

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 The LA.QI.11 Grievance System Description addresses this requirement.	LA.QI.11 Grievance System Description	Policy section	Pg. 1 Paragraph 3
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 LA.QI.11 Grievance System Description addresses this requirement.	LA.QI.11 Grievance System Description	Policy section	Pg. 2 Paragraph 2
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 LA.QI.11 Grievance System Description addresses this requirement.	LA.QI.11 Grievance System Description	Policy section	Pg. 1 Paragraph 3
13.0.4	The member must exhaust the MCO's internal grievance/appeal procedures prior to accessing the State Fair Hearing process.	Met The LA.QI.11 Grievance System Description addresses this requirement.	LA.QI.11 Grievance System Description	Policy section	Pg. 1 Paragraph 4
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 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.	Met The LA.QI.11 Grievance System Description addresses this requirement.	LA.QI.11 Grievance System Description	Policy section	Pg. 1 Paragraph 4
13.1	Applicable Definition – See Glossary				

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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 LA.QI.11 Grievance System Description addresses this requirement.	LA.QI.11:Grievance System Description	Policy section	Pg. 1 Paragraph 4
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 LA.QI.11 Grievance System Description addresses this requirement.	LA.QI.11:Grievance System Description LA.QI.11:Grievance System Description	Section A Section D	Pg. 2,, #1 Pg. 8, #1
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 LA.QI.11 Grievance System Description and the LA.QI.11.01 Grievance Process address this requirement.	LA.QI.11:Grievance System Description LA.QI.11.01 Grievance Process	Section A Section A	Pg. 2, #1 Pg. 1, # 2 and 3
13.2.3	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.	Met The LA.QI.11 Grievance System Description addresses this requirement.	LA.QI.11:Grievance System Description LA.QI.11:Grievance System Description	Section C Section C	Pg. 7, #3 Pg. 6, #2
13.2.4 13.2.4.1	Procedures for Filing - The member may file a grievance either orally or in writing.	Met The LA.QI.11 Grievance System Description addresses this requirement.	LA.QI.11:Grievance System Description LA.QI.11:Grievance System Description	Section C Section C	Pg. 3, #2 Pg. 6, #2
13.2.4.2	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	Met The LA.QI.11 Grievance System Description on page 3 is missing the language "Forms on which members may file grievances, appeals, concerns or recommendations to the MCO shall be available through the MCO". Auditors recommend that the language be added to the policy.	LA.QI.11:Grievance System Description LA.QI.11:Grievance System Description LA.QI.11:Grievance System Description	Section A Section A Section A When does an appeal have to be filed?	Pg. 3 #2 Pg. 4, #7 Pg.4, , #8 Pg. 45-48

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	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 the MCO's website.	The Member Handbook contains the forms and does demonstrate that the forms are available to the member.	Member Handbook – RR (the forms are readily available in the Member Handbook, which is available online) 12.0B Member Education/Member_Handbook.docx	Expedited Appeals State Fair Hearing for Appeals Legal Services Forms	Pg. 63-66
13.3	Grievance/Appeal Records and Report				
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 The LA.QI.11 Grievance System Description addresses this requirement.	LA.QI.11 Grievance System Description	Section A	Pg. 5, #14
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 The LA.QI.11 Grievance System Description and Q3 2014 Redacted version PS113 Grievance Appeal and Fair Hearing Log address this requirement.	LA.QI.11 Grievance System Description LA.QI.11 Grievance System Description Q3 2014 Redacted version PS113 Grievance Appeal and Fair Hearing Log	Section A Section A	Pg. 4, #9 Pg. 4. #11

