Contract | RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
Appendix JJ	**Transition Period Requirements (Only those related to PI or PE)**				
Contract Start-up	The MCO will be responsible for developing a written work plan, referred to as the Transition/Implementation Plan, which will be used to monitor progress throughout the Transition Period. An updated and detailed Transition Implementation Plan will be due to DHH within thirty (30) days from the date the contract is signed by the MCO or the date when the Readiness Review process begins, whichever is sooner.	Met Transition Implementation Plan Developed: Met Per Items 25 and 26, below. Relevant documentation regarding above: **LA Bayou Health Transition Implementation Plan** **Item 25** Develop/Update Project Transition/Implementation Plan (% Complete; Duration; Start; Finish): 99% 25 days Fri 10/31/14 Thu 12/4/14 **Item 26** Finalize Transition/Implementation Plan and Dependencies 100% 3 days Fri 10/31/14 Tue 11/4/14			
Admin and Key MCO Personnel	No later than fourteen (14) days after the Contract Effective Date, the MCO must designate and identify Key MCO Personnel that meet the requirements of the contract. The MCO shall supply DHH with resumes of each Key MCO Personnel as well as organizational information that has changed relative to the MCO proposal , such as updated job descriptions and updated organization charts, (including updated Management Information System (MIS) job descriptions and an updated MIS staff organizational chart), if applicable. If the MCO is using a Subcontractor(s), the MCO must also provide the organization chart for each Subcontractor(s).	Met The document "LA Key Staff Org Chart 1 9 15 updated" was provided: this document indicates Hassan Gardezi is the Program Integrity Compliance Director. Hassan Gardezi's resume was provided.			
Other Information	Briefly describe any regulatory action, sanctions, and/or fines imposed by any federal or Louisiana regulatory entity or a regulatory entity in another state within the last three (3) years, including a description of any letters of deficiencies, corrective actions, findings of non-compliance, and/or sanctions. Please indicate which of these actions, or fines, if any, were related to Medicaid or CHIP programs. DHH may, at its option, contact these clients or regulatory agencies and any other individual or organization whether or not identified by the MCO.	Met The document "Description CAP Completion Status 12.30.14" provides information on fines, sanctions and CAPS.	.		

Operation Readiness	As part of the Fraud and Abuse Compliance Plan, the MCO shall: Designate a compliance officer and essential personnel to attend mandatory training in fraud and abuse detection, prevention and reporting. Executive and essential fraud and abuse personnel means MCO staff persons who supervise staff in the following areas: data collection, provider enrollment or disenrollment, encounter data, claims processing, utilization review, appeals or grievances, quality assurance and marketing, and who are directly involved in the decision-making and administration of the fraud and abuse detection program within the MCO.	Met The document "LA Key Staff Org Chart 1 9 15 updated" was provided: this document indicates Hassan Gardezi is the Program Integrity Compliance Director. Hassan Gardezi's resume was provided: CV for Steve Ballew indicates, "Has extensive experience in the investigation of Medicare, Medicaid, and Public Assistance fraud. Has several years of experience working with state and federal law enforcement entities to pursue prosecution of fraud, waste, and abuse."			
Operation Readiness	Designate an officer within the organization responsible for carrying out the provisions of the Fraud and Abuse Compliance Plan.	Met The document "LA Key Staff Org Chart Jan. 9, 2015 updated" was provided: this document indicates Hassan Gardezi is the Program Integrity Compliance Director. Hassan Gardezi's resume was provided: THE 2014 Corporate Compliance Plan indicates that, "The senior leader of each Plan is the designated Fraud Officer, and unless otherwise elected, responsible for all reporting of fraud and abuse to the appropriate state agencies."			
Operation Readiness	The MCO is held to the same requirements and must ensure that, if this function is subcontracted to another entity, the subcontractor also meets all the requirements.	N/A NA, as the Plan indicates on the Plan's version of the tool that "AGP does not delegate FWA".			
15.1	**General Requirements**				
15.1.1	The MCO shall comply with all state and federal laws and regulations relating to fraud, abuse and waste in the Medicaid and CHIP programs, including but not limited to 42 CFR 438.1-438.812 and La.R.S. 46:437.1-437.14; LAC 50:1.4101-4235.				

15.1.2	The MCO's Program Integrity Officer and CEO or COO shall meet with DHH and the state's Office of Attorney General Medicaid Fraud Control Unit (MFCU) quarterly, annually, and at DHH's request, to discuss fraud, abuse, waste, neglect and overpayment issues. For purposes of this Section, the MCO's Program Integrity Officer shall serve as the primary point of contact for the MCO on issues related to Fraud, Abuse, and Waste Prevention.	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 118**
15.1.3	The MCO shall cooperate and assist the state and any state or federal agency charged with the duty of identifying, investigating, or prosecuting suspected fraud, abuse or waste. At any time during normal business hours, HHS, the State Auditor's Office, the Office of the Attorney General, General Accounting Office (GAO), Comptroller General, DHH, and/or any of the designees of the above, and as often as they may deem necessary during the Contract period and for a period of six (6) years from the expiration date of the Contract (including any extensions to the Contract), shall have the right to inspect or otherwise evaluate the quality, appropriateness, and timeliness of services provided under the terms of the Contract and any other applicable rules.	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 118**

