

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
12.11	Member Education – Required Materials and Services				
12.11	The MCO shall ensure all materials and services do not discriminate against Medicaid MCO members on the basis of their health history, health status or need for health care services. This applies to enrollment, re-enrollment or disenrollment materials and processes from the MCO.	Met This requirement is addressed in LA.MRKT.11 Member Education Requirements; page 1, and LA.ELIG.01 Eligibility Guidelines; page 7.	LA.MRKT.11 Member Education Requirements LA.ELIG.01_Eligibility_Guidelines.docx	12.11 P/P Eligibility Guidelines	1 Pg 7
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 file a grievance and appeal.	Met This requirement is addressed in the following documents: LA.MRKT.11 Member Education Requirements; page 1 LA MBRS 01_INITIAL_MEMBER_EDUCATION; pages 2 & 3. Member Handbook: Page 26-Choosing PCP & types of providers as PCP Page 42-Emergency care Page 45-Grievance process Page 47-Filing appeals	LA.MRKT.11 Member Education Requirements LA MBRS 01_INITIAL_MEMBER_EDUCATION.DOCX Member_Handbook.docx	12.11.1.1 Primary Care Provider Responsibilities, How to Obtain Healthcare, Urgent Care After Hours, Emergency Care, Member Grievance Process, How to File an Appeal	1 2, 3 26, 42, 45, 47
12.11.1.2	The MCO shall identify and educate members who access the system inappropriately and provide continuing education as needed	Met This requirement is addressed in the following documents: LA.MRKT.11 Member Education Requirements; page 1 Member Handbook page 50 warns members that if members become aware of activities against DHH guidelines, they should fill out a DHH Marketing Complaint Form and it will be investigated.	LA.MRKT.11 Member Education Requirements Member_Handbook.docx	12.11.1.2 Waste, Abuse and Fraud Program	1 50
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 requirement is addressed in LA.MRKT.11 Member Education Requirements; page 1.	LA.MRKT.11 Member Education Requirements	12.11.1.3	1

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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 requirement is addressed in LA.MRKT.11 Member Education Requirements; page 1.	LA.MRKT.11 Member Education Requirements LA MBRS 01_Initial_Member_Education.docx	12.11.1.4 Procedure	1 2
12.11.1.5	The MCO shall submit a copy of the procedures to be used to contact MCO members for initial member education to DHH for approval within thirty (30) days following the date the Contract is signed. These procedures shall adhere to the enrollment process and procedures outlined in this RFP and the Contract.	Met This requirement is addressed in LA.MRKT.11 Member Education Requirements; page 1.	LA.MRKT.11 Member Education Requirements	12.11.1.5	2
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 requirement is addressed in LA.MRKT.11 Member Education Requirements; page 2.	LA.MRKT.11 Member Education Requirements Member_Handbook.docx New Member Welcome Call Script.docx	12.11.1.6 Choosing a Doctor Verify PCP	2 26 2
12.11.2					
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 This requirement is addressed in LA.MRKT.11 Member Education Requirements; page 2.	LA.MRKT.11 Member Education Requirements	12.11.3	2
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 requirement is addressed in LA.MRKT.11 Member Education Requirements; page 2.	LA.MRKT.11 Member Education Requirements	12.11.3.1.1	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 requirement is addressed in LA.MRKT.11 Member Education Requirements; page 2.	LA.MRKT.11 Member Education Requirements	12.11.3.1.2	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 requirement is addressed in LA.MRKT.11 Member Education Requirements; page 2 and 12.0A Marketing/2015 Member Education Plan; page 10.	LA.MRKT.11 Member Education Requirements 12.0A Marketing/2015 Member Education Plan.docx	12.11.3.1.3 Welcome Packets	2 10
12.11.3.1.3	A Member Handbook and/or Welcome Member Newsletter;	Met This requirement is addressed in LA.MRKT.11 Member Education Requirements; page 2 and 12.0A Marketing/2015 Member Education Plan; page 13.	LA.MRKT.11 Member Education Requirements /12.0A Marketing/2015 Member Education Plan.docx	12.11.3.1.3 Welcome Newsletter	2 13
12.11.3.1.3.	The MCO Member ID Card (if not mailed under a separate mailing);	Met This requirement is addressed in LA.MRKT.11 Member Education Requirements; page 2 and 12.0A Marketing/2015 Member Education Plan; page 11.	LA.MRKT.11 Member Education Requirements /12.0A Marketing/2015 Member Education Plan.docx	12.11.3.1.3. Member Welcome Letter & ID Card	2 11
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 requirement is addressed in LA.MRKT.11 Member Education Requirements; page 3, and 12.0A Marketing/2015 Member Education Plan; page 11.	LA.MRKT.11 Member Education Requirements /12.0A Marketing/2015 Member Education Plan.docx	12.11.3.1.3 Member Welcome Letter & ID Card	2 11
12.11.3.1.3.	A current Provider Directory when specifically requested by the member (also must be available in searchable format on-line).	Met This requirement is addressed in LA.MRKT.11 Member Education Requirements; page 3, and 12.0A Marketing/2015 Member Education Plan; page 14.	LA.MRKT.11 Member Education Requirements /12.0A Marketing/2015 Member Education Plan.docx	12.11.3.1.3. Provider Directory	2 14
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 This requirement is addressed in LA.MRKT.11 Member Education Requirements; page 3, and the Member Handbook; page 13 & 18.	LA.MRKT.11 Member Education Requirements Member_Handbook.docx	12.11.3.1.5 Your Benefits, Newborn Enrollment	3 18, 13
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 This requirement is addressed in LA.MRKT.11 Member Education Requirements; page 3.	LA.MRKT.11 Member Education Requirements	12.11.3.2.1	3
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 requirement is addressed in LA.MRKT.11 Member Education Requirements; page 3, and the	LA.MRKT.11 Member Education Requirements	12.11.3.2.2 Verify PCP	3 2

