

## **Transition Period Requirements**

### **Introduction**

This Section presents the scope of work for the Transition period of the Contract, which includes those activities that must take place between the time of Contract award and the Go Live Date.

Each CCNs Go Live Date will be determined by DHH once requirements are met.

The Transition Period will include a Readiness Review of each CCN, which must be completed successfully prior to a CCN's Go Live Date. DHH may, at its discretion, postpone the Operation Start Date of the Contract for any such CCN that fails to satisfy all Transition Period requirements.

### **Transition Period Requirements**

CCNs must have successfully met all Readiness Review requirements established by DHH no later than 90 days prior to the Go Live Date. The CCN agrees to provide all materials required to complete the readiness review by the dates established by DHH and/or its Readiness Review contractor.

If a CCN does not fully meet the Readiness Review prior to the Go Live Date, DHH may impose a monetary penalty for each day beyond the Go Live Date that the CCN is not operational.

The Transition Period will begin after both Parties sign the Contract. The start date for the CCN Transition Period is anticipated to be on or after September, 2011. .

The CCN has overall responsibility for the timely and successful completion of each of the Transition Period tasks. The CCN is responsible for clearly specifying and requesting information needed from DHH, other DHH contractors, and Providers in a manner that does not delay the schedule of work to be performed.

#### **1. Contract Start-Up and Planning**

DHH and the CCN will work together during the initial Contract start-up phase:

- define project management and reporting schedules;
- establish communication protocols between DHH and the CCN;
- establish contacts with DHH contractors;
- establish a schedule for key activities and milestones; and
- clarify expectations for the content and format of Contract Deliverables.

The CCN will be responsible for developing a written work plan, referred to as the Transition/Implementation Plan, which will be used to monitor progress throughout the Transition Period. An updated and detailed Transition/Implementation Plan will be due to DHH within thirty (30) days from the date the contract is signed by the CCN.

#### **2. Administration and Key CCN Personnel**

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No later than August 1, 2011, the CCN must designate and identify Key CCN Personnel that meet the requirements of the contract. The CCN will supply DHH with resumes of each Key CCN Personnel as well as organizational information that has changed relative to the CCN Proposal, such as updated job descriptions and updated organization charts, (including updated Management Information System (MIS) job descriptions and an updated MIS staff organizational chart), if applicable. If the CCN is using a Subcontractor(s), the CCN must also provide the organization chart for such Subcontractor(s).

No later than the Contract execution date, CCNs must update the information above and provide any additional information as it relates to the Coordinated Care Network Program.

### 3. Financial Readiness Review

In order to complete a Financial Readiness Review, DHH will require that CCNs update information submitted in their proposal and or any other requirements specified in the RFPs. This information will include the following and the requirements specified in the Proposal Submission and Evaluation Requirements.

#### Contractor Identification and Information

1. The Contractor's legal name, trade name, or any other name under which the Contractor does business, if any.
2. The address and telephone number of the Contractor's headquarters office.
3. A copy of its current Louisiana Department of Insurance Certificate of Authority to provide HMO services.
4. The type of ownership (proprietary, partnership, corporation).
5. The type of incorporation (for profit, not-for-profit, or non-profit) and whether the CCN is publicly or privately owned.
6. If the CCN is an Affiliate or Subsidiary, identify the parent organization.
7. If any changes of ownership of the CCN's company is anticipated during the 12 months following the Proposal due date, the CCN must describe the circumstances of such change and indicate when the change is likely to occur.
8. The name and address of type of support, e.g. guarantees, letters of credit, etc. Indicate if there are maximum limits of the additional financial support.
9. The name and address of any health professional that has at least a five percent financial interest in the CCN and the type of financial interest.

