Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
7.1	**General Provider Network Requirements**				
7.1.1	The MCO must maintain a network that ensures, at a minimum, equal access to qualified providers as the rest of the insured population in the area. [42 CFR 438.210.(a)(2)] x. All elements of contract requirements met by x , except x. Network Provider Development and Management Plan (See Sec. 7.9) P/P for Provider Network	Met Contract requirements addressed by Network Provider Development and Management Plan.	Network Provider Development and Management Plan (See Sec. 7.9) LOUISIANA MEDICAID AND CHIP PROGRAM REGULATORY REQUIREMENTS APPENDIX	1. 7.1 General Provider Network Requirements 2. 3.2 Accessibility Standards	1. 2 of 57 2. 3,4
7.1.2	All services covered under this contract shall be accessible to MCO members in comparable timeliness, amount, duration and scope as those available to other insured individuals in the same service area.	Met Contract requirements addressed by Network Provider Development and Management Plan, pg 2.	Network Provider Development and Management Plan (See Sec. 7.9) LOUISIANA MEDICAID AND CHIP PROGRAM REGULATORY REQUIREMENTS APPENDIX	1. 7.1 General Provider Network Requirements 2. 3.2 Accessibility Standards	1. 2 of 57 2. 3,4
7.1.3	Network providers must be available within a reasonable distance to members and accessible within an appropriate timeframe to meet the members' medical needs. Standards for distance and time are fully outlined in this Section and in Appendix SS – **Provider Network – Appointment Availability Standards**. The MCO shall ensure that providers are available in network within the distance requirements set forth in this Section.	Met Contract requirements addressed by Network Provider Development and Management Plan (See: Appointment Availability Access Standards 7.2, pg. 2 and Geographic Access Requirements, 7.3, pg. 4).	Network Provider Development and Management Plan (See Sec. 7.9) (Appointment Availability Access Standards)	1. 7.2 Appointment Availability Access Standards	1. 2 of 57
7.1.4	If the MCO is unable to provide the necessary services to a member within their network, the MCO must adequately and timely cover these services out of network. The MCO shall ensure coordination with respect to authorization and payment issues in these circumstances [42 CFR §438.206.(b)(4) and (5)].	Met Contract requirements addressed by Network Provider Development and Management Plan (See Sec. 7.927, pg. 27, Out-of-Network Providers).	Network Provider Development and Management Plan (See Sec. 7.9)	1. Out-of-Network	1. 27 of 57
7.1.5	The MCO's network providers shall comply with all requirements set forth in this RFP.	Met Contract requirements addressed by Network Provider Development and Management Plan, pg. 1, and LOUISIANA MEDICAID AND CHIP PROGRAM REGULATORY REQUIREMENTS APPENDIX, pg. 7.	Network Provider Development and Management Plan (See Sec. 7.9) LOUISIANA MEDICAID AND CHIP PROGRAM REGULATORY REQUIREMENTS APPENDIX	1.7.0 Network Development Plan 2. 3.7 Compliance with Laws, State Contract and DHH- Issued Guides	1.Pg 1 2. 2. 7
7.1.6	The MCO shall require that providers deliver services in a	Met	Network Provider Development and	1. 7.1 General Provider	1.Pg 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)
	culturally competent manner to all members, including those with limited English proficiency and diverse cultural and ethnic backgrounds and provide for interpreters in accordance with 42 CFR §438.206(c)(2).	Contract requirements addressed by LOUISIANA MEDICAID AND CHIP PROGRAM REGULATORY REQUIREMENTS APPENDIX, pg. 8.	Management Plan (See Sec. 7.9) Provider Manual (See 10.4) LOUISIANA MEDICAID AND CHIP PROGRAM REGULATORY REQUIREMENTS APPENDIX	Network Requirements 2.Cultural Competency 3. 3.12 Cultural Competency	2.Pg 32 3. 8
7.2	**Appointment Availability Access Standards**				
7.2.1	The following appointment availability standards have been established as minimum requirements to ensure that members' needs are sufficiently met. DHH will monitor the MCO's compliance with these standards through regular reporting as shown in Appendix UU **– Provider Network – Geographic and Capacity Standards**. The MCO shall ensure that appointments with qualified providers are on a timely basis, as follows:	Met Elements of contract requirements addressed by Network Provider Development and Management Plan (See Sec. 7.2, pgs. 2-**4)** All elements of contract requirements addressed by Provider Manual, pg. 30, as detailed below.	1. Network Provider Development and Management Plan (See Sec. 7.9) 2. Provider Manual (See 10.4)	1. 7.2 Appointment Availability Access Standards 2,Appointment Standards	1. 2 - 4 of 57 2. Pg 30
7.2.1.1	Emergent or emergency visits immediately upon presentation at the service delivery site. Emergency services must be available at all times.	Met All contract elements addressed in Provider Manual. "Emergency services available 24 hours/7 days per week" element addressed in Provider Manual, pg. 30, and "Emergent or emergency visits immediately upon presentation at the service delivery site," element addressed in Provider Manual, pg. 34.	1. Network Provider Development and Management Plan (See Sec. 7.9) 2. Provider Manual (See 10.4)	1. 7.2 Appointment Availability Access Standards 2. Emergency Services	1. 2 of 57 2. Pg 45
7.2.1.2	Urgent Care within twenty-four (24) hours; Provisions must be available for obtaining urgent care 24 hours per day, 7 days per week. Urgent care may be provided directly by the PCP or directed by the MCO through other arrangements.	Met All elements addressed in Provider Manual pgs. 30, 34.	1. Network Provider Development and Management Plan (See Sec. 7.9) 2. Provider Manual (See 10.4)	1. 7.2 Appointment Availability Access Standards 2. Timeliness Standards for Appointment Scheduling	1. 2 of 57 2.Pg 34
7.2.1.3	Non-urgent sick care within seventy-two (72) hours or sooner if medical condition(s) deteriorates into an urgent or emergency condition;	Met All elements addressed in Provider Manual pg. 34 and in	1. Network Provider Development and Management Plan (See Sec. 7.9) 2. Provider Manual (See 10.4)	1. 7.2 Appointment Availability Access Standards	1. 2 of 57 2. Pg 34

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
		Network Provider Development and Management Plan, pg. 2.		2. Timeliness Standards for Appointment Scheduling	
7.2.1.4	Routine, non-urgent, or preventative care visits within six (6) weeks;	Met All elements addressed in Provider Manual pg. 34 and in Network Provider Development and Management Plan, pg. 2.	1. Network Provider Development and Management Plan (See Sec. 7.9) 2. Provider Manual (See 10.4)	1. 7.2 Appointment Availability Access Standards 2. Timeliness Standards for Appointment Scheduling	1. 2 of 57 2. Pg 34
7.2.1.5	Specialty care consultation within one (1) month of referral or as clinically indicated;	Met All elements addressed in Provider Manual pg. 34.	1. Network Provider Development and Management Plan (See Sec. 7.9) 2. Provider Manual (See 10.4)	1. 7.2 Appointment Availability Access Standards 2. Timeliness Standards for Appointment Scheduling	1. 2 of 57 2. Pg 34
7.2.1.6	Lab and X-ray services (usual and customary) not to exceed three (3) weeks for regular appointments and forty-eight (48) hours for urgent care or as clinically indicated; and	Met All elements addressed in Provider Manual pg. 34.	1. Network Provider Development and Management Plan (See Sec. 7.9) 2. Provider Manual (See 10.4)	1. 7.2 Appointment Availability Access Standards 2. Timeliness Standards for Appointment Scheduling	1. 3 of 57 2. Pg 34
7.2.1.7	Maternity Care - Initial appointment for prenatal visits for newly enrolled pregnant women shall meet the following timetables from the postmark date the MCO mails the member's welcome packet for members whose basis of eligibility at the time of enrollment in the MCO is pregnancy. The timeframes apply for existing member or new members whose basis of eligibility is something other than pregnancy from the date the MCO or their subcontracted provider becomes aware of the pregnancy: within their first trimester within fourteen (14) days; within the second trimester within seven (7) days; within their third trimester within three (3) days; high risk pregnancies within three (3) days of identification of high risk by the MCO or maternity care provider, or immediately if an emergency exists;	Met Contract language met in updated Network Provider Development and Management Plan (See Sec. 7.9) and Provider Manual (See 10.4).	1. Network Provider Development and Management Plan (See Sec. 7.9) 2. Provider Manual (See 10.4)	1. 7.2 Appointment Availability Access Standards 2. Appointment Standards	1. 3 of 57 2. Pg 31
7.2.1.8	Follow-up visits to ED visits in accordance with ED attending provider discharge instructions.	Met All elements addressed in Provider Manual pg. 34 and in Provider Development and Management Plan, pg. 3.	1. Network Provider Development and Management Plan (See Sec. 7.9) 2. Provider Manual (See 10.4)	1. 7.2 Appointment Availability Access Standards 2. Timeliness Standards for Appointment Scheduling	Pg 3 of 57 Pg 34

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
7.2.1.9 7.2.1.10 7.2.1.11 7.2.1.12	In office waiting time for scheduled appointments should not routinely exceed forty-five (45) minutes, including time in the waiting room and examining room: If a provider is delayed, patients shall be notified immediately. If the wait is anticipated to be more than ninety (90) minutes, the patient shall be offered a new appointment.; Walk-in patients with non-urgent needs should be seen if possible or scheduled for an appointment consistent with written scheduling procedures; Direct contact with a qualified clinical staff person must be available through a toll-free telephone number at all times.	Met Contract language is included in updated Network Provider Development and Management Plan, pg. 3 and Provider Manual.	1. Network Provider Development and Management Plan (See Sec. 7.9) 2. Provider Manual (See 10.4)	1. 7.2 Appointment Availability Access Standards (subsection- Appointment Waiting Times) 2.Appointment Wait Times/ Timeliness Standards for Appointment Scheduling	Pg 3 of 57 Pg 30 and 34
7.3	**Geographic Access Requirements**				
7.3.0	The MCO shall comply with the following maximum travel time and/or distance requirements, as determined by DHH approved mapping software (*e.g.* GeoAccess). Requests for exceptions as a result of prevailing community standards must be submitted in writing to DHH for approval. Such requests should include data on the local provider population available to the non-Medicaid population.	Met All contract elements addressed in Network Provider Development and Management Plan (See Sec. 7.3, Geographic Access Requirements).	1. Network Provider Development and Management Plan (See Sec. 7.9) (See Sec. 7.9)	1. 7.3 Geographic Access Requirements	1. 4 of 57
7.3.1 7.3.1.1 7.3.1.2	**Primary Care Providers** • Travel distance for members living in rural parishes shall not exceed 30 miles; and • Travel distance for members living in urban parishes shall not exceed 10 miles (Appendix UU states 20 miles)	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 4. <u>Geo Access Reports</u> Access to PCPs for UHC members in rural parishes is 100% with access per defined standards. Deficiencies were noted in travel distance for members living in urban parishes (exceeding 10 miles) whereby 3% of all urban members do not have access to 1 PCP in 10 miles. The plan submitted a gap analysis narrative (see Bayou Health UHC Community Plan)	1. Network Provider Development and Management Plan (See Sec. 7.9) 2. GeoAccess Report	1. 7.3 Geographic Access Requirements 2. PCPs	1. 4 of 57 2. Pg 4

