# ADDENDUM #10

**BAYOU HEALTH**
**MANAGED CARE ORGANIZATIONS**
LOUISIANA MEDICAID PROGRAM
DEPARTMENT OF HEALTH AND HOSPITALS
BUREAU OF HEALTH SERVICES FINANCING

**RFP # 305PUR-DHHRFP-BH-MCO-2014-MVA**
**Proposal Due Date/Time: September 26, 2014 4:00 PM CT**
**Release Date: July 28, 2014**

All additions are in red and underlined.

| Document | Section | Change From: | Change To: |
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| RFP | 25.15.1 | **25.15.1** In all hiring or employment made possible by or resulting from this Contract, the MCO agrees that:<br>• There shall be no discrimination against any employee or applicant for employment because of handicap, age, race, color, religion, sex, or national origin; and | **25.15.1** In all hiring or employment made possible by or resulting from this Contract, the MCO agrees that:<br>• There shall be no discrimination against any employee or applicant for employment because of handicap, age, race, color, religion, sex, ~~or~~ national origin, or sexual orientation; and |
| RFP | 22.18.5 | **22.18.5** The response to the **Appendix KK Part I. Mandatory Requirements** must be in a separate binder and clearly labeled. | **22.18.5** The response to the **Appendix KK Part I. Mandatory Requirements** must be in a separate binder and clearly labeled. The response to **Appendix KK Part II. Financial Requirements** must be in a separate binder and clearly labeled. The response to **Appendix KK Part IX. Veteran Initiative and Hudson Initiative** must be in a separate binder and clearly labeled. |
| RFP | 22.18.6 | **22.18.6** The response Parts II. Through X. should be in separate binder(s) and clearly labeled with contents. | **22.18.6** ~~The response Parts II. Through X. should be in separate binder(s) and clearly labeled with contents.~~ The response to Parts III. Through X. can be in the same binder or multiple binders as needed, but each Part and Section should be separated by an appropriately labeled tab. |

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| RFP | 2.2.3 | | |
| RFP | 7.8.7.1 | **7.8.7.1** The MCO shall assist all pregnant members in choosing a pediatrician, or other appropriate PCP, for the care of their newborn babies before the beginning of the last trimester of gestation. In the event that the pregnant member does not select a pediatrician, or other appropriate PCP, the MCO shall cover all prenatal care rendered within the provide the member with a minimum of fourteen (14) calendar days after birth to select a PCP prior to assigning one. The MCO shall cover all newborn care rendered within the first month of life regardless if provided by the designated PCP or another network provider. The MCO shall compensate, at a minimum, ninety percent (90%) of the Medicaid fee-for-service rate in effect for each service coded as a primary care service rendered to a newborn member within thirty days of the member's birth regardless of whether the provider rendering the services is contracted with the MCO, but subject to the same requirements as a contracted provider. | **7.8.7.1** The MCO shall assist all pregnant members in choosing a pediatrician, or other appropriate PCP, for the care of their newborn babies before the beginning of the last trimester of gestation. In the event that the pregnant member does not select a pediatrician, or other appropriate PCP, the MCO shall ~~cover all prenatal care rendered within the~~ provide the member with a minimum of fourteen (14) calendar days after birth to select a PCP prior to assigning one. The MCO shall cover all newborn care rendered within the first month of life regardless if provided by the designated PCP or another network provider. The MCO shall compensate, at a minimum, ninety percent (90%) of the Medicaid fee-for-service rate in effect for each service coded as a primary care service rendered to a newborn member within thirty days of the member's birth regardless of whether the provider rendering the services is contracted with the MCO, but subject to the same requirements as a contracted provider. |
| | 17.2.2.3 | **17.2.2.3** The rejection letter shall indicate why the claim is being returned, including all defects or reasons known at the time the determination is made. The letter shall contain at a minimum the following information:<br><br>• Member name;<br>• Provider ID number;<br>• Patient account number, or unique member identification number;<br>• Date of service;<br>• Total billed charges;<br>• Defects or reasons for rejection;<br>• MCO's name; and | **17.2.2.3** The rejection letter shall indicate why the claim is being returned, including all defects or reasons known at the time the determination is made. As required by La. R.S. 46:460.71, the ~~The~~ letter shall contain at a minimum the following information:<br><br>~~• Member name;~~<br>~~• Provider ID number;~~<br>~~• Patient account number, or unique member identification number;~~<br>~~• Date of service;~~<br>~~• Total billed charges;~~<br>~~• Defects or reasons for rejection;~~<br>~~• MCO's name; and~~ |

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| | | • The date the letter was generated. | • ~~The date the letter was generated~~<br>• The patient or member name;<br>• The MCO claim number;<br>• The date of each service;<br>• The patient account number assigned by the provider;<br>• CPT codes for each procedure, including the amount allowed and any modifiers and units;<br>• The amount due from the member that includes but is not limited to copayments and coinsurance or deductibles;<br>• Identification of the MCO on whose behalf the payment would be made; and<br>• If the MCO is a secondary payer, then the MCO shall also send acknowledgement of payment as a secondary payer, the primary payer's COB information, and the third-party liability carrier code. |
| RFP | 6.13.1.2 | **6.13.1.2** Provision of injectable or vaginal progesterone for every eligible pregnant woman with a history of pre-term labor or a short cervix found in the current pregnancy. The MCO shall not require prior authorization of progesterone unless DHH approval is obtained and will provide progesterone access to eligible members in a timely fashion. | 6.13.1.2 Provision of injectable or vaginal progesterone for every eligible pregnant woman with a history of pre-term labor or a short cervix found in the current pregnancy. The MCO shall not require prior authorization of progesterone for the prevention of premature birth unless written ~~DHH~~ approval from the Medicaid Medical Director is obtained. ~~and~~ The MCO will provide progesterone access to eligible members in a timely fashion. |
| RFP | 25.40 | **25.40 Rate Adjustments**<br><br>The MCO and DHH both agree that the monthly capitation rates identified in this RFP shall be in effect during the period identified on the MCO Rate Schedule that will be posted on DHH's website. Rates may be adjusted during the Contract period based on DHH and actuarial analysis, | **25.40 Rate Adjustments**<br><br>The MCO and DHH both agree that the monthly capitation rates identified in this RFP shall be in effect during the period identified on the MCO Rate Schedule that will be posted on DHH's website. Rates may be adjusted during the Contract period based on DHH and |

