Jeff Landry
GOVERNOR

Ralph L. Abraham, M.D
SECRETARY

State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

VIA E-MAIL ONLY

January 12, 2024

Mr. Kyle Viator, CEO
AmeriHealth Caritas Louisiana
10000 Perkins Rowe, 4th Floor
Baton Rouge, LA 70810

RE: Notice of Action – 2023 External Quality Compliance Review

Dear Kyle:

AmeriHealth Caritas Louisiana (ACLA) failed to demonstrate full compliance in areas audited by the Louisiana Department of Health's (LDH) external quality review organization (EQRO), Health Services Advisory Group, Inc. (HSAG). This annual compliance audit conducted in 2023 included a review of ACLA's compliance with contractual requirements during the calendar year (CY) 2022 period of January 1, 2022, through December 31, 2022, as well as a follow-up review of corrective action plans (CAPs) for requirements that were not met in the prior year's audit.

Subpart E – External Quality Review of 42 Code of Federal Regulations (CFR) (42 CFR § 438.310 - 42 CFR § 438.370) sets forth the requirements for annual external quality review (EQR) of contracted managed care entities, and the contract between LDH and ACLA provides:

> 2.16.13 External Review and Oversight of Contractor
>
> > 2.16.13.1 The Contractor shall fully cooperate with LDH, CMS, LDH's EQRO and Outcomes Research and Evaluation contractors, and any other LDH designees related to reviewing, evaluating, and monitoring of this Contract, the Contractor, or the Managed Care Program.
> >
> > 2.16.13.2 The Contractor shall provide all information requested by LDH and/or its EQRO including, but not limited to, quality outcomes, quality improvement processes, timeliness of, and Enrollee access to, MCO Covered Services, network adequacy and NCQA accreditation status.

2.16.13.3 The Contractor shall comply with the EQRO's requests for information including, but not limited to, a review of the Contractor's QAPI Committee meeting minutes and annual medical record audits to ensure that it provides quality and accessible health care to Contractor Enrollees, in accordance with standards contained in the Contract. Such audits shall allow LDH or its designee to review individual medical records, identify and collect management data including, but not limited to, surveys and other information concerning the use of services and the reasons for Disenrollment.

2.16.13.4 The standards by which the Contractor shall be surveyed and evaluated by the EQRO shall be at the sole discretion and approval of LDH. If deficiencies are identified, LDH shall determine the remedy or remedies as outlined in the Contract Non-Compliance section.

2.16.13.5 If the EQRO indicates that the quality of care is not within acceptable limits set forth in the Contract, LDH may penalize the Contractor in accordance with the Contract and may immediately terminate all Enrollment activities and Automatic Assignment until the Contractor attains a satisfactory level of quality of care as determined by the EQRO and LDH.

2.16.13.6 The Contractor shall include a description of the performance improvement goals, objectives, and activities developed and implemented in response to the EQRO findings in the Contractor's QAPI Program.

The 2023 External Quality Review Compliance Review final report is attached, and the review area where full compliance was not achieved in CY 2021 is listed in the summary table below:

Summary of Scores for the CAP from the CY 2021 Review

	Total Elements	Number of Elements			Total Compliance Score
		Met	*Not Met*	*Not Applicable*	
Follow-Up on Corrective Action Plans From Prior Compliance Review	23	22	1	0	95.7%

In response to the follow-up review of findings identified in the CY 2021 compliance review, ACLA must submit their completed CAP template, along with all documents demonstrating full compliance, via HSAG's SAFE site within 30 calendar days after receipt of this notice.

If you have any questions, please contact Kristie Robinson at Kristie.Robinson2@la.gov.

Sincerely,

Brandon Bueche
Section Chief, Medicaid Program Operations and Compliance

BB/js

cc: Teresa Bravo
Kolynda Parker
Kristie Robinson
Kim Sullivan
Tim Williams
ACLA3-09

LOUISIANA DEPARTMENT OF HEALTH

2023 External Quality Review Compliance Review

for

AmeriHealth Caritas Louisiana

December 2023

HSAG HEALTH SERVICES ADVISORY GROUP

Table of Contents

1. Executive Summary

Introduction

In accordance with Title 42 of the Code of Federal Regulations (42 CFR) §438.358, the Louisiana Department of Health (LDH) or an external quality review organization (EQRO) may perform the mandatory and optional external quality review (EQR) activities, and the data from these activities must be used for the annual EQR and technical report described in 42 CFR §438.350 and §438.364. One of the four mandatory activities required by the Centers for Medicare & Medicaid Services (CMS) is:

- A review, conducted within the previous three-year period, to determine the managed care organization's (MCO's), prepaid ambulatory health plan's (PAHP's), or prepaid inpatient health plan's (PIHP's) compliance with the standards set forth in Subpart D of this part (42 CFR §438), the disenrollment requirements and limitations described in §438.56, the enrollee rights requirements described in §438.100, the emergency and post-stabilization services requirements described in §438.114, and the quality assessment and performance improvement requirements described in §438.330.

As LDH's EQRO, Health Services Advisory Group, Inc. (HSAG) is contracted to conduct the compliance review activity with each of the Healthy Louisiana MCOs, PAHPs, and the PIHP delivering services to members enrolled in the Louisiana Medicaid managed care program. When conducting the compliance review, HSAG adheres to the methodologies and guidelines established in CMS EQR *Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity*, February 2023 (CMS EQR Protocol 3).[1-1]

Description of the External Quality Review Compliance Review

LDH requires its managed care entities (MCEs) to undergo periodic compliance reviews to ensure that an assessment is conducted to meet federal requirements. The 2023 compliance review, which comprises the calendar year (CY) 2022 review period (January 1, 2022−December 31, 2022), is the second year of the three-year cycle of compliance reviews. The compliance review focused on standards identified in 42 CFR §438.358(b)(1)(iii) and applicable state-specific requirements. The compliance reviews for the Louisiana Medicaid managed care program consist of 14 program areas referred to as "standards." LDH requested that HSAG conduct a compliance review of all standards not yet reviewed during the three-year compliance review cycle for each MCO, PAHP, and PIHP. Table 1-1 outlines the division of standards reviewed in Year One (CY 2021) and Year Two (CY 2022).

[1-1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity*, February 2023. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Aug 1, 2023.

Table 1-1—Compliance Review Standards

Standard	Associated Federal Citation[1]	Year One (CY 2021)			Year Two (CY 2022)		
		MCO	PAHP	PIHP	MCO	PAHP	PIHP
Standard I—Enrollment and Disenrollment	§438.56				✓	✓	✓
Standard II—Member Rights and Confidentiality	§438.100 §438.224	✓	✓	✓			
Standard III—Member Information	§438.10	✓	✓	✓			
Standard IV—Emergency and Poststabilization Services	§438.114	✓	NA				✓
Standard V—Adequate Capacity and Availability of Services	§438.206 §438.207	✓	✓	✓			
Standard VI—Coordination and Continuity of Care	§438.208	✓	✓	✓			
Standard VII—Coverage and Authorization of Services	§438.210	✓	✓	✓			
Standard VIII—Provider Selection	§438.214	✓	✓	✓			
Standard IX—Subcontractual Relationships and Delegation	§438.230	✓		✓		✓	
Standard X—Practice Guidelines	§438.236	✓	✓	✓			
Standard XI—Health Information Systems	§438.242	✓	✓	✓			
Standard XII—Quality Assessment and Performance Improvement	§438.330	✓	✓	✓			
Standard XIII—Grievance and Appeal Systems	§438.228	✓	✓	✓			
Standard XIV—Program Integrity	§438.608	✓	✓	✓			

[1] The compliance review standards comprise a review of all requirements, known as "elements," under the associated federal citation, including all requirements that are cross-referenced within each federal standard, as applicable (e.g., Standard XIII—Grievance and Appeal Systems includes a review of §438.228 and all requirements under 42 CFR Subpart F).