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
		which addresses deficiencies.			
7.3.2 7.3.2.1 7.3.2.2	**Acute Inpatient Hospitals** • Travel distance for members living in rural parishes shall not exceed 30 miles; If no hospital is available within 30 miles of a member's residence, the MCO may request, in writing, an exception to this requirement. • Travel distance for members living in urban parishes shall not exceed 10 miles.	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 4. Geo Access Reports Access to acute inpatient hospitals for UHC members in rural parishes is 100% with access per defined standards. Deficiencies were noted in travel distance for members living in urban parishes (exceeding 10 miles). The plan submitted a gap analysis narrative (see Bayou Health UHC Community Plan) which addresses deficiencies and includes the names of local hospitals it is contracted with that provide services that address the deficiency in acute inpatient hospitals. For regions that are deficient in this area where the plan does not have a contract, the gap analysis provides the steps the plan is taking to contract with a local hospital.	1. Network Provider Development and Management Plan (See Sec. 7.9) 2. GeoAccess Report	1. 7.3 Geographic Access Requirements 2. Hospitals	1. 4 of 57 2. Pg 3
7.3.3 7.3.3.1 7.3.3.2 7.3.3.3 7.3.3.4	**Specialists** • Travel distance to each specialty type shall not exceed 60 miles for at least 75% of members; and • Travel distance shall not exceed 90 miles for all members. • Specialists included under this requirement are listed in Appendix TT **– Network Providers by Specialty Type.** DHH reserves the right to add additional specialty types as needed to meet the medical needs of the member population • Telemedicine may be used to facilitate access to specialists to	Not Met All contract elements addressed in Network Provider Development and Management Plan, pg. 4. Geo Access Reports Deficiencies were noted in the specialty areas listed below. The plan submitted a gap	1. Network Provider Development and Management Plan (See Sec. 7.9) 2. GeoAccess Report	1. 7.3 Geographic Access Requirements 2. LA Medicaid GEO Capacity	1. 4 of 57 2, Entire document

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	augment MCO's network or to meet specific needs of a subset of the MCO's membership. If an MCO intends to utilize telemedicine to meet network adequacy requirements, the MCO's telemedicine utilization must be approved by DHH for this purpose.	analysis narrative (see Bayou Health UHC Community Plan) which addresses deficiencies. Deficiencies exist in *most* counties within the following specialty areas to which the plan (for most parishes) has provided no remedy - either by subcontracting the service or by requesting an exception from DHH. Allergy/Immunology Colon and Rectal Surgery Dermatology Dialysis Endocrin and Metabolism Neuro Surgery Neurology Pediatric Allergist Pediatric Cardiology Pediatric Critical Care Medicine Pediatric Emergency Medicine Pediatric Endocrinology Pediatric Gastroenterology Pediatric Hematology/Oncology Pediatric Infectious Disease Pediatric Nephrology Pediatric Pulmonology Pediatric Rheumatology Pediatric Surgery Plastic Surgery Rheumatology Thoracic Surgery It is suggested that in parishes where a deficiency exists, and no coverage can be sought by subcontracting the service, the plan request an exception from			

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
		DHH.			
7.3.4 7.3.4.1 7.3.4.2	**Lab and Radiology Services** • Travel distance shall not exceed 20 miles in urban parishes; and • Travel distance shall not exceed 30 miles for rural parishes.	Not Met All contract elements addressed in Network Provider Development and Management Plan, pg. 4. Geo Access Reports Access for members in rural parishes is 100% with access per defined standards. Deficiencies were noted in travel distance for members living in urban parishes (exceeding 20 miles) whereby 3% of all urban members do not have access to 1 provider in 20 miles. The plan submitted a gap analysis narrative (see Bayou Health UHC Community Plan) which addresses deficiencies but provides no remedy - either by subcontracting the service or by requesting an exception from DHH.. It is suggested that in parishes where a deficiency exists, the plan request an exception from DHH.	1. Network Provider Development and Management Plan (See Sec. 7.9) 2. GeoAccess Report	1. 7.3 Geographic Access Requirements 2. Lab & Radiology	1. 4 of 57 2. Pg 3 and 5
7.3.5 7.3.5.1 7.3.5.2	**Pharmacies** • Travel distance shall not exceed 10 miles in urban parishes; and • Travel distance shall not exceed 30 miles in rural parishes.	Not Met All contract elements addressed in Network Provider Development and Management Plan, pg. 4. Geo Access Reports Could not locate geo access data pertaining to pharmacies. This area was not addressed in the	1. Network Provider Development and Management Plan (See Sec. 7.9)	1. 7.3 Geographic Access Requirements	1. 4 of 57

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
		gap narrative.			
7.3.6 7.3.6.1 7.3.6.2	**Hemodialysis Centers** • Travel distance shall not exceed 10 miles in urban areas; and • Travel distance shall not exceed 30 miles in rural areas.	Not Met All contract elements addressed in Network Provider Development and Management Plan, pg. 4. Geo Access Reports Could not locate geo access data pertaining to hemodialysis centers. This area was not addressed in the gap narrative.	1. Network Provider Development and Management Plan (See Sec. 7.9) 2. GeoAccess Report	1. 7.3 Geographic Access Requirements 2. Dialysis	1. 5 of 57 2. Pg 2
7.4.1	**Provider to Member Ratios** The MCO must demonstrate that their network has a sufficient number of providers and facilities to meet minimum ratio requirements and allow adequate access for members. Adequate ratios of providers to members can be found in Appendix UU.	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 4.	1. Network Provider Development and Management Plan (See Sec. 7.9) 2. GeoAccess Report	1. 7.4 Provider To Member Ratios 2. Entire Document	1. 5-6 of 57 2. Pgs. 1-6
7.5	**Monitoring and Reporting on Provider Networks**				
7.5.1 7.5.1.1 7.5.1.2	Appointment Availability Monitoring • The MCO shall have written policies and procedures about educating its provider network about appointment time requirements. The MCO must include their appointment standards in the Provider Manual . The MCO is encouraged to include the standards in the provider subcontracts. • The MCO is responsible for monitoring and assurance of provider compliance with appointment availability standards and provision of appropriate after-hour coverage.	Met All elements addressed, including provider education in Network Provider Development and Management Plan, pgs. 3, 6. Appointment standards and provision of appropriate after-hour coverage elements addressed in the Provider Manual, pg. 30.	1. Network Provider Development and Management Plan (See Sec. 7.9) 2. Provider Manual (See 10.4)	1. 7.5 Monitoring and Reporting on Provider Networks 2. Appointment Standards	1. 6 of 57 2. Pg. 30
7.6	**Provider Enrollment**				
7.6.1 7.6.1.1	**Provider Participation -** The MCO must offer a Contract to the following providers: Louisiana Office of Public Health (OPH); all OPH-certified School Based Health Clinics (SBHCs); all small rural hospitals meeting the definition in the Rural Hospital Preservation Act of 1997; Federally Qualified Health Centers (FQHCs); Rural Health Clinics (RHCs) (free-standing and hospital based); the MCO shall make a reasonable effort to contract with all local family planning clinics and providers, including those funded by Title X of the Public	Met All contract language elements addressed in Network Provider Development & Management Plan, pg. 7.	1. Network Provider Development & Management Plan 2. Provider Contracts	1. 7.6 Provider Enrollment 2. SMGA, MGA, FQHC/RHC Template, FPA Templates	1. 7 of 57 2. Entire documents

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	Health Services Act services).				
7.6.1.2	The MCO shall make a good faith effort to execute a contract with significant traditional providers (STPs). In the event an agreement cannot be reached and a STP does not participate in the MCO, the MCO shall maintain documentation detailing efforts that were made.	Met All contract language elements addressed in Network Provider Development & Management Plan, pg. 8.	1. Network Provider Development & Management Plan	1. 7.6 Provider Enrollment	1. 7-9 of 57
7.6.1.3	If a current Medicaid provider requests participation in a MCO, the MCO shall make a good faith effort to execute a contract. In the event an agreement cannot be reached and the provider does not participate in the MCO, the MCO has met this requirement; the MCO shall maintain documentation detailing efforts made.	Met All contract language elements addressed in Network Provider Development & Management Plan, pg.9.	1. Network Provider Development & Management Plan	1. 7.6 Provider Enrollment	1. 7-9 of 57
7.6.1.4	The provision in Section (7.6.1.2 and 7.6.1.3) does not prohibit the MCO from limiting provider participation to the extent necessary to meet the needs of the MCO's members. This provision also does not interfere with measures established by the MCO to control costs and quality consistent with its responsibilities under this contract nor does it preclude the MCO from using reimbursement amounts that are the greater than the published Medicaid fee schedule for different specialists or for different practitioners in the same specialty [42 CFR 438.12(b)(1)].	Met Contract language met in updated "G1 Network Provider Development & Management Plan v2, p.g 7.	1. Network Provider Development & Management Plan	1. 7.6 Provider Enrollment subsection - *Additional Provider Enrollment Considerations*	1. 7 of 57
7.6.1.5	If the MCO declines requests of individuals or groups of providers to be included in the MCO network, the MCO must give the requested providers written notice of the reason for its decision within fourteen (14) calendar days of its decision [42 CFR 438.12(a)(1)].	Met All contract language elements addressed in Network Provider Development & Management Plan, pg.9. Evidence of written notice is included in Credentialing Denial Letter (located in 7.6 Provider enrollment Folder**), but does not specify 14 days time**frame. It might be helpful to include the timeframe in the denial letter.	1. Network Provider Development & Management Plan 2. Cred Plan State and Federal Regulatory Addendum _Draft (located in Quality Management/14.5 Credentialing and Re-Credentialing pdf Provider and Clinical Staff Folder 3. Credentialing Denial Letter (located in 7.6 Provider enrollment Folder	7.6 Provider Enrollment subsection -*Additional Provider Enrollment Considerations* Louisiana Credentialing Denial Letter	Pg. 9 of 57 Pg. 44 of 66 Pg Entire Letter
7.6.2 7.6.2.1	**Exclusion from Participation -** 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	Met All contract language elements addressed in Network Provider Development & Management Plan, pg.9.	1. Network Provider Development & Management Plan 2. 2014 UnitedHealthcare Credentialing Plan (located in Quality Management/14.5 Credentialing and Re-Credentialing pdf Provider and	7.6 Provider Enrollment subsection –*Exclusion from Participation* Section 4.2 – Credentialing	1. 9 of 57 2. pg. 8 of 27

