Contract | RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
6.28	**Referral System for Specialty Healthcare**				
6.28.1	The MCO shall have a referral system for MCO members requiring specialty health care services to ensure that services can be furnished to enrollees promptly and without compromise to care. The MCO shall provide the coordination necessary for referral of MCO members to specialty providers. The MCO shall assist the member in determining the need for services outside the MCO network and refer the member to the appropriate service provider. The referral system must include processes to ensure monitoring and documentation of specialty health care and out-of-network referrals, services (*e.g.*, medications prescribed, treatment received, recommendations for care), and follow up are included in the PCP's member medical record.	Met: Coordination of Member Care LA (Responsibilities pg 3), Elective Referrals (Focus pg 2)	AMA 7000.43 Coordination of Member Care LA AMA 7100.10 Elective Referrals LA	Responsibilities Focus/Disposition	Page 3 Page 2
6.28.2	The MCO shall submit referral system policies and procedures for review and approval within thirty (30) days from the date the Contract is signed, annually thereafter, and prior to any revisions. Referral policies and procedures shall describe referral systems and guidelines and, at a minimum, include the following elements:	Met: Elective Referrals (Focus, pg 2)	AMA 7100.10 Elective Referrals LA	Focus/Disposition	Page 2
6.28.2.1	When a referral from the member's PCP is and is not required (See Section §8.5.1.6 Exceptions to Service Authorization and/or Referral Requirements);	Met: Elective Referrals (Focus, Pg 2)	AMA 7100.10 Elective Referrals LA	Focus/Disposition	Page 2
6.28.2.2	Process for member referral to an out-of-network provider when there is no provider within the MCO's provider network who has the appropriate training or expertise to meet the particular health needs of the member;	Met: Elective Referrals (Focus, pg2)	AMA 7100.10 Elective Referrals LA	Focus/Disposition	Page 2
6.28.2.3	Process for providing a standing referral when a member with a condition requires on-going care from a specialist;	Met: Elective Referrals (Focus, pg 2)	AMA 7100.10 Elective Referrals LA	Focus/Disposition	Page 2
6.28.2.4	Process for referral to specialty care for a member with a life-threatening condition or disease who requires specialized medical care over a prolonged period of time;	Met: Elective Referrals (Focus, pg 2)	AMA 7100.10 Elective Referrals LA	Focus/Disposition	Page 2
6.28.2.5	Process for member referral for case management;	Met: Integrated Care Mgt Policy describes referral/	AMA 7500.05 Integrated Care Management LA	Purpose	Page 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)
		selection process for care mgt			
6.28.2.6	Process for member referral for chronic care management;	Met: Integrated Care Mgt Policy describes the Chronic Care Mgt Program and its referral / selection process	AMA 7500.05 Integrated Care Management LA	Purpose	Page 1
6.28.2.7	Policy that prohibits providers from making referrals for designated health services to healthcare entities with which the provider or a member of the provider's family has a financial relationship.	Met: Elective Referrals LA (Primary or Treating Practitioner Referral) pg 3	AMA 7100.10 Elective Referrals LA	Primary or Treating Practitioner Referral	Page 3
6.28.2.8	Processes to ensure monitoring and documentation of specialty health care services and follow up are included in the PCP's member medical record.	Met: Review of Practitioner Office Medical Records (Medical Record Review Strategy) pg 2	ABH-LA 8000.30 Review of Practitioner Office Medical Records		Page 2
6.28.2.9	There must be written evidence of the communication of the patient results/information to the referring physician by the specialty health care provider or continued communication of patient information between the specialty health care provider and the primary care provider; and	Met: Elective Referrals LA (Primary or Treating Practitioner Referral) pg 4	AMA 7100.10 Elective Referrals LA	Primary or Treating Practitioner Referral	Page 4
6.28.2.10	Process for referral of members for Medicaid State Plan services that are excluded from MCO core benefits and services and that will continue to be provided through fee-for-service Medicaid.	Met: Elective Referrals LA (Primary or Treating Practitioner Referral) pg 4	AMA 7000.43 Coordination of Member Care LA AMA 7100.10 Elective Referrals LA	Responsibilities: Primary or Treating Practitioner Referral	Page 4 Page 4
6.28.2.11	The MCO shall develop electronic, web-based referral processes and systems.	Met: Elective Referrals (Focus-Disposition) Pg 3	AMA 7100.10 Elective Referrals LA	Focus/Disposition	Page 3
6.29	**Care Coordination, Continuity of Care, and Care Transition**				
6.29.0	The MCO shall develop and maintain effective care coordination, continuity of care, and care transition activities to ensure a continuum of care approach to providing health care services to MCO members. The MCO shall establish a process to coordinate the delivery of core benefits and services with services that are reimbursed on a fee-for-service basis by DHH. The MCO shall ensure member-appropriate PCP choice within the MCO and interaction with providers outside the MCO. Continuity of care activities shall ensure that the appropriate personnel, including the PCP, are kept informed of the member's treatment needs, changes, progress or problems.	Met: AMA 7000.40 Member Transition LA, pg 1, Statement of Objective	AMA 7000.40 Member Transition LA AMA 7000.43 Coordination of Member Care LA	Statement of Objective Responsibilities	Page 1 Page 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)
	Continuity of care activities shall provide processes by which MCO members and network and/or non-network provider interactions are effective and shall identify and address those that are not effective. The MCO shall ensure that service delivery is properly monitored to identify and overcome barriers to primary and preventive care that a MCO member may encounter.				