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		New Member Welcome Call Script; page 2.	New Member Welcome Call Script.docx		
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 requirement is addressed in LA.MRKT.11 Member Education Requirements; page 3.	LA.MRKT.11 Member Education Requirements	12.11.3.2.3	3
12.11.3.2.3	A brief explanation of the program;	Met This requirement is addressed in the New Member Welcome Call Script; page 1.	New Member Welcome Call Script.docx	Program	1
12.11.3.2.3	Statement of confidentiality;	Met This requirement is addressed in the New Member Welcome Call Script; page 1.	New Member Welcome Call Script.docx	Confidentiality	1
12.11.3.2.3.	The availability of oral interpretation and written translation services and how to obtain them free of charge;	Met This requirement is addressed in the New Member Welcome Call Script; page 1.	New Member Welcome Call Script.docx	Translation Services	1
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 requirement is addressed in the New Member Welcome Call Script; page 2.	New Member Welcome Call Script.docx	Verify PCP	2
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 requirement is addressed in the following documents: New Member Welcome Call Script; page 2, LA.CM.01.03 (Health Risk Screening); page 1 and the Member Handbook; page 70-71.	New Member Welcome Call Script.docx LA.CM.01.03 (Health Risk Screening) Member_Handbook.docx	LA.CM.01.03 Member Handbook	1 70-71
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 requirement is addressed in LA.MRKT.11 Member Education Requirements; page 4.	LA.MRKT.11 Member Education Requirements New Member Welcome Call Script.docx	12.11.3.2.4 Member Packet	3 1
12.12	MCO Member Handbook				
12.12.1	The MCO shall develop and maintain a member handbook that adheres to the requirements in 42 CFR §438.10 (f)(6).	Met This requirement is addressed in LA.MRKT.12 Member Handbook; page 1.	LA.MRKT.12 Member Handbook.docx	12.12.1	1

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12.12.2	Member handbook shall include the following information:	Met This requirement is addressed in LA.MRKT.12 Member Handbook; page 1.	LA.MRKT.12 Member Handbook.docx	12.12.2	1
12.12.2.1	Table of contents;	Met This requirement is addressed in LA.MRKT.12 Member Handbook; page 1.	Member_Handbook.docx	Table of Contents	1
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 requirement is addressed in the following documents: Member Handbook; page 4 Member R & Rs, Member R & Rs; pages 52 & 53 Appropriate use of services, Urgent Care/Emergency Care, page 29 PCP selection, page 26 PCP role as coordinator, PCP Responsibilities; page 27	Member_Handbook.docx	Welcome, Member Rights, Member Responsibilities, Urgent Care After Hours / Emergency Care, Choosing a PCP, PCP Responsibilities	4, 27, 28, 44, 53, 54
12.12.2.3	Member's right to disenroll from MCO;	Met This requirement is addressed in the Member Handbook; pages 12, 10, 13.	Member_Handbook.docx	Disenrollment	4, 13, 51
12.12.2.4	Member's right to change providers within the MCO;	Met This requirement is addressed in the Member Handbook; pages 74-75 (PCP change form), 7 (Member portal).	Member_Handbook.docx	Member Rights	53
12.12.2.5	Any restrictions on the member's freedom of choice among MCO providers;	Met This requirement is addressed in the Member Handbook; page 41.	Member_Handbook.docx	Referrals	42
12.12.2.6	Member's rights and protections, as specified in 42 CFR §438.100 and this RFP;	Met This requirement is addressed in the Member Handbook; page 52.	Member_Handbook.docx	Member Rights	53
12.12.2.7	The amount, duration, and scope of benefits available to the member under the contract between the MCO and DHH in sufficient detail to ensure that members understand the benefits to which they are entitled and information about health education and promotion programs, including chronic care management;	Met This requirement is addressed in the Member Handbook; pages 18-20.	Member_Handbook.docx	Benefits	18
12.12.2.8	Procedures for obtaining benefits, including prior authorization requirements;	Met This requirement is addressed in the Member Handbook; pages 18-20, 39-40.	Member_Handbook.docx	Benefits, Medically Necessary Services, Prior Authorizations for Services	18, 40

