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 This requirement is addressed in Referrals to Specialty Health Services; page 1.	Referrals to Specialty Health Care Services	LA.UM.16.01	1
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 This requirement is addressed in Referrals to Specialty Health Services; page 2.	Referrals to Specialty Health Care Services	LA.UM.16.01	2
6.28.2.1	When a referral from the member's PCP is and is not required (See Section §8.5.1.6 Exceptions to Service Authorization and/or Referral Requirements);	Met This requirement is addressed in Referrals to Specialty Health Services; pages 1-2.	Referrals to Specialty Health Care Services	LA.UM.16.01	1,2
6.28.2.2	Process for member referral to an out-of-network provider when there is no provider within the MCO's provider network who has the appropriate training or expertise to meet the particular health needs of the member;	Met This requirement is addressed in Referrals to Specialty Health Services; pages 2-5.	Referrals to Specialty Health Care Services	LA.UM.16.01	2,5
6.28.2.3	Process for providing a standing referral when a member with a condition requires on-going care from a specialist;	Met This requirement is addressed in Referrals to Specialty Health Services; pages 2-5.	Referrals to Specialty Health Care Services	LA.UM.16.01	5
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 This requirement is addressed in Referrals to Specialty Health Services; page 5.	Referrals to Specialty Health Care Services	LA.UM.16.01	5
6.28.2.5	Process for member referral for case management;	Met This requirement is addressed in Referrals to Specialty Health Care Services; page 6, and also TruCare Training Manual referral summary and Care Management Trigger List.	TruCare Training Manual CM Trigger List	Chapter 11	4-7 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)
6.28.2.6	Process for member referral for chronic care management;	Met This requirement is addressed in Referrals to Specialty Health Services; page 6.	Referrals to Specialty Health Care Services	LA.UM.16.01	6
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 This requirement is addressed in Referrals to Specialty Health Services; page 6.	Referrals to Specialty Health Care Services	LA.UM.16.01	2
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 This requirement is addressed in Referrals to Specialty Health Services; page 1, and Evidence of Communication; page 5.	Referrals to Specialty Health Care Services	LA.UM.16.01	1,5
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 This requirement is addressed in Referrals to Specialty Health Services; page 5.	Referrals to Specialty Health Care Services	LA.UM.16.01	5
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 This requirement is addressed in Referrals to Specialty Health Services; page 5.	Referrals to Specialty Health Care Services	LA.UM.16.01	5
6.28.2.11	The MCO shall develop electronic, web-based referral processes and systems.	Met This requirement is addressed in Referrals to Specialty Health Services; page 6.	Referrals to Specialty Health Care Services	LA.UM.16.01	6
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 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	Met This requirement is addressed in Continuity and Coordination of Services; page 1.	Continuity & Coordination of Services	LA.UM.16	1

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	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 This requirement is addressed in Continuity and Coordination of Services; page 1.	Continuity & Coordination of Services	LA.UM.16	1
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 This requirement is addressed in Continuity and Coordination of Services; pages 1-2.	Continuity & Coordination of Services	LA.UM.16	2
6.29.2.1	Ensure that each member has an ongoing source of preventive and primary care appropriate to their needs;	Met This requirement is addressed in Continuity and Coordination of Services; page 1.	Continuity & Coordination of Services	LA.UM.16	1,3
6.29.2.2	Coordinate care between PCPs and specialists;	Met This requirement is addressed in Continuity and Coordination of Services; page 7.	Continuity & Coordination of Services	LA.UM.16	7
6.29.2.3	Coordinate care for out-of-network services, including specialty care services;	Met This requirement is addressed in Continuity and Coordination of Services; page 8.	Continuity & Coordination of Services	LA.UM.16	8
6.29.2.4	Coordinate MCO provided services with services the member may receive from other health care providers;	Met This requirement is addressed in Continuity and Coordination of Services; page 2.	Continuity & Coordination of Services	LA.UM.16	2
6.29.2.5	Share with other health care entities serving the member with special health care needs the results and identification and assessment of that member's needs to prevent duplication of those activities;	Met This requirement is addressed in Continuity and Coordination of Services; page 7.	Continuity & Coordination of Services	LA.UM.16	7
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 This requirement is addressed in Continuity and Coordination of Services; page 1.	Continuity & Coordination of Services	LA.UM.16	1
6.29.2.7	Maintain and operate a formalized hospital and/or institutional discharge planning program;	Met This requirement is addressed in Continued Stay and Discharge Planning Review; page 1.	Continued Stay and Discharge Planning Review	LA.UM.16.03	1
6.29.2.8	Coordinate hospital and/or institutional discharge planning that includes post-discharge care as appropriate; assure that prior authorization for prescription coverage is addressed and or initiated before patient discharge;	Met This requirement is addressed in Continued Stay and Discharge Planning Review; page 1.	Continued Stay and Discharge Planning Review	LA.UM.16.03	1
6.29.2.9	Document authorized referrals in its utilization management system; and	Met This requirement is addressed in the Tru Care Manual, Inpatient Authorizations; pages 19-20.	TruCare Manual	Chapter 8	19, 20
6.29.2.10	Provide active assistance to members receiving treatment for chronic and acute medical conditions or behavioral health	Met This requirement is addressed in LA UM 16 Continuity	Continuity & Coordination of	LA.UM.16	2

