

## Appendix F: Material Subcontractor Response Template

<b>Proposer (MCO) name:</b>
UnitedHealthcare of Louisiana, Inc.
<b>Material subcontractor name:</b>
OptumRx, Inc.
<b>Description of the Proposer's role and material subcontractor's role:</b>
<p><b>Proposer's Role:</b> To provide high quality health care services statewide to Medicaid enrollees in the Louisiana Medicaid managed care program, while using the most cost-effective manner and in accordance with LDH's terms and conditions.</p> <p><b>Material Subcontractor's Role:</b> To provide high quality, integrated pharmacy benefit services, to include retail pharmacy network claims processing, specialty pharmaceutical management and clinical programs.</p>
<b>Explanation of why the Proposer plans to subcontract this service and/or function:</b>
<p>To support UnitedHealthcare of Louisiana in its mission of providing high quality, integrated pharmacy benefit services statewide to Medicaid enrollees in the Louisiana Medicaid managed care program, utilizing the most cost-effective manner and in accordance with LDH's terms and conditions</p> <p><b>For example, to best serve Louisiana enrollees and to meet LDH's goals, OptumRx will:</b></p> <p><b>Advance evidence-based practices, high-value care and service excellence</b>, by developing criteria based on and consistent with evidence-based practices and clinical practice guidelines for medication and disease management. Additionally, Optum Rx reaches out to physicians who specialize in the applicable disease state and professional societies to obtain feedback. <b>(1.3.2.1)</b></p> <p><b>Support innovation and a culture of continuous quality improvement</b>, by focusing on developing innovative products and services in the current changing pharmacy benefit space to help people live better lives, to make the health system work better for all and to reduce the overall cost of care—while improving enrollee health outcomes. From being the first company to offer a three-tier drug benefit, OptumRx has led the way in providing enrollees and customers with better choices, better information and better health through strategic initiatives, creative products and inventive technology. This theme drives OptumRx' business as the pharmaceutical industry responds to social, political and economic change. A few recent innovations and initiatives are listed below:</p> <ul style="list-style-type: none"> <li>- <b>Opioid Risk Strategies:</b> OptumRx is invested in combating the abuse of opioids while promoting the effective treatment of pain. The program promotes opioid safety and awareness and reduces related adverse drug events and hospitalizations. Combining health data and analytics capabilities, medical and behavioral health expertise and innovative solutions, they provide a range of effective programs and services to tackle the opioid epidemic. OptumRx' research-driven programs and services address the opioid epidemic's rapidly changing conditions, which vary widely from community to community. The goal is to minimize early exposure, treat, and improve opioid-related outcomes.</li> <li>- <b>PreCheck MyScript:</b> In addition to standard e-prescribing tools and transactions, PreCheck MyScript combines multiple diverse, complex health care data sources into one consistent, easy-to-use platform—saving physicians' time and effort that translates into cost savings. The application enables physicians to see eligibility and enrollee-specific plan information, which achieves greater transparency into enrollee-specific pricing and Prescription Drug List (PDL) information.</li> </ul> <p>Providing physicians with real-time patient-specific pharmacy information at the point of prescribing</p>

results in more accurate pricing, timelier prescriptions, less administrative waste, and better patient care. PreCheck MyScript includes an intuitive dashboard with Electronic Prior Authorization and Electronic Prescription tools allowing physicians to submit test prescriptions and manage prior authorizations in real time. Clinical alerts sent through the application keep physicians informed about critical medication issues related to adherence, dosage, drug interactions and similar topics. These alerts are available in real time, while the enrollee is in the physician's office. Future plans include expanding the application's capabilities to deliver clinical messaging proactively including gaps-in-care alerts, proactive PDL change alerts or the availability of specific pharmaceutical programs. Implementing smarter tools like PreCheck MyScript at the point of care may increase efficiencies, improve workflow and enable physicians to understand and more effectively leverage each enrollee's prescription benefit. **(1.3.2.2)**

**Ensure enrollees ready access to care and align financial incentives through building shared capacity to improve health care quality through data and collaboration**, by looking at pharmacy's impact on condition spend across the entire benefit spectrum. This helps OptumRx to understand each Department's enrollees, to close gaps in care, and to achieve lower total costs. They achieve improved health outcomes and increase savings by managing total condition spend. To accomplish this, and through transparency and synchronization, OptumRx makes connections across two key areas of health:

