCP; What to do during the first thirty (30) to sixty (60) days after enrollment (e.g. How to access services, continue medications, and obtain emergency or urgent medical services when transferring from FFS to MCO, or from one MCO to another, etc); How to utilize services; What to do in an emergency or urgent medical situation; and How to a file a grievance and appeal.	Met This standard is addressed in the following documents: Member Complaints and Grievances, page 8 LA Member Handbook; pages 14-28, 10-13, 28, 29-31, 42-44 Member Services Functions; Communication of benefits to members Linguistic Services; page 1-3 Cultural Competency; page 3 Get the Right Care at the Right Time document	Member Complaints and Grievances LA Member Handbook Member Services Functions Linguistic Services Cultural Competency Provider Handbook	LA Exceptions, 2 nd paragraph Covered Services Schedule a wellness check-up Going to PCP What does medical necessary mean? Prior Authorizations Urgent Emergency Care Provider’s Office Closed Out of Town Grievance and Appeals Full document Procedures Exception: Louisiana	Page 8 Pages 14-26 Ameritips Page 10 Page 13 Page 28 Pages 29-31 Page 31 Page 31 Pages 42-46 Pages 1-8 Pages 1-3 Page 3

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12.11.1.2	The MCO shall identify and educate members who access the system inappropriately and provide continuing education as needed	Met This is addressed in LA Member Handbook; pages 29-31, 40.	LA MHB 0012 14 LA Member Handbook 2015	Covered Services Different Types of Health Care Health Education Classes	Pages 17 Page 29 Page 40
12.11.1.3	The MCO may propose, for approval by DHH, alternative methods for orienting new members and must be prepared to demonstrate their efficacy	Met This is addressed in Amerigroup Louisiana 2015 Marketing Plan; page 3.	Amerigroup Louisiana 2015 Marketing Plan Final	Section 5.4 Member Education Activities	Pages 6,7, 8 Pages 11-13
12.11.1.4	The MCO shall have written policies and procedures for notifying new members within ten (10) business days after receiving notification from the Enrollment Broker of enrollment. This notification must be in writing.	Met This is addressed in Member Services Function; pages 5-6, and Distribution of Member Materials-LA; page 2.	Member Services Function Distribution of Member Materials - LA LA Member Handbook	Exceptions – Louisiana Procedures Cover Letter New ID Card	Page 5-6 Page 1 Cover Letter Page 9
12.11.1.5	The MCO shall submit a copy of the procedures to be used to contact MCO members for initial member education to DHH for approval within thirty (30) days following the date the Contract is signed. These procedures shall adhere to the enrollment process and procedures outlined in this RFP and the Contract.	N/A As an incumbent plan, Amerigroup has met this requirement.	Member Services Function Distribution of Member Materials - LA	Procedures Procedures	Pages 1-5 Pages 1-4
12.11.1.6	New Medicaid eligibles shall be provided the opportunity to select a PCP within the MCO that: 1) is a Louisiana Medicaid Program enrolled provider; 2) is accepting new members and has entered into a subcontract with the MCO; and 3) is within a reasonable commuting distance from their residence.	Met This is addressed in LA Member Handbook; pages 7 & 8 and New Model Provider Agreement; page 6.	LA Member Handbook Member Services Functions	Your Providers Procedures # 1	Pages 7-13 Page 1-2

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12.11.2	Communication with New Enrollees				
12.11.3	DHH's Enrollment Broker shall send the MCO a daily electronic transmission ANSI ACS X-12 834 as specified in the MCO Systems Companion Guide. The file shall contain the names, addresses and phone numbers of all newly eligible enrollees assigned to the MCO with an indicator for individuals who are automatically assigned to the MCO. The MCO shall use the file in assignment of PCPs and to identify and initiate communication with new members via welcome packet mailings and welcome calls, as prescribed in this RFP.	Met The Plan provided a screen shot of an email as evidence of receipt of the daily 834 file from Maximus. Member Services Functions document; page 5 refers to receipt of enrollment file from DHH/Enrollment Broker.	Screen Shot Receipt of Report 834	Full Document	All Pages
12.11.3.1	Welcome Packets				
12.11.3.1.1	The MCO shall send a welcome packet to new members within ten (10) business days from the date of receipt of the ANSI ACS X-12 834 file identifying the new enrollee.	Met This is addressed in Distribution of Member Materials – LA; page 2.	Distribution of Member Materials - LA	Procedures	Page 2
12.11.3.1.2	The MCO must mail a welcome packet to each new member. When the name of the responsible party for the new member is associated with two (2) or more new members, the MCO is only required to send one welcome packet.	Met This is addressed in Distribution of Member Materials – LA; page 2-3.	Distribution of Member Materials - LA	Procedures	Page 2

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12.11.3.1.3	All contents of the welcome packet are considered member education materials and, as such, shall be reviewed and approved in writing by DHH prior to distribution according to the provisions described in this RFP. Contents of the welcome packets shall include those items specified in the Contract. The welcome packet shall include, but is not limited to:	Met This is addressed in Distribution of Member Materials – LA; page 2.	Distribution of Member Materials – LA Welcome Packet: <ul style="list-style-type: none"> - LA MEM 0170 14 LA 2015 New Contract Member Welcome Letter - LA Member Handbook - LA-MEM-0173-14 LA Provider Directory Request Insert ENG FINAL FOR LO - LAMKT-0160-14 LA VAB Brochure Update ENG FINAL FOR LO - LAMKT-0165-14 LA VAB Health Rewards Program Flier ENG FINAL - Get the Right Care at the Right Time - 3890-14 LA-Bayou Health HRA (adult) 1114 - 112114 E-STATE - 3890-14 LA-Bayou Health HRA (child) 1114 - 112114 E-STATE 	Procedures Welcome Packet Contents	Page 1
12.11.3.1.3	A Member Handbook and/or Welcome Member Newsletter;	Met This is addressed in Distribution of Member Materials – LA; page 2.	Distribution of Member Materials – LA Welcome Packet: <ul style="list-style-type: none"> - LA MEM 0170 14 LA 2015 New Contract Member 	Distribution of Member Materials – LA Welcome Packet Contents	Pages 1-5

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			<ul style="list-style-type: none"> Welcome Letter - LA Member Handbook - LA-MEM-0173-14 LA Provider Directory Request Insert ENG FINAL FOR LO - LAMKT-0160-14 LA VAB Brochure Update ENG FINAL FOR LO - LAMKT-0165-14 LA VAB Health Rewards Program Flier ENG FINAL - Get the Right Care at the Right Time - 3890-14 LA-Bayou Health HRA (adult) 1114 - 112114 E-STATE - 3890-14 LA-Bayou Health HRA (child) 1114 - 112114 E-STATE 		
12.11.3.1.3.	The MCO Member ID Card (if not mailed under a separate mailing);	NA	Mailed separately		
12.11.3.1.3	If the Member ID Card is mailed separately, a welcome letter highlighting major program features, details that a card specific to the MCO's Bayou Health Plan will be sent via mail separately and contact information for the MCO's Bayou Health Plan; and	Met This is addressed in Distribution of Member Materials-LA; page 4, and the Member Handbook Welcome Letter.	Distribution of Member Materials – LA LA Member Handbook	Procedures Welcome letter	Page 4 Welcome Letter
12.11.3.1.3.	A current Provider Directory when specifically requested by the	Met	Distribution of Member Materials – LA	Procedures	Page 3