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	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;	and Coordination of Services UPDATED; page 8	Services		
6.30	**Continuity of Care for Pregnant Women**				
6.30.1	In the event a Medicaid eligible entering the MCO is receiving medically necessary covered services in addition to, or other than, prenatal services (see below for new enrollees receiving only prenatal services) the day before MCO enrollment, the MCO shall be responsible for the costs of continuation of such medically necessary services, without any form of prior approval and without regard to whether such services are being provided by contract or non-contract providers. The MCO shall provide continuation of such services up to ninety (90) calendar days or until the member may be reasonably transferred without disruption, whichever is less. The MCO may require prior authorization for continuation of the services beyond thirty (30) calendar days; however the MCO is prohibited from denying authorization solely on the basis that the provider is non-contract provider.	Met This requirement is addressed in Continuity and Coordination of Services; pages 4-5.	Continuity & Coordination of Services	LA.UM.16	4,5
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 member to a contract provider without impeding service delivery that might be harmful to the member's health.	Met This requirement is addressed in Continuity and Coordination of Services; page 6.	Continuity & Coordination of Services	LA.UM.16	5

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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 This requirement is addressed in Continuity and Coordination of Services; page 6.	Continuity & Coordination of Services	LA.UM.16	6
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 This requirement is addressed in Continuity and Coordination of Services; page 5.	Continuity & Coordination of Services	LA.UM.16	5
6.31	**Preconception/Inter-conception Care**				
6.31.0	For fertile women of reproductive age, the woman's plan for future pregnancy shall be discussed on an annual basis during routine gynecological care, with special counseling on pregnancy prevention options for adolescent patients. Appropriate family planning and/or health services shall be provided based on the patient's desire for future pregnancy and shall assist the patient in achieving her plan with optimization of health status in the interim. Use of long acting reversible contraceptives should be encouraged and barriers such as prior authorization shall not be required for approval.	Met This requirement is addressed in Women's Health and Family Planning Services; page 1.	Women's Health and Family Planning Services SSFB Perinatal/Neonatal Management Program Overview	LA.UM.01.02 LA.SSFB.01	14 5
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 This requirement is addressed in Continuity and Coordination of Services; pages 2, 3 and 6.	Continuity & Coordination of Services	LA.UM.16	2,3,6
6.3	**Pharmacy Services**				

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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 This requirement is addressed in Pharmacy Operations, Preferred Drug List; page 1.	Preferred Drug List	LA.PHAR.10	1
6.3.2.3	The Formulary shall be reviewed in its entirety and updated at least semi-annually and upon DHH request.	Met This requirement is addressed in Pharmacy Operations, Preferred Drug List; page 1.	Preferred Drug List	LA.PHAR.10	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 This requirement is addressed in Pharmacy Operations, Preferred Drug List; page 1.	Preferred Drug List	LA.PHAR.10	2
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 This requirement is addressed in Pharmacy Operations, Preferred Drug List; page 2.	Pharmacy Prior Authorization and Medical Necessity	LA.PHAR.08	1
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 This requirement is addressed in Pharmacy Program Description, Section H (Continuity of Care; page 6).	Pharmacy Program Description	LA.PHAR.09	6
6.34	**Continuity for Behavioral Health Care**				
6.34.1	The PCP shall provide basic behavioral health services (as described in this section) and refer the member(s) to the appropriate health care specialist as deemed necessary for specialized behavioral health services.	Met This requirement is addressed in Integrated Behavioral Health Program Description; pages 1 and 8.	Integrated Behavioral Health Program Description	LA.IBH.01	1,8
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 This requirement is addressed in Integrated Behavioral Health Program Description, which mentions a MOU for this purpose.	Integrated Behavioral Health Program Description	LA.IBH.01	8,17,18