- **Engagement:** Building connections between enrollees, physicians, pharmacists and behavioral specialists to help them work together to make better decisions. Connecting systems and programs, OptumRx provides enrollees with a consistent experience designed to help them make the best decisions to improve their health. They use each enrollee touch point as an opportunity to influence enrollee behavior positively. When enrollees call the help desk and use the web resources, OptumRx uses each interaction to help enrollees maximize their benefits, reduce costs or increase the quality of care.
- **Care:** Offering streamlined support through one care team working in one system to help manage each enrollee's total condition. Beyond pharmacy customer support, our care team supports the breadth of enrollees' needs for medical, behavioral, pharmacy and specialty benefits across multiple programs, vendors and carriers. Through a single point-of-contact, enrollees access skilled pharmacists and nurses to answer questions about their medications and conditions. From questions about benefits to concerns about symptoms, OptumRx' team of experts help enrollees become better stewards of their health.

The connections made across pharmacy and medical benefits provide customers with a complete perspective of its enrollees and the factors that affect its costs. Beyond providing data-driven intelligence, OptumRx helps customers manage costs at the enrollee level by positively influencing enrollee behavior. They provide the customer with one experience, one system and one team to proactively work together to close gaps in care and eliminate redundancies. Customer service, pharmacists, nurses, behavioral specialists and physicians work together to help enrollees make better decisions, which results in improved health outcomes, lower costs and increased savings.

**(1.3.2.3 and 1.3.2.9)**

**Minimize wasteful spending, abuse and fraud** through claims auditing strategies using a unique Real Time Audit System. In concert with audits occurring at multiple levels including on-site and desktop, this unique process provides sentinel monitoring for pharmacy, enrollee and physician fraud, waste and abuse through various system edits and algorithms. This improves the health system for enrollees and customers by guarding against fraud, waste and abuse. This process includes real time auditing of every single claim adjudicated, escalated auditing where warranted, and reporting and notification to the appropriate law enforcement agencies, when applicable. **(1.3.2.9)**

**A description of the material subcontractor's organizational experience:**

**OptumRx, Inc.**

OptumRx is UnitedHealth Group's pharmacy benefit manager (PBM). First formed in 1989, OptumRx serves a broad spectrum of internal and external customers, including public and government entities, managed care organizations, Medicare and Medicaid plan sponsors, employer groups, union groups and third party administrators.

The relationship between UnitedHealthcare and OptumRx provides comprehensive resources and strengths from two leading organizations in the health care and pharmacy benefit industries. Their ability to provide a fully synchronized approach to medical and pharmacy benefits provides enhanced customer service for both medical and pharmacy programs and increased efficiencies for our customers. OptumRx continues to redefine pharmacy management by challenging industry standards to improve the quality of prescription drug use and cost.

Today, equipped with decades of successful integrated pharmacy management leadership, OptumRx manages benefits for more than 65,000,000 enrollees and processes more than 1.3 billion claims per year, representing approximately \$91 billion in managed drug spend. In Louisiana, through their pharmacy programs for both commercial and public sector enrollees, OptumRx' network provides 1,273 pharmacy access points statewide, meeting the prescription needs of more than 855,000 enrollees.

For the public sector, OptumRx has developed an intimate knowledge of Medicaid reporting requirements, state audit functions, therapeutic editing and formulary management. Through this, they build clinical models and use them to create clinical programs that address the specific needs of the Medicaid population. OptumRx has supported the Medicaid market since 1989; currently, OptumRx serves approximately 4,800,000 enrollees nationally through Medicaid programs in 22 states—including Louisiana. In the fourth quarter of 2018, they filled more than 17,253,500 Medicaid prescriptions.

In Louisiana, OptumRx serves more than 420,000 enrollees via the Healthy Louisiana program, with a drug spend of \$388,000,000 and adjudication of over 5.9 million prescription claims. They have supported Louisiana's Medicaid population since 2015.

