Contract | RFP Reference	Contract Requirement Language	Reviewer 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 The Continuity of Care – Core Process P/P fully meets the requirement.	Continuity of Care – Core Process	Policy Statement Exceptions: Louisiana	Page 1 Pages 13-14
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 The 2015 UM Program Description fully meets the requirement. As per the Plan's document, "All 30 day deliverables will be submitted to the State by Regulatory in accordance with contract requirements."	2015 UM Program Description	Full Document	Pages 1-47
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 The Specialty Referral P/P fully meets the requirement. The policy states that "PCP referrals are not required to see participating specialty providers" and "members are allowed direct access (self referral) dependent on the member's covered benefits".	Specialty Referral LA Member Handbook	Procedure section 1 Found in multiple sections	Page 1 Pages 10, 16-18, 22-24, 28, 30-31, 36 and 51

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
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 The Specialty Referral P/P fully meets the requirement. . It states that if there is no specialty provider within the network that has the appropriate training or expertise to meet the member's particular health needs, or the specialty provider is outside of the access standard for the member, the Plan will locate an out of network provider for the member."	Specialty Referral Out of Service Area – Out of Network Policy	Procedure section 2 Policy Statement Definitions Exceptions: Louisiana Exceptions: Louisiana Section Reimbursement	Page 3-5 Page 1 Page 1 Pages 8-9 Pages 10-11
6.28.2.3	Process for providing a standing referral when a member with a condition requires on-going care from a specialist;	Met The Standing Referrals P/P document fully meets the requirement.	Standing Referrals Policy	Policy Statement	Page 1
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 The Standing Referrals P/P fully meets the requirement.	Standing Referrals Policy	Policy Statement	Page 1
6.28.2.5	Process for member referral for case management;	Met The Case Management LA P/P fully meets the requirement.	Case Management LA Policy	Purpose Statement Procedure	Page 1 Pages 4-6
6.28.2.6	Process for member referral for chronic care management;	Met The Case Management LA P/P, the Disease Management Program Member Identification P/P and the Disease Management Programs P/P fully meet the requirement.	Case Management LA Policy Disease Management Program Member Identification Policy Disease Management Programs Policy	Purpose Statement Procedure Policy Statement Procedure sections 1-6 Policy Statement Procedure	Page 1 Pages 4-9 Page 1 Page 4-6, 8 Page 1 Page 3-5
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 The Prohibiting the Use of Financial Incentives When Making Medical Necessity Determinations: Core Process P/P fully meets the requirement.	Prohibiting the Use of Financial Incentives When Making Medical Necessity Determinations: Core Policy	Policy Statement Exceptions: Louisiana	Page 1 Page 4
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 The Medical Record Requirements Core Process: Primary Care Providers P/P fully meets the requirement.	Medical Record Requirements Core Process: Primary Care Providers	Policy Statement Procedure Exceptions: Louisiana	Page 1 Page 7 Pages 17-20

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
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 The Specialty Referral P/P fully meets the requirement. The policy states that "the referral system must include processes to ensure monitoring and documentation of specialty health care and out of network referrals, services and follow up are included in the PCP's member medical record".	Specialty Referral Medical Record Requirements Core Process: Primary Care Providers	Exceptions: Louisiana Policy Statement Procedure Exceptions: Louisiana	Page 3 Page 1 Page 7 Pages 17-20
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 The Specialty Referral P/P fully meets the requirement.	Specialty Referral Non-Covered and Cost Effective Alternative Services	Exceptions: Louisiana Exceptions: Louisiana	Page 4 Page 5
6.28.2.11	The MCO shall develop electronic, web-based referral processes and systems.	NA The Health Plan does not require referrals to specialty care and states that an electronic, web-based referral process is not a capability for their providers or their operational requirements.	Provider Handbook		
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. Continuity of care activities shall provide processes by	Met The Continuity of Care – Core Process P/P (p.1) fully meets the requirement.	Continuity of Care – Core Process	Policy Statement Exceptions: Louisiana	Page 1 Pages 14-16