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	member (also must be available in searchable format on-line).	This is addressed in the following documents: Distribution of Member Materials-LA; page 3 LA Member Handbook; page 3 LA-MEM-0173-14 LA Provider Directory Request Insert ENG FINAL FOR LO – Online and mobile provider directory information for members Screen Shot 'Find A Doctor'	LA Member Handbook LA-MEM-0173-14 LA Provider Directory Request Insert ENG FINAL FOR LO Screen Shot 'Find A Doctor'	Online & automated self-service functions Website Screen shot	Page 3
12.11.3.1.5	The MCO shall agree to make available the full scope of core benefits and services to which a member is entitled immediately upon his or her effective date of enrollment, which, with the exception of newborns, will always be the 1st day of a month.	Met Addressed in Distribution of Member Materials – LA; page 2, and the LA Member Handbook; pages 14-29.	LA Member Handbook Distribution of Member Materials	Covered Services Procedures	Pages 14-29 Page 1
12.11.3.2	Welcome Calls				
12.11.3.2.1	The MCO shall make welcome calls to new members within fourteen (14) business days of the date the MCO sends the welcome packet.	Met Addressed in Member Services Functions; Exceptions: 1) Louisiana; pages 5 & 6	Member services Function	All Section; Exceptions - Louisiana	Page 1-6
12.11.3.2.2	The MCO shall review PCP assignment if an automatic assignment was made and assist the member in changing the PCP if requested by the member.	Met This is addressed in the Member Services Function P/P; page 5-6, and the LA-MEM-0100-13 LA Member Welcome Call Questionnaire Script.	Member services Function LA-MEM-0100-13 LA Member Welcome Call Questionnaire Script ENG FINAL	All Section; Exceptions - Louisiana	Pages 1-6
12.11.3.2.3	The MCO shall develop and submit to DHH for approval a script to be used during the welcome call to discuss the following information with the member:	Met This is addressed in the LA-MEM-0100-13 LA Member Welcome Call Questionnaire Script.	LA-MEM-0100-13 LA Member Welcome Call Questionnaire Script ENG FINAL	Entire Document	Pages 1-12
12.11.3.2.3	A brief explanation of the program;	Met This is addressed in the LA-MEM-0100-13 LA Member Welcome Call Questionnaire Script; page 6.	Member Services Function LA Member Handbook	Sections 4-40 Information about your health plan	Pages 3-8 Pages 1-2

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12.11.3.2.3	Statement of confidentiality;	Met This is addressed in the LA-MEM-0100-13 LA Member Welcome Call Questionnaire Script; page 3.	LA Member Handbook LA-MEM-0100-13 LA Member Welcome Call Questionnaire Script ENG FINAL	HIPAA Notice of Privacy Practices Section 3	Pages 54-56 Page 3
12.11.3.2.3.	The availability of oral interpretation and written translation services and how to obtain them free of charge;	Met This is addressed in the LA-MEM-0100-13 LA Member Welcome Call Questionnaire Script; page 3.	Linguistic Services LA Member Handbook	Full document - Welcome Letter - Member Services Dept. - Members who do not speak English - Members who are deaf or hard of hearing - Oral interpretation services	All Pages Page 2-3 Page 3 Page 3 Page 51
12.11.3.2.3	The concept of the patient-centered medical home, including the importance of the member(s) making a first appointment with his or her PCP for preventive care before the member requires care due to an illness or condition and instructions about changing PCPs; and	Met This is addressed in the LA-MEM-0100-13 LA Member Welcome Call Questionnaire Script; page 6, and the LA Member Handbook; page 1, 10-11, and 7-8.	Member Services Function LA Member Handbook	Full Document Going to PCP Your Provider	All Pages Page 10-11 Pages 7 - 13
12.11.3.2.3	A discussion to discover whether the member is pregnant has a chronic condition, or any special health care needs. Assistance in making an appointment with the PCP shall be offered to all members with such issues.	Met This is addressed in the LA-MEM-0100-13 LA Member Welcome Call Questionnaire Script; page 8.	LA Member Handbook LA-MEM-0100-13 LA Member Welcome Call Questionnaire Script ENG FINAL	- Special Kinds of Health Care Sections 19-24	Page 36-37 Pages 7-9
12.11.3.2.4	The MCO shall make three (3) attempts to contact the member. If the MCO discovers that the member lost or never received the welcome packet, the MCO shall resend the packet.	Met This is addressed in P/P Member Services Functions; page 5.	Member services Function LA-MEM-0100-13 LA Member Welcome Call Questionnaire Script ENG FINAL	Exceptions – Louisiana # 9	Page 5 Page 1
12.12	MCO Member Handbook				

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12.12.1	The MCO shall develop and maintain a member handbook that adheres to the requirements in 42 CFR §438.10 (f)(6).	Met This is addressed in the LA Member Handbook.	LA Member Handbook	Whole Document	Pages 1-61
12.12.2	Member handbook shall include the following information:				
12.12.2.1	Table of contents;	Met This is addressed in the LA Member Handbook.	LA Member Handbook	Table of Contents	Intro - 3
12.12.2.2	A general description about how MCOs operate, member rights and responsibilities, appropriate utilization of services including ED for non-emergent conditions, a description of the PCP selection process, and the PCP's role as coordinator of services;	Met This is addressed in the following documents: Addressed in LA Member Handbook; Gen. Descrip.; pages 1-4 R&Rs; pages 49-52 ER; pages 17, 15, 19-20, 27-31, 41, 55 After hours; page 51 PCP selection; Types of health care; 29-31 PCP selection; pages 7-12	LA Member Handbook	<ul style="list-style-type: none"> - Welcome to Amerigroup Louisiana - Your Rights and Responsibilities - Covered Services – Emergency - Get Information on Emergency and After-Hours Coverage - Different Types of Health Care - Your Providers - Tell Your Providers About 	Intro – 4 Page 49-52 Page 17 Page 51 Pages 29-31 Pages 7-13 Page 52
12.12.2.3	Member's right to disenroll from MCO;	Met This is addressed in the LA Member Handbook; page 47.	LA Member Handbook	How to Disenroll from Amerigroup	Page 47
12.12.2.4	Member's right to change providers within the MCO;	Met This is addressed in the LA Member Handbook; page 9.	LA Member Handbook	How to Change Your Primary Care Provider	Page 9
12.12.2.5	Any restrictions on the member's freedom of choice among MCO providers;	Met This is addressed in the LA Member Handbook; page 9.	LA Member Handbook	If You Want to go to a Doctor who is not Your Primary Care Provider	Page 9
12.12.2.6	Member's rights and protections, as specified in 42 CFR §438.100 and this RFP;	Met This is addressed in the LA Member Handbook; pages 49-52	LA Member Handbook	<ul style="list-style-type: none"> - Your Rights and Responsibilities as an Amerigroup Member - Medical Appeals 	Pages 49 – 52 Pages 43-46
12.12.2.7	The amount, duration, and scope of benefits available to the member under the contract between the MCO and DHH in sufficient detail to ensure that members understand the benefits to which they are entitled and information about health education and promotion programs, including	Met This is addressed in the LA Member Handbook; pages 14-28	LA Member Handbook	Covered Services	Pages 14-39

