

Readiness Review Submission Form - 13.0 Member Grievance and Appeals MCO: Amerigroup LA, INC.

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
13.0	Member Grievance and Appeals Procedures				
13.0.1	The MCO must have a grievance system that complies with 42 CFR, Part 438, Subpart F. The MCO shall establish and maintain a procedure for the receipt and prompt internal resolution of all grievances and appeals in accordance with all applicable state and federal laws.	Met This requirement is addressed in the Member Complaints and Grievances Policy as well as in the Member Appeals Core Process and Grievance Workflow documentation.	Member Complaints and Grievances Member Appeals – Core Process Member Appeals – Core Process Grievance Workflow	Procedure Procedure State Fair Hearing # 2 workflow	Page 3 Page 8 Page 22
13.0.2	The MCO's grievance and appeals procedures and any changes thereto must be approved in writing by DHH prior to their implementation and must include at a minimum the requirements set forth in this RFP.	Met The Member Appeals – Core Process addresses this requirement.	Member Appeals – Core Process	Exceptions LA	Page 35, 36
13.0.3	The MCO shall refer all MCO members who are dissatisfied with the MCO or its subcontractor in any respect to the MCO's designee authorized to review and respond to grievances and appeals and require corrective action.	Met The Member Complaints and Grievances and Member Appeals – Core Process address this requirement.	Member Complaints and Grievances Member Appeals – Core Process	LA Exceptions Policy Section Responsibilities #4	Page 8 Page 2 Page 10
13.0.4	The member must exhaust the MCO's internal grievance/appeal procedures prior to accessing the State Fair Hearing process.	Met The Member Appeals – Core Process addresses this requirement.	Member Appeals – Core Process	LA Exceptions – State Fair Hearing	Page 35
13.0.5	The MCO shall not create barriers to timely due process. The MCO shall be subject to sanctions if it is determined by DHH that the MCO has created barriers to timely due process, and/or, if ten (10) percent or higher of grievance decisions appealed to the State Fair Hearing level within a twelve (12) month period have been reversed or otherwise resolved in favor of the member. Examples of creating barriers shall include but not be limited to: Including binding arbitration clauses in MCO member choice forms; Labeling complaints as inquiries and funneled into an informal review; Failing to inform members of their due process rights; Failing to log and process grievances and	Met The Member Complaints and Grievances and Member Appeals – Core Process address this requirement.	Member Complaints and Grievances Member Appeals – Core Process	LA Exceptions LA Exceptions	Page 9-10 Page 36

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	appeals; Failure to issue a proper notice including vague or illegible notices; Failure to inform of continuation of benefits; and Failure to inform of right to State Fair Hearing.				
13.1	Applicable Definition – See Glossary				
13.2	General Grievance System Requirement				
13.2.1	Grievance System. The MCO must have a system in place for members that include a grievance process, an appeal process, and access to the State Fair Hearing system, once the MCO's appeal process has been exhausted.	Met The Member Appeals – Core Process and the LA Member Handbook 12 14 address this requirement.	Member Complaints and Grievances Member Appeals – Core Process LA Member Handbook 12 14- pg. 45 states “after you have gone through all of the Amerigroup process, you have the right to ask for a state fair hearing.”	Policy Section Policy Section Grievances and Appeals Section	Page 1 Page 1 Pages 42- 46
13.2.2	Filing Requirements				
13.2.2.1	Authority to File				
13.2.2.1.1	A member, or authorized representative acting on the member's behalf, may file a grievance and a MCO level appeal, and may request a State Fair Hearing, once the MCO's appeals process has been exhausted.	Met The Member Appeals – Core Process and the LA Member Handbook 12 14 address this requirement.	Member Complaints and Grievances Member Appeals – Core Process LA Member Handbook 12 14	Policy Section Timeframes section – 3 rd Paragraph and #2 Responsibilities # 1 Medical Appeals	Page 1 Page 4 Page 10, 35 Page 43
13.2.2.1.2	A network provider, acting on behalf of the member and with the member's written consent, may file an appeal. A network provider may file a grievance or request a State Fair Hearing on behalf of a member.	Met The Member Appeals – Core Process and the LA Member Handbook 12 14 address this requirement.	Member Complaints and Grievances Member Appeals – Core Process- pg. 10 states “A member or a person designated by the member to act on their behalf may file an appeal and may request a State Fair Hearing”.	Exceptions/Louisiana Definition – Member Definition – Designated Rep Responsibilities #2 Medical Appeals	Page 8 Page 6 Page 5 Page 10 Page 43