15.1.4	The MCO and its subcontractors shall make all program and financial records and service delivery sites open to the representative or any designees of the above. HHS, DHH, GAO, the State Auditor's Office, the Office of the Attorney General, and/or the designees of any of the above shall have timely and reasonable access and the right to examine and make copies, excerpts or transcripts from all books, documents, papers, and records which are directly pertinent to a specific program for the purpose of making audits, examinations, excerpts and transcriptions, contact and conduct private interviews with MCO clients, employees, and contractors, and do on-site reviews of all matters relating to service delivery as specified by the Contract. The rights of access in this subsection are not limited to the required retention period, but shall last as long as records are retained. The MCO shall provide originals and/or copies (at no charge) of all records and information requested. Requests for information shall be compiled in the form and the language requested.	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 118**
15.1.5	MCO's employees and its contractors and their employees shall cooperate fully and be available in person for interviews and consultation regarding grand jury proceedings, pre-trial conferences, hearings, trials, and in any other process.	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 118**
15.1.6	The MCO shall provide access to DHH and/or its designee to all information related to grievances and appeals files by its members. DHH shall monitor enrollment and termination practices and ensure proper implementation of the MCO's grievance procedures, in compliance with 42 CFR §438.226-228.	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 118**

15.1.7	The MCO shall certify all statements, reports and claims, financial and otherwise, as true, accurate, and complete. The MCO shall not submit for payment purposes those claims, statements, or reports which it knows, or has reason to know, are not properly prepared or payable pursuant to federal and state law, applicable regulations, the Contract, and DHH policy.	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 118**
15.1.8	The MCO will report to DHH, within three (3) business days, when it is discovered that any MCO employee(s), network provider, contractor, or contractor's employee(s) have been excluded, suspended, or debarred from any state or federal healthcare benefit program through the following url: http://new.dhh.louisiana.gov/index.cfm/page/219.	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 119**
15.1.9	The MCO shall have surveillance and utilization control programs and procedures (42 CFR §456.3, §456.4, §456.23) to safeguard Medicaid funds against unnecessary or inappropriate use of Medicaid services and against improper payments. The MCO shall have internal controls and policies and procedures in place that are designed to prevent, detect, and report known or suspected fraud, waste, and abuse activities.	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 119**
15.1.10	The MCO, as well as its subcontractors and providers, whether contract or non-contract, shall comply with all federal requirements (42 CFR Part 455) on disclosure reporting. All tax-reporting provider entities that bill and/or receive Louisiana Medicaid funds as the result of this Contract shall submit routine disclosures in accordance with timeframes specified in 42 CFR Part 455, Subpart B and Louisiana Medicaid policies and procedures, including at the time of initial contracting, contract renewal, within thirty-five (35) days of any change to any of the information on the disclosure form, at least once annually, and at any time upon request.	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 119**

15.1.11	The MCO, as well as its subcontractors and providers, whether contract or non-contract, shall comply with all federal requirements (42 C.F.R. §1002) on exclusion and debarment screening. All tax-reporting provider entities that bill and/or receive Louisiana Medicaid funds as the result of this Contract shall screen their owners and employees against the federal exclusion databases (such as LEIE and System for Award Management). Any unallowable funds made to excluded individuals as full or partial wages and/or benefits shall be refunded to and/or obtained by the State and/or the MCO dependent upon the entity that identifies the payment of unallowable funds to excluded individuals.	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 119**
15.1.12	The MCO shall have adequate staffing and resources to investigate unusual incidents and develop and implement corrective action plans to assist the MCO in preventing and detecting potential fraud, waste, and abuse. At a minimum the MCO shall have one (1) full-time investigator physically located within Louisiana for every 100,000 members or fraction thereof. This full-time position(s) is/are in addition to the Program Integrity Officer and must be located in-state.	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 119**
15.1.13	The MCO is prohibited from taking any actions to recoup or withhold improperly paid funds already paid or potentially due to a provider when the issues, services or claims upon which the recoupment or withhold are based meet one or more of the following criteria:	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 119**
15.1.13.1	The improperly paid funds have already been recovered by the State of Louisiana, either by Louisiana Medicaid directly or as part of a resolution of a state or federal investigation and/or lawsuit, including but not limited to false claims act cases; or	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 119**
15.1.13.2	The improperly paid funds have already been recovered by the States Recovery Audit Contractor (RAC) contractor; or	Met The The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 120**

15.1.13.3	When the issues, services or claims that are the basis of the recoupment or withhold are currently being investigated by the State of Louisiana, are the subject of pending Federal or State litigation or investigation, or are being audited by the Louisiana RAC.	Met The The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 120**
15.1.14	This prohibition described above in Section 15.1.13 shall be limited to a specific provider(s), for specific dates, and for specific issues, services or claims. The MCO shall confer with DHH before initiating any recoupment or withhold of any program integrity related funds. (See Section 15.7) to ensure that the recovery recoupment or withhold is permissible. In the event that the MCO obtains funds in cases where recovery recoupment or withhold is prohibited under this Section, the MCO will return the funds to DHH.	Met The The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 120**
15.1.15	The MCO shall comply with all federal and state requirements regarding fraud waste, and abuse, including but not limited to Sections 1128, 1156, and 1902(a)(68) of the Social Security Act.	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 120**
15.1.16	**Reporting and Investigating Suspected Fraud and Abuse**				
15.1.16.1	The MCO shall cooperate with all appropriate state and federal agencies, including MFCU, in investigating fraud and abuse.				
15.1.16.2	The MCO shall have methods for identification, investigation, and referral of suspected fraud cases (42 CFR §455.13, §455.14, §455.21).	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 120**