**The processes the Proposer will implement to monitor and evaluate the performance of the material subcontractor to ensure that all contract requirements are met and to determine the return on investment:**

We monitor and manage the performance of subcontractors through the mechanisms described below. These mechanisms facilitate our oversight of the subcontractors and allow us to evaluate performance, especially with respect to state contractual requirements. Unless otherwise noted, we use these approaches for our affiliate entities within UnitedHealth Group and nonaffiliate subcontractors:

- ***Operating Arrangements:*** The operating document incorporates a description of the required functions and service levels, the process by which we assess performance, the recourse we have if service standards or expectations are not met (including revocation of delegation or imposing other sanctions if the subcontractor's performance is inadequate), and the authority of Scott Waulters and the executive team to drive change. Relationships are constructed, formalized and managed with the consent of LDH, the subcontractor and UnitedHealthcare. LDH has the right to review and approve or disapprove all subcontracts for the services provided under this contract.
- ***Vendor Collaboration Meeting:*** As appropriate, we invite representatives from our subcontractors to our regular operations meetings, promoting understanding of how

each functional area is dependent upon the success of the others. During these meetings, we provide direction for our subcontractors and verify their quality and effectiveness is sufficient to meet objectives. Local functional area business owners also report on subcontractor performance and measurements. Operations meetings include:

- Feedback and oversight
  - Review of policies and procedures
  - Training and education
  - Monitoring of key performance indicators
  - Effective lines of communication
  - Responding to issues/escalating when necessary
- ***Joint Operating Committee (JOC):*** Our Joint Operating Committee monitors subcontractor performance on a monthly basis. An expedited meeting may be called to address critical issues in a timely manner as determined by our leadership and our subcontractor(s). The scope of the JOC includes developing compliance strategies and initiatives to support the subcontractor's performance such as:
- Overall review of business performance
  - Assessment of key compliance/regulatory issues and risks
  - Audit planning and reporting
  - Escalation of issues, especially from local health plans
  - Review of fraud, waste and abuse prevention efforts
  - Confirmation of monthly checks of federal and state exclusion lists
  - Response to identified issues

Membership of the JOC includes Louisiana plan leadership, national representatives and key business leads from UnitedHealthcare's Community & State (Medicaid) organization, and operational partners.

- ***Dedicated Staff:*** We designate accountable relationship owners from the Louisiana health plan in the appropriate functional area to work with specific subcontractors. The local relationship owner works with regional and national relationship owners to perform this oversight. Subcontractors may require additional attention when their responsibilities are of a critical nature or where performance warrants additional oversight. We understand that such steps are necessary for high quality, given the size of our health plan and the large number of members and providers that depend on us. These staff members monitor and drive improvement in our subcontracted services.
- ***Statistics and Reports:*** Subcontractors are required to report key performance indicators on a monthly or basis. These reports allow UnitedHealthcare staff to monitor and evaluate subcontractors, as well as indicate action steps for improvements. Review of these statistics occurs in monthly and quarterly committee reviews.
- ***Collaboration Calls:*** During monthly or as appropriate collaboration calls, our CEO, COO and CMO (as needed), members of the local team meet with executives from our affiliate organizations, allowing for constant exchange of best practices, problem-solving and innovations that are working in other markets. Executives from our claims operations, member and provider services centers, provider contracting, pharmacy and other functional areas attend this meeting as needed. In addition, this dialogue allows

our executive staff to provide direct feedback to our partners on their service quality and reinforce the prioritization of our Medicaid programs to promote contract compliance. UnitedHealthcare uses these overall monitoring approaches and mechanisms to identify and prioritize areas for improvement, set quantifiable goals and metrics, and communicate clear expectations. By creating a systematic approach to evaluate and improve our operations with our subcontractors, we have a process that promotes ongoing identification and remediation of operational challenges and implementation of best practices and innovations.

- ***Annual Review:*** We will conduct an annual review of the subcontractor's performance. This review will include, at a minimum, any performance concerns identified by LDH. We will provide LDH with a copy of the review and any corrective action plans developed as a result.

Instructions: The Proposer should attach the executed or draft contract and indicate compliance with each of the following checklist items by completing the “Location” column.

