

POLICY AND PROCEDURE

POLICY NAME: Provider Manual	POLICY ID: LA.PRVR.02
BUSINESS UNIT: LHCC	FUNCTIONAL AREA: Provider Network
EFFECTIVE DATE: 12/15	PRODUCT(S): Medicaid
REVIEWED/REVISED DATE: 9/15, 10/15, 9/16, 9/18, 9/19, 8/20, 6/22, 5/23, 3/24, 1/25, 3/25	
REGULATOR MOST RECENT APPROVAL DATE(S): n/a	

POLICY STATEMENT:

To ensure that information included in the Louisiana Healthcare Connections' (LHCC) provider manual/handbook meets the requirements set forth in its Contract with the State.

PURPOSE:

To ensure that information included in the Louisiana Healthcare Connections' (LHCC) provider manual/handbook meets the requirements set forth in its Contract with the State.

SCOPE:

Louisiana Healthcare Connections Provider Network and Marketing Departments.

DEFINITIONS:

Provider Manual and Handbook are used interchangeably.

POLICY:

It is the policy of LHCC that a provider manual/handbook will be developed in compliance with State and Federal laws. Provider Specialist will direct all contracted providers to view the manual on LHCCs website, as part of their orientation and training within the timeframe required by the contract or thirty (30) days from the date the provider contract is credentialed. The provider manual will serve as a source of information regarding the health plan's covered services, policies and procedures, statutes, regulations, access, and special requirements to ensure all Contract requirements

PROCEDURE:

Louisiana Healthcare Connections has developed and maintains a provider handbook which includes specific information about Covered Services, non-Covered Services, and other requirements of the Contract relevant to provider responsibilities.

1. Providers are given instructions on how to access the provider manual on the LHCC website during all new provider orientations and upon request by the provider.

2. The provider manual includes at minimum, the following information:

- Description of the Medicaid managed care program and Louisiana Healthcare Connections;
- A description of all LHCC Covered Services outlined in Attachment A, LHCC Covered Services, of the Contract and in the LHCC Covered Services section of the LDH Model Contract;
- A description of all behavioral health services;
- Enrollee rights and responsibilities (42 C.F.R. 438.100)
- Emergency service responsibilities;
- Medical necessity standards as defined by LDH and practice guidelines;
- Description of where to obtain service-specific coverage requirements and medical necessity criteria;
- Description of how to obtain prior authorization and description of referral procedures, including required forms;
- Enrollee record standards for providers;
- Description of where to obtain claims submission protocols and standard including instructions and all information required for a clean or complete claim;
- Protocols for submitting claims data;
- Requirements regarding marketing activities and marketing prohibitions;
- Requirements regarding background screening for providers;
- Requirements regarding the provider enrollment, credentialing and re-credentialing processes;
- Policies and procedures that cover the provider complaint system. This information shall include, but not be limited to: a) specific instructions regarding how to contact Louisiana Healthcare Connections to file a provider complaint, including complaints about claims issues, and b) the complaint review process, including the

timeframes allowed for resolving claims payment issues, and the process a provider would take to escalate unresolved issues;

- Information about the LHCC's Enrollee Grievance and Appeal System, that with written permission from the enrollee, the provider may file a grievance or appeal on behalf of the enrollee, the required procedural steps, time frames and requirements, the availability of assistance in filing, the toll-free telephone numbers, address and office hours of the grievance staff, the enrollee's right to request continuation of services while utilizing the Louisiana Healthcare Connections' grievance and appeal system in accordance with 42 C.F.R. § 438.414, and any additional information specified in 42 C.F.R. § 438.10(g)(2)(xi);
- Practice protocols, including guidelines pertaining to the treatment of chronic and complex conditions;
- PCP responsibilities;
- Other provider responsibilities under the Contract and as part of the provider's agreement with the Louisiana Healthcare Connections;
- Prior authorization and referral procedures;
- Standards for record keeping;
- Claims submission protocols and standards, including instructions and all information necessary for a clean and complete claim and samples of clean and complete claims;
- Louisiana Healthcare Connections prompt pay requirements (see Attachment G, Table of Monetary Penalties);
- LHCC's Care management program;
- Quality performance requirements;
- Provider rights and responsibilities;
- Members rights and responsibilities;
- Service authorization criteria to make medical necessity determinations;
- In lieu of services;
- Value-added benefits
- Information on reporting suspicion of provider or enrollee fraud, waste, or abuse; and
- Information on obtaining Medicaid transportation services for enrollees.
- Health promotion and coaching.
- Care planning with the enrollee and their healthcare team.
- Health system navigation and resource coordination services.

3. Bulletins will be disseminated via email and on the website as needed to incorporate any material changes to the provider manual on an as needed basis.

4. Louisiana Healthcare Connections will submit a copy of the provider manual to LDH for approval within thirty (30) days of the date Louisiana Healthcare Connections signs the contract with LDH, annually, and as requested by LDH.

The MCO shall submit all new or materially amended policies, procedures, and provider manuals to MCOPolicies@la.gov. Submissions of materially amended policies, procedures, and provider manuals will be submitted with ~~revisions~~ ~~redlined~~ revised ~~revisions~~.

LDH may issue informational bulletins (IBs) and health plan advisories (HPAs) when there is a need to communicate immediate guidance—particularly in temporary or emergency situations (e.g., pandemics, natural disasters). LHCC shall comply with all directives contained within IBs and HPAs. When LDH guidance necessitates a revision to LHCC's policies, LHCC shall post the updated policy to its provider portal within four business days, or within 24 hours for policies of an emergency nature, and LHCC shall publish its updated provider manual within 30 calendar days of provider notification, unless otherwise specified by LDH (MCO Manual).

REFERENCES:

ATTACHMENTS:

ROLES & RESPONSIBILITIES:

REGULATORY REPORTING REQUIREMENTS:

La R.S. 46:460.54 applies to material changes to this policy.

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
Annual Review	Changes –Added items to be included in Provider Manual such as claim coding and processing guidelines, EDI info, EFT/ERA info, EMR info. Also added 90 day notice for material changes to Provider Manual. RFP requirements – 7.8.2; 9.5.6; 10.4.1; 10.4.2; 10.4.3	11/19/14
Annual Review	No revisions	09/24/15
Ad Hoc Review	Revisions to include Behavioral Health as covered services Change in Dept name/title to Provider Consultants Changes to the name of the Medical and Treatment Record Review	10/2015
Annual Review	Added Crisis Stabilization and How to Access Provider Manual	09/26/16
Annual Review	No Revisions to policy	09/25/17
Annual Review	Updated Policy description Added transportation information - per RFP 10.4.1.19 Removed EMR Updated 3. To email instead of Fax Blast Updated 4. To match RFP language – per RFP 10.5.2	09/25/18
Annual Review	No revisions	09/24/19
Annual Review	Provider Relations to Provider Network Provider Consultants to Provider Specialist	08/25/20
Annual Review	No revisions	06/29/22
Annual Review	Reformatted to latest Policy template Revised for new 3.0 Model Contract language section 2.10.6.5 and MCO Manual 3.0	05/09/23
Annual Review	Annual review and minor updates to MCO reference	03/12/24
Annual Review	No revisions	01/14/25
Ad Hoc	Addition of provider manual revisions.	03/06/25
Annual Review	<u>Addition of information bulletins and health plan advisory edit language to the policy</u>	<u>12/1/25</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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