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	chronic care management;				
12.12.2.8	Procedures for obtaining benefits, including prior authorization requirements;	Met This is addressed in the LA Member Handbook; page 28	LA Member Handbook	Prior Authorizations	Page 28
12.12.2.9	Description on the purpose of the Medicaid card and the MCO card and why both are necessary and how to use them;	Met This is addressed in the LA Member Handbook; pages 6-7	LA Member Handbook	Member Letter Your Amerigroup ID Card	Intro – Page 1 Page 6-7
12.12.2.10	The extent to which, and how, members may obtain benefits, including family planning services and specialized behavioral health services from out-of-network providers;	Met This is addressed in the LA Member Handbook; pages 7, 10 & 11, 18, 23 & 24, 28, 31.	LA Member Handbook	<ul style="list-style-type: none"> - Specialist - Covered Services Family Planning - Federally Qualified Health Centers - Covered Services EPSDT <ul style="list-style-type: none"> o Prior Auths - Wellness Care for Children - BH services – EPSDT - EPSDT - Services under FFS - Other Important Phone Numbers 	Page 10 Page 17-18 Page 18 Page 18 Intro -2 Page 28 Page 5 Page 14 Page 16 Pages 27-28 Page5
12.12.2.11	The extent to which, and how, after-hours and emergency coverage are provided, including: <ul style="list-style-type: none"> • What constitutes an emergency medical condition, emergency services, and post-stabilization services, as defined in 42 CFR §438.114(a); • That prior authorization is not required for 	Met This is addressed in the LA Member Handbook; pages 21, 22, 29-31, 51, and the “Get the Right Care at the Right Time” document.	LA Member Handbook	<ul style="list-style-type: none"> - Different Types of Healthcare - Prior Auths - Emergency call 911 - Covered Services – emergency and post-stabilization - ER and after-hours coverage - Right to use any hospital for ER services 	Pages 29-30 Page 28 Page 12 and 30 Page 17 and 21-22 Page 51 Page 51

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	emergency services; <ul style="list-style-type: none"> • The process and procedures for obtaining emergency services, including use of the 911-telephone system or its local equivalent; • The locations of any emergency settings and other locations at which providers and hospitals furnish emergency services and post-stabilization services covered by the MCO; and • That, subject to the provisions of 42 CFR §438, the member has a right to use any hospital or other setting for emergency care. 				
12.12.2.12	The post-stabilization care services rules set forth in 42 CFR 422.113(c);	Met This is addressed in the LA Member Handbook; pages 21-22	LA Member Handbook	Covered Services – Post-Stabilization Care Services	Pages 21-22
12.12.2.13	Policy on referrals for specialty care, including specialized behavioral health services and for other benefits not furnished by the member's PCP;	Met This is addressed in the LA Member Handbook; pages 9-10	LA Member Handbook	Specialist	Page 10
12.12.2.14	How and where to access any benefits that are available under the Louisiana Medicaid State Plan but, are not covered under the MCO's contract with DHH;	Met This is addressed in the LA Member Handbook; pages 5 & 27-28	LA Member Handbook	- Services Covered Under the Louisiana State Plan or Fee-For-Service Medicaid - Other Important Phone Numbers	Pages 27-28 Page 4

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12.12.2.15	That the member has the right to refuse to undergo any medical service, diagnoses, or treatment or to accept any health service provided by the MCO if the member objects (or in the case of a child, if the parent or guardian objects) on religious grounds;	Met This is addressed in the LA Member Handbook; pages 37, 38, 41, 49.	LA Member Handbook	Your Rights and Responsibilities as an Amerigroup Member	Pages 38, 41, 49
12.12.2.16	For counseling or referral services that the MCO does not cover because of moral or religious objections, the MCO should direct the member to contact the Enrollment Broker for information on how or where to obtain the service;	Met This is addressed in the LA Member Handbook; page 37	LA Member Handbook	Taking Part in making decisions about your health	Page 52
12.12.2.17	Member grievance, appeal and state fair hearing procedures and time frames, as described in 42 CFR §§438.400 through 438.424 and this RFP;	Met This is addressed in LA Member Handbook; pages 42-46.	LA Member Handbook	Grievances and Medical Appeals	Pages 42-46
12.12.2.18	Grievance, appeal and fair hearing procedures that include the following: <ul style="list-style-type: none"> • For State Fair Hearing: the right to a hearing; the method for obtaining a hearing; and the rules that govern representation at the hearing; • The right to file grievances and appeals; • The requirements and timeframes for filing a grievance or appeal; • The availability of assistance in the filing process; • The toll-free numbers 	Met This is addressed in LA Member Handbook; pages 42-46	LA Member Handbook	Grievances and Medical Appeals	Pages 42-46

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	<p>that the member can use to file a grievance or an appeal by phone;</p> <ul style="list-style-type: none"> • The fact that, when requested by the member: Benefits will continue if the member files an appeal or a request for State Fair Hearing within the timeframes specified for filing; and the member may be required to pay the cost of services furnished while the appeal is pending, if the final decision is adverse to the member; • In a State Fair Hearing, the Division of Administrative Law shall make the recommendation to the Secretary of the DHH who has final authority to determine whether services must be provided. 				
12.12.2.19	<p>Advance Directives, set forth in 42 CFR §438.6(i)(2) - A description of advance directives which shall include:</p> <ul style="list-style-type: none"> • The MCO policies related to advance directives; • The member's rights under Louisiana state law, including the right to accept or refuse medical, surgical, or behavioral health 	<p>Met This is addressed in the LA Member Handbook; page 41</p>	LA Member Handbook	Making a Living Will (Advance Directives)	Page 41-42

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	<p>treatment and the right to formulate advance directives; any changes in law shall be reflected in the member handbook as soon as possible, but no later than ninety (90) calendar days after the effective date of the change;</p> <ul style="list-style-type: none"> • Information that members can file complaints about the failure to comply with an advance directive with the Office of Health Standards, Louisiana's Survey and Certification agency) by calling 225 342 0138; and • Information about where a member can seek assistance in executing an advance directive and to whom copies should be given. 				
12.12.2.20	<p>Information to call the Medicaid Customer Service Unit toll free hotline, go to Louisiana Medicaid website at www.medicaid.la.gov ,or visit a local Medicaid eligibility office to report if family size, living arrangements, parish of residence, or mailing address changes;</p>	<p>Met This is addressed in LA Member Handbook; pages 3 & 5</p>	LA Member Handbook	Multiple Sections	Page 3, 5, 7, 46, 47
12.12.2.21	<p>How to make, change and cancel medical appointments and the importance of canceling and/or rescheduling rather than being a "no show";</p>	<p>Met This is addressed in LA Member Handbook; pages 11-12</p>	LA Member Handbook	How to Make an Appointment How to Cancel an Appointment	Page 10, 12

