

ADDENDUM #6
Revisions to RFP

STATEWIDE MANAGEMENT ORGANIZATION
LOUISIANA BEHAVIORAL HEALTH PARTNERSHIP
OFFICE OF BEHAVIORAL HEALTH
RFP# 305PUR-DHHRFP-SMO-2014-OBH

All additions are in **red** and underlined.

Document	Section	Change From:	Change To:
RFP	Glossary	Added definition.	<u>Abuse (as in Fraud, Waste, and Abuse) - Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes member practices that result in unnecessary cost to the Medicaid program.</u>
RFP	Glossary	Added definition.	<u>Waste (as in Fraud, Waste, and Abuse) – Over utilization of services or other practices that, directly or indirectly, result in unnecessary costs to the healthcare system, including the Medicare and Medicaid programs. It is not generally considered to be caused by criminally negligent actions, but by the misuse of resources.</u>
RFP	3.2.11.11.3	3.2.11.11.3 Automated systems for detection of suspected fraud and abuse in keeping with state and federal standards and procedures;	3.2.11.11.3 Automated systems for detection of suspected fraud and abuse in keeping with state and federal standards and procedures, including the ability to data mine;
RFP	6.2.9.18.6	Added 6.2.9.18.6	<u>6.2.9.18.6 Ensuring providers receive claims education.</u>
RFP	6.2.9.21– 6.2.9.21.4	Added 6.2.9.21–6.2.9.21.4	<u>6.2.9.21. Provider Claims Educator must be a full-time (forty (40) hours per week) employee for the SMO. This position is fully integrated with the SMO's grievance, claims processing, and provider</u>

			<p><u>relations systems and facilitates the exchange of information between these systems and providers, with a minimum of five (5) years management and supervisory experience in the healthcare field. The primary functions of the Provider Claims Educator are:</u></p> <p><u>6.2.9.21.1. Educating in-network and out-of-network providers (i.e., professional and institutional) regarding appropriate claims submission requirements, coding updates, electronic claims transactions and electronic fund transfer, and available SMO resources such as provider manuals, websites, fee schedules, etc.;</u></p> <p><u>6.2.9.21.2. Interfacing with the SMO’s call center to compile, analyze, and disseminate information from provider calls;</u></p> <p><u>6.2.9.21.3. Identifying trends and guiding the development and implementation of strategies to improve provider satisfaction; and</u></p> <p><u>6.2.9.21.4. Frequently communicating (i.e., telephonic and on-site) with providers to ensure the effective exchange of information and to gain feedback regarding the extent to which providers are informed about appropriate claims submission practices and fraud, waste and abuse issues.</u></p>
RFP	6.2.10.1.7	6.2.10.1.7. Provider Network Staff to train providers on: 1) compliance with billing and documentation requirements; 2) evidence-based and best practices; 3) LBHP (CSoC, 1915(i), etc.) mission, goals and care coordination strategies; and 4) other areas identified in the SMO’s Quality Management and provider profiling program.	6.2.10.1.7 Provider Network Staff to train providers on: 1) compliance with billing and documentation requirements; 2) evidence-based and best practices; 3) LBHP (CSoC, 1915(i), etc.) mission, goals and care coordination strategies; and 4) other areas identified in the SMO’s Quality Management and provider profiling program; <u>and 5) fraud, waste and abuse detection and regulations.</u>
RFP	6.2.10.1.8	Added 6.2.10.1.8	<u>6.2.10.1.8 Credentialing and Contracting staff to oversee timely correspondence, collection and successful credentialing and re-credentialing of providers. This staff will also ensure timely and accurate contracting of providers. There shall be sufficient staff to ensure prompt response to provider questions on credentialing, OBH certification requirements, and SMO contracting and correction of</u>

