

POLICY AND PROCEDURE

POLICY NAME: Notice to Members of Provider Termination	POLICY ID: LA.MRKT.21
BUSINESS UNIT: LHCC	FUNCTIONAL AREA: Marketing
EFFECTIVE DATE: 2/12, 2/15	PRODUCT(S): Medicaid
REVIEWED/REVISED DATE: 8/15, 8/16, 4/17, 4/18, 2/19, 2/20, 11/20, 2/22, 12/22	
REGULATOR MOST RECENT APPROVAL DATE(S): n/a	

POLICY STATEMENT:

The purpose of this policy is to clearly define the guidelines for the notice to members of provider termination.

PURPOSE:

The purpose of this policy is to clearly define the guidelines for the notice to members of provider termination.

SCOPE:

Louisiana Healthcare Connections (Plan or MCO)

DEFINITIONS:

POLICY:

42.21.42.13.9 Notice to Enrollees of Provider Termination

2.13.9.1 The Contractor MCO shall develop a notification template, to be approved by LDH in writing, informing Enrollees of provider terminations. The notice shall be mailed to each impacted Enrollee.

2.13.9.1.1 If the Contractor terminates a Network Provider Agreement without cause, the notification shall also inform the Enrollee of their ability to change their MCO and include a pre-paid return envelope.

2.13.9.2 The Contractor shall ~~make a good faith~~ give written notice of a provider's termination to each Enrollee who received care from the terminated provider within the last effort to give written notice of a provider's termination to each member who received their primary care from, or was seen on a regular basis by the terminated provider, which shall be defined as one visit within the last eighteen (18) months. When ~~the~~ timely notice from the provider is received or when the MCO Contractor initiates the termination, the notice to the member Enrollee shall be provided by the later of thirty (30) eCalendar Delays prior to the effective date of the termination, or within fifteen (15) eCalendar Delays of the after receipt or issuance of the termination notice from the provider.

2.13.9.2.1 The Contractor shall also give written notice of a provider's termination to the State agency, as appropriate, that has been involved in the care of an impacted Enrollee.

12.21.2. The MCO shall provide notice to a member, or the parent/legal guardian and the involved state agency as appropriate, who has been receiving a prior authorized course of treatment, when the treating provider becomes unavailable. The written notice shall be provided within seven (7) calendar days from the date the MCO becomes aware of such, if it is prior to the change occurring.

2.13.9.3 Failure to provide notice prior to the dates of termination will be allowed when a provider becomes unable to care for members Enrollees due to illness, ~~the~~ provider dies, the provider moves from the service area and fails to notify the MCO Contractor, or when a provider fails credentialing or is displaced as a result of a natural or man-made disaster or for any other reason determined sufficient by LDH in writing. Under these circumstances, notice shall be issued immediately upon the Contractor becoming aware of the circumstances.
~~Under these circumstances, notice shall be issued immediately upon the MCO becoming aware of the circumstances.~~

PROCEDURE:

1. Any report of violating the rules listed in the policy above will coordinated with:
 - a. Plan Compliance Officer

b. Director, Marketing/Communications

2. The report of nonconformance is investigated.

3. The investigation is documented and retained in Compliance 360 Archer.

REFERENCES:: Louisiana Medicaid Contract Statement of Work Section 2.13.9

ATTACHMENTS:

ROLES & RESPONSIBILITIES:

REGULATORY REPORTING REQUIREMENTS:

Which regulator(s) require reporting, what should be reported, when to report, and how to report/who to contact.

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
	Revised per behavioral health carve-in contract updates	8-2015
	Reviewed with no changes	8/16
	No revisions	4/17
	No revisions	4/18
	No revisions	2/19
	Updated numbering to match the latest Medicaid MCO contract. Changed policy # from LA.MRKT.18 to LA.MRKT.21	2/20
	Trivial error correction; no substantial change.	11/20
	Revised to reflect State Medicaid Contract Amendment 6	2/22
	<u>Revised for Model Contract</u>	<u>12.22</u>

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.

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