



State of Louisiana Department of Health

2022 Healthy Louisiana EQRO Compliance Audit Amerihealth Caritas of Louisiana

Period of Review: January 1, 2021 – December 31, 2021

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Introduction and Audit Overview

Introduction

The Balanced Budget Act of 1997 established that state agencies contracting with Medicaid managed care organizations (MCOs) provide for an annual external, independent review of the quality outcomes, timeliness of, and access to the services included in the contract between the state agency and the MCO. Subpart E – External Quality Review of 42 Code of Federal Regulations (CFR) sets forth the requirements for annual external quality review (EQR) of contracted MCOs. Further, 42 CFR 438.350 requires states to contract with an external quality review organization (EQRO) to perform an annual EQR for each contracted MCO. States must further ensure that the EQRO has sufficient information to carry out the EQR, that the information be obtained from EQR-related activities, and that the information provided to the EQRO be obtained through methods consistent with the protocols established by the Centers for Medicare and Medicaid Services (CMS).

To meet these federal requirements, the Louisiana Department of Health (LDH) has contracted with IPRO, an EQRO, to conduct annual compliance audits every 3 years. The 2022 annual compliance audit was a full audit of the MCO's compliance with contractual requirements during the period of January 1, 2021 through December 31, 2021.

This report presents IPRO's findings of the 2022 annual compliance audit for Amerihealth Caritas of Louisiana (ACLA).

Audit Overview

The purpose of the audit was to assess ACLA's compliance with federal and state regulations regarding access to care; structure and operations; grievance policies; provider network relations and network adequacy; quality measurement; fraud, waste and abuse; and utilization management (UM).

The audit included an evaluation of ACLA's policies, procedures, files, and other materials corresponding to the following 12 contractual domains:

<u>CFR</u>	<u>Domain</u>
1. 438.206	Availability of Services
2. 438.207	Assurances of Adequate Capacity and Services
3. 438.208	Coordination and Continuity of Care
4. 438.210	Coverage and Authorization of Services – UM
5. 438.214	Provider Selection
6. 438.224	Enrollee Rights and Protection
7. 438.228	Grievance and Appeal Systems
8. 438.230	Subcontractual Relationships
9. 438.236	Practice Guidelines
10. 438.242	Health Information Services
11. 438.330	Quality Assessment and Performance Improvement Program (QAPI)
12. 438.608	Fraud, Waste and Abuse

The file review component assessed ACLA's implementation of policies and its operational compliance with regulations related to Grievance and Appeal Systems, Coordination and Continuity of Care (physical and behavioral health), Coverage and Authorization of Services – UM, Provider Selection, and Fraud, Waste and Abuse.

Sample sizes for each file review type are presented in **Table 1**.

Table 1: File Review Sample Sizes

File Type	Sample Size
Appeals	20
Credentialing/Recredentialing	10
Member grievances	10
Utilization management denials	10

The period of review was January 1, 2021 through December 31, 2021. All documents and case files reviewed were active during this time period.

For this audit, determinations of “met,” “partially met,” and “not met” were used for each element under review. A not applicable (N/A) was used if the requirement was not applicable to the MCO. The definition of each of the review determinations is presented in **Table 2**.

Table 2: Review Determination Definitions

Review Determination	Definition
Met	The MCO is compliant with the standard.
Partially met	The MCO is compliant with most of the requirements of the standard, but has minor deficiencies.
Not met	The MCO is not in compliance with the standard.
Not applicable	The requirement was not applicable to the MCO.

MCO: managed care organization.

The 2022 annual compliance audit consisted of three phases: 1) pre-onsite documentation review, 2) remote interviews, and 3) post-onsite report preparation.

Pre-onsite Documentation Review

To ensure a complete and meaningful assessment of ACLA’s policies and procedures, IPRO prepared five review tools to reflect the areas for audit. These five tools were submitted to LDH for approval at the outset of the audit process. The tools included the review elements drawn from the state and federal regulations. Based upon LDH’s suggestions, some tools were revised and issued as final. These final tools were submitted to ACLA in advance of the remote audit.

Once LDH approved the methodology, IPRO sent ACLA a packet that included the review tools, along with a request for documentation and a guide to help ACLA staff understand the documentation that was required. The guide also included instructions for submitting the requested information using IPRO’s secure File Transfer Protocol (FTP) site.