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	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 The Continuity of Care – Core Process P/P (p.15) fully meets the requirement.	Continuity of Care – Core Process	Exceptions: Louisiana	Page 15
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 The Continuity of Care – Core Process P/P (p.15) fully meets the requirement.	Continuity of Care – Core Process	Exceptions: Louisiana	Page 15
6.29.2.1	Ensure that each member has an ongoing source of preventive and primary care appropriate to their needs;	Met The Continuity of Care – Core Process P/P (p.15) fully meets the requirement.	Continuity of Care – Core Process	Exceptions: Louisiana	Page 15
6.29.2.2	Coordinate care between PCPs and specialists;	Met The Continuity of Care – Core Process P/P (p.15) fully meets the requirement.	Continuity of Care – Core Process	Exceptions: Louisiana	Page 15
6.20.2.3	Coordinate care for out-of-network services, including specialty care services;	Met The Continuity of Care – Core Process P/P (p.15) fully meets the requirement.	Continuity of Care – Core Process	Exceptions: Louisiana	Page 15
6.29.2.4	Coordinate MCO provided services with services the member may receive from other health care providers;	Met The Continuity of Care – Core Process P/P (p.15) fully meets the requirement.	Continuity of Care – Core Process	Exceptions: Louisiana	Page 15
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 The Continuity of Care – Core Process P/P (p.15) fully meets the requirement.	Continuity of Care – Core Process	Exceptions: Louisiana	Page 15

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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 The Continuity of Care – Core Process P/P (p.15) fully meets the requirement.	Continuity of Care – Core Process	Exceptions: Louisiana	Page 15
6.29.2.7	Maintain and operate a formalized hospital and/or institutional discharge planning program;	Met The Continuity of Care – Core Process P/P (p.15) fully meets the requirement.	Continuity of Care – Core Process	Exceptions: Louisiana	Page 15
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 before patient discharge;	Met The Continuity of Care – Core Process P/P (p.15) fully meets the requirement.	Continuity of Care – Core Process	Exceptions: Louisiana	Page 15
6.29.2.9	Document authorized referrals in its utilization management system; and	Met The Continuity of Care – Core Process P/P (p.15) fully meets the requirement.	Continuity of Care – Core Process	Exceptions: Louisiana	Page 15
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 The Continuity of Care – Core Process P/P (p.15) fully meets the requirement.	Continuity of Care – Core Process	Exceptions: Louisiana	Page 15
6.30	**Continuity of Care for Pregnant Women**				

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
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 The Continuity of Care – Core Process P/P (p.16) fully meets the requirement.	Continuity of Care – Core Process	Exceptions: Louisiana	Page 16
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 such services are being provided by a contract or non-contract provider until such time as the MCO can reasonably transfer the	Met The Continuity of Care – Core Process P/P (p.16) fully meets the requirement.	Continuity of Care – Core Process	Exceptions: Louisiana	Page 16

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	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 The Continuity of Care – Core Process P/P (p.16) fully meets the requirement.	Continuity of Care – Core Process	Exceptions: Louisiana	Page 16
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 The Continuity of Care – Core Process P/P (p.17) fully meets the requirement.	Continuity of Care – Core Process	`	Page 17
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	Met The Family Planning-LA P/P and Clinical Practice Guidelines – Family Planning Preventative Health documents fully meet the requirement.	Clinical Practice Guidelines – PEC-ALL-0768-12 Family Planning Preventative Health Collateral Education: LA-RLPB-CHL-0813E Reproductive Life Plan. PDG Collateral Education: HP-C 1018-13 Birth Control Methods PDF Collateral Education: HP-C1038-13 Preconception Health Brochure Interconception Health Guidelines HCMS Desktop Workflow Process	Full Document Full Document Full Document Full Document Purpose Statement Procedure Section 6.14.1.2	Page 1 Pages 1-2 Pages 1-2 Pages 1-2 Page 1 Page 1 Page 1

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	approval.		Family Planning Policy	Procedure Section 6.14.5	Pages 2-3
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 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 The Continuity of Care – Core Process P/P (p.17) fully meets the requirement.	Continuity of Care – Core Process	Exceptions: Louisiana	Page 17
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 The A03 Formulary System P/P states that "providers will be notified of formulary changes via blast fax, website or provider newsletters". The policy also states that "Members affected by	A03 Formulary System	Sections 8,9	Page 3

