ADDENDUM #17

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:
RFP	4.4.11	**4.4.11** Member Services Coordinator	4.4.11 Member Services ~~Coordinator~~ Manager
RFP	6.36.2	**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(See Section 6.32 for exeptions for individuals with Special Health Care Needs.) 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 requirements for new members.	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 has been identified as an individual with special health care needs (**see Section 6.32 for ~~exeptions~~ **exceptions** for individuals with Special Health Care Needs). 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 requirements for new members.
	15.7.2	**15.7.2.** The MCO has the exclusive right of review and recovery for twelve (12) months from the original date of service of a claim to initiate a "complex" review of such claim to determine a potential overpayment and/or underpayment, by delivering notice to the provider in	**15.7.2.** The MCO has the exclusive right of review and recovery for ~~twelve (12) months~~ 365 days from the original date of service of a claim to initiate a "complex" review of such claim to determine a potential overpayment and/or underpayment, by

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		writing of initiation of such a review. No such notice shall be required in instances resulting from suspected fraud, which the MCO has identified and referred to the Department, the Medicaid Fraud Control Unit, or other appropriate law enforcement agency. A "complex" review is one for which a review of medical, financial and/or other records is necessary to determine the existence of a mispayment.	delivering notice to the provider in writing of initiation of such a review. No such notice shall be required in instances resulting from suspected fraud, which the MCO has identified and referred to the Department, the Medicaid Fraud Control Unit, or other appropriate law enforcement agency. A "complex" review is one for which the MCO's review a review of medical, financial, and/or other records, including those on-site where is necessary to determine the existence of an improper payment. mispayment. Notice to the provider shall be prohibited in instances resulting from suspected fraud, which the MCO has identified and referred to the Department, MFCU, or other appropriate law enforcement agency, unless approved by DHH.
RFP	15.7.3	**15.7.3.** The MCO shall complete its review and notify the provider of the results of such review within sixty (60) days of the date of receipt of documentation from the provider, not to exceed one hundred and twenty (120) days of the date of the notice to the provider. The MCO shall notify the Department, on at least a quarterly basis, the results of reviews as well as instances of suspected fraud which the	**15.7.3.** All "complex" reviews must be completed withinThe The MCO shall complete its review and notify the provider of the results of such review within sixty (60) days of the date of receipt of documentation from the provider, not to exceed one hundred and twenty (120) days of the date of the notice to the provider unless an extension is authorized by the Department. This review period is inclusive of all provider notification, health plan document review, and including any provider appeal or rebuttal process. The MCO shall notify the Department, on at least on a montly a quarterly basis, the results of "complex" reviews that include as well as instances of suspected fraud which the and/or a collection status.
RFP	15.7.4	**15.7.4.** The MCO shall not retain the exclusive right of review and/or recovery beyond twelve (12) months from the original date of service of a claim for a "complex" review, but the MCO may conduct audits of providers' claims for a five (5) year period from the date of service of a claim. Such audits must be communicated to the Department at	**15.7.4.** The MCO shall not retain the exclusive right of review and/or recovery beyond twelve (12) months 365 days from the original date of service of a claim for a "complex" review, but the MCO may conduct audits of providers' claims for a five (5) year period from the date of service of a claim. Results of the audit reviews

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		least quarterly.	~~Such audits~~ must be communicated to the Department at least ~~quarterly~~ monthly in instances of suspected fraud or requiring collection. The collected funds from those reviews are to remain with the MCO.
RFP	15.7.5	**15.7.5.** If the MCO does not initiate action with respect to a "complex" claim review within the twelve (12) month-period from the date of service of the claim, the Department or its agent may recover from the provider any overpayments which they identify and said recovered funds will be returned to the State.	**15.7.5.** If the MCO does not initiate action through official notification to a provider with respect to a "complex" claim review within ~~the twelve (12) month-period from the~~ 365 days from the original date of service of the claim or fails to collect at least a portion of the "comples" claim review recovery after 365 days from the date of notice to~~,~~ the Department of the collection status, unless in either scenario an extension is authorized by the Department or its agent may recover from the provider any overpayments which they identify and said recovered funds will be returned to the State.
RFP	15.7.6	**15.7.6.** The MCO shall not retain the exclusive right of review and/or recovery from the initial date of service of a claim for which the Department or its agent identifies mispayments as a result of "automated" claims reviews. An "automated" review is one for which an analysis of the paid claims is sufficient to determine the existence of a mispayment. No additional documentation is required to be submitted from the provider to determine the existence of an overpayment.	**15.7.6.** The MCO shall not retain the exclusive right of review and/or recovery from the initial date of service of a claim for which the Department or its agent identifies mispayments improper payment(s) as a result of "automated" claims reviews. An "automated" review is one for which an analysis of the paid claims is sufficient to determine the existence of an improper payment(s) where as no additional documentation is required ~~mispayment. No additional documentation is required~~ to be submitted from the provider to determine the existence of an overpayment.
RFP	15.7.8	**15.7.8.** DHH must notify the MCO of an identified mispayment from a "complex" or "automated" review prior to notifying any providers. The MCO shall have thirty (30) calendar days from the date of notification of potential mispayments to indicate whether the claims were corrected or adjusted prior to the date of the notification from the Department or its agent.	**15.7.8.** DHH must notify the MCO of an identified improper payment ~~mispayment~~ from a "complex" or "automated" review prior to notifying any provider(s). The MCO shall have thirty (30) calendar days from the date of notification of potential improper payment(s) ~~mispayments~~ to indicate whether the claims were corrected or adjusted prior to the date of the notification from the Department or its agent.
RFP	15.7.9	**15.7.9.** The MCO shall not correct the claims nor initiate an audit on the claims upon notification by the Department or its	**15.7.9.** The MCO shall not correct the claims nor initiate an audit on the claims upon notification by the

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		agent.	Department or its agent unless directed to do so by the Department.
RFP	15.7.10	**15.7.10.** In the event the provider does not refund overpayments identified by the Department or its agent to the State, or arrange for an acceptable payment plan with the State, within thirty (30) calendar days of notification to the provider of the overpayment, the Department or its agent will notify the MCO and the MCO shall initiate a payment withhold on the provider in the amount due to the Department. The MCO shall collect and refund the overpayment to the Department.	**15.7.10.** In the event the provider does not refund overpayments identified by the Department or its agent to the State, or arrange for an acceptable payment plan with the State, within thirty (30) calendar days of notification to the provider of the overpayment or where applicable, within thirty (30) calendar days of notification of the conclusion of the appeal process, the Department or its agent will notify the MCO and the MCO shall initiate a payment withhold on the provider in the amount due to the Department. The MCO shall collect and refund any amounts collected to the Department. Any instances of a credit balance would be sustained by the MCO and/or Department until resolved or dismissed under Department rules. ~~initiate a payment withhold on the provider in the amount due to the Department. The MCO shall collect and refund the overpayment to the Department~~.
RPF	15.7.11	New Section	**15.7.11.** There will be no DHH provider improper payment recovery request of the MCO applicable for dates of service occurring before the start of the Bayou Health Contract period or for providers for which no MCO relationship existed.