

Contract RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
10.1	Provider Relations				
10.1	The MCO shall, at a minimum, provide a Provider Relations function to provide support and assistance to all providers in their MCO network, This function shall:	Met The Plan's Provider Handbook, the P/P Timely Resolution of Incoming Provider Communications, the P/P Provider Education and Communication meet the requirement.	Provider Handbook P/P Timely Resolution of Incoming Provider Communications Provider Education and Communication	Section 2.18 Procedure 2 Full Document	Page 16 Page 1 Pages 1-13
10.1.1	Be available Monday through Friday from 7 am to 7 pm Central Time to address non-emergency provider issues and on a 24/7 basis for non-routine prior authorization requests;	Met The Provider Handbook and the P/P Staff Availability – Core Processes meet the requirement.	Provider Handbook Staff Availability – Core Processes	Phone Numbers Procedures section 4	Page 2 Page 2
10.1.2	Assure each MCO provider is provided all rights outlined the Provider's Bill of Rights (see Appendix R);	Met: The Plan's document(s) meet the requirement.	Provider Handbook	Bill of Rights	Page 18
10.1.3	Provide for arrangements to handle emergent provider issues on a 24/7 basis;	Met The Provider Handbook meets the requirement.	Provider Handbook Staff Availability – Core Processes	Phone Numbers Sections 4 & 5	Page 2 Page 2
10.1.4	Provide ongoing provider training, respond to provider inquiries and provide general assistance to providers regarding program operations and requirements; and	Met The Provider Handbook and the LA Provider Orientation document meet the requirement.	Provider Handbook LA Provider Orientation	Section 2.18 Procedure	Page 16 Full Document
10.1.5	Ensure regularly scheduled visits to provider sites, as well as ad hoc visits as circumstances dictate.	Met The Provider Handbook meets the requirement.	Provider Handbook	Section 2.18	Page 17
10.2	Provider Toll-free Telephone Line				
10.2.1	The MCO must operate a toll-free telephone line to respond to provider questions, comments and inquiries.	Met The Provider Handbook meets the requirement.	Provider Handbook Telephonic and voicemail services	Phone Numbers Sections 2 and 3	Page 2 Pages 1-2
10.2.2	The provider access component of the toll-free telephone line must be staffed between the hours of 7am -7pm Central Time Monday through Friday to respond to provider questions in all areas, including provider complaints and regarding provider responsibilities. The provider access component must be staffed on a 24/7 basis for prior authorization requests.	Met The Provider Handbook meets the requirement.	Provider Handbook Staff Availability – Core Processes Telephonic and voicemail services	Phone Numbers Procedures section 4 Section 2 and 3	Page 2 Page 2 Pages 1-2
10.2.3	The MCO's call center system must have the capability to track provider call management	Met The Telephonic Access Guidelines meet the	Telephonic Access Guidelines	Full Document	Full Document

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	metrics.	requirement.			
10.2.4	After normal business hours, the provider service component of the toll-free telephone line must include the capability of providing information regarding normal business hours and instructions to verify enrollment for any MCO member with an emergency or urgent medical condition. This shall not be construed to mean that the provider must obtain verification before providing emergency department services and care.	Met The P/P NCC Provider Services Functions meet the requirement.	NCC Provider Service Functions	LA Exceptions	Page 2
10.3	Provider Website				
10.3.1	The MCO shall have a provider website. The provider website may be developed on a page within the MCO's existing website (such as a portal) to meet these requirements.	Met The Provider Handbook meets the requirement.	Provider Handbook	Introduction	Page 1
10.3.2	The MCO provider website shall include general and up-to-date information about the MCO as it relates to the Louisiana Medicaid program. This shall include, but is not limited to: 10.3.2.1. MCO provider manual; 10.3.2.2. MCO-relevant DHH bulletins; 10.3.2.3. Limitations on provider marketing; 10.3.2.4. Information on upcoming provider trainings; 10.3.2.5. A copy of the provider training manual; 10.3.2.6. Information on the provider grievance system; 10.3.2.7. Information on obtaining prior authorization and referrals; and 10.3.2.8. Information on how to contact the MCO Provider Relations.	Met The Provider Website – Screen Shots meets the requirement.	Provider Website – Screen Shots	Full Document	All Pages
10.3.3	The MCO provider website is considered marketing material and, as such, must be reviewed and approved in writing within thirty (30) days of the date the MCO signs the Contract.	N/A: As an incumbent, the plan has met this requirement.			
10.3.4	The MCO must notify DHH when the provider website is in place.	N/A: As an incumbent, the plan has met this requirement.			
10.3.5	The MCO must remain compliant with HIPAA	Met	Website Guidelines	Procedures 4 th bullet	Page 1