To facilitate the review process, IPRO provided ACLA with examples of documents that ACLA could furnish to validate its compliance with the regulations. Instructions regarding the file review component of the audit were also provided, along with a request for the universe of cases for each file review area under review. From the universe of cases, IPRO selected a sample for each area, which was reviewed remotely.

Prior to the review, ACLA submitted written policies, procedures and other relevant documentation to support its adherence to state and federal requirements. ACLA was given a period of approximately 4 weeks to submit documentation to IPRO. To further assist ACLA staff in understanding the requirements of the audit process, IPRO convened a conference call for all MCOs undergoing the review, with LDH staff in attendance. During the conference call, IPRO detailed the steps in the review process, the audit timeline, and answered any questions posed by ACLA staff.

After ACLA submitted the required documentation, a team of IPRO reviewers was convened to review ACLA’s policies, procedures, and materials, and to assess ACLA’s concordance with the state’s contract requirements. This review was documented using audit tools IPRO developed to capture the review elements and record the findings. These review tools with IPRO’s initial findings were used to guide the remote video interviews.

Remote Interviews

The remote interviews for all the MCOs were conducted between July 25 and August 3, 2022. Interviews discussed elements in each of the review tools that were considered less than fully compliant based upon initial review. Interviews were used to further explore the written documentation and to allow ACLA to provide additional documentation, if available. ACLA staff was given 2 days from the close of the onsite review to provide any further documentation.

Post-on-site Report Preparation

Following the remote interviews, draft reports were prepared. These draft reports included an initial review determination for each element reviewed, and either evidence that ACLA was compliant with the standard or a rationale for why ACLA was not compliant and what evidence was lacking. For each element that was deemed not fully compliant, IPRO provided a recommendation for ACLA to consider in order for them to attain full compliance.

Each draft report underwent a second level of review by IPRO staff members who were not involved in the first level of review. Once completed, the draft reports were shared with LDH staff for review. Upon LDH approval, the draft reports were sent to ACLA with a request to provide responses for all elements that were determined to be less than fully compliant. ACLA was given 9 days to respond to the issues noted on the draft reports.

After receiving ACLA's response, IPRO re-reviewed each element for which ACLA provided a response. As necessary, review scores were updated based on the response from ACLA.



ACLA 2022
Compliance Final Find

MCO Summary of Findings

Summary of Findings

Table 3 provides a summary of the audit results by audit domain. Detailed findings for each of the elements that were less than “fully compliant” follow within this section of the report.

Table 3: Audit Results by Domain

Audit Domain	Total Elements	Met	Partially Met	Not Met	N/A	Score
Availability of Services	132	116	13	0	3	95.0%
Assurances of Adequate Capacity and Services	48	48	0	0	0	100%
Coordination and Continuity of Care	83	78	2	3	0	95.2%
Coverage and Authorization of Services – UM	65	64	1	0	0	99.2%
Provider Selection	24	23	0	0	1	100%
Enrollee Rights and Protection	107	105	2	0	0	99.1%
Grievance and Appeal Systems	71	70	0	0	1	100%
Subcontractual Relationships	8	8	0	0	0	100%
Practice Guidelines	27	27	0	0	0	100%
Health Information Services	8	8	0	0	0	100%
Quality Assessment and Performance Improvement	109	107	1	1	0	98.6%
Fraud, Waste and Abuse	132	130	0	0	2	100%
Total	814	784	19	4	7	98.3%

¹ Each met element receives 1 point, each partially met element receives 1/2 point, and each not met element receives zero points. Not applicable (N/A) elements are removed from the denominator. Score is equal to the sum of all points earned/applicable elements.

UM: utilization management.

As presented in **Table 3**, 814 elements were reviewed for compliance. Of the 814 elements, 784 were determined to fully meet the regulations, while 19 partially met the regulations, 4 did not meet the regulations, and 7 were determined to be N/A. The overall compliance score is 98.3%.

From each of the 12 detailed reports, IPRO extracted those elements for which the requirement was less than fully met. This information was compiled into a summary report to facilitate corrective action. **Table 4** presents this summary report and includes details about each element reviewed, the final review determination, ACLA’s initial response, and, when possible, suggestions to achieve full compliance.

It is the expectation of LDH that ACLA submits a corrective action plan (CAP) for all elements determined to be less than fully compliant. LDH will officially request a CAP for any item it deems necessary.