6.29.1	The MCO shall be responsible for the coordination and continuity of care of healthcare services for all members consistent with 42 CFR §438.208.	Met: AMA 7000.40 Member Transition LA, pg 2	AMA 7000.40 Member Transition LA AMA 7000.43 Coordination of Member Care LA	Statement of Objective Responsibilities	Page 2 Page 3
6.29.2	The MCO shall implement DHH approved care coordination and continuity of care policies and procedures that meet or exceed the following requirements:	Met: AMA 7000.40 Member Transition LA, pg 2	AMA 7000.40 Member Transition LA	Statement of Objective	Page 2
6.29.2.1	Ensure that each member has an ongoing source of preventive and primary care appropriate to their needs;	Met: AMA 7000.40 Member Transition LA, pg 2	AMA 7000.40 Member Transition LA	Statement of Objective	Page 2
6.29.2.2	Coordinate care between PCPs and specialists;	Met: AMA 7000.40 Member Transition LA, pg 2	AMA 7000.40 Member Transition LA	Statement of Objective	Page 2
6.20.2.3	Coordinate care for out-of-network services, including specialty care services;	Met: AMA 7000.40 Member Transition LA, pg 2	AMA 7000.40 Member Transition LA	Statement of Objective	Page 2
6.29.2.4	Coordinate MCO provided services with services the member may receive from other health care providers;	Met: AMA 7000.40 Member Transition LA, pg 2	AMA 7000.40 Member Transition LA	Statement of Objective	Page 2
6.29.2.5	Share with other health care entities serving the member with special health care needs the results and identification and assessment of that member's needs to prevent duplication of those activities;	Met: AMA 7000.40 Member Transition LA, pg 2	AMA 7000.40 Member Transition LA	Statement of Objective	Page 2
6.29.2.6	Ensure that in the process of coordinating care, each member's privacy is protected in accordance with the privacy requirements in 45 CFR Parts 160 and 164 subparts A and E, and other applicable state or federal laws;	Met: AMA 7000.40 Member Transition LA, pg 3	AMA 7000.40 Member Transition LA	Statement of Objective	Page 3
6.29.2.7	Maintain and operate a formalized hospital and/or institutional discharge planning program;	Met: AMA 7200.07 Discharge Planning LA, pg 1, Statement of Objective	AMA 7200.07 Discharge Planning LA	Statement of Objective	Page 1
6.29.2.8	Coordinate hospital and/or institutional discharge planning that includes post-discharge care as appropriate; assure that prior authorization for prescription coverage is addressed and or initiated	Met: AMA 7200.07 Discharge Planning LA, pg 1, Statement of Objective	AMA 7200.07 Discharge Planning LA	Statement of Objective	Page 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)
	before patient discharge;				
6.29.2.9	Document authorized referrals in its utilization management system; and	Met: AMA 7100.05 Prior Authorization LA, pg 1, Statement of Objective	AMA 7100.05 Prior Authorization LA	Statement of Objective	Page 1
6.29..10	Provide active assistance to members receiving treatment for chronic and acute medical conditions or behavioral health conditions to transition to another provider when their current provider has terminated participation with the MCO. The MCO shall provide continuation of such services for up to ninety (90) calendar days or until the member is reasonably transferred without interruption of care, whichever is less;	Met: AMA 7000.40 Member Transition LA, pg 8, Continued Access to Practitioners	AMA 7000.40 Member Transition LA	Continued Access to Practitioners	Page 8
6.30	**Continuity of Care for Pregnant Women**				
6.30.1	In the event a Medicaid eligible entering the MCO is receiving medically necessary covered services in addition to, or other than, prenatal services (see below for new enrollees receiving only prenatal services) the day before MCO enrollment, the MCO shall be responsible for the costs of continuation of such medically necessary services, without any form of prior approval and without regard to whether such services are being provided by contract or non-contract providers. The MCO shall provide continuation of such services up to ninety (90) calendar days or until the member may be reasonably transferred without disruption, whichever is less. The MCO may require prior authorization for continuation of the services beyond thirty (30) calendar days, however the MCO is prohibited from denying authorization solely on the basis that the provider is non-contract provider.	Met: AMA 7000.40 Member Transition LA, pgs 8-9, Continued Access to Practitioners	AMA 7000.40 Member Transition LA	Continued Access to Practitioners	Page 8-9
6.30.2	In the event a Medicaid eligible entering the MCO is in her first trimester of pregnancy and is receiving medically necessary covered prenatal care services the day before MCO enrollment, the MCO shall be responsible for the costs of continuation of such medically necessary prenatal care services, including prenatal care, delivery, and post-natal, without any form of prior approval and without regard to whether	Met: AMA 7000.40 Member Transition LA, pg 9, Continued Access to Practitioners	AMA 7000.40 Member Transition LA	Continued Access to Practitioners	Page 9

Contract | RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	such services are being provided by a contract or non-contract provider until such time as the MCO can reasonably transfer the member to a contract provider without impeding service delivery that might be harmful to the member's health.				