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12.12.2.22	A description of Member Services and the toll-free number, fax number, e-mail address and mailing address to contact Member Services;	Met This is addressed in LA Member Handbook; pages 2-3	LA Member Handbook	How to Get Help	Page 2, 3
12.12.2.23	How to obtain emergency and non-emergency medical transportation;	Met This is addressed in LA Member Handbook; pages 5, 12, 19-20	LA Member Handbook	How to Get to a Doctor's Appointment or to the Hospital Other Important Numbers Covered Services	Page 12 Page 5 Pages 19-20
12.12.2.24	Information about Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services;	Met This is addressed in LA Member Handbook; pages Ameritips, 14, 16, 32-34	LA Member Handbook	Wellness Care for Children Covered Services Wellness Care for Children and Adults	Intro – 2 Page 16 Pages 32-35
12.12.2.25	Information about the requirement that a member shall notify the MCO immediately if he or she has a Workman's Compensation claim, a pending personal injury or medical malpractice law suit, or has been involved in a auto accident;	Met This is addressed in LA Member Handbook; pages 48 & 51	LA Member Handbook	If You Have Other Health Insurance (Coordination of Benefits) Rights and Responsibilities	Page 48 Page 51
12.12.2.26	Reporting requirements for the member that has or obtains another health insurance policy, including employer sponsored insurance. Such situations shall be reported the MCO;	Met This is addressed in LA Member Handbook; page 48	LA Member Handbook	If You Have Other Health Insurance (Coordination of Benefits)	Page 48
12.12.2.27	Member responsibilities, appropriate and inappropriate behavior, and any other information deemed essential by the MCO or DHH. This shall include a statement that the member is responsible for protecting their ID card and that misuse of the card, including loaning, selling or giving it to others could result in loss of the member's Medicaid eligibility and/or legal action;	Met This is addressed in LA Member Handbook; page 51	LA Member Handbook	Your Amerigroup ID Card Misusing Medicaid Program	Page 6 Page 52-53

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12.12.2.28	Instructions on how to request multi-lingual interpretation and translation when needed at no cost to the member. This instruction shall be included in all versions of the handbook in English and Spanish ;	Met This is addressed in LA Member Handbook; page 6.	LA Member Handbook	Your Amerigroup Member Handbook	Page 6
12.12.2.29	Information on the member's right to a second opinion at no cost and how to obtain it;	Met This is addressed in LA Member Handbook; page 8.	LA Member Handbook	Second Opinion	Page 8
12.12.2.30	Ways to report suspected provider fraud and abuse including but not limited to DHH and MCO toll-free numbers and website established for that purpose;	Met This is addressed in LA Member Handbook; pages 52-53	LA Member Handbook	How to Report Someone Who is Misusing the Medicaid or LaCHIP Program	Page 52-53
12.12.2.31	Any additional text provided to the MCO by DHH or deemed essential by the MCO;	Met This is addressed in LA Member Handbook; page 48	LA Member Handbook	Changes in your AGP coverage	Page 48
12.12.2.32	The date of the last revision;	Met This is addressed in LA Member Handbook. The footer contains updated date.	LA Member Handbook	Bottom Footer	Pages 1-61
12.12.2.33	Additional information that is available upon request, including the following: Information on the structure and operation of the MCO; Physician incentive plans [42 CFR 438.6(h)]. Service utilization policies; and How to report alleged marketing violations to DHH utilizing the Marketing Complaint Form. (See Appendix Z of this RFP)	Met This is addressed in LA Member Handbook; pages 52 & 53.	LA Member Handbook	<ul style="list-style-type: none"> - How Amerigroup Pays Providers - Get Information about the Amerigroup Health Plan prior to Joining Amerigroup - Receive Information on Amerigroup Services - How to Report Someone Who Has Not Followed Required Marketing Guidelines 	Page 49 Page 50 Page 50-51 Page 53
12.12.2.36	MCO Welcome Newsletter				
12.12.2.36.1	Should the MCO elect not to provide a Member Handbook hard copy at the time of sending the welcome packet for new members, the MCO shall develop and maintain a welcome newsletter that adheres to the requirements in	Met The LA-MEM-0170-14 LA 2015 New Contract Member Welcome Letter document meets this requirement.	LA Member Handbook Website Screen shot - Handbook	Intro	Intro letter

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	42 CFR §438.10.				
12.12.2.36.2	The MCO shall review and update the Welcome Member Newsletter at least once a year. The Newsletter must be submitted to DHH for approval within four weeks of the annual renewal and upon any changes prior to being made available to members.	Met Members receive a hardcopy of the Member Handbook at the time of sending the welcome packet. Welcome letters are sent; not welcome newsletters.	LA Member Handbook Website Screen shot - Handbook	Intro	Intro letter
12.12.2.36.3	At a minimum, the welcome member newsletter shall include the following information: <ul style="list-style-type: none"> • Right to request an updated Member Handbook at no cost to the member. Notification that the Handbook is available on the Contractor's website, be electronic mail or through postal mailing must be referenced; • Member Grievance and Appeal rights; • Right to access oral interpretation services, free of charge, and how to access them; • MCO service hours and availability with contact information including but not limited to Member Services, Nurse Line, Behavioral Health MCO, Dental Benefit Manager, 	Met This is Addressed in the LA Member Handbook that is sent with welcome packet.	LA Member Handbook Website Screen shot - Handbook	Intro	Intro letter

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	<p>Reporting suspected Fraud and Abuse, Pharmacy Benefit Manager, and Transportation;</p> <ul style="list-style-type: none"> • Tobacco Cessation information with a website link to tobacco education and prevention program; • Information on how to search for providers and how to obtain, at no charge, a directory of providers; • Information on what to do if a member is billed, and under what circumstances a member may be billed for non-covered services; • How to file a complaint; • What to do in case of an emergency, information on proper emergency service utilization, and the right to obtain emergency services at any hospital or other ED facility, in or out of network; • Description of fraud, waste, and abuse, including instruction on how to report suspected fraud, waste, and abuse; • Right to be treated fairly regardless of race, religion, gender, age, 				