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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 requirement is addressed in the Member Handbook; pages 14-15.	Member_Handbook.docx	Your Member ID Card	15
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 requirement is addressed in the Member Handbook; pages 33, 41 & 21.	Member_Handbook.docx	Family Planning Services, Behavioral Health Services	34, 22
12.12.2.11	The extent to which, and how, after-hours and emergency coverage are provided, including: <ul style="list-style-type: none"> • What constitutes an emergency medical condition, emergency services, and post-stabilization services, as defined in 42 CFR §438.114(a); • That prior authorization is not required for emergency services; • The process and procedures for obtaining emergency services, including use of the 911-telephone system or its local equivalent; • The locations of any emergency settings and other locations at which providers and 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. 	Met This requirement is addressed in the Member Handbook: After hours; page 42 ER Care; page 42 Out of Network ER; page 43 Post Stabilization; page 43 911; page 43 Out of Network; page 43 PA; page 43	Member_Handbook.docx	Urgent Care After Hours, Emergency Care, Out of Network ER Services, Post Stabilization Services	42, 43, 44
12.12.2.12	The post-stabilization care services rules set forth in 42 CFR 422.113(c);	Met This requirement is addressed in the Member Handbook; page 43.	Member_Handbook.docx	Post Stabilization Services	44
12.12.2.13	Policy on referrals for specialty care, including specialized behavioral health services and for other benefits not furnished by the member's PCP;	Met This requirement is addressed in the Member Handbook; page 21	Member_Handbook.docx	Behavioral Health Services	22
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 requirement is addressed in the Member Handbook; page 17 & 26	Member_Handbook.docx	Medicaid Covered Services	26
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 requirement is addressed in the Member Handbook; page 52	Member_Handbook.docx	Member Rights	53

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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 requirement is addressed in LA MRKT 12.12.2.16; page 3	n/a – LHCC does not have moral or religious objections to any services	n/a	n/a
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 requirement is addressed in the Member Handbook; pages 45-49.	Member_Handbook.docx	Member Grievances Process, How to File an Appeal, State Fair Hearing for Appeals	46, 48, 49
12.12.2.18	<p>Grievance, appeal and fair hearing procedures that include the following:</p> <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 that the member can use to file a grievance or an appeal by phone; • The fact that, when requested by the member: Benefits will continue if the member files an appeal or a request for State Fair Hearing within the timeframes specified for filing; and the member may be required to pay the cost of services furnished while the appeal is pending, if the final decision is adverse to the member; • In a State Fair Hearing, the Division of Administrative Law shall make the recommendation to the Secretary of the DHH who has final authority to determine whether services must be provided. 	Met This requirement is addressed in the Member Handbook; pages 45-49.	Member_Handbook.docx	Member Grievances Process, How to File an Appeal, State Fair Hearing for Appeals	46, 48, 49
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 	Met This requirement is addressed in the Member Handbook; page 54.	Member_Handbook.docx	Advanced Directives	55

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	<p>law, including the right to accept or refuse medical, surgical, or behavioral health treatment and the right to formulate advance directives; any changes in law shall be reflected in the member handbook as soon as possible, but no later than ninety (90) calendar days after the effective date of the change;</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	Information to call the Medicaid Customer Service Unit toll free hotline, go to Louisiana Medicaid website at www.medicaid.la.gov ,or visit a local Medicaid eligibility office to report if family size, living arrangements, parish of residence, or mailing address changes;	Met This requirement is addressed in the Member Handbook; page 11	Member_Handbook.docx	Major Life Changes	12
12.12.2.21	How to make, change and cancel medical appointments and the importance of canceling and/or rescheduling rather than being a “no show”;	Met This requirement is addressed in the Member Handbook; page 27. Auditor recommendation: This is an opportunity to educate members about the importance of not being a “no show”.	Member_Handbook.docx	Making an Appointment with Your Primary Care Provider	28
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 requirement is addressed in the Member Handbook; page 8	Member_Handbook.docx	Member Services	9
12.12.2.23	How to obtain emergency and non-emergency medical transportation;	Met This requirement is addressed in the Member Handbook; page 44.	Member_Handbook.docx	Emergency Transportation Services, Non-Emergency Transportation Services	45
12.12.2.24	Information about Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services;	Met This requirement is addressed in the Member Handbook; page 21.	Member_Handbook.docx	EPSDT/Well-Child Check-Up	22