			<u>documentation, if needed, and not delay the availability of services. The Credentialing and Contracting staff shall provide OBH staff updates on individual provider's credentialing status upon request.</u>
RFP	6.5.2	6.5.2. The SMO must provide initial and ongoing staff training that includes, but is not limited to, an overview of DHH, DHH policy and procedure manuals, contract requirements (including the 1915(c) and 1915(b) waivers and 1915(i) SPA), currently approved CMS authorities (waivers and Medicaid State Plan), current and applicable EBP, Medicaid State Plan, CSoC services, Medicaid eligibility, and any state and federal requirements specific to individual job functions. The SMO shall ensure that all staff members having contact with members or providers receive initial and ongoing training with regard to the appropriate identification and handling of quality of care/service concerns. All staff working directly with members shall have crisis intervention training. Additionally, staff should be trained on other Medicaid services as determined by DHH-OBH, including Medicaid transportation.	6.5.2 The SMO must provide initial and ongoing staff training that includes, but is not limited to, an overview of DHH, DHH policy and procedure manuals, contract requirements (including the 1915(c) and 1915(b) waivers and 1915(i) SPA), currently approved CMS authorities (waivers and Medicaid State Plan), current and applicable EBP, Medicaid State Plan , CSoC services, Medicaid eligibility, <u>program integrity requirements</u> , and any state and federal requirements specific to individual job functions. The SMO shall ensure that all staff members having contact with members or providers receive initial and ongoing training with regard to the appropriate identification, and handling of quality of care/service concerns, <u>navigating the grievance and appeal system, and encouraging proper fraud, waste and abuse reporting</u> . All staff working directly with members shall have crisis intervention training. Additionally, staff should be trained on other Medicaid services as determined by DHH-OBH, including Medicaid transportation.
RFP	9.8.5.2	9.8.5.2. If the SMO suspects prescription abuse by a contracted provider, it shall contact DHH- Program Integrity for investigation and a decision, which may include excluding the provider from the Louisiana Medicaid program. The SMO shall provide DHH with any and all documentation related to the alleged prescription abuse.	9.8.5.2 If the SMO suspects prescription abuse by a contracted provider, it shall contact DHH- Program Integrity for investigation and a decision, which may include excluding the provider from the Louisiana Medicaid program. <u>The SMO shall report such suspected abuse in writing as soon as practical after discovering suspected abuse, but no more than three (3) business days upon discovery.</u> The SMO shall provide DHH with any and all documentation related to the alleged prescription abuse.
RFP	9.8.6	Added 9.8.6	<u>9.8.6 The SMO shall report on pharmacy related HEDIS measures as instructed by DHH-OBH. Low performance as determined by OBH based on comparable populations and geographic regions may subject the SMO to corrective action. Failure to improve after</u>

			<u>implementation of corrective action may subject the SMO to remediation as contained in Section 22 including but not limited to penalties.</u>
RFP	10.7.8	10.7.8. The SMO must have a written credentialing and re-credentialing process that complies with 42 CFR §438.12; §438.206, §438.214, §438.224 and §438.230 and NCQA Health Plan Accreditation Standards for the review and credentialing and re-credentialing of licensed, independent providers and provider groups with whom it contracts or employs and with whom it does not contract but with whom it has an independent relationship. These procedures shall be submitted as part of the proposal, when a change is made, and annually thereafter by contract year.	10.7.8. The SMO must have a written credentialing and re-credentialing process that complies with 42 CFR §438.12; §438.206, §438.214, §438.224 and §438.230 and NCQA Health Plan Accreditation Standards for the review and credentialing and re-credentialing of licensed, independent providers and provider groups with whom it contracts or employs and with whom it does not contract but with whom it has an independent relationship. These procedures shall be submitted as part of the proposal when a change is made, and annually thereafter by contract year. <u>within sixty (60) days after contract award,</u> when a change is made, and annually thereafter by contract year.
RFP	10.7.11.1	10.7.11.1. When selecting qualified service providers for a subcontract, the SMO shall evaluate information from the following sources: quality management data, including at a minimum, appointment availability data; grievances; patterns of concerns reported by eligible or enrolled members; performance on current and previous subcontracts, including outcomes; behavioral health member satisfaction survey data; results from independent case reviews and other reviews/audits; unmet needs data; grievance and appeals data; network management and contracting data (for example, geographic location and cultural or unique service delivery considerations); and issues, concerns, and requests from state agency personnel or system stakeholders.	10.7.11.1. When selecting qualified service providers for a subcontract, the SMO shall evaluate information from the following sources: quality management data, including at a minimum, appointment availability data; grievances; patterns of concerns reported by eligible or enrolled members; performance on current and previous subcontracts, including outcomes; behavioral health member satisfaction survey data; results from independent case reviews and other reviews/audits; unmet needs data <u>which shall include, but not be limited to, the number of members denied services by the providers, the number of members receiving services out of the network within the state, the number of complaints regarding service availability, the number of referrals for all service types, the number of members in the service types, network access (including geographic access, appointment availability, and access to qualified providers of each service type), and the number of members receiving services outside of the state;</u> grievance and appeals data; network management and contracting data (for example, geographic location and cultural or unique service delivery considerations); and issues, concerns, and requests from state agency personnel or system