Each of the 12 review tools and review determinations for each of the elements can be found in the ZIP file below.

Table 4: Deficient 2022 Audit Elements

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	Comments	MCO Comments	Final Recommendations
CFR 438.206 Availability of Services						
7.8.2.6	Development of plan of care to address risks and medical needs and other responsibilities as defined in Section 6.33.	Provider Handbook December 2021.pdf, pages 18 and 19	Partially Met	<p>This requirement is addressed in the Provider Handbook.</p> <p>Recommendation ACLA should update relevant policies to include this language.</p>	<p>As discussed during the interview, ACLA believes that the documentation example provided demonstrates contractual compliance with this requirement, as we are ensuring that network PCPs fulfill their responsibilities by including the requirements in the Provider Handbook, which is an extension of all provider/practitioner contracts, incorporated by reference. There is no existing contractual requirement to have a policy specific to this requirement.</p>	<p>The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains.</p> <p>Determination upheld</p>
7.8.2.9	Maintaining hospital admitting privileges or arrangements with a physician who has admitting privileges at an MCO participating hospital.	Provider Handbook December 2021.pdf, page 161	Partially Met	<p>This requirement is addressed in the Provider Handbook.</p> <p>Recommendation ACLA should update relevant policies to include this language.</p>	<p>As discussed during the interview, ACLA believes that the documentation example provided demonstrates contractual compliance with this requirement, as we are ensuring that network PCPs fulfill their responsibilities by including the requirements in the Provider Handbook, which is an extension of all provider/practitioner contracts, incorporated by reference. There is no existing contractual requirement to have a policy specific to this requirement.</p> <p>ACLA disagrees with this finding.</p>	<p>The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains.</p> <p>Determination upheld</p>
7.8.2.10	Working with MCO case managers to develop plans of care for members receiving case management services.	Provider Handbook December 2021.pdf, pages 18 and 19	Partially Met	<p>This requirement is addressed in the Provider Handbook.</p> <p>Recommendation ACLA should update relevant policies to include this language.</p>	<p>As discussed during the interview, ACLA believes that the documentation example provided demonstrates contractual compliance with this requirement, as we are ensuring that network PCPs fulfill their responsibilities by including the requirements in the Provider Handbook, which is an extension of all provider/practitioner contracts, incorporated by reference. There is no existing contractual requirement to have a policy specific to this requirement.</p>	<p>The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains.</p> <p>Determination upheld</p>

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	Comments	MCO Comments	Final Recommendations
					ACLA disagrees with this finding.	
7.8.2.11	Participating in the MCO's case management team, as applicable and medically necessary.	Provider Handbook December 2021.pdf, pages 18 and 19	Partially Met	<p>This requirement is addressed in the Provider Handbook.</p> <p><u>Recommendation</u> ACLA should update relevant policies to include this language.</p>	<p>As discussed during the interview, ACLA believes that the documentation example provided demonstrates contractual compliance with this requirement, as we are ensuring that network PCPs fulfill their responsibilities by including the requirements in the Provider Handbook, which is an extension of all provider/practitioner contracts, incorporated by reference. There is no existing contractual requirement to have a policy specific to this requirement.</p> <p>ACLA disagrees with this finding.</p>	<p>The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains.</p> <p>Determination upheld</p>
7.9.5.7	Provide training for its providers and maintain records of such training;	7.9.5.7 Trainings 2021, email	Partially Met	<p>This requirement is evidenced in a record of trainings provided in an email.</p> <p><u>Recommendation</u> ACLA should update relevant policies to include this language.</p>	<p>ACLA agrees with this finding and has developed a Network Development and Management policy detailing how we conduct provider training and maintain records of such training.</p>	<p>The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains.</p> <p>Determination upheld</p>
7.11.7	MCO's shall give hospitals and provider groups ninety (90) days' notice prior to a contract termination without cause. Contracts between the MCO and single practitioners are exempt from this requirement.	Provider Handbook December 2021.pdf, page 146	Partially Met	<p>This requirement is addressed in the Provider Handbook.</p> <p><u>Recommendation</u> ACLA should update relevant policies to include this language.</p>	<p>As discussed during the interview, ACLA believes that the documentation example provided demonstrates contractual compliance with this requirement, as the requirement is included in the Provider Handbook, which is an extension of all provider/practitioner contracts, incorporated by reference. There is no existing contractual requirement to have a policy specific to this language.</p> <p>ACLA disagrees with this finding.</p>	<p>The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains.</p> <p>Determination upheld</p>
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	Provider Handbook, PDF, page 18	Partially Met	<p>This requirement is addressed in the Provider Handbook.</p>	<p>As discussed during the interview, ACLA believes that the documentation example provided demonstrates contractual compliance with this requirement, as the requirement is included the Provider</p>	<p>The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational</p>