Summary of Findings

Table 1-2 and Table 1-3 present an overview of the results of the 2023 compliance review for **AmeriHealth Caritas Louisiana** (**ACLA**). HSAG assigned a score of *Met* or *Not Met* to each of the individual elements it reviewed based on a scoring methodology, which is detailed in Section 2 In addition to an aggregated score for each standard, HSAG assigned an overall percentage-of-compliance score across all standards. Refer to appendices B and C for a detailed description of the findings.

Table 1-2—Summary of Scores for the CY 2022 Compliance With Standards Review

Standard #	Standard Name	Total Elements	Number of Elements		Total Compliance Score
			M	*NM*	
I	Enrollment and Disenrollment	7	7	0	100%
	Total Compliance Score	**7**	**7**	**0**	**100%**

M=*Met*, ***NM***=*Not Met*

Total Elements: The total number of elements in each standard. This represents the denominator.

Total Compliance Score: The overall percentages of the number of elements that received a score of *Met* (1 point) then dividing this total by the total number of elements.

Table 1-3—Summary of Scores for the CAP From the CY 2021 Review

	Total Elements in CAP	Number of Elements		Total Compliance Score From CAP
		M	*NM*	
Follow-Up on Corrective Action Plans (CAPs) From Prior Compliance Review	23	22	1	95.7%

M=*Met*, ***NM***=*Not Met*

Total Elements in CAP: The total number of elements within the CAP from the CY 2021 review. This represents the denominator.

Total Compliance Score From CAP: The overall percentages of the number of elements that received a score of *Met* (1 point) then dividing this total by the total number of elements.

ACLA achieved full compliance in the one standard reviewed, demonstrating performance strengths and adherence to all requirements measured in the area of Enrollment and Disenrollment. Appendix A documents strengths and opportunities for improvement. Appendix B documents detailed findings, including recommendations for program enhancements.

ACLA achieved compliance in 22 of 23 elements from the LDH-approved 2022 compliance review CAPs. **ACLA** must implement the remaining approved CAP for the one element for which compliance was not achieved. Appendix B documents detailed findings of the review of the implementation of the **ACLA**-approved 2022 compliance review CAPs.

Corrective Action Process

For any elements HSAG scored *Not Met*, **ACLA** is required to submit a CAP to bring the element into compliance with the applicable standard(s). The process for submitting the CAP is described in Section 3.

2. Methodology

Activity Objectives

According to 42 CFR §438.358, a state or its EQRO must conduct a review within a three-year period to determine the MCEs' compliance with standards set forth in 42 CFR §438—Managed Care Subpart D, the disenrollment requirements and limitations described in §438.56, the enrollee rights requirements described in §438.100, the emergency and post-stabilization services requirements described in §438.114, and the quality assessment and performance improvement requirements described in §438.330. To complete this requirement, HSAG, through its EQRO contract with LDH, performed compliance reviews of the five MCOs, two PAHPs, and one PIHP contracted with LDH to deliver services to Louisiana Medicaid managed care members.

The 2023 compliance review is the second year of the three-year cycle. The compliance review focused on standards identified in 42 CFR §438.358(b)(1)(iii) and applicable state-specific requirements. LDH requested that HSAG conduct a compliance review of all standards not yet reviewed during the three-year compliance review cycle for each MCO, PIHP, and PAHP. Table 2-1 outlines the division of standards reviewed in Year One and Year Two.

Table 2-1—Compliance Review Standards

Standard	Associated Federal Citation[1]	Year One (CY 2021)			Year Two (CY 2022)		
		MCO	PAHP	PIHP	MCO	PAHP	PIHP
Standard I—Enrollment and Disenrollment	§438.56				✓	✓	✓
Standard II—Member Rights and Confidentiality	§438.100 §438.224	✓	✓	✓			
Standard III—Member Information	§438.10	✓	✓	✓			
Standard IV—Emergency and Poststabilization Services	§438.114	✓	NA				✓
Standard V—Adequate Capacity and Availability of Services	§438.206 §438.207	✓	✓	✓			
Standard VI—Coordination and Continuity of Care	§438.208	✓	✓	✓			
Standard VII—Coverage and Authorization of Services	§438.210	✓	✓	✓			
Standard VIII—Provider Selection	§438.214	✓	✓	✓			

Standard	Associated Federal Citation[1]	Year One (CY 2021)			Year Two (CY 2022)		
		MCO	PAHP	PIHP	MCO	PAHP	PIHP
Standard IX—Subcontractual Relationships and Delegation	§438.230	✓		✓		✓	
Standard X—Practice Guidelines	§438.236	✓	✓	✓			
Standard XI—Health Information Systems	§438.242	✓	✓	✓			
Standard XII—Quality Assessment and Performance Improvement	§438.330	✓	✓	✓			
Standard XIII—Grievance and Appeal Systems	§438.228	✓	✓	✓			
Standard XIV—Program Integrity	§438.608	✓	✓	✓			

[1] The compliance review standards comprise a review of all requirements, known as elements, under the associated federal citation, including all requirements that are cross-referenced within each federal standard, as applicable (e.g., Standard XIII—Grievance and Appeal Systems includes a review of §438.228 and all requirements under 42 CFR Subpart F).

This report presents the results of the 2023 compliance review, review period CY 2022 (January 1, 2022–December 31, 2022). LDH and the individual MCEs use the information and findings from the compliance reviews to:

- Evaluate the quality, timeliness, and accessibility of healthcare services furnished by the MCEs.
- Identify, implement, and monitor system interventions to improve quality.
- Evaluate current performance processes.
- Plan and initiate activities to sustain and enhance current performance processes.

Technical Methods of Data Collection and Analysis

Prior to beginning the compliance review, HSAG developed data collection tools, referred to as "compliance review tools," to document the review. The content in the tools was selected based on applicable federal and State regulations as they related to the scope of the review. The review processes used by HSAG to evaluate the MCEs' compliance were consistent with CMS EQR Protocol 3.

For each of the MCEs, HSAG's desk review consisted of the following activities.

Pre-Virtual Review Activities

- Collaborated with LDH to develop the scope of work, compliance review methodology, and compliance review tools.
- Prepared and forwarded to the MCE a detailed timeline, description of the compliance review process, pre-virtual review information packet, and a post-virtual review document tracker.
- Scheduled the virtual review with the MCE.
- Hosted a pre-virtual review preparation session with all MCEs.
- Generated a sample of cases for delegation file reviews.
- Conducted a desk review of supporting documentation the MCE submitted to HSAG.
- Followed up with the MCE, as needed, based on the results of HSAG's preliminary desk review.
- Developed an agenda for the virtual review interview sessions and provided the agenda to the MCE to facilitate preparation for HSAG's review.

Virtual Review Activities

- Conducted an opening conference, with introductions and a review of the agenda and logistics for HSAG's review activities.
- Interviewed MCE key program staff members.
- Conducted an information system (IS) review of the data systems that the MCE used in its operations, applicable to the standards under review.
- Conducted a closing conference during which HSAG reviewers summarized their preliminary findings, as appropriate.