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	funded health care programs can be found at https://www.sam.gov/index.html/, and Health Integrity and Protection Data Bank at http://www.npdbhipdb.hrsa.gov/index.jsp.		Clinical Staff Folder	Criteria/Source Verification Requirements	
7.6.3 7.6.3.1	**Other Enrollment and Disenrollment Requirements -** The MCO shall not discriminate with respect to participation in the MCO program, reimbursement or indemnification against any provider solely on the provider's type of licensure or certification [42 CFR 438.12(a)(1) and (2)]. In addition, the MCO must not discriminate against particular providers that service high-risk populations or specialize in conditions that require costly treatment [42 CFR 438.214(c)].	Met All contract language elements addressed in Network Provider Development & Management Plan, pg.9.	1 Network Provider Development and Management Plan (See Sec. 7.9) (See Sec. 7.9) 2. LOUISIANA MEDICAID AND CHIP PROGRAM REGULATORY REQUIREMENTS APPENDIX 3. 2014 UnitedHealthcare Credentialing Plan (located in Quality Management/14.5 Credentialing and Re-Credentialing pdf Provider and Clinical Staff Folder	1. 7.6 Provider Enrollment subsection –*Other Enrollment and Disenrollment Requirements* 2. 4.2 Provider Discrimination Prohibition 3. Section 1.1	1.9 of 57 2. 13 3. pg. 1 of 27
7.6.3.2	All providers shall be in compliance with American with Disabilities Act (ADA) requirements and provide physical access for Medicaid members with disabilities	Met All contract language elements addressed in Network Provider Development & Management Plan, pg.9.	1. Network Provider Development and Management Plan (See Sec. 7.9) (See Sec. 7.9) 2. Provider Manual 3. Provider Manual (See 10.4)	7.6 Provider Enrollment subsection –*Other Enrollment and Disenrollment Requirements* Chapter 4: Physician and Health Care Provider Responsibilities – subsection - *Responsibilities and Expectations;* *Provider Office Standards*	Pg 9 of 57 Pg. 27 #7, & Pg. 28 #2 Pg. 34
7.6.3.3	If the MCO terminates a provider's contract for cause, the MCO shall provide immediate written notice to the provider. The MCO shall notify DHH of the termination as soon as possible, but no later than seven (7) calendar days, of written notification of cancelation to the provider.	Met All contract language elements met in Network Provider Development & Management Plan, pg.9.	NM-31 Provider Additions, Potential Terminations, and Actual Terminations v3 NM -31 Provider Initiated Voluntary Termination NM-31-UHCS UnitedHealthcare Community and State Provider Initiated (Voluntary and UnitedHealthcare	 Timeframe for Required Notification Timeframe for Required Notification	 Pg 4 Pg 4

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
			Initiated (Involuntary)Terminations v3.1 Network Provider Development Management and Development Plan	Other Enrollment and Disenrollment Requirements	Pg. 9 of 57
7.6.3.4	The MCO shall make a good faith effort to give written notice of termination of a contracted provider, within fifteen (15) days after receipt of issuance of the termination notice, to each MCO member who received his or her primary care from or was seen on a regular basis by the terminated provider as specified in 42 CFR §438.10(f)(5).	Met All contract language elements addressed in Network Provider Development & Management Plan, pg.9.	NM-31 Provider Additions, Potential Terminations, and Actual Terminations v3 NM -31 Provider Initiated Voluntary Termination NM-31-UHCS UnitedHealthcare Community and State Provider Initiated (Voluntary and UnitedHealthcare Initiated (Involuntary)Terminations v3.1 Network Provider Development Management and Development Plan	 Timeframe for Required Notification Timeframe for Required Notification Other Enrollment and Disenrollment Requirements	 Pg 4 Pg 4 Pg. 9 of 57
7.7	**Mainstreaming**				
7.7.1	DHH considers mainstreaming of MCO members into the broader health delivery system to be important. The MCO therefore must ensure that all MCO providers accept members for treatment and that MCO providers do not intentionally segregate members in any way from other persons receiving services.	Met All contract language elements addressed in Network Provider Development & Management Plan, pg.10.	1. Network Provider Development and Management Plan (See Sec. 7.9) 2. LOUISIANA MEDICAID AND CHIP PROGRAM REGULATORY REQUIREMENTS APPENDIX 3. Provider Manual (See 10.4)	1. 7.7 Mainstreaming 3 3.2 Accessibility Standard 1. Chapter 4: Physician and Health Care Provider Responsibilities – subsection - *Responsibilities and Expectations*	1. 10 of 57 3. Pgs 3-4 4 Pg. 27 #4-5
7.7.2	To ensure mainstreaming of members, the MCO shall take affirmative action so that members are provided covered services without regard to race, color, creed, sex, religion, age, national origin ancestry, marital status, sexual preference, health status,	Met All contract language elements addressed in Network Provider Development & Management	1. Network Provider Development and Management Plan (See Sec. 7.9) 2. LOUISIANA MEDICAID AND	1. 7.7 Mainstreaming	1. 10 of 57 3. Pgs 3-4 4 Pg. 27 #4-5

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	income status, program membership, or physical or behavioral disability, except where medically indicated. Examples of prohibited practices include, but are not limited to, the following:	Plan, pg.10.	CHIP PROGRAM REGULATORY REQUIREMENTS APPENDIX 3. Provider Manual (See 10.4)	2. 3.2 Accessibility Standard 3. Chapter 4: Physician and Health Care Provider Responsibilities – subsection - *Responsibilities and Expectations*	
7.7.2.1	Denying or not providing to a member any covered service or availability of a facility.	Met All contract language elements addressed in Network Provider Development & Management Plan, pg.10.	1. Network Provider Development and Management Plan (See Sec. 7.9) 2. EXHIBIT A TO THELOUISIANA MEDICAID PROGRAM REGULATORY REQUIREMENTS APPENDIX MEMBERS' AND POTENTIAL MEMBERS' BILL OF RIGHTS 3. Provider Manual (See 10.4)	1. 7.7 Mainstreaming 2. 5.11 Covered Person Rights & MEMBERS' AND POTENTIAL MEMBERS' BILL OF RIGHTS 3. Chapter 4: Physician and Health Care Provider Responsibilities – subsection - *Responsibilities and Expectations*	Pg 10 of 57 Pgs 15 - 16 Pg. 27 #6 17-18
7.7.2.2	Providing to a member any covered service which is different, or is provided in a different manner, or at a different time from that provided to other members, other public or private patients, or the public at large.	Met All contract language elements addressed in Network Provider Development & Management Plan, pg.10.	Network Provider Development and Management Plan (See Sec. 7.9) LOUISIANA MEDICAID AND CHIP PROGRAM	7.7 Mainstreaming 5.11 Covered Person Rights & MEMBERS' AND	1. 10 of 57 Pgs 15-16

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
			REGULATORY REQUIREMENTS APPENDIX + Exhibit A Provider Manual (See 10.4)	POTENTIAL MEMBERS' BILL OF RIGHTS Chapter 4: Physician and Health Care Provider Responsibilities – subsection - *Responsibilities and Expectations*	 Pgs 17-18
7.7.2.3	Discriminatory practices with regard to members such as separate waiting rooms, separate appointment days, or preference to private pay or Medicaid fee-for-service patients.	Met All contract language elements addressed in Network Provider Development & Management Plan, pg.10.	1. Network Provider Development and Management Plan (See Sec. 7.9) 2. LOUISIANA MEDICAID AND CHIP PROGRAM REGULATORY REQUIREMENTS APPENDIX + Appendix A 3. Provider Manual (See 10.4)	7.7 Mainstreaming 5.11 Covered Person Rights + MEMBERS' AND POTENTIAL MEMBERS' BILL OF RIGHTS Chapter 4: Physician and Health Care Provider Responsibilities – subsection - *Responsibilities and Expectations*	Pg. 10 of 57 Pgs 15-16 & 17 - 18 Pg. 27 #
7.8	**Primary Care**				
7.8.0	The PCP shall serve as the member's initial and most important point of interaction with the MCO's provider network. A PCP in the MCO must be a provider who provides or arranges for the delivery of medical services, including case management, to assure that all services, which are found to be medically necessary, are made available in a timely manner as outlined in this Section.	Met All elements of contract language addressed in Provider Manual.	Provider Manual (See 10.4)	Chapter 4: Physician and Health Care Provider Responsibilities – subsection - PCP as Medical Manager	Pg. 28
7.8.1	**Assignment of Primary Care Providers**				
7.8.1.1	As part of the financial Medicaid application process, applicants may be given the option to indicate their preferred choice of MCO.				
7.8.1.2	If the choice of MCO and PCP is not indicated on the new eligible file transmitted by DHH to the Enrollment Broker, the Enrollment Broker shall contact the eligible individual to request their choice of MCO and if available the PCP of choice.				
7.8.1.3	The Enrollment Broker shall encourage the continuation of any				

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	existing satisfactory provider/patient relationship with their current PCP who is in a MCO.				
7.8.1.4	The name of PCP requested by a new enrollee will be included in the Member File from the Enrollment Broker to MCO.	Met Element addressed in policy "PCP Assignment and Selection", submitted as "Auto Assignment Methodology Pending Approval".	1. Network Provider Development and Management Plan (See Sec. 7.9) 2. Auto Assignment Methodology	7.8 Primary Care subsection - Assignment and Auto-Assignment of Primary Care Providers PCP Data Sharing with Enrollment Broker and State Fiscal Intermediary	Pgs. 10 – 12 Pg 4
7.8.1.5	The MCO shall confirm the PCP selection information in a written notice to the member.	Met Element addressed in policy "PCP Assignment and Selection", submitted as "Auto Assignment Methodology Pending Approval".	Auto Assignment Methodology	Enrollee Notification Of PCP Selection	Pg. 4
7.8.1.6	If no PCP is selected on the Member File received from the Enrollment Broker, the MCO shall contact the member, as part of the welcome call, within ten (10) business days of receiving the Member File from the Enrollment Broker to assist the member in making a selection of a PCP or auto assign a PCP;	Met Element addressed in policy "PCP Assignment and Selection", submitted as "Auto Assignment Methodology Pending Approval".	Auto Assignment Methodology	Member Selection of Primary Care Provider at Time of Enrollment	Pg 2 Step 3
7.8.1.7	Inform the member that each family member has the right to choose his/her own PCP. The MCO may explain the advantages of selecting the same primary care provider for all family members, as appropriate.	Met Element addressed in policy "PCP Assignment and Selection", submitted as "Auto Assignment Methodology Pending Approval".	Auto Assignment Methodology	Member Selection of Primary Care Provider at Time of Enrollment	Pg 3
7.8.1.8	Members, for whom an MCO is the primary payor, who do not proactively choose a PCP will be auto-assigned to a PCP by the MCO. Members, for whom an MCO is a secondary payor, will not be assigned to a PCP by the MCO, unless the members request that the MCO do so.	Met All elements addressed in policy "PCP Assignment and Selection", submitted as "Auto Assignment Methodology Pending Approval".	1. Provider Manual (See 10.4) 2. Auto Assignment Methodology	Primary Care Provider (PCP) Assignment Policy Statement	1. Pg 18 2. Pg 1
7.8.1.9	The MCO shall be responsible for providing to the Enrollment Broker, information on the number of Medicaid member linkages and remaining capacity of each individual PCP of additional Medicaid member linkages on a quarterly basis.	Met Contract element addressed in Network Provider Development and Management Plan pg. 42.	PCP Quarterly Report	PCP_LinkageNG_2014-10-29	Entire document
7.8.1.10	If the member does not select a PCP and is auto assigned to a PCP by the MCO, the MCO shall allow the member to change PCP, at least once, during the first ninety (90) days from assignment to the PCP without cause.	Met All elements addressed in policy "PCP Assignment and Selection", submitted as "Auto Assignment Methodology Pending Approval".	Auto Assignment Methodology	Member Selection of Primary Care Provider at Time of Enrollment	Pg 3
7.8.1.11	Effective the ninety-first (91st) day, the member may be locked into	Met	Auto Assignment Methodology	Member Selection of	Pg 3