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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 The LA.QI.11 Grievance System Description and LA.UM.07:Adverse Determination Denials address this requirement.	LA.QI.11 Grievance System Description LA.UM.07:Adverse Determination Denials	Section A	Pg. 5, #15 Pg. 1, Paragraph 4
13.4	Handling of Grievances and Appeal				
13.4.1	General Requirements – In handling grievances and appeals, the MCO must meet the following requirements:				
13.4.1.1	Acknowledge receipt of each grievance and appeal in writing;	Met The LA.QI.11 Grievance System Description, Standard appeal ack and the LA GRIEVANCE ACKNOWLEDGEMENT address this requirement.	LA.QI.11 Grievance System Description LA Expedited Appeal Denial – TC Version LA GRIEVANCE ACKNOWLEDGEMENT Standard appeal ack	Section A	Pg. 3, #3
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 LA.QI.11 Grievance System Description addresses this requirement.	LA.QI.11 Grievance System Description	Section A	Pg. 3, #2
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	Met The LA.QI.11 Grievance System Description and the LA.QI.11.01 Grievance Process address this requirement.	LA.QI.11.01 Grievance Process- does discuss individuals who makes decisions on grievances and contains language, "as determined by DHH". LA.QI.11 Grievance System Description-would recommend that the MCO add the language, "as	Section A	Pg. 1, Paragraph 3 Pg. 3, #4

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	clinical issues.		determined by DHH".		
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 LA.QI.11 Grievance System Description addresses this requirement.	LA.QI.11 Grievance System Description 12.0B Member Education/Member_Handbook.docx LA PA Member Denial Letter TC version	Section C Expedited Appeals	Pg. #6 #2 P 48
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 The LA.QI.11 Grievance System Description and the LA.QI.11.01 Grievance Process address this requirement.	LA.QI.11 Grievance System Description LA QI.11.01 Grievance Process 12.0B Member Education/Member_Handbook.docx	Section C Section E How to file a grievance	Pg. 7, #6 Pg. 5, #5 Pg. #46
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 LA.QI.11 Grievance System Description addresses this requirement.	LA.QI.11 Grievance System Description 12.0B Member Education/Member_Handbook.docx	Section C Adverse Action	Pg. 7. #6 Pg. 46

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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 LA.QI.11 Grievance System Description and the Member Handbook address this requirement.	LA.QI.11 Grievance System Description 12.0B Member Education/Member_Handbook.docx	Section C	Pg. 7, #6 Pg. 47
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 LA.QI.11 Grievance System Description, Initial Training Tool, TruCare Training Agenda and TruCare Training Sign In Sheets address this requirement.	LA.QI.11 Grievance System Description LA.QI.11 Grievance System Description Initial Training Tool TruCare Training Agenda TruCare Training Sign In Sheets TruCare Training Sign-In	Policy section Policy section	Pg. 1, Paragraph 4 Pg. 2, last paragraph
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 LA.QI.11 Grievance System Description, LA.UM.01 UM Program Description and the LA PA Member Denial Letter TC version address this requirement.	LA.QI.11 Grievance System Description LA.UM.01 UM Program Description.	Section C	Pg. 7, #7 Pg. #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 This requirement is addressed in LA.QI.11.01 Grievance Process on page 6	LA QI.11.01 Grievance Process	Section E	Pg. 6, # 12

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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 LA.QI.11 Grievance System Description and the LHC LA Notice of Disposition – TC Version address this requirement.	LA.QI.11 Grievance System Description LHC LA Notice of Disposition – TC Version 12.0B Member Education/Member_Handbook.docx	N/A What can I do if I disagree.... And What are my State Fair Hearing Rights? State Fair Hearing For Appeals	Pg. 1, Paragraph 4 Pg. 2-3 Pg. 48
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 in LA UM 07 Adverse Determination Denials; page 4 and in LA PA Member Denial Letter; page 4	LA.UM.07 Adverse Determination Denials LA PA Member Denial Letter TC version	Section C	Pg. 3- C. #1
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 LA.UM.07 Adverse Determination Denials and the LA PA Member Denial Letter TC version address this requirement.	LA.UM.07 Adverse Determination Denials LA PA Member Denial Letter TC version	Section C	Pg., 3-4, C., #1
13.5.2.2	The reasons for the action;	Met The LA.UM.07 Adverse Determination Denials and the LA PA Member Denial Letter TC version address this requirement.	LA.UM.07 Adverse Determination Denials LA PA Member Denial Letter TC version	Section C	Pg., 3, C, #1
13.5.2.3	The member's or the provider's right to file an appeal with the MCO;	Met The LA.UM.07 Adverse Determination Denials and the LA PA Member Denial Letter TC version address this requirement.	LA.UM.07 Adverse Determination Denials LA PA Member Denial Letter TC version	Section C	Pg., 4, C, #1
13.5.2.4	The member's right to request a State Fair Hearing, after the MCO's appeal process has been exhausted;	Met This requirement is addressed in LA UM 07 Adverse Determination Denials; page 4 and in LA PA Member Denial Letter; page 3	LA.UM.07 Adverse Determination Denials LA PA Member Denial Letter TC	Section C	Pg., 4, C., #1