Post-Virtual Review Activities

- Conducted a review of additional documentation submitted by the MCE.
- Documented findings and assigned each element a score (*Met* or *Not Met*) within the compliance review tool, as described in the Data Aggregation and Analysis section.
- Prepared an MCE-specific report and CAP template for the MCE to develop and submit its CAPs for each element that received a *Not Met* score.

Data Aggregation and Analysis

HSAG used scores of *Met* and *Not Met* to indicate the degree to which the MCE's performance complied with the requirements. A designation of *NA* was used when a requirement was not applicable to an MCE during the period covered by HSAG's review. This scoring methodology is consistent with CMS EQR Protocol 3.

Met indicates full compliance defined as *all* of the following:

- All documentation listed under a regulatory provision, or component thereof, is present.
- Staff members are able to provide responses to reviewers that are consistent with each other and with the documentation.
- Documentation, staff responses, case file reviews, and IS reviews confirmed implementation of the requirement.

Not Met indicates noncompliance defined as *one or more* of the following:

- There is compliance with all documentation requirements, but staff members are unable to consistently articulate processes during interviews.
- Staff members can describe and verify the existence of processes during the interviews, but documentation is incomplete or inconsistent with practice.
- Documentation, staff responses, case file reviews, and IS reviews do not demonstrate adequate implementation of the requirement.
- No documentation is present and staff members have little or no knowledge of processes or issues addressed by the regulatory provisions.
- For those provisions with multiple components, key components of the provision could not be identified and any *Not Met* findings would result in an overall provision finding of noncompliance, regardless of the findings noted for the remaining components.

From the scores that it assigned for each of the requirements, HSAG calculated a total percentage-of-compliance score for each standard and an overall percentage-of-compliance score across the standards. HSAG calculated the total score for each standard by totaling the number of *Met* (1 point) elements and the number of *Not Met* (0 points) elements, then dividing the summed score by the total number of applicable elements for that standard.

HSAG determined the overall percentage-of-compliance score across all areas of review by following the same method used to calculate the scores for each standard (i.e., by summing the total values of the scores and dividing the result by the total number of applicable elements).

To draw conclusions about the quality, timeliness, and accessibility of care and services the MCE provided to members, HSAG aggregated and analyzed the data resulting from its desk and virtual review activities. The data that HSAG aggregated and analyzed included:

- Documented findings describing the MCE's progress in achieving compliance with State and federal requirements.
- Scores assigned to the MCE's performance for each requirement.
- The total percentage-of-compliance score calculated for each standard.
- The overall percentage-of-compliance score calculated across the standards.

- Documented actions required to bring performance into compliance with the requirements for which HSAG assigned a score of *Not Met*.
- Documented recommendations for program enhancement, when applicable.

Description of Data Obtained

To assess the MCE's compliance with federal regulations, State rules, and contract requirements, HSAG obtained information from a wide range of written documents produced by the MCE, including, but not limited to:

- Committee meeting agendas, minutes, and handouts.
- Written policies and procedures.
- Management/monitoring reports and audits.
- Narrative and/or data reports across a broad range of performance and content areas.
- Records for delegation.
- Member and provider materials.

HSAG obtained additional information for the compliance review through interactions, discussions, and interviews with the MCE's key staff members. Table 2-2 lists the major data sources HSAG used to determine the MCE's performance in complying with requirements and the time period to which the data applied.

Table 2-2—Description of MCE Data Sources and Applicable Time Period

Data Obtained	Time Period to Which the Data Applied
Documentation submitted for HSAG's desk review and additional documentation available to HSAG during and after the site review	January 1, 2022–December 31, 2022
Information obtained through interviews	October 18, 2023
Information obtained from a review of a sample of delegated entity files	Listing of all delegates serving the Louisiana Medicaid managed care program at any time between January 1, 2022–December 31, 2022

3. Corrective Action Plan Process

ACLA is required to submit to the HSAG SAFE site a CAP for all elements scored as *Not Met*. Appendix C contains the CAP template that HSAG prepared for **ACLA** to use in preparing its plans of action to remediate any deficiencies identified during the 2023 compliance review. The CAP template lists each element for which HSAG assigned a score of *Not Met*, as well as the associated findings and required actions documented to bring **ACLA** into full compliance with the deficient requirements. **ACLA** must use this template to submit its CAP to bring any elements scored as *Not Met* into compliance with the applicable standard(s). **ACLA**'s CAP must be submitted to the HSAG SAFE site **no later than 30 calendar days after receipt of the final report**.

The following criteria will be used by HSAG and LDH to evaluate the sufficiency of the CAP:

- The completeness of the CAP document in addressing each required action and assigning a responsible individual, a timeline/completion date, and specific plans of action/interventions that **ACLA** will implement to bring the element into compliance.
- The degree to which the planned activities/interventions meet the intent of the requirement.
- The degree to which the planned interventions are anticipated to bring **ACLA** into compliance with the requirement.
- The appropriateness of the timeline for correcting the deficiency.

Any CAPs that do not meet the preceding criteria will require resubmission by the MCO until approved by HSAG and LDH. Implementation of the CAP may begin once approval is received. LDH maintains ultimate authority for approving or disapproving any corrective action strategies proposed by **ACLA** in its submitted CAP.

Appendix A. Conclusions and Recommendations

Standard I—Enrollment and Disenrollment

Strengths Related to Quality, Access and Timeliness	
+	The MCO scored 100 percent in the compliance review for Standard I—Enrollment and Disenrollment, indicating the MCO had implemented strong policies and procedures for enrollment and disenrollment.

Opportunities for Improvement and Recommendations	
−	**Opportunities for Improvement:** The compliance review did not identify any opportunities for improvement for Standard I—Enrollment and Disenrollment. **Recommendations:** None.

Appendix B. 2023 Compliance With Standards Review Tool

This appendix includes the completed review tool that HSAG used to evaluate **ACLA**'s performance and to document its findings; the scores it assigned associated with the findings; and, when applicable, the actions required to bring **ACLA**'s performance into full compliance.

CY 2022 Compliance With Standards Review

Standard I—Enrollment and Disenrollment		
Requirement	**Evidence as Submitted by the MCO**	**Score**
1. The MCO agrees to accept individuals enrolled into its MCO in the order in which they apply without restriction (unless authorized by the Department). *42 CFR §438.3(d)(1)* 2022 Contract Citations: 11.9.1 2023 Contract Citations: 2.3.12.1; 2.3.12.1.1; 2.3.12.1.2	• 532-015 Disenrollment and Enrollment Process, page 6	☒ Met ☐ Not Met
2. The MCO does not discriminate against individuals enrolled or use any policy or practice that has the effect of discriminating against individuals, based on health status or need for healthcare services, race, color, national origin, sex, or disability. *42 CFR §438.3(d)(3-4)* 2022 Contract Citations: 11.10.1.3 2023 Contract Citations: 2.3.12.1; 2.3.12.1.3	• 532-015 Disenrollment and Enrollment Process, page 6	☒ Met ☐ Not Met
3. The MCO may not request disenrollment of a member because of an adverse change in the member's health status or because of the member's: • Utilization of medical services. • Diminished mental capacity. • Uncooperative or disruptive behavior resulting from his or her special needs (except when his or her continued enrollment seriously impairs the MCO's ability to furnish services to the member or to other members. *42 CFR §438.56(b)(2)* 2022 Contract Citations: 11.10.1.3; 11.11.4.1 2023 Contract Citations: 2.3.13.3.4	• 532-015 Disenrollment and Enrollment Process, page 2	☒ Met ☐ Not Met

