

Readiness Review Submission Form - 10.0 Provider Services MCO: Louisiana Healthcare Connections

Contract   RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
<b>10.1</b>	<b>Provider Relations</b>				
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 This requirement is addressed in the Provider Orientation materials provided as well as in the Provider Manual.	Provider Services Calls/Hotline Provider Orientation Provider Manual Provider Visit Schedule		
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 This requirement is addressed on page 1 of the Provider Service Calls/Hotline P/P.	Provider Services Calls/Hotline	LA.PRVR.22	1
10.1.2	Assure each MCO provider is provided all rights outlined in the Provider's Bill of Rights (see Appendix R);	Met This requirement is addressed in the Provider Orientation P/P on pages 1 and 2.  The providers are made aware of their rights in the Provider Manual – page 49.	Provider Orientation Provider Manual Provider Visit Record	LA.PRVR.13	1, 2 49
10.1.3	Provide for arrangements to handle emergent provider issues on a 24/7 basis;	Met This requirement is addressed on pages 1 and 2 of the Provider Service Calls/Hotline P/P.	Provider Services Calls/Hotline	LA.PRVR.22	1-2
10.1.4	Provide ongoing provider training, respond to provider inquiries and provide general assistance to providers regarding program operations and requirements; and	Met This requirement is addressed in the Provider Orientation P/P at pages 1 and 2.  The Provider Visit Schedule P/P (pages 1 and 2) details the meeting frequency regarding program operations and the provider relations department.	Provider Orientation Provider Visit Schedule	LA.PRVR.13 LA.PRVR.14	1-2 1-2
10.1.5	Ensure regularly scheduled visits to provider sites, as well as ad hoc visits as circumstances dictate.	Met The Provider Relations Visits P/P (pages 1 and 2) address the requirement that the plan conduct regular site visits to provider sites as well as ad hoc visits as needed.	Provider Visit Schedule	LA.PRVR.14	1-2
<b>10.2</b>	<b>Provider Toll-free Telephone Line</b>				
10.2.1	The MCO must operate a toll-free telephone line to respond to provider questions, comments and inquiries.	Met The Provider Service Calls/Hotline P/P addressed this requirement and describes how the MCO operates a toll-free hotline to respond to provider questions, comments and inquiries.	Provider Services calls/Hotline	LA.PRVR.22	1

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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 This requirement is addressed on page 1 of the Provider Service Calls/Hotline P/P.	Provider Services calls/ Hotline	LA.PRVR.22	1
10.2.3	The MCO's call center system must have the capability to track provider call management metrics.	Met This requirement is addressed on page 1 of the Provider Service Calls/Hotline P/P.  Provider Call Center Report 181 is evidence of tracking.	Provider Services calls/ Hotline	LA.PRVR.22	1
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 This requirement is addressed on page 2 of the Provider Service Calls/Hotline P/P.	Provider Services calls/ Hotline	LA.PRVR.22	2
<b>10.3</b>	<b>Provider Website</b>				
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 This requirement is addressed throughout the Website Guidelines P/P.  Existence of the physical website at <a href="http://www.louisianahealthconnect.com/for-providers/">http://www.louisianahealthconnect.com/for-providers/</a> meets this requirement.	<a href="http://www.louisianahealthconnect.com/for-providers/">http://www.louisianahealthconnect.com/for-providers/</a>  Website Guidelines	LA.MRKT.10	See Link  Covered throughout policy
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;	Met This requirement is addressed in the Website Guidelines P/P (which is a marketing department document).	<a href="http://www.louisianahealthconnect.com/for-providers/">http://www.louisianahealthconnect.com/for-providers/</a>  Website Guidelines	LA.MRKT.10	See Link  Covered throughout policy