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			version		
13.5.2.5	The procedures for exercising the rights specified in this section;	Met The LA.UM.07 Adverse Determination Denials and the LA PA Member Denial Letter TC version address this requirement.	LA.UM.07 Adverse Determination Denials LA PA Member Denial Letter TC version	Section C	Pg.4, C,#1
13.5.2.6	The circumstances under which expedited resolution is available and how to request it; and	Met The LA.UM.07 Adverse Determination Denials and the LA PA Member Denial Letter TC version address this requirement.	LA.UM.07 Adverse Determination Denials LA PA Member Denial Letter TC version	Section C	Pg.4, C,#1
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 LA.UM.07 Adverse Determination Denials and the LHC LA Notice of Disposition – TC Version address this requirement. However, the LA PA Member Denial Letter TC version did not discuss the member's rights to have benefits continued pending resolution of the appeal.	LA.UM.07 Adverse Determination Denials LA PA Member Denial Letter TC version-didn't address LHC LA Notice of Disposition – TC Version-addressed	Section C	Pg.4, C,#1
13.5.2.8	Oral interpretation is available for all languages and how to access it.	Met This requirement is met in LA.UM.07 Adverse Determination Denials on page 3 and LA PA Member Denial Letter TC version on page 4.	LA.UM.07 Adverse Determination Denials LA.UM.07 Adverse Determination Denials LA PA Member Denial Letter TC version- doesn't address	Section C Section C	Pg. 5, C, #5 Pg. 3, C, #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 The LA.UM.07 Adverse Determination Denials and LA PA Reduction Letter - TC version address this requirement.	LA.UM.07 Adverse Determination Denials LA PA Reduction Letter - TC version LA PA Termination Letter1 -TC version	Procedure section	P.2, bullet 1

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13.5.3.1.1	<p>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:</p> <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. 	<p>Met The LA.UM.07 Adverse Determination Denials addresses this requirement.</p>	<p>LA.UM.07 Adverse Determination Denials</p>		<p>Pg. 2, Paragraph 2</p>
13.5.3.2	<p>For denial of payment, at the time of any action affecting the claim.</p>	<p>Met The LA.UM.07 Adverse Determination Denials addresses this requirement.</p>	<p>LA.UM.07 Adverse Determination Denials</p>		<p>P.2, Paragraph 2 last bullet</p>
13.5.3.3	<p>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:</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, 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. 	<p>Met This requirement is addressed in LA.UM.05 UM PP Timeliness of UM Decisions; page 2</p>	<p>LA.UM.05 UM PP Timeliness of UM Decisions Standard auth extension request</p>	<p>Section B</p>	<p>Pg. 2,B, #1 a thru c</p>

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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 LA.UM.05 UM PP Timeliness of UM Decisions and Standard auth extension request address this requirement.	LA.UM.05 UM PP Timeliness of UM Decisions Standard auth extension request	Section B	Pg. 2, B, #1-c
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 LA.UM.05 UM PP Timeliness of UM Decisions addresses this requirement.	LA.UM.05 UM PP Timeliness of UM Decisions LA.UM.05 UM PP Timeliness of UM Decisions LA PA Member Denial Letter TC version	Section B Section B	Pg. 2 & 3,, #1 D,E, F, G Pg.2, B.1C
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 LA.UM.05 UM PP Timeliness of UM Decisions addresses this requirement.	LA.UM.05 UM PP Timeliness of UM Decisions	Section B	Pg. 3 # 2 (a.)
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 The LA.UM.05 UM PP Timeliness of UM Decisions and the LA-Plan appeal req extension address this requirement.	LA.UM.05 UM PP Timeliness of UM Decisions LA-Plan appeal req extension	Section B	Pg. 3 # 2 (b.)