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	and ability to pay; <ul style="list-style-type: none"> • Right to request a medical record copy and/or inspect medical records at no cost; • How to access afterhours care; • How to change Health Plans; • Instructions on changing your PCP; • Instructions where to find detailed listing of covered benefits; and • Identification of services for which copays are applicable. 				
12.13	Member Identification (ID) Card				
12.13.1	MCO members will be issued at a minimum two (2) different member identification cards related to their enrollment in the Louisiana Medicaid managed care delivery system. The MCO may opt to provide members with a third ID card, if the MCO elects to issue a separate pharmacy-related ID card.	Met This is addressed in P&P Member ID Card-LA; page 1, and the Amerigroup Member ID Card. Note that the the pharmacy claim information is on back of card image	P&P Member ID Card – LA Amerigroup Member ID Card	Purpose ID Card - PDF Image File	Page 1
12.13.2	A DHH issued ID card to all Medicaid eligibles, including MCO members. This card is not proof of eligibility, but can be used for accessing the state's electronic eligibility verification systems by MCO providers. These systems will contain the most current information available to DHH, including specific information regarding MCO enrollment. There will be no MCO specific	Met Addressed in LA Member Handbook; pages 6-7, and P/P Member ID Card-LA.	LA Member Handbook	Your Amerigroup ID Card	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)
12.13.3.1	The MCO may provide the MCO Member ID card in a separate mailing from the welcome packet, however the card must be sent no later than ten (10) business days from the date of receipt of the file from DHH or the Enrollment Broker identifying the new enrollee. As part of the card mailing, the MCO must explain the purpose of the card, how to use the card, and how to use it in tandem with the DHH-issued card.	Met This is addressed in P/P Member ID Card-LA; page 2.	P&P Member ID Card – LA Amerigroup Member ID Card LA Member Handbook	Procedures ID Card - PDF Image File Intro	Page 2
12.13.3.2	The card will be issued without the PCP information if no PCP selection has been made on the date of the mailing.	Met Addressed in P/P Member ID Card; page 2, which states that new member card are held for 7 business days pending the assignment of a PCP.	P&P Member ID Card – LA Amerigroup Member ID Card	Procedures # 2 ID Card - PDF Image File	Page 2
12.13.3.3	Once PCP selection has been made by the member or through auto assignment, the MCO will reissue the card in keeping with the time guidelines of this RFP and the Contract. As part of the mailing of the reissued card, the MCO must explain the purpose of the reissued card, the changes between the new card and the previous card, and what the enrollee should do with the previous card.	Met This is addressed in P/P Member ID Card; page 2, which states new member card are held for 7 business days pending the assignment of a PCP.	P&P Member ID Card – LA Amerigroup Member ID Card LA Member Handbook	Procedures ID Card - PDF Image File When you ask to change PCP PCP office moves closes or PCP leaves When you ask to change PCP	Page 1-2
12.13.3.4	The MCO shall reissue the MCO ID card within ten (10) calendar days of notice that a member reports a lost card, there is a member name change or the PCP changes, or for any other reason that results in a change to the information on the member ID card.	Met This addressed in P/P Member ID Card; page 2.	P&P Member ID Card – LA Amerigroup Member ID Card LA Member Handbook	Procedures ID Card - PDF Image File Your AGP ID Card When you ask to change PCP PCP office moves closes or PCP leaves	Page 1- 2 Page 7 Page 9 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)
				When you ask to change PCP	Page 9
12.13.3.5	The holder of the member identification card issued by the MCO shall be a MCO member or guardian of a member. If the MCO has knowledge of any MCO member permitting the use of this identification card by any other person, the MCO shall immediately report this violation to the Medicaid Fraud Hotline number 1-800-488-2917.	Met This is addressed in &P Member ID Card; page 2, and the LA Member Handbook; page 53.	Amerigroup Member ID Card LA Member Handbook P&P Member ID Card – LA	ID Card - PDF Image File Misuse of ID Card Procedures # 10	Page 53 Page 2
12.13.3.6	The MCO shall ensure that its subcontractors can identify members in a manner which will not result in discrimination against the members, in order to provide or coordinate the provision of all core benefits and services and/or expanded services and out of network services.	Met This standard is addressed in the Provider Handbook; page 43 and New Model Physician contract; page 15.	P&P Member ID Card – LA	Procedures	Page 1
12.13.4	Pharmacy-Related ID Card Requirements				
12.13.4.1	The MCO shall provide on the member's identification card, or on a separate prescription benefit card, or through other technology, prescription billing information that:	Met This is addressed in P/P Member ID Card; page 2, and the Amerigroup Member ID Card image.	P&P Member ID Card – LA Amerigroup Member ID Card	Procedures !12 ID Card - PDF Image File	Pages 1 See card image
12.13.4.1.1	Complies with the standards set forth in the National Council for Prescription Drug Programs pharmacy ID card prescription benefit card implementation guide at the time of issuance of the card or other technology; or	Met This is addressed in P/P Member ID Card; page 1, and the LA Medicaid Provider Directory IRR; page 5, advises member on getting pharmacy services.	P&P Member ID Card – LA Amerigroup Member ID Card	Procedures ID Card - PDF Image File	Pages 1-3 See card image

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12.13.4.1.2	<p>Includes, at a minimum, the following data elements:</p> <ul style="list-style-type: none"> • The name or identifying trademark of the MCO and the prescription benefit manager (see co-branding restrictions in 12.20.3); • The name and MCO member identification number of the recipient; • The telephone number that providers may call for: pharmacy benefit assistance, 24-hour member services and filing grievances, provider services and prior authorization, and reporting Medicaid Fraud (1-800-488-2917). <p>Per 12.20.3, MCOs are prohibited from displaying the names and/or logos of co-branded PBMs on the MCO's member identification card. MCOs that choose to co-brand with providers must include on marketing materials (other than ID cards) the following language: "Other Pharmacies are Available in Our Network."</p>	<p>Met This is addressed in P/P Member ID Card; page 2, and the Amerigroup Member ID Card image.</p>	<p>P&P Member ID Card – LA Amerigroup Member ID Card</p>	<p>Procedures ID Card - PDF Image File</p>	<p>Pages 1-3 See card image</p>
12.13.4.1.3	<p>All electronic transaction routing information and other numbers required by the MCO or its benefit administrator to process a prescription claim electronically.</p>	<p>Met This is addressed in P/P Member ID Card; page 2, and the Amerigroup Member ID Card image.</p>	<p>P&P Member ID Card – LA Amerigroup Member ID Card</p>	<p>Procedures ID Card - PDF Image File</p>	<p>Pages 1-3 See card image</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)
12.13.4.1.4	If the MCO chooses to include the prescription benefit information on the Bayou Health Plan card, the MCO must ensure all members have a card that includes all necessary prescription benefit information, as outlined above.	Met This is addressed in P/P Member ID Card; page 2, and the Amerigroup Member ID Card image.	P&P Member ID Card – LA Amerigroup Member ID Card	Procedures ID Card - PDF Image File	Pages 1-3 See card image
12.13.4.1.5	If the MCO chooses to provide a separate prescription benefit card, the card mailer that accompanies the card must include language that explains the purpose of the card, how to use the card and how to use it in tandem with the DHH-issued Medicaid Card and the MCO-issued card.	Met This is addressed in P/P Member ID Card; page 2, and the Amerigroup Member ID Card image.	P&P Member ID Card – LA Amerigroup Member ID Card	Procedures ID Card - PDF Image File	Pages 1-3 See card image
12.14	Provider Directory for Members				
12.14.1	The MCO shall develop and maintain a Provider Directory in four (4) formats:	Met This is addressed in Provider Directories and Referral Directories; page 3.	Provider Directories and Referral Directories	LA Exceptions	Page 3
12.14.1.1.	A hard copy directory for members and upon request, potential members;	Met This is addressed in Provider Directories and Referral Directories; page 3.	Provider Handbook Distribution of Member Materials Member Services Function	- Intro Letter - AGP Information -Section 3.6 Provider Directories Procedures e} Procedures # 17	Page 1 Page 35 Page 45 Page 3 Page 4
12.14.1.2.	Web-based, searchable, online directory for members and the public; and	Met This is addressed in Provider Directories and Referral Directories; page 3, the Find a Provider Screenshot.	Provider Handbook Provider Directories Find a Provider Screenshot	- Intro Letter - Section 2.8 - Section 3.6 Provider Directories Screen Shot and Screen Shot 2	Page 1 Page 11 Page 45 https://www.myamerigroup.com/LA/Pages/find-a-doctor.aspx

