



# State of Louisiana Department of Health

## 2022 Healthy Louisiana EQRO Compliance Audit UnitedHealthcare Community Plan of Louisiana Period of Review: January 1, 2021 – December 31, 2021

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FINAL



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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 UnitedHealthcare Community Plan of Louisiana (UHC).

## Audit Overview

The purpose of the audit was to assess UHC'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 UHC'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 UHC'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 UHC’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 UHC in advance of the remote audit.

Once LDH approved the methodology, IPRO sent UHC a packet that included the review tools, along with a request for documentation and a guide to help UHC 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 UHC with examples of documents that UHC 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, UHC submitted written policies, procedures and other relevant documentation to support its adherence to state and federal requirements. UHC was given a period of approximately 4 weeks to submit documentation to IPRO. To further assist UHC 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 UHC staff.

After UHC submitted the required documentation, a team of IPRO reviewers was convened to review UHC’s policies, procedures, and materials, and to assess UHC’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 UHC to provide additional documentation, if available. UHC staff was given 2 days from the close of the onsite review to provide any further documentation.

### **Post-onsite 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 UHC was compliant with the standard or a rationale for why UHC was not compliant and what evidence was lacking. For each element that was deemed not fully compliant, IPRO provided a recommendation for UHC 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 UHC with a request to provide responses for all elements that were determined to be less than fully compliant. UHC was given 9 days to respond to the issues noted on the draft reports.

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

## 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 <sup>1</sup>
Availability of Services	132	126	3	0	3	98.8%
Assurances of Adequate Capacity and Services	48	48	0	0	0	100%
Coordination and Continuity of Care	83	67	13	1	2	90.7%
Coverage and Authorization of Services – UM	65	65	0	0	0	100%
Provider Selection	24	22	1	0	1	97.8%
Enrollee Rights and Protection	107	106	1	0	0	99.5%
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	109	0	0	0	100%
Fraud, Waste and Abuse	132	130	0	0	2	100.0%
<b>Total</b>	<b>814</b>	<b>786</b>	<b>18</b>	<b>1</b>	<b>9</b>	<b>98.8%</b>

<sup>1</sup> Each met element receives 1 point, each partially met element receives 1/2 point, and each not met element receives zero points. 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, 786 were determined to fully meet the regulations, while 18 partially met the regulations, 1 did not meet the regulations, and 9 were determined to be N/A. The overall compliance score is 98.8%.

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, UHC’s initial response, and, when possible, suggestions to achieve full compliance.

It is the expectation of LDH that UHC 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.



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Compliance Final Find

**Table 4: Deficient 2022 Audit Elements**

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
<b>CFR 438.206 Availability of Services</b>							
7.8.2.10	Working with MCO case managers to develop plans of care for members receiving case management services.	UHC_LA Acute Care Provider Manual 2021 Page 27, 63-64	Partially Met		<p>This requirement is not addressed in any submitted policy or procedures.</p> <p>This requirement is addressed in the Care Provider Manual.</p> <p><b><u>Recommendation</u></b> UHC should add the language to relevant policies.</p>	Plan agrees with recommendation. We will incorporate into the Network Development Plan for medical and BH.	
7.8.2.11	Participating in the MCO's case management team, as applicable and medically necessary.	UHC_LA Acute Care Provider Manual 2021 Page 27, 63-64	Partially Met		<p>This requirement is not addressed in any submitted policy or procedures.</p> <p>This requirement is addressed in the Care Provider Manual.</p> <p><b><u>Recommendation</u></b> UHC should add the language to relevant policies.</p>	Plan agrees with recommendation. We will incorporate into the Network Development Plan for medical and BH.	
7.8.2.12	Conducting screens for common behavioral issues, including but not limited to depression, anxiety, trauma/adverse childhood experiences (ACEs), and substance use, to determine whether the member needs behavioral health services.	UHC_LA Acute Care Provider Manual 2021 Page:68-72	Partially Met		<p>This requirement is not addressed in any submitted policy or procedures.</p> <p>This requirement is addressed in the Care Provider Manual.</p> <p><b><u>Recommendation</u></b> UHC should add the language to relevant policies.</p>	Plan agrees with recommendation. We will incorporate into the Network Development Plan for medical and BH.	
<b>CFR 438.208 Coordination and Continuity of Care</b>							
6.19.4.4	A person-centered integrated plan of care developed by the MCO care manager shall be completed within thirty (30) calendar days of provider treatment plan development that includes all medically necessary services	NCM Policy Rider LA 002_pdf; Page 1 - Section III Policy Statement, Pages 3-5 - B1 through B9 Chronic Illness Program Process_pdf; Section 10 Pages 5 & 7	Partially Met	Of the 10 case management files reviewed, nine (9) files met the requirement and one (1) file was not applicable.	This requirement is partially addressed by the Case Management Process Policy on pages 3 through 5 and the Chronic Illness Program Process on pages 5 and 7; these documents do not	Plan agrees with recommendation. We will incorporate into policy and procedure.	