Standard I—Enrollment and Disenrollment		
Requirement	**Evidence as Submitted by the MCO**	**Score**
4. The MCO may initiate disenrollment of any member's participation in the MCO on one or more of the following grounds: • When the member ceases to be eligible for medical assistance under the State Plan as determined by the Department • Upon termination or expiration of the Contract • Death of the member • Confinement of the member in a facility or institution when confinement is not a covered service under the Contract *42 CFR §438.56(b)(1)* 2022 Contract Citations: 11.11.6.1; 11.11.6.2; 11.11.6.7 2023 Contract Citations: 2.3.12.3.2; 2.3.13.2	• 532-015 Disenrollment and Enrollment Process, pages 2	☒ Met ☐ Not Met
5. The MCO shall not request disenrollment for reasons other than those stated in the Contract. In accordance with 42 CFR §438.56(b)(3), LDH shall ensure that the MCO is not requesting disenrollment for other reasons by reviewing and rendering decisions on all Disenrollment Request Forms submitted to the enrollment broker. *42 CFR §438.56(b)(3)* 2022 Contract Citations: 11.11.4.2 2023 Contract Citations: 2.3.13.3.5	• 532-015 Disenrollment and Enrollment Process, page 3	☒ Met ☐ Not Met
6. If the Department approves the MCO's disenrollment request, the MCO gives the member written notice of the proposed disenrollment. *42 CFR §438.56(d)(5)* 2022 Contract Citations: 11.11.4.4; 11.11.4.8 2023 Contract Citations: 2.3.13.3.7	• 532-015 Disenrollment and Enrollment Process, pages 2-3	☒ Met ☐ Not Met

Standard I—Enrollment and Disenrollment		
Requirement	**Evidence as Submitted by the MCO**	**Score**
7. The member may request disenrollment as follows: • For cause at any time, including: – The member has moved out of the MCO's service area; – The MCO does not (due to moral or religious objections) cover the service the member seeks; – The member needs related services to be performed at the same time, not all related services are available from the MCO's plan, and the member's primary care provider (or another provider) determines that receiving the services separately would subject the member to unnecessary risk; – Poor quality of care; – Lack of access, or lack of access to providers experienced in dealing with the member's specific needs; – The Contract between the MCO and LDH is terminated; – Lack of access to MCO covered services as determined by LDH; – The member's active specialized behavioral health provider ceases to contract with the MCO; or – Any other reason deemed to be valid by LDH and/or its agent. • Without cause at the following times:	• 532-015 Disenrollment and Enrollment Process, page 3	☒ Met ☐ Not Met

Standard I—Enrollment and Disenrollment		
Requirement	**Evidence as Submitted by the MCO**	**Score**
– During the disenrollment period offered to members at the start of the Contract – During the 90 days following the date of the member's initial enrollment with the MCO or during the 90 calendar days following the date the Enrollment Broker sends the member notice of that enrollment, whichever is later – At least once every 12 months thereafter – Upon automatic reenrollment if temporary loss (90 calendar days) of eligibility has caused the member to miss the annual disenrollment opportunity – When the Department has imposed sanctions on the MCO (consistent with 42 CFR §438.702[a][4]) *42 CFR §438.56(c)-(d)(2)* 2022 Contract Citations: 11.11.3; 11.11.3.1; 11.11.3.2 2023 Contract Citations: 2.3.13.2		

Results for Standard I—Enrollment and Disenrollment							
Total	Met	=	7	X	1.0	=	7.0
	Not Met	=	0	X	0.0	=	0.0
Total Applicable		=	7	**Total Score**		=	7.0

Total Score ÷ Total Applicable	=	**100%**

CY 2021 Review CAP

Availability of Services CFR 438.206		
Requirement	**Evidence as Submitted by the MCO**	**Score**
1. Development of plan of care to address risks and medical needs and other responsibilities as defined in Section 6.33. *42 CFR 438.206* Contract: 7.8.2.6	**2022 MCO Document Submission:** • Provider Handbook December 2021.pdf, pages 18 and 19 **2023 MCO Document Submission:** • 156.900 Continuity for BH Care Coordination w Primary Care and BH Providers, page 4, PCP Responsibilities • 156.900 Continuity for BH Care Coordination with Primacy Care and BH Providers (1), aligned with 2023 Model Contract requirements • ACLA Provider Handbook September 2023, page 19, Your Role as PCP	☒ Met ☐ Not Met
2022 Compliance Review Finding: *Partially Met*—This requirement is addressed in the Provider Handbook.		
2022 Compliance Review Recommendation: ACLA should update relevant policies to include this language. **Final Recommendation:** The provider handbook satisfies part of this requirement, however the expectation that policies and procedures address all operational requirements remains. Determination upheld.		
2022 MCO Comments: 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.		

Availability of Services CFR 438.206		
Requirement	**Evidence as Submitted by the MCO**	**Score**
2023 CAP Review Findings: The MCO's Continuity for Behavioral Healthcare and Care Coordination with Primary Care and Behavioral Health Providers policy addressed care coordination between primary care and behavioral health. The policy submitted included the requirement to develop plans of care to address risks and medical needs and other responsibilities as defined in Section 6.33. The MCO's Provider Contracts policy contained primary care providers' (PCPs') responsibilities, including the development of plans of care to address risks and medical needs and other responsibilities as defined in this section.		
2023 CAP Review Required Actions: None.		

Availability of Services CFR 438.206		
Requirement	**Evidence as Submitted by the MCO**	**Score**
2. Maintaining hospital admitting privileges or arrangements with a physician who has admitting privileges at an MCO participating hospital. *42 CFR 438.206* Contract: 7.8.2.9	**2022 MCO Document Submission:** • Provider Handbook December 2021.pdf, page 161 **2023 MCO Document Submission:** • 159.302 Provider Contracts, page 9, Section IX • ACLA Provider Handbook September 2023, page 18, Provider Responsibilities	☒ Met ☐ Not Met
2022 Compliance Review Finding: *Partially Met*—This requirement is addressed in the Provider Handbook.		
2022 Compliance Review Recommendation: ACLA should update relevant policies to include this language. **Final Recommendation:** The provider handbook satisfies part of this requirement, however the expectation that policies and procedures address all operational requirements remains. Determination upheld.		
2022 MCO Comments: 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. ACLA disagrees with this finding.		
2023 CAP Review Findings: The MCO's Provider Contracts policy included the requirement to maintain hospital admitting privileges or arrangements with a physician who has admitting privileges at a contractor participating hospital.		
2023 CAP Review Required Actions: None.		

Availability of Services CFR 438.206		
Requirement	**Evidence as Submitted by the MCO**	**Score**
3. Working with MCO case managers to develop plans of care for members receiving case management services. *42 CFR 438.206* Contract: 7.8.2.10	**2022 MCO Document Submission:** • Provider Handbook December 2021.pdf, pages 18 and 19 **2023 MCO Document Submission:** • 156.900 Continuity for BH Care Coordination w Primary Care and BH Providers, page 4, PCP Responsibilities • 156.900 Continuity for BH Care Coordination with Primacy Care and BH Providers (1), aligned with 2023 Model Contract requirements • ACLA Provider Handbook September 2023, page 18, Provider Responsibilities • 159.302 Provider Contracts, page 9, Section IX	☒ Met ☐ Not Met
2022 Compliance Review Finding: *Partially Met*—This requirement is addressed in the Provider Handbook.		
2022 Compliance Review Recommendation: ACLA should update relevant policies to include this language. **Final Recommendation:** The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains. Determination upheld		
2022 MCO Comments: 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.		