15.1.16.3	The MCO shall notify MFCU and DHH simultaneously and in a timely manner regarding all internal (such as identified patterns of data mining outliers, audit concerns, critical incidences) and external (such as hotline calls) tips with potential implications to Louisiana Medicaid providers' billing anomalies and/or to safety of Medicaid enrollees that results in a full investigation (42 CFR §455.15). Along with a notification, the MCO shall take steps to triage and/or substantiate these tips and provide simultaneous and timely updates to MFCU and DHH when the concerns and/or allegations of any tips are authenticated.	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 120**
15.1.16.4	The MCO shall report all tips, confirmed or suspected fraud, waste and abuse to DHH and the appropriate agency as follows:	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 120**
15.1.16.4.1	All tips (any program integrity case opened within the previous two (2) weeks) shall be reported to DHH and MFCU;	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 120**
15.1.16.4.2	Suspected fraud and abuse in the administration of the program shall be reported to DHH and MFCU;	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 120**
15.1.16.4.3	All confirmed or suspected provider fraud and abuse shall immediately be reported to DHH and MFCU; and	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 120**
15.1.16.4.4	All confirmed or suspected enrollee fraud and abuse shall be reported immediately to DHH and local law enforcement.	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 120**
15.1.16.5	The MCO shall utilize a Fraud Reporting Form deemed satisfactory by the agency to whom the report is to be made under the terms of this Contract.	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 120**
15.1.16.6	The MCO shall be subject to a civil penalty, to be imposed by the DHH, for willful failure to report fraud and abuse by recipients, enrollees, applicants, or providers to DHH MFCU, as appropriate.				

15.1.16.7	The MCO shall promptly perform a preliminary investigation of all incidents of suspected and/or confirmed fraud and abuse. Unless prior written approval is obtained from the agency to whom the incident was reported, or to another agency designated by the agency that received the report, after reporting fraud or suspected fraud and/or suspected abuse and/or confirmed abuse, the MCO shall not take any of the following actions as they specifically relate to Medicaid claims:	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 121**
15.1.16.8	Contact the subject of the investigation about any matters related to the investigation;	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 121**
15.1.16.9	Enter into or attempt to negotiate any settlement or agreement regarding the incident; or	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 121**
15.1.16.10	Accept any monetary or other thing of valuable consideration offered by the subject of the investigation in connection with the incident.	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 121**
15.1.16.11	The MCO shall promptly provide the results of its preliminary investigation to DHH or the agency to whom the incident was reported, or to another agency designated by the agency that received the report.	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 121**
15.1.16.12	The MCO shall cooperate fully in any further investigation or prosecution by any duly authorized government agency, whether administrative, civil, or criminal. Such cooperation shall include providing, upon request, information, access to records, and access to interview MCO employees and consultants, including but not limited to those with expertise in the administration of the program and/or in medical or pharmaceutical questions or in any matter related to an investigation.	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 121**
15.1.17	The State shall not transfer its law enforcement functions to the MCO.				

15.1.18	The MCO, subcontractor and providers, whether contract or non-contract, shall, upon request and as required by this Contract or state and/or federal law, make available to the MFCU any and all administrative, financial and medical records relating to the delivery of items or services for which Louisiana Medicaid monies are expended. Such records will be made available at no cost to the requesting agency. In addition, the MFCU shall, as required by this Contract or state and/or federal law, be allowed access to the place of business and to all Medicaid records of any contractor, subcontractor or provider, whether contract or non-contract, during normal business hours, except under special circumstances when after hour admission shall be allowed. Special circumstances shall be determined by the MFCU.	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 121**
15.1.19	The MCO and/or subcontractors shall include in any of its provider agreements a provision requiring, as a condition of receiving any amount of Medicaid payment, that the provider comply with this Section, Section 15 of this Contract.	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 121**
15.1.20	The MCO shall notify DHH when the MCO denies a provider credentialing application or disenrolls a provider for program integrity-related reasons or otherwise limits the ability of providers to participate in the program for program integrity reasons.	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 121**
15.1.21	Except as described in Section 15 of this Contract, nothing herein shall require the MCO to ensure non-contract providers are compliant with Louisiana Medicaid contracts or state and/or federal law.				
15.1.22	In accordance with the Affordable Care Act and Louisiana Medicaid policy and procedures, the MCO shall report overpayments made by DHH to the MCO as well as overpayments made by the MCO to a provider and/or subcontractor.	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 122**

15.1.23	The MCO shall have at least one (1) full-time investigator or full-time equivalent per 100,000 enrollees or fraction thereof. This full-time position(s) is/are in addition to the Program Integrity Officer and must be located in-state.	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 122**
15.2	**Fraud and Abuse Compliance Program**				
15.2.1	In accordance with 42 CFR §438.608(a), the MCO shall have a compliance program that includes administrative and management arrangements or procedures, including a mandatory Fraud and Abuse Compliance Plan designed to prevent, reduce, detect, correct, and report known or suspected fraud, abuse, and waste in the administration and delivery of services.	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 122**
15.2.2	In accordance with 42 CFR §438.608(b)(2), the MCO shall designate a compliance officer and compliance committee that have the responsibility and authority for carrying out the provisions of the compliance program. These individuals shall be accountable to the MCO's board of directors and shall be directly answerable to the Executive Director or to the board of directors and senior management. The MCO shall have an adequately staffed Medicaid Program Integrity office with oversight by the Program Integrity Officer.	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 122**
15.2.3	The MCO shall submit the Fraud and Abuse Compliance Plan within thirty (30) days from the date the Contract is signed. The MCO shall submit updates or modifications to DHH for approval at least thirty (30) days in advance of making them effective. DHH, at its sole discretion, may require that the MCO modify its compliance plan. The MCO compliance program shall incorporate the policy and procedures as follows:	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 122**
15.2.3.1	Written policies, procedures, and standards of conduct that articulate MCO's commitment to comply with all applicable federal and state standards;	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 122**