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
	including specialized behavioral health services and primary care services identified in the member's treatment plans (individualized treatment plans are developed by the provider(s)) and meet the requirements above.			Of the 10 behavioral health case management files reviewed, five (5) files met the requirement and five (5) files were not applicable.	address the timeframe stipulated by the requirement. The Case Management Process, submitted after the on-site interview, also partially addresses the requirement, but due to the revision date, it cannot be accepted as part of this review.  <b><u>Recommendation</u></b> UHC should include all parts of the requirement in the policy and process.		
6.28.2 6.28.2.1	The MCO shall be responsible for ensuring: Member's health care needs and services/care are planned and coordinated through the MCO PCP and/or behavioral health provider;	NCM Policy Rider LA 002_pdf; Page 3 - Section B1 & Page 5 - Section C3	Partially Met	Of the 10 case management files reviewed, three (3) files met the requirement, two (2) files were not applicable, and five (5) files did not meet the requirement.  Of the 10 behavioral health case management files reviewed, eight (8) files met the requirement and two (2) files were not applicable.	This requirement is addressed by the Case Management Process on page 3.  <b><u>Recommendation</u></b> UHC should ensure that staff are outreaching to the PCP/providers to collaborate and coordinate care for members.	Plan agrees with recommendation. We will continue to work on this documentation.	
6.30.2.11.2.	Care managers follow-up with members with a behavioral health related diagnosis within 72 hours following discharge.	UHC_Coordination of BH Care document.pdf Page 2 section 3.5	Partially Met	Of the 10 behavioral health case management files reviewed, four (4) files met the requirement and six (6) files were not applicable.	This requirement is partially addressed by the Coordination of Behavioral Healthcare Policy on page 2. The Coordination, Continuity, and Transition of Behavioral Health Care Addendum addresses the requirement; however, due to the	Plan agrees with recommendation. We will continue to implement the Coordination, Continuity, and Transition of Behavioral Health Care Addendum.	



LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
					document date, it cannot be accepted as part of this review.  <b><u>Recommendation</u></b> UHC should continue to implement the Coordination, Continuity, and Transition of Behavioral Health Care Addendum to meet this requirement.		
6.30.2.11.4	Members approaching the end of medical necessity/continued stay for PRTF or TGH have concrete and proactive discharge plans in place, including linkage with aftercare providers to address the member's treatment needs in the member's next recommended level of care or living situation. Concrete and proactive discharge plans, including linkage with aftercare providers in the member's next LOC or living situation, should be in place thirty (30) calendar days prior to discharge from a PRTF or TGH. The MCO shall follow up and coordinate with the discharging PRTF or TGH, receiving provider(s), and the member/guardian to ensure that the member is contacted by and is receiving services from aftercare providers as per the member's discharge plan.	UHC_Coordination of BH Care document.pdf Page 2 section 3	Partially Met	Of the 10 behavioral health case management files reviewed, one (1) file met the requirement and nine (9) files were not applicable.	This requirement is partially addressed by the Coordination of Behavioral Healthcare Policy on page 2; this policy does not include the 30-day timeframe stated in the requirement. This requirement is addressed by the Coordination, Continuity, and Transition of Behavioral Health Care Addendum on pages 3 through 4; however, due to the document date, it cannot be accepted as part of this review.  <b><u>Recommendation</u></b> UHC should continue to implement the Coordination, Continuity, and Transition of Behavioral Health Care Addendum to meet this requirement.	Plan agrees with recommendation. We will continue to implement the Coordination, Continuity, and Transition of Behavioral Health Care Addendum.	
6.19.4.1	The individualized treatment plans must be: 6.19.4.1 Developed by the member's primary care provider and/or other lead provider as	Louisiana Care Management Process_pdf; Page 3	Partially Met	Of the 10 case management files reviewed, one (1) file met the requirement, four (4) files were not	This requirement is partially addressed by the Louisiana Care Management Process on page 3; this process does not address the timeframe	Plan agrees with recommendation. We will continue to work on this documentation.	

