

Readiness Review Submission Form - 10.0 Provider Services

Reviewer: Jessica Bielo

Contract RFP Reference	Contract Requirement Language	Review 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 This requirement is addressed in the Provider Relations Policy and Procedure as well as in the Network Provider Development Plan on pages 41 through 44.	LA Provider Relations Policy and Procedure 10.G.1 Network Provider Development Management Plan (See 7.9)	Entire Policy Network Management and Provider Relations	41-44
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 in the Provider Relations Policy and Procedure within Section V on pages 1 and 2.	LA Provider Relations Policy and Procedure	Section V	1-2
10.1.2	Assure each MCO provider is provided all rights outlined the Provider's Bill of Rights (see Appendix R);	Met The Provider's Bill of Rights is found within the Louisiana Manual for Readiness on page 26.	Louisiana Manual for Readiness	Provider's Bill of Rights	26
10.1.3	Provide for arrangements to handle emergent provider issues on a 24/7 basis;	Met This requirement is addressed in the Provider Relations Policy and Procedure within Section V on pages 1 and 2.	LA Provider Relations Policy and Procedure	Section V	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 Network Provider Development Management Plan under the section entitled 'Provider Services: Education and Training Overview' on pages 49 through 57.	10.G.1 Network Provider Development Management Plan (See 7.9)	Provider Services Education & Training Overview	49-57
10.1.5	Ensure regularly scheduled visits to provider sites, as well as ad hoc visits as circumstances dictate.	Met This requirement is addressed in the Network Provider Development Management Plan under the section entitled 'Provider Services: Education and Training Overview' on pages 49 through 57	10.G.1 Network Provider Development Management Plan (See 7.9)	Provider Services Education & Training Overview	49-57
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 This requirement is addressed in the Provider Service Call Center Policy	LA Provider Service Call Center Policy and Procedure	Entire Policy	

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		and Procedure.			
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 in the Provider Service Call Center Policy and Procedure under Section V on pages 1 and 2.	LA Provider Service Call Center Policy and Procedure	Section V	1-2
10.2.3	The MCO's call center system must have the capability to track provider call management metrics.	Met The requirement that the call center system have the capability of tracking call management results is found in the Provider Service Call Center Policy and Procedure on pages 2, 3, 6 and 7.	LA Provider Service Call Center Policy and Procedure	Section V Performance Standards Monitoring & Reporting	2 -Bottom 3 6-7
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 3 of the Provider Service Call Center Policy and Procedure under the subsection 'After-Hours Services'.	LA Provider Service Call Center Policy and Procedure	After Hours Service	3
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 plan provided the URL to its website which contains a portal for providers. The plan also provided screen shots of the provider section of their website.	www.unitedhealthcareonline.com www.uhccommunityplan.com	URL addresses	
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;	Met This requirement is addressed on page 1 of the Provider Healthcare Community Health Policy under Section I 'Provider Website'.	<u>www.uhccommunityplan.com</u> Provider Website.docx	Website Screen Shots 10.3.2 Section I Provider Website	Page 1

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	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.				
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.	Met This requirement is addressed on page 1 of the Provider Healthcare Community Health Policy under Section I 'Provider Website'.	Website for proposed plan is still in development and will be submitted to DHH within 30 days of contract signing Provider Website.docx	Section 4: Procedures; Section I Provider Website	Page 1
10.3.4	The MCO must notify DHH when the provider website is in place.	Met This requirement is addressed on page 1 of the Provider Healthcare Community Health Policy under Section I 'Provider Website'.	Website is still in development. DHH will be notified when website is in place. Provider Website.docx	Section 4: Procedures; Section I Provider Website	Page 1
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 Privacy Policy.	privacy-policy	Entire Document	
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 on page 1 of the Provider Healthcare Community Health Policy under Section I 'Provider Website'.	LA RR Narrative PS.10.3.6 ADA Section 508 Provider Website.docx	Entire Document Section 4: Procedures; Section I Provider Website	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	Met This requirement is addressed on page 2 of the Provider Healthcare Community Health Policy under Section I 'Provider Website'.	Louisiana Manual for Readiness Manual is still in development and will be completed and issued within 30 days of the date contract is signed with DHH. Provider Website.docx	Entire Document Section 4: Procedures; Section I Provider Website	Page 2