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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 an auto accident;	Met This requirement is addressed in the Member Handbook; page 51.	Member_Handbook.docx	Accidental Injury or Illness	52
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 requirement is addressed in the Member Handbook; page 51.	Member_Handbook.docx	Other Insurance	52
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 requirement is addressed in the Member Handbook; page 14.	Member_Handbook.docx	Member Responsibilities, Your Member ID Card	15, 54
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 requirement is addressed in the Member Handbook; page 5.	Member_Handbook.docx	Other Available Formats	5
12.12.2.29	Information on the member's right to a second opinion at no cost and how to obtain it;	Met This requirement is addressed in the Member Handbook; page 40.	Member_Handbook.docx	Second Medical Opinion	41
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 requirement is addressed in the Member Handbook; page 50.	Member_Handbook.docx	Waste, Abuse and Fraud Program	51
12.12.2.31	Any additional text provided to the MCO by DHH or deemed essential by the MCO;	Met This requirement is addressed in the Member Handbook; page 50.			
12.12.2.32	The date of the last revision;	Met This requirement is addressed in the Member Handbook; page 3.	Member_Handbook.docx	Table of Contents	4
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 requirement is addressed in the Member Handbook; pages 50 & 52.	Member_Handbook.docx	Member Rights, Reporting Alleged Marketing Violations	51, 53

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12.12.2.36	MCO Welcome Newsletter				
12.12.2.36.1	Should the MCO elect not to provide a Member Handbook hard copy at the time of sending the welcome packet for new members, the MCO shall develop and maintain a welcome newsletter that adheres to the requirements in 42 CFR §438.10.	Met This requirement is addressed in LA.MRKT.12 Member Handbook; page 5.	LA.MRKT.12 Member Handbook.docx	12.12.2.36.1	1
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 This requirement is addressed in LA.MRKT.12 Member Handbook; pages 5-6.	LA.MRKT.12 Member Handbook.docx	12.12.2.36.2	1
12.12.2.36.3	<p>At a minimum, the welcome member newsletter shall include the following information:</p> <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, Reporting suspected Fraud and Abuse, Pharmacy Benefit Manager, and Transportation; • Tobacco Cessation information with a website link to tobacco education and prevention program; • Information on how to search for providers and how to obtain, at no charge, a directory of providers; • Information on what to do if a member is billed, and under what circumstances a member may be billed for non-covered services; • How to file a complaint; 	Met This requirement is addressed in the Member Welcome Newsletter; pages 2-9.	Member_Welcome_Newsletter.docx		2-8

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	<ul style="list-style-type: none"> • What to do in case of an emergency, information on proper emergency service utilization, and the right to obtain emergency services at any hospital or other ED facility, in or out of network; • Description of fraud, waste, and abuse, including instruction on how to report suspected fraud, waste, and abuse; • Right to be treated fairly regardless of race, religion, gender, age, and ability to pay; • Right to request a medical record copy and/or inspect medical records at no cost; • How to access afterhours care; • How to change Health Plans; • Instructions on changing your PCP; • Instructions where to find detailed listing of covered benefits; and • 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 requirement is addressed in the LA.MRKT.13 Member ID Cards; page 1, and the Member ID Card Welcome Letter; card images included.	LA.MRKT.13 Member ID Cards Member_ID_Card_Welcome_Letter.pdf Note: Front and back image of Member ID Card on bottom of pages 1 and 2.	12.13.1	1 1-2
12.13.2	A DHH issued ID card to all Medicaid eligibles, including MCO members. This card is not proof of eligibility, but can be used for accessing the state's electronic eligibility verification systems by MCO providers. These systems will contain the most current information available to DHH, including specific information regarding MCO enrollment. There will be no MCO specific information printed on the card. The MCO member will need to show this card to access Medicaid services not included in the MCO core benefits and services.	Met This requirement is addressed in the LA.MRKT.13 Member ID Cards; page 1, and the Member ID Card Welcome Letter; card images included.	LA.MRKT.13 Member ID Cards Member_ID_Card_Welcome_Letter.pdf Note: Front and back image of Member ID Card on bottom of pages 1 and 2.	12.13.2	1 1-2