6.30.3	In the event a member entering the MCO is in her second or third trimester of pregnancy and is receiving medically necessary covered prenatal care services the day before enrollment, the MCO shall be responsible for providing continued access to the prenatal care provider (whether contract or non-contract provider) for sixty (60) days postpartum, provided the member is still eligible for Medicaid, or referral to a safety net provider if the member's eligibility terminates before the end of the post-partum period.	Met: AMA 7000.40 Member Transition LA, pg 9	AMA 7000.40 Member Transition LA	Continued Access to Practitioners	Page 9
6.30.4	The contract shall ensure that the member is held harmless by the provider for the costs of medically necessary core benefits and services.	Met: LA Provider Manual, pg 24	LA Provider Manual		Page 24
6.31	**Preconception/Inter-conception Care**				
6.31.0	For fertile women of reproductive age, the woman's plan for future pregnancy shall be discussed on an annual basis during routine gynecological care, with special counseling on pregnancy prevention options for adolescent patients. Appropriate family planning and/or health services shall be provided based on the patient's desire for future pregnancy and shall assist the patient in achieving her plan with optimization of health status in the interim. Use of long acting reversible contraceptives should be encouraged and barriers such as prior authorization shall not be required for approval.	Met: AMA 7100.10 Elective Referrals LA, pg 8	AMA 7100.10 Elective Referrals LA	Receiving Maternity Care Practitioner's Responsibilities (Medicaid)	Page 8
6.32	**Continuity of Care for Individuals with Special Health Care Needs**				
6.32.0	In the event a Medicaid/CHIP eligible entering the MCO is receiving medically necessary covered services, the day before MCO enrollment, the MCO shall provide continuation/coordination of such services up to ninety (90) calendar days or until the member may be reasonably transferred without	Met: AMA 7000.40 Member Transition LA, pg 13, Continuity of Care for Individuals with Special Health Care Needs	AMA 7000.40 Member Transition LA	Continuity of Care for Individuals with Special Health Care Needs	Page 13

Contract | RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	disruption, whichever is less. The MCO may require prior authorization for continuation of the services beyond thirty (30) calendar days; however the MCO is prohibited from denying authorization solely on the basis that the provider is non-contract provider.				
6.3	**Pharmacy Services**				
6.3.2	**Formulary-** The MCO is required to have a Formulary that follows the minimum requirements below:				
6.3.2.1	The Formulary shall be kept up-to-date and available to all providers and members via MCO web site and electronic prescribing tools.	Met 7600.10 Formulary includes the intent of using electronic prescribing tools. The website has been evaluated and approved by DHH.	AMA 7600.10 Formulary LA		Page 7
6.3.2.3	The Formulary shall be reviewed in its entirety and updated at least semi-annually and upon DHH request.	Met: 7600.10 Formulary, pg 6, Formulary Revision	7600.10 Formulary	Formulary Reason	Page 6
6.3.2.8	The MCO shall have in place a DHH-approved prior approval process for authorizing the dispensing of non-Formulary drugs.	Met: Staff stated that Policy 7600.12 is consistent with the guidance issued by DHH and is approved for implementation.	7600.12 Non-Formulary Management	Entire Document	Pages 1-8
6.3.3	**Preferred Drug List**				
6.3.3.6	The MCO shall have in place a DHH-approved prior approval process for authorizing the dispensing of non-PDL drugs.	Met: Staff stated that Policy 7600.12 is consistent with the guidance issued by DHH and is approved for implementation.	7600.12 Non-Formulary Management	Entire Document	Pages 1-8
6.33	**Continuity of Care for Pharmacy Services**				
6.33.1	The MCO must submit for approval, a transition of care program that ensures members can continue treatment of maintenance medications for at least 60 days after launch of pharmacy services or enrollment in the MCO's plan. The MCO shall continue any treatment of antidepressants and antipsychotics for at	Met: AMA 7000.40 Member Transition LA, pgs 11-12, Continuity of Care for Pharmacy Services	AMA 7000.40 Member Transition LA	Member Transition - Continuity of Care for Pharmacy Services	Pages 11-12

Contract | RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	least 60 days after enrollment into the MCO's plan. Additionally, an enrollee that is, at the time of enrollment, in the MCO receiving a prescription drug that is not on the MCO's Formulary or PDL shall be permitted to continue to receive that prescription drug if medically necessary for at least 60 days.				