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
		formulary changes will be notified at least 30 days in advance of any formulary changes".			
6.3.2.3	The Formulary shall be reviewed in its entirety and updated at least semi-annually and upon DHH request.	Met The A03 Formulary System P/P revised to fully meet the requirement on page 3.	A03 Formulary System	Procedure	Page 1
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 The A08 Pharmacy Prior Authorization P/P fully meets the requirement	A08 Pharmacy Prior Authorization	Section I	Pages 2-5
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 The A08 Pharmacy Prior Authorization P/P fully meets the requirement	A08 Pharmacy Prior Authorization	Section I	Pages 2-5
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 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.	Met The Continuity of Care – Core Process P/P (p.17) fully meets the requirement.	Continuity of Care – Core Process Behavioral Health Hospital Discharge Coordination Process for Pharmacy Policy A45 Pharmacy Benefits Transition of Care/Continuity of Care	Exceptions: Louisiana Policy Statement Exceptions: Louisiana Attachment A, Louisiana	Page 17 Page 1 Pages 3-10 Page 8
6.34	**Continuity for Behavioral Health Care**				

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
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 The Behavioral Health and Continuity of care – LA P/P fully meets the requirement.	Behavioral Health and Continuity of care – LA	Purpose Statement Policy Statement	Page 1 Page 1-2
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 The Behavioral Health and Continuity of care – LA P/P fully meets the requirement.	Behavioral Health and Continuity of care – LA	Procedure	Step 1 page 3
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 The Behavioral Health and Continuity of care – LA P/P fully meets the requirement.	Behavioral Health and Continuity of care – LA	Policy statement, second paragraph	Bullet #9 on page 2
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 The Behavioral Health and Continuity of care – LA P/P fully meets the requirement.	Behavioral Health and Continuity of care – LA	Procedure	Step 9 page 4

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
6.34.5	The MCO shall comply with all post stabilization care service requirements found at 42 CFR §422.113.	Met The Behavioral Health and Continuity of care – LA P/P fully meets the requirement.	Behavioral Health and Continuity of care – LA	Procedure	Step 10 page 4
6.34.6	The MCO shall include documentation in the 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.	Met The Behavioral Health and Continuity of care – LA P/P fully meets the requirement.	Behavioral Health and Continuity of care – LA	Procedure	Step 11 page 4
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 The Behavioral Health and Continuity of care – LA P/P fully meets the requirement.	Behavioral Health and Continuity of care – LA	Procedure	Step 12 page 4
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 The Behavioral Health and Continuity of care – LA P/P fully meets the requirement.	Behavioral Health and Continuity of care – LA	Procedure	Step 13 page 4
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 The Behavioral Health and Continuity of care – LA P/P fully meets the requirement.	Behavioral Health and Continuity of care – LA	Procedure	Step 14 page 4
6.35	**Continuity for DME, Prosthetics, Orthotics, and Certain Supplies**				

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
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 period of ninety (90) calendar days after the member's enrollment in the MCO.	Met The Continuity of Care – Core Process P/P (p.17) fully meets the requirement.	Continuity of Care – Core Process	Exceptions: Louisiana	Page 17-18
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 The Continuity of Care – Core Process P/P (p.18) fully meets the requirement.	Continuity of Care – Core Process	Exceptions: Louisiana	Page 18
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	Met The Continuity of Care – Core Process P/P (p.18) fully meets the requirement.	Continuity of Care – Core Process	Exceptions: Louisiana	Page 18

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	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.				
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 The Continuity of Care – Core Process P/P (p.18) fully meets the requirement.	Continuity of Care – Core Process	Exceptions: Louisiana	Page 18

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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 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.	Met The Continuity of Care – Core Process P/P (p.19) fully meets the requirement.	Continuity of Care – Core Process	Exceptions: Louisiana	Page 19
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 The Continuity of Care – Core Process P/P (p.19) fully meets the requirement.	Continuity of Care – Core Process	Exceptions: Louisiana	Page 19
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 The Continuity of Care – Core Process P/P (p.19) fully meets the requirement.	Continuity of Care – Core Process	Exceptions: Louisiana	Page 19

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
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 The Continuity of Care – Core Process P/P (p.19) fully meets the requirement.	Continuity of Care – Core Process	Exceptions: Louisiana	Page 19
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 The Continuity of Care – Core Process P/P (p.19) fully meets the requirement.	Continuity of Care – Core Process	Exceptions: Louisiana	Page 18-20
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 The Continuity of Care – Core Process P/P (p.19) fully meets the requirement.	Continuity of Care – Core Process	Exceptions: Louisiana	Page 18-20
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 The Continuity of Care – Core Process P/P (p.19) fully meets the requirement.	Continuity of Care – Core Process	Exceptions: Louisiana	Page 18-20
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 The Continuity of Care – Core Process P/P (p.19) fully meets the requirement.	Continuity of Care – Core Process	Exceptions: Louisiana	Page 18-20