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12.13.3	<p>An MCO issued member ID card that contains information specific to the MCO. The members ID card shall at a minimum include, but not be limited to the following:</p> <ul style="list-style-type: none"> • The member's name and date of birth; • The MCO's name and address; • Instructions for emergencies; • The PCP's name, address and telephone numbers (including after-hours number, if different from business hours number); • Name and contact number for the Louisiana Behavioral Health Partnership; and • The toll-free number(s) for: 24-hour Member Services and Filing Grievances, Provider Services and Prior Authorization and Reporting Medicaid Fraud (1-800-488-2917) 	<p>Met This requirement is addressed in the LA.MRKT.13 Member ID Cards; page 1, and the Member ID Card Welcome Letter; card images included.</p>	<p>LA.MRKT.13 Member ID Cards Member_ID_Card_Welcome_Letter.pdf Note: image of card located on bottom of page 1 &2, reflecting front and back. Member specific information (name, DOB, address, PCP name, PCP address, PCP contact information) will appear on the front side.</p>	12.13.3	1 1-2
12.13.3.1	<p>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.</p>	<p>Met This requirement is addressed in the LA.MRKT.13 Member ID Cards; page 1, and the Member ID Card Welcome Letter; card images included.</p>	<p>LA.MRKT.13 Member ID Cards Member_ID_Card_Welcome_Letter.pdf Note: Front and back image of Member ID Card on bottom of pages 1 and 2.</p>	12.13.3.1	1 1-2
12.13.3.2	<p>The card will be issued without the PCP information if no PCP selection has been made on the date of the mailing.</p>	<p>Met This requirement is addressed in the LA.MRKT.13 Member ID Cards; page 2, and the Member ID Card Welcome Letter; card images included.</p>	<p>LA.MRKT.13 Member ID Cards Member_ID_Card_Welcome_Letter.pdf Note: Front and back image of Member ID Card on bottom of pages 1 and 2.</p>	12.13.3.2	2 1-2
12.13.3.3	<p>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.</p>	<p>Met This requirement is addressed in the LA.MRKT.13 Member ID Cards; page 2, and the Member ID Card Welcome Letter; card images included.</p>	<p>LA.MRKT.13 Member ID Cards Member_ID_Card_Welcome_Letter.pdf Note: Front and back image of Member ID Card on bottom of pages 1 and 2.</p>	12.13.3.3	2 1-2

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
12.13.3.4	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 requirement is addressed in the LA.MRKT.13 Member ID Cards; page 2, and the Member ID Card Welcome Letter; card images included.	LA.MRKT.13 Member ID Cards Member_ID_Card_Welcome_Letter.pdf Note: Front and back image of Member ID Card on bottom of pages 1 and 2.	12.13.3.4	2 1-2
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 requirement is addressed in the LA.MRKT.13 Member ID Cards; page 2, and the Member ID Card Welcome Letter; card images included.	LA.MRKT.13 Member ID Cards Member_ID_Card_Welcome_Letter.pdf Note: Front and back image of Member ID Card on bottom of pages 1 and 2.	12.13.3.5	2 1-2
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 requirement is addressed in the LA.MRKT.13 Member ID Cards; page 2.	LA.MRKT.13 Member ID Cards Member_ID_Card_Welcome_Letter.pdf Note: Front and back image of Member ID Card on bottom of pages 1 and 2.	12.13.3.6	2 1-2
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 requirement is addressed in the LA.MRKT.13 Member ID Cards; page 2, and the Member ID Card Welcome Letter; card images include Rx information.	LA.MRKT.13 Member ID Cards Member_ID_Card_Welcome_Letter.pdf Note: Front and back image of Member ID Card on bottom of pages 1 and 2.	12.13.4.1	2 1-2
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 requirement is addressed in the LA.MRKT.13 Member ID Cards; page 2, and the Member ID Card Welcome Letter; card images include Rx information.	LA.MRKT.13 Member ID Cards Member_ID_Card_Welcome_Letter.pdf Note: Front and back image of Member ID Card on bottom of pages 1 and 2.	12.13.4.1.1	2 1-2

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
12.13.4.1.2	<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 requirement is addressed in the LA.MRKT.13 Member ID Cards; page 2, and the Member ID Card Welcome Letter; card images include Rx information.</p>	<p>LA.MRKT.13 Member ID Cards Member_ID_Card_Welcome_Letter.pdf Note: Front and back image of Member ID Card on bottom of pages 1 and 2.</p>	<p>12.13.4.1.2</p>	<p>2 1-2</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 requirement is addressed in the LA.MRKT.13 Member ID Cards; page 2, and the Member ID Card Welcome Letter; card images include Rx information.</p>	<p>LA.MRKT.13 Member ID Cards Member_ID_Card_Welcome_Letter.pdf Note: Front and back image of Member ID Card on bottom of pages 1 and 2.</p>	<p>12.13.4.1.3</p>	<p>3 1-2</p>
12.13.4.1.4	<p>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.</p>	<p>Met This requirement is addressed in the LA.MRKT.13 Member ID Cards; page 2, and the Member ID Card Welcome Letter; card images include Rx information.</p>	<p>LA.MRKT.13 Member ID Cards Member_ID_Card_Welcome_Letter.pdf Note: Front and back image of Member ID Card on bottom of pages 1 and 2.</p>	<p>12.13.4.1.4</p>	<p>3 1-2</p>
12.13.4.1.5	<p>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.</p>	<p>Met This requirement is addressed in the LA.MRKT.13 Member ID Cards; page 2, and the Member ID Card Welcome Letter; card images include Rx information.</p>	<p>LA.MRKT.13 Member ID Cards Member_ID_Card_Welcome_Letter.pdf Note: Front and back image of Member ID Card on bottom of pages 1 and 2.</p>	<p>12.13.4.1.5</p>	<p>3 1-2</p>