6.34	**Continuity for Behavioral Health Care**				
6.34.1	The PCP shall provide basic behavioral health services (as described in this section) and refer the member(s) to the appropriate health care specialist as deemed necessary for specialized behavioral health services.	Met: LA Provider Manual, pg 24, Continuity of Behavioral Health Care	LA Provider Manual		Page 24
6.34.2	The MCO shall establish a formal memorandum of understanding with the SMO, effective the begin date of the contract, to facilitate the integration of physical and behavioral health and to provide for the appropriate continuity of care across programs.	Met: AMA 7000.43 Coordination of Member Care LA, pg 5. Formal MOU has been submitted by plan.	AMA 7000.43 Coordination of Member Care LA AMA 7500.05 Integrated Care Management LA	Responsibilities Care Plan Development	Page 5 Page 11
6.34.3.	In order to ensure continuity and coordination of care for members who have been determined by a medical provider to need specialized behavioral health services or who may require inpatient/outpatient behavioral health services, the MCO shall be responsible for referring to the SMO.	Met: AMA 7000.43 Coordination of Member Care LA, pg 5	AMA 7000.43 Coordination of Member Care LA AMA 7500.05 Integrated Care Management LA	Responsibilities Care Plan Development	Page 5 Page 11
6.34.4	In any instance when the member presents to the network provider, including calling the MCO's toll-free number listed on the Member's ID card, and a member is in need of emergency behavioral health services, the MCO shall instruct the member to seek help from the nearest emergency medical provider. The MCO shall initiate follow-up with the member within forty-eight (48) hours for follow-up to establish that appropriate services were accessed. Payment for the emergency service is the responsibility of the MCO, payment for any follow-up care is the responsibility of the SMO.	Met: AMA 7000.43 Coordination of Member Care LA, pgs 5-6	AMA 7000.43 Coordination of Member Care LA AMA 7500.05 Integrated Care Management LA	Responsibilities Care Plan Development	Page 5-6 Page 11
6.34.5	The MCO shall comply with all post stabilization care service requirements found at 42 CFR §422.113.	Met: AMA 7100.05 Prior Authorization LA, pg 8	AMA 7100.05 Prior Authorization LA	Post-stabilization Services	Page 8
6.34.6	The MCO shall include documentation in the	Met: AMA 7000.43	AMA 7000.43 Coordination of Member Care LA	Responsibilities	Page 6

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's medical record that attempts are made to engage the member's cooperation and permission to coordinate the member's over-all care plan with the member's behavioral health provider.	Coordination of Member Care LA, pg 6	AMA 7500.05 Integrated Care Management LA	Care Plan Development	Page 11
6.34.7	The MCO shall provide procedures and criteria for making referrals and coordinating care with behavioral health providers and agencies that will promote continuity, as well as, cost-effectiveness of care.	Met: AMA 7000.43 Coordination of Member Care LA, pg 6	AMA 7000.43 Coordination of Member Care LA AMA 7100.10 Elective Referrals LA	Responsibilities FOCUS/DISPOSITION	Page 6 Page 2
6.34.8	These procedures must address members with co-occurring medical and behavioral conditions, including children with special health care needs, who may require services from multiple provides, facilities and agencies and require complex coordination of benefits and services.	Met: AMA 7000.43 Coordination of Member Care LA, pg 6	AMA 7000.43 Coordination of Member Care LA AMA 7100.10 Elective Referrals LA AMA 7500.05 Integrated Care Management LA	Responsibilities FOCUS/DISPOSITION Care Plan Development	Page 6 Page 2 Page 11
6.34.9	The MCO shall provide or arrange for training of providers and care managers on identification and screening of behavioral health conditions and referral procedures.	Met: AMA 7000.43 Coordination of Member Care LA, pg 6	AMA 7000.43 Coordination of Member Care LA AMA 7100.10 Elective Referrals LA AMA 7500.05 Integrated Care Management LA	Responsibilities FOCUS/DISPOSITION Care Plan Development	Page 6 Page 2 Page 11
6.35	**Continuity for DME, Prosthetics, Orthotics, and Certain Supplies**				
6.35.0	In the event a Medicaid member entering the MCO is receiving Medicaid covered durable medical equipment, prosthetics, orthotics, and certain supplies services the day before MCO enrollment, whether such services were provided by another MCO or Medicaid fee-for-service, the MCO shall be responsible for the costs of continuation of these services, without any form of prior approval and without regard to whether such services are being provided by contract or non-contract providers. The MCO shall provide continuation of such services for up to ninety (90) calendar days or until the member may be reasonably transferred (within timeframe specified in this RFP) without disruption, whichever is less. The MCO must also honor any prior authorization for durable medical equipment, prosthetics, orthotics and certain supplies services issued while the member was enrolled in another MCO or the Medicaid fee-for-service program for a	Met: AMA 7000.40 Member Transition LA, pg 12, Medical Equipment and Supplies	AMA 7000.40 Member Transition LA	Medical Equipment and Supplies	Page 12

Contract | RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	period of ninety (90) calendar days after the member's enrollment in the MCO.				