	Checklist Item	Location (Include Name of Document, Page Number, and Section Number/Letter)
1	Contain language that the subcontractor shall adhere to all requirements set forth for MCO subcontractors in the contract between LDH and the MCO and the MCO Manual, and either physically incorporate these documents as appendices to the subcontract or include language in the subcontract that the MCO shall furnish these documents to the subcontractor upon request.	Regulatory Appendix Pg. 10 Section 4.7
2	Include a signature page that contains an MCO and subcontractor name with titles that are typed or legibly written, subcontractor company name, and dated signature of all appropriate parties (applicable for executed contracts).	<b>Within Executed Contract</b> Base Agreement Pg. 21 Third Amendment Pg. 3
3	Specify the effective dates of the subcontract agreement.  <b><i>Note: The Third Amendment applies to Louisiana. The First and Second Amendments do not.</i></b>	<b>Within Executed Contract</b> Third Amendment Pg. 1 Preamble Base Agreement Pg. 3 Section 2
4	Specify that the subcontract and its appendices contain all the terms and conditions agreed upon by the both parties.	Regulatory Appendix Pg. 20 Section 6.3
5	Require that no modification or change of any provision of the subcontract shall be made unless such modification is incorporated and attached as a written amendment to the subcontract and signed by the parties.	Regulatory Appendix Pg. 20 Section 6.3
6	Specify procedures and criteria for any alterations, variations, modifications, waivers, extensions of the subcontract termination date, or early termination of the subcontract and that such change shall only be valid when reduced to writing, duly signed and attached to the original of the subcontract.	Regulatory Appendix Pg. 20 Section 6.3
7	Specify that the MCO and subcontractor recognize that in the event of termination of the contract between the MCO and LDH for any of the reasons described in the contract, the MCO shall immediately make available to LDH or its designated representative, in a usable form, any and all records, whether medical or financial, related to the MCO's and subcontractor's activities undertaken pursuant to the subcontract agreement. The provision of such records shall be at no expense to LDH.	Regulatory Appendix Pg. 7 Section 4.4(e)
8	Ensure the subcontractor shall not, without prior approval of the MCO, enter into any subcontract or other agreement for any of the work contemplated under the subcontract without approval of the MCO.	Regulatory Appendix Pg. 15 Section 4.22
9	Require that if any requirement in the subcontract is determined by LDH to conflict with the contract between LDH and the MCO, such requirement shall be null and void and all other provisions shall remain in full force and effect.	Regulatory Appendix Pg. 20 Section 6.1

	<b>Checklist Item</b>	<b>Location</b> (Include Name of Document, Page Number, and Section Number/Letter)
10	Identify the population covered by the subcontract.	Regulatory Appendix Pg. 1 Section 2.2
11	Specify that the services provided under the subcontract must be in accordance with the Louisiana Medicaid State Plan and require that the subcontractor provide these services to enrollees through the last day that the subcontract is in effect.	Regulatory Appendix Pg. 15 Section 4.23
12	Require that the subcontractor be currently licensed and/or certified under applicable state and federal statutes and regulations and shall maintain throughout the term of the subcontract all necessary licenses, certifications, registrations and permits as are required to provide the health care services and/or other related activities delegated by the MCO.	Regulatory Appendix Pg. 14 Section 4.20
13	Specify the amount, duration, and scope of benefits and services that are provided by the subcontractor.	Regulatory Appendix Pg. 17 Section 4.29
14	Provide that emergency services be coordinated without the requirement of prior authorization of any kind.	Regulatory Appendix Pg. 2 Section 3.1(b)
15	Require that if the subcontractor performs laboratory services, the subcontractor must meet all applicable state requirements and 42 C.F.R. § 493.1 and 493.3, and any other federal requirements.	Regulatory Appendix Pg. 18 Section 4.35
16	Require that an adequate record system be maintained for recording services, charges, dates and all other commonly required information elements for services rendered to MCO enrollees pursuant to the subcontract (including but not limited to such records as are necessary for the evaluation of the quality, appropriateness, and timeliness of services performed under the contract between LDH and the MCO). MCO enrollees and their representatives shall be given access to and can request copies of the enrollees' medical records, to the extent and in the manner provided by La. R.S. 40:1165.1 and 45 C.F.R. §164.524 as amended and subject to reasonable charges.	Regulatory Appendix Pg. 6 Section 4.4(b)
17	Include record retention requirements as specified in the contract between LDH and the MCO.	Regulatory Appendix Pg. 6 Section 4.4 (c)

