

ADDENDUM #5

Statewide Management Organization
305PUR-DHHRFP-SMO-OBH
Proposal Due Date: August 15, 2011 4:00 pm CDT

Corrections:

Section Content. Table of Contents, page 2

5.	Quality Management Requirements	88
6.	Grievances and Appeals	92 93
7.	Provider Network Management	101

Glossary. page 16

OBH-AD – Office of Behavioral Health, **Addictions** Addictive Disorders may be used to identify resources for individuals with addictive disorders.

Glossary. page 17

Per Member Per Month (PMPM) Rate – The **PEPM** PMPM rate paid to the SMO for the provision of behavioral health services to SMO Members. PMPM refers to the amount of money paid or received on a monthly basis for each enrolled individual.

Section II.2. Covered Services, q. Prior authorization and concurrent utilization . . . , page 58

The Contractor shall ensure that face-to-face inpatient psychiatric hospital concurrent utilization reviews are completed by a LMHP for each Medicaid beneficiary referred for psychiatric admissions to general hospitals, as specified for children based on the CANS screening and algorithm, consistent with **~~R.S. 46: 153 (Louisiana Register, Volume 21, No. 6, 6/20/1995)~~** LAC Title 28: Section 1601 – 1607 and Section 1613. The criteria **contain a two-fold definition: severity of need and intensity of service required, both of** which shall be met. Adult reviews are per **~~R.S. 46: 153~~** LAC Title 28: Section 1601 – 1607 and Section 1613 adult admission criteria:

Section II.4. Management of Care, w. Referrals for Permanent Supportive Housing, page 86

- a. Referrals for Permanent Supportive Housing.
The Contractor shall assure Permanent Supportive Housing (PSH) referral and service arrangements are made available in each of the **six** seven districts/ regions of the Gulf Opportunity Zone (including the Capital Area, Florida Parishes

Section II.6. Grievances and Appeals, q. Authority to File., page 99

- q. Expedited Resolution of Appeals.
- ~~qr.~~ Authority to File.
- ~~rs.~~ Format of Resolution Notice.
- ~~st.~~ Continuation of Benefits While the contractor . . .
- ~~tu.~~ Continuation of Benefits.
- ~~uv.~~ Duration of Continued or Reinstated Benefits.
- ~~vw.~~ Member Responsibility for Services Furnished While the Appeal is pending.
- ~~wx.~~ Information about the Grievance System to Providers and Contractors.
- ~~xy.~~ Recordkeeping and Reporting Requirements
- ~~yz.~~ Effectuation of Reversed Appeal Resolutions.

Section II.C. Liquidated Damages, Table 12: Performance Guarantees, 3., page 144

Turn-around-time (TAT) – 95% of clean claims paid to all providers within 30 ~~claim~~ days. Claim means 1) a bill for services; 2) a line item of services or 3) all services for one recipient within a bill

Section II.E. Technical Requirements, page 155

1. The Contractor shall ensure that ~~ninety~~-five percent (~~90~~-95%) of clean claims for payment of services delivered to a Member are paid by the Contractor to the provider within thirty (30) ~~calendar~~ days of the receipt of such claims. Process and if appropriate, pay within ~~ninety~~ forty-five (~~90~~ 45) calendar days, ninety-nine percent (99%) of all provider claims for covered services delivered to a Member.

Section III.N. Requested Proposal Outline, page 169

N. Requested Proposal Outline:

1. Introduction/Administrative Data
2. Work Plan/Project Execution:
 - a. ~~Access and~~ Member Services
 - b. ~~Management of care~~ Care Management
 - c. Utilization Management (UM)
 - d. Quality ~~m~~Management (QM)
 - e. ~~Complaints~~ Network Management
 - f. ~~Appeals~~–Member Rights and Responsibilities
 - g. ~~Provider network management~~–Technical Requirements

- h. ~~Member rights and protections~~—Business continuity, disaster recovery and emergency preparedness
- i. ~~Financial oversight~~—Implementation Plan
- j. ~~Claims payment for non-capitated services~~—Subcontracting
- k. ~~Encounter tracking and submissions for capitated services~~—Insurance Requirements and Risk and Liability
- l. ~~Reporting and monitoring~~—Transition Planning
- m. ~~Technical requirements~~
- n. ~~Implementation planning~~
- o. ~~Transition planning~~

Section III.7. Provider Network Management, P. Evaluation Criteria, 2, page 185

The following process and criteria will be used to evaluate proposals:

1. Evaluations will be conducted by a Proposal Review Committee.
- ~~2. Evaluations of the financial statements will be conducted by a member of the DHH Fiscal Division.~~

Section IV. Contractual Information, Attachment I, 5., page 190

5. Proposer understands that if selected as the successful Proposer, he/she will have
10 business days from the date of delivery of final contract in which to complete contract negotiations, if any, and execute the final contract document.