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	privacy and security requirements when providing any member eligibility or member identification information on the website.	The Plan's document(s) meet the requirement.			
10.3.6	The MCO website should, at a minimum, be in compliance with Section 508 of the Americans with Disabilities Act, and meet all standards the Act sets for people with visual impairments and disabilities that make usability a concern.	Met The P/P Website Guidelines meets the requirement.	Website Guidelines	Procedures 5 th bullet	Page 1
10.4	Provider Handbook				
10.4.1	The MCO shall develop and issue a provider handbook within thirty (30) days of the date the MCO signs the Contract with DHH. The MCO may choose not to distribute the provider handbook via surface mail, provided it submits a written notification to all providers that explains how to obtain the provider handbook from the MCO's website. This notification shall also detail how the provider can request a hard copy from the MCO at no charge to the provider. All provider handbooks and bulletins shall be in compliance with state and federal laws. The provider handbook shall serve as a source of information regarding MCO covered services, policies and procedures, statutes, regulations, telephone access and special requirements to ensure all MCO requirements are met. At a minimum, the provider handbook shall include the following information:	Met The Provider Handbook meets the requirement.	Provider Handbook Per the Plan's document, All 30-day deliverables are submitted by Regulatory Manager in accordance with the requirements of the contract.	2 nd page of the manual	Page 2
10.4.1.1	Description of the MCO;	Met The Provider Handbook meets the requirement.	Provider Handbook	Introduction 1.1	Page 1
10.4.1.2	Core benefits and services the MCO must provide;	Met The Provider Handbook meets the requirement.	Provider Handbook	Section 2.25	Pages 20-34
10.4.1.3	Emergency service responsibilities;	Met The Provider Handbook meets the requirement.	Provider Handbook	Section 2.6	Page 10 and pages 22-23
10.4.1.4	Policies and procedures that cover the provider complaint system. This information shall include, but not be limited to, specific instructions regarding how to contact the MCO to file a provider complaint, the timeframes allowed for resolving claims payment issues and the process	Met The Provider Handbook meets the requirement.	Provider Handbook	Section 6	Pages 85-87

Readiness Review Submission Form - 10.0 Provider Services

MCO: Amerigroup

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	a provider would take to escalate unresolved issues;				
10.4.1.5	Information about the MCO's Grievance System, that with written permission from the member, the provider may file a grievance or appeal on behalf of the member, the time frames and requirements, the availability of assistance in filing, the toll-free telephone numbers and the member's right to request continuation of services while undergoing due process in the MCO's appeal process, and any additional information specified in 42 CFR §438.10(g)(1). The member's written approval may be obtained in advance as part of the member intake process.	Met The Provider Handbook meets the requirement.	Provider Handbook	Section 2.33	Pages 44-45
10.4.1.6	Medical necessity standards as defined by DHH and practice guidelines;	Met The Provider Handbook meets the requirement.	Provider Handbook	Section 2.21	Page 18
10.4.1.7	Practice protocols, including guidelines pertaining to the treatment of chronic and complex conditions;	Met The Provider Handbook meets the requirement.	Provider Handbook	Section 3.5	Pages 52-53
10.4.1.8	PCP responsibilities;	Met The Provider Handbook meets the requirement.	Provider Handbook	Section 2.9	Pages 7-9
10.4.1.9	Other provider responsibilities under the subcontract with the MCO;	Met The Provider Handbook meets the requirement.	Provider Handbook	Section 2.9	Pages 11-12
10.4.1.10	Prior authorization and referral procedures;	Met The Provider Handbook meets the requirement.	Provider Handbook	Section 4	Pages 59-70
10.4.1.11	Medical records standards;	Met The Provider Handbook meets the requirement.	Provider Handbook	Section 3.8	Pages 56-57
10.4.1.12	Claims submission protocols and standards, including instructions and all information necessary for a clean and complete claim and samples of clean and complete claims;	Met The Provider Handbook meets the requirement.	Provider Handbook	Section 7	Pages 88 - 90
10.4.1.13	MCO prompt pay requirements (see Section § 9);	Met The Provider Handbook meets the requirement.	Provider Handbook	Section 7.6 and 7.7	Pages 90-91
10.4.1.14	The MCO's chronic care management program;	Met The Provider Handbook meets the requirement.	Provider Handbook	Section 3.5	Pages 37 and 52-54
10.4.1.15	Quality performance requirements; and	Met The Provider Handbook meets the requirement.	Provider Handbook	Section 5.4	Pages 75
10.4.1.16	Provider rights and responsibilities.	Met The Provider Handbook meets the requirement.	Provider Handbook	Section 2.3 and 2.22	Pages 7 and 18
10.4.2	The MCO shall disseminate bulletins as needed	Met	LAPEC-0401-14 Provider Manual	Full Document	All Pages

