

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy (ies) / Procedure(s) / Document(s) Section(s) / Number(s)	MCO Page Number(s)
14.1	Quality Assessment and Performance Improvement Program (QAPI)				
14.1.1	The MCO shall establish and implement a Quality Assessment and Performance Improvement (QAPI) program, as required by 42 CFR §438.240(a)(1), to:	Met The 2015 QM Program Description and QI Work Plan 2015_Draft address this requirement.	2015 Quality Program and Workplan Louisiana Provider Manual	Entire document	All pages, pg. 29 Pages- 59-63
14.1.1.2.	Objectively and systematically monitor and evaluate the quality and appropriateness of care and services and promote improved patient outcomes through monitoring and evaluation activities;	Met The 2015 QM Program Description and QI Work Plan 2015_Draft address this requirement.	2015 Quality Program and Workplan	2015 QM program	Page 23-31, pg 28
14.1.3.	Incorporate improvement strategies that include, but are not limited to: performance improvement projects; medical record audits; performance measures; Plan-Do-Study-Act cycles or continuous quality improvement activities; member and/or provider surveys; and activities that address health disparities identified through data collection.	Met The 2015 QM Program Description addresses this requirement.	2015 Quality Program and Workplan	2015 QM program	Page 23-31, pg. 33, pg. 8
14.1.4.	Detect underutilization and overutilization of services	Met The 2015 QM Program Description addresses this requirement.	2015 Quality Program and Workplan	2015 QM program	Page 18 Found on pg. 19
14.1.5	The MCO shall establish a quality improvement strategy which includes at least three (3) non-medically indicated procedures for either prior authorization or nonpayment in specific populations. Multiple medical specialty recommendations on appropriate utilization of services can be found at www.choosingwisely.org/ . The strategy will be reviewed and approved by DHH prior to initial implementation and prior to implementation of significant changes, defined as adding or deleting a procedure, to the strategy.	Met The 2015 QM Program Description addresses this requirement.	2015 Quality Program and Workplan	2015 QM program	Page 33 Found on pg. 34
14.1.6	The MCO shall reduce underutilization of services in areas including, but not limited to HIV and Syphilis screening in pregnant women, use of long acting reversible contraceptives and appropriate pain management approaches in patients with sickle cell disease.	Met The 2015_QM_program_description_12-19_-2_pm addresses this requirement.	2015 Quality Program and Workplan	2015 QM program	Page 33

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy (ies) / Procedure(s) / Document(s) Section(s) / Number(s)	MCO Page Number(s)
14.1.7	The MCO shall reduce overutilization of services and medications through policies such as, but not limited to, prior authorization for prescription of ADHD drugs to children younger than seven years of age.	Met The 2015 QM Program Description addresses this requirement.	2015 Quality Program and Workplan	2015 QM program	Page 33 Found on pg. 34
14.1.8.	The MCO shall assess the quality and appropriateness of care furnished to enrollees with special health care needs.	Met The 2015_QM_program_description_12-19_-2_pm addresses this requirement.	2015 Quality Program and Workplan	2015 QM program	Page 34
14.1.9	The MCO shall collect and report on CMS electronic Clinical Quality Measures for all contracted providers participating in the Medicaid HER Incentive Payment Program.	Met The 2015 QM Program Description addresses this requirement.	2015 Quality Program and Workplan	2015 QM program	Page 33
14.1.10	The MCO shall collect data on race, ethnicity, primary language, disability, and geography (i.e., urban/rural). As part of the QAPI program description the MCO shall include the Methodology utilized for collecting the data, as well as any interventions taken to enhance the accuracy of the data collected. The MCO shall have the ability to report all performance measures stratified by race, ethnicity, primary language, disability, and geography at the request of DHH.	Met The 2015_QM_program_description_12-19_-2_pm addresses this requirement.	2015 Quality Program and Workplan	2015 QM program	Page 34
14.1.11	The QAPI Program's written policies and procedures shall address components of effective healthcare management and define processes for ongoing monitoring and evaluation that will promote quality of care. High risk and high volume areas of patient care should receive priority in selection of QAPI activities.	Met The 2015_QM_program_description_12-19_-2_pm addresses this requirement.	2015 Quality Program and Workplan	2015 QM program	Page 34
14.1.12	The QAPI Program shall define and implement improvements in processes that enhance clinical efficiency, provide effective utilization, and focus on improved outcome management achieving the highest level of success.	Met The 2015_QM_program_description_12-19_-2_pm addresses this requirement.	2015 Quality Program and Workplan	2015 QM program	Page 34
14.1.13	The MCO shall submit its QAPI Program description to DHH for written approval by June 30, 2015, and any updates within thirty (30) days.	Met A draft was provided. The MCO intends to submit by Jan 31, 2015.	Agree once the draft is approved via our committee's the plan and workplan will be submitted to state by Jan 31 , 2015	NA	NA