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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 This requirement is addressed in Integrated Behavioral Health Program Description; pages 20-21.	Integrated Behavioral Health Program Description	LA.IBH.01	8,20,21
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 This requirement is addressed in Integrated Behavioral Health Program Description; pages 23 and 27.	Integrated Behavioral Health Program Description	LA.IBH.01	23
6.34.5	The MCO shall comply with all post stabilization care service requirements found at 42 CFR §422.113.	Met This requirement is addressed in Emergency and Post Stabilization Services; page 1.	Emergency and Post-Stabilization Services	LA.UM.12	1
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 This requirement is addressed in Integrated Behavioral Health Program Description; pages 9 and 24.	Integrated Behavioral Health Program Description	LA.IBH.01	9,24
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 This requirement is addressed in Integrated Behavioral Health Program Description; pages 8 and 21.	Integrated BH Program Description	LA.IBH.01	8,21,23
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 This requirement is addressed in Integrated Behavioral Health Program Description; pages 8, 21 and 23.	Integrated Behavioral Health Program Description	LA.IBH.01	8,21,23,24
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 This requirement is addressed in Integrated Behavioral Health Program Description; pages 28-29.	Integrated Behavioral Health Program Description	LA.IBH.01	29
6.35	**Continuity for DME, Prosthetics, Orthotics, and Certain Supplies**				

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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 This requirement is addressed in Continuity and Coordination of Services; page 6.	Continuity & Coordination of Services	LA.UM.16	6
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 This requirement is addressed in Continuity and Coordination of Services; page 4.	Continuity & Coordination of Services	LA.UM.16	4
6.36.2	The receiving MCO shall be responsible for the provision of medically necessary services covered under the Contract that are required for the member during the transition period (i.e. prenatal care, acute care, etc.). The transition period shall not exceed thirty (30) calendar days from the effective date of the member's enrollment in the receiving MCO unless the member has been identified as an ISHCN (see section 6.32 for exception of ISHCN.) During this transition period, the receiving MCO shall be responsible for, but not limited to, notification to the new PCP of member's selection, initiation of the request of transfer for the member's medical files, arrangement of medically necessary services (if applicable) and all other requirements for new members.	Met This requirement is addressed in Continuity and Coordination of Services; page 3.	Continuity & Coordination of Services	LA.UM.16	3

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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 This requirement is addressed in Continuity and Coordination of Services; page 3.	Continuity & Coordination of Services	LA.UM.16	3
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 This requirement is addressed in Continuity and Coordination of Services; page 3.	Continuity & Coordination of Services	LA.UM.16	3
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 This requirement is addressed in Continuity and Coordination of Services; page 3.	Continuity & Coordination of Services	LA.UM.16	2
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 This requirement is addressed in Continuity and Coordination of Services; page 3.	Continuity & Coordination of Services	LA.UM.16	3
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 This requirement is addressed in Continuity and Coordination of Services; page 3.	Continuity & Coordination of Services	LA.UM.16	3
6.36.7	Special consideration should be given to, but not limited to, the following:		Continuity & Coordination of Services	LA.UM.16	4
6.36.7.1	Members with significant conditions or treatments such as enteral feedings, oxygen, wound care, and ventilators, medical supplies,	Met This requirement is addressed in Continuity and	Continuity & Coordination of	LA.UM.16	5