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
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 The Continuity of Care – Core Process P/P (p.19) fully meets the requirement.	Continuity of Care – Core Process	Exceptions: Louisiana	Page 18-20
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 The Case Management LA P/P fully meets the requirement. As per the Plan's documents, all 30 day deliverables will be submitted to the State by Regulatory in accordance with contract requirements.	Case Management LA Policy	Full Document	Pages 1-9

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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 The Case Management LA P/P fully meets the requirement.	Case Management LA Policy	Procedure – Background sections (i), (ii), (iii)	Pages 5-6
6.37.2.2	Assessment of a member's risk factors;	Met The Case Management LA P/P fully meets the requirement.	Case Management LA Policy	Procedure section 3 (a), (b), c-ii)	Page 6
6.37.2.3	Education regarding Patient-Centered Medical Home and referral to a Medical Home when appropriate;	Met The Case Management LA P/P fully meets the requirement.	Case Management LA Policy	Procedure section 3 (f)	Pages 6
6.37.2.4	Development of an individualized treatment plan, in accordance with Section 6.18.4;	Met The Case Management LA P/P fully meets the requirement.	Case Management LA Policy	Procedure section 3 (c-iii)	Pages 6
6.37.2.5	Referrals and assistance to ensure timely access to providers;	Met The Case Management LA P/P fully meets the requirement.	Case Management LA Policy	Procedure section 3 (e)	Pages 6
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 The Case Management LA P/P fully meets the requirement.	Case Management LA Policy	Procedure section 3 (d)	Pages 6
6.37.2.7	Monitoring;	Met The Case Management LA P/P fully meets the requirement.	Case Management LA Policy	Procedure section 3 (g)	Pages 6
6.37.2.8	Continuity of care; and	Met The Case Management LA P/P fully meets the requirement.	Case Management LA Policy	Procedure section 3 (d)	Pages 6
6.37.2.9	Follow-up and documentation.	Met The Case Management LA P/P fully meets the requirement.	Case Management LA Policy	Procedure section 3 (g)	Pages 6
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 The 2015 Case Management Program Description fully meets the requirement. As per the Plan's document, all 30 day deliverables will be submitted to the State by Regulatory in accordance with contract requirements.	2015 Case Management Program Description	Full Document	Pages 1-34
6.38.1	A process to offer voluntary participation in the Case Management Program to eligible	Met The 2015 Case Management Program Description and the Case Management LA P/P fully meet the requirement.	Case Management LA Policy 2015 Case Management Program	Procedure section 7 Section V	Pages 7 Page 24

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	members;		Description		
6.38.2	Identification criteria, process, and triggers for referral and admission into the Case Management Program;	Met The 2015 Case Management Program Description and the Case Management LA P/P fully meet the requirement.	Case Management LA Policy 2015 Case Management Program Description	Procedure section 1 (a), (b) Procedure – Background sections i, ii, iii and Clinical Criteria and CI3 Score / Stratification into Risk Groups Grid Enterprise Model of CM section 1	Pages 4-5 Page 6 Page 8
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 The Perinatal Services P/P and the Maternal Child Services Obstetrical and Newborn Case Management Program Description document fully meet the requirement.	MCS Program Description: Obstetrical and Newborn Case Management Perinatal Services Policy	Full document Policy Statement Procedure 1 identification Procedure 2 Risk Assessment Procedure 3 Risk Assessment & Stratification Procedure 4 Assessment factors Exceptions: Louisiana Sections 6.11, 6.13, 6.37.3	Pages 1 - 53 Page 1 Page 1 Page 1-2 Page 2 Pages 9-11
6.38.4	The provision of an individual needs assessment and diagnostic assessment; the development of an individual treatment care plan, as necessary, based 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	Met The Case Management LA P/P and the 2015 Case Management Program Description document fully meet the requirement.	Case Management LA Policy 2015 Case Management Program Description	Procedure section 3 (v) Procedure section 8 (a), (b), (e) Complex CM CM Program Philosophy Key Characteristics	Pages 5-6 Pages 7-8 Page 9 Page 6 Page 7