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy (ies) / Procedure(s) / Document(s) Section(s) / Number(s)	MCO Page Number(s)
14.1.14	The MCO's governing body shall oversee and evaluate the impact and effectiveness of the QAPI Program. The role of the MCO's governing body shall include providing strategic direction to the QAPI Program, as well as ensuring the QAPI Program is incorporated into the operations throughout the MCO.	Met The 2015 QM Program Description addresses this requirement.	2015 Quality Program-pg. 9 states that the Board of Directors has delegated responsibility for the oversight of health plan QI activities to the NQOC. Workplan MCO provided "14.1.14 QM_evaluation_narrative" which states that this is addressed in the Quality Program Evaluation.	2015 QM program	Page 23
14.2	QAPI Committee				
14.2.1	The MCO shall form a QAPI Committee that shall, at a minimum include:	Met The 2015 QM Program Description addresses this requirement.	2015 Quality Program and Workplan Pg. 8 shows Quality Improvement Structure Organizational Chart	2015 QM program	Page 9-19
14.2.1.1.	QAPI Committee Members- The MCO Medical Director must serve as either the chairman or co-chairman;	Met The 2015_QM_program_description_12-19_-2_pm on page 17 states that the local Quality Committee is co-chaired by the plan CEO and the Plan CMO, but does not specifically mention the medical director. The Medical Director participates in the QAPI committee	2015 Quality Program and Workplan pg. 9: National Quality Oversight Committee pg. 15-16 Regional Quality Oversight Committee (RQOC) pg. 16 Discusses Health Plan Committees: the Quality Management Committee (QMC) Louisiana Provider Manual pg. 59 discusses the QMC.	2015 QM program	Page 9-19 Page 17
14.2.1.2	The MCO Behavioral Health Director;	Met The 2015_QM_program_description_12-19_-2_pm addresses this requirement.	2015 Quality Program and Workplan	2015 QM program	Page 9-19, Page 17
14.2.1.3.	Appropriate MCO staff representing the various departments of the organization will have membership on the committee; and	Met The 2015 QM Program Description addresses this requirement	2015 Quality Program and Workplan	2015 QM program	Page 9-19
14.2.1.4.	The MCO is encouraged to include a member advocate representative on the QAPI Committee.	Met The 2015 QM Program Description addresses this requirement.	2015 Quality Program and Workplan	2015 QM program	Page 9-19, Pg. 33
14.2.1.5	The MCO shall include a DHH representative on the QAPI Committee.	Met The 2015 QM Program Description addresses this requirement.	2015 Quality Program and Workplan	2015 QM program	Page 33