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			LA Member Handbook 12 14		
13.2.3	<p>Time Limits for Filing – The member must be allowed thirty (30) calendar days from the date on the MCO's notice of action or inaction to file a grievance or appeal. Within that timeframe the member or a representative acting on their behalf may file an appeal or the provider may file an appeal on behalf of the member, and with the member's written consent.</p>	<p>Met The Member Complaints and Grievances and Member Appeals – Core Process address this requirement.</p>	<p>Member Complaints and Grievances Member Appeals – Core Process LA Member Handbook 12 14</p>	<p>Exceptions/Louisiana Exceptions/Louisiana Filing a grievance with Amerigroup</p>	<p>Page 8 Page 33 Page 42</p>
13.2.4 13.2.4.1	<p>Procedures for Filing - The member may file a grievance either orally or in writing.</p>	<p>Met The Member Complaints and Grievances Policy addresses this requirement. This requirement is communicated to the member in the Member Handbook.</p>	<p>Member Complaints and Grievances Member Appeals – Core Process LA Handbook 12 14</p>	<p>Policy section Definitions – Complaint Timeframes Policy Section Definitions: Compliant/Grievance Procedure # 1 Responsibilities # 3 Filing a grievance with Amerigroup State Fair Hearings</p>	<p>Page 1 Page 1 Page 4 Page 1 Page 8 Page 4 Page 10 Page 10 Page 42 Page 45</p>
13.2.4.2	<p>The MCO shall ensure that all MCO members are informed of the State Fair Hearing process and of the MCO's grievance and appeal procedures. The MCO shall provide to each member a member handbook that shall include descriptions of the MCO's grievance and appeal procedures. Forms on which members may file grievances, appeals, concerns or recommendations to the MCO shall be available through the MCO, and must be provided upon request of the member. The MCO shall make all forms easily available on</p>	<p>Met This requirement is addressed on pages 42 through 46 of the Member Handbook whereby members are informed of the State Fair Hearing process and of the plan's grievance and appeals procedures and whom to contact for guidance or forms. The plan provided templates of the forms that are available for the members on their website.</p>	<p>LA Handbook- pg 43, "If you call us, we will send you a letter to let you know we got your request for an appeal. We will include an appeal form". pg 45, "You can ask for a state fair hearing in one of several ways: Or go online to www.adminlaw.state.la.us/HH.htm to fill out a Member State Fair Hearing Request Form".</p>	<p>Grievances and Medical Appeals/Grievances Medical appeals Expedited appeals State Fair Hearing Request for Appeal Form</p>	<p>Pages 42-46 Page 43 Page 44 Page 45 4 All Pages</p>

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	the MCO's website.		LA-Mem-0064-12 Scion Mbr Denial Letter-includes a copy of the "Request for Appeal Form" AGP LA Caid Denial 12102014 AIM LA-MEM-0116-13 Appeal Upheld Letter LA-MEM-0127-13 Member Initial Denial Letter LA-MEM-0127-13 Member Initial Denial Letter MF-LA-0007-13 Member State Fair Hearing Request Form Member Appeals – Core Process- pg 13, Upon request, provides members access to and copies of all documents relevant to the appeal, free of charge. a) The written adverse determination notification describes the procedure and the process to request documents free of charge. It provides a Member Services 1-800 number to request help with forms.	Full Document Member State Fair Hearing Request Form Request for Appeal Form Member State Fair Hearing Request Form Member State Fair Hearing Request Form Policy	Page 3 Pages 2 Page 4 & 5 Page 8 Page 1 & 2
13.3	Grievance/Appeal Records and Report				

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13.3.1	The MCO must maintain records of all grievances and appeals. A copy of grievances logs and records of disposition of appeals shall be retained for six (6) years. If any litigation, claim negotiation, audit, or other action involving the documents or records has been started before the expiration of the six (6) year period, the records shall be retained until completion of the action and resolution of issues which arise from it or until the end of the regular six (6) year period, whichever is later.	Met This requirement is addressed on page 9 of the Member Complaints and Grievances Policy as well as on page 3 of the Records Retention Policy.	Member Complaints and Grievances Member Appeals – Core Process Record Retention	Exceptions/Louisiana Responsibilities # 6 LA Exceptions	Page 9 Page 11 Page 3
13.3.2	The MCO shall electronically provide DHH with a monthly report of the grievances/appeals in accordance with the requirements outlined in this RFP, to include, but not be limited to: member's name and Medicaid number, summary of grievances and appeals; date of filing; current status; resolution and resulting corrective action. Reports with personally identifying information redacted will be made available for public inspection.	Met This requirement is addressed on page 9 of the Member Complaints and Grievances Policy. The plan also submitted the Process of Responsibilities for the Development Review and Submission of Regulatory Reports that further satisfies this requirement.	Member Complaints and Grievances Process and Responsibilities for the Development Review and Submission of Regulatory Reports P S114 Grievance Appeal and Fair Hearing Log January – December 2014(redacted) PI182 Provider Complaint Summary Report Template	Exceptions/ Louisiana Procedure 1) a – i Overview & Definitions PI182	Page 9 Page 2 - 3 Tab I Tab 1
13.3.3	The MCO will be responsible for promptly forwarding any adverse decisions to DHH for further review/action upon request by DHH or the MCO member. DHH may submit recommendations to the MCO regarding the merits or suggested resolution of any grievance/appeal.	Met This requirement is addressed in the Member Complaints and Grievances Policy. The plan provided the Grievance Appeals and Fair Hearing Log which provided evidence of compliance with this requirement.	P S114 Grievance Appeal and Fair Hearing Log January – December 2014(redacted)	Full Report	Full Report
13.4	Handling of Grievances and Appeal				
13.4.1	General Requirements – In handling grievances and appeals, the MCO must meet the following requirements:				