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	to incorporate any changes to the provider handbook.	The Provider Handbook meets the requirement.	Notice 2014_FINAL RS Provider Update Fax Template with New Formatting	Full Document	All Pages
10.4.3	The MCO shall make available to DHH for approval a provider handbook specific to the Louisiana MCO Program, no later than thirty (30) days prior from the date the MCO signs the Contract with DHH.	Met Per the Plan's document, "All 30 day deliverables are submitted by the Regulatory Manager in accordance with the requirements of the contract."			
10.5					
10.5.1	The MCO shall provide training to all providers and their staff regarding the requirements of the Contract, including limitations on provider marketing, and identification of special needs of members. The MCO shall conduct initial training within thirty (30) days of placing a newly contracted provider, or provider group, on active status. The MCO shall also conduct ongoing training, as deemed necessary by the MCO or DHH, in order to ensure compliance with program standards and the Contract.	Met The LA Provider Orientation, Initial training of Providers on Plan Product, Provider Education and Communication meet the requirement.	LA Provider Orientation Initial training of Providers on Plan Product Provider Education and Communication	Full document Full document Full Document	All Pages All Pages All Pages
10.5.2	The MCO shall submit a copy of the Provider Training Manual and training schedule to DHH for approval within thirty (30) calendar days of the date the MCO signs the Contract with DHH. Any changes to the manual shall be submitted to DHH at least thirty (30) calendar days prior to the scheduled change and dissemination of such change.	Met Per the Plan's document, "All 30 day deliverables are submitted by the Regulatory Manager in accordance with the requirements of the contract."			
10.5.3	The MCO shall develop and offer specialized initial and ongoing training in the areas including but not limited to billing procedures and service authorization requirements for network providers who have traditionally billed and obtained service authorization primarily from Medicaid and/or Medicare only. This includes but is not limited to personal care services providers and hospice providers and may include other provider types at the discretion of DHH.	Met The P/P Initial Training of Provider on Plan's Product – LA meets the requirement.	Initial training of Providers on Plan Product	Full document	All Pages
10.6					

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10.6.1 10.6.1.1 10.6.1.2	<p>Applicable Definitions Definition of Provider Complaint For the purposes of this subsection, a provider complaint is any verbal or written expression, originating from a provider and delivered to any employee of the MCO, voicing dissatisfaction with a policy, procedure, payment or any other communication or action by the MCO, excluding request of reconsideration or appeal for specific individual claims. It does include general complaints about claim payment policies.</p> <p>Definition of Action For the purposes of this subsection an action is defined as: The denial or limited authorization of a requested service, include the type or level of service; or the reduction, suspension, or termination of a previously authorized service; or the failure to provide services in a timely manner, as defined in Section §7.3 and Section §7.5 of this RFP; or the failure of the MCO to act within the timeframes provided in Section §13.7.1 of this RFP.</p>	Met The P/P Provider Service Inquiry and Complaint System - LA meets the requirement.	Provider Service Inquiry and Complaints	Definitions	Pages 1-2
10.6.2	The MCO shall establish a Provider Complaint System with which to track the receipt and resolution of provider complaints from in-network and out-of-network providers.	Met The P/P Provider Service Inquiry and Complaint System - LA meets the requirement.	Provider Service Inquiry and Complaints	Full Document	All Pages
10.6.3	This system must be capable of identifying and tracking complaints received by phone, in writing, or in person, on any issue that expresses dissatisfaction with a policy, procedure, or any other communication or action by the MCO.	Met The P/P Provider Service Inquiry and Complaint System - LA meets the requirement.	Provider Service Inquiry and Complaints	Full Document	All Pages
10.6.4	As part of the Provider Complaint system, the MCO shall:				
10.6.4.1	Have dedicated provider relations staff for providers to contact via telephone, electronic mail, surface mail, and in person, to ask questions, file a provider complaint and resolve problems;	Met The P/P Provider Service Inquiry and Complaint System - LA meets the requirement.	Provider Service Inquiry and Complaints	Section 5	Page 3
10.6.4.2	Identify a key staff person specifically designated to receive and process provider complaints;	Met The P/P Provider Service Inquiry and Complaint System - LA meets the requirement.	Provider Service Inquiry and Complaints	Section 2	Page 2