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy (ies) / Procedure(s) / Document(s) Section(s) / Number(s)	MCO Page Number(s)
14.2.2	QAPI Committee Responsibilities – The committee shall meet on a quarterly basis. Its responsibilities shall include:	Met The 2015 QM Program Description states that it is the responsibility of the QMC to review the work plan at least quarterly. The Louisiana Provider Manual states on pg. 59 that it meets at least quarterly.	2015 Quality Program and Workplan	2015 QM program	Pages 9-19
14.2.2.1.	Direct and review quality improvement (QI) activities;	Met The 2015 QM Program Description addresses this requirement.	2015 Quality Program and Workplan	2015 QM program	Page 25
14.2.2.2.	Assure than QAPI activities are implemented throughout the MCO;	Met The 2015 QM Program Description addresses this requirement.	2015 Quality Program and Workplan	2015 QM program	Page 8
14.2.2.3.	Review and suggest new and or improved QI activities;	Met The 2015 QM Program Description addresses this requirement.	2015 Quality Program and Workplan	2015 QM program	Page 28
14.2.2.4.	Direct task forces/committees to review areas of concern in the provision of healthcare services to members;	Met The 2015 QM Program Description addresses this requirement.	2015 Quality Program and Workplan	2015 QM program	Page 25
14.2.2.5.	Designate evaluation and study design procedures;	Met The 2015 QM Program Description addresses this requirement.	2015 Quality Program and Workplan	2015 QM program	Page 25
14.2.2.6.	Conduct individual PCP and practice quality performance measure profiling;	Met The 2015 QM Program Description addresses this requirement.	2015 Quality Program and Workplan	2015 QM program	Page 30
14.2.2.7.	Report findings to appropriate executive authority, staff, and departments within the MCO;	Met The 2015 QM Program Description addresses this requirement.	2015 Quality Program and Workplan	2015 QM program	Page 20-23
14.2.2.8.	Direct and analyze periodic reviews of members' service utilization patterns;	Met The 2015 QM Program Description addresses this requirement.	2015 Quality Program and Workplan	2015 QM program	Page 27
14.2.2.9.	Maintain minutes of all committee and sub-committee meetings and submit meeting minutes to DHH;	Met The 2015_QM_program_description_12-19_-2_pm addresses this requirement.	2015 Quality Program and Workplan	2015 QM program	Page 31-33, see pg 19 Page 34
14.2.2.10.	Report an evaluation of the impact and effectiveness of the QAPI program to DHH annually. This report shall include, but is not limited to, all care management services;	Met The 2015_QM_program_description_12-19_-2_pm addresses this requirement.	2015 Quality Program and Workplan	2015 QM program	Page 34

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy (ies) / Procedure(s) / Document(s) Section(s) / Number(s)	MCO Page Number(s)
14.2.2.11.	Ensure that a QAPI committee designee attends DHH quality meetings.	Met The 2015_QM_program_description_12-19_-2_pm addresses this requirement.	Quality Program	2015 QM program	Page 34
14.2.2.12	Update provider manuals and other relevant clinical content on a periodic basis as determined by the committee chairperson.	Met The 2015 QM Program Description addresses this requirement.	2015 Quality Program and Workplan	2015 QM program	Page 31 Page 29
14.2.3	QAPI Work Plan - The QAPI Committee shall develop and implement a written QAPI plan which incorporates the strategic direction provided by the governing body. The QAPI plan shall be submitted to DHH within thirty (30) days from the date the Contract with DHH is signed by the MCO and annually thereafter, and prior to revisions. The QAPI plan, at a minimum, shall:	Met The 2015_QM_program_description_12-19_-2_pm addresses this requirement.	2015 Quality Program and Workplan Louisiana 2015 Provider manual	2015 QM workplan	Entire Document Page-59-63 Page 34-35
14.2.3.1.	Reflect a coordinated strategy to implement the QAPI Program, including planning, decision making, intervention and assessment of results;	Met The 2015_QM_program_description_12-19_-2_pm addresses this requirement.	2015 Quality Program and Workplan	2015 QM program	Entire document Page 35
14.2.3.2.	Include processes to evaluate the impact and effectiveness of the QAPI Program;	Met The 2015 QM Program Description addresses this requirement.	2015 Quality Program and Workplan	2015 QM program	Page 33 Page 31
14.2.3.3.	Include a description of the MCO staff assigned to the QAPI Program, their specific training, how they are organized, and their responsibilities;	Met The 2015_QM_program_description_12-19_-2_pm and the QI Work Plan 2015_Draft address this requirement.	2015 Quality Program and Workplan	2015 QM program QI Work Plan 2015_Draft	Page 23 Entire document
14.2.3.4.	Describe the role of its providers in giving input to the QAPI Program; and	Met The 2015_QM_program_description_12-19_-2_pm addresses this requirement.	2015 Quality Program and Workplan	2015 QM program	Page 18
14.2.3.5	Be exclusive to Louisiana Medicaid and shall not contain documentation from other state Medicaid programs or product lines operated by the MCO.	Met The 2015_QM_program_description_12-19_-2_pm addresses this requirement.	2015 Quality Program and Workplan	2015 QM program	Page 35
14.2.4 14.2.4.1	QAPI Reporting Requirements - The MCO shall submit QAPI reports annually to DHH which, at a minimum, shall include: Quality improvement (QI) activities; Recommended new and/or improved QI activities; and Results of the evaluation of the impact and effectiveness of the QAPI program.	Met The 2015_QM_program_description_12-19_-2_pm addresses this requirement.	2015 Quality Program and Workplan and also the QM evaluation	2015 QM program	Page 35