Contract RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
12.14.1.3.	Electronic file of the directory to be submitted and updated weekly to the Medicaid FI or other designee as determined by DHH; for the Enrollment Broker; and	Met This is addressed in the Provider Directories and Referral Directories; page 3.	Provider Directories and Referral Directories LA Medicaid Provider Directory_IRR	Procedure # 1 LA exceptions Full Document	Page 1 Page 3 All Pages
12.14.1.4.	Hard copy, abbreviated version for the Enrollment Broker.	Met This is addressed in the following documents: Provider Directories and Referral Directories; page 3 Distribution of Member Materials; page 3 And Member Services Function; page 4	Provider Directory Provider Directories and Referral Directories	Full Do Procedure	Pages 1 and 3
12.14.2	The MCO shall submit templates of its provider directory to DHH within thirty (30) days from the date the Contract is signed.	N/A As an incumbent plan, Amerigroup has met this standard	Provider Directory LA Medicaid Provider Directory_IRR	Procedure Full Document	Pages 1 and 3 All Pages
12.14.3	The hard copy directory for members shall be reprinted with updates at least annually. Inserts may be used to update the hard copy directories monthly for new members and to fulfill requests by potential members. The web-based online version shall be updated in real time, but no less than weekly. While daily updates are preferred, the MCO shall at a minimum submit no less than weekly. The abbreviated hard copy version for the Enrollment Broker will be available to all Medicaid enrollees when requested by contacting the Enrollment Broker. Format for this version will be in a format specified by DHH.	Met The Provider Directories and Referral Directories addresses reprints at least annually, inserts to update for new members.	Provider Directory	Procedure	Page 1 and 3
12.14.4	In accordance with 42 CFR 438.10(f) (6), the provider directory shall include, but not be limited to:	Met This is addressed in the LA Medicaid Provider Directory IRR, and the Distribution of Member Materials; page 3.	LA Medicaid Provider Directory_IRR	Full Document	All Pages

Contract RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
12.14.4.1	Names, locations, telephone numbers of, and non-English languages spoken by current contracted providers in the Medicaid enrollee's service area, including identification of providers, PCPs, specialists, and hospitals at a minimum, that are not accepting new patients;	Met This is addressed in the LA Medicaid Provider Directory IRR. Note: The Provider Directory is written in English and Spanish. Separate directory identifies doctors by foreign languages spoken.	Member Services Functions LA PD 0014 14 LA Provider Directory Template LA Medicaid Provider Directory_IRR	Procedures # 17 Provider listing Full Document	Page 4-5 Page 10 All Pages
12.14.4.2	Identification of primary care physicians, specialists, and hospitals PCP groups, clinic settings, FQHCs and RHCs in the service area;	Met This is addressed in the LA Medicaid Provider Directory IRR.	Member Services Functions LA PD 0014 14 LA Provider Directory Template LA Medicaid Provider Directory_IRR	Procedures # 17 Provider listing Full Document	Page 4-5 Page 10 All Pages
12.14.4.3	Identification of any restrictions on the enrollee's freedom of choice among network providers; and	Met This is addressed in the Member Handbook; page 50. Plan submitted statement that the Health Plan does not restrict freedom of choice to its members unless a provider panel is closed.	LA Medicaid Provider Directory_IRR	Full Document	All Pages
12.14.4.4	Identification of hours of operation including identification of providers with non-traditional hours (Before 8 a.m. or after 5 p.m. or any weekend hours).	Met This is addressed in the LA Medicaid Provider Directory IRR.	LA Medicaid Provider Directory_IRR	Full Document	All Pages
12.14.5	To assist Medicaid potential enrollees in identifying participating providers for each MCO, the Enrollment Broker will maintain and update weekly an electronic provider directory that is accessible through the website www.bayouhealth.com and will make available, (by mail) paper provider directories which comply with the member education material requirements of this RFP.	Met This is addressed in the LA Medicaid Provider Directory IRR.	Provider Directory and Referral Directory	LA Exceptions	Page 3
12.15	Member Call Center				

Contract RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
12.15.1	The MCO shall maintain a toll-free member service call center, physically located in the United States, with dedicated staff to respond to member questions including, but not limited to, such topics as:	Met This requirement is addressed in the following documents: National Customer Care (NCC) Toll-Free Phone Line; pages 1 & 3 Member Services Staff Training; pages 1-2 Member Services Functions; pages 1-6 Medical Services Staffing-Clinical Associates-Call Centers; pages 1-2	Member Services Functions Member Services Staff Training Medical Services Staffing – Clinical Associates – Call Centers; Call Monitoring	Full Document Full Document Full Document Full Document	Pages 1-6 Pages 1-2 Pages 1-2 Pages 1-3
12.15.1.1.	Explanation of MCO policies and procedures;	Met This is addressed in the P/P Member Services Functions; pages 1-6.	Member Services Functions Call Monitoring NCC Provider Services Functions	Full Document Full Document Procedure Policy	Page 1-6 Pages 1-3 Page 1
12.15.1.2.	Prior authorizations;	Met Addressed in Member Services Functions P&P; added to LA Exceptions, page 6	Member Services Functions Call Monitoring NCC Provider Services Functions	Section 4 Full Document Procedure # 2	Page 2 Pages 1-3 Page 1
12.15.1.3.	Access information;	Met This is addressed in the P/P Member Services Functions; pages 4-5.	Member Services Functions Call Monitoring NCC Provider Services Functions	Section 6, c Full Document Procedures	Page 2 Pages 1-3 All Pages
12.15.1.4.	Information on PCPs or specialists;	Met This is addressed in the P/P Member Services Functions; pages 4-5.	Member Services Functions Call Monitoring NCC Provider Services Functions	Section 1; 4; 17 Full Document Procedures # 4	Pages 1,2, 4, 5 Pages 1-3 Page 1
12.15.1.5.	Referrals to participating specialists;	Met This is addressed in the P/P Member Services Functions; pages 3-5.	Member Services Functions Call Monitoring NCC Provider Services Functions	Section 8; 17 Full Document Procedures # 4	Pages 3,4,5 Pages 1-3 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)
12.15.1.6.	Resolution of service and/or medical delivery problems; and	Met This is addressed in the P/P Member Services Functions; page 2.	Member Services Functions Call Monitoring NCC Provider Services Functions	Section 6 Full Document Procedures # 4	Page 2 Pages 1-3 Page 1
12.15.1.7.	Member grievances.	Met This is addressed in the P/P Member Services Functions; page 4.	Member Services s Functions Call Monitoring NCC Provider Services Functions	Section 14 Full Document Procedures # 6	Page 4 Pages 1-3 Page 1
12.15.2	The toll-free number must be staffed between the hours of 7 a.m. and 7 p.m. Central Time, Monday through Friday, excluding state declared holidays.	Met This is addressed in the P/P Member Services Functions, pages 1-2.	Telephonic and Voicemail Services	Section 2; 4	Pages 1-2
12.15.3	The toll-free line shall have an automated system, available 24-hours a day, seven-days a week. This automated system must include the capability of providing callers with operating instructions on what to do in case of an emergency and the option to talk directly to a nurse or other clinician or leave a message, including instructions on how to leave a message and when that message will be returned. The MCO must ensure that the voice mailbox has adequate capacity to receive all messages and that member services staff return all calls by close of business the following business day.	Met Addressed in Telephonic and Voicemail Services, pages 1-3, and Member Services Functions; pages 1-2.	Telephonic and Voicemail Services Member Services Functions Call Monitoring NCC Provider Services Functions National Customer Care (NCC) Toll-Free Phone Line - LA	Sections 1; 3; 5 Full Document Full Document Full Document	Pages 1-3 Pages 1-8 Pages 1-3 Pages 1-2