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	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.				
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.	NA As an incumbent plan, LHCC has met this requirement.			See note in previous column
10.3.4	The MCO must notify DHH when the provider website is in place.	NA As an incumbent plan, LHCC has met this requirement.	As an incumbent plan, LHCC has met this requirement.		See note in previous column
10.3.5	The MCO must remain compliant with HIPAA privacy and security requirements when providing any member eligibility or member identification information on the website.	Met This requirement is addressed in the Website Guidelines P/P at page 1.	Website Guideline	LA.MRKT.10	1
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 This requirement is addressed in LA.MRKT.10 Website Guidelines, page 1			
<b>10.4</b>	<b>Provider Handbook</b>				
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	Met The Provider Manual Policy (pages 1 and 2) address the requirement that the plan develops and issues a Provider Handbook within 30 days on the date the plan signs the contract with DHH.  The plan distributes hardcopies of the Provider Manual to its providers at orientation.	Provider Manual (Policy)	LA.PRVR.02	1-2

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	provider handbook shall include the following information:				
10.4.1.1	Description of the MCO;	Met This requirement is addressed on page 4 of the Provider Manual.	Provider Manual	Introduction	4
10.4.1.2	Core benefits and services the MCO must provide;	Met This requirement is addressed on pages 18 through 23 of the Provider Manual (see Benefit Explanation and Limitations).	Provider Manual	Benefit Explanation and Limitation	18-23
10.4.1.3	Emergency service responsibilities;	Met Emergency services is detailed in the Provider Manual at page 33.	Provider Manual	Emergency Care Services	33
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 a provider would take to escalate unresolved issues;	Met This requirement is addressed on page 39 of the Provider Manual.	Provider Manual	Provider Relations	39
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 This requirement is addressed on pages 51 through 53 of the Provider Manual.	Provider Manual	Grievance and Appeals Process	51-53
10.4.1.6	Medical necessity standards as defined by DHH and practice guidelines;	Met This requirement is addressed on page 28 of the Provider	Provider Manual	Medical Management	28

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		Manual.			
10.4.1.7	Practice protocols, including guidelines pertaining to the treatment of chronic and complex conditions;	Met This requirement is addressed on page 38 of the Provider Manual.	Provider Manual	Chronic Care/Disease Mgt	38
10.4.1.8	PCP responsibilities;	Met This requirement is addressed on page 12 of the Provider Manual.	Provider Manual	Primary Care Provider	12
10.4.1.9	Other provider responsibilities under the subcontract with the MCO;	Met This requirement is addressed on pages 49 through 51 of the Provider Manual.	Provider Manual	Provider Responsibilities	49-51
10.4.1.10	Prior authorization and referral procedures;	Met This requirement is addressed on page 26 of the Provider Manual.	Provider Manual	Medical Management	26
10.4.1.11	Medical records standards;	Met This requirement is addressed on pages 60 and 61 of the Provider Manual.	Provider Manual	Medical Records Review	60-61
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 This requirement is addressed on page 40 of the Provider Manual.	Provider Manual	Billing and Claim Submission	40
10.4.1.13	MCO prompt pay requirements (see Section § 9);	Met This requirement is addressed on pages 40 and 41 of the Provider Manual.	Provider Manual	Billing and Claim Submission	40-41
10.4.1.14	The MCO's chronic care management program;	Met This requirement is addressed on page 38 of the Provider Manual.	Provider Manual	Case Management Program	38
10.4.1.15	Quality performance requirements; and	Met This requirement is addressed on pages 55 through 58 of the Provider Manual.	Provider Manual	Quality Improvement	55-58
10.4.1.16	Provider rights and responsibilities.	Met This requirement is addressed on pages 49 through 51 of the Provider Manual.	Provider Manual	Rights and Responsibilities	49-51
10.4.2	The MCO shall disseminate bulletins as needed to incorporate any changes to the provider handbook.	Met The plan provided a sample of a fax blast bulletin that was sent to providers to alert them to changes in the handbook.	<a href="http://www.louisianahealthconnect.com/files/2012/01/2014-11-10_Fax_Blast_17-P_and_Makena_FINAL.pdf">http://www.louisianahealthconnect.com/files/2012/01/2014-11-10_Fax_Blast_17-P_and_Makena_FINAL.pdf</a>		
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	Met The Provider Manual Policy (pages 1 and 2) address the requirement that the plan develops and issues a Provider Handbook within 30 days on the date the plan signs the	Provider Manual		