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13.4.1.1	Acknowledge receipt of each grievance and appeal in writing;	Met The Member Complaints and Grievances, Member Appeals – Core Process, Grievance 1 st Acknowledgement Letter, Appeal Acknowledgement Letter_Verbal and Appeal Acknowledgement Letter_Written address this requirement.	Member Complaints and Grievances Member Appeals – Core Process Grievance 1 st Acknowledgement Letter Appeal Acknowledgement Letter_Verbal Appeal Acknowledgement Letter_Written	Exceptions/Louisiana Exceptions/Louisiana Letter Letter Letter	Page 8 Page 34 Page 1 Page 1 Page 1
13.4.1.2	Give members any reasonable assistance in completing forms and taking other procedural steps. This includes, but is not limited to, providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability;	Met The Member Appeals – Core Process addresses this requirement.	Member Complaints and Grievances Member Appeals – Core Process LA Handbook 12 14	Policy Section Procedure - #2 Handling of Appeals 1) a) Letter Grievance and Medical Appeals Filing out a grievance with Amerigroup	Page 1 Page 8-9 Page 17 Page 42 Page 42

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13.4.1.3	Ensure that the individuals who make decisions on grievances and appeals are individuals: who were not involved in any previous level of review or decision-making; and who, if deciding any of the following, are health care professionals who have the appropriate clinical expertise, as determined by DHH, in treating the member's condition or disease: an appeal of a denial that is based on lack of medical necessity, a grievance regarding denial of expedited resolution of an appeal., and a grievance or appeal that involves clinical issues.	Met This requirement is addressed on page 9 of the Member Complaints and Grievances Policy as well as in the Member Appeals Core Process documentation at pages 6 and 17.	Member Complaints and Grievances- The plan must ensure that the individuals who make the decisions are individuals who: were not involved in any previous level of review or decision making and are health care professionals who have the appropriate clinical experience, as determined by DHH, in treating the member's condition. Member Appeals – Core Process LA Member Handbook 12 14 Associates Performing Utilization Reviews Core Process Clinical Criteria for Utilization Management Decisions – Core Process	Exceptions/Louisiana Handling of Appeals e(i)(ii) After we receive your appeal Procedure 1-5 -Definitions/Medical Necessity -Procedure/5	Page 9 Page 17 Page 42 Page 2 & 3 Page 2 & 3 Page 5
13.4.2	Special Requirements for Appeals - The process for appeals must:				
13.4.2.1	Provide that oral inquiries seeking to appeal an action are treated as appeals (to establish the earliest possible filing date for the appeal). The member or provider, acting on behalf of the member and with the member's written consent, may file an expedited appeal either orally or in writing. No additional enrollee follow-up is required.	Met The Member Appeals – Core Process addresses this requirement on page 35.	Appeal Acknowledgement Letter_Verbal LA Appeal Upheld Update Member Appeals – Core Process LA Handbook	Letter Letter Responsibilities # 3 Handling of Appeals 2(a) Medical appeals	Page 1 Page 1 Page 10 Page 2, 17- 18 Page 34, 35 Page 43