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
12.14	Provider Directory for Members				
12.14.1	The MCO shall develop and maintain a Provider Directory in four (4) formats:	Met This requirement is addressed in LA MRKT 14 Provider Directory for Members; page 1.	LA_MRKT_14_Provider_Directory_for_Members.docx	12.14.1	1
12.14.1.1.	A hard copy directory for members and upon request, potential members;	Met This requirement is addressed in LA MRKT 14 Provider Directory for Members; page 1, and the Provider Directory Sample Region 1; hard copy of provider directory reviewed.	LA_MRKT_14_Provider_Directory_for_Members.docx Provider_Directory_Sample_Region_1.pdf	12.14.1.1.	1
12.14.1.2.	Web-based, searchable, online directory for members and the public; and	Met This requirement is addressed in LA MRKT 14 Provider Directory for Members; page 1. The reviewer accessed online directory that maps member's location as part of member's provider search.	LA_MRKT_14_Provider_Directory_for_Members.docx http://apps.louisianahealthconnect.com/findadoc/	12.14.1.2.	1
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 requirement is addressed in LA MRKT 14 Provider Directory for Members; page 1. The reviewer accessed Provider Registry link.	LA_MRKT_14_Provider_Directory_for_Members.docx Provider Directory (see LHCC's Provider Registry on Bayou Health's website: https://bayouhealth.com/LASelfService/faces/search.xhtml)	12.14.1.3.	1
12.14.1.4.	Hard copy, abbreviated version for the Enrollment Broker.	Met This requirement is addressed in LA MRKT 14 Provider Directory for Members; page 1.	LA_MRKT_14_Provider_Directory_for_Members.docx Note: Enrollment broker has not requested an abbreviated directory; if they do, we will provide one in the format of their choosing.	12.14.1.4.	1
12.14.2	The MCO shall submit templates of its provider directory to DHH within thirty (30) days from the date the Contract is signed.	Met This requirement is addressed in LA MRKT 14 Provider Directory for Members; page 1.	LA_MRKT_14_Provider_Directory_for_Members.docx	12.14.2	1

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
12.14.3	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 This requirement is addressed in LA MRKT 14 Provider Directory for Members; page 1.	LA_MRKT_14_Provider_Directory_for_Members.docx	12.14.3	1
12.14.4	In accordance with 42 CFR 438.10(f) (6), the provider directory shall include, but not be limited to:	Met This requirement is addressed in LA MRKT 14 Provider Directory for Members; page 1.	LA_MRKT_14_Provider_Directory_for_Members.docx	12.14.4	1
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 requirement is addressed in LA MRKT 14 Provider Directory for Members; page 2, and the UPDATED Provider Directory Sample Region 1	LA_MRKT_14_Provider_Directory_for_Members.docx Provider_Directory_Sample_Region_1.pdf	12.14.4.1	2
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 requirement is addressed in LA MRKT 14 Provider Directory for Members; page 2, and the Provider Directory Sample Region 1.	LA_MRKT_14_Provider_Directory_for_Members.docx Provider_Directory_Sample_Region_1.pdf	12.14.4.2 Table of Contents	2 iii
12.14.4.3	Identification of any restrictions on the enrollee's freedom of choice among network providers; and	Met This requirement is addressed in LA MRKT 14 Provider Directory for Members; page 2.	LA_MRKT_14_Provider_Directory_for_Members.docx Provider_Directory_Sample_Region_1.pdf	12.14.4.3 Hospital Services, Specialists, Emergency Care	2 2
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 requirement is addressed in LA MRKT 14 Provider Directory for Members; page 2, and the Provider Directory Sample Region 1.	LA_MRKT_14_Provider_Directory_for_Members.docx Provider_Directory_Sample_Region_1.pdf	12.14.4.4 Doctor listings, last line shows hours. Page 88 shows example of non-traditional hours.	2 7, 88

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
12.14.5	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 requirement is addressed in LA MRKT 14 Provider Directory for Members; page 2.	n/a	n/a	n/a
12.15	Member Call Center				
12.15.1	The MCO shall maintain a toll-free member service call center, physically located in the United States, with dedicated staff to respond to member questions including, but not limited to, such topics as:	Met This requirement is addressed in LA MSPS 22 Member Services Calls Hotline; page 1/	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	Pg 1
12.15.1.1.	Explanation of MCO policies and procedures;	Met This standard is addressed in LA MSPS 22 Member Services Calls Hotline; page 2.	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	Pg 1 & 2
12.15.1.2.	Prior authorizations;	Met This requirement is addressed in LA MSPS 22 Member Services Calls Hotline; page 1.	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	Pg 1 & 2
12.15.1.3.	Access information;	Met This requirement is addressed in LA MSPS 22 Member Services Calls Hotline; page 1.	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	Pg 1 & 2
12.15.1.4.	Information on PCPs or specialists;	Met This requirement is addressed in LA MSPS 22 Member Services Calls Hotline; page 1.	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	Pg 1 & 2
12.15.1.5.	Referrals to participating specialists;	Met This requirement is addressed in LA MSPS 22 Member Services Calls Hotline; page 1.	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	Pg 1 & 2
12.15.1.6.	Resolution of service and/or medical delivery problems; and	Met This requirement is addressed in LA MSPS 22	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	Pg 1 & 2