Contract RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
12.15.4	The MCO shall have sufficient telephone lines to answer incoming calls. The MCO shall ensure sufficient staffing to meet performance standards listed in this RFP. DHH reserves the right to specify staffing ratio and/or other requirements, if performance standards are not met or it is determined that the call center staffing/processes are not sufficient to meet member needs as determined by DHH.	Met The P/P National Customer Care (NCC) Toll-Free Phone Line-LA addresses staffing levels to meet contract requirements and adjusted to maintain compliance benchmarks.	National Customer Care (NCC) Toll-Free Phone Line Telephonic and Voicemail Services Member Services Functions Call Monitoring NCC Provider Services Functions	Full Document Full Document Full Document Full Document	All Pages Pages 1-8 Pages 1-3 Pages 1-2
12.15.5	The MCO must develop a contingency plan for hiring call center staff to address overflow calls and emails and to maintain call center access standards set forth for MCO performance. The MCO must develop and implement a plan to sustain call center performance levels in situations where there is high call/e-mail volume or low staff availability. Such situations may include, but are not limited to, increases in call volume, emergency situations (including natural disasters such as hurricanes), staff in training, staff illnesses and vacations.	Met This is addressed in P/P Medical Services Staffing-Clinical Associates-Call Centers; pages 2-3, and the P/P National Customer Care (NCC) Toll-Free Phone Line-LA; page 3 Reviewer comment: Language does not specifically identify Hurricanes; rather, states natural disasters, inclement weather, power outages and/or other problems and forms of business disruptions and emergencies.	Medical Services Staffing – Clinical Associates – Call Centers;	# 2	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)
12.15.6	The MCO must develop telephone help line policies and procedures that address staffing, personnel, hours of operation, access and response standards, monitoring of calls via recording or other means, and compliance with standards and emergencies including but not limited to hurricane-related evacuations. The MCO shall submit these telephone help line policies and procedures, including performance standards, to DHH for written approval prior to implementation of any policies. This must include a capability to track and report information on each call. The MCO call center must have the capability to produce an electronic record to document a synopsis of all calls. The tracking shall include sufficient information to meet the reporting requirements.	Met This is addressed in the following documents: P/P Member Services Functions; page 6 Telephonic Access Guidelines; page 5 P/P Call Monitoring; page 2 Reviewer comment: Language does not specifically identify Hurricanes	Call Monitoring Customer Inquiry Logs Member Services Functions NCC Provider Service Functions Telephonic Access Guidelines	Full Document Full document Full Document Full Document Full Document	Pages 1-3 Pages 1-2 All Pages All Pages All Pages
12.15.7	The MCO shall develop call center quality criteria and protocols to measure and monitor the accuracy of responses and phone etiquette as it relates to the toll-free telephone line. The MCO shall submit call center quality criteria and protocols to DHH for review and approval annually.	Met Addressed in National Customer Care (NCC) Toll-Free Phone Line P/P; page 2, and Telephonic Access Guidelines; page 5.	Telephone Access Guidelines National Customer Care (NCC) Toll-Free Phone Line Member Services Staff Training Medical Services Staffing – Clinical Associates – Call Centers;	Procedures Section 3 Full Document Full Document	Pages 1-5 Page 2 All Pages All Pages
12.16 ACD System					

Contract RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
12.16	The MCO shall install, operate and monitor an automated call distribution (ACD) system for the customer service telephone call center. The ACD system shall:	Met This is addressed in Telephonic and Voicemail Service P/P; pages 3-4.	Call Monitoring Customer Inquiry Logs Member Services Functions NCC Provider Service Functions Telephonic Access Guidelines	Full Document Full document Full Document Full Document Full Document	Pages 1-3 Pages 1-2 All Pages All Pages All Pages
12.16.1.	Effectively manage all calls received and assign incoming calls to available staff in an efficient manner;	Met This is addressed in Telephonic and Voicemail Service P/P; pages 3-4.	Call Monitoring Customer Inquiry Logs Member Services Functions NCC Provider Service Functions Telephonic Access Guidelines	Full Document Full document Full Document Full Document Full Document	Pages 1-3 Pages 1-2 All Pages All Pages All Pages
12.16.2	Transfer calls to other telephone lines;	Met This is addressed in Telephonic and Voicemail Service P/P; pages 3-4.	Call Monitoring Customer Inquiry Logs Member Services Functions NCC Provider Service Functions Telephonic Access Guidelines	Full Document Full document Full Document Full Document Full Document	Pages 1-3 Pages 1-2 All Pages All Pages All Pages
12.16.3.	Provide detailed analysis as required for the reporting requirements, as specified, including the quantity, length and types of calls received, elapsed time before the calls are answered, the number of calls transferred or referred; abandonment rate; wait	Met This is addressed in Telephonic and Voicemail Service P/P; pages 3-4.	Call Monitoring Customer Inquiry Logs Member Services Functions NCC Provider Service Functions	Full Document Full document Full Document Full Document	Pages 1-3 Pages 1-2 All Pages All Pages

Contract RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	time; busy rate; response time; and call volume;		Telephonic Access Guidelines	Full Document	All Pages
12.16.4.	Provide a message that notifies callers that the call may be monitored for quality control purposes;	Met This is addressed in Telephonic and Voicemail Service P/P; pages 3-4.	Telephonic and Voicemail Service	Section 7	Pages 3-4
12.16.5	Measure the number of calls in the queue ;	Met This is addressed in Telephonic and Voicemail Service P/P; pages 3-4.	Telephonic and Voicemail Service	Section 7	Pages 3-4
12.16.6	Measure the length of time callers are on hold;	Met This is addressed in Telephonic and Voicemail Service P/P; pages 3-4.	Telephonic and Voicemail Service	Section 7	Pages 3-4
12.16.7	Measure the total number of calls and average calls handled per day/week/month;	Met This is addressed in Telephonic and Voicemail Service P/P; pages 3-4.	Telephonic and Voicemail Service	Section 7	Pages 3-4
12.16.8	Measure the average hours of use per day;	Met This is addressed in Telephonic and Voicemail Service P/P; pages 3-4.	Telephonic and Voicemail Service	Section 7	Pages 3-4
12.16.9	Assess the busiest times and days by number of calls;	Met This is addressed in Telephonic and Voicemail Service P/P; pages 3-4.	Telephonic and Voicemail Service	Section 7	Pages 3-4
12.16.10	Record calls to assess whether answered accurately;	Met This is addressed in Telephonic Access Guidelines; page 5, and the Call Monitoring P/P.	Telephone Access Guidelines Call Monitoring	Exceptions – Louisiana Full Document	Page 5 All Pages
12.16.11	Provide a backup telephone system that shall operate in the event of line trouble, emergency situations including natural disasters, or other problems so that access to the telephone lines are not disrupted;	Met This is addressed in National Customer Care (NCC) Toll-Free Phone Line P/P; page 3.	National Customer Care (NCC) Toll-Free Phone Line	Section 5	Page 3
12.16.12	Provide interactive voice response (IVR) options that are user-friendly to members and include a decision tree illustrating IVR system; and	Met This is addressed in Telephonic Access Guidelines P/P; page 5.	National Customer Care (NCC) Toll-Free Phone Line	Procedures – Section 2	Pages 1-2
12.16.13	Inform the member to dial 911 if	Met	National Customer Care	Section 2	Page 2