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10.6.4.3	Thoroughly investigate each provider complaint using applicable statutory, regulatory, contractual and provider subcontract provisions, collecting all pertinent facts from all parties and applying the MCO's written policies and procedures; and	Met The P/P Provider Service Inquiry and Complaint System - LA meets the requirement.	Provider Service Inquiry and Complaints	Full document	All Pages
10.6.4.4	Ensure that MCO executives with the authority to require corrective action are involved in the provider complaint escalation process, provide names, phone numbers and email addresses to DHH within one (1) week of contract approval and within two (2) business days of any changes.	Met The P/P Provider Service Inquiry and Complaint System - LA meets the requirement.	Provider Service Inquiry and Complaints	Section 5.c	Page 3
10.6.5	The MCO shall have and implement written policies and procedures which detail the operation of the Provider Complaint System. The MCO shall submit its Provider Complaint System policies and procedures to DHH for review and approval within thirty (30) Calendar Days of the date the Contract with DHH is signed. Note that provider complaints must be acknowledged within 3 business days. They should be resolved as soon as feasible, but within no more than 30 calendar days; unless both the provider and DHH has been notified of the outstanding issues, including a timeline for resolution and reason for the extension of time. All complaints should be resolved in no more that 90 days. The policies and procedures shall include, at a minimum:	Met The P/P Timely Resolution of Incoming Provider Communications meets the requirement.	Timely resolution of Incoming Provider Communications	Procedure section 3 Procedure section 8	Page 1 Page 3
10.6.5.1	Allowing providers thirty (30) days to file a written complaint and a description of how providers file complaint with the MCO and the resolution time;	Met The P/P Timely Resolution of Incoming Provider Communications meets the requirement.	Timely resolution of Incoming Provider Communications	Procedure section 8	Page 3
10.6.5.2	A description of how and under what circumstances providers are advised that they may file a complaint with the MCO for issues that are MCO Provider Complaints and under what circumstances a provider may file a complaint directly to DHH/MMIS for those decisions that are not a unique function of the MCO;	Met The P/P Timely Resolution of Incoming Provider Communications meets the requirement.	Timely resolution of Incoming Provider Communications	Procedure sections 6.e and 6.f	Pages 2-3
10.6.5.3	A description of how provider relations staff are trained to distinguish between a provider complaint and an enrollee grievance or appeal in which the provider is acting on the enrollee's	Met The P/P Timely Resolution of Incoming Provider Communications meets the requirement.	Timely resolution of Incoming Provider Communications	Procedure section 6, final paragraph	Pages 3-4

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	behalf;				
10.6.5.4	A process to allow providers to consolidate complaints of multiple claims that involve the same or similar payment or coverage issues, regardless of the number of individual patients or payment claims included in the bundled complaint;	Met The P/P Timely Resolution of Incoming Provider Communications meets the requirement.	Timely resolution of Incoming Provider Communications	Procedures section 10	Page 3
10.6.5.5	A process for thoroughly investigating each complaint and for collecting pertinent facts from all parties during the investigation.	Met The P/P Timely Resolution of Incoming Provider Communications meets the requirement.	Timely resolution of Incoming Provider Communications	Issue/Complaint Level	Pages 4-6
10.6.5.6	A description of the methods used to ensure that MCO executive staff with the authority to require corrective action are involved in the complaint process, as necessary;	Met The P/P Timely Resolution of Incoming Provider Communications meets the requirement.	Timely resolution of Incoming Provider Communications	Issue/Complaint Level	Pages 4-6
10.6.5.7	A process for giving providers (or their representatives) the opportunity to present their cases in person;	Met The P/P Timely Resolution of Incoming Provider Communications meets the requirement.	Timely resolution of Incoming Provider Communications	Procedure section 9	Page 3
10.6.5.8	Identification of specific individuals who have authority to administer the provider complaint process;	Met The P/P Timely Resolution of Incoming Provider Communications meets the requirement.	Timely resolution of Incoming Provider Communications	Procedure section 6.c.i.ii	Page 2
10.6.5.9	A system to capture, track, and report the status and resolution of all provider complaints, including all associated documentation. This system must capture and track all provider complaints, whether received by telephone, in person, or in writing; and	Met The P/P Timely Resolution of Incoming Provider Communications meets the requirement.	Timely resolution of Incoming Provider Communications	Issue/Complaint Level	Page 4
10.6.5.10	A provision requiring the MCO to report the status of all provider complaints and their resolution to DHH on a monthly basis in the format required by DHH.	Met The document P1182 Provider Complaint Summary Report meets the requirement.	Ps 182 Provider complaint summary report	Full document	All tabs
10.6.6	The MCO shall include a description of the Provider Complaint System in the Provider Handbook and include specific instructions regarding how to contact the MCOs Provider Relations staff; and contact information for the person from the MCO who receives and processes provider complaints.	Met The Provider Handbook meets the requirement.	Provider Handbook	Section 6	Pages 85-87
10.6.7	The MCO shall distribute the MCO's policies and procedures to in-network providers at time of subcontract and to out-of-network providers with	Met The Provider Service Inquiry and Complaint System - LA P/P meets the requirement.	Provider Service Inquiry and Complaint System - LA	Procedure section 11	Pages 4-5

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	<p>the remittance advice (RA). The MCO may distribute a summary of these policies and procedures to providers if the summary includes information about how the provider may access the full policies and procedures on the MCO's website. This summary shall also detail how the in-network provider can request a hard copy from the MCO at no charge to the provider.</p>				