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
		Member Services Calls Hotline; page 1.			
12.15.1.7.	Member grievances.	Met This requirement is addressed in LA MSPS 22 Member Services Calls Hotline; page 1.	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	Pg 1 & 2
12.15.2	The toll-free number must be staffed between the hours of 7 a.m. and 7 p.m. Central Time, Monday through Friday, excluding state declared holidays.	Met This requirement is addressed in LA MSPS 22 Member Services Calls Hotline; page 1.	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	1
12.15.3	The toll-free line shall have an automated system, available 24-hours a day, seven-days a week. This automated system must include the capability of providing callers with operating instructions on what to do in case of an emergency and the option to talk directly to a nurse or other clinician or leave a message, including instructions on how to leave a message and when that message will be returned. The MCO must 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 This requirement is addressed in LA MSPS 22 Member Services Calls Hotline; page 1.	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	1
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 This standard is addressed in LA MSPS 22 Member Services Calls Hotline; page 2.	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	3

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
12.15.5	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 requirement is addressed in P/P LA MSPS 22 Member Services Calls Hotline; pages 3 & 4.	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	3
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 requirement is addressed in P/P LA MSPS 22 Member Services Calls Hotline; pages 1 – 4.	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	2&3
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 This requirement is addressed in LA MBRS 24 Call Audit Quality Criteria; pages 1 – 10.	CC_MSPS_40_Call_Center_PIP.docx	Call Center Performance Improvement Plan	1
12.16	ACD System				
12.16	The MCO shall install, operate and monitor an automated call distribution (ACD) system for the customer service telephone call center. The ACD system shall:	Met This requirement is addressed in LA MSPS 22 Member Services Calls Hotline; page 2 Call Distribution System operated by Avaya Call Management System (CMS).	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	2

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
12.16.1.	Effectively manage all calls received and assign incoming calls to available staff in an efficient manner;	Met This requirement is addressed in LA MSPS 22 Member Services Calls Hotline; page 2 addresses their Call Distribution System operated by Avaya Call Management System (CMS). Full Speech IVR utilized to direct callers to appropriate area.	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	2
12.16.2	Transfer calls to other telephone lines;	Met This requirement is addressed in LA MSPS 22 Member Services Calls Hotline; page 2 addresses their Call Distribution System operated by Avaya Call Management System (CMS). Full Speech IVR utilized to direct callers to appropriate area.	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	2,3
12.16.3.	Provide detailed analysis as required for the reporting requirements, as specified, including the quantity, length and types of calls received, elapsed time before the calls are answered, the number of calls transferred or referred; abandonment rate; wait time; busy rate; response time; and call volume;	Met This requirement is addressed in LA MSPS 22 Member Services Calls Hotline; pages 2 & 3.	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	2,3
12.16.4.	Provide a message that notifies callers that the call may be monitored for quality control purposes;	Met This requirement is addressed in LA MSPS 22 Member Services Calls Hotline; page 3.	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	3
12.16.5	Measure the number of calls in the queue ;	Met This requirement is addressed in LA MSPS 22 Call Line PP Member Services Calls Hotline(1); page 3.	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	3
12.16.6	Measure the length of time callers are on hold;	Met This requirement is addressed in LA MSPS 22 Member Services Calls Hotline; page 2.I	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	3
12.16.7	Measure the total number of calls and average calls handled per day/week/month;	Met This requirement is addressed in LA MSPS 22 Call Line PP Member Services Calls Hotline(1); page 3.	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	3
12.16.8	Measure the average hours of use per day;	Met This requirement is addressed in LA MSPS 22 Call Line PP Member Services Calls Hotline(1); page 3.	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	3
12.16.9	Assess the busiest times and days by number of calls;	Met This requirement is addressed in LA MSPS 22 Call Line PP Member Services Calls Hotline(1); page 3.	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	3
12.16.10	Record calls to assess whether answered accurately;	Met This requirement is addressed in LA MSPS 22 Member Services Calls Hotline; page 3.	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	3