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	the assignment to the selected PCP for a period of up to twelve months (12) months beginning from the original date the member was assigned to the MCO.	All elements addressed in policy "PCP Assignment and Selection", submitted as "Auto Assignment Methodology Pending Approval".		Primary Care Provider at Time of Enrollment	
7.8.1.12	If a member requests to change his or her PCP with cause, at any time during the enrollment period, the MCO must agree to grant the request.	Met All elements addressed in policy "PCP Assignment and Selection", submitted as "Auto Assignment Methodology Pending Approval".	Auto Assignment Methodology	PCP Auto Assignment Process	Pg 3
7.8.1.13	The MCO shall have written policies and procedures for allowing members to select a new PCP, including auto-assignment, and provide information on options for selecting a new PCP when it has been determined that a PCP is non-compliant with provider standards (i.e. quality of care) and is terminated from the MCO, or when a PCP change is ordered as part of the resolution to a grievance proceeding. The MCO shall allow members to select another PCP within ten (10) business days of the postmark date of the termination of PCP notice to members and provide information on options for selecting a new PCP.	Met All elements addressed in policy "PCP Assignment and Selection", submitted as "Auto Assignment Methodology Pending Approval".	Auto Assignment Methodology	PCP Auto Assignment Process	Pg 3 - 4
7.8.1.14	The MCO shall have policies for accessing emergency/urgent care during this transition period. These policies and procedures shall be submitted within thirty (30) days from the date the MCO signs the Contract with DHH.	Met Contract elements addressed in Network Provider Development and Management Plan, pg. 11.	Consumer Safety	Addenda	Pg. 6
7.8.1.15	The MCO shall notify the Fiscal Intermediary by close of business the next business day of a PCP's termination.	Not met Contract language is not met. Submitted documents have general corporate-wide timeframes. NM-31 UHC Sb-grid may address but was not provided.	NM-31 Provider Additions, Potential Terminations, and Actual Terminations v3 NM -31 Provider Initiated Voluntary Termination NM-31-UHCS UnitedHealthcare Community and State Provider Initiated (Voluntary and UnitedHealthcare Initiated (Involuntary)Terminations v3.1	 Timeframe for Required Notification Timeframe for Required Notification	 Pg 4 Pg 4
7.8.1.16	The MCO shall have written policies and procedures for handling the assignment of its members to a PCP. The MCO is responsible for linking to a PCP all assigned MCO members for whom the MCO is the primary payor.	Met All elements addressed in policy "PCP Assignment and Selection", submitted as "Auto Assignment Methodology Pending Approval".	Auto Assignment Methodology	Policy Statement	Pg 1
7.8.1.17	**PCP Auto-Assignments**				

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
7.8.1.17.1	The MCO is responsible for developing a PCP automatic assignment methodology in collaboration with DHH to assign to a PCP an enrollee for whom the MCO is the primary payor when the enrollee:	Met All elements addressed in policy "PCP Assignment and Selection", submitted as "Auto Assignment Methodology Pending Approval".	Auto Assignment Methodology	Policy Statement	Pg 1
7.8.1.17.2	Does not make a PCP selection after a voluntary selection of a MCO; or	Met All elements addressed in policy "PCP Assignment and Selection", submitted as "Auto Assignment Methodology Pending Approval.	Auto Assignment Methodology	Policy Statement	Pg 1
7.8.1.17.3	Selects a PCP within the MCO that has reached their maximum physician/patient ratio; or	Met All elements addressed in policy "PCP Assignment and Selection", submitted as "Auto Assignment Methodology Pending Approval.	Auto Assignment Methodology	Policy Statement	Pg 1
7.8.1.17.4	Selects a PCP within the MCO that has restrictions/limitations (e.g. pediatric only practice).	Met All elements addressed in policy "PCP Assignment and Selection", submitted as "Auto Assignment Methodology Pending Approval.	Auto Assignment Methodology	Policy Statement	Pg 1
7.8.1.17.5	Does not make a selection of a PCP for a newborn within fourteen (14) calendar days of birth. The effective date of a PCP selection or assignment of a newborn will be no later than the first month of enrollment subsequent to the birth of the child.	Met All elements addressed in policy "PCP Assignment and Selection", submitted as "Auto Assignment Methodology Pending Approval".	Auto Assignment Methodology	Policy Statement	Pg 1
7.8.1.17.6	Assignment shall be made to a PCP with whom, based on fee for service claims history or prior linkage, the member has a historical provider relationship. If there is no historical PCP relationship, the member shall be auto-assigned to a provider who is the assigned PCP for an immediate family member enrolled in the MCO plan. If other immediate family members do not have an assigned PCP, auto-assignment shall be made to a provider with who a family member has a historical provider relationship.	Met All elements addressed in policy "PCP Assignment and Selection", submitted as "Auto Assignment Methodology Pending Approval".	Auto Assignment Methodology	PCP auto assignment process	Pg 3
7.8.1.17.7	If there is no member or immediate family historical usage, members shall be auto-assigned to a PCP using an algorithm developed by the proposer, based on the age and sex of the member and geographic proximity.	Met All elements addressed in policy "PCP Assignment and Selection", submitted as "Auto Assignment Methodology Pending Approval".	Auto Assignment Methodology	PCP auto assignment process	Pg 3
7.8.1.17.8	The final MCO and PCP automatic assignment methodology must be provided thirty (30) days from the date the MCO signs the	Met Contract language met in	1. Auto Assignment Methodology 2. Provider Manual (See 10.4)	**Purpose**	**Pg 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)
	contract with DHH. Approval must be obtained from the Department prior to implementation. This methodology must be made available via the MCO's website, Provider Handbook, and Member Handbook.	updated policy: PCP Assignment and Selection.		Chapter 2: Member Services and Eligibility, subsection - *Primary Care Provider (PCP) Assignment*	Pg 18
7.8.2	**Primary Care Provider Responsibilities**				
7.8.2.0	The MCO must ensure that network Primary Care Providers fulfill their responsibilities including but not limited to the following:				
7.8.2.1	Managing the medical and health care needs of members to assure that all medically necessary services are made available in a timely manner;	Met All contract elements addressed in Provider Manual, pg.32.	Provider Manual (See 10.4)	Chapter 4: Physician and Health Care Provider Respon– subsection - PCP as Medical Manager	Pg 28
7.8.2.2	Referring patients to subspecialists and subspecialty groups and hospitals as they are identified for consultation and diagnostics according to evidence-based criteria for such referrals as it is available;	Met Contract language met in updated Provider manual pg. 28.	Provider Manual (See 10.4)	Chapter 4: Physician and Health Care Provider Responsibilities – subsection - PCP as Medical Manager	Pg 28
7.8.2.3	Communicating with other levels of medical care to coordinate, and follow up the care of individual patients.	Met Element met in Provider Manual, pg. 32.	Provider Manual (See 10.4)	Chapter 4: Physician and Health Care Provider Responsibilities – subsection - PCP as Medical Manager	Pg 28
7.8.2.4	Providing the coordination necessary for the referral of patients to specialists and for the referral of patients to services available through fee-for-service Medicaid;	Met Element : "Providing the coordination necessary for the referral of patients to Specialists," addressed in Provider Handbook, pg. 28. Element language: "and for the referral of patients to services available through fee-for-service Medicaid," addressed in Provider Handbook pg. 32.	Provider Manual (See 10.4)	Chapter 4: Physician and Health Care Provider Responsibilities – subsection - PCP as Medical Manager	Pg 28
7.8.2.5	Maintaining a medical record of all services rendered by the PCP and record of referral to other providers and any documentation provided by the rendering provider to the PCP for follow up and/or coordination of care;	Met All contract elements addressed in Provider Handbook pgs. 32 and 45. .	1. Provider Manual (See 10.4) 2. LOUISIANA MEDICAID AND CHIP PROGRAM REGULATORY REQUIREMENTS APPENDIX	Chapter 4: Physician and Health Care Provider Responsibilities – subsection - PCP as Medical Manager 3.5.b. Medical Record	1. Pg 28 2. 5-6

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
7.8.2.6	Development of plan of care to address risks and medical needs and other responsibilities as defined in Section 6.33.	Met Element addressed in Provider Handbook, pg. 34.	2015 Person Centered Care Model Program Description	Objectives Health Action Plan (HAP) and Person Centered Plan of Care (POC)	4 15
7.8.2.7	Ensuring that in the process of coordinating care, each enrollee's privacy is protected consistent with the confidentiality requirements in 45 CFR Parts 160 and 164. 45 CFR Part 164 specifically describes the requirements regarding the privacy of individually identifiable health information and all state statutes.	Met All contract elements addressed in Provider Handbook, pg. 30.	1. Provider Manual (See 10.4) 2. LOUISIANA MEDICAID AND CHIP PROGRAM REGULATORY REQUIREMENTS APPENDIX	Chapter 4: Physician and Health Care Provider Responsibilities – subsection - PCP as Medical Manager 2. 3.6 Privacy; HIPAA Compliance	1. Pg 28 2. 5-6
7.8.2.8	Providing after-hours availability to patients who need medical advice. At minimum, PCP office must have a return call system staffed and monitored in order to assure that the member is connected to a designated medical practitioner within 30 minutes of the call.	Met All contract elements addressed in Provider Manual, pg. 28, and pg. 30.	Provider Manual (See 10.4)	Chapter 4: Physician and Health Care Provider Responsibilities – subsection - PCP as Medical Manager	Pg 28
7.8.2.9	Maintaining hospital admitting privileges or arrangements with a physician who has admitting privileges at an MCO participating hospital.	Met Contract elements met in Provider Manual, pg.28.	Provider Manual (See 10.4)	Chapter 4: Physician and Health Care Provider Responsibilities – subsection - PCP as Medical Manager	Pg 28
7.8.3	**Specialty Providers**				
7.8.3.1	The MCO shall assure access to specialty providers, as appropriate, for all members. The MCO shall assure access standards and guidelines to specialty providers are met as specified in this Section in regard to timeliness and service area.				
7.8.3.2	The MCO provider network shall include participating specialists with pediatric expertise for children/adolescents when the need for pediatric specialty care is significantly different from the need for adult specialty care (*e.g.* a pediatric cardiologist).	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 13.	1. GeoAccess Report 2. Network Provider Development and Management Plan (See Sec. 7.9)	GeoAccess Report 7.8 Primary Care subsection - Specialty Providers	1.Entire report 2. Pg. 13 of 57
7.8.3.3	The MCO shall ensure access to appropriate service settings for members needing medically high risk perinatal care, including both	Met All contract elements addressed	1. Network Provider Development and	7.8 Primary Care subsection - Specialty	Pg. 13 of 57