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10. The names of officers and directors.
11. The state in which the CCN is incorporated and the state(s) in which the CCN is licensed to do business as an HMO. The CCN must also indicate the state where it is commercially domiciled, if applicable.
12. The CCN's federal taxpayer identification number.
13. Whether the CCN had a contract terminated or not renewed for non-performance or poor performance within the past five years. In such instance, the CCN must describe the issues and the parties involved, and provide the address and telephone of the principal terminating party. The CCN must also describe any corrective action taken to prevent any future occurrence of the problem leading to the termination.
14. Whether the CCN has ever sought, or is currently seeking, National Committee for Quality Assurance (NCQA) or American Accreditation HealthCare Commission (URAC) accreditation status, and if it has or is, indicate:
  - is current NCQA or URAC accreditation status;
  - if NCQA or URAC accredited, its accreditation term effective dates; and
  - if not accredited, a statement describing whether and when NCQA or URAC accreditation status was ever denied the CCN.

### Subcontractor Information

CCN's must submit the following for each proposed Subcontractor, if any:

1. A completed attestation of commitment from each Subcontractor that states the Subcontractor's willingness to enter into a Subcontractor agreement with the CCN and a statement of work for activities to be subcontracted. Attestations must be provided on the Subcontractor's official company letterhead and signed by an official with the authority to bind the company for the subcontracted work.
2. The Subcontractor's legal name, trade name, or any other name under which the Subcontractor does business, if any.
3. The address and telephone number of the Subcontractor's headquarters office
4. The type of ownership (e.g., proprietary, partnership, corporation).
5. The type of incorporation (i.e. for profit, not-for-profit, or non-profit) and whether the Subcontractor is publicly or privately owned.
6. If a Subsidiary or Affiliate, the identification of the parent organization.

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7. The name and address of any sponsoring corporation or others who provide financial support to the Subcontractor and type of support, e.g., guarantees, letters of credit, etc. Indicate if there are maximum limits of the additional financial support.
8. The name and address of any health professional that has at least a five percent (5%) financial interest in the Subcontractor and the type of financial interest.
9. The state in which the Subcontractor is incorporated, commercially domiciled, and the state(s) in which the organization is licensed to do business.
10. The Subcontractor's federal taxpayer identification number.
11. Whether the CCN had a contract terminated or not renewed for non-performance or poor performance within the past five years. In such instance, the CCN must describe the issues and the parties involved, and provide the address and telephone of the principal terminating party. The CCN must also describe any corrective action taken to prevent any future occurrence of the problem leading to the termination.
12. Whether the CCN has ever sought, or is currently seeking, National Committee for Quality Assurance (NCQA) or American Accreditation HealthCare Commission (URAC) accreditation status, and if it has or is, indicate:
  - a. is current NCQA or URAC accreditation status;
  - b. if NCQA or URAC accredited, its accreditation term effective dates; and
  - c. if not accredited, a statement describing whether and when NCQA or URAC accreditation status was ever denied the CCN.

### Other Information

1. Briefly describe any regulatory action, sanctions, and/or fines imposed by any federal or Louisiana regulatory entity or a regulatory entity in another state within the last three (3) years, including a description of any letters of deficiencies, corrective actions, findings of non-compliance, and/or sanctions. Please indicate which of these actions or fines, if any, were related to Medicaid or CHIP programs. DHH may, at its option, contact these clients or regulatory agencies and any other individual or organization whether or not identified by the CCN.
2. No later than thirty (30) days after the Contract Effective Date, submit documentation that demonstrates that the CCN has secured the required insurance and bonds in accordance with DHH requirements.
3. Submit annual audited financial statement for fiscal years 2010 and 2011 (2011 to be submitted no later than six months after the close of the fiscal year).
4. Submit an Affiliate Report containing a list of all Affiliates and for DHH's prior review and approval, a schedule of all transactions with Affiliates that, under the

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provisions of the Contract, will be allowable as expenses in the Financial Report for services provided to the CCN by the Affiliate. Those should include financial terms, a detailed description of the services to provided, and an estimated amount that will be incurred by the CCN for such services during the Contract Period.