	<b>Checklist Item</b>	<b>Location</b> (Include Name of Document, Page Number, and Section Number/Letter)
18	Shall make all program and financial records and service delivery sites open to CMS, the U.S. Office of the Inspector General (OIG), HHS, the State Auditor's Office, the Office of the Attorney General, Government Accountability Office (GAO), LDH, and/or any of their designees upon request, and shall provide them with timely and reasonable access and the right to examine and make copies, excerpts, or transcripts of all books, documents, papers, and records which are directly pertinent to a specific program for the purpose of making audits and examinations, contact and conduct private interviews with the subcontractor's clients, employees, and contractors, and do on-site reviews of all matters relating to service delivery as specified by the Contract. The rights of access in this provision are not limited to the required retention period, but shall last as long as records are retained. The subcontractor shall provide originals and/or copies (at no charge) of all records and information requested. Requests for information shall be compiled in the form and the language requested.	Regulatory Appendix Pg. 9 Section 4.5 (e)
19	INTENTIONALLY LEFT BLANK	
20	Whether announced or unannounced, provide for the participation and cooperation in any internal and external quality assessment review, utilization management, and grievance procedures established by the MCO and/or LDH or its designee.	Regulatory Appendix Pg. 14 Section 4.18
21	Specify that the subcontractor shall monitor and report the quality of services delivered under the subcontract and initiate a plan of correction where necessary to improve quality of care, in accordance with that level of care which is recognized as acceptable professional practice in the respective community in which the MCO /subcontractor practices and/or the standards established by LDH or its designee.	Regulatory Appendix Pg. 20 Section 6.2
22	Require that the subcontractor comply with any corrective action plan initiated by the MCO and/or required by LDH.	Regulatory Appendix Pg. 20 Section 6.2
23	Specify any monetary penalties, sanctions or reductions in payment that the MCO may assess on the subcontractor for specific failures to comply with subcontract and/or credentialing requirements. This shall include, but may not be limited to a subcontractor's failure or refusal to respond to the MCO's request for information, the request to provide medical records, credentialing information, etc.; at the MCO's discretion or a directive by LDH, the MCO shall impose at a minimum, financial consequences against the subcontractor as appropriate.	Regulatory Appendix Pg. 17 Section 4.32
24	Provide for submission of all reports and clinical information to the MCO for reporting purposes required by LDH.	Regulatory Appendix Pg. 16 Section 4.25



	<b>Checklist Item</b>	<b>Location</b> (Include Name of Document, Page Number, and Section Number/Letter)
25	Require safeguarding of information about MCO enrollees according to applicable state and federal laws and regulations and as described in contract between LDH and the MCO.	Regulatory Appendix Pg. 9 Section 4.6
26	Make full disclosure of the method and amount of compensation or other consideration to be received from the MCO.	<b>Regulatory Appendix</b> Pg. 22 Section 6.11 <b>Within Executed Contract</b> Third Amendment Pg. 7 – 11 and 40 - 45
27	Provide that the subcontractor comply with LDH's claims processing requirements as outlined in the RFP.	Regulatory Appendix Pg. 22 Section 6.11
28	Provide that the subcontractor adhere to LDH's timely filing guidelines as outlined in the RFP.	Regulatory Appendix Pg. 16 Section 4.26
29	Provide that, if LDH or its subcontractors discover an error or a conflict with a previously adjudicated encounter claim, the subcontractor shall be required to adjust or void the encounter claim within fourteen (14) calendar days of notification by LDH or the MCO, or if circumstances exist that prevent the subcontractor from meeting this time frame, by a specified date approved by LDH.	Regulatory Appendix Pg. 16 Section 4.26
30	Specify that the subcontractor shall accept the final payment made by the MCO as payment-in-full for covered services provided and shall not solicit or accept any surety or guarantee of payment from LDH or the member(s). Member shall include the patient, parent(s), guardian, spouse or any other legally or potentially legally, responsible person of the member being served.	Regulatory Appendix Pg. 4 Section 4.1
31	Specify that at all times during the term of the subcontract, the subcontractor shall indemnify and hold LDH harmless from all claims, losses, or suits relating to activities undertaken pursuant to the contract between LDH and the MCO, unless the subcontractor is a state agency. For subcontractors that are not state agencies, the indemnification may be accomplished by incorporating such language from the contract between LDH and the MCO in its entirety in the subcontractor's agreement or by use of other language developed by the MCO and approved by LDH. For state agencies, the liability protection may be accomplished by incorporating language developed by the state agency and approved by LDH.	Regulatory Appendix Pg. 5 Section 4.2