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
12.16.11	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 requirement is addressed in LA MSPS 22 Member Services Calls Hotline; page 3.	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	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 requirement is addressed in LA MSPS 22 Member Services Calls Hotline; page 3.	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	2
12.16.13	Inform the member to dial 911 if there is an emergency.	Met This requirement is addressed in LA MSPS 22 Member Services Calls Hotline; page 2.	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	2
12.16.14	Call Center Performance Standards			Member Services Calls/Hotline	
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 requirement is addressed in LA MSPS 22 Member Services Calls Hotline; page 3.	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	3
12.16.14.2	No more than one percent (1%) of incoming calls receive a busy signal;	Met This requirement is addressed in LA MSPS 22 Member Services Calls Hotline; page 3.	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	3
12.16.14.3	Maintain an average hold time of three (3) minutes or less;	Met This requirement is addressed in LA MSPS 22 Member Services Calls Hotline; page 3.	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	3
12.16.14.4	Maintain abandoned rate of calls of not more than five (5) percent.	Met This requirement is addressed in LA MSPS 22 Member Services Calls Hotline; page 3.	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	3
12.16.14.4.1.	The MCO must conduct ongoing quality assurance to ensure these standards are met.	Met This requirement is addressed in LA MSPS 22 Member Services Calls Hotline; page 3.	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	3
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 requirement is addressed in LA MSPS 22 Member Services Calls Hotline; page 4.	LA_MSPS_22_Member_Services_Calls_Hotline.docx	Member Services Calls/Hotline	4
12.16.15	Members' Rights and Responsibilities				

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
12.16.15.1	The MCO shall have written policies regarding member rights and responsibilities. The MCO shall comply with all applicable state and federal laws pertaining to member rights and privacy. The MCO shall further ensure that the MCO's employees, contractors and MCO providers consider and respect those rights when providing services to members.	Met This requirement is addressed in the Member Handbook, page 53, and the Provider Manual; page 49.	Member_Handbook.docx /10 Provider Services/Provider_Manual.docx	Member Rights, Member Responsibilities Rights and Responsibilities	53, 54 48, 49
12.16.15.2	Members Rights - 2.16.3.1. The rights afforded to current members are detailed in Appendix AA, Members' Bill of Rights.	Met This requirement is addressed on page 43 of the Member Handbook.	Member_Handbook.docx /10 Provider Services/Provider_Manual.docx	Member Rights, Member Responsibilities Rights and Responsibilities	53, 54 48,49
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 requirement is addressed in the Member Handbook, page 53, and the Provider Manual; page 49.	Member_Handbook.docx /10 Provider Services/Provider_Manual.docx	Member Responsibilities Rights and Responsibilities	54 49
12.16.16.2	The MCO members' responsibilities shall include but are not limited to: <ul style="list-style-type: none"> • Informing the MCO of the loss or theft of their ID card; • Presenting their MCO ID card when using health care services; • Being familiar with the MCO procedures to the best of the member's abilities; • 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 	Met This requirement is addressed in the Member Handbook, page 54.	LA MBRS 01_Initial_Member_Education.docx Member_Handbook.docx	Initial member Education Member Responsibilities	Pg 2 54

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	<p>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;</p> <ul style="list-style-type: none"> • Living healthy lifestyles and avoiding behaviors know to be detrimental to their health; • Following the grievance process established by the MCO if they have a disagreement with a provider; and • Making every effort to keep any agreed upon appointments, and follow-up appointments; and accessing preventive care services, and contacting the provider in advance if unable to keep the appointment. 				
12.17	Notice to Members of Provider Termination				
12.17.1	<p>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</p>	<p>Met This requirement is addressed in LA MRKT 17 Notice to Members of Provider Termination; page 1, and LA MBRS 27 Member Advisory of Provider Termination; page 1.</p>	<p>LA_MRKT_17_Notice_to_Members_of_Provider_Termination.docx LA_MBRS_27_Member_Advisory_of_Provider_Term.docx</p>	<p>12.17.1 Member Advisory of Provider Termination</p>	<p>1 1</p>
12.17.2	<p>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.</p>	<p>Met This requirement is addressed in LA MRKT 17 Notice to Members of Provider Termination; page 1, and LA MBRS 27 Member Advisory of Provider Termination; page 1.</p>	<p>LA_MRKT_17_Notice_to_Members_of_Provider_Termination.docx LA_MBRS_27_Member_Advisory_of_Provider_Term.docx</p>	<p>12.17.2 Member Advisory of Provider Termination</p>	<p>1 1</p>

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
12.18	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 requirement is addressed in the following documents: LA MRKT 18 Interpretation and Translation Services; page 1 Member Handbook; pages 52 & 53 LA MBRS 01 Initial Member Education; page 1	LA_MRKT_18_ Interpretation_and _Translation_Services.docx Member_Handbook.docx LA MBRS 01_Initial_Member_Education.doc x	12.18.2 Other Formats, Interpreter Services, Member Rights	1 5, 6, 53 1, 2
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 MCO and use services appropriately as specified in 42 CFR §438.10(c) (4) and (5).	Met This requirement is addressed in the following documents: LA MRKT 18 Interpretation and Translation Services; page 1 LA MBRS 01 Initial Member Education; page 1	LA_MRKT_18_ Interpretation_and _Translation_Services.docx LA MBRS 01_Initial_Member_Education.doc x.docx	12.18.3	1 Pg 1