15.2.3.2	Effective lines of communication between the Program Integrity Officer and the MCO's employees, providers and contractors enforced through well-publicized disciplinary guidelines;	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 122**
15.2.3.3	Procedures for ongoing monitoring and auditing of MCO systems, including, but not limited to, claims processing, billing and financial operations, enrollment functions, member services, continuous quality improvement activities, and provider activities;	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 122**
15.2.3.4	Provisions for the confidential reporting of plan violations, such as a hotline to report violations and a clearly designated individual, such as the Program Integrity Officer, to receive them. Several independent reporting paths shall be created for the reporting of fraud so that such reports cannot be diverted by supervisors or other personnel;	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 122**
15.2.3.5	Provisions for internal monitoring and auditing reported fraud, abuse, and waste in accordance with 42 CFR §438.608(b)(4-6);	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 122**
15.2.3.6	Protections to ensure that no individual who reports compliance plan violations or suspected fraud and/or abuse is retaliated against by anyone who is employed by or contracts with the MCO. The MCO shall ensure that the identity of individuals reporting violations of the compliance plan shall be held confidentially to the extent possible. Anyone who believes that he or she has been retaliated against may report this violation to DHH and/or the U.S. Office of Inspector General.	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 123**
15.2.3.7	Provisions for a prompt response to detected offenses and for development of corrective action initiatives related to the Contract in accordance with 42 CFR §438.608(b)(7);	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 123**
15.2.3.8	Well-publicized disciplinary procedures that shall apply to employees who violate the MCO compliance program;	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 123**
15.2.3.9	Effective education for the Program Integrity Officer, program integrity investigators, managers, employees, providers and members to ensure that they know and understand the provisions of MCO's compliance plan;	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 123**

15.2.3.10	Fraud, Waste and Abuse Training shall include, but not be limited to: • Annual training of all employees; • New hire training within thirty (30) days of beginning date of employment.	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 123**
15.2.3.11	MCO will require new employees to complete and attest to training modules within thirty (30) days of hire related to the following in accordance with federal and state laws: • MCO Code of Conduct Training • Privacy and Security – Health Insurance Portability and Accountability Act • Fraud, waste, and abuse • Procedures for timely consistent exchange of information and collaboration with DHH; • Organizational chart including the Program Integrity Officer and full-time program integrity investigator(s); and • Provisions that comply with 42 CFR §438.610 and all relevant state and federal laws, regulations, policies, procedures, and guidance (including CMS' Guidelines for Constructing a Compliance Program for Medicaid Managed Care Organizations and Prepaid Networks) issued by Department, HHS, CMS, and the Office of Inspector General, including updates and amendments to these documents or any such standards established or adopted by the state of Louisiana or its Departments.	Met The standard is addressed in the documentation provided.	**2014 SIU Fraud Plan LA 20141204:**	**Numbered same as contract**	**p. 123**
15.3	**Prohibited Affiliations**				
15.3.1	In accordance with 42 CFR 438.610, the MCO is prohibited from knowingly having a relationship with: An individual who is debarred, suspended, or otherwise excluded from participating in procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.				

15.3.2	The MCO shall comply with all applicable provisions of 42 CFR 438.610 pertaining to debarment and/or suspension. The MCO shall screen all employees and contractors to determine whether they have been excluded from participation in Medicare. Medicaid, the Children's Health Insurance Program, and/or any federal health care programs. To help make this determination, the MCO shall conduct screening to comply with the requirements set forth at 42 CFR 455.436.	Met The standard is addressed in the documentation provided.	2014 SIU Fraud Plan LA 20141204	Numbered same as contract	p. 124
15.3.3	The MCO shall search the following websites: • Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE); • Louisiana Adverse Actions List Search; • The System of Award Management (SAM); and • Other applicable sites as may be determined by DHH	Met The standard is addressed in the documentation provided.	2014 SIU Fraud Plan LA 20141204	Numbered same as contract	p. 124
15.3.4	The MCO shall conduct a search of these websites monthly to capture exclusions and reinstatements that have occurred since the previous search. Any and all exclusion information discovered should be reported to DHH within three (3) business days. Any individual or entity that employees or contracts with an excluded provider/individual cannot claim reimbursement from Medicaid for any items or services furnished, authorized, or prescribed by the excluded provider or individual. This prohibition applies even when the Medicaid payment itself is made to another provider who is not excluded. For example, a pharmacy that fills a prescription written by an excluded provider for a Medicaid beneficiary cannot claim reimbursement from Medicaid for that prescription. Civil monetary penalties may be imposed against providers who employ or enter into contracts with excluded individuals or entities to provide items or services to Medicaid beneficiaries. See Section 1128A (a) (6) of the Social Security Act and 42 CFR 1003.102(a)(2).	Met The standard is addressed in the documentation provided.	2014 SIU Fraud Plan LA 20141204	Numbered same as contract	p. 124