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy (ies) / Procedure(s) / Document(s) Section(s) / Number(s)	MCO Page Number(s)
14.4	Health Plan Accreditation				
14.4.1.	The MCO must attain health plan accreditation by NCQA. If the MCO is not currently accredited by NCQA, the MCO must attain accreditation by meeting NCQA accreditation standards.	Met The plan's Accreditation certificate addresses this requirement.	Plan's Accreditation certificate	NA	NA
14.4.2	The MCO's application for accreditation must be submitted at the earliest point allowed by the organization. The MCO must provide DHH with a copy of all correspondence with NCQA regarding the application process and the accreditation requirements.	NA The plan has accreditation.	Accreditation Certificate	NA	NA
14.4.3	Achievement of provisional accreditation status shall require a CAP within thirty (30) calendar days of receipt of the Final Report from NCQA. Failure to obtain full NCQA accreditation and to maintain the accreditation thereafter shall be considered a breach of the Contract and shall result in termination of the Contract.	NA The plan has accreditation.	Accreditation Certificate	NA	NA
14.5	Credentialing and Re-credentialing of Providers and Clinical Staff				
14.5.1.	The MCO must have a written credentialing and re-credentialing process that complies with 42 CFR §438.12; §438.206, §438.214, §438.224, §438.230, §455.103 and §455.105, and NCQA health plan Accreditation Standards for the review and credentialing and re-credentialing of licensed, independent providers and provider groups with whom it contracts or employs and with whom it does not contract but with whom it has an independent relationship. An independent relationship exists when the MCO selects and directs its members to see a specific provider or group of providers.	Met The 2014 UnitedHealthcare Credentialing Plan addresses the requirement.	Policies and Procedures Credential Plan	Credential Plan	Page 1-3
14.5.2	The MCO shall use the Louisiana Standardized Credentialing Application Form (Appendix F) or Council for Affordable Quality Healthcare (CAQH) standardized credentialing form. These procedures shall be submitted as part of the Proposal, when a change is made, and annually thereafter.	Met TheCred_Plan_State_Addendum_Draft_2 and SOP_14.5.2 address the requirement.	Policy and Procedure Credential Plan	Credential Plan	Page 27

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy (ies) / Procedure(s) / Document(s) Section(s) / Number(s)	MCO Page Number(s)
14.5.3	The MCO shall utilize the current NCQA Standards and Guidelines for the Accreditation of MCOs for the credentialing and re credentialing of licensed independent providers and provider groups with whom it contracts or employs and who fall within its scope of authority and action.	Met The 2014 UnitedHealthcare Credentialing Plan addresses the requirement.	Policy and Procedure Credential Plan	Credential Plan	Page 3
14.5.4	If the MCO has NCQA health plan Accreditation those credentialing policies and procedures shall meet DHH's credentialing requirements.	Met The 2014 UnitedHealthcare Credentialing Plan addresses the requirement.	Policy and Procedure Credential Plan	Credential Plan	Page 1, 3
14.5.5	The MCO shall completely process credentialing applications from all types of provider types within thirty (30) calendar days of receipt of a completed credentialing application, including all necessary documentation and attachments, and a signed provider agreement. "Completely process" shall mean that the MCO shall:	Met TheCred_Plan_State_Addendum_Draft_2 and the State_Mandated_TAT_Load_Process_Policy address the requirement that the plan shall completely process credentialing applications from all types of providers within 30 calendar days of receipt. Page 10 of the 2014 UnitedHealthcare Credentialing Plan addresses the requirement that the applicant is not considered a participating LIP until the Participation agreement is signed and entered into all pertinent information systems.	Policy and Procedure Credential Plan The Cred_Plan_State_Addendum_Draft_2 partially addressed the requirement on pg. 44.	Policy and Procedure State Mandated Load process	Entire document
14.5.5.1	Review, approve and load approved applicants to its provider files in its claims processing system; and	Met The State_Mandated_TAT_Load_Process_Policy addresses this requirement.	Policy and Procedure Credential Plan	Policy and Procedure-State mandated Load Process	Entire Document
14.5.5.2	Submit on the weekly electronic Provider Directory to DHH or Submit on the weekly electronic Provider Directory to DHH or DHH's designee; or	Met The 12-22-2014 Provider Directory Creation and Distribution Policy states that it is the policy to update provider data on a weekly basis. Provider files are extracted from the core claims processing and sent to Community and State IT on a weekly basis.	Policy and Procedure Credential Plan	Policy and Procedure- State mandated Load process 12-22-2014 Provider Directory Creation and Distribution Policy	Entire document Entire document