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	Comments	MCO Comments	Final Recommendations
	may include: Head Start programs; Healthy Start programs; Nurse Family Partnership; Early Intervention programs; Aging and Disability Councils; Areas on Aging; and school systems. Such cooperation may include performing annual physical examinations for schools and the sharing of information (with the consent of the enrollee).			Recommendation ACLA should update relevant policies to include this language.	Handbook, which is an extension of all provider/practitioner contracts, incorporated by reference. There is no existing contractual requirement to have a policy specific to this language. ACLA disagrees with this finding.	requirements remains. Determination upheld
7.16.1	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:	Provider Handbook, PDF, page 151	Partially Met	This requirement is addressed in the Provider Handbook. Recommendation ACLA should update relevant policies to include this language.	As discussed during the interview, ACLA believes that the documentation example provided demonstrates contractual compliance with this requirement, as the requirement is included the Provider Handbook, which is an extension of all provider/practitioner contracts, incorporated by reference. There is no existing contractual requirement to have a policy specific to this language. ACLA disagrees with this finding.	The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains. Determination upheld
7.16.1.1	The member's health status, medical care, or treatment options, including any alternative treatment that may be self-administered;	Provider Handbook, PDF, page 151	Partially Met	This requirement is addressed in the Provider Handbook. Recommendation ACLA should update relevant policies to include this language.	As discussed during the interview, ACLA believes that the documentation example provided demonstrates contractual compliance with this requirement, as the requirement is included in the Provider Handbook, which is an extension of all provider/practitioner contracts, incorporated by reference. There is no existing contractual requirement to have a policy specific to this language. ACLA disagrees with this finding.	The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains. Determination upheld
7.16.1.2	Any information the member needs in order to decide among relevant treatment options;	Provider Handbook, PDF, page 151	Partially Met	This requirement is addressed in the Provider Handbook. Recommendation ACLA should update relevant policies to include this language.	As discussed during the interview, ACLA believes that the documentation example provided demonstrates contractual compliance with this requirement, as the requirement is included the Provider Handbook, which is an extension of all provider/practitioner contracts,	The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains.

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	Comments	MCO Comments	Final Recommendations
					incorporated by reference. There is no existing contractual requirement to have a policy specific to this language. ACLA disagrees with this finding.	Determination upheld
7.16.1.3	The risks, benefits and consequences of treatment or non-treatment; and	Provider Handbook, PDF, page 151	Partially Met	This requirement is addressed in the Provider Handbook. <u>Recommendation</u> ACLA should update relevant policies to include this language.	As discussed during the interview, ACLA believes that the documentation example provided demonstrates contractual compliance with this requirement, as the requirement is included the Provider Handbook, which is an extension of all provider/practitioner contracts, incorporated by reference. There is no existing contractual requirement to have a policy specific to this language. ACLA disagrees with this finding.	The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains. Determination upheld
7.16.1.4	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.	Provider Handbook, PDF, page 151	Partially Met	This requirement is addressed in the Provider Handbook. <u>Recommendation</u> ACLA should update relevant policies to include this language.	As discussed during the interview, ACLA believes that the documentation example provided demonstrates contractual compliance with this requirement, as the requirement is included the Provider Handbook, which is an extension of all provider/practitioner contracts, incorporated by reference. There is no existing contractual requirement to have a policy specific to this language. ACLA disagrees with this finding.	The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains. Determination upheld
7.1.1	The MCO shall maintain and monitor a network of appropriate providers that is supported by written network provider agreements and that is sufficient to provide adequate access to all services covered under this contract for all members, including those with limited English proficiency or physical or mental disabilities.	Provider Handbook, PDF, page 22	Partially Met	This requirement is addressed in the Provider Handbook. <u>Recommendation</u> ACLA should update relevant policies to include this language.	As discussed during the interview, ACLA believes that the documentation example provided demonstrates contractual compliance with this requirement, as the requirement is included the Provider Handbook, which is an extension of all provider/practitioner contracts, incorporated by reference. There is no existing contractual requirement to have a policy specific to this language. ACLA disagrees with this finding.	The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains. Determination upheld