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
	appropriate, with member participation, and in consultation with any specialists caring for the member. For SHCN members, the treatment plan shall be submitted to the member's MCO no later than 30 days following the completion of the initial assessment or annual reassessment.			<p>applicable, and five (5) files did not meet the requirement.</p> <p>Of the 10 behavioral health case management files reviewed, seven (7) files were not applicable and two (2 ) files did not meet the requirement.</p>	<p>stipulated by the requirement.</p> <p><b><u>Recommendation</u></b> UHC should edit the process to include the entire requirement. Additionally, UHC should ensure that staff are outreaching PCP/providers properly in order to obtain treatment plans for members.</p>		
6.36.3	In any instance when the member presents to the network provider, including calling the MCO's toll-free number listed on the Member's ID card, and a member is in need of emergency behavioral health services, the MCO shall instruct the member to seek help from the nearest emergency medical provider. The MCO shall initiate follow-up with the member within forty-eight (48) hours for follow-up to establish that appropriate services were accessed.	UHC_Access Standards and Care Advocacy Center (CAC) Hours of Opertaion.pdf Pages 2-3 Section 6	Partially Met		<p>This requirement is partially addressed by the Access Standards and Care Advocacy Center Hours of Operation Policy on pages 2 through 3; the policy does not address the follow-up portion of the requirement. The Utilization Management of Behavioral Health Benefits Addendum does not address the requirement. The Coordination, Continuity, and Transition of Behavioral Health Care Addendum addresses the requirement; however, due to the document date, it cannot be accepted as part of this review.</p> <p><b><u>Recommendation</u></b> UHC should continue to implement the Coordination, Continuity, and Transition of Behavioral Health Care Addendum to meet this requirement.</p>	Plan agrees with recommendation. We will continue to implement the Coordination, Continuity, and Transition of Behavioral Health Care Addendum to meet this requirement.	

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
6.36.5	The MCO shall include documentation in the member's medical record that attempts are made to engage the member's cooperation and permission to coordinate the member's over-all care plan with the member's behavioral health and primary care provider.	Community Care Activity Tracking_docx Page 1, both Medical and BH	Partially Met		<p>This requirement is partially addressed by the Community Care Activity Tracking document. The Coordination, Continuity, and Transition of Behavioral Health Care Addendum and the member handbook do not address the requirement.</p> <p><b><u>Recommendation</u></b> UHC should address this requirement in a policy and a process.</p>	Disagree. Please refer to page 5 section C.4 of LA UHC C-S Coordination Continuity and Transition of Behavioral Health Care Addendum -Final 07.27.2022 as a policy for this annual compliance review since it went in effect after the review timeframe.	
6.36.9.1.5	Develop capacity for enhanced rates or incentives to behavioral health clinics to employ a primary care provider (physician, physician's assistant, nurse practitioner, or nurse) part- or full-time in a psychiatric specialty setting to monitor the physical health of patients.	6_36_9_1_5_Narrative_docx	Not Met		<p>This requirement is not addressed in any policy or procedure. During the review, UHC acknowledged that this is a requirement to develop and needs additional work.</p> <p><b><u>Recommendation</u></b> UHC should address this requirement in a policy and a process.</p>	Plan agrees with recommendation. We will address with a policy and a process.	
6.36.9.1.6	Distributing Release of Information forms as per 42 CFR §431.306, and provide training to MCO providers on its use.	UHC_Confidential Exchange of Information form.pdf Entire document	Partially Met		<p>This requirement is partially addressed by the Confidential Exchange of Information Form. The Coordination, Continuity, and Transition of Behavioral Health Care Addendum addresses the requirement; however, due to the document date, it cannot be accepted as part of this review.</p> <p><b><u>Recommendation</u></b> UHC should continue to implement the Coordination, Continuity, and Transition of</p>	Plan agrees with recommendation. We will continue to implement the Coordination, Continuity, and Transition of Behavioral Health Care Addendum to meet this requirement.	