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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 LA.QI.11 Grievance System Description addresses this requirement.	LA.QI.11:Grievance System Description		Pg.2, Paragraph 1
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 The LA.QI.11 Grievance System Description and LA QI.11.01 Grievance Process address this requirement.	LA.QI.11 Grievance System Description LA QI.11.01 Grievance Process	Section B Section C	Pg. 6, #4 Pg. 3, # 1
13.6.1.2	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.	Met The LA.QI.11 Grievance System Description addresses this requirement.	LA.QI.11 Grievance System Description	Section C	Pg.7, #7
13.6.1.3	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.	Met The LA.QI.11 Grievance System Description addresses this requirement.	LA.QI.11:Grievance System Description	Section C	Pg. 8, #7
13.6.2	Extension of Timeframes - The MCO may extend the timeframes from § 13.6.1 of this section by up to fourteen (14) calendar days if: <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. 	Met The LA QI.11.01 Grievance Process addresses this requirement.	LA QI.11.01 Grievance Process LA-Plan appeal req extension	Section C	Pg. 3, #2

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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 LA.QI.11.01 Grievance Process and the LA.QI.11 Grievance System Description address this requirement.</p>	<p>LA.QI.11.01 Grievance Process LA.QI.11:Grievance System Description LA.QI.11:Grievance System Description LA Expedited Appeal Denial – TC Version LA-Plan appeal req extension</p>	<p>Section C Section B Section C</p>	<p>Pg. 3, #2 Pg. 6, #4 Pg. 7, #7</p>
<p>13.6.3 13.6.3.1 13.6.3.2</p>	<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. 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 is addressed in LA.QI.11 Grievance System Description; page 6.</p>	<p>LA.QI.11 Grievance System Description LA.QI.11 Grievance System Description LA GRIEVANCE RESOLUTION LETTER</p>	<p>Section B Section C</p>	<p>Pg. 6, #5 Pg. 8, #7</p>
<p>13.6.4 13.6.4.1 13.6.4.2</p>	<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. 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 LHC LA Notice of Disposition – TC Version addresses this requirement.</p>	<p>LA.QI.11 Grievance System Description LA.QI.11 Grievance System Description LA.QI.11 Grievance System Description LHC LA Notice of Disposition – TC Version</p>	<p>Section B Section D Section E How did the Health Plan reach the decision? AND: What can I do if I disagree.... And: What are my State Fair Hearing Rights?</p>	<p>Pg.6, #5 Pg. 8, #1-3 Pg.9, #3 Pg. 1-3</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 LA.QI.11 Grievance System Description addresses this requirement.</p>	<p>LA.QI.11 Grievance System Description LA.QI.11 Grievance System Description</p>	<p>Section D Section E What can I do if I disagree.... And What are</p>	<p>Pg. 8-9, # 1 thru 6 Pg. 9-10, #1 thru 5 Pg. 2-3</p>

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			LHC LA Notice of Disposition – TC Version SFH Letter	my State Fair Hearing Rights?	
13.6.5.1	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.	Met The LA.QI.11 Grievance System Description addresses this requirement.	LA.QI.11 Grievance System Description	Section D	Pg. 8, #1, #3
13.6.5.2	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.	Met The LA.QI.11 Grievance System Description addresses this requirement.	LA.QI.11 Grievance System Description	Section D	Pg. 8, #2
13.7	Expedited Resolution of Appeals				
13.7.0	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.	Met This is addressed in LA.QI.11 Grievance System Description on page 6	LA.QI.11 Grievance System Description	Section C	Pg. 7, #4
13.7.1	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.	Met This is addressed in LA.QI.11 Grievance System Description on page 4	LA.QI.11 Grievance System Description 12.0B Member Education/Member_Handbook.docx	Section A Adverse Action	Pg. 5, #12 Pg. 46
13.7.2	Action Following Denial of a Request for Expedited Resolution – If the MCO denies a request for expedited resolution of an appeal, it must: <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) 	Met This is addressed in LA.QI.11 Grievance System Description on page 5	LA.QI.11.01 Grievance Process LA.QI.11 Grievance System Description LA Expedited Appeal Denial – TC Version	Section E Section C Paragraph 1 & What can I do if I disagree with this decision	Pg..5- 6, #11 Pg. 8. Bullet Pg. 1