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	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 The Case Management LA P/P and the 2015 Case Management Program Description document fully meet the requirement.	Case Management LA Policy 2015 Case Management Program Description	Procedure section 3 (iii) Procedure section 8 (b) Enterprise Model of CM section 2 CM Program Philosophy	Pages 6 Pages 7-8 Page 8 Page 6
6.38.6	Procedures and criteria for making referrals to specialists and subspecialists;	Met The Case Management LA P/P and the 2015 Case Management Program Description document fully meet the requirement.	Case Management LA Policy 2015 Case Management Program Description	Procedure section 3 (d,e,f) Procedure section 8 (b) Key Characteristics	Pages 6 Pages 7-8 Page 7
6.38.7	Procedures and criteria for maintaining care plans and referral services when the member changes PCPs; and	Met The Case Management LA P/P and the 2015 Case Management Program Description document fully meet the requirement.	Case Management LA Policy 2015 Case Management Program Description	Procedure section 3 (iii) Procedure section 8 (b) Key Characteristics	Pages 6 Page 7-8 Page 7
6.38.8	Coordinate Case Management activities for members also receiving services through the MCO's Chronic Care Management Program.	Met: The Transfer of Cases within the Case Management Department (Internal and External of Plan) P/P fully meets the requirement.	Transfer of Cases Within the Case management Department (Internal and External of Plan)	Policy Statement Procedure #2 DMCCU to Health Plan Procedure #3 DMCCU Internal Transfer Procedure#4 Complex Case Management to DMCCU Procedure #5 Health Plan Transfer within Complex CM	Page 1 Page 4 Page 5 Page 5 Page 6

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				Procedure#6 Case Management transfer to Care Coordination	Page 6-7
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 The 2014 DMCCU (Disease Management Centralized Care Unit) Program Description fully meets the requirement.	Disease Management Program Descriptions 2014 (not due to be updated until 3/2015 as part of normal cycle	Full Document	Additionally Pages 5-6, 10, 12, 16, 20, 22, 25, 28
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 The 2014 DMCCU (Disease Management Centralized Care Unit) Program Description and the Disease Management (DM) Programs P/P fully meet the requirement.	Disease Management Program Member Identification Policy Disease Management Programs Policy Co-Morbid Conditions- Disease Management Chronic Obstructive Pulmonary Disease Management Program Asthma Disease Management Program Diabetes Disease Management Program HIV / AIDS Disease Management Program Congestive Heart Failure Disease Management Program Disease Management Program Descriptions 2014	Policy Statement Procedure #1,2,3,4,5 & 6 Policy Statement Procedure Full Document Full Document Full Document Full Document Full Document Full Document	Page 1 Page 4-6 Page 1 Page 3–9 Pages 1-11 Pages 1 -10 Pages 1- 11 Page 1-12 Page 1-11 Page 5- 6
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	Met The Disease Management documents fully meet the requirement. Per the Plan's document, all 30 day deliverables will be submitted to the State by Regulatory in accordance with	Disease Management Program Member Identification Policy Disease Management Programs	Policy Statement Procedure #1,2,3,4,5 & 6 Policy Statement	Page 1 Page 4-6 Page 1

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	Contract, annually and previous to any revisions. The MCO shall develop and implement policies and procedures that:	contract requirements.	Policy Co-Morbid Conditions- Disease Management Chronic Obstructive Pulmonary Disease Management Program Asthma Disease Management Program Diabetes Disease Management Program HIV / AIDS Disease Management Program Congestive Heart Failure Disease Management Program	Procedure Full Document Full Document Full Document Full Document Full Document Full Document	Page 3-9 Pages 1-11 Pages 1 -10 Pages 1- 11 Page 1-12 Page 1-11
6.39.4.1	Include the definition of the target population;	Met The Disease Management documents fully meet the requirement.	Disease Management Program Member Identification Policy Disease Management Programs Policy Co-Morbid Conditions- Disease Management Chronic Obstructive Pulmonary Disease Management Program Asthma Disease Management Program Diabetes Disease Management Program HIV / AIDS Disease Management Program Congestive Heart Failure Disease Management Program	Policy Statement Procedure #1,2,3,4,5 & 6 Policy Statement Procedure Full Document Full Document Full Document Full Document Full Document Full Document	Page 1 Page 4-6 Page 1 Page 3-9 Pages 1-11 Pages 1 -10 Pages 1- 11 Page 1-12 Page 1-11
6.39.4.2	Include member identification strategies, i.e. through encounter data;	Met The Disease Management documents fully meet the requirement.	Disease Management Program Member Identification Policy Disease Management Programs Policy	Policy Statement Procedure #1,2,3,4,5 & 6 Policy Statement Procedure	Page 1 Page 4-6 Page 1 Page 3-9