Contract RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	there is an emergency.	This is addressed in National Customer Care (NCC) Toll-Free Phone Line P/P; page 3.	(NCC) Toll-Free Phone Line		
12.16.14	Call Center Performance Standards				
12.16.14.1	Answer ninety-five (95) percent of calls within thirty (30) seconds or direct the call to an automatic call pickup system with IVR options;	Met This is addressed in Telephonic Access Guidelines P/P; page 5.	Telephonic Access Guidelines	Section 8 – Louisiana Call Metrics	Page 5
12.16.14.2	No more than one percent (1%) of incoming calls receive a busy signal;	Met This is addressed in Telephonic Access Guidelines P/P; page 5.	Telephonic Access Guidelines	Section 8 – Louisiana Call Metrics	Page 5
12.16.14.3	Maintain an average hold time of three (3) minutes or less;	Met This is addressed in Telephonic Access Guidelines P/P; page 5.	Telephonic Access Guidelines	Section 8 – Louisiana Call Metrics	Page 5
12.16.14.4	Maintain abandoned rate of calls of not more than five (5) percent.	Met This is addressed in Telephonic Access Guidelines P/P; page 5.	Telephonic Access Guidelines	Section 8 – Louisiana Call Metrics	Page 5
12.16.14.4.1.	The MCO must conduct ongoing quality assurance to ensure these standards are met.	Met This is addressed in Telephonic Access Guidelines P/P; page 5.	Telephonic Access Guidelines	Section 8 – Louisiana Call Metrics	Page 5
12.16.14.4.2.	If DHH determines that it is necessary to conduct onsite monitoring of the MCO's member call center functions, the MCO is responsible for all reasonable costs incurred by DHH or its authorized agent(s) relating to such monitoring.	Met This is addressed in Telephonic Access Guidelines P/P; page 5.	Telephonic Access Guidelines	Section 8 – Louisiana Call Metrics	Page 5
12.16.15	Members' Rights and Responsibilities				
12.16.15.1	The MCO shall have written policies regarding member rights and responsibilities. The MCO shall comply with all applicable state and federal laws pertaining to member rights and privacy. The MCO shall further ensure that the MCO's employees, contractors and MCO providers consider and	Met This is addressed in the LA Member Handbook.	LA Member Handbook	Your Rights and Responsibilities	Page 49-52

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	respect those rights when providing services to members.				
12.15.2	Members Rights - 2.16.3.1. The rights afforded to current members are detailed in Appendix AA, Members' Bill of Rights.	Met This is addressed in the LA Member Handbook; pages 49-52. Reviewed Appendix AA, members Bill of Rights	LA Member Handbook	Your Rights and Responsibilities	Pages 49-52
12.16.16	Member Responsibilities				
12.16.16.1	The MCO shall encourage each member to be responsible for his own health care by becoming an informed and active participant in their care. Members have the responsibility to cooperate fully with providers in following mutually acceptable courses of treatment, providing accurate medical and personal histories, and being present at scheduled appointments and reporting on treatment progress, such as notifying their health care provider promptly if serious side effects and complications occur, and/or worsening of the condition arises.	Met This is addressed in the LA Member Handbook; pages 49-51.	LA Member Handbook	Your Rights and Responsibilities	Pages 49-52
12.16.16.2	The MCO members' responsibilities shall include but are not limited to: <ul style="list-style-type: none"> • Informing the MCO of the loss or theft of their ID card; • Presenting their MCO ID card when using health care services; • Being familiar with the 	Met This is addressed in the LA Member Handbook; pages 51-52	LA Member Handbook	Your Rights and Responsibilities	Pages 49-52

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	<p>MCO procedures to the best of the member's abilities;</p> <ul style="list-style-type: none"> • Calling or contacting the MCO to obtain information and have questions answered; • Providing participating network providers with accurate and complete medical information; • Asking questions of providers to determine the potential risks, benefits and costs of treatment alternatives and following the prescribed treatment of care recommended by the provider or letting the provider know the reasons the treatment cannot be followed, as soon as possible; • Living healthy lifestyles and avoiding behaviors know to be detrimental to their health; • Following the grievance process established by the MCO if they have a disagreement with a provider; and • Making every effort to keep any agreed upon appointments, and follow-up appointments; and accessing preventive care services, and contacting the provider in advance 				

Contract RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	if unable to keep the appointment.				
12.17	Notice to Members of Provider Termination				
12.17.1	The MCO shall make a good faith effort to give written notice of a provider's termination to each member who received their primary care from, or was seen on a regular basis by the terminated provider. When timely notice from the provider is received, the notice to the member shall be provided within fifteen (15) calendar days of the receipt of the termination notice from the provider	Met This is addressed in the P/P Provider Terminations - Primary Care Provider, Specialist and Hospital; page 3.	Provider Terminations - Primary Care Provider, Specialist and Hospital	LA Section	Page 3
12.17.2	The MCO shall provide notice to a member, who has been receiving a prior authorized course of treatment, when the treating provider becomes unavailable. The written notice shall be provided within ten (10) calendar days from the date the MCO becomes aware of such, if it is prior to the change occurring. Failure to provide notice prior to the dates of termination will be allowed when a provider becomes unable to care for members due to illness, a provider dies, the provider moves from the service area and fails to notify the MCO, or when a provider fails credentialing or is displaced as a result of a natural or man-made disaster. Under these circumstances, notice shall be issued immediately upon the MCO becoming aware of the circumstances.	Met This is addressed in the P/P Provider Terminations - Primary Care Provider, Specialist and Hospital; page 3.	Provider Terminations - Primary Care Provider, Specialist and Hospital	LA Section	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)
12.18	Oral and Written Interpretation Services				
12.18.1	In accordance with 42 CFR §438.10(b)(1) DHH shall provide on its website the prevalent non-English language spoken by enrollees in the state.				
12.18.2	The MCO must make real-time oral interpretation services available free of charge to each potential enrollee and enrollee. This applies to all non-English languages not just those that Louisiana specifically requires (Spanish). The enrollee is not to be charged for interpretation services. The MCO must notify its enrollees that oral interpretation is available for any language and written information is available in Spanish and how to access those services. On materials where this information is provided, the notation should be written in both Spanish.	Met This is addressed in Linguistic Services P/P; pages 1-3, and the 2015 Marketing Plan; page 13.	Linguistic Services LA Marketing Plan	Procedures Section 6.5	Pages 1-3 Page 13
12.18.3	The MCO shall ensure that translation services are provided for written marketing and member education materials for any language that is spoken as a primary language for four percent (4%) or more enrollee or potential enrollees of an MCO.. Within ninety (90) calendar days of notice from DHH, materials must be translated and made available. Materials must be made available at no charge in that specific language to assure a reasonable chance for all members to understand how to access the	Met This is addressed in the 2015 Marketing Plan; page 13, and the Cultural Competency P/P; page 3	Linguistic Services Cultural Competency LA Marketing Plan	Procedures LA Exceptions Section 6.5	Pages 1-3 Page 3 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)
	MCO and use services appropriately as specified in 42 CFR §438.10(c) (4) and (5).				