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	prenatal and neonatal care,	in Network Provider Development and Management Plan, pg. 13.	Management Plan (See Sec. 7.9)	Providers	
7.8.3.4	The MCO shall establish and maintain a provider network of physician specialists that is adequate and reasonable in number, in specialty type, and in geographic distribution to meet the medical needs of its members (adults and children) without excessive travel requirements. This means that, at a minimum: • The MCO has signed a contract with providers of the specialty types listed in Appendix TT who accept new members and are available on at least a referral basis; and • The MCO is in compliance with access and availability requirements	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 13.	1. GeoAccess 2. Network Provider Development and Management Plan (See Sec. 7.9)	GeoAccess Report 7.8 Primary Care subsection - Specialty Providers	Entire report Pg. 13 of 57
7.8.3.5	The MCO shall assure, at a minimum, the availability of the specialists listed in Appendix TT with the ratio, distance, and appointment time requirements set in this Section and in Appendices SS and UU**.**	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 13.	1. GeoAccess 2. Network Provider Development and Management Plan (See Sec. 7.9)	GeoAccess Report 7.8 Primary Care subsection - Specialty Providers	Entire report Pg. 13 of 57
7.8.3.6	The MCO will be required to provide a higher ratio of specialists per member population and/or additional specialist types/member ratios may be established, if it is determined by DHH the MCO does not meet the access standards specified in the Contract.	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 14.	Network Provider Development and Management Plan (See Sec. 7.9)	7.8 Primary Care subsection - Specialty Providers	14 of 57
7.8.3.7	In accordance with 42 CFR §438.208(c)(4), for enrollees determined to need a course of treatment or regular monitoring, the MCO must have a mechanism in place to allow enrollees to directly access a specialist as appropriate for the enrollee's condition and identified needs.	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 14.	Network Provider Development and Management Plan (See Sec. 7.9)	7.8 Primary Care subsection - Specialty Providers	14 of 57
7.8.4	**Hospitals**				
7.8.4.1	Hospital services providers must be qualified to provide services under the Medicaid program. All services must be provided in accordance with applicable state and federal laws and regulations and adhere to the requirements set forth in this RFP.				
7.8.4.2 7.8.4.2.1 7.8.4.2.2	The MCO shall include, at a minimum, access to the following: One (1) hospital that provides emergency room services, inpatient, and outpatient care in each parish in the state, provided the parish has such a hospital. MCO must establish access to the following within their network of hospital: Level III Obstetrical services; Level III Neonatal Intensive Care (NICU) services; Pediatric services; Trauma services; Burn services; and A Children's Hospital that meets the CMS definition in 42CFR, Parts 412 and 413.	Met All contract elements addressed in Network Provider Development and Management Plan, pgs. 14-15.	Network Provider Development and Management Plan (See Sec. 7.9)	7.8 Primary Care subsection - Hospitals	Pg. 14 of 57

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
7.8.4.3	The MCO may contract with out-of-state hospitals in the trade area.	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 15.	GeoAccess Network Provider Development and Management Plan (See Sec. 7.9)	GeoAccess Report 7.8 Primary Care subsection - Hospitals	1.Entire Report Pg. 15 of 57
7.8.4.4	If there are no hospitals within the parish that meet these requirements in section 7.8.4.2.1, or a contract cannot be negotiated, The MCO may contract with out-of-state hospitals to comply with these requirements.	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 15.	GeoAccess Report Network Provider Development and Management Plan (See Sec. 7.9)	GeoAccess Report 7.8 Primary Care subsection - Hospitals	Entire Report Pg. 15 of 57
7.8.5	**Tertiary Care –** Tertiary care is defined as health services provided by highly-specialized providers, such as medical sub-specialists; these services frequently require complex technological and support facilities. The MCO shall provide tertiary care services including trauma centers, burn centers, level III (high risk) nurseries, rehabilitation facilities, and medical sub-specialists available twenty-four (24) hours per day. If the MCO does not have a full range of tertiary care services, the MCO shall have a process for providing such services including transfer protocols and arrangements with out-of-network providers.	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 17-18.	Network Provider Development and Management Plan	7.8 Primary Care subsection – Tertiary Care	16 of 57
7.8.6	**Direct Access to Women's Health Care –** The MCO shall provide direct access to a health specialist(s) in-network for core benefits and services necessary to provide women's routine and preventive health care services. This access shall be in addition to the member's PCP if that provider is not a women's health specialist.	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 18.	Provider Manual (See 10.4)	Direct Access to Women's Health Care	Pg. 46
7.8.6.1	The MCO shall notify and give each member, including adolescents, the opportunity to use their own PCP or utilize any family planning service provider for family planning services without requiring a referral or authorization. Family planning services shall be available to help prevent unintended or unplanned pregnancies. Family planning services include examinations, assessments and traditional contraceptive devices. The MCO family planning services shall also include preconception and interconception care services for members to optimize member health entering pregnancy. The MCO shall agree to make available all family planning services to MCO members as specified in this RFP;	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 19 and in Member Handbook.	Louisiana Utilization Management Program Description Provider Manual (See 10.4) Member Handbook (See 12.12)	Obstetrical/Maternity Care/Family Planning Direct Access to Women's Health Benefits	6 Page 46,Column 1 33
7.8.6.2	MCO members shall have the freedom to receive family planning services and related supplies from appropriate Medicaid providers outside the MCO's provider network without any restrictions as	Met All contract elements addressed in Network Provider Development	Louisiana Utilization Management Program Description	Obstetrical/Maternity Care/Family Planning	6

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	specified in 42 CFR §431.51(b)(2). The out-of-network Medicaid enrolled family planning services provider shall bill the MCO and be reimbursed no less than the Medicaid rate in effect on the date of service. MCO members should be encouraged by the MCO to receive family planning services through the MCO's network of providers to ensure continuity and coordination of the member's total care. No additional reimbursements shall be made to the MCO for MCO members who elect to receive family planning services outside the MCO's provider network;	and Management Plan, pg. 19.	Provider Manual (See 10.4)	Direct Access to Women's Health	Page 46, Column 1
7.8.6.4	The MCO shall maintain the confidentiality of family planning information and records for each individual member including those of minor patients.	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 19.	Louisiana Utilization Management Program Description Provider Manual (See 10.4)	Obstetrical/Maternity Care/Family Planning Direct Access to Women's Health	6 Page 46, Column 1
7.8.7 7.8.7.1	**Prenatal Care Services -** The MCO shall assist all pregnant members in choosing a pediatrician, or other appropriate PCP, for the care of their newborn babies before the beginning of the last trimester of gestation. In the event that the pregnant member does not select a pediatrician, or other appropriate PCP, the MCO shall provide the member with a minimum of fourteen (14) calendar days after birth to select a PCP prior to assigning one.	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 19.	Louisiana Utilization Management Program Description Auto Assignment Methodology	Obstetrical/Maternity Care/Family Planning Policy Statement	6 Pg 1
7.8.8	**Other Service Providers –** The MCO shall ensure the availability of medical service providers including, but not limited to, ambulance services, durable medical equipment, orthotics, prosthetics and certain supplies, and radiology, and laboratories. All services must be provided in accordance with applicable state and federal laws and regulations.	Met All contract language elements addressed in Network Provider Development and Management Plan, pg. 20.	Provider Manual (See 10.4)	Chapter 1: UnitedHealthcare Corporate Overview – subsection Benefits	6 - 14
7.8.9	**Non-Emergency Medical Transportation**				
7.8.9.1	The MCO is responsible for **all** necessary Non-Emergency Medical Transportation for its members. This includes transportation to both services covered within the scope of this RFP and all state plan services currently excluded, such as, but not limited to dental and behavioral health.	Met All contract language elements addressed in Network Provider Development and Management Plan, pg. 20.	Network Provider Development and Management Plan Delegated Entity (See 7.13)	7.8 Primary Care subsection - Non-Emergency Medical Transportation Delegated Entity Policy	Pg 20 Entire policy
7.8.9.2	For medically necessary non-emergent transportation requested by the member or someone on behalf of the member, the MCO shall require its transportation contractor to schedule the transportation so that the member arrives on time but no sooner than one hour before the appointment; nor have to wait more than	Met All contract language elements addressed in Network Provider Development and Management Plan, pg. 20.	Network Provider Development and Management Plan Delegated Entity (See 7.13)	7.8 Primary Care subsection - Non-Emergency Medical Transportation	Pg 20 Entire policy

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	one hour after the conclusion of the treatment for transportation home; nor be picked up prior to the completion of treatment.			Delegated Entity Policy	
7.8.9.3	If a member requests an MCO provider who is located beyond access standards, and the MCO has an appropriate provider within the MCO who accepts new patients, it shall not be considered a violation of the access requirements for the MCO to grant the member's request. However, in such cases the MCO shall not be responsible for providing transportation for the member to access care from this selected provider, and the MCO shall notify the member in writing as to whether or not the MCO will provide transportation to seek care from the requested provider.	Met All contract language elements addressed in Network Provider Development and Management Plan, pg. 20.	Network Provider Development and Management Plan Delegated Entity (See 7.13)	7.8 Primary Care subsection - Non-Emergency Medical Transportation Delegated Entity Policy	Pg 20 Entire policy
7.8.10 7.8.10.1	**FQHC/RHC Clinic Services –** The MCO must offer to contract with all FQHCs and RHCs (both freestanding and hospital-based) in the state.	Met All contract language elements addressed in Network Provider Development and Management Plan, pg. 21.	1. Network Provider Development and Management Plan 2. Provider Contracts (Sec 7.6)	7.6 Provider Enrollment FQHC/RHC contract template	Pg 7 Entire document
7.8.11 7.8.11.1	**School-Based Health Clinics (SBHCs) –** SBHC (certified by the DHH Office of Public Health) services are those Medicaid services provided within school settings to Medicaid eligible children under the age of 21.				
7.8.11.2	The MCO must offer a contract to each SBHC. The MCO may stipulate that the SBHC follow all of the MCO's required policies and procedures	Met All contract language elements addressed in Network Provider Development and Management Plan, pg. 21.	Network Provider Development and Management Plan Provider Contracts(Sec. 7.6)	7.6 Provider Enrollment SMGA template or MGA template	1. Pg 7 2. Entire document
7.8.13 7.8.13.1	**Local Parish Health Clinics –** The MCO must offer a contract to the Louisiana Office of Public Health (OPH) for the provision of personal health services offered within the parish health units (e.g. immunizations, STD, family planning).	Met All contract language elements addressed in Network Provider Development and Management Plan, pg. 22.	Network Provider Development and Management Plan OPH Contract & Acute Amendment	7.6 Provider Enrollment Entire document	Pg 7 Entire document
7.8.13.2	The MCO shall coordinate its public health-related activities with OPH. Coordination mechanisms and operational protocols for addressing public health issues shall be negotiated with OPH and BHSF (Medicaid) and reflect Louisiana public health priorities. The coordination of activities related to public health will take the form of agreements among the parties which may include policy memos or separate memorandums of understanding signed by OPH, BHSF (Medicaid), and the MCO.	Met All contract language elements addressed in Network Provider Development and Management Plan, pg. 22.	Network Provider Development and Management Plan OPH Contract & Acute Amendment	7.7 Provider Enrollment Entire document	Pg 7 Entire document
7.9	**Network Provider Development Management Plan**				