15.3.4.1	An individual who is an affiliate of a person described above include: • A director, officer, or partner of the MCO; • A person with beneficial ownership of five (5%) percent or more of the MCO's equity; or • A person with an employment, consulting or other arrangement with the MCO for the provision of items and services which are significant and material to the MCO's obligations.	Met The standard is addressed in the documentation provided.	2014 SIU Fraud Plan LA 20141204	Numbered same as contract	p. 124
15.3.4.2	The MCO shall notify DHH within three (3) days of the time it receives notice that action is being taken against the MCO or any person defined above or under the provisions of Section 1128(a) or (b) of the Social Security Act (42 U.S.C. 1320a-7) or any contractor which could result in exclusion, debarment, or suspension of the MCO or a contractor from the Medicaid or CHIP program, or any program listed in Executive Order 12549.	Met The standard is addressed in the documentation provided.	2014 SIU Fraud Plan LA 20141204	Numbered same as contract	p. 124
15.4	**Payments to Excluded Providers**				
15.4.1	Federal Financial Participation (FFP) is not available for services delivered by providers excluded by Medicare, Medicaid, or CHIP except for emergency services ; and	Met The standard is addressed in the documentation provided.	2014 SIU Fraud Plan LA 20141204	Numbered same as contract	p. 124
15.4.2	The MCO is responsible for the return of any money paid for services provided by an excluded provider.	Met The standard is addressed in the documentation provided.	2014 SIU Fraud Plan LA 20141204	Numbered same as contract	p. 125
15.5	**Reporting**				
15.5.1	In accordance with 42 CFR 455.1(a)(1) and 455.17, the MCO shall be responsible for promptly reporting suspected fraud, abuse, waste and neglect to the state's Office of Attorney General MFCU, and DHH within three (3) business days of discovery, taking prompt corrective actions and cooperating with DHH in its investigation of the matter(s). Additionally, the MCO shall notify DHH within three (3) business days of the time it receives notice that	Met The standard is addressed in the documentation provided.	2014 SIU Fraud Plan LA 20141204	Numbered same as contract	p. 125

	action is being taken against the MCO or MCO employee, network providers, contractor or contractor employee or under the provisions of Section 1128(a) or (b) of the Social Security Act (42 U.S.C. 1320a-7) or any contractor which could result in exclusion, debarment, or suspension of the MCO or a contractor from the Medicaid or CHIP program, or any program listed in Executive Oder 12549.				
15.5.2	Reporting shall include, but is not limited to, as set forth in 42 CFR 455.17:				
15.5.2.1	Number of complaints of fraud, abuse, waste, neglect and overpayments made to the MCO that warrant preliminary investigation (defined at 42 CFR 455.14);	Met The standard is addressed in the documentation provided.	2014 SIU Fraud Plan LA 20141204	Numbered same as contract	p. 125
15.5.2.2	Number of complaints reported to the Program Integrity Officer; and	Met This standard addressed in 2014 SIU Fraud Plan LA 20141204. Report included evidence of number of complaints reported to the Program Integrity Officer.			p. 125
15.5.2.3	For each complaint that warrants full investigation (defined at 42 CFR 455.15 and 455.16, the MCO shall provide DHH, at a minimum, the following: • Provider name and ID number; • Source of complaint; • Type of complaint; • Nature of complaint; • Approximate range of dollars involved if applicable; and • Legal and administrative disposition of the case and any other information necessary to describe the activity regarding the complainant.	Met The standard is addressed in the documentation provided.	2014 SIU Fraud Plan LA 20141204	Numbered same as contract	p. 125
15.5.3	The MCO, through its compliance officer, shall attest to DHH that a search of websites referenced in Section 15.3.3 has been completed to capture all exclusions.	Met The standard is addressed in the documentation provided.	2014 SIU Fraud Plan LA 20141204	Numbered same as contract	p. 125
15.6	**Medical Records**				
15.6.1	The MCO shall have a method to verify that services for which reimbursement was made, was provided to members. The MCO shall have	Met The documents (1) Medical Record requirements – Core Process Primary Care Providers and (2) LA Practitioner			

	policies and procedures to maintain, or require MCO providers and contractors to maintain, an individual medical record for each member. The MCO shall ensure the medical record is:	Medical Record Review Scoring Guidelines address components of the medical record, QA and UM reviews. The following documnetation on page 2 of document (1) Medical Record requirements – Core Process Primary Care Providers states that, "Documentation in the record shall reflect the quality, appropriateness, and timeliness of services provided."			
15.6.1.1	Accurate and legible;	Met The standard is addressed in the documentation provided.	Medical Record requirements – Core Process Primary Care Providers		p. 2
15.6.1.2	Safeguarded against loss, destruction, or unauthorized use and is maintained, in an organized fashion, for all members evaluated or treated, and is accessible for review and audit; and	Met The standard is addressed in the documentation provided.	Medical Record requirements – Core Process Primary Care Providers		p. 2
15.6.1.3	Readily available for review and provides medical and other clinical data required for Quality and Utilization Management review.	Met The standard is addressed in the documentation provided.	Medical Record requirements – Core Process Primary Care Providers		p. 2
15.6.2	The MCO shall ensure the medical record includes, minimally, the following:	Met The standard is addressed in the documentation provided.	Medical Record Requirements Core Process Primary Care Providers		p. 18
15.6.2.1	Member identifying information, including name, identification number, date of birth, sex and legal guardianship (if applicable);	Met The standard is addressed in the documentation provided.	Medical Record Requirements Core Process Primary Care Providers		p. 18
15.6.2.2	Primary language spoken by the member and any translation needs of the member;	Met The standard is addressed in the documentation provided.	Medical Record Requirements Core Process Primary Care Providers		p. 18
15.6.2.3	Services provided through the MCO, date of service, service site, and name of service provider;	Met The standard is addressed in the documentation provided.	Medical Record Requirements Core Process Primary Care Providers		p. 18
15.6.2.4	Medical history, diagnoses, treatment prescribed, therapy prescribed and drugs administered or dispensed, beginning with, at a minimum, the first member visit with or by the MCO;	Met The standard is addressed in the documentation provided.	Medical Record Requirements Core Process Primary Care Providers		p. 18
15.6.2.5	Referrals including follow-up and outcome of referrals;	Met The standard is addressed in the documentation provided.	Medical Record Requirements Core Process Primary Care Providers		p. 18