### **System Testing and Transfer of Data**

The CCN must have hardware, software, network and communications systems with the capability and capacity to handle and operate all MIS systems and subsystems.

During the Readiness Review task, the CCN will accept into its system any and all necessary data files and information available from DHH or its contractors. The CCN will install and test all hardware, software, and telecommunications required to support the Contract. The CCN will define and test modifications to the CCN's system(s) required to support the business functions of the Contract.

The CCN will produce data extracts and receive data transfers and transmissions. CCNs must be able to demonstrate the ability to produce encounter file.

If any errors or deficiencies are evident, the CCN will develop resolution procedures to address the problem identified. The CCN will provide DHH, or designated contractor, with test data files for systems and interface testing for all external interfaces. This includes testing of the required telephone lines for Providers and Members and any necessary connections to the Enrollment Broker and External Quality Review Organization. The CCN will demonstrate its system capabilities and adherence to Contract specifications during readiness review.

### **System Readiness Review**

The CCN must assure that system services are not disrupted or interrupted during the Operations Phase of the Contract, as defined in the Information Systems Availability section of the RFP. The CCN must coordinate with DHH and other contractors to ensure the business and systems continuity for the processing of all health care claims and data as required under this Contract.

The CCN must submit to DHH, descriptions of interface and data and process flow for each business processes described in the *CCN-P Systems Companion Guide*.

The CCN must clearly define and document the policies and procedures that will be followed to support day-to-day systems activities. The CCN must develop, and submit for DHH review and approval, the following information no later than 30 days after the Contract is signed:

1. Disaster Recovery Plan
2. Business Continuity Plan
3. Systems Quality Assurance Plan

### **Demonstration and Assessment of System Readiness**

The CCN must provide documentation on systems and facility security and provide evidence or demonstrate that it is compliant with HIPAA, as specified in the Information Security and Access Management section and as otherwise stated in the RFP. The CCN shall also provide DHH with a summary of all recent external audit reports, including findings and corrective actions, relating to the CCN's proposed systems. The CCN shall promptly make additional information on the detail of such system audits available to DHH upon request.

In addition, DHH will provide to the CCN a test plan that will outline the activities that need to be performed by the CCN prior to the Go Live Date of the Contract, as outlined in the CCN-P Systems Companion Guide. The CCN must be prepared to assure and demonstrate system readiness. The CCN must execute system readiness test cycles to include all external data interfaces, including those with Subcontractors.

DHH, or its contractors, may independently test whether the CCN's MIS has the capacity to administer a Coordinated Care Network. This Readiness Review of a CCN's MIS may include a desk review and/or an onsite review. Based in part on the CCN's assurances of systems readiness, information contained in the Proposal, additional documentation submitted by the CCN, and any review conducted by DHH or its contractors, DHH will assess the CCN's understanding of its responsibilities and the CCN's capability to assume the MIS functions required under the contract.

The CCN is required to provide a Corrective Action Plan in response to any Readiness Review deficiency no later than ten (10) calendar days after notification of any such deficiency by DHH. If the CCN documents to DHH's satisfaction that the deficiency has been corrected within ten (10) calendar days of such deficiency notification by DHH, no Corrective Action Plan is required.

### **Operation Readiness**

The CCN must clearly define and document the policies and procedures that will be followed to support day-to-day business activities related to Louisiana Medicaid enrollees, including coordination with contractors. The CCN will be responsible for developing and documenting its approach to quality assurance.

Readiness Review includes all plans to be implemented in one Geographic Service Area (GSA) on the anticipated Operational Start Date. At a minimum, the CCN shall:

1. Develop operations procedures and associated documentation to support the CCN's proposed approach to conducting operations activities in compliance with the contracted scope of work.
2. Submit to DHH, a listing of all contracted and credentialed Providers, in a DHH approved format including a description of additional contracting and credentialing activities scheduled to be completed before the Go Live Date.