			stakeholders.
RFP	10.7.11.3	10.7.11.3. The SMO network provider application shall include all information outlined in 42 CFR §455.104 for disclosure by Medicaid providers and fiscal agents regarding information on ownership and control interests.	10.7.11.3 The SMO network provider application shall include all information outlined in 42 CFR §455.104 for disclosure by Medicaid providers and fiscal agents regarding information on ownership and control interests. <u>The application shall include information sufficient for the SMO to make a determination of compliance with program integrity related requirements in the RFP.</u>
RFP	10.9.5.39	Added 10.9.5.39	<u>10.9.5.39 Information sufficient for the SMO to conduct required program integrity related database checks. This information may include social security number or date of birth.</u>
RFP	13.3.2– 13.3.2.8	13.3.2. The SMO provider website shall include general and up-to-date information about the SMO as it relates to the Louisiana Behavioral Health Partnership. Any new materials posted on the website shall be approved by DHH-OBH. This shall include, but is not limited to: 13.3.2.1. LBHP provider manual; 13.3.2.2. SMO-relevant DHH-OBH, LBHP bulletins; 13.3.2.3. Information on upcoming provider trainings; 13.3.2.4. Information on the provider grievance and appeal system; 13.3.2.5. Information on obtaining prior authorization and referrals; 13.3.2.6. Information on how to contact SMO Provider Relations; 13.3.2.7. Information on all programs and services provided through the SMO within the LBHP; and 13.3.2.8. A list of all LBHP providers.	13.3.2. The SMO provider website shall include general and up-to-date information about the SMO as it relates to the Louisiana Behavioral Health Partnership. Any new materials posted on the website shall be approved by DHH-OBH. This shall include, but is not limited to: 13.3.2.1. LBHP provider manual; 13.3.2.2. SMO-relevant DHH-OBH, LBHP bulletins; 13.3.2.3. Information on upcoming provider trainings; 13.3.2.4. Information on the provider grievance and appeal system; 13.3.2.5. Information on obtaining prior authorization and referrals; 13.3.2.6. Information on how to contact SMO Provider Relations; 13.3.2.7. Information on all programs and services provided through the SMO within the LBHP; and 13.3.2.8. A list of all LBHP providers; <u>and 13.3.2.9 Information on requirements and reporting fraud, waste, and abuse.</u>
RFP	13.3.16	13.3.16. The SMO shall grant user-defined DHH-OBH access to the provider website. User access under this provision shall be determined by	13.3.16. The SMO shall grant user-defined DHH-OBH access to <u>and training on</u> the provider website. User access under this provision shall be determined by DHH-OBH.