Availability of Services CFR 438.206		
Requirement	**Evidence as Submitted by the MCO**	**Score**
ACLA disagrees with this finding.		
2023 CAP Review Findings: The MCO's Continuity for Behavioral Healthcare and Care Coordination with Primary Care and Behavioral Health Providers policy addressed care coordination between primary care and behavioral health. The policy submitted included the requirement to work with MCO case managers to develop plans of care for members receiving case management services. The MCO's Provider Contracts policy contained PCPs' responsibilities, including working with contractor case managers to develop plans of care for enrollees receiving case management services.		
2023 CAP Review Required Actions: None.		

Availability of Services CFR 438.206		
Requirement	**Evidence as Submitted by the MCO**	**Score**
4. Participating in the MCO's case management team, as applicable and medically necessary. *42 CFR 438.206* Contract: 7.8.2.11	**2022 MCO Document Submission:** • Provider Handbook December 2021.pdf, pages 18 and 19 **2023 MCO Document Submission:** • 156.900 Continuity for BH Care Coordination w Primary Care and BH Providers, page 4, PCP Responsibilities • ACLA Provider Handbook September 2023, page 18, Provider Responsibilities • 159.302 Provider Contracts, page 10, Section IX	☒ Met ☐ Not Met
2022 Compliance Review Finding: *Partially Met*—This requirement is addressed in the Provider Handbook.		
2022 Compliance Review Recommendation: ACLA should update relevant policies to include this language. **Final Recommendation:** The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains. Determination upheld		
2022 MCO Comments 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. ACLA disagrees with this finding.		
2023 CAP Review Findings: The MCO's Continuity for Behavioral Healthcare and Care Coordination with Primary Care and Behavioral Health Providers policy addressed care coordination between primary care and behavioral health. The policy submitted included the requirement		

Availability of Services CFR 438.206		
Requirement	**Evidence as Submitted by the MCO**	**Score**
to participate in the MCO's case management team, as applicable and medically necessary. The MCO's Provider Contracts policy contained PCPs' responsibilities, including participation in the contractor's case management team, as applicable and medically necessary.		
2023 CAP Review Required Actions: None.		

Availability of Services CFR 438.206		
Requirement	**Evidence as Submitted by the MCO**	**Score**
5. Provide training for its providers and maintain records of such training. *42 CFR 438.206* Contract: 7.9.5.7	**2022 MCO Document Submission:** • 7.9.5.7 Trainings 2021 • email **2023 MCO Document Submission:** • 159.700 Provider Communications and Training Manual 2023, page 1 • 2023 BH Training Attendee List • 2023 Trainings • Key Pieces Therapy LLC • Orientation sign-off sheet Behavioral Solutions	☒ Met ☐ Not Met
2022 Compliance Review Finding: *Partially Met*—This requirement is evidenced in a record of trainings provided in an email.		
2022 Compliance Review Recommendation: ACLA should update relevant policies to include this language. **Final Recommendation:** The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains. Determination upheld		
2022 MCO Comments: 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.		
2023 CAP Review Findings: The MCO's Provider Education and Training policy addressed maintenance of records related to training provided to behavioral health providers. The policy stated that ACLA shall provide technical assistance and network development training (e.g., billing, behavioral health services and authorization, linguistic/cultural competency) for its behavioral health providers, including required trainings for certain behavioral health providers (e.g., Child and Adolescent Needs and Strengths [CANS], Level of Care Utilization System [LOCUS], Office of Behavioral Health standardized training for non-licensed providers). ACLA shall maintain records of such training, including completion dates, which shall be made available to LDH upon written request. In addition, the policy also stated that LDH shall be		

Availability of Services CFR 438.206		
Requirement	**Evidence as Submitted by the MCO**	**Score**
allowed to attend all provider training sessions upon request. ACLA shall maintain and provide, upon LDH's written request, all provider training reports identifying training topics, dates, sign-in sheets, invited/attendees' lists, and organizations trained, as applicable.		
2023 CAP Review Required Actions: None.		

Availability of Services CFR 438.206		
Requirement	**Evidence as Submitted by the MCO**	**Score**
6. 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. *42 CFR 438.206* Contract: 7.11.7	**2022 MCO Document Submission:** • Provider Handbook December 2021. • pdf, page 146 **2023 MCO Document Submission:** • 159.301 Provider Termination Policy 2023, page 4, Large Groups/Hospital/Subcontractor Voluntary Termination • ACLA Provider Handbook September 2023, page 152, AmeriHealth Caritas Louisiana initiated "Without Cause"	☒ Met ☐ Not Met
2022 Compliance Review Finding: *Partially Met*—This requirement is addressed in the Provider Handbook.		
2022 Compliance Review Recommendation: ACLA should update relevant policies to include this language. **Final Recommendations:** The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains. Determination upheld		
2022 MCO Comments 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.		
2023 CAP Review Findings: The MCO's Provider Termination policy was updated by the MCO on October 30, 2022. The policy included the requirements for large group, hospital, or subcontractor voluntary terminations. The policy stated that the MCO shall give hospitals and provider groups 90 days' notice prior to a contract termination without cause. Additionally, early identification of members with an active authorization		

Availability of Services CFR 438.206		
Requirement	**Evidence as Submitted by the MCO**	**Score**
or an authorization during the previous six months occurred with outreach to relevant departments to enable the arrangement of appropriate, quality alternative healthcare with as little disruption as possible to the members or to the provider networks. If alternative providers and practitioners could not be located, outreach to the provider allowed the plan to arrange continuation of care with the terminating provider for as long as medically necessary, without disrupting care for the members. For clarity, HSAG recommends that the references to "MCO" in the policy be revised to "ACLA."		
2023 CAP Review Required Actions: None.		

Availability of Services CFR 438.206		
Requirement	**Evidence as Submitted by the MCO**	**Score**
7. The MCO shall encourage network providers and subcontractors to cooperate and communicate with other service providers who serve Medicaid members. Such other service providers may include: Head Start programs; Healthy Start programs; Nurse Family Partnership; Early Intervention programs; 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). *42 CFR 438.206* Contract: 7.12.0	**2022 MCO Document Submission:** • Provider Handbook, PDF, page 18 **2023 MCO Document Submission:** • 159.302 Provider Contracts, page 8, Network Provider Agreement Requirements • Not a requirement in 2023 contract, but included in ACLA Provider Handbook September 2023, page 19, Provider Responsibilities	☒ Met ☐ Not Met
2022 Compliance Review Finding: *Partially Met*—This requirement is addressed in the Provider Handbook.		
2022 Compliance Review Recommendation: ACLA should update relevant policies to include this language. **Final Recommendations:** The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains. Determination upheld		
2022 MCO Comments: 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.		
2023 CAP Review Findings: The MCO's Provider Contracts policy was updated by the MCO on December 13, 2022. The updated policy stated that the MCO shall encourage network providers and subcontractors to cooperate and communicate with other service providers who serve Medicaid members. Such other service providers may include Head Start programs, Healthy Start programs, Nurse Family Partnership, Early Intervention programs, 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).		

Availability of Services CFR 438.206		
Requirement	**Evidence as Submitted by the MCO**	**Score**
For clarity, HSAG recommends that references to "MCO" in the policy be revised to "ACLA."		
2023 CAP Review Required Actions: None.		