6.36	**Care Transition**				
6.36.1	The MCO shall provide active assistance to members when transitioning to another MCO or to Medicaid FFS.	Met: AMA 7000.40 Member Transition LA, pg 7	AMA 7000.40 Member Transition LA	Members Transferring out of Aetna Better Health of Louisiana or when Benefits end	Page 7
6.36.2	The receiving MCO shall be responsible for the provision of medically necessary services covered under the Contract that are required for the member during the transition period (i.e. prenatal care, acute care, etc.). The transition period shall not exceed thirty (30) calendar days from the effective date of the member's enrollment in the receiving MCO unless the member has been identified as an ISHCN (see section 6.32 for exception of ISHCN.) During this transition period, the receiving MCO shall be responsible for, but not limited to, notification to the new PCP of member's selection, initiation of the request of transfer for the member's medical files, arrangement of medically necessary services (if applicable) and all other requirements for new members.	Met: AMA 7000.40 Member Transition LA, pg 13	AMA 7000.40 Member Transition LA	Ongoing Treatments	Page 13
6.36.3	If a member is to be transferred between MCOs but is hospitalized at the time, the transfer shall be effective for the date of enrollment into the receiving MCO. However, the relinquishing MCO is responsible for the member's hospitalization until the member is discharged. The receiving MCO is responsible for all other care.	Met: AMA 7000.40 Member Transition LA, pg 7	AMA 7000.40 Member Transition LA	New Members into Aetna Better Health of Louisiana and Members Transferring out of Aetna Better Health of Louisiana	Page 7
6.36.4	Upon notification of the member's transfer, the receiving MCO shall request copies of the member's medical record, unless the member has arranged for the transfer. The previous provider shall transfer a copy of the member's complete medical record and allow the receiving MCO access (immediately upon request) to all medical information necessary for the care of that member. Transfer of records shall not interfere or cause delay in the provision of services to the member. The cost of reproducing and forwarding	Met: AMA 7000.40 Member Transition LA, pg 11	AMA 7000.40 Member Transition LA	Transfer of Medical Records	Page 11

Contract | RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	medical records to the receiving MCO shall be the responsibility of the relinquishing MCO. A copy of the member's medical record and supporting documentation shall be forwarded by the relinquishing MCO's PCP within ten (10) business days of the receiving MCO's PCP's request.				