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			Co-Morbid Conditions- Disease Management		
6.39.4.3	Include evidence-based clinical guidelines that have been formally adopted by the QA/PI committee;	Met The Disease Management documents fully meet the requirement.	Chronic Obstructive Pulmonary Disease Management Program Asthma Disease Management Program Diabetes Disease Management Program HIV / AIDS Disease Management Program Congestive Heart Failure Disease Management Program Disease Management Program Descriptions 2014	Full Document Full Document Full Document Full Document Full Document	Pages 1-11 Pages 1 -10 Pages 1- 11 Page 1-12 Page 1-11 Page 6
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 The Disease Management documents fully meet the requirement.	Disease Management Program Member Identification Policy Disease Management Programs Policy Co-Morbid Conditions- Disease Management Chronic Obstructive Pulmonary Disease Management Program Asthma Disease Management Program Diabetes Disease Management Program HIV / AIDS Disease Management Program Congestive Heart Failure Disease Management Program Disease Management Program Descriptions 2014	Policy Statement Procedure #1,2,3,4,5 & 6 Policy Statement Procedure Full Document Full Document Full Document Full Document Full Document Standard I	Page 1 Page 4-6 Page 1 Page 3 -9 Pages 1-11 Pages 1 -10 Pages 1- 11 Page 1-12 Page 1-11 Page 6
6.39.4.5	Include a written description of the	Met	Disease Management Program	Policy Statement	Page 1

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	stratification levels for each chronic condition, including member criteria and associated interventions;	The Disease Management documents fully meet the requirement.	Member Identification Policy Disease Management Programs Policy Co-Morbid Conditions- Disease Management Chronic Obstructive Pulmonary Disease Management Program Asthma Disease Management Program Diabetes Disease Management Program HIV / AIDS Disease Management Program Congestive Heart Failure Disease Management Program Disease Management Program Descriptions 2014	Procedure #1,2,3,4,5 & 6 Policy Statement Procedure Full Document Full Document Full Document Full Document Full Document Full Document Standard II Stratification and Assessment	Page 4-6 Page 1 Page 3 -9 Pages 1-11 Pages 1 -10 Pages 1- 11 Page 1-12 Page 1-11 Page 10 Page 12
6.39.4.6	Include methods for informing and educating members and providers;	Met The Disease Management documents fully meet the requirement.	Disease Management Program Member Identification Policy Disease Management Programs Policy Co-Morbid Conditions- Disease Management Chronic Obstructive Pulmonary Disease Management Program Asthma Disease Management Program Diabetes Disease Management Program HIV / AIDS Disease Management Program Congestive Heart Failure Disease	Policy Statement Procedure #1,2,3,4,5 & 6 Policy Statement Procedure Full Document Full Document Full Document Full Document # 4 Information for Members Standard III Program Information for	Page 1 Page 4-6 Page 1 Page 3-9 Pages 1-11 Pages 1 -10 Pages 1- 11 Page 1-12 Page 1-11 Page 16 Page 20 Page 20

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			Management Program Disease Management Program Descriptions 2014	Practitioners	
6.39.4.7	Emphasize exacerbation and complication prevention utilizing evidence- based clinical practice guidelines and patient empowerment and activation strategies;	Met The Disease Management documents fully meet the requirement.	Disease Management Program Member Identification Policy Disease Management Programs Policy Co-Morbid Conditions- Disease Management Chronic Obstructive Pulmonary Disease Management Program Asthma Disease Management Program Diabetes Disease Management Program HIV / AIDS Disease Management Program Congestive Heart Failure Disease Management Program Disease Management Program Descriptions 2014	Policy Statement Procedure #1,2,3,4,5 & 6 Policy Statement Procedure Full Document Full Document Full Document Full Document Full Document	Page 1 Page 4-68 Page 1 Pages 3-9 Pages 1-11 Pages 1 -10 Pages 1- 11 Page 1-12 Page 1-11 Page 6
6.39.4.8	Conduct and report the evaluation of clinical, humanistic and economic outcomes;	Met The Disease Management documents fully meet the requirement.	Disease Management Program Member Identification Policy Disease Management Programs Policy Co-Morbid Conditions- Disease Management Chronic Obstructive Pulmonary Disease Management Program Asthma Disease Management Program	Policy Statement Procedure #1,2,3,4,5 & 6 Policy Statement Procedure Full Document Full Document Full Document Full Document	Page 1 Page 4-6 Page 1 Page 3 -9 Pages 1-11 Pages 1 -10 Pages 1- 11 Page 1-12 Page 1-11