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	Comments	MCO Comments	Final Recommendations
CFR 438.208 Coordination and Continuity of Care						
6.28.2.4	Patients with a condition that causes chronic pain and have five (5) or more ED visits in the most recent 12-month period for chief complaint of pain are contacted by the MCO for a pain management plan and this plan will be shared with the patients' PCP, the patient, and relevant ED staff	P&P 156.300 Care Management Care Coordination Blended Model for Disease Management PDF, pg 5 Emergency Room Outreach Workflow 11.20 , pdf, pg1	Partially Met	<p>This requirement is partially addressed by the Emergency Room Outreach Workflow. After the interview, ACLA submitted the Population Health Management Referral Trigger Criteria Policy, but this did not address all aspects of this requirement. Additionally, a monthly pain report was referred to, but this documentation was not part of the resubmission.</p> <p><u>Recommendation</u> ACLA should create a policy, procedure, or program description that addresses this requirement.</p>	ACLA disagrees with this finding, as the documentation submitted clearly shows that we target members who have been in the ER and we provided evidence of the reports being used to target the members and a workflow that is followed. However, we lowered the threshold below 5. We will add the exact verbiage to meet the requirement. "Patients with a condition that causes chronic pain and have five (5) or more ED visits in the most recent 12-month period for chief complaint of pain are contacted by the MCO for a pain management plan and this plan will be shared with the patients' PCP, the patient, and relevant ED staff."	<p>The Emergency Room Outreach Workflow clearly shows how ACLA implements this requirement; however, a policy dictating the information in the workflow is necessary to meet the requirement. The Population Health Management Referral Trigger Criteria Policy is too broad: pain is listed as a trigger for care coordination, but there is no mention of the details outlined in this requirement and in the workflow.</p> <p>Determination upheld</p>
6.30.2.1	Ensure a best effort is made to conduct an initial screening of the member's needs within ninety (90) days of their enrollment date for all new members. If the initial attempt is unsuccessful, subsequent attempts shall be made within the ninety (90) day time period;	P&P 156.202 Integrated Health Care Management Referral/Trigger Criteria. PDF, Page 4, 5 of 9	Not Met	<p>The submitted documentation is in regards to state contract requirement 6.19.2, which does not address this requirement.</p> <p><u>Recommendation</u> ACLA should create a policy, procedure, or program description that addresses this requirement.</p>	ACLA agrees with this finding and will add additional verbiage to clarify that the initial screening of new members' needs should be conducted within ninety days of their enrollment date and that subsequent attempts are continued if the initial attempt is unsuccessful.	
6.40.0	The MCO shall submit Case Management Program policies and procedures to LDH for approval within thirty (30) days from the date the Contract is signed by the MCO, annually and prior to any revisions. Case Management policies and procedures shall include, at a minimum, the following elements:	041 ACLA 2020 A	Not Met	<p>This requirement is not addressed by the 2020 Population Health Management Program Evaluation.</p> <p><u>Recommendation</u> ACLA should create a policy, procedure, or program description that addresses this requirement.</p>	ACLA agrees with this finding and will add additional verbiage to policy 168.302 - Development of Policies and Procedures.	
6.42.4	The MCO shall submit Chronic Care Management Program policies and procedures to LDH for approval within thirty (30) days of signing the Contract, annually and previous to any revisions.	Program Strategy Document (program description) 2021 Final 2.16.2021.PDF	Not Met	<p>The 2021 Program Strategy Report does not address the requirement.</p> <p><u>Recommendation</u> ACLA should create a policy, procedure, or</p>	ACLA agrees with this finding and will add additional descriptions to the Program Strategy Report to address this requirement.	