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	transportation on a scheduled basis, chemotherapy and/or radiation therapy or who are hospitalized at the time of transition;	Coordination of Services; page 5.	Services		
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 This requirement is addressed in Continuity and Coordination of Services; page 5.	Continuity & Coordination of Services	LA.UM.16	5
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 This requirement is addressed in Continuity and Coordination of Services; page 5.	Continuity & Coordination of Services	LA.UM.16	5
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 This requirement is addressed in Continuity and Coordination of Services; page 5.	Continuity & Coordination of Services	LA.UM.16	4
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 This requirement is addressed in the Continuity and Coordination of Services; pages 2 and 4.	Continuity & Coordination of Services	LA.UM.16	4
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 This requirement is addressed in the Case Management Program Description, Policy, Scope; pages 1, 5, 6.	Case Management Program Description	LA.CM.01	1,5,6
6.37.2	Case Management program functions shall include but not be limited to:		Case Management Program Description	LA.CM.01	7
6.37.2.1	Early identification of members who have or may have special needs;	Met This requirement is addressed in the Case	Case Management Program Description	LA.CM.01	7,12

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		Management Program Description, Program Functions, Member Identification and Access; pages 7, 12.			
6.37.2.2	Assessment of a member's risk factors;	Met This requirement is addressed in the Case Management Program Description, Program Functions; page 7.	Case Management Program Description	LA.CM.01	7
6.37.2.3	Education regarding Patient-Centered Medical Home and referral to a Medical Home when appropriate;	Met This requirement is addressed in the New Member Welcome Call Policy; page 1.	New Member Welcome Call	LA.CM.01.04	1
6.37.2.4	Development of an individualized treatment plan, in accordance with Section 6.18.4;	Met This requirement is addressed in the Case Management Program Description, Program Functions; page 7.	Case Management Program Description	LA.CM.01	7
6.37.2.5	Referrals and assistance to ensure timely access to providers;	Met This requirement is addressed in the Case Management Program Description, Program Functions; page 7.	Case Management Program Description	LA.CM.01	7
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 This requirement is addressed in the Case Management Program Description, Program Functions; page 7.	Case Management Program Description	LA.CM.01	7
6.37.2.7	Monitoring;	Met This requirement is addressed in the Case Management Program Description, Program Functions; page 7.	Case Management Program Description	LA.CM.01	7
6.37.2.8	Continuity of care; and	Met This requirement is addressed in the Case Management Program Description, Program Functions; pages 6, 7.	Case Management Program Description	LA.CM.01	6,7
6.37.2.9	Follow-up and documentation.	Met This requirement is addressed in the Case Management Program Description, Program Functions; page 7.	CM Program Description	LA.CM.01	7
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 This requirement is addressed in the Case Management Program Description; page 1.	Case Management Program Description	LA.CM.01	1

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6.38.1	A process to offer voluntary participation in the Case Management Program to eligible members;	Met This requirement is addressed in the Case Management Program Description on pages 17 through 26.	Case Management Program Description	LA.CM.01	7
6.38.2	Identification criteria, process, and triggers for referral and admission into the Case Management Program;	Met This requirement is addressed in the Case Management Program Description; page 8.	Case Management Program Description	LA.CM.01	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 This requirement is addressed in the Perinatal/Neonatal Management Program Overview pages 2 and 3.	SSFB Perinatal/Neonatal Management Program Overview NOP Policy	LA.SSFB.01 LA.SSFB.02	2,3 1
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 needs of the MCO's members; Procedures must describe collaboration processes with member's treatment providers;	Met This requirement is addressed in the Case Management Program Description; pages 15-17.	Case Management Program Description	LA.CM.01	15,16,17
6.38.5	A strategy to ensure that all members and/or authorized family members or guardians are involved in treatment care planning;	Met This requirement is addressed in the Case Management Program Description; page 16.	Case Management Program Description	LA.CM.01	16
6.38.6	Procedures and criteria for making referrals to specialists and subspecialists;	Met This requirement is addressed in Referrals to HealthCare Services; page 2.	Referrals to Specialty Health Care Services	LA.UM.16.01	2
6.38.7	Procedures and criteria for maintaining care plans and referral services when the member changes PCPs; and	Met This requirement is addressed in the Case Management Program Description; page 17.	Case Management Program Description	LA.CM.01	17
6.38.8	Coordinate Case Management activities for members also receiving services through the MCO's Chronic Care Management Program.	Met This requirement is addressed in the Case Management Program Description; page 13.	Case Management Program Description	LA.CM.02	1,2,10,13,15
6.39	**Chronic Care Management Program (CCMP)**				