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			Diabetes Disease Management Program HIV / AIDS Disease Management Program Congestive Heart Failure Disease Management Program Disease Management Program Descriptions 2014	Standard V	Page 28
6.39.4.9	Address co-morbidities through a whole-person approach;	Met The Disease Management documents fully meet the requirement.	Comorbid Conditions Disease Management (DM) Policy Disease Management (DM) Programs Disease Management Program Descriptions 2014	Full document 5)a DMCCU Workflow	Pages 1-10 Pages 3-9 Page 24, 35
6.39.4.10	Identify members who require in-person case management services and a plan to meet this need;	Met The Disease Management documents fully meet the requirement.	Disease Management (DM) Programs Disease Management Program Descriptions 2014	Exceptions: Louisiana DMU to Health Plan transfer	Page 10 Page 25
6.39.4.11	Coordinate CCMP activities for members also identified in the Case Management Program; and	Met The Disease Management documents fully meet the requirement.	Disease Management Program Descriptions 2014 Disease Management (DM) Programs Disease Management Program Descriptions 2014	Standard IV: Care Coordination # 10 Standard IV	Pages 22-26 Page 9 Pages 22-23
6.39.4.12	Include Program Evaluation requirements.	Met The Disease Management documents fully meet the requirement.	Disease Management Program Descriptions 2014 Disease Management (DM) Programs	Standard V: Measurement and Quality Improvements # 11 Evaluation	Pages 28-30 Page 8
6.40	**Predictive Modeling**				

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
6.40.1	The MCO shall use predictive modeling methodology to identify and stratify members eligible for the CCMP.	Met The CI3 Logic document for External Review rev. 9.25.12. document (The Amerigroup Case Management Identification Process) fully meets the requirement	CI3 Logic document for External Review rev. 9.25.12. Disease Management Program Description 2014	Full document	Key Points Highlighted Page 1 & Figure 1Page 2 & Figure 2 Page 3 Table 2 – top of page 4 Page 5
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 The CI3 Logic document for External Review rev. 9.25.12. document (The Amerigroup Case Management Identification Process) fully meets the requirement	CI3 Logic document for External Review rev. 9.25.12.	Full Document	Key Points Highlighted Page 1 & Figure 1 Page 2 & Figure 2 Page 3 Table 2 – top of page 4 Page 5
6.40.2.1	A brief history of the tool's development and historical and current uses;	Met The CI3 Logic document for External Review rev. 9.25.12. document (The Amerigroup Case Management Identification Process) fully meets the requirement	CI3 Logic document for External Review rev. 9.25.12.	Section: How it works	Top of page 2
6.40.2.2	Medicaid data elements to be used for predictors and dependent measure(s);	Met The CI3 Logic document for External Review rev. 9.25.12. document (The Amerigroup Case Management Identification Process) fully meets the requirement	CI3 Logic document for External Review rev. 9.25.12.	Section: How it works	Top of page 2 and Figure 2 break out elements
6.40.2.3	Assessments of data reliability and model validity;	Met The CI3 Logic document for External Review rev. 9.25.12. document (The Amerigroup Case Management Identification Process) fully meets the requirement	CI3 Logic document for External Review rev. 9.25.12.	Section: How it works	Pages 2-4
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 The CI3 Logic document for External Review rev. 9.25.12. document (The Amerigroup Case Management Identification Process) fully meets the requirement	CI3 Logic document for External Review rev. 9.25.12.	Section: Stratification and Disposition	Pages 4-5 through conclusion
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 The CI3 Logic document for External Review rev. 9.25.12. document (The Amerigroup Case Management Identification Process) fully meets the requirement	CI3 Logic document for External Review rev. 9.25.12.	Section: How it works through Conclusion	Key Points Page 1 & Figure 1 Page 2 & Figure 2 Page 3 Table 2 – top of page 4

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