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	<p>calendar days with a written notice.</p> <ul style="list-style-type: none"> 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. 				
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 This is addressed in LA.QI.11 Grievance System Description on page 6</p>	LA.QI.11.01 Grievance Process	Section D	Pg. 6, #12
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 LA.QI.11 Grievance System Description addresses this requirement.</p>	<p>LA.QI.11:Grievance System Description LA.QI.11:Grievance System Description MEMBER HANDBOOK RR</p>	<p>Section A Section C How to file a grievance</p>	<p>Pg. 3, #2 Pg. 7, #6 Pg. #46</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 LA.QI.11 Grievance System Description addresses this requirement.</p>	LA.QI.11 Grievance System Description	Section , C	Pg. , 6, #2
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 LA.QI.11 Grievance System Description addresses this requirement.</p>	LA.QI.11 Grievance System Description	Section C	Pg. 8, bullet
13.8	Continuation of Benefits				

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
13.8.1	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.				
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; • the original period covered by the original authorization has not expired; and • the member requests extension of benefits. 	<p>Met The LA.UM.08 Appeal of UM Decisions addresses this requirement.</p>	<p>LA.UM.08 Appeal of UM Decisions LA PA Reduction Letter – TC Version</p>	<p>VIII: Continuation of Benefits Can I receive the denied services during an appeal?</p>	<p>Pg. 8, and 9 Part A Pg 3</p>
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. 	<p>Met The LA.UM.08 Appeal of UM Decisions addresses this requirement</p>	<p>LA.UM.08 Appeal of UM Decisions LA.QI.11 Grievance System Description LA PA Reduction Letter – TC Version</p>	<p>VIII: Continuation of Benefits Section E Can I receive the denied services during an appeal?</p>	<p>Pg. 9, Part B Pg.9, #1 and 2 Pg. 3</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)
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>	<p>Met The LA.QI.11 Grievance System Description addresses this requirement.</p>	<p>LA.QI.11 Grievance System Description LA PA Reduction Letter – TC Version</p>	<p>Section E Can I receive the denied services during an appeal?</p>	<p>Pg. 9, #3 Pg. 3</p>
13.9	Information to Providers and Contractors				
13.9.0	<p>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.</p>	<p>Met The LA.QI.11 Grievance System Description, Provider Manual and Group Contract address this requirement.</p>	<p>LA.QI.11 Grievance System Description Provider Manual GROUP Contract GROUP Contract GROUP Contract GROUP Contract GROUP Contract</p>	<p>Procedure, Section A Grievances and Appeals Process Article I Definitions Article II CNN's Obligations Article III Group's and Group Providers Obligations Article III Coordinated Care Network – Prepaid Program Requirements Article IV State Mandated Requirements</p>	<p>Pg. 4, #8 Pg. 51-52 Pg. 2, 1.14 Pg. 3, 2.1, 2.1.A Pg. 4, 3.5 A-E, Pg. 5, 3.8 Pg. 21, 3.8 Pg. 27, 4.2</p>
13.10	Recordkeeping and Reporting Requirements				
13.10.0	<p>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.</p>	<p>Met The LA.QI.11 Grievance System Description and the Q3 2014 Redacted version PS113 Grievance Appeal and Fair Hearing Log address this requirement.</p>	<p>LA.QI.11 Grievance System Description</p>	<p>Policy Section & Procedure Section, A.1 Grievance Tab</p>	<p>Pg. 2,, 2nd paragraph & Section A #1 Pg. 4, #9 Grievance Tab</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)
			Q3 2014 Redacted version PS113 Grievance Appeal and Fair Hearing Log		
13.11	Effectuation of Reversed Appeal Resolutions				
13.11.1	<p>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.</p>	<p>Met This requirement is addressed in LA.QI.11 Grievance System Description on page 9.</p>	LA.QI.11 Grievance System Description	Section E	Pg. 9, #4
13.11.2	<p>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.</p>	<p>Met The LA.QI.11 Grievance System Description addresses this requirement.</p>	LA.QI.11 Grievance System Description	Section E	Pg. 10 , #5