Availability of Services CFR 438.206		
Requirement	**Evidence as Submitted by the MCO**	**Score**
8. 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: *42 CFR 438.206* Contract 7.16.1	**2022 MCO Document Submission:** • Provider Handbook, PDF, page 151 **2023 MCO Document Submission:** • ACLA Provider Handbook September 2023, page 156-157, Provider's Bill of Rights • 159.302 Provider Contracts, Page 7, Network Provider Agreement Requirements	☒ Met ☐ Not Met
2022 Compliance Review Finding: *Partially Met*—This requirement is addressed in the Provider Handbook.		
2022 Compliance Review Recommendation: ACLA should update relevant policies to include this language. **Final Recommendations:** The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains. Determination upheld		
2022 MCO Comments: 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.		
2023 CAP Review Findings: The MCO's Provider Contracts policy was updated on December 13, 2022. The updated policy stated that, subject to the limitations described in 42 CFR §438.102(a)(2), the contractor shall not prohibit or otherwise restrict a healthcare provider acting within the lawful scope of practice from advising or advocating on behalf of an enrollee, who is a patient of the provider, regardless of whether benefits for such care or treatment are provided under the contract, for the following: • The enrollee's health status, medical care, or treatment options, including any alternative treatment that may be self- administered.		

Availability of Services CFR 438.206		
Requirement	**Evidence as Submitted by the MCO**	**Score**
• Any information the enrollee needs in order to decide among relevant treatment options. • The risks, benefits, and consequences of treatment or non-treatment. • The enrollee's right to participate in decisions regarding his or her healthcare, including the right to refuse treatment and to express preferences about future treatment decisions. For clarity, HSAG recommends the references to "contractor" be replaced with "ACLA."		
2023 CAP Review Required Actions: None.		

Availability of Services CFR 438.206		
Requirement	**Evidence as Submitted by the MCO**	**Score**
9. The member's health status, medical care, or treatment options, including any alternative treatment that may be self-administered. *42 CFR 438.206* Contract: 7.16.1.1	**2022 MCO Document Submission:** • Provider Handbook, PDF, page 151 **2023 MCO Document Submission:** • ACLA Provider Handbook September 2023, page 156, Provider's Bill of Rights • 159.302 Provider Contracts, Page 7, Network Provider Agreement Requirements	☒ Met ☐ Not Met
2022 Compliance Review Finding: *Partially Met*—This requirement is addressed in the Provider Handbook.		
2022 Compliance Review Recommendation: ACLA should update relevant policies to include this language. **Final Recommendations:** The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains. Determination upheld		
2022 MCO Comments: 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.		
2023 CAP Review Findings: The MCO's Provider Contracts policy was updated on December 13, 2022. The updated policy states that the enrollee's health status, medical care, or treatment options, including any alternative treatment that may be self-administered.		
2023 CAP Review Required Actions: None.		

Availability of Services CFR 438.206		
Requirement	**Evidence as Submitted by the MCO**	**Score**
10. Any information the member needs in order to decide among relevant treatment options. *42 CFR 438.206* Contract: 7.16.1.2	**2022 MCO Document Submission:** • Provider Handbook, PDF, page 151 **2023 MCO Document Submission:** • ACLA Provider Handbook September 2023, page 156, Provider's Bill of Rights • 159.302 Provider Contracts, Page 7, Network Provider Agreement Requirements	☒ Met ☐ Not Met
2022 Compliance Review Finding: *Partially Met*—This requirement is addressed in the Provider Handbook.		
2022 Compliance Review Recommendation: ACLA should update relevant policies to include this language. **Final Recommendations:** The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains. Determination upheld		
2022 MCO Comments: 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		
2023 CAP Review Findings: The MCO's Provider Contracts policy was updated on December 13, 2022. The updated policy included language stating any information the enrollee needs in order to decide among relevant treatment options.		
2023 CAP Review Required Actions: None.		

Availability of Services CFR 438.206		
Requirement	**Evidence as Submitted by the MCO**	**Score**
11. The risks, benefits and consequences of treatment or non-treatment. *42 CFR 438.206* Contract: 7.16.1.3	**2022 MCO Document Submission:** • Provider Handbook, PDF, page 151 **2023 MCO Document Submission:** • ACLA Provider Handbook September 2023, page 156, Provider's Bill of Rights • 159.302 Provider Contracts, Page 7, Network Provider Agreement Requirements	☒ Met ☐ Not Met
2022 Compliance Review Finding: *Partially Met*—This requirement is addressed in the Provider Handbook.		
2022 Compliance Review Recommendation: ACLA should update relevant policies to include this language. **Final Recommendations:** The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains. Determination upheld		
2022 MCO Comments: 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.		
2023 CAP Review Findings: The MCO's Provider Contracts policy was updated on December 13, 2022. The updated policy included language stating the risks, benefits, and consequences of treatment or non-treatment. The MCO's document submission did not include the ACLA Provider Handbook September 2023, page 156, Provider's Bill of Rights; therefore, this document was not reviewed.		
2023 CAP Review Required Actions: None.		

Availability of Services CFR 438.206		
Requirement	**Evidence as Submitted by the MCO**	**Score**
12. 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. *42 CFR 438.206* Contract: 7.16.1.4	**2022 MCO Document Submission:** • Provider Handbook, PDF, page 151 **2023 MCO Document Submission:** • ACLA Provider Handbook September 2023, page 156, Provider's Bill of Rights • 159.302 Provider Contracts, Page 7, Network Provider Agreement Requirements	☒ Met ☐ Not Met
2022 Compliance Review Finding: *Partially Met*—This requirement is addressed in the Provider Handbook.		
2022 Compliance Review Recommendation: ACLA should update relevant policies to include this language. **Final Recommendations:** The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains. Determination upheld		
2022 MCO Comments: 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.		
2023 CAP Review Findings: The MCO's Provider Contracts policy was updated by the MCO on December 13, 2022. The policy included language regarding the enrollees' right to participate in decisions regarding their healthcare, including the right to refuse treatment and to express preferences about future treatment decisions.		
2023 CAP Review Required Actions: None.		

Availability of Services CFR 438.206		
Requirement	**Evidence as Submitted by the MCO**	**Score**
13. 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. *42 CFR 438.206* Contract: 7.1.1	**2022 MCO Document Submission:** • Provider Handbook, PDF, page 22 **2023 MCO Document Submission:** • 159.201 Provider Accessibility and Availability Standards, page 5	☒ Met ☐ Not Met
2022 Compliance Review Finding: *Partially Met*—This requirement is addressed in the Provider Handbook.		
2022 Compliance Review Recommendation: ACLA should update relevant policies to include this language. **Final Recommendations:** The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains. Determination upheld		
2022 MCO Comments: 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.		
2023 CAP Review Findings: The MCO's Provider Accessibility and Availability Standards and Compliance policy was updated by the MCO on April 3, 2023. The updated policy included language describing how the contractor shall maintain and monitor a network of appropriate providers that is sufficient to provide adequate access to all services covered under this contract for all enrollees, including those with limited English proficiency, and physical, cognitive, or behavioral health disabilities. For clarity, HSAG recommends that the reference to "contractor" be replaced with "ACLA."		
2023 CAP Review Required Actions: None.		

Coordination and Continuity of Care CFR 438.208		
Requirement	**Evidence as Submitted by the MCO**	**Score**
1. 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. *42 CFR 438.208* Contract: 6.28.2.4	**2022 MCO Document Submission:** • P&P 156.300 Care Management • Care Coordination Blended Model for Disease Management PDF, pg 5 • Emergency Room Outreach Workflow 11.20, pdf, pg1 **2023 MCO Document Submission:** • 156.202 Population Health Management Referral/Trigger Criteria (2022), page 3, Enterprise Triggers • Not a requirement in 2023 contract	☒ Met ☐ Not Met
2022 Compliance Review Finding: *Partially Met*—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.		
2022 Compliance Review Recommendation: ACLA should create a policy, procedure, or program description that addresses this requirement. **Final Recommendation:** 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. Determination upheld		
2022 MCO Comments: 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		

Coordination and Continuity of Care CFR 438.208		
Requirement	**Evidence as Submitted by the MCO**	**Score**
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."		
2023 CAP Review Findings: The MCO's Population Health Management Referral/Trigger Criteria policy was updated by the MCO on April 26, 2022. The MCO added the language from this requirement to the policy, which included that patients with a condition that causes chronic pain and five or more emergency department (ED) visits in the most recent 12-month period for the 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 members.		
2023 CAP Review Required Actions: None.		