6.36.4.1	The MCO shall not require service authorization for the continuation of medically necessary covered services of a new member transitioning into the MCO, regardless of whether such services are provided by an in-network or out-of-network provider, however, the MCO may require prior authorization of services beyond thirty (30) calendar days.	Met: AMA 7000.40 Member Transition LA, pg 13	AMA 7000.40 Member Transition LA AMA 7100.05 Prior Authorization LA	Ongoing Treatments Focus/Disposition	Page 13 Page 7
6.36.4.2	During transition, the MCO is prohibited from denying prior authorization solely on the basis of the provider being an out-of-network provider.	Met: AMA 7000.40 Member Transition LA, pg 6	AMA 7000.40 Member Transition LA AMA 7100.05 Prior Authorization LA	Members Transferring out of Aetna Better Health of Louisiana or when Benefits end Focus/Disposition	Page 6 Page 8
6.36.5	Appropriate medical records and case management files of the transitioning member shall also be transmitted. The cost, if any, of reproducing and forwarding medical records shall be the responsibility of the relinquishing Contractor.	Met: AMA 7000.40 Member Transition LA, pg 7	AMA 7000.40 Member Transition LA	New Members into Aetna Better Health of Louisiana and Members Transferring out of Aetna Better Health of Louisiana	Page 7
6.36.7	Special consideration should be given to, but not limited to, the following:				
6.36.7.1	Members with significant conditions or treatments such as enteral feedings, oxygen, wound care, and ventilators, medical supplies, transportation on a scheduled basis, chemotherapy and/or radiation therapy or who are hospitalized at the time of transition;	Met: AMA 7000.40 Member Transition LA, pg 7	AMA 7000.40 Member Transition LA	New Members into Aetna Better Health of Louisiana and Members Transferring out of Aetna Better Health of Louisiana	Page 7
6.36.7.2	Members who have received prior authorization for services such as scheduled surgeries, post surgical follow up visits, therapies to be provided after transition or out-of-area specialty services;	Met: AMA 7000.40 Member Transition LA, pg 7	AMA 7000.40 Member Transition LA	New Members into Aetna Better Health of Louisiana and Members Transferring out of Aetna Better Health of Louisiana	Page 7
6.36.7.3	Members who have conditions requiring ongoing monitoring or screening such as elevated blood lead levels and members who were in the NICU after birth;	Met: AMA 7000.40 Member Transition LA, pg 7	AMA 7000.40 Member Transition LA	New Members into Aetna Better Health of Louisiana and Members Transferring out of Aetna Better Health of	Page 7

Contract | RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
				Louisiana	
6.36.7.4	Members with significant medical conditions such as a high-risk pregnancy or pregnancy within the last 30 days, the need for organ or tissue transplantation, chronic illness resulting in hospitalization;	Met: AMA 7000.40 Member Transition LA, pg 7	AMA 7000.40 Member Transition LA	New Members into Aetna Better Health of Louisiana and Members Transferring out of Aetna Better Health of Louisiana	Page 7
6.36.8	When relinquishing members, the MCO is responsible for timely notification to the receiving MCO regarding pertinent information related to any special needs of transitioning members. The MCO, when receiving a transitioning member with special needs, is responsible to coordinate care with the relinquishing Contractor so services are not interrupted, and for providing the new member with MCO and service information, emergency numbers and instructions on how to obtain services.	Met: AMA 7000.40 Member Transition LA, pgs 7-8	AMA 7000.40 Member Transition LA	New Members into Aetna Better Health of Louisiana and Members Transferring out of Aetna Better Health of Louisiana	Page 7-8
6.37	**Case Management (CM)**				
6.37.1	The MCO shall develop and implement a case management program through a process which provides that appropriate and cost-effective medical services, medically-related services, social services, and basic behavioral health services are identified, planned, obtained and monitored for identified members who are high risk or have unique, chronic, or complex needs. The process shall integrate the member's and case manager's review of the member's strengths and needs resulting in a mutually agreed upon appropriate and cost-effective service plan that meets the medical, functional, social and behavioral health needs of the member. The MCO shall submit case management program policies and procedures to DHH for approval within thirty (30) days following the date the contract is signed and annually thereafter.	Met: AMA 7500.05 Integrated Care Management LA, pg 4	AMA 7500.05 Integrated Care Management LA	Case Management Program	Page 4
6.37.2	Case Management program functions shall include but not be limited to:				
6.37.2.1	Early identification of members who have or may have special needs;	Met: AMA 7500.05 Integrated Care Management LA, pg 5	AMA 7500.05 Integrated Care Management LA	Case Management Program	Page 5
6.37.2.2	Assessment of a member's risk factors;	Met: AMA 7500.05 Integrated Care Management LA, pg 5	AMA 7500.05 Integrated Care Management LA	Case Management Program	Page 5

Contract | RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