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	Contract with DHH.	contract with DHH.			
<b>10.5</b>	<b>Provider Education and Training</b>				
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 Provider Orientation P/P addresses the requirement and the New Provider Training presentation.	Provider Orientation Provider Visit Schedule LHCC Provider Visit Record	LA.PRVR.13 LA.PRVR.14	1-2 1-2
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 This requirement is addressed on page 2 of the Provider Manual Policy.	Provider Manual Policy  LHCC Website	LA.PRVR.02  Provider Training	2
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 This requirement is addressed in the New Provider Training presentation and LA.PRVR.13 Provider Orientation. The presentation directs providers to the website for additional training/information.	Provider Orientation Policy Provider Visit Schedule Multiple Claim Submission Wizard	LA.PRVR.13 LA.PRVR.14	1 1 Entire Document
<b>10.6</b>	<b>Provider Complaint System</b>				

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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>	<p>Met This requirement is addressed on pages 1 and 4 of the Provider Complaints P/P.</p>	Provider Complaints	LA.PRVR.03	1, 4
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.	<p>Met This requirement is addressed on page 2 of the Provider Complaints P/P.</p>	Provider Complaints	LA.PRVR.03	Covered throughout policy
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.	<p>Met This requirement is addressed on page 1 of the Provider Complaints P/P.</p>	Provider Complaints	LA.PRVR.03	1
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;	<p>Met This requirement is addressed on page 1 of the Provider Complaints P/P.</p>	Provider Complaints	LA.PRVR.03	1
10.6.4.2	Identify a key staff person specifically designated to receive and process provider complaints;	<p>Met The Provider Complaint Coordinator (PCC) serves as the designated staff person to receive and process provider</p>	Provider Complaints	LA.PRVR.03	2

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		complaints. This requirement is addressed on page 2 of the Provider Complaints P/P.			
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 This requirement is addressed on page 2 of the Provider Complaints P/P.	Provider Complaints	LA.PRVR.03	2
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  Page 3 of the Provider Complaints P/P describes how the PCC provides complaint reports to the performance improvement team which includes plan executives with the authority to monitor and require corrective action plans of providers when appropriate.	Provider Complaints	LA.PRVR.03	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 This requirement is addressed throughout the Provider Complaints P/P.	Provider Complaints	LA.PRVR.03	Covered throughout policy
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 This requirement is addressed on page 1 of the Provider Complaints P/P.	Provider Complaints	LA.PRVR.03	1

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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 This requirement is addressed throughout the Provider Complaints P/P.  This requirement is communicated to the providers in the Provider Manual at page 39.	Provider Complaints  Provider Manual	LA.PRVR.03	Covered throughout policy  39
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 behalf;	Met This requirement is addressed on page 2 of the Provider Complaints P/P.	Provider Complaints	LA.PRVR.03	2
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 This requirement is addressed on page 3 of the Provider Complaints P/P.	Provider Complaints	LA.PRVR.03	3
10.6.5.5	A process for thoroughly investigating each complaint and for collecting pertinent facts from all parties during the investigation.	Met This requirement is addressed on page 2 of the Provider Complaints P/P.	Provider Complaints	LA.PRVR.03	2
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 This requirement is addressed on page 3 of the Provider Complaints P/P.	Provider Complaints	LA.PRVR.03	3
10.6.5.7	A process for giving providers (or their representatives) the opportunity to present their cases in person;	Met This requirement is addressed on page 3 of the Provider Complaints P/P.	Provider Complaints	LA.PRVR.03	3
10.6.5.8	Identification of specific individuals who have authority to administer the provider complaint process;	Met This requirement is addressed on page 1 of the Provider Complaints P/P.	Provider Complaints	LA.PRVR.03	1
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 This requirement is addressed on page 2 of the Provider Complaints P/P.	Provider Complaints	LA.PRVR.03	2
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 This requirement is addressed on page 3 of the Provider Complaints P/P.	Provider Complaints	LA.PRVR.03	3

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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 This requirement is addressed on page 39 of the Provider Manual.	Provider Manual	Provider Complaints	39
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 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.	Met The Provider Orientation P/P lists a summary of the policies and procedures available to providers.  This policy also addresses the requirement that the provider can request a hardcopy version at no cost to the provider	Provider Orientation Provider Manual PVR	LA.PRVR.13	1