Coordination and Continuity of Care CFR 438.208		
Requirement	**Evidence as Submitted by the MCO**	**Score**
2. 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. *42 CFR 438.208* Contract: 6.30.2.1	**2022 MCO Document Submission:** • P&P 156.202 Integrated Health Care Management Referral/Trigger Criteria. PDF, Page 4, 5 of 9 **2023 MCO Document Submission:** • 124.01.015 New Member Education and Health Risk Assessment Outreach, pages 2-3, Procedure	☒ Met ☐ Not Met
2022 Compliance Review Finding: *Not Met*—The submitted documentation is in regards to state contract requirement 6.19.2, which does not address this requirement		
2022 Compliance Review Recommendation: ACLA should create a policy, procedure, or program description that addresses this requirement.		
2022 MCO Comments: 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.		
2023 CAP Review Findings: The MCO's New Member Education and Health Risk Assessment policy and procedure was updated by the MCO. The MCO added language that stated the MCO shall ensure a best effort is made to conduct an initial screening of a member's needs within 90 days of his or her enrollment date for all new members. If the initial attempt is unsuccessful, subsequent attempts shall be made within the 90-day time period.		
2023 CAP Review Required Actions: None.		

Coordination and Continuity of Care CFR 438.208		
Requirement	**Evidence as Submitted by the MCO**	**Score**
3. 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: *42 CFR 438.208* Contract: 6.40.0	**2022 MCO Document Submission:** • 041 ACLA 2020 A **2023 MCO Document Submission:** • 168.302, page 3, Procedure • Not a requirement in 2023 contract	☒ Met ☐ Not Met
2022 Compliance Review Finding: *Not Met*—This requirement is not addressed by the 2020 Population Health Management Program Evaluation.		
2022 Compliance Review Recommendation: ACLA should create a policy, procedure, or program description that addresses this requirement.		
2022 MCO Comments: ACLA agrees with this finding and will add additional verbiage to policy 168.302 - Development of Policies and Procedures.		
2023 CAP Review Findings: The MCO's Development and Implementation of ACLA policies and procedures were updated by the MCO on April 4, 2023. The MCO added language that stated contractual requirements, such as the requirement that the MCO submit case management program policies and procedures to LDH for approval within 30 days from the date the contract is signed by the MCO, annually, and prior to any revisions.		
2023 CAP Review Required Actions: None.		

Coordination and Continuity of Care CFR 438.208		
Requirement	**Evidence as Submitted by the MCO**	**Score**
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. The MCO shall develop and implement policies and procedures that. *42 CFR 438.208* Contract: 6.42.4	**2022 MCO Document Submission:** • Program Strategy Document (program description) 2021 Final 2.16.2021.PDF **2023 MCO Document Submission:** • Population Health Management Strategy Document, entire document • Not a requirement in 2023 contract	☒ Met ☐ Not Met
2022 Compliance Review Finding: *Not Met*—The 2021 Program Strategy Report does not address the requirement.		
2022 Compliance Review Recommendation: ACLA should create a policy, procedure, or program description that addresses this requirement.		
2022 MCO Comments: ACLA agrees with this finding and will add additional descriptions to the Program Strategy Report to address this requirement.		
2023 CAP Review Findings: The MCO submitted the Population Health Management Strategy, which was dated November 1, 2021. The MCO added the requirement that ACLA shall submit Chronic Care Management Program policies and procedures to LDH for approval within 30 days of signing the contract, annually, and previous to any revisions.		
2023 CAP Review Required Actions: None.		

Coordination and Continuity of Care CFR 438.208		
Requirement	**Evidence as Submitted by the MCO**	**Score**
5. Include a written description of the stratification levels for each chronic condition, including member criteria and associated interventions. *42 CFR 438.208* Contract: 6.42.4.5	**2022 MCO Document Submission:** • PHM Program Strategy Document (program description) 2021 Final 2.16.2021, PDF, page 9 **2023 MCO Document Submission:** • 156.202 Population Health Management Referral Trigger Criteria (2022), pages 5 • 156.921 Case Management Tier Levels – entire P&P **Virtual Review Follow-Up Documents** • Population Health Management Program Strategy Document • 156.202 Population Health Management Referral Trigger Criteria 10.18.23, page 5 • HCV_PIP – Entire Document • ACLA Q4 QAPI Meeting PACKET, pages 217-227	☒ Met ☐ Not Met
2022 Compliance Review Finding: *Partially Met*—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.		
2022 Compliance Review Recommendation: 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.		
2022 MCO Comments: 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.		

Coordination and Continuity of Care CFR 438.208		
Requirement	**Evidence as Submitted by the MCO**	**Score**
2023 CAP Review Findings: The MCO's Population Health Management Referral Trigger Criteria (2022) policy provided a list of additional targeted diseases and chronic diseases but did not describe the stratification levels for each chronic condition, member criteria, or associated interventions. The policy identified Episodic Care Management (ECM) with integrated Chronic Care Management components and Complex Care Management (CCM) with integrated Chronic Care Management components. The MCO's Case Management Tier Levels document described the case management tier levels, and requirements and inclusion criteria. The MCO also submitted the Population Health Management Program Strategy, which included a section titled "Population Stratification and Segmentation." The section described the MCO's process for risk stratification and segmentation, and also described which populations, including members with chronic diseases, fell into each stratification level (Low Risk, Moderate Risk, and High Risk). The description of the risk levels also described general interventions that were available to members who were identified for the risk category. The strategy also stated that to facilitate segmentation into subsets for targeted intervention, ACLA performs risk stratification using the John Hopkins ACG® system. ACG risk score data were combined with frequency and costs of historical medical cost and utilization. The strategy stated that, in addition, 3M Treo predictive modeling is utilized to identify, frequency, and costs of historical Potentially Preventable Events (PPEs), predicted future PPEs and associated costs, enrollee comorbidities/severity, historical gaps in care, enrollee-level demographics, social determinants of health, and medication adherence results to produce the PICS data model (described above). Elements of the model were weighted, with the resulting values summed up to score and rank enrollees within the population. Members with chronic conditions were most often included in the Moderate Risk or High Risk tiers. The strategy also included a section titled "Population Subsets and Interventions." The section included how each risk level was managed. The Moderate Risk level category included specific chronic conditions including asthma, diabetes, pregnant women, and non-urgent ED users. Targeted interventions and program services were identified for each and linked to specific strategy goals. The strategy linked chronic diseases and pathways such as the Asthma Navigation Pathway and the Emergency Room (ER) Outreach Non-Clinical Pathway. The MCO submitted the Population Health Management Referral Trigger Criteria policy and procedure with a review date of March 30, 2023. The purpose of the policy was to outline the process used to make a referral to the Population Health Management (PHM) Program, screen the referral, and assign members to the appropriate plan PHM services. The policy further detailed the identification criteria, process, and triggers for referral and admission into Care Management, including a process to offer voluntary participation in Care Management to members. The policy included a list of additional conditions and targeted diseases.		
2023 CAP Review Required Actions: None.		