6.37.2.3	Education regarding Patient-Centered Medical Home and referral to a Medical Home when appropriate;	Met: AMA 7500.05 Integrated Care Management LA, pg 5	AMA 7500.05 Integrated Care Management LA	Case Management Program	Page 5
6.37.2.4	Development of an individualized treatment plan, in accordance with Section 6.18.4;	Met: AMA 7500.05 Integrated Care Management LA, pg 5	AMA 7500.05 Integrated Care Management LA	Case Management Program	Page 5
6.37.2.5	Referrals and assistance to ensure timely access to providers;	Met: AMA 7500.05 Integrated Care Management LA, pg 5	AMA 7500.05 Integrated Care Management LA	Case Management Program	Page 5
6.37.2.6	Care coordination that actively links the member to providers, medical services, residential, social, community and other support services where needed;	Met: AMA 7500.05 Integrated Care Management LA, pg 5	AMA 7500.05 Integrated Care Management LA	Case Management Program	Page 5
6.37.2.7	Monitoring;	Met: AMA 7500.05 Integrated Care Management LA, pg 5	AMA 7500.05 Integrated Care Management LA	Case Management Program	Page 5
6.37.2.8	Continuity of care; and	Met: AMA 7500.05 Integrated Care Management LA, pg 5	AMA 7500.05 Integrated Care Management LA	Case Management Program	Page 5
6.37.2.9	Follow-up and documentation.	Met: AMA 7500.05 Integrated Care Management LA, pg 5	AMA 7500.05 Integrated Care Management LA	Case Management Program	Page 5
6.38	**Case Management (CM) Policies and Procedures**				
6.38.0	The MCO shall submit Case Management Program policies and procedures to DHH for approval within thirty (30) days from the date the Contract is signed by the MCO, annually and prior to any revisions. Case Management policies and procedures shall include, at a minimum, the following elements:	Met: AMA 7500.05 Integrated Care Management LA, pg 5	AMA 7500.05 Integrated Care Management LA	Case Management Program	Page 5
6.38.1	A process to offer voluntary participation in the Case Management Program to eligible members;	Met: AMA 7500.05 Integrated Care Management LA, pg 5	AMA 7500.05 Integrated Care Management LA	Case Management Program	Page 5
6.38.2	Identification criteria, process, and triggers for referral and admission into the Case Management Program;	Met: AMA 7500.05 Integrated Care Management LA, pg 5 (explanation of criteria on pg 6, process on pg 7)	AMA 7500.05 Integrated Care Management LA	Case Management Program	Page 5
6.38.3	Identification criteria, process, and triggers for referral and admission into a Perinatal Case Management Program which should include, but not be limited to, the following: • Reproductive aged women with a history of prior poor birth outcomes; and • High risk pregnant women	Met: AMA 7500.05 Integrated Care Management LA, pg 5	AMA 7500.05 Integrated Care Management LA	Case Management Program	Page 5
6.38.4	The provision of an individual needs assessment and diagnostic assessment; the development of an individual treatment care plan, as necessary, based	Met: AMA 7500.05 Integrated Care Management LA, pgs 10-11	AMA 7500.05 Integrated Care Management LA	Care Plan Development	Page 11

Contract | RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	on the needs assessment; the establishment of short and long term treatment objectives; the monitoring of outcomes; and a process to ensure that treatment care plans are revised as necessary. These procedures shall be designed to accommodate the specific cultural and linguistic needs of the MCO's members; Procedures must describe collaboration processes with member's treatment providers;				
6.38.5	A strategy to ensure that all members and/or authorized family members or guardians are involved in treatment care planning;	Met: AMA 7500.05 Integrated Care Management LA, pg 11	AMA 7500.05 Integrated Care Management LA	Care Plan Development	Page 10-11, 13-14
6.38.6	Procedures and criteria for making referrals to specialists and subspecialists;	Met: AMA 7500.05 Integrated Care Management LA, pg 11	AMA 7500.05 Integrated Care Management LA	Care Plan Development	Page 11
6.38.7	Procedures and criteria for maintaining care plans and referral services when the member changes PCPs; and	Met: AMA 7500.05 Integrated Care Management LA, pg 14	AMA 7500.05 Integrated Care Management LA	Care Plan Development	Page 14
6.38.8	Coordinate Case Management activities for members also receiving services through the MCO's Chronic Care Management Program.	Met: AMA 7500.05 Integrated Care Management LA, pg 11	AMA 7500.05 Integrated Care Management LA	Care Plan Development	Page 11
6.39	**Chronic Care Management Program (CCMP)**				
6.39.1	The MCO shall provide a Chronic Care Management Program (CCMP) for members diagnosed with the following chronic conditions: Asthma; Congestive heart failure; Diabetes; HIV; Hepatitis C; Obesity; and Sickle Cell Anemia, particularly diagnosed members who are high utilizers of ED and inpatient services.	Met: AMA 7500.05 Integrated Care Management LA, pg 12	AMA 7500.05 Integrated Care Management LA	Chronic Care Management	Page 12