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
7.9.1	The MCO shall develop and maintain a Provider Network Development and Management Plan which ensures that the provision of core benefits and services will occur [42 CFR 438.207(b)]. The Network Development and Management Plan shall be submitted to DHH as part of the proposal, as well as when significant changes occur and annually thereafter. The Network Development and Management Plan shall include the MCO's process to develop, maintain and monitor an appropriate provider network that is supported by written agreements and is sufficient to provide adequate access of all required services included in the Contract. When designing the network of providers, the MCO shall consider the following (42 CFR 438.206):	Met All contract elements addressed in Network Provider Development and Management Plan, pgs. 22-23.	Network Provider Development and Management Plan (See Sec. 7.9)	7.9.1 Ensuring the Provision of Core Benefits and Services	Pg 21
7.9.1.1	Anticipated maximum number of Medicaid members;	Met Anticipated maximum number of Medicaid members addressed in updated Network Provider Development and Management Plan, pg. 23.	Network Provider Development and Management Plan (See Sec. 7.9)	7.9.1.1 Anticipated Membership	Pg 23
7.891.2	Expected utilization of services, taking into consideration the characteristics and health care needs of the members in the MCO;	Met All contract elements addressed in Network Provider Development and Management Plan, pg.23.	Network Provider Development and Management Plan (See Sec. 7.9)	7.9.1.2 Expected Utilization of Services	Pg 23
7.9.1.3	The numbers and types (in terms of training, experience, and specialization) of providers required to furnish Medicaid core benefits and services;	Met Numbers and types of specialists providers included in the updated Network Provider Development and Management Plan, pg. 24.	Network Provider Development and Management Plan (See Sec. 7.9)	7.9.1.3 Numbers and Types of Providers	Pg 24
7.9.1.4	The numbers of MCO providers who are not accepting new MCO members; and	Met The numbers of MCO primary care providers who are not accepting new MCO members addressed in updated Network Provider Development and Management Plan, pg.25.	Network Provider Development and Management Plan (See Sec. 7.9)	7.9.1.4 Numbers of Providers with Open Panels	Pg 25
7.9.1.5	The geographic location of providers and members, considering distance, travel time, the means of transportation ordinarily used by members, and whether the location provides physical access for Medicaid enrollees with disabilities.	Met All contract elements addressed in Network Provider Development and Management Plan, pg.24.	Network Provider Development and Management Plan (See Sec. 7.9)	7.9.1.5 Geographic Location of Providers and Members	Pg 24
7.9.2	The Network Provider Development and Management Plan (See Sec. 7.9) (See Sec. 7.9)shall demonstrate the ability to provide	Met All contract elements addressed	Network Provider Development and Management Plan (See Sec. 7.9)	7.9.2 Demonstrating Access to Service and	Pg 24 - 28

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	access to Services and Benefits as defined in this RFP, access standards in 42 CFR §438.206 and shall include:	in Network Provider Development and Management Plan, pg.24.		Benefits	
7.9.2.1	Assurance of Adequate Capacity and Services	Met All contract elements addressed in Network Provider Development and Management Plan, pg.24.	Network Provider Development and Management Plan (See Sec. 7.9)	7.9.2 Demonstrating Access to Service and Benefits	Pg 24
7.9.2.2	Access to Primary Care Providers	Met All contract elements addressed in Network Provider Development and Management Plan, pg.24.	Network Provider Development and Management Plan (See Sec. 7.9)	7.9.2.2 Access to Primary Care Providers	Pg 25
7.9.2.3	Access to Specialists	Met All contract elements addressed in Network Provider Development and Management Plan, pg.25.	Network Provider Development and Management Plan (See Sec. 7.9)	7.9.2.3 Access to Specialists	Pg 25
7.9.2.4	Access to Hospitals	Met All contract elements addressed in Network Provider Development and Management Plan, pg.25.	Network Provider Development and Management Plan (See Sec. 7.9)	7.9.2.4 Access to Hospitals	Pg 25
7.9.2.5	Timely Access	Met All contract elements addressed in Network Provider Development and Management Plan, pgs. 25-26.	Network Provider Development and Management Plan (See Sec. 7.9)	7.9.2.5 Timely Access to Care	Pg 25 - 26
7.9.2.6	Service Area	Met All contract elements addressed in Network Provider Development and Management Plan, pg.26.	Network Provider Development and Management Plan (See Sec. 7.9)	7.9.2.6 Service Area	Pg 26
7.9.2.7	Other Access Requirements: Direct Access to Women's Health , Special Conditions for Prenatal Providers, Second Opinion and Out-of-Network Providers	Met All contract elements addressed in Network Provider Development and Management Plan, pg.26-27.	Network Provider Development and Management Plan (See Sec. 7.9)	7.9.2.7 Other Access Requirements	Pg 26 - 28
7.9.3	The Network Provider Development and Management Plan (See Sec. 7.9) (See Sec. 7.9) shall identify gaps in the MCO's provider network and describe the process by which the MCO shall assure all covered services are delivered to MCO members. Planned interventions to be taken to resolve such gaps shall also be included.	Met All contract elements addressed in Network Provider Development and Management Plan, pgs. 29-30.	Network Provider Development and Management Plan (See Sec. 7.9)	7.9.3 Identifying Gaps in Coverage	Pg 29 - 30
7.9.4	The MCO shall provide GEO mapping and coding of all network providers for each provider type by the deadline specified in the Schedule of Events, to geographically demonstrate network	Met All contract language elements addressed in Network Provider	1. Network Provider Development and Management Plan (See Sec. 7.9) 2. GeoAccess Report	1. 7.9.4 Geo Mapping and Coding of Network Providers	1. Pg 30 2. Pgs. 1-6

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	capacity. The MCO shall provide updated GEO coding to DHH quarterly, or upon material change (as defined in the Glossary) or upon request.	Development and Management Plan, pg.30.		2. Entire Document	
7.9.5	The MCO shall develop and implement Network Development policies and procedures detailing how the MCO will [42 CFR 438.214(a)]:				
7.9.5.1	Communicate and negotiate with the network regarding contractual and/or program changes and requirements;	Met All contract language elements addressed in Network Provider Development and Management Plan, pg.30.	1. Network Provider Development and Management Plan (See Sec. 7.9)	1. 7.9.5 Development and Implementation of Network Development and Management Policies and Procedures	1. Pgs. 30-31 of 57
7.9.5.2	Monitor network compliance with policies and rules of DHH and the MCO, including compliance with all policies and procedures related to the grievance/appeal processes and ensuring the member's care is not compromised during the grievance/appeal processes;	Met All contract language elements addressed in Network Provider Development and Management Plan, pg.31.	1. Network Provider Development and Management Plan (See Sec. 7.9)	1. 7.9.5 Development and Implementation of Network Development and Management Policies and Procedures	1. Pg. 31 of 57
7.9.5.3	Evaluate the quality of services delivered by the network;	Met All contract language elements addressed in Network Provider Development and Management Plan, pg.31.	1. Network Provider Development and Management Plan (See Sec. 7.9)	1. 7.9.5 Development and Implementation of Network Development and Management Policies and Procedures	1. Pg. 31 of 57
7.9.5.4	Provide or arrange for medically necessary covered services should the network become temporarily insufficient within the contracted service area;	Met All contract language elements addressed in Network Provider Development and Management Plan, pg.31.	1. Network Provider Development and Management Plan (See Sec. 7.9)	1. 7.9.5 Development and Implementation of Network Development and Management Policies and Procedure	1. Pg. 31 of 57
7.9.5.5	Monitor the adequacy, accessibility and availability of its provider network to meet the needs of its members, including the provision of care to members with limited proficiency in English; and	Met All contract language elements addressed in Network Provider Development and Management Plan, pg.31.	1. Network Provider Development and Management Plan (See Sec. 7.9)	1. 7.9.5 Development and Implementation of Network Development and Management Policies and	1. Pg. 31 of 57

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
				Procedure	
7.9.5.6	Process expedited and temporary credentials. Recruit, select, credential, re-credential and contract with providers in a manner that incorporate quality management, utilization, office audits and provider profiling;	Met All contract language elements addressed in Network Provider Development and Management Plan, pg.31.	1. Network Provider Development and Management Plan (See Sec. 7.9)	1. 7.9.5 Development and Implementation of Network Development and Management Policies and Procedure	2. Pg. 31 of 57
7.9.5.7	Provide training for its providers and maintain records of such training;	Met All contract language elements addressed in Network Provider Development and Management Plan, pg.31.	1. Network Provider Development and Management Plan (See Sec. 7.9)	1. 7.9.5 Development and Implementation of Network Development and Management Policies and Procedure	2. Pg. 31 of 57
7.9.5.8	Track and trend provider inquiries/complaints/requests for information and take systemic action as necessary and appropriate;	Met All contract language elements addressed in Network Provider Development and Management Plan, pg.31.	1. Network Provider Development and Management Plan (See Sec. 7.9)	1. 7.9.5 Development and Implementation of Network Development and Management Policies and Procedure	2. Pg. 31 of 57
7.9.5.9	Ensure that provider calls are acknowledged within 3 business days of receipt; resolve and/or state the result communicated to the provider within 30 business days of receipt (this includes referrals from DHH). If not resolved in 30 days the MCO must document why the issue goes unresolved; however, the issue must be resolved within 90 days.	Met All contract language elements addressed in Network Provider Development and Management Plan, pg.31.	1. Network Provider Development and Management Plan (See Sec. 7.9)	1. 7.9.5 Development and Implementation of Network Development and Management Policies and Procedure	1. Pg. 31 of 57
7.9.6	An evaluation of the initial Network Provider Development and Management Plan (See Sec. 7.9), including evaluation of the success of proposed interventions and any needed revisions, shall be submitted to DHH at the end of the first year of operations and annually thereafter.	Met All contract language elements addressed in Network Provider Development and Management Plan, pg.31.	Network Provider Development and Management Plan (See Sec. 7.9)	1. 7.9.6 Evaluation and submission of Network Provider Development and Management Plan (See Sec. 7.9)n to DHH	1. Pg. 31 of 57
7.9.7	MCO Network Development and Management policies shall be subject to approval by DHH, Medicaid Coordinated Care Section and shall be monitored through operational audits.	Met All contract language elements addressed in Network Provider Development and Management	Network Provider Development and Management Plan (See Sec. 7.9)	1. 7.9.7 Network Development and Management Policies	1. Pg. 31 of 57