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	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:				
10.4.1.1	Description of the MCO;	Met This requirement is addressed in the Provider Manual under Chapter 1 'Corporate Overview' on pages 1 and 2.	Louisiana Manual for Readiness	Chapter 1: UnitedHealthcare Corporate Overview	1-2
10.4.1.2	Core benefits and services the MCO must provide;	Met This requirement is addressed in the Provider Manual on pages 6 through 14.	Louisiana Manual for Readiness	Benefits	6-14
10.4.1.3	Emergency service responsibilities;	Met This requirement is addressed in the Provider Manual under a Section entitled 'Responsibilities and Expectations' on page 27.	Louisiana Manual for Readiness	Responsibilities and Expectations	Column 2 -#14
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 in the Provider Manual under Chapter 3 'Provider Complaint Process' on pages 20 through 26.	Louisiana Manual for Readiness	Chapter 3: Provider Complaint Process	20-26
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 in the Provider Manual under the Section 'Grievances and the State Fair Hearing Process' on pages 24 and 25.	Louisiana Manual for Readiness	Grievances and the State Fair Hearing Process	24-25
10.4.1.6	Medical necessity standards as defined by DHH and practice guidelines;	Met The requirements pertaining to medical necessity are found in the Provider Manual on page 50.	Louisiana Manual for Readiness	Medical Necessity	50

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MCO: UnitedHealthcare Community Plan

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10.4.1.7	Practice protocols, including guidelines pertaining to the treatment of chronic and complex conditions;	Met The plan submitted documentation pertaining to Practice Guidelines within their Provider Manual. Pages 2 and 3 of the Provider Healthcare Community Health Policy (saved as Provider Website.docx) detail protocols, including guidelines pertaining to the treatment of chronic and complex conditions.	Louisiana Manual for Readiness Provider Website.docx	Chapter 17: Clinical Practice Guidelines Section 4; Procedures; II Provider Handbook	97 Pages 2-3
10.4.1.8	PCP responsibilities;	Met This requirement is addressed on pages 32 through 34 of the Provider Manual.	Louisiana Manual for Readiness	Responsibilities of the Primary Care Physician	32-34
10.4.1.9	Other provider responsibilities under the subcontract with the MCO;	Met This requirement is addressed in the Provider Manual under Chapter 4 on pages 27 through 43.	Louisiana Manual for Readiness	Chapter 4: Physician and Health Care Provider Responsibilities	27-43
10.4.1.10	Prior authorization and referral procedures;	Met This requirement is addressed in the Provider Manual on pages 28 and 29.	Louisiana Manual for Readiness	Referrals and Prior Authorization	28-29
10.4.1.11	Medical records standards;	Met This requirement is addressed in the Provider Manual on pages 39 through 43 under the Section 'Medical Record Documentation Standards Audit Tool'.	Louisiana Manual for Readiness	Medical Record Documentation Standards Audit Tool	39-43
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 within the Provider Manual under Chapter 12 'Claims Billing'. The plan provided a copy of a clean claim on page 82 of the Provider Manual.	Louisiana Manual for Readiness	Chapter 12: Claims Billing Example of a clean claim	69-85 82
10.4.1.13	MCO prompt pay requirements (see Section § 9);	Met This requirement is addressed in the Provider Manual on page 70.	Louisiana Manual for Readiness	Prompt Pay Requirements	70