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy (ies) / Procedure(s) / Document(s) Section(s) / Number(s)	MCO Page Number(s)
14.5.5.3	Deny the application and assure that the provider is not used by the MCO.	Met, The UHC 1539 Physician Sanction Policy and the UHC 4095 Imminent Threat to Patient Safety policy address how providers are removed from network and provider directories.	Policy and Procedure Credential Plan	Credential Plan Policy 1539- Physician and provider Sanction Policy Policy 4095 Imminent Threat to Patient Safety	Page 2 and page 6,7 Entire document Entire document
14.5.6	If the MCO has delegated credentialing to a subcontractor, there shall be a written description of the delegation of credentialing activities within the contract. The MCO must require that the subcontractor provide assurance that all licensed medical professionals are credentialed in accordance with DHH's credentialing requirements DHH will have final approval of the delegated entity.	Met The 2014 UnitedHealthcare Credentialing Plan and SOP_14.5.6 address the requirement.	Policy and Procedure Credential Plan	Credential Plan SOP_14.5.6	Page 16-17 Entire document
14.5.7	To the extent the MCO has delegated credentialing agreements in place with any approved delegated credentialing agency, the MCO shall ensure all providers submitted to the MCO from the delegated credentialing agent is loaded to its provider files and into its claims processing system within thirty (30) calendar days of receipt.	Met The SOP_14.5.7 addresses this requirement.	Policy and Procedure Credential Plan	Credential Plan SOP_14.5.7	Page 16 Entire document
14.5.8	The MCO shall notify DHH when the MCO denies a provider credentialing application for program integrity-related reasons or otherwise limits the ability of providers to participate in the program for program integrity reasons.	Met The UHC 1630 QOC Appeal Policy addresses the requirement.	Policy and Procedure Credential Plan	Credential Plan Policy 1539-Physicians and provider sanction 1538-Ongoing Monitoring of Office Site Quality Policy 1630 Appeal Policy 1890 QOC Investigation	Page 7 Entire document Entire Document Entire Document Entire Document
14.5.9	The process of periodic re-credentialing shall be implemented at least once every three (3) years.	Met The 2014 UnitedHealthcare Credentialing Plan addresses the requirement.	Policy and Procedure Credential Plan	Credential Plan	Page 10

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy (ies) / Procedure(s) / Document(s) Section(s) / Number(s)	MCO Page Number(s)
14.5.10	The MCO shall develop and implement policies and procedures for approval of new providers, and termination or suspension of providers to assure compliance with the Contract. The policies and procedures should include but are not limited to the encouragement of applicable board certification.	Met The 12/22/2014 Credential Plan addresses the requirement.	Policy and Procedure Credential Plan	Credential Plan	Page 8, 44
14.5.11	The MCO shall develop and implement a mechanism, subject to DHH's approval, for reporting quality deficiencies which result in suspension or termination of a network provider/ subcontractor(s). This process shall be submitted for review and approval thirty (30) days from the date the Contract is signed and at the time of any change.	Met The UHC 1539 Physician Sanction Policy and SOP_14.5.11 address the requirement.	Policy and Procedure Credential Plan	Policy 1539 Physician and Provider Sanction Policy SOP_14.5.11	Entire Document Entire document
14.5.12	The MCO shall develop and implement a provider dispute and appeal process, with DHH's approval, for sanctions, suspensions, and terminations imposed by the MCO against network provider/contractor(s) as specified in the Contract. This process shall be submitted for review and approval thirty (30) days from the date the Contract is signed and at the time of any change.	Met The UHC 1630 QOC Appeal Policy, UHC 1890 QOC Investigation policy and SOP_14.5.12 address the requirement.	Policy and Procedure Credential Plan	Policy 1630 Appeal Policy Policy 1890 QOC Investigation Policy 4095 Imminent Threat to Patient safety SOP_14.5.12	Entire document Entire Document Entire document Entire document
14.5.13	The State reserves the right to contract with a single Credential Verification Organization (CVO). If this option is pursued, MCOs and their subcontractors shall agree to use the CVO for the credentialing and recredentialing of all participating providers. The MCO will be given at least 90 days' notice before implementation of any CVO contract.				