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13.4.2.2	Provide the member a reasonable opportunity to present evidence, and allegations of fact or law, in person as well as in writing. (The MCO must inform the member of the limited time available for this in the case of expedited resolution).	Met This requirement is addressed in the Member Appeals Core Process documentation at page 18. Additionally, the Notice of Proposed Action letter illustrates compliance with this requirement.	LA Appeal Upheld Update Member Appeals – Core Process Member Initial Denial Letter LA Member Handbook 12 14	Letter Handling of Appeals 2) b Letter: Notice of Proposed Action 2 nd paragraph	Page 1 Page 18 Page 2 Page 43
13.4.2.3	Provide the member and his or her representative opportunity, before and during the appeals process, to examine the member's case file, including medical records, and any other documents and records considered during the appeals process.	Met The Healthcare Management Services Denial Core Process and the Member Appeals – Core Process address this requirement.	Healthcare Management Services Denial Core Process Member Appeals – Core Process	Notice of Action 8) d) iii LA Exceptions Definitions/Member	Page 11 Page 26 Page 6
13.4.2.4	Include, as parties to the appeal: the member and his or her representative; or the legal representative of a deceased member's estate.	Met The Member Appeals – Core Process addresses this requirement.	Member Appeals – Core Process	Definitions / Member Handling of Appeals 2) d	Page 6 Page 18-19
13.4.3	Training of MCO Staff – The MCO's staff shall be educated concerning the importance of the grievance and appeal procedures and the rights of the member and providers.	Met The CCQM Training Log and LA Grievance Appeal Training address this requirement.	CCQM Training Log LA Grievance Appeal Training	Tab LA PPT training presentation	Page 1 Pages 1-23
13.4.4	Identification of Appropriate Party – The appropriate individual or body within the MCO having decision making authority as part of the grievance/appeal procedure shall be identified.	Met The Member Appeals Core Process, Resume_Clinical Quality Audit Analyst Sr and Nurse Appeals Associate-Plan address this requirement.	Resume_Clinical Quality Audit Analyst Sr. Sr. Quality Data Analyst-Plan Nurse Appeals Associate-Plan Member Appeals Core Process	Resume Job Description Job Description UM Personnel Decision Making	Page 1 Page 1 Page 1 Page 8
13.4.5	Failure to Make a Timely Decision – Appeals shall be resolved no later than stated time frames and all parties shall be informed of the MCO's decision. If a determination is not made in accordance with the timeframes specified in §13.7 of this RFP, the member's request will be deemed to have been approved as of the date upon which a final determination should have been made.	Met The Member Appeals Core Process addresses this requirement.	Member Appeals Core Process	LA Exceptions	Page 36

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13.4.6	Right to State Fair Hearing – The MCO shall inform the member of their right to seek a State Fair Hearing if the member is not satisfied with the MCO's decision in response to an appeal and the process for doing so.	Met The Member Appeals Core Process and LA Appeal Upheld Update letter address this requirement.	LA Appeal Upheld Update Member Appeals Core Process LA Member Handbook	Letter Policy section – 2 nd paragraph LA Exceptions Paragraph above Expedited appeals State Fair Hearings	Page 1 Page 2 Page 35 Page 42 Page 45 - 46
13.5	Notice of Action				
13.5.1	Language and Format Requirements – The notice must be in writing and must meet the language and format requirements of 42 C.F.R. §438.10(c) and (d) and Section § 12 of this RFP to ensure ease of understanding.	Met This requirement is addressed throughout the Healthcare Management Services Denial Core Processes documentation.	Healthcare Management Services Denial Core Process	Policy/Definitions	Page 1, 10, 24, 28
13.5.2	Content of Notice of Action – The Notice of Action must explain the following:				
13.5.2.1	The action the MCO or its contractor has taken or intends to take;	Met The Healthcare Management Services Denial Core Process addresses this requirement.	Healthcare Management Services Denial Core Process	Procedure/Notice of Action/d/ i	Page 10
13.5.2.2	The reasons for the action;	Met The Healthcare Management Services Denial Core Process addresses this requirement.	Healthcare Management Services Denial Core Process	Procedure/Notice of Action/d/ ii	Page 10
13.5.2.3	The member's or the provider's right to file an appeal with the MCO;	Met The Healthcare Management Services Denial Core Process addresses this requirement.	Healthcare Management Services Denial Core Process	Procedure/Notice of Action/d/ iii	Page 11
13.5.2.4	The member's right to request a State Fair Hearing, after the MCO's appeal process has been exhausted;	Met The Healthcare Management Services Denial Core Process addresses this requirement.	Healthcare Management Services Denial Core Process	Procedure/Notice of Action/d/ xiii	Page 12
13.5.2.5	The procedures for exercising the rights specified in this section;	Met The LA Appeal Upheld Update letter addressed this requirement.	Healthcare Management Services Denial Core Process LA Appeal Upheld Update	Procedure/Notice of Action/d/ xiv Letter	Page 12 Page 1
13.5.2.6	The circumstances under which expedited resolution is available and how to request it; and	Met The Healthcare Management Services Denial Core Process addresses this requirement.	Healthcare Management Services Denial Core Process	Procedure/Notice of Action/d/ vi	Page 11