		DHH-OBH.	
RFP	13.4.1.15– 13.4.1.17	Added 13.4.1.16 and 13.4.1.17	13.4.1.15 Quality performance requirements; and <u>13.4.1.16 Information on reporting suspicion of provider or member fraud, waste or abuse., and</u> <u>13.4.1.17 Information on obtaining Medicaid transportation services for members; and</u>
RFP	13.5.2	13.5.2. The SMO shall provide training to all providers and their staff regarding the requirements of the contract. The SMO shall conduct initial training within thirty (30) days after finalizing enrollment of a newly contracted provider, or provider group. The SMO shall also conduct ongoing training, as deemed necessary by the SMO or DHH-OBH, in order to ensure compliance with program standards and the contract. All training will be documented with agendas, written training materials, invited attendees, and sign-in sheets (including documentation of absent attendees). Training to be provided will include but not be limited to: 13.5.2.1. Cultural Competency; 13.5.2.2. Evidence-Based practices, promising practices, emerging best practices; 13.5.2.3. Billing and documentation requirements; 13.5.2.4. Utilizing the CANS and LOCUS assessment tools; 13.5.2.5. Use of SMO systems and website; and 13.5.2.6. Additional topics as determined through provider/member surveys and/or as directed by DHH-OBH.	13.5.2. The SMO shall provide training to all providers and their staff regarding the requirements of the contract. The SMO shall conduct initial training within thirty (30) days after finalizing enrollment of a newly contracted provider, or provider group. The SMO shall also conduct ongoing training, as deemed necessary by the SMO or DHH-OBH, in order to ensure compliance with program standards and the contract. All training will be documented with agendas, written training materials, invited attendees, and sign-in sheets (including documentation of absent attendees). Training to be provided will include but not be limited to: 13.5.2.1. Cultural Competency; 13.5.2.2. Evidence-Based practices, promising practices, emerging best practices; 13.5.2.3. Billing and documentation requirements; 13.5.2.4. Utilizing the CANS and LOCUS assessment tools; 13.5.2.5. Use of SMO systems and website; and <u>13.5.2.6 Program Integrity requirements and reporting; and</u> 13.5.2.7. Additional topics as determined through provider/member surveys and/or as directed by DHH-OBH.
RFP	15.7.1.6.16	15.7.1.6.16 Instructions on how to report suspected provider fraud and abuse; and	15.7.1.6.16 Instructions on how to report suspected <u>member or</u> provider fraud and abuse; and

RFP	15.8.2	<p>15.8.2. New Member Orientation</p> <p>15.8.2.1. The SMO shall have written policies and procedures for the following, but not limited to:</p> <p>15.8.2.1.1. Orienting new members to its benefits and services;</p> <p>15.8.2.1.2. How to utilize services;</p> <p>15.8.2.1.3. What to do in an emergency or urgent medical situation; and</p> <p>15.8.2.1.4. How to a file a grievance and appeal.</p>	<p>15.8.2. New Member Orientation</p> <p>15.8.2.1. The SMO shall have written policies and procedures for the following, but not limited to:</p> <p>15.8.2.1.1. Orienting new members to its benefits and services;</p> <p>15.8.2.1.2. How to utilize services;</p> <p>15.8.2.1.3. What to do in an emergency or urgent medical situation; and</p> <p><u>15.8.2.1.4. How to report program integrity issues; and</u></p> <p>15.8.2.1.4. How to a file a grievance and appeal.</p>
RFP	17.2.1.2	<p>17.2.1.2. Appropriate SMO staff representing the various departments of the SMO organization; and</p>	<p>17.2.1.2 Appropriate SMO staff representing the various departments of the SMO organization <u>including but not limited to grievance and appeal staff and corporate compliance administrator responsible for fraud, waste and abuse activities;</u> and</p>
RFP	18.1.1.4	<p>18.1.1.4. The SMO shall meet with DHH and the Medicaid Fraud Control Unit (MFCU) at least quarterly, or more frequently upon DHH request, to discuss program integrity issues, fraud, abuse, neglect and overpayment issues and receive fraud and abuse prevention detection training.</p>	<p>18.1.1.4 The SMO, <u>including the Corporate Compliance Administrator and program integrity investigator,</u> shall meet with DHH and the Medicaid Fraud Control Unit (MFCU) at least quarterly, or more frequently upon DHH request, to discuss program integrity issues, fraud, abuse, neglect and overpayment issues and receive fraud and abuse prevention detection training.</p>
RFP	18.1.16	<p>18.1.1.6. In accordance with 42 CFR §438.608(b)(2), the SMO shall designate a compliance officer and compliance committee that have the responsibility and authority for carrying out the provisions of the compliance program. These individuals shall be accountable to the SMO's board of directors and shall answer directly to the Chief Executive Officer or to the board of directors and senior management.</p>	<p>8.1.1.6 In accordance with 42 CFR §438.608(b)(2), the SMO shall designate a compliance officer and compliance committee that have the responsibility and authority for carrying out the provisions of the compliance program. These individuals shall be accountable to the SMO's board of directors and shall answer directly to the Chief Executive Officer or, <u>if approved by DHH-OBH,</u> to the board of directors and senior management.</p>
RFP	18.1.1.22	<p>Added 18.1.1.22–18.1.1.22.5</p>	<p><u>18.1.1.22. The SMO shall require all new employees to complete and attest to training modules within thirty (30) days of hire related to the following in accordance with federal and state laws:</u></p> <p><u>18.1.1.22.1. Privacy and Security - Health Insurance Portability</u></p>