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	Comments	MCO Comments	Final Recommendations
	The MCO shall develop and implement policies and procedures that:			program description that addresses this requirement.		
6.42.4.5	Include a written description of the stratification levels for each chronic condition, including member criteria and associated interventions;	PHM Program Strategy Document (program description) 2021 Final 2.16.2021, PDF, page 9	Partially Met	<p>This requirement is partially addressed by the Asthma Navigation Pathway document; however, the requirement specifies "a written description...for each chronic condition." Additionally, this document is dated from 2022, after the review timeframe.</p> <p><u>Recommendation</u> ACLA should create a policy, procedure, or program description to address this requirement. Additionally, all descriptions for each chronic condition should clearly state stratification level definitions, including member criteria and associated interventions.</p>	ACLA agrees with this finding and will create a policy to address this requirement, including all descriptions for each chronic condition which clearly states stratification level definitions, member criteria and associated interventions	
CFR 438.210 Coverage and Authorization of Services/ Utilization Management						
8.4.2.4	Provide a mechanism in which a member may submit, whether oral or in writing, a service authorization request for the provision of services. This process shall be included in its member manual and incorporated in the grievance procedures;	153.003 Standard and Urgent Prior (Pre-Service) Authorization Procedures, pg 5 Procedure 1, PDF	Partially Met	<p>This requirement is addressed in the Standard and Urgent Prior (Pre-Service) Authorization policy and procedure; however, the language that meets this standard was added in 2022.</p> <p>This was confirmed during the interview that this was added after the review period; it will be in place going forward.</p> <p><u>Recommendation</u> The plan should continue to include this standard in the Standard and Urgent Prior (Pre-Service) Authorization policy and procedure.</p>	ACLA agrees with this finding and as indicated in column G, Findings, this requirement has been added to the Standard and Urgent Prior (Pre-Service) Authorization policy and procedure.	
CFR 438.224 Enrollee Rights and Protection						
12.12.1	The MCO shall develop and maintain separate member handbooks that adhere to the requirements in 42 CFR §438.10 (g) and may use the state developed model member handbook for each of the covered populations as specified in section 3.3.3.).	ACLA_211284866-1 Member Handbook Press pdf, front cover	Partially Met	<p>This requirement is partially addressed by the Member Handbook.</p> <p><u>Recommendation</u> The entity should incorporate the member handbook requirements into a member handbook policy or a broader written material policy.</p>	ACLA agrees with this finding and is currently in compliance with annual submissions of the Marketing and Member Education Plan.	

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	Comments	MCO Comments	Final Recommendations
12.14.4.3	Identification of any restrictions on the enrollee's freedom of choice among network providers; and	N/A	Partially Met	<p>This requirement is partially addressed by the Provider Directory.</p> <p>Recommendation The entity should add this requirement to the Provider Directory policy.</p>	ACLA agrees with this finding and will add this requirement to the Provider Directory policy.	
CFR 438.330 Quality Assessment and Performance Improvement Program (QAPI)						
14.1.7	The MCO shall reduce underutilization of services in areas including, but not limited to HIV and Syphilis screening in pregnant women, use of long acting reversible contraceptives, appropriate pain management approaches in patients with sickle cell disease, and behavioral therapy for ADHD and other disorders for children under age 6.	QI Program Description, pg 11, 23, 49, 61, PDF ADD Quality Improvement Activity, PDF HIV Quality Improvement Activity, PDF Maternity Quality Improvement Activity, PDF	Partially Met	<p>This requirement is partially addressed in the Quality Management Program Description 2021 on pages 23, 27, and 61, the 2021 Population Health Management Strategy on page 55, the Behavioral Health Provider Toolkit on page 17, and in the Michigan Quality Improvement Consortium Guideline Prevention of Unintended Pregnancy in Adults 18 Years and Older; however, the latter document does not support MCO implementation for Healthy Louisiana enrollees.</p> <p>Recommendation The plan should develop and implement policies and programs to address long acting reversible contraceptives.</p>	ACLA agrees with this finding and the Quality Management Program Description shall be amended to include the use of long acting reversible contraceptives as a preventive to unintended pregnancies for Healthy Louisiana enrollees.	
1.5.4.	The MCO shall provide an orientation and ongoing training for Council members so they have sufficient information and understanding to fulfill their responsibilities.	Bayou Health report number PS141: ACLA Member Advisory Council Annual Report	Not Met	<p>This requirement was not addressed in any policy or procedure. In response to IPRO's request for documentation, the plan indicated that this requirement was added to the 2021 Member Advisory Charter; however, since this addition was made after the review period, this requirement would be addressed in next year's review, but not this year's review.</p> <p>Recommendation The plan should include this requirement to the Member Advisory Charter going forward.</p>	ACLA agrees with this finding and as indicated in column G, Findings, this requirement has been added to the Member Advisory Charter.	