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13.5.2.7	The member's right to have benefits continued pending resolution of the appeal, how to request that benefits be continued, and the circumstances under which the member may be required to repay the costs of these services.	Met The Healthcare Management Services Denial Core Process addresses this requirement.	Healthcare Management Services Denial Core Process	Procedure/Notice of Action/d/ ix	Page 11
13.5.2.8	Oral interpretation is available for all languages and how to access it.	Met The LA Appeal Upheld Update letter addressed this requirement.	LA Handbook LA Appeal Upheld Update	Your Amerigroup member handbook Get oral interpretation services Letter	Page 6 Page 51 Page 1
13.5.3	Timing of Notice of Action - The MCO must mail the Notice of Action within the following timeframes:				
13.5.3.1	For termination, suspension, or reduction of previously authorized Medicaid-covered services, at least ten (10) days before the date of action, except:	Met This requirement is addresses on page 10 of the Healthcare Management Services Denial Core Process.	Healthcare Management Services Denial Core Process	Procedure/Notice of Action/b	Page 10
13.5.3.1.1	The period of advanced notice is shortened to five (5) days if probable member fraud has been verified or by the date of action for the following: <ul style="list-style-type: none"> • in the death of a recipient; • a signed written recipient statement requesting service termination or giving information requiring termination or reduction of services (where he understands that this must be the result of supplying that information); • the recipient's admission to an institution where he is eligible for further services; • the recipient's address is unknown and mail directed to him has no forwarding address; • the recipient has been accepted for Medicaid services by another local jurisdiction; or • the recipient's physician prescribes the change in the level of medical care; or • as otherwise permitted under 42 CFR §431.213. 	Met The Healthcare Management Services Denial Core Process addressed this requirement.	Healthcare Management Services Denial Core Process	Procedure/Notice of Action/b	Page 10

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13.5.3.2	For denial of payment, at the time of any action affecting the claim.	Met The Member Appeals – Core Process addresses this requirement.	Member Appeals – Core Process Grievance Workflow Provider Payment Appeal Process 2014 Claims Dispute Management-LA	Exceptions/ LA Grievance Workflow Definitions/ Provider Payment Appeal Definitions/Provider payment Dispute	Page 35 Page 1 Page 1 Page 1
13.5.3.3	For standard service authorization decisions that deny or limit services, as expeditiously as the member's health condition requires and within fourteen (14) calendar days following receipt of the request for service, with a possible extension of up to fourteen (14) additional calendar days, if: <ul style="list-style-type: none"> • the member, or the provider, acting on behalf of the member and with the member's written consent, requests extension; or • the MCO justifies (to DHH upon request) a need for additional information and how the extension is in the member's interest. 	Met The Healthcare Management Services Denial Core Process addresses this requirement.	Clinical Information for Utilization Management Reviews – Core Process Healthcare Management Services Denial Core Process	Louisiana Exceptions Exceptions/Louisiana/Timing of Service authorization Decisions	Page 11 Page 20-26, 25
13.5.3.4	If the MCO extends the timeframe in accordance with above, it must: <ul style="list-style-type: none"> • give the member written notice of the reason for the decision to extend the timeframe and inform the member of the right to file a grievance if he or she disagrees with that decision, and • issue and carry out its determination as expeditiously as the member's health condition requires and no later than the date the extension expires. 	Met The Member Appeals – Core Process addresses this requirement.	Healthcare Management Services Denial Core Process The Member Appeals – Core Process addresses this requirement.	Exceptions/Louisiana/Timing of Service authorizations Decisions Action/Denial	Page 20-26 Page 12
13.5.3.5	On the date the timeframe for service authorization as specified in § 13.6.3.3 expires. Untimely service authorizations constitute a denial and are thus adverse actions.	Met The Healthcare Management Services Denial Core Process addresses this requirement.	Healthcare Management Services Denial Core Process	Exceptions/Louisiana/Timing of Service authorizations Decisions	Page 20-26