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| | | subject to CMS review and approval.<br><br>The MCO and DHH both agree that the adjustments to the monthly capitation rate(s) required pursuant to this Section shall occur only by written amendment to the Contract. Should either the MCO or DHH refuse to accept the revised monthly capitation rate, the provisions of the RFP for contract termination and turnover shall apply. | actuarial analysis, subject to CMS review and approval.<br><br>The MCO and DHH both agree that the adjustments to the monthly capitation rate(s) required pursuant to this Section shall occur only by written amendment to the Contract. Should ~~either~~ the MCO ~~or DHH~~ refuse to accept the revised monthly capitation rate, ~~Section 25.63 of the RFP~~ and the provisions of the RFP for contract ~~termination and~~ turnover and performance bond shall apply. |
| RFP | 25.63 | | **25.63 Termination for Failure to Accept Revised Monthly Capitation Rate**<br><br>Should the MCO refuse to accept a revised monthly capitation rate as provided in Section 25.40 of the RFP, it may request DHH in writing to permit the Contract to be terminated effective at least sixty (60) calendar days from the date of DHH's receipt of the written request. DHH shall have sole discretion to approve or deny the request for termination and to impose such conditions on the granting of an approval as it may deem appropriate, but it shall not unreasonably withhold its approval. |
| | 6.36.2 | 6.36.2. aThe receiving MCO shall be responsible for the provision of medically necessary services covered under the Contract that are required for the member during the transition period (i.e. prenatal care, acute care, etc.). The transition period shall not exceed thirty (30) calendar days from the effective date of the member's enrollment in the receiving MCO. During this transition period, the receiving MCO shall be responsible for, but not limited to, notification to the new PCP of member's selection, initiation of the request of transfer for the member's medical files, arrangement of medically necessary services (if applicable) and all other | **6.36.2.** The receiving MCO shall be responsible for the provision of medically necessary services covered under the Contract that are required for the member during the transition period (i.e. prenatal care, acute care, etc.). The transition period shall not exceed thirty (30) calendar days from the effective date of the member's enrollment in the receiving MCO, unless the member. (See Section 6.32 for exceptions for Individuals with Special Health Care Needs.) During this transition period, the receiving MCO shall |

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| | | requirements for new members. | be responsible for, but not limited to, notification to the new PCP of member's selection, initiation of the request of transfer for the member's medical files, arrangement of medically necessary services (if applicable) and all other requirements for new members. |
| RFP | 17.10.2 | **17.10.2 Pharmacy Rebates**<br><br>The MCO shall submit all drug encounters, with the exception of inpatient hospital drug encounters, to DHH pursuant to the requirements of Section 17.5.6 of this contract. DHH or its vendor shall submit these encounters for federal supplemental pharmacy rebates from manufacturers under the authority of the DHH Secretary pursuant to the Section 2501 of the Patient Protection and Affordable Care Act (PPACA). | **17.10.2 Pharmacy Rebates**<br><br>The MCO shall submit all drug encounters, with the exception of inpatient hospital drug encounters, to DHH pursuant to the requirements of Section ~~17.5.6~~ 17.10.3 of this contract. DHH or its vendor shall submit these encounters for federal supplemental pharmacy rebates from manufacturers under the authority of the DHH Secretary pursuant to the Section 2501 of the Patient Protection and Affordable Care Act (PPACA). |
| RFP | 7.8.2.5 | **7.8.2.5.** Maintaining a medical record of all services rendered by the PCP and other referral providers; | **7.8.2.5.** Maintaining a medical record of all services rendered by the PCP and ~~other referral providers~~ record of referral to other providers and any documentation provided by the rendering provider to the PCP for follow up and/or coordination of care. |
| RFP | 7.3.3.3. | **7.3.3.3.** Specialists included under this requirement are listed in Appendix YY **– Network Providers by Specialty Type.** DHH reserves the right to add additional specialty types as needed to meet the medical needs of the member population. | **7.3.3.3.** Specialists included under this requirement are listed in Appendix ~~YY~~ TT**– Network Providers by Specialty Type.** DHH reserves the right to add additional specialty types as needed to meet the medical needs of the member population. |
| RPF | 7.5.2.1 | **7.5.2.1.** The MCO shall submit quarterly GeoAccess reports documenting the geographic availability of network providers including PCPs, hospitals, pharmacies, and | **7.5.2.1.** The MCO shall submit quarterly GeoAccess reports documenting the geographic availability of network providers including PCPs, hospitals, pharmacies, and |

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| | | each specialty type listed in Appendix TT. The attestation included with this report shall provide narrative identifying any gaps in coverage and the corrective measures that will address them. | each specialty type listed in Appendix ~~TT~~ UU. The attestation included with this report shall provide narrative identifying any gaps in coverage and the corrective measures that will address them. |