6.39.3	The MCO shall also include one of the following chronic conditions in the CCMP for its members: hypertension as a precursor to coronary artery disease and stroke; chronic obstructive pulmonary disease (COPD), low back pain and chronic pain. Additional chronic conditions may be added at the MCO's discretion. The MCO shall include additional discretionary chronic conditions in CCMP reports, as delineated for required chronic conditions in the CCMP, to DHH.	Met: AMA 7500.05 Integrated Care Management LA, pg 12	AMA 7500.05 Integrated Care Management LA	Chronic Care Management	Page 12
6.39.4	The MCO shall submit Chronic Care Management Program policies and procedures to DHH for approval within thirty (30) days of signing the Contract, annually and previous to any revisions. The MCO	Met: AMA 7500.05 Integrated Care Management LA, pg 12	AMA 7500.05 Integrated Care Management LA	Chronic Care Management	Page 12

Contract | RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	shall develop and implement policies and procedures that:				
6.39.4.1	Include the definition of the target population;	Met: AMA 7500.05 Integrated Care Management LA, pg 12	AMA 7500.05 Integrated Care Management LA	Chronic Care Management	Page 12
6.39.4.2	Include member identification strategies, i.e. through encounter data;	Met: AMA 7500.05 Integrated Care Management LA, pg 12	AMA 7500.05 Integrated Care Management LA	Chronic Care Management	Page 12
6.39.4.3	Include evidence-based clinical guidelines that have been formally adopted by the QA/PI committee;	Met: AMA 7500.05 Integrated Care Management LA, pg 12	AMA 7500.05 Integrated Care Management LA	Chronic Care Management	Page 12
6.39.4.4	Include guidelines for treatment plan development, as described in NCQA Disease Management program content, that provide the outline for all program activities and interventions;	Met: AMA 7500.05 Integrated Care Management LA, pg 12	AMA 7500.05 Integrated Care Management LA	Chronic Care Management	Page 12
6.39.4.5	Include a written description of the stratification levels for each chronic condition, including member criteria and associated interventions;	Met: AMA 7500.05 Integrated Care Management LA, pg 12	AMA 7500.05 Integrated Care Management LA	Chronic Care Management	Page 12
6.39.4.6	Include methods for informing and educating members and providers;	Met: AMA 7500.05 Integrated Care Management LA, pg 12	AMA 7500.05 Integrated Care Management LA	Chronic Care Management	Page 12
6.39.4.7	Emphasize exacerbation and complication prevention utilizing evidence- based clinical practice guidelines and patient empowerment and activation strategies;	Met: AMA 7500.05 Integrated Care Management LA, pg 12	AMA 7500.05 Integrated Care Management LA	Chronic Care Management	Page 12
6.39.4.8	Conduct and report the evaluation of clinical, humanistic and economic outcomes;	Met: AMA 7500.05 Integrated Care Management LA, pg 12	AMA 7500.05 Integrated Care Management LA	Chronic Care Management	Page 12
6.39.4.9	Address co-morbidities through a whole-person approach;	Met: AMA 7500.05 Integrated Care Management LA, pg 12	AMA 7500.05 Integrated Care Management LA	Chronic Care Management	Page 13
6.39.4.10	Identify members who require in-person case management services and a plan to meet this need;	Met: AMA 7500.05 Integrated Care Management LA, pg 12	AMA 7500.05 Integrated Care Management LA	Chronic Care Management	Page 13
6.39.4.11	Coordinate CCMP activities for members also identified in the Case Management Program; and	Met: AMA 7500.05 Integrated Care Management LA, pg 13	AMA 7500.05 Integrated Care Management LA	Chronic Care Management	Page 13
6.39.4.12	Include Program Evaluation requirements.	Met: AMA 7500.05 Integrated Care Management LA, pg 13	AMA 7500.05 Integrated Care Management LA	Chronic Care Management	Page 13
6.40	**Predictive Modeling**				
6.40.1	The MCO shall use predictive modeling methodology to identify and stratify members eligible for the CCMP.	Met: AMA 7500.05 Integrated Care Management LA, pg 13	AMA 7500.05 Integrated Care Management LA	Chronic Care Management	Page 13
6.40.2	The MCO shall submit specifications of its Predictive Modeling methodology, including its risk scoring, stratum, and healthcare guidelines within thirty (30) days of signing the Contract and annually thereafter and prior to any changes. These specifications shall include but are not limited to:	Met: AMA 7500.05 Integrated Care Management	AMA 7500.05 Integrated Care Management LA		Page 7- 8

Contract | RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
6.40.2.1	A brief history of the tool's development and historical and current uses;	Met: Medicaid CORE Presentation 091814, pgs 2-4	Medicaid CORE Presentation 091814		Pages 2-9
6.40.2.2	Medicaid data elements to be used for predictors and dependent measure(s);	Met: Medicaid CORE Presentation 091814, pg 2	Medicaid CORE Presentation 091814	The CORE is based on three risk metrics	Page 2
6.40.2.3	Assessments of data reliability and model validity;	Met: Medicaid CORE Presentation 091814, pg 10	Medicaid CORE Presentation 091814		Page 9-10
6.40.2.4	A description of the rules and strategy to achieve projected clinical outcomes and how clinical outcomes shall be measured; and	Met: Medicaid CORE Presentation 091814, pg 10	Medicaid CORE Presentation 091814		Page 10
6.40.2.5	A description of how the model has been optimized on these type interventions and the constraints on intervention to the Medicaid program and population.	Met: Medicaid CORE presentation 091814 pg 10	Medicaid CORE Presentation 091814		Page 10