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13.5.3.6	For expedited service authorization decisions where a provider indicates, or the MCO determines, that following the standard timeframe could seriously jeopardize the member's life or health or ability to attain, maintain, or regain maximum function, the MCO must make an expedited authorization decision and provide notice as expeditiously as the member's health condition requires and no later than seventy-two (72) hours after receipt of the request for service.	Met The Healthcare Management Services Denial Core Process addresses this requirement.	Clinical Information for Utilization Management Reviews- Core Process Healthcare Management Services Denial Core Process	Louisiana 3 rd to last paragraph	Page 12 Page , 21
13.5.3.7	The MCO may extend the seventy-two (72) hours time period by up to fourteen (14) calendar days if the member requests an extension, or if the MCO justifies (to DHH upon request) a need for additional information and how the extension is in the member's interest.	Met This requirement is addressed on page 21 of the Healthcare Management Services Denial Core Process.	Clinical Information for Utilization Management Reviews- Core Process Healthcare Management Services Denial Core Process	Louisiana 3 rd to last paragraph	Page 12 Page , 21
13.5.3.8	DHH will conduct random reviews to ensure that members are receiving such notices in a timely manner.				
13.6	Resolution and Notification				
13.6	The MCO must dispose of a grievance and resolve each appeal, and provide notice, as expeditiously as the member's health condition requires, within the timeframes established in below.	Met The Member Complaints and Grievances and Member Appeals – Core Process address this requirement.	Member Complaints and Grievances Member Appeals – Core Process LA Member Handbook	Timeframes Policy Section 2) Expedited Appeals Action Denial # 5 Resolution and Notification 1) Expedited appeals	Page 4 Page 2 Page 2 Page 11-12 Page 20 Page 44
13.6.1	Specific Timeframes				
13.6.1.1	Standard Disposition of Grievances - For standard disposition of a grievance and notice to the affected parties, the timeframe is established as ninety (90) days from the day the MCO receives the grievance.	Met This requirement is addressed on page 8 of the Member Complaints and Grievances Policy.	Member Complaints and Grievances	Exceptions/Louisiana	Page 8

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13.6.1.2	<p>Standard Resolution of Appeals - For standard resolution of an appeal and notice to the affected parties, the timeframe is established as thirty (30) calendar days from the day the MCO receives the appeal. This timeframe may be extended under § 13.7.2 of this section.</p>	<p>Met The Member Appeals – Core Process addresses this requirement.</p>	<p>Member Appeals – Core Process Member Complaints and Grievances LA Member Handbook</p>	<p>Resolution and Notification 1) a Timeframes More Information Expedited appeals</p>	<p>Page 4 Page 20 Page 4 Page 44 Page 44</p>
13.6.1.3	<p>Expedited Resolution of Appeals - For expedited resolution of an appeal and notice to affected parties, the timeframe is established as seventy-two (72) hours after the MCO receives the appeal. This timeframe may be extended under § 13.6.2 of this Section.</p>	<p>Met The Member Appeals – Core Process addresses this requirement.</p>	<p>Member Appeals – Core Process LA Member Handbook</p>	<p>Resolution and Notification 1) b 2nd paragraph</p>	<p>Page 20 Page 43</p>
13.6.2	<p>Extension of Timeframes - The MCO may extend the timeframes from § 13.6.1 of this section by up to fourteen (14) calendar days if:</p> <ul style="list-style-type: none"> • the member requests the extension; or • the MCO shows (to the satisfaction of DHH, upon its request) that there is need for additional information and how the delay is in the member's interest. 	<p>Met The Member Complaints and Grievances, Member Appeals – Core Process and LA Member Handbook address this requirement.</p>	<p>Member Complaints and Grievances Member Appeals – Core Process 14 Day member Appeal Extension Template Letter LA Member Handbook</p>	<p>Exceptions/Louisiana LA Exceptions) 1), 2) Letter 2nd paragraph</p>	<p>Page 8 Page 34, 35 Page 1 Page 43, 44</p>
13.6.2.2	<p>Requirements Following Timeframe Extension- If the MCO extends the timeframes, it must, for any extension not requested by the member, give the member written notice of the reason for the delay.</p>	<p>Met The Member Appeals – Core Process and Member Complaints and Grievances address this requirement.</p>	<p>Member Appeals – Core Process LA Member Handbook Member Complaints and Grievances</p>	<p>Extending the decision timeframe More information LA Exceptions</p>	<p>Page 16 Page 44 Page 8</p>
13.6.3 13.6.3.1 13.6.3.2	<p>Format of Notice of Disposition - Grievances. DHH will specify the method the MCO will use to notify a member of the disposition of a grievance.</p> <p>Appeals. For all appeals, the MCO must provide written notice of disposition. For notice of an expedited resolution, the MCO must also make reasonable efforts to provide oral notice.</p>	<p>Met This requirement is addressed on page 9 of the Member Complaints and Grievances Policy.</p>	<p>Member Complaints and Grievances Member Appeals – Core Process</p>	<p>Exception/ Louisiana Resolution and Notification 1) c</p>	<p>Page 9 Page 20</p>