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
		Plan, pg.31.			
7.10	**Patient-Centered Medical Home (PCMH)**				
7.10.1 7.10.2 7.10.3	Patient-Centered Medical Home (PCMH) is a system of care led by a team of primary care providers who partner with the patient, the patient's family and the community to coordinate care in all settings, from specialists and hospitals to pharmacies, mental health programs, and home health agencies. The MCO shall promote and facilitate the capacity of primary care practices to function as patient-centered medical homes by using systematic, patient-centered and coordinated care management processes; and to receive National Committee on Quality Assurance (NCQA) Physician Practice Connections®-Patient-Centered Medical Home (PPC®-PCMH) recognition or Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Primary Care Home (PCH) accreditation.	Met All contract elements addressed in Network Provider Development and Management Plan, pgs. 31-32.	-UnitedHealthcare Community and State 2015 Person Centered Care Model Program Description -Policy 1-4_120314	**Clinical Practice Guidelines** -Policy 1-4_120314	Pg 9 - Entire document
7.10.4	The MCO shall provide a PCMH Implementation Plan within ninety (90) days of the "go live" date that identifies the methodology for promoting practice transformation to providing PCMHs for its members. The Plan shall include, but not be limited to the following:	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 32.	-UnitedHealthcare Community and State 2015 Person Centered Care Model Program Description -LA Expansion_2015_Project Plan-state readiness_20141119 -PCMH_ACC Plan_120314	-UnitedHealthcare Community and State 2015 Person Centered Care Model Program Description -LA Expansion_2015_Project Plan-state readiness_20141119 -PCMH_ACC Plan_120314	Entire documents
7.10.4.1	Any payment methodology for payment to primary care practices for the specific purpose of supporting necessary costs to transform and sustain a medical home practice:	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 32.	UnitedHealthcare Community and State 2015 Person Centered Care Model Program Description -LA Expansion_2015_Project Plan-state readiness_20141119	-LA Expansion_2015_Project Plan-state readiness_20141119	Entire document
7.10.4.2	Provision of technical support, to assist in their transformation;	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 32.	UnitedHealthcare Community and State 2015 Person Centered Care Model Program Description -LA Expansion_2015_Project Plan-state readiness_20141119	-LA Expansion_2015_Project Plan-state readiness_20141119	Entire document

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
7.1o.4.3	Facilitation of specialty provider network access and coordination to support the PCMH;	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 32.	UnitedHealthcare Community and State 2015 Person Centered Care Model Program Description -LA Expansion_2015_Project Plan-state readiness_20141119	Connecting to Vendor Partners LA Expansion_2015_Project Plan-state readiness_20141119	Pg 12 Entire document
7.10.4.4	Efforts to increase and support the provision of appropriate basic behavioral services in the primary care setting, as well as, the coordination of services with specialty behavioral health providers and other community support services;	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 32.	UnitedHealthcare Community and State 2015 Person Centered Care Model Program Description -LA Expansion_2015_Project Plan-state readiness_20141119	Behavioral Health Case Management/Care Coordination -LA Expansion_2015_Project Plan-state readiness_20141119	Pg 9 Entire document
7.10.4.5	Facilitation of data interchange between PCMH practices, specialists, labs, pharmacies, and other providers.	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 32.	UnitedHealthcare Community and State 2015 Person Centered Care Model Program Description -LA Expansion_2015_Project Plan-state readiness_20141119	-LA Expansion_2015_Project Plan-state readiness_20141119	Entire document
7.10.4.6	Methodology for evaluating the level of practice participation, level of practice transformation and any capacity and/or health outcomes achieved, The findings from all evaluations shall be included in the annual update of the PCMH Implementation Plan.	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 32.	UnitedHealthcare Community and State 2015 Person Centered Care Model Program Description -LA Expansion_2015_Project Plan-state readiness_20141119	Monitoring & Evaluation -LA Expansion_2015_Project Plan-state readiness_20141119	Pg 16
7.12	**Coordination with Other Service Providers**				
7.12.0	The MCO shall encourage network providers and subcontractors to cooperate and communicate with other service providers who serve Medicaid members. Such other service providers may include: Head Start programs; Healthy Start programs; Nurse Family Partnership; Early Intervention programs; and school systems. Such cooperation may include performing annual physical examinations for schools and the sharing of information (with the consent of the enrollee).	Met Network Provider Development and Management Plan Section 7.12 pg. 36 meets exact contract language.	1. Network Provider Development and Management Plan (See Sec. 7.9) 2. Provider Manual (See 10.4)	7.12 Coordination with Other Service Providers 2. Chapter 4: Physician and Health Care Provider Responsibilities	1. Pg 36 2. Pg 28
7.13	**Subcontract Requirements**				

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
7.13.1	In order to ensure that members have access to a broad range of health care providers, and to limit the potential for disenrollment due to lack of access to providers or services, the MCO shall not have a contract arrangement with any service provider in which the provider represents or agrees that it will not contract with another MCO or in which the MCO represents or agrees that it will not contract with another provider. The MCO shall not advertise or otherwise hold itself out as having an exclusive relationship with any service provider.	Met All contract language elements addressed in updated Network Provider Development and Management Plan, pg. 37.	1. Network Provider Development and Management Plan (See Sec. 7.9). 2. Delegated Entity Policy	1. 7.13 Subcontract Requirements	1. 37 0f 57 2. Entire document
7.13.2	The MCO shall have written policies and procedures for selection and retention of providers in accordance with 42 CFR §438.214.	Met All contract language elements addressed in Network Provider Development and Management Plan, pg. 36.	Network Provider Development and Management Plan (See Sec. 7.9)	1. 7.13 Subcontract Requirements	1. 36 0f 57
7.13.2.1	Within 30 days of the MCO signing the contract, it shall provide DHH with written provider credentialing and re-credentialing policies that are compliant with NCQA Health Plan Accreditation standards and all applicable state laws	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 36.	1. 2014 UnitedHealthcare Credentialing Plan (located in Quality Management/14.5 Credentialing and Re-Credentialing pdf Provider and Clinical Staff Folder 2. Cred Plan State and Federal Regulatory Addendum_Draft (located in Quality Management/14.5 Credentialing and Re-Credentialing pdf Provider and Clinical Staff Folder	1. Entire Document 2. Louisiana	1. Entire Document 2. pg. 44 of 66
7.13.2.2	The MCO provider selection policies and procedures must not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 36.	1. Network Provider Development and Management Plan (See Sec. 7.9)	1. 7.13 Subcontract Requirements	1. Pg. 36 of 57
7.13.3	As required by 42 CFR §438.6(1), §438.230(a) and § 438.230(b)(1),(2),(3) the MCO shall be responsible to oversee all subcontractors' performance and shall be held accountable for any function and responsibility that it delegates to any subcontractor, including, but not limited to:	Met All contract elements addressed in Network Provider Development and Management Plan, pgs.36-37.	1. Network Provider Development and Management Plan (See Sec. 7.9). 2. Delegated Entity Policy	1. 7.13 Subcontract Requirements 2. Provider Requirements	1. Pg. 36-37 of 57
7.13.3.1	All provider subcontracts must fulfill the requirements of 42 CFR Part 438 that are appropriate to the service or activity delegated under the subcontract;	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 37.	Network Provider Development and Management Plan (See Sec. 7.9)	7.13 Subcontract Requirements	Pg 36
7.13.3.2	DHH shall have the right to review and approve or disapprove any and all provider subcontracts entered into for the provision of any services under this RFP.	Met All contract elements addressed in Network Provider Development	Network Provider Development and Management Plan (See Sec. 7.9)	7.13 Subcontract Requirements	Pg 37

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
		and Management Plan, pg. 37.			
7.13.3.3	The MCO must evaluate the prospective subcontractor's ability to perform the activities to be delegated;	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 37.	1. Network Provider Development and Management Plan (See Sec. 7.9). 2. Delegated Entity Policy	1. 7.13 Subcontract Requirements 2. Provider Requirements	Pg 37
7.13.3.4	The MCO must have a written agreement between the MCO and the subcontractor that specifies the activities and reporting responsibilities delegated to the subcontractor; and provides for revoking delegation or imposing other sanctions if the subcontractor's performance is inadequate;	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 37.	1. Network Provider Development and Management Plan (See Sec. 7.9). 2. Delegated Entity Policy	1. 7.13 Subcontract Requirements 2. Provider Requirements	Pg 37
7.13.3.5	The MCO shall monitor the subcontractor's performance on an ongoing basis and subject it to formal review according to a periodic schedule consistent with industry standards;	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 37.	1. Network Provider Development and Management Plan (See Sec. 7.9). 2. Delegated Entity Policy	1. 7.13 Subcontract Requirements 2. Provider Requirements	Pg 37
7.13.3.6	The MCO shall identify deficiencies or areas for improvement, and take corrective action; and	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 37.	1. Network Provider Development and Management Plan (See Sec. 7.9). 2. Delegated Entity Policy	1. 7.13 Subcontract Requirements 2. Provider Requirements	Pg 37
7.13.3.7	The MCO shall specifically deny payments to subcontractors for Provider Preventable Conditions.	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 37.	1. Network Provider Development and Management Plan (See Sec. 7.9). 2. Delegated Entity Policy	1. 7.13 Subcontract Requirements 2. Provider Requirements	Pg 37
7.13.4	The MCO shall submit all major subcontracts, excluding provider subcontracts, for the provision of any services under this RFP to DHH for prior review and approval. DHH shall have the right to review and approve or disapprove any and all provider subcontracts entered into for the provision of any services under this RFP.	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 37.	1. Network Provider Development and Management Plan (See Sec. 7.9). 2. Delegated Entity Policy	1. 7.13 Subcontract Requirements 2. Provider Requirements	Pg 38
7.13.5	Notification of amendments or changes to any provider subcontract which, in accordance with Section 7.6 of this RFP, materially affects this Contract, shall be provided to DHH prior to the execution of the amendment in accordance with Section 23.1 of this RFP.	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 37.	1. Network Provider Development and Management Plan (See Sec. 7.9). 2. Delegated Entity Policy	1. 7.13 Subcontract Requirements 2. Provider Requirements	Pg 38
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	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 37.	1. 2014 UnitedHealthcare Credentialing Plan (located in Quality Management/14.5 Credentialing and Re-Credentialing pdf Provider and Clinical Staff Folder 2. Network Provider Development and Management Plan (See Sec. 7.9)	1. Section 11 2. 7.13 Subcontract Requirements	1. Pg 16-19 of 27 2. Pg 37