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3. Prepare and implement a Member Services staff training curriculum and a Provider training curriculum.
4. Prepare a Coordination Plan documenting how the CCN will coordinate its business activities with those activities performed by DHH contractors and the CCN's Subcontractors, if any. The Coordination Plan will include identification of coordinated activities and protocols for the Transition Period.
5. Develop and submit to DHH the draft Member Handbook, draft Provider Manual, draft Provider Directory, and draft Member Identification Card for DHH's review and approval. The material must at a minimum meet the requirements specified in the Request for Proposal.
6. Develop and submit to DHH the CCN's proposed Member complaint and appeals processes.
7. Provide sufficient copies of final Provider Directory to the DHH's Enrollment Broker in sufficient time to meet the enrollment schedule.
8. Demonstrate toll-free telephone systems and reporting capabilities for the Member Services Hotline and Provider Service Hotline.
9. Submit a written Fraud and Abuse Compliance Plan to DHH for approval no later than 30 days from the date the Contract is signed. As part of the Fraud and Abuse Compliance Plan as described in this RFP , the CCN shall:
  - Designate a compliance officer and essential personnel to attend mandatory training in fraud and abuse detection, prevention and reporting. Executive and essential fraud and abuse personnel means CCN staff persons who supervise staff in the following areas: data collection, provider enrollment or disenrollment, encounter data, claims processing, utilization review, appeals or grievances, quality assurance and marketing, and who are directly involved in the decision-making and administration of the fraud and abuse detection program within the CCN.
  - Designate an officer within the organization responsible for carrying out the provisions of the Fraud and Abuse Compliance Plan.
  - The CCN is held to the same requirement and must ensure that, if this function is subcontracted to another entity, the subcontractor also meets all the requirements.

During the Readiness Review, DHH may request from the CCN certain operating procedures and updates to documentation to Coordinated Care Network Services. DHH will assess the CCN's understanding of its responsibilities and the CCN's capability to assume the functions required under the Contract, based in part on the

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CCN's assurances of operational readiness, information contained in the Proposal, and in Transition Period documentation submitted by the CCN.

The CCN is required to promptly provide a Corrective Action Plan as requested by DHH in response to Operational Readiness Review deficiencies identified by the CCN or by DHH's contractors. The CCN must promptly alert DHH of deficiencies, and must correct a deficiency or provide a Corrective Action Plan no later than ten (10) calendar days after DHH's notification of deficiencies. If the CCN documents to DHH's satisfaction that the deficiency has been corrected within ten (10) calendar days of such deficiency notification by DHH, no Corrective Action Plan is required.

### **Assurance of System and Operation Readiness**

In addition to successfully providing the Deliverables described in the RFP, the CCN must assure DHH that all processes, MIS systems, and staffed functions are ready and able to successfully assume responsibilities for operations prior to the Go Live Date. In particular, the CCN must assure that Key CCN Personnel, Member Services staff, Provider Services staff, and MIS staff are hired and trained, MIS systems and interfaces are in place and functioning properly, communications procedures are in place, Provider Manuals have been distributed, and that Provider training sessions have occurred according to the schedule approved by DHH.

### **Post-Transition**

The CCN will work with DHH, Providers, and Members to promptly identify and resolve problems identified after the Go Live Date and to communicate to DHH, Providers, and Members, as applicable, the steps the CCN is taking to resolve the problems.

If a CCN makes assurances to DHH of its readiness to meet Contract requirements, including MIS and operational requirements, but fails to satisfy requirements set forth in this Section, or as otherwise required pursuant to the Contract, DHH may, at its discretion do any of the following in accordance with the severity of the non-compliance and the potential impact on Members and Providers:

1. freeze enrollment into the CCN's plan for the affected GSA;
2. freeze enrollment into the CCN's plan for all affected GSAs
3. impose contractual monetary penalties, or
4. pursue other equitable, injunctive, or regulatory relief.