15.6.2.6	Documentation of emergency and/or after-hours encounters and follow-up;	Met The standard is addressed in the documentation provided.	Medical Record Requirements Core Process Primary Care Providers		p. 18
15.6.2.7	Signed and dated consent forms (as applicable);	Met The standard is addressed in the documentation provided.	Medical Record Requirements Core Process Primary Care Providers		p. 18
15.6.2.8	Documentation of immunization status;	Met The standard is addressed in the documentation provided.	Medical Record Requirements Core Process Primary Care Providers		p. 18
15.6.2.9	Documentation of advance directives, as appropriate;	Met The standard is addressed in the documentation provided.	Medical Record Requirements Core Process Primary Care Providers		p. 18
15.6.2.10	Documentation of each visit must include: Date and begin and end times of service; Chief complaint or purpose of the visit; Diagnoses or medical impression; Objective findings; Patient assessment findings; Studies ordered and results of those studies (e.g. laboratory, x-ray, EKG); Medications prescribed; Health education provided; Name and credentials of the provider rendering services (e.g. MD, DO, OD) and the signature or initials of the provider; and Initials of providers must be identified with correlating signatures.	Met The standard is addressed in the documentation provided.	Medical Record Requirements Core Process Primary Care Providers		p. 18
15.6.2.11	Documentation of EPSDT requirements including but not limited to: Comprehensive health history; Developmental history; Unclothed physical exam; Vision, hearing and dental screening; Appropriate immunizations; Appropriate lab testing including mandatory lead screening; and Health education and anticipatory guidance.	Met The standard is addressed in the documentation provided.	Medical Record Requirements Core Process Primary Care Providers		p. 19
15.6.3	The MCO is required to provide one (1) free copy of any part of member's record upon member's request.	Met The standard is addressed in the documentation provided.	Medical Record Requirements Core Process Primary Care Providers		p. 12

15.6.4	All documentation and/or records maintained by the MCO or any and all of its network providers shall be maintained for at least six (6) calendar years after the last good, service or supply has been provided to a member or an authorized agent of the state or federal government or any of its authorized agents unless those records are subject to review, audit, investigations or subject to an administrative or judicial action brought by or on behalf of the state or federal government.	Met The standard is addressed in the documentation provided.	Record Retention		p. 3
15.7	**Rights of Review and Recovery by MCO and DHH**				
15.7.1	Each MCO is responsible for investigating possible acts of provider fraud, abuse, and waste for all services under this contract, including those services that the MCO subcontracts to outside entities.	Met The standard is addressed in the documentation provided.	2014 SIU Fraud Plan LA 20141204	Same as contract language	p. 125
15.7.2	The MCO has the exclusive right of review and recovery for twelve 365 days from the original date of service of a claim to initiate a "complex" review of such claim to determine a potential overpayment and/or underpayment by delivering such notice to the provider in writing of initiation of such a review. A "complex" review is one for which the MCO's review of medical, financial and/or other records, including those on-site where necessary to determine the existence of an improper payment.. Notice to the provider shall be prohibited in instances resulting from suspected fraud, which the MCO has identified and referred to the Department, MFCU, or other appropriate law enforcement agency, unless approved by DHH.	Met The standard is addressed in the documentation provided.	2014 SIU Fraud Plan LA 20141204	Same as contract language	p. 125-6
15.7.3	All "complex" reviews must be completed within one hundred and twenty (120) days of the date of the notice to the provider unless an extension is authorized by the Department. This review period is inclusive of all provider notification, health plan document review, and including any provider appeal or rebuttal process. The MCO shall notify the Department, at least on a monthly basis, the results of "complex" reviews	Met The standard is addressed in the documentation provided.	2014 SIU Fraud Plan LA 20141204	Same as contract language	p. 126

	that include as well as instances of suspected fraud and/or a collection status.				
15.7.4	The MCO shall not retain the exclusive right of review and/or recovery beyond 365 days from the original date of service of a claim for a "complex" review, but the MCO may conduct audits of providers' claims for a five (5) year period from the date of service of a claim. Results of the audit reviews must be communicated to the Department at least monthly in instances of suspected fraud or requiring collection. The collected funds from those reviews are to remain with the MCO.	Met The standard is addressed in the documentation provided.	2014 SIU Fraud Plan LA 20141204	Same as contract language	p. 126
15.7.5	If the MCO does not initiate action through official notification to a provider with respect to a "complex" claim review within 365 days from the original date of service of the claim or fails to collect at least a portion of the "complex" claim review recovery after 365 days from the date of notice to the Department of the collection status, unless in either scenario an extension is authorized by the Department or its agent may recover from the provider any overpayments which they identify and said recovered funds will be returned to the State.	Met The standard is addressed in the documentation provided.	2014 SIU Fraud Plan LA 20141204	Same as contract language	p. 126
15.7.6	The MCO shall not retain the exclusive right of review and/or recovery from the initial date of service of a claim for which the Department or its agent identifies improper payment(s) as a result of "automated" claims reviews. An "automated" review is one for which an analysis of the paid claims is sufficient to determine the existence of an improper payment(s) where as no additional documentation is required to be submitted from the provider to determine the existence of an overpayment.	Met The standard is addressed in the documentation provided.	2014 SIU Fraud Plan LA 20141204	Same as contract language	p. 126
15.7.7	DHH may recover from the provider any overpayments which they identify through an "automated" review and said recovered funds will be returned to the State.	Met The standard is addressed in the documentation provided.	2014 SIU Fraud Plan LA 20141204	Same as contract language	p. 126