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
					Behavioral Health Care Addendum to meet this requirement.		
6.36.9.1.11	Developing capacity for enhanced rates or incentives for integrated care by providers;	UHC_Provider Incentive Rates	Partially Met		<p>This requirement Is partially addressed by the Provider Incentives Rates document. The Integration of Physical and Behavioral Health Through Whole Person Care Policy does not address the requirement.</p> <p><b><u>Recommendation</u></b> UHC should address this requirement in a policy and a process.</p>	Plan agrees with recommendation. We will address with a policy and a process.	
6.36.9.1.14	Participating in regular collaborative meetings at least yearly or as needed, with LDH representatives for the purpose of coordination and communication.	6.36.9.1.12_Narrative_docx	Partially Met		<p>This requirement is partially addressed by the 2022 LA IPRO EQRO Compliance Review Audit Narrative. The Integration of Physical and Behavioral Health Through Whole Person Care Policy does not address the requirement.</p> <p><b><u>Recommendation</u></b> UHC should address this requirement in a policy and a process.</p>	Plan agrees with recommendation. We will address with a policy and a process.	
6.40.6	Procedures and criteria for making referrals to specialists and subspecialists;	LA-Integrated-Health-Services-Handbook - Page 22	Partially Met		<p>This requirement is partially addressed by the provider handbook.</p> <p><b><u>Recommendation</u></b> UHC should address this requirement in a policy and a process.</p>	Plan agrees with recommendation. We will address with a policy and a process.	
6.42.1	The MCO shall provide a Chronic Care Management Program (CCMP) for members diagnosed	LA CNS Care Management Program Description 2021 - FINAL DM UHC HF Taking Charge Booklet	Partially Met		<p>This requirement is partially addressed by the UnitedHealthcare Community</p>	Plan agrees with recommendation. We will develop a	

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
	with the following chronic conditions: Asthma; Congestive heart failure; Diabetes; HIV; Hepatitis C; Obesity; and Sickle Cell Anemia, particularly diagnosed members who are high utilizers of ED and inpatient services.	DM UHC Diabetes Taking Charge Booklet DM UHC COPD Taking Charge Booklet DM UHC CAD Taking Charge Booklet DM UHC Asthma Taking Charge Booklet DM UHC Taking Charge of Asthma Guide for Teens and Parents (ages 12-18) DM UHC Taking Charge of Asthma Guide for Child and Parents (ages 0-11)			& State Care Management Program Description, the submitted toolkits, and the booklet educational materials; however, there was no documentation of hepatitis C included in the CCMP.  <b><u>Recommendation</u></b> UHC should develop a chronic care management program for hepatitis C.	chronic care management program for hepatitis C.	
6.42.4.5	Include a written description of the stratification levels for each chronic condition, including member criteria and associated interventions;	LA CNS Care Management Program Description 2021 - FINAL - Page 6-11/19	Partially Met		This requirement is partially addressed by the UnitedHealthcare Community & State Care Management Program Description.  <b><u>Recommendation</u></b> UHC should add detail to the program description on the stratification levels for each chronic condition.	Plan agrees with recommendation. We will address stratification levels for each chronic condition for in the program description.	
<b>CFR 438.214 Provider Selection</b>							
7.6.3.2 7.14.1	The MCO shall establish and follow a documented process for credentialing and re-credentialing of network providers [42 CFR §438.12(a)(2).  The MCO must have a written credentialing and re-credentialing process that complies with 42 CFR §438.12, §438.206, §438.214, §438.224, §438.230 and NCQA health plan Accreditation Standards for the review, credentialing and re-credentialing of licensed, independent providers and provider groups with whom it contracts or	UHC_Credentialing Plan.pdf Section 4 and Section 5 UHC_Louisiana Addendum to Credentialing Policies.pdf	Partially Met	Five (5) of five (5) initial credentialing files met the NCQA health plan accreditation standards.  Four (4) of five (5) re-credentialing files met the NCQA health plan accreditation standards. One (1) recredentialing file did not meet the timeliness standard (every 3 years).	This requirement is addressed in UHC's Network Provider Management, Credentialing and Recredentialing Policy.  <b><u>Recommendation</u></b> The plan should conduct on-going internal reviews of credentialed provider records to ensure that providers are re-evaluated in a timely manner.	Plan agrees with recommendation. We will continue to monitor closely compliance with timeliness standards.	

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
	employs and with whom it does not contract but with whom it has an independent relationship. An independent relationship exists when the MCO selects and directs its members to see a specific provider or group of providers. These procedures shall be submitted to LDH within sixty (60) calendar days after contract amendment, when a change is made, and annually thereafter by contract year.						
<b>CFR 438.224 Enrollee Rights and Protection</b>							
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.).	LA-Integrated-Health-Services-Handbook-Entire Document  LA Physical Health Handbooks- Entire Document  LA_MentalHealth_SubstanceUseHandbook-Eng- Entire Document	Partially Met		This requirement is partially addressed by the member handbooks.  <u><b>Recommendation</b></u> The entity should incorporate the member handbook requirements into a member handbook policy or a broader written materials policy.	Plan agrees with recommendation. We will write into a policy a procedure format.	