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13.6.4 13.6.4.1 13.6.4.2	<p>Content of Notice of Appeal Resolution - The written notice of the resolution must include the following: the results of the resolution process and the date it was completed.</p> <p>For appeals not resolved wholly in favor of the members: the right to request a State Fair Hearing, and how to do so; the right to request to receive benefits while the hearing is pending, and how to make the request; and that the member may be held liable for the cost of those benefits if the hearing decision upholds the MCO's action.</p>	<p>Met The Member Appeals- Core Process addressed the requirement. The letter template for the written notice of appeal was provided and contains the results of the resolution process as well as the date of completion and information on how to request a State Fair Hearing.</p>	<p>LA Appeal Upheld Updated Member Appeals- Core Process Member State Fair Hearing Request Form Request for Continuation of Benefits</p>	<p>Letter Resolution and Notification 20 b) ii) iii) iv) v) Form Form</p>	<p>Page 1 Page 20 Page 1 Page 1</p>
13.6.5	<p>Requirements for State Fair Hearings - The MCO shall comply with all requirements as outlined in this RFP.</p>	<p>Met The Member Appeals Core Process addressed this requirement.</p>	<p>Member Appeals Core Process</p>	<p>State Fair Hearing</p>	<p>Page 22</p>
13.6.5.1	<p>Availability. If the member has exhausted the MCO level appeal procedures, the member may request a State Fair Hearing within thirty (30) days from the date of the MCO's notice of resolution.</p>	<p>Met The Member Appeals Core Process addressed this requirement.</p>	<p>Member Appeals – Core Process</p>	<p>State Fair Hearing</p>	<p>Page 35</p>
13.6.5.2	<p>Parties. The parties to the State Fair Hearing include the MCO as well as the member and his or her representative or the representative of a deceased member's estate.</p>	<p>Met The Member Appeals Core Process addressed this requirement.</p>	<p>Member Appeals – Core Process</p>	<p>Process for appeals 2(d) Exceptions LA</p>	<p>Pages 17-18 Page 36</p>
13.7	Expedited Resolution of Appeals				
13.7.0	<p>The MCO must establish and maintain an expedited review process for appeals, when the MCO determines (for a request from the member) or the provider, acting on behalf of the member and with the member's written consent, indicates (in making the request on the member's behalf or supporting the member's request) that taking the time for a standard resolution could seriously jeopardize the member's life or health or ability to attain, maintain, or regain maximum function.</p>	<p>Met This requirement is addressed on page 19 of the Member Appeals Core Process.</p>	<p>Member Appeals – Core Process</p>	<p>Expedited Resolution Appeals) 1</p>	<p>Page 19</p>

Readiness Review Submission Form - 13.0 Member Grievance and Appeals MCO: Amerigroup LA, INC.

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
13.7.1	<p>Prohibition Against Punitive Action - The MCO must ensure that punitive action is not taken against a provider, acting on behalf of the member and with the member's written consent, who requests an expedited resolution or supports a member's appeal.</p>	<p>Met This requirement is addressed on page 19 of the Member Appeals Core Process and is communicated to the provider in the Provider Manual on page 45.</p>	<p>Member Appeals – Core Process Provider Manual Appeals</p>	<p>Expedited Resolution Appeals 2 2.3 4 Medical Necessity Appeals</p>	<p>Page 19 Page , 45</p>
13.7.2	<p>Action Following Denial of a Request for Expedited Resolution – If the MCO denies a request for expedited resolution of an appeal, it must:</p> <ul style="list-style-type: none"> • transfer the appeal to the timeframe for standard resolution; • make reasonable efforts to give the member prompt oral notice of the denial, and follow up within two (2) calendar days with a written notice. • This decision (i.e., the denial of a request for expedited resolution of an appeal) does not constitute an Action or require a Notice of Action. The Member may file a grievance in response to this decision. 	<p>Met The Member Appeals – Core Process addressed this requirement.</p>	<p>Expedited Appeal Not Indicated Letter Member Appeals – Core Process</p>	<p>Letter Policy 2) a) & b) Expedited Resolution Appeals 4) a & b Exceptions LA</p>	<p>Page 1 Page 3 Pages 19 & 20 Pages 36-37</p>
13.7.3	<p>Failure to Make a Timely Decision – Appeals shall be resolved no later than above stated timeframes and all parties shall be informed of the MCO's decision. If a determination is not made by the above timeframes, the member's request will be deemed to have been approved as of the date upon which a final determination should have been made.</p>	<p>Met The Member Appeals – Core Process addressed this requirement.</p>	<p>Member Appeals – Core Process</p>	<p>Exceptions/LA</p>	<p>Page 36</p>

Readiness Review Submission Form - 13.0 Member Grievance and Appeals MCO: Amerigroup LA, INC.