			<p><u>and Accountability Act;</u> <u>18.1.1.22.2. Fraud, waste, and abuse;</u> <u>18.1.1.22.3. Procedures for timely consistent exchange of information and collaboration with DHH;</u> <u>18.1.1.22.4. Organizational chart including the Corporate Compliance Administrator, staff and full-time program integrity investigator(s); and</u> <u>18.1.1.22.5. Provisions that comply with 42 CFR §438.610 and all relevant state and federal laws, regulations, policies, procedures, and guidance (including CMS' Guidelines for Constructing a Compliance Program for Medicaid Managed Care Organizations and Prepaid Networks) issued by Department, HHS, CMS, and the Office of Inspector General, including updates and amendments to these documents or any such standards established or adopted by the state of Louisiana or its Departments.</u></p>
RFP	18.1.1.3	<p>18.1.1.3 The SMO shall require that all providers and all subcontractors take such actions as are necessary to permit the SMO to comply with Program Integrity, Fraud, Abuse, and Waste Prevention requirements listed in this contract. To the extent that the SMO delegates oversight responsibilities to a third party, the SMO shall require that such third party complies with provisions of this contract relating to Fraud, Abuse, and Waste Prevention. Although all providers with whom the SMO subcontractors are enrolled in the program and subject to regulations, the SMO agrees to require, via contract, that such providers comply with regulations and any enforcement actions directly initiated by DHH-OBH under its regulations, including but not limited to termination and restitution. The SMO shall require program integrity disclosure on provider enrollment forms as mandated by DHH.</p>	<p>18.1.1.3 The SMO shall require that all providers and all subcontractors take such actions as are necessary to permit the SMO to comply with Program Integrity, Fraud, Abuse, and Waste Prevention requirements listed in this contract. To the extent that the SMO delegates oversight responsibilities to a third party, the SMO shall require that such third party complies with provisions of this contract relating to Fraud, Abuse, and Waste Prevention. Although all providers with whom the SMO subcontractors are enrolled in the program and subject to regulations, the SMO agrees to require, via contract, that such providers comply with regulations and any enforcement actions directly initiated by DHH-OBH under its regulations, including but not limited to termination and restitution. The SMO shall require program integrity disclosure on provider enrollment forms as mandated by DHH. <u>DHH reserves the right to update enrollment forms periodically and require immediate use of the updated form.</u></p>