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from non-procurement activities under regulations issued under Executive Orders.		3. Delegated Entity Policy		
7.13.7	The MCO shall provide written notification to DHH of its intent to terminate any provider subcontract that may materially impact the MCO's provider network and/or operations, as soon as possible, but no later than seven (7) calendar days prior to the effective date of termination. In the event of termination of a provider subcontract for cause, the MCO shall provide immediate written notice to the provider.	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 37.	NM-31 Provider Additions, Potential Terminations, and Actual Terminations v3 NM -31 Provider Initiated Voluntary Termination NM-31-UHCS UnitedHealthcare Community and State Provider Initiated (Voluntary and UnitedHealthcare Initiated (Involuntary)Terminations v3.1	Timeframe for Required Notification Timeframe for Required Notification	Pg 4 Pg 4
7.13.8	If termination is related to network access, the MCO shall include in the notification to DHH their plans to notify MCO members of such change and strategy to ensure timely access to MCO members through out-of-network providers. If termination is related to the MCO's operations, the notification shall include the MCO's plan for how it will ensure that there will be no stoppage or interruption of services to member or providers.	Met All contract elements addressed in Network Provider Development and Management Plan, pgs. 37-38.	NM-31 Provider Additions, Potential Terminations, and Actual Terminations v3 NM -31 Provider Initiated Voluntary Termination NM-31-UHCS UnitedHealthcare Community and State Provider Initiated (Voluntary and UnitedHealthcare Initiated (Involuntary)Terminations v3.1	Timeframe for Required Notification Timeframe for Required Notification	Pg 4 Pg 4
7.13.9	The MCO shall make a good faith effort to give written notice of termination of a subcontract provider, within fifteen (15) days after receipt of issuance of the termination notice, to each MCO member who received his or her primary care from or was seen on a regular basis by the terminated provider as specified in 42 CFR §438.10(f)(5).	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 38.	NM-31 Provider Additions, Potential Terminations, and Actual Terminations v3 NM -31 Provider Initiated Voluntary Termination NM-31-UHCS UnitedHealthcare Community and State Provider Initiated (Voluntary and UnitedHealthcare Initiated (Involuntary)Terminations v3.1	Timeframe for Required Notification Timeframe for Required Notification	Pg 4 Pg 4
7.13.10	All subcontracts executed by the MCO pursuant to this Section shall, at a minimum, include the terms and conditions listed in Section25 of this RFP. No other terms or conditions agreed to by the MCO and its subcontractor shall negate or supersede the	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 38.	Delegated Entity Policy	Policy Requirements	

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	requirements in Section 25.				
7.14	**Provider-Member Communication Anti-Gag Clause**				
7.14.1	Subject to the limitations in 42 CFR §438.102(a)(2), the MCO shall not prohibit or otherwise restrict a health care provider acting within the lawful scope of practice from advising or advocating on behalf of a member, who is a patient of the provider, regardless of whether the benefits for such care or treatment are provided under the Contract, for the following:	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 38.	1. Provider Manual (See 10.4) 2. Network Provider Development and Management Plan (See Sec. 7.9)	Chapter 2: Member Services and Eligibility – subsection – *UnitedHealthcare Community Plan has no Policies Which Prevent the Provider from Advocating on Behalf of the Member* *7.14 Provider-Member Gag Clause*	1. Pg17 2. Pg 38
7.14.1.1	The member's health status, medical care, or treatment options, including any alternative treatment that may be self-administered;	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 38.	1. Provider Manual (See 10.4) 2. Network Provider Development and Management Plan (See Sec. 7.9)	1. Chapter 3: Provider Complaint Process – subsection - *Provider's Bill of Rights* 2. *7.14 Provider-Member Gag Clause*	1. Pg 26 2. Pg 38
7.14.1.2	Any information the member needs in order to decide among relevant treatment options;	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 38.	1. Provider Manual (See 10.4) 2. Network Provider Development and Management Plan (See Sec. 7.9)	1. Chapter 3: Provider Complaint Process – subsection - *Provider's Bill of Rights* 2. *7.14 Provider-Member Gag Clause*	1. Pg 26 2. Pg 38
7.14.1.3	The risks, benefits and consequences of treatment or non-treatment; and	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 38.	1. Provider Manual (See 10.4) 2. Network Provider Development and Management Plan (See Sec. 7.9)	3. Chapter 3: Provider Complaint Process – subsection - *Provider's Bill of Rights* 4. *7.14 Provider-Member Gag Clause*	1. Pg26 2. Pg 38
7.14.1.4	The member's right to participate in decisions regarding their health care, including, the right to refuse treatment, and to express preferences about future treatment decisions.	Met All contract elements addressed in Network Provider Development	1. EXHIBIT A TO THELOUISIANA MEDICAID PROGRAM REGULATORY	1. MEMBERS' AND POTENTIAL MEMBERS' BILL OF	1.Pg 17 bullet #2 2. Pg. 17& 26 3. Pg 38

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
		and Management Plan, pg. 38.	REQUIREMENTS APPENDIX 2. Provider Manual (See 10.4) 3. Network Provider Development and Management Plan (See Sec. 7.9)	RIGHTS 2. Chapter 2: Member Services and Eligibility – subsection – *Member's Rights and* Chapter 3: Provider Complaint Process – subsection - *Provider's Bill of Rights* 3. *7.14 Provider-Member Gag Clause*	
7.14.1.5	Any MCO that violates the anti-gag provisions set forth in 42 U.S.C §438.102(a)(1) shall be subject to intermediate sanctions.				
7.14.1.6	The MCO shall comply with the provisions of 42 CFR §438.102(a)(1)(ii) concerning the integrity of professional advice to members, including interference with provider's advice to members and information disclosure requirements related to physician incentive plans.	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 38.	1. Network Provider Development and Management Plan (See Sec. 7.9)	1. 7.14 Provider-Member Gag Clause	Pg 38
7.15	**Pharmacy Network, Access Standards and Reimbursement**				
7.15.1	**Pharmacy Network Requirements**				
7.15.1.1	The MCO shall provide a pharmacy network that complies with DHH requirements but at a minimum includes only licensed and registered pharmacies that conform to the Louisiana Board of Pharmacy rules concerning the records to be maintained by a pharmacy.	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 39. All contract elements addressed in OptumRx Pharmacy Manual, pg. 79-80.	OptumRx Pharmacy Manual	1. VIII. Pharmacy network participation requirements	1. Pages 78-81
7.15.1.2	No MCO may prohibit any pharmacy or pharmacist participating in the Medicaid program from contracting as a network provider provided the pharmacy or pharmacist is licensed and in good standing with the Louisiana State Board of Pharmacy and accepts the terms and conditions of the contract offered to them by the MCO.	Met All contract elements addressed in Network Provider Development and Management Plan, pg. 39.	OptumRx Pharmacy Manual	VIII. Pharmacy network participation requirements	Pages 78-81
7.15.1.3	The MCO must keep an up-to-date pharmacy provider directory on its website for public access. This directory must include, but not be limited to, the following information on all contracted network	Met Provider Directory includes all contract elements. All contract	1. Network Provider Development and Management Plan (See Sec. 7.9) 2. LA ACUTE_dir_20141208_HIRES	1. 7.15 Pharmacy Network Requirements	1. Pg. 39 2. Pg 137

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	pharmacies: • Names, locations and telephone numbers. • Any non-English languages spoken. • Identification of hours of operation, including identification of providers that are open 24-hours per day. • Identification of pharmacies that provide vaccine services. • Identification of pharmacies that provide delivery services.	language addressed in Network Provider Development and Management Plan, pg. 39.	OptumRx pending testing results. Will update during onsite readiness review.	2. Pharmacies	
7.15.1.4	The MCO must make a hard copy of this directory available to its members upon request. The hard copy must be updated at least annually. The online version should be updated in real time, but no less than weekly.	Met All Contract elements addressed in Network Provider Development and Management Plan, pg. 39. It might be helpful to include the timeframe for updating the hard copy and online versions of the directory in the Member Handbook for members' information	Member Handbook	Other Plan Details - Finding a Network Provider	Pg. 50
7.15.1.5	The MCO shall ensure PBM/PBA has a network audit program that includes, at a minimum: • Random audits to determine provider compliance with the program policies, procedures and limitations outlined in the provider's contract. The MCO shall not utilize contingency-fee based pharmacy audits. • The MCO shall submit to DHH the policies of its audit program for approval.	Met All Contract elements addressed in Network Provider Development and Management Plan, pg. 39 It might be helpful to include the contract element s: "The MCO shall not utilize contingency-fee based pharmacy audits and "The MCO shall submit to DHH the policies of its audit program for approval", in the OptumRx Pharmacy Manual. .	OptumRx Pharmacy Manual	VII. Compliance; fraud, waste, and abuse (FWA); audits	Page 65-76
7.15.1.6	The MCO shall ensure that pharmacies submit the NPI of the prescriber on claims.	Met Element addressed in OptumRx	OptumRx Pharmacy Manual	National Provider Identification	Page 25

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
		Pharmacy Manual, pg. 11. It might be helpful to in include the requirement in the Pharmacy Provider contract.			
7.15.1.7	The MCO must educate network providers about how to access their formulary and PDL on their websites. The MCO must also provide provider education on claims processing and payment policies and procedures.	Met All contract elements addressed in Provider Training Deck	1. Provider Training Deck 2. Provider Manual (See 10.4) 3. LA Go Live Fax Blast	1. Pharmacy Services 2. Pharmacy Services 3. 3. Document	1. Slides 25 - 27 2. Pg 47 3. 3. Document
7.15.1.10	Thirty days after enrollment of a new MCO into Bayou Health, DHH will require that the MCO and PBM receive active agreement from pharmacy providers to participate in the MCO's pharmacy network, even if the pharmacy provider has an existing relationship with the MCO's PBM. This means that if a pharmacy provider is already contracted with an MCO's PBM for other coverage products, notification alone will not be sufficient for that pharmacy provider to be considered part of the PBM's Medicaid network. The pharmacy provider must actively agree to the terms of the Medicaid contract addendum.	Met All Contract elements addressed in Network Provider Development and Management Plan, pg. 40.	C_S Louisiana Tracking LA Bayou Health Medicaid Exhibit	Entire document Entire document	Entire document Entire document
7.15.3	**Specialty Drugs and Specialty Pharmacies**				
7.15.3.1	The MCO may limit distribution of specialty drugs from a network of specialty pharmacies that meet reasonable requirements to distribute specialty drugs and is willing to accept the terms of the MCO's agreement.	Met All contract language elements addressed in Network Provider Development and Management Plan, pg. 40.	Rx-015 Specialty Pharmaceutical Management Program	Policy, Procedure B, Definitions	Page 1, 2, 4
7.15.3.2	A specialty drug is defined as one that is:	Met All contract language elements addressed in Network Provider Development and Management Plan, pg. 40.			
7.15.3.2.1	Not typically available at community retail pharmacies or under limited distribution per manufacturer/FDA; or	Met All contract language elements addressed in Network Provider Development and Management Plan, pg. 40.	Rx-015 Specialty Pharmaceutical Management Program	Policy, Procedure B, Definitions	Page 1, 2, 4
7.15.3.2.2	Includes at least two of the following characteristics: • requires inventory management controls including but not limited to unique storage specifications, short shelf life, and special handling; or • must be administered, infused or injected by a health	Met All contract language elements addressed in Network Provider Development and Management Plan, pg. 40.	Rx-015 Specialty Pharmaceutical Management Program	Policy, Procedure B, Definitions	Page 1, 2, 4

Contract | RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	care professional; or • the drug is indicated primarily for the treatment of: a complex or chronic medical condition, defined as a physical, behavioral or developmental condition that may have no known cure and/or is progressive and/or can be debilitating or fatal if left untreated or under-treated, such as, but not limited to, multiple sclerosis, hepatitis C, cancer and rheumatoid arthritis; or a rare medical condition, defined as any disease or condition that typically affects fewer than 200,000 people in the United States; or • the total monthly cost is $3,000 or more.				