15.7.8	DHH must notify the MCO of an identified improper payment from a "complex" or "automated" review prior to notifying any provider(s). The MCO shall have thirty (30) calendar days from the date of notification of potential improper payment(s) to indicate whether the claims were corrected or adjusted prior to the date of the notification from the Department or its agent.	Met The standard is addressed in the documentation provided.	2014 SIU Fraud Plan LA 20141204	Same as contract language	p. 126
15.7.9	The MCO shall not correct claims not initiate an audit on the claims upon notification by the Department or its agent unless directed to do so by the Department.	Met The standard is addressed in the documentation provided.	2014 SIU Fraud Plan LA 20141204	Same as contract language	p. 126
15.7.10	In the event the provider does not refund overpayments identified by the Department of its agent to the State, or arrange for an acceptable payment plan with the State, within thirty (30) calendar days of notification to the provider of the overpayment or where applicable, within thirty (30) calendar days of notification of the conclusion of the appeal process, the Department of its agent will notify the MCO and the MCO shall initiate a payment withhold on the provider in the amount due to the Department. The MCO shall collect and refund any amounts collected to the Department. Any instances of a credit balance would be sustained by the MCO and/or Department until resolved or dismissed under Department rules.	Met The standard is addressed in the documentation provided.	2014 SIU Fraud Plan LA 20141204	Same as contract language	p. 126
15.7.11	There will be no DHH provider improper payment recovery request of the MCO applicable for dates of service occurring before the start of the Bayou Health Contract period of for providers for which no MCO relationship existed.	Met The standard is addressed in the documentation provided.	2014 SIU Fraud Plan LA 20141204	Same as contract language	p. 126
	Additional PE-Related RFP Sections				

4.1.2	For the purposes of this contract, the MCO shall not employ or contract with any individual who has been debarred, suspended or otherwise lawfully prohibited from participating in any public procurement activity or from participating in non-procurement activities under regulations issued under Executive Order 12549 or under guidelines implementing Executive Order 12549 [42 CFR §438.610(a) and (b), 42 CFR §1001.1901(b), 42 CFR §1003.102(a)(2)]. The MCO must screen all employees and sub-contractors to determine whether any of them have been excluded from participation in federal health care programs. The Health and Human Services-Office of Inspector General (HHS-OIG) website, which can be searched by the names of any individual, can be accessed at the following url: https://oig.hhs.gov/exclusions/index.asp.	Met The standard is addressed in the documentation provided.	Credentialing and Recredentialing for Independent Licensed Practitioners	8 i)	p. 17
4.1.4	The MCO shall comply with DHH Policy 8133-98, "Criminal History Records Check of Applicants and Employees," which requires criminal background checks to be performed on all employees of DHH contractors who have access to electronic protected health information on Medicaid applicants and recipients. It shall, upon request, provide DHH with a satisfactory criminal background check or an attestation that a satisfactory criminal background check has been completed for any of its staff or subcontractor's staff assigned to or proposed to be assigned to any aspect of the performance of this Contract.	Met The Background Checks Policy addresses criminal history records check of applicants and employees; however, this document attributes this policy to "Anthem", of which Amerigroup is a subsidiary.			p. 1
4.2.1.6	Annually, the MCO must provide the name, Social Security Number and date of birth of the staff members performing the duties of the key staff. DHH will compare this information against federal databases to confirm that those individuals have not been banned or debarred from participating in federal programs [42 CFR §455.104].	Met. The "DHH Staffing Update 1 9 15" indicates that a reporting process is in place for this requirement; however, there is a blank space for the BH Medical Director **–** **NOTE: 2/9/2015 update to DHH notes that interviews are underway to fill this vacancy.** Program Integrity Officer – Hassan Gardezi Member Services Manager – Lindsay Jordan Encounter Data Quality Coordinator – Latoya Stewart			

7.6.2	The MCO shall not execute contracts with individuals or groups of providers who have been excluded from participation in Federal health care programs under either Section 1128 or Section 1128A of the Social Security Act [42 CFR §438.214(d)] or state funded health care programs. The list of providers excluded from federally funded health care programs can be found at http://exclusions.oig.hhs.gov/ and the System for Award Management, https://www.sam.gov/index.html/ , and Health Integrity and Protection Data Bank at http://www.npdb-hipdb.hrsa.gov/index.jsp.	Met The standard is addressed in the documentation provided.	Excluded Individuals and Entities		pp. 1-2
7.13.6	The MCO shall not execute provider subcontracts with providers who have been excluded from participation in the Medicare and/or Medicaid program pursuant to §1128 of the Social Security Act (42 U.S.C. §1320a-7) or §1156 of the Social Security Act (42 U.S.C. §1320c-5) or who are otherwise barred from participation in the Medicaid and/or Medicare program. The MCO shall not enter into any relationship with anyone debarred, suspended or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from non-procurement activities under regulations issued under Executive Orders.	Met The standard is addressed in the documentation provided.	New Model Agreement [PHY-AHP]CLEAN[1.1.15	6.17	p. 18
9.5.5	The MCO shall not pay any claim submitted by a provider who is excluded or suspended from the Medicare, Medicaid or SCHIP programs for fraud, abuse or waste or otherwise included on the Department of Health and Human Services Office of Inspector General exclusions list, or employs someone on this list. The MCO shall not pay any claim submitted by a provider that is on payment hold under the authority of DHH or its authorized agent(s).	Met The standard is addressed in the documentation provided.	2014 SIU Fraud Plan LA 20141204	15.1.9	p. 119
17.2.6.19	**Provider Validation –** Ensure that the system shall approve for payment only those claims received from providers eligible to render service for which the claim was submitted and that the provider has not been excluded from receiving Medicaid payments as stipulated in Section 9.4	Met The standard is addressed in the documentation provided.	Government Sanctions Notification and Ongoing Sanctions Monitoring		p. 2