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
13.7.4 13.7.4.1 13.7.4.2	<p>Process – The MCO is required to follow all standard appeal requirements for expedited requests except where differences are specifically noted in the requirements for expedited resolution. The member or provider, acting on behalf of the member and with the member's written consent, may file an expedited appeal either orally or in writing. No additional follow-up may be required. The MCO shall inform the member of the limited time available for the member to present evidence and allegations of fact or law, in person and in writing, in the case of expedited resolution.</p>	<p>Met The Member Appeals – Core Process on page 35 addressed this requirement.</p>	<p>Member Appeals – Core Process</p>	<p>Handling of Appeals 2) c & d LA Exceptions</p>	<p>Page 18 Page 35</p>
13.7.5	<p>Authority to File – The Medicaid member or their provider, acting on behalf of the member and with the member's written consent, may file an expedited appeal either orally or in writing. No additional member follow-up is required.</p>	<p>Met The Member Appeals – Core Process addressed this requirement.</p>	<p>Member Appeals – Core Process</p>	<p>Responsibilities LA Exceptions</p>	<p>Page 10 Page 35</p>
13.7.6	<p>Format of Resolution Notice – In addition to written notice, the MCO must also make reasonable effort to provide oral notice.</p>	<p>Met The Member Appeals – Core Process addressed this requirement.</p>	<p>Member Appeals – Core Process</p>	<p>Resolution and Notification 1) c</p>	<p>Page 20</p>
13.8	Continuation of Benefits				
13.8.1	<p>Terminology - As used in this section, "timely" filing means filing on or before the later of the following: within ten (10) days of the MCO mailing the notice of action or the intended effective date of the MCO's proposed action.</p>				
13.8.2	<p>Continuation of Benefits – The MCO must continue the member's benefits if:</p> <ul style="list-style-type: none"> • the member or the provider, acting on behalf of the member and with the member's written consent, files the appeal timely; • the appeal involves the termination, suspension, or reduction of a previously authorized course of treatment; • the services were ordered by an authorized provider; 	<p>Met The Member Appeals – Core Process addressed this requirement.</p>	<p>Member Appeals – Core Process</p>	<p>Continuation of Benefits 1</p>	<p>Page 18</p>

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	<ul style="list-style-type: none"> the original period covered by the original authorization has not expired; and the member requests extension of benefits. 				
13.8.3	<p>Duration of Continued or Reinstated Benefits – If the MCO continues or reinstates the member's benefits while the appeal is pending, the benefits must be continued until one of following occurs:</p> <ul style="list-style-type: none"> the member withdraws the appeal; ten (10) days pass after the MCO mails the notice, providing the resolution of the appeal against the member, unless the member, within the ten (10) day timeframe, has requested a State Fair Hearing with continuation of benefits until a State Fair Hearing decision is reached; a State Fair Hearing Officer issues a hearing decision adverse to the member; the time period or service limits of a previously authorized service has been met. 	Met The Member Appeals – Core Process addressed this requirement.	Member Appeals – Core Process	Continuation of Benefits 2	Page 18 & 19
13.8.4	<p>Member Responsibility for Services Furnished While the Appeal is Pending – If the final resolution of the appeal is adverse to the member, that is, upholds the MCO's action, the MCO may recover the cost of the services furnished to the member while the appeal is pending, to the extent that they were furnished solely because of the requirements of this Section, and in accordance with the policy set forth in 42 C.F.R. § 431.230(b).</p>	Met The Member Appeals – Core Process addressed this requirement.	Member Appeals – Core Process	Continuation of Benefits 3)	Page 19
13.9	Information to Providers and Contractors				
13.9.0	The MCO must provide the information specified at 42 C.F.R. § 438.10(g)(1) about the grievance system to all providers and contractors at the time they enter into a contract.	Met The LA Provider Handbook addressed this requirement.	The MCO's tool did not contain this item LA Provider Handbook		Page 44-46

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
13.10	Recordkeeping and Reporting Requirements				
13.10.0	Reports of grievances and resolutions shall be submitted to DHH as specified in §13.4 and of this RFP. The MCO shall not modify the grievance procedure without the prior written approval of DHH.	Met The Member Complaints and Grievances addressed this requirement.	Member Complaints and Grievances	Exceptions/ Louisiana	Page 9
13.11	Effectuation of Reversed Appeal Resolutions				
13.11.1	Services not Furnished While the Appeal is Pending – If the MCO or the State Fair Hearing officer reverses a decision to deny, limit, or delay services that were not furnished while the appeal was pending, the MCO must authorize or provide the disputed services promptly, and as expeditiously as the member's health condition requires.	Met The Member Appeals – Core Process addressed this requirement.	Member Appeals – Core Process	Continuation of Benefits) 4	Page 19
13.11.2	Services Furnished While the Appeal is Pending – If the MCO or the State Fair Hearing officer reverses a decision to deny authorization of services, and the member received the disputed services while the appeal was pending, the MCO must pay for those services, in accordance with this Contract.	Met This requirement is addressed on page 19 of the Member Appeals Core Process.	Member Appeals – Core Process	Continuation of Benefits) 5	Page 19