Coverage and Authorization of Services/Utilization Management CFR 438.210		
Requirement	**Evidence as Submitted by the MCO**	**Score**
1. 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. *42 CFR 438.210* Contract: 8.4.2.4	**2022 MCO Document Submission:** • 153.003 Standard and Urgent Prior (Pre-Service) Authorization Procedures, pg 5 Procedure 1, PDF **2023 MCO Document Submission:** • 153.003 Standard and Urgent Prior (PreService Authorization 2023), page 3	☒ Met ☐ Not Met
2022 Compliance Review Finding: *Partially Met*—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. This was confirmed during the interview that this was added after the review period; it will be in place going forward.		
2022 Compliance Review Recommendation: The plan should continue to include this standard in the Standard and Urgent Prior (Pre-Service) Authorization policy and procedure.		
2022 MCO Comments 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.		
2023 CAP Review Findings: The MCO's Standard and Urgent Prior (Pre-Service) Authorization policy was revised by the MCO on April 5, 2023. The policy included the requirement that ACLA shall 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.		
2023 CAP Review Required Actions: None.		

Enrollee Rights and Protections CFR 438.224		
Requirement	**Evidence as Submitted by the MCO**	**Score**
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.). *42 CFR 438.224* Contract: 12.12.1	**2022 MCO Document Submission:** • ACLA_211284866-1 Member Handbook Press pdf, front cover **2023 MCO Document Submission:** • 220.110 Enrollee Handbook Development and Approval, pages 3-7, Procedure • Member Handbook, entire document **Virtual Review Follow-Up Documents** • 220.110 Enrollee Handbook	☐ Met ☒ Not Met
2022 Compliance Review Finding: *Partially Met*—This requirement is partially addressed by the Member Handbook.		
2022 Compliance Review Recommendation: The entity should incorporate the member handbook requirements into a member handbook policy or a broader written material policy.		
2022 MCO Comments ACLA agrees with this finding and is currently in compliance with annual submissions of the Marketing and Member Education Plan.		
2023 CAP Review Findings: The MCO's Enrollee Handbook Development and Approval, revised by the MCO on September 14, 2023, did not include language stating that the MCO may use the state-developed model member handbook for each of the covered populations as specified in Section 3.3.3. The MCO submitted the Enrollee Handbook Development and Approval, which was updated by the MCO on October 18, 2023, following the virtual compliance review. The policy stated that ACLA 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. The policy updates completed on October 18, 2023, included the requirements of this element.		
2023 CAP Review Required Actions: The MCO must include the entire requirement within the 220.110 Enrollee Handbook Development and Approval and add that the MCO may use the state-developed model member handbook for each of the covered populations as specified in Section 3.3.3.		

Enrollee Rights and Protections CFR 438.224		
Requirement	**Evidence as Submitted by the MCO**	**Score**
2. Identification of any restrictions on the enrollee's freedom of choice among network providers. *42 CFR 438.224* Contract: 12.14.4.3	**2022 MCO Document Submission:** • No documents listed **2023 MCO Document Submission:** • 159.600 Provider Directory and Online Tools, page 3 • AmeriHealth Caritas Louisiana Member Handbook, page 11, Freedom of Choice	☒ Met ☐ Not Met
2022 Compliance Review Finding: *Partially Met*—This requirement is partially addressed by the Provider Directory.		
2022 Compliance Review Recommendation: The entity should add this requirement to the Provider Directory policy.		
2022 MCO Comments: ACLA agrees with this finding and is currently in compliance with annual submissions of the Marketing and Member Education Plan.		
2023 CAP Review Findings: The MCO's Provider Directory and Online Tools policy was updated and effective on January 1, 2023. In the required data elements (for providers), the policy included the requirement to identify any restrictions on the enrollee's freedom of choice among network providers. In addition, the AmeriHealth Caritas Louisiana Member Handbook also contained the freedom of choice information.		
2023 CAP Review Required Actions: None.		

Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	**Evidence as Submitted by the MCO**	**Score**
1. 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. *42 CFR 438.330* Contract: 14.1.7	**2022 Document Submission:** • QI Program Description, pg 11, 23, 49, 61, PDF • ADD Quality Improvement Activity, PDF • HIV Quality Improvement Activity, PDF • Maternity Quality Improvement Activity, PDF **2023 MCO Document Submission:** • LARC QIA, page 2 • Not a requirement in 2023 contract, but included in 2023 ACLA QI Program Description, page 10, Program Objectives	☒ Met ☐ Not Met
2022 Compliance Review Finding: *Partially Met*—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.		
2022 Compliance Review Recommendation: The plan should develop and implement policies and programs to address long-acting reversible contraceptives.		
2022 MCO Comments 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.		
2023 CAP Review Findings: The MCO's Clinical Quality Improvement Activity (QIA): Contraceptive Care—Long-Acting Reversible Contraception (LARC) stated that ACLA is focusing on identifying barriers and interventions to increase member and provider knowledge of contraceptive care and birth spacing to reduce the underutilization of LARC services. It stated that this QIA contained member interventions that included the Bright Start Plus Mobile App, Maternity Workgroup, Bright Start Program, and the Bright Start JIVA Assessment. Provider interventions listed included multidisciplinary provider education, provider alerts, provider newsletter, and additional payment available to		

Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	**Evidence as Submitted by the MCO**	**Score**
providers for inserting a LARC at time of delivery. The MCO also provided the QI Program Description, which contained language stating that the MCO was focusing on identifying barriers and interventions to increase member and provider knowledge of contraceptive care and birth spacing to reduce the underutilization of LARC services.		
2023 CAP Review Required Actions: None.		

Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	**Evidence as Submitted by the MCO**	**Score**
2. The MCO shall provide an orientation and ongoing training for Council members so they have sufficient information and understanding to fulfill their responsibilities. *42 CFR 438.330* Contract: 1.5.4	**2022 MCO Document Submission:** • Bayou Health report number PS141: ACLA Member Advisory Council Annual Report **2023 MCO Document Submission:** • 2022 MAC Charter • Enrollee Advisory Council Policy, Page 3	☒ Met ☐ Not Met
2022 Compliance Review Finding: *Not Met*— 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.		
2022 Compliance Review Recommendation: The plan should include this requirement to the Member Advisory Charter going forward.		
2022 MCO Comments: ACLA agrees with this finding and as indicated in column G, Findings, this requirement has been added to the Member Advisory Charter.		
2023 CAP Review Findings: The MCO's 2022 MAC Charter included the requirement that ACLA will provide orientation and ongoing training for council members, so they have sufficient information and understanding to fulfill their responsibilities. The MCO also submitted the Enrollee Advisory Council (EAC) Plan, which stated that ACLA provided ongoing orientation and training for new and current EAC members to ensure council members understand their role with the EAC.		
2023 CAP Review Required Actions: None.		

Results for Follow-Up on 2022 Deficiencies Corrective Action Plans							
Total	Met	=	22	X	1.0	=	22.0
	Not Met	=	1	X	0.0	=	0.0
Total Applicable		=	23	**Total Score**		=	22.0

Total Score ÷ Total Applicable	=	**95.7%**

Appendix C. 2023 Corrective Action Plan Template

Standard I—Enrollment and Disenrollment			
Requirements—HSAG's Findings and MCE Required Corrective Actions			
Element XX: Not applicable.			
Findings:			
Required Actions:			
Interventions Planned	**Intervention Evaluation Method**	**Individual(s) Responsible**	**Proposed Completion Date**
CAP Approval Status:			