RFP	18.1.1.23– 18.1.1.23.3	Added 18.1.1.23–18.1.1.23.3	<p><u>18.1.1.23. The SMO shall promptly perform a preliminary investigation of all incidents of suspected and/or confirmed fraud and abuse. Unless prior written approval is obtained from the agency to whom the incident was reported, or to another agency designated by the agency that received the report, after reporting fraud or suspected fraud and/or suspected abuse and/or confirmed abuse, the SMO shall not take any of the following actions as they specifically relate to Medicaid claims:</u></p> <p><u>18.1.1.23.1. Contact the subject of the investigation about any matters related to the investigation</u></p> <p><u>18.1.1.23.2. Enter into or attempt to negotiate any settlement or agreement regarding the incident; or</u></p> <p><u>18.1.1.23.3. Accept any monetary or other thing of valuable consideration offered by the subject of the investigation in connection with the incident.</u></p>
RFP	18.2.2.1.2	18.2.2.1.2. Louisiana Exclusion Database (LED);	18.2.2.1.2. Louisiana Exclusion Database (LED); <u>Louisiana Adverse Actions List Search (LAALS) https://adverseactions.dhh.la.gov/</u>
RFP	19.1.1.11	Added 19.1.1.11 and 19.1.1.12	<p><u>19.1.1.11 The SMO’s EHR shall be customizable.</u></p> <p><u>19.1.1.12. Upon DHH-OBH request, the SMO shall perform system enhancements, maintenance, modification and system changes as directed within a mutually agreed upon time frame. Failure to meet such time frames without OBH approval shall subject the SMO to remediation, including monetary penalties.</u></p>
RFP	19.1.2.14	19.1.2.14 EHR, EHR interoperability other EHRs, and health information exchange connectivity.	19.1.2.14 EHR, EHR interoperability <u>with</u> other EHRs, and health information exchange connectivity.
RFP	19.6.4	19.6.4 The SMO shall a secure, web-accessible electronic health record for providers on or before the go-live date of the contract. The EHR must be certified by an ONC-accredited testing body and be capable of interfacing with the state health information exchange to exchange clinical summaries.	19.6.4 The SMO shall <u>have</u> a secure, web-accessible electronic health record for providers on or before the go-live date of the contract. The EHR must be certified by an ONC-accredited testing body and be capable of interfacing with the state health information exchange to exchange clinical summaries.
RFP	19.16.1.1	19.16.1.1 Provide user-defined access to all SMO systems to DHH employees as determined by DHH-	19.16.1.1 Provide user-defined access to all SMO systems <u>and training</u> to DHH employees as determined by DHH-OBH and with the use of an

		OBH and with the use of an established access request and denial form;	established access request and denial form;
RFP	20.10.4	Added Section	<p><u>20.10.4 The SMO shall provide DHH with weekly encounter data on all prior authorization requests. The data shall be reported electronically to DHH in the format as specified in the Systems Companion Guide or upon mutual agreement. Contractor shall report prior authorization requests on all services which require prior authorization. The information reported shall contain but not be limited to:</u></p> <p><u>20.10.4.1 Plan ID</u></p> <p><u>20.10.4.2 Plan Authorization Number</u></p> <p><u>20.10.4.3 Authorization Type</u></p> <p><u>20.10.4.4 Medicaid Recipient ID</u></p> <p><u>20.10.4.5 Provider NPI</u></p> <p><u>20.10.4.6 Provider Taxonomy</u></p> <p><u>20.10.4.7 CPT / NDC/HICL/THERP CLASS</u></p> <p><u>20.10.4.8 CPT Modifiers 1</u></p> <p><u>20.10.4.9 CPT Modifiers 2</u></p> <p><u>20.10.4.10 CPT Modifiers 3</u></p> <p><u>20.10.4.11 CPT Modifiers 4</u></p> <p><u>20.10.4.12 Referring Provider NPI</u></p> <p><u>20.10.4.13 Plan Authorization Status</u></p> <p><u>20.10.4.14 Authorization begin date</u></p> <p><u>20.10.4.15 Authorization end date</u></p> <p><u>20.10.4.16 Authorization Units</u></p> <p><u>20.10.4.17 Authorization amount (\$)</u></p> <p><u>20.10.4.18 Authorization received date</u></p> <p><u>20.10.4.19 Authorization notice date</u></p> <p><u>20.10.4.20 Authorization Denied Reason</u></p>
RFP	23.16.6.3.5	23.16.6.3.5 Please describe how proposer will address the identified service gaps listed in the Non-State Plan Services section of the RFP (p. 106-107), and share examples of strategies utilized with	23.16.6.3.5 Please describe how proposer will address the identified service gaps listed in the Non-State Plan Services section of the RFP (p. 106-107 103-105), and share examples of strategies utilized

		other public sector entities to address similar gaps in services and network.	with other public sector entities to address similar gaps in services and network.
RFP	26.47.1	26.47.1 DHH-OBH shall have at least user-defined access to all SMO data systems as needed for verification of data. DHH shall have unlimited rights to use, disclose, or duplicate, for any purpose, all information and data developed, derived, documented, or furnished by the SMO resulting from this contract.	26.47.1 DHH-OBH shall have at least user-defined access to and training on all SMO data systems as needed for verification of data. DHH shall have unlimited rights to use, disclose, or duplicate, for any purpose, all information and data developed, derived, documented, or furnished by the SMO resulting from this contract.