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy (ies) / Procedure(s) / Document(s) Section(s) / Number(s)	MCO Page Number(s)
14.6	Credentialing Committee -				
14.6.1	The MCO must designate a credentialing committee that uses a peer review process to evaluate provider credentialing files (including recredentialing files). The credentialing committee, including the Medical Director, is responsible for credentialing decisions and is required to document its steps in the decision process and maintain individual provide files. A physician must oversee the credentialing committee.	Met The 2014 UnitedHealthcare Credentialing Plan, NCC P-103 and NCC P-118 address the requirement.	Policy and Procedure Credential Plan	Credential Plan 12/22/2014 NCC P-103 Credential Committee Prep and guidelines 12/22/2014 NCC P-118- Roles and responsibilities	Page 5 Entire document Entire document
14.7	Member Advisory Council				
14.7.1.	The MCO shall establish a Member Advisory Council to promote collaborative effort to enhance the service delivery system in local communities while maintaining member focus and allow participation in providing input on policy and programs.	Met The LA Member Advisory Charter addresses this requirement.	Member Advisory Plan Charter Member Advisory Member Committee	All documents	NA
14.7.2.	The Council is to be chaired by the MCO's Administrator/CEO/COO or designee and will meet at least quarterly.	Met The Member_Advisory_Committee addresses this requirement.	Member Advisory Plan Charter Member Advisory Member Committee	All documents	NA
14.7.3.	Every effort shall be made to include a broad representation of both members/families/significant others, member advocacy groups and providers that reflect the population and community served. At least one family member/caregiver of a child with special health care needs shall have representation on the committee. Members/families/significant others and member advocacy groups shall make up at least fifty per cent (50%) of the membership.	Met The LA_- Member_Advisory_Plan_Charter_12-19-2014 addresses this requirement.	Member Advisory Plan Charter Member Advisory Member Committee	All documents The LA_- Member_Advisory_Plan_Charter_12-19-2014	NA Page 5
14.7.4.	The MCO shall provide an orientation and ongoing training for Council members so they have sufficient information and understanding to fulfill their responsibilities.	Met The Member_Advisory_Committee addresses this requirement. Additionally, the LA Member Advisory Charter serves as a guide to assist Advisory Council members in understanding the expectations and requirements.	Member Advisory Plan Charter Member Advisory Member Committee	All documents	NA

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy (ies) / Procedure(s) / Document(s) Section(s) / Number(s)	MCO Page Number(s)
14.7.5.	The MCO shall develop and implement a Member Advisory Council Plan that outlines the schedule of meetings and the draft goals for the council that includes, but is not limited to, member's perspectives to improve quality of care. This plan shall be submitted to DHH within thirty (30) days of signing the Contract and annually thereafter.	Met The LA_ - Member_ Advisory_Plan_Charter_12-19-2014 addresses this requirement.	Member Advisory Plan Charter Member Advisory Member Committee	All Documents The LA_ - Member_ Advisory_Plan_Charter_12-19-2014	NA Page 5
14.7.6.	DHH shall be included in all correspondence to the Council, including agenda and Council minutes. Additionally, all agenda and Council minutes shall be posted to the MCO website in English and Spanish, with any member-identifying information redacted.	Met The LA_ - Member_ Advisory_Plan_Charter_12-19-2014 addresses this requirement.	Member Advisory Plan Charter Member Advisory Member Committee	All Documents The LA_ - Member_ Advisory_Plan_Charter_12-19-2014	NA Page 5