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
6.39.1	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 This requirement is addressed in the CCMP Program Description; page 3.	CCMP Description	LA.CM.02	1,8
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 This requirement is addressed in the CCMP Program Description; page 3.	CCMP Description	LA.CM.02	8
6.39.4	The MCO shall submit Chronic Care Management Program policies and procedures to DHH for approval within thirty (30) days of signing the Contract, annually and previous to any revisions. The MCO shall develop and implement policies and procedures that:	Met This requirement is addressed in the CCMP Program Description; page 1.	CCMP Description	LA.CM.02	1,16
6.39.4.1	Include the definition of the target population;	Met This requirement is addressed in the CCMP Program Description; page 17.	CCMP Description	LA.CM.02	17
6.39.4.2	Include member identification strategies, i.e. through encounter data;	Met This requirement is addressed in the CCMP Program Description; page 17.	CCMP Description	LA.CM.02	16,17
6.39.4.3	Include evidence-based clinical guidelines that have been formally adopted by the QA/PI committee;	Met This requirement is addressed in the CCMP Program Description; pages 15-16.	CCMP Description	LA.CM.02	8,15,26
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 This requirement is addressed in the CCMP Program Description; pages 15-16.	CCMP Description	LA.CM.02	15,22
6.39.4.5	Include a written description of the stratification levels for each chronic condition, including member criteria and associated interventions;	Met This requirement is addressed in the CCMP Program Description; pages 17-18.	CCMP Description	LA.CM.02	18,19
6.39.4.6	Include methods for informing and educating members and providers;	Met This requirement is addressed in the CCMP Program Description; pages 19-21.	CCMP Description	LA.CM.02	20,21,23,27
6.39.4.7	Emphasize exacerbation and complication prevention utilizing evidence- based clinical practice guidelines and patient empowerment and activation strategies;	Met This requirement is addressed in the CCMP Program Description; page 21.	CCMP Description	LA.CM.02	21,22
6.39.4.8	Conduct and report the evaluation of clinical, humanistic and	Met	CCMP Description	LA.CM.02	26

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	economic outcomes;	This requirement is addressed in the CCMP Program Description; page 26.			
6.39.4.9	Address co-morbidities through a whole-person approach;	Met This requirement is addressed in the CCMP Program Description; pages 19-20.	CCMP Description	LA.CM.02	20
6.39.4.10	Identify members who require in-person case management services and a plan to meet this need;	Met This requirement is addressed in the CCMP Program Description; page 26.	CCMP Description	LA.CM.02	7,11
6.39.4.11	Coordinate CCMP activities for members also identified in the Case Management Program; and	Met This requirement is addressed in the Case Management Program Description; page 13.	CCMP Description	LA.CM.02	27
6.39.4.12	Include Program Evaluation requirements.	Met This requirement is addressed in the CCMP Program Description; page 26.	CCMP Description	LA.CM.02	27
6.40	**Predictive Modeling**				
6.40.1	The MCO shall use predictive modeling methodology to identify and stratify members eligible for the CCMP.	Met This requirement is addressed in the Predictive Modeling Methodology; page 1.	Predictive Modeling Technology	LA.CM.06	1
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 This requirement is addressed in the Predictive Modeling Methodology; page 1.	Predictive Modeling Technology	LA.CM.06	1
6.40.2.1	A brief history of the tool's development and historical and current uses;	Met This requirement is addressed in Predictive Modeling Methodology UPDATED; page 1	Predictive Modeling Technology	LA.CM.06	1
6.40.2.2	Medicaid data elements to be used for predictors and dependent measure(s);	Met This requirement is addressed in the Predictive Modeling Methodology; page 3.	Predictive Modeling Technology	LA.CM.06	3
6.40.2.3	Assessments of data reliability and model validity;	Met This requirement is addressed in the Predictive Modeling Methodology; page 1.	Predictive Modeling Technology	LA.CM.06	1
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 This requirement is addressed in the Predictive Modeling Methodology; page 4.	Predictive Modeling Technology	LA.CM.06	4
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 This requirement is addressed in the Predictive Modeling Methodology UPDATE; page 3	Predictive Modeling Technology	LA.CM.06	6