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10.4.1.14	The MCO's chronic care management program;	Met This requirement is addressed in the Provider Manual under Chapter 9 'Case Management' on page 55.	Louisiana Manual for Readiness	Chapter 9: Case Management	55
10.4.1.15	Quality performance requirements; and	Met This requirement is addressed in the Provider Manual under Chapter 10 "Quality Management" on pages 59 through 63.	Louisiana Manual for Readiness	Chapter 10: Quality Management	59-63
10.4.1.16	Provider rights and responsibilities.	Met This requirement is addressed in the Provider Manual under Chapter 4 on pages 26 through 43.	Louisiana Manual for Readiness	Provider Rights Chapter 4: Physician and Health Care Provider Responsibilities	26-43
10.4.2	The MCO shall disseminate bulletins as needed to incorporate any changes to the provider handbook.	Met This requirement is addressed on page 3 of the Provider Healthcare Community Health Policy under Section 4 'Provider Handbook'.	LA_Peer_to_Peer, Sample Bulletin Provider Website.docx	LA_Peer_to_Peer, Sample Bulletin Section 4; Procedures; II Provider Handbook	Page 3
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 This requirement is addressed on page 3 of the Provider Healthcare Community Health Policy under Section 4 'Provider Handbook'.	Provider Manual is still in development and will be submitted to DHH no later than 30 Days from the date contract is signed. Provider Website.docx	Section 4; Procedures; II Provider Handbook	Page 3
10.5	Provider Education and Training				
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 This requirement in its entirety is addressed in the Network Provider Development Management Plan on pages 41 through 57. In addition, the plan provided the schedule of its Town Hall Meetings/Training Sessions.	PCA15174_Aproved_noBH 10.G.1 Network Provider Development Management Plan (See 7.9) Scheduled Town Halls 2014 and 2015	Entire Document Network Management and Provider Relations Entire Document	41-57
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	Met This requirement is addressed on page 44 of the Network Provider Development Management Plan within the section entitled 'Provider Relations and Education'.	Training materials in development will be submitted within 30 days of signature signing PCA15174_Aproved_noBH Louisiana Manual for Readiness (See 10.4)	Entire Document	

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	change and dissemination of such change.		G 1_Network Provider Development Management Plan_Updatedv2 See Section 7 – Provider Network	Provider Relations and Education	Page 44
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 Provider Manual on pages 90 and 91. Additionally, the plan submitted training slides entitled 'Care Provider Education Session' that address billing and service authorization requirements.	PCA15174_Approved_noBH Louisiana Manual for Readiness (See 10.4)	Entire Documents Section 12; Claims Billing	69-85
10.6	Provider Complaint System				
10.6.1 10.6.1.1 10.6.1.2	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. 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.	Met The definitions of Provider Compliant and Action are provided in the Provider Complaint System on page 1.	Provider Complaint System	Definitions	1
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-	Met This requirement is addressed in the Provider Complaint System Policy	Provider Complaint System	Purpose	1

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	network providers.	on page 1.			
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 This requirement is addressed in the Provider Complaint System Policy on page 1.	Provider Complaint System	Policy	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;	Met This requirement is addressed in the Provider Complaint System Policy on page 2.	Provider Complaint System	Policy	1-2
10.6.4.2	Identify a key staff person specifically designated to receive and process provider complaints;	Met This requirement is addressed in the Provider Complaint System Policy on page 2.	Provider Complaint System	Policy	1-2
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 in the Provider Complaint System Policy on page 2.	Provider Complaint System	Policy	1-2
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 This requirement is addressed in the Provider Complaint System Policy on page 2.	Provider Complaint System	Policy	1-2
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	Met This requirement is addressed in the Provider Complaint System Policy on page 2.	Provider Complaint System The Provider Complaint will be submitted within 30 calendar days of contract execution	Entire Document	

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	shall include, at a minimum:				
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 in the Provider Complaint System Policy on page 2.	Provider Complaint System	Policy	2
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 in the Provider Complaint System Policy on pages 2 and3.	Provider Complaint System	Policy	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 behalf;	Met This requirement is addressed in the Provider Complaint System Policy on page 3.	Provider Complaint System	Policy	3
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 in the Provider Complaint System Policy on page 3.	Provider Complaint System	Policy	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 in the Provider Complaint System Policy on page 3..	Provider Complaint System	Policy	3
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 in the Provider Complaint System Policy on page 3.	Provider Complaint System	Policy	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 in the Provider Complaint System Policy on page 3.	Provider Complaint System	Policy	3
10.6.5.8	Identification of specific individuals who have authority to administer the provider complaint process;	Met This requirement is addressed in the Provider Complaint System Policy on page 3.	Provider Complaint System	Policy	3
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 in the Provider Complaint System Policy on page 3.	Provider Complaint System	Policy	3

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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 in the Provider Complaint System Policy on page 3.	Provider Complaint System	Policy	3
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 in the Provider Manual on pages 20-26 wherein the plan provides a description of the PCS as well as instructions and contact information for provider complaints.	Louisiana Manual for Readiness (See 10.4)	Chapter 3	20-26
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 This requirement is addressed in the Provider Complaint System Policy within Section E at page 4.	Provider Complaint System	Policy: E	4