18.1	Federal laws require full disclosure of ownership, management, and control of Medicaid MCOs (42 CFR §455.100-455.106.) The **Medicaid Ownership and Disclosure Form** (Appendix VV) is to be submitted to DHH with the proposal; then resubmitted prior to implementation for each Contract period, annually, and within thirty-five (35) days when any change in the MCO's management, ownership or control occurs.	Met The standard is addressed in the documentation provided.	Disclosure of Ownership Form 1.9.15		
18.2	**Information Related to Business Transactions -** 18.2.1 The MCO shall furnish to DHH and/or to the HHS, information related to significant business transactions as set forth in 42 CFR §455.105. Failure to comply with this requirement may result in termination of this Contract. 18.2.2 The MCO shall submit, within thirty-five (35) days of a request made by DHH, full and complete information about: 18.2.2.1 The ownership of any subcontractor with whom the MCO has had business transactions totaling more than $25,000 during the twelve (12) month period ending on the date of this request; and 18.2.3 Any significant business transactions between the MCO and any wholly owned supplier, or between the MCO and any subcontractor, during the five (5) year period ending on the date of this request. 18.2.4 For the purpose of this Contract, "significant business transactions" means any business transaction or series of transactions during any state fiscal year that exceed the $25,000 or five (5%) percent of the MCO's total operating expenses whichever is greater.	Met The standard is addressed in the documentation provided.	Disclosure of Ownership Form 1.9.15		

18.3	**Report of Transactions with Parties in Interest -** 18.2.5 The MCO shall report to DHH all "transactions" with a "party in interest" (as such terms are defined in Section 1903(m)(4)(A) of the Social Security Act and SMM 2087.6(A-B)), as required by Section 1903(m)(4)(A) of the Social Security Act. 18.2.6 Federally qualified MCOs are exempt from this requirement. DHH may require that the information on business transactions be accompanied by a consolidated financial statement for the MCO and the party in interest. 18.2.7 If the MCO has operated previously in the commercial or Medicare markets, information on business transactions for the entire year preceding the initial contract period must be disclosed. 18.2.8 The business transactions that must be reported are not limited to transactions related to serving the Medicaid enrollment. All of the MCO's business transactions must be reported. 18.2.9 If the contract is renewed or extended, the MCO must disclose information on business transactions which occurred during the prior contract period.	N/A The Plan states on the Readiness Review Submission Form – 15.0 Fraud, Abuse, and Waste Prevention, "As a wholly owned subsidiary of Anthem, Amerigroup Louisiana has no individual owners and therefore, there are no such transactions with a "party in interest" to report.			p. 21
18.5	The MCO shall furnish DHH information related to any person convicted of a criminal offense under a program relating to Medicare (Title XVIII) and Medicaid (Title XIX) as set forth in 42 CFR §455.106. Failure to comply with this requirement may lead to termination of this Contract.	Met The standard is addressed in the documentation provided.	2014 SIU Fraud Plan LA 20141204	15.1.16.11 15.1.16.12	p. 121
25.11	**Debarment, Suspension, Exclusion -** 25.11.1 The MCO agrees to comply with all applicable provisions of 2 CFR Part 376, pertaining to nonprocurement debarment and/or suspension. As a condition of enrollment, the MCO must screen all employees and subcontractors to determine whether they have been excluded from participation in Medicare, Medicaid, the Children's Health Insurance Program, and/or all federal health care programs. To help make this determination, the MCO may search the following websites:	Met The standard is addressed in the documentation provided.	2014 SIU Fraud Plan LA 20141204 2014 SIU Fraud Plan LA 20141204 Credentialing and Recredentialing for Independent Licensed Practitioners Excluded Individuals and Entities – Prohibition or Hiring or Contracting	15.1.11 15.3.2 8i	p. 119 p. 124 p. 17

	Office of Inspector General (OIG) List of Excluded Individuals/Entities) LEIE https://oig.hhs.gov/exclusions/index.asp; the Health Integrity and Protection Data Bank (HIPDB) http://www.npdb-hipdb.hrsa.gov/index.jsp; the Louisiana Adverse Actions List Search (LAALS), https://adverseactions.dhh.la.gov/; and/or the System for Award Management, http://www.sam.gov . 25.11.2 The MCO shall conduct a screen, as described in Section 25.12.1 monthly to capture exclusions and reinstatements that have occurred since the last search and any exclusion information discovered should be immediately reported to DHH. Any individual or entity that employs or subcontracts with an excluded provider cannot claim reimbursement from Medicaid for any items or services furnished, authorized, or prescribed by the excluded provider. This prohibition applies even when the Medicaid payment itself is made to another provider who is not excluded; for example, a pharmacy that fills a prescription written by an excluded doctor for a Medicaid beneficiary cannot claim reimbursement from Medicaid for that prescription. Civil liquidated damages may be imposed against providers who employ or enter into provider contracts with excluded individuals or entities to provide items or services to Medicaid beneficiaries. See Section 1128A (a) (6) of the Social Security Act and 42 CFR §1003.102(a)(2).				
25.39	**Prohibited Payments -** Payment for the following shall not be made: Organ transplants, unless the state plan has written standards meeting coverage guidelines specified; Non-emergency services provided by or under the direction of an excluded individual; Any amount expended for which funds may not used under the Assisted Suicide Funding Restriction Act of 1997; Any amount expended for roads, bridges, stadiums, or any other item or service not covered under a state plan; and Any amount expended for home health care services unless the MCO provides the appropriate surety bond.	Met The standard is addressed in the documentation provided.	Transplant Approval Policy – Solid Organ/BMT/Stem Cell		p. 5