	<b>Checklist Item</b>	<b>Location</b> (Include Name of Document, Page Number, and Section Number/Letter)
32	Require the subcontractor to secure all necessary liability, malpractice, and workers' compensation insurance coverage as is necessary to adequately protect the MCO's enrollees and the MCO under the subcontract. The subcontractor shall provide such insurance coverage upon execution and at all times during the subcontract and shall furnish the MCO with written verification of the existence of such coverage.	Regulatory Appendix Pg. 14 Section 4.19
33	Specify that the subcontractor agrees to recognize and abide by all state and federal laws, rules and regulations and guidelines applicable to the provision of services, and stipulate that Louisiana law, without regard to its conflict of laws provisions, will prevail if there is a conflict between the state law where the material subcontractor is based and Louisiana law.	Regulatory Appendix Pg. 18 Section 4.36
34	Provide that the agreement incorporates by reference all applicable federal and state laws, rules or regulations, and revisions of such laws, rules, or regulations shall automatically be incorporated into the subcontract as they become effective.	Regulatory Appendix Pg. 20 Section 6.3
35	Provide that the MCO and subcontractor shall be responsible for resolving any disputes that may arise between the two (2) parties, and that no dispute shall disrupt or interfere with the provisions of services to the MCO member.	Regulatory Appendix Pg. 21 Section 6.8
36	Include a conflict of interest clause as stated in the contract between LDH and the MCO.	Regulatory Appendix Pg. 17 Section 4.30
37	Specify that the subcontractor must adhere to the Quality Assessment Performance Improvement (QAPI) and Utilization Management (UM) requirements as outlined the contract between LDH and the MCO. The QAPI and UM requirements shall be included as part of the subcontract between the MCO and the subcontractor.	Regulatory Appendix Pg. 14 Section 4.18
38	Provide that all subcontractors shall give MCO immediate notification in writing by certified mail of any litigation, investigation, complaint, claim or transaction that may reasonably be considered to have a material impact on the subcontractor's ability to perform the services included in its contract with the MCO.	Regulatory Appendix Pg. 16 Section 4.27
39	Provide that in accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000d et. seq.) and its implementing regulation at 45 C.F.R. Part 80 (2001, as amended), the subcontractor must take adequate steps to ensure that persons with limited English skills receive free of charge the language assistance necessary to afford them meaningful and equal access to the benefits and services provided under the subcontract.	Regulatory Appendix Pg. 12 Section 4.12

	<b>Checklist Item</b>	<b>Location</b> (Include Name of Document, Page Number, and Section Number/Letter)
40	Contain no provision which restricts a subcontractor from subcontracting with another MCO or other managed care entity.	Regulatory Appendix Pg. 23 Section 6.14
41	Require that, when the MCO has entered into an alternative reimbursement arrangement with subcontractor, all encounter data must comply with the same standards of completeness and accuracy as required for proper adjudication of claims by the MCO.	Regulatory Appendix Pg. 16 Section 4.25
42	Require that the services to be provided under this subcontract shall be performed entirely within the boundaries of the United States, which includes the 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa. In addition, the subcontractor will not hire any individual to perform any services under this Contract if that individual is required to have a work visa approved by the U.S. Department of Homeland Security and such individual has not met this requirement.	Regulatory Appendix Pg. 19 Section 4.43
43	<p>Contain the following language:</p> <p>The subcontractor and the subcontractor's providers assign to the State of Louisiana any and all rights or claims it currently has or may acquire under any state or federal antitrust laws and that are attributable to any product units purchased or reimbursed through any state program or payment mechanism, including but not limited to product units purchased or reimbursed under the Louisiana Medicaid managed care program. For purposes of this assignment clause, the "subcontractor" shall include any direct or indirect owner to whom the right or claim to be assigned actually belongs, including any and all parents, branches, departments or subsidiaries.</p>	Regulatory Appendix Pg. 3 Section 3.3

	<b>Checklist Item</b>	<b>Location</b> (Include Name of Document, Page Number, and Section Number/Letter)
44	<p>Contain the following language:</p> <p>The subcontractor and the subcontractor's providers shall comply, within a reasonable time, with any information, records or data request from any healthcare oversight agency, including the Louisiana Office of the Attorney General, Medicaid Fraud Control Unit (MFCU), related to any services provided under Louisiana's Medical Assistance Programs. This requirement shall be inclusive of contracts or subcontracts with entities who manage or coordinate certain benefits for Medicaid beneficiaries on behalf of the MCO's but does not directly provide the service to Medicaid beneficiaries. When requested by the MFCU the production of the information, records or data requested by the MFCU shall be done at no cost to the MFCU, and the contractor, subcontractor or provider shall not require the MFCU to enter into any contract, agreement or memorandum of understanding to obtain the requested information, records or data. The MCO contractor, subcontractor and/or provider agrees that this contract creates for the healthcare oversight agency an enforceable right for which the healthcare oversight agency can petition the court in the event of non-compliance with an information, records or data request.</p>	Regulatory Appendix Pg. 8 Section 4.5(c)