

POLICY AND PROCEDURE

DEPARTMENT: Marketing	DOCUMENT NAME: Website Guidelines
PAGE: 1 of 6	REPLACES DOCUMENT:
APPROVED DATE: 9/11	RETIRED:
EFFECTIVE DATE: 1/12, 2/15, 12/15	REVIEWED/REVISED: 8/14, 11/14, 3/15, 8/15, 8/16, 4/17, 4/18, 2/19, 2/20, <u>11/20</u>
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: LA.MRKT.10

SCOPE:

Louisiana Healthcare Connections (Plan or MCO)

PURPOSE:

The purpose of this policy is to clearly define the guidelines for the MCO website.

POLICY:

10.3.1 The MCO shall have a provider website. The provider website may be developed on a page within the MCO's existing website (such as a portal) to meet these requirements.

10.3.2 The MCO provider website shall include general and up-to-date information about the MCO as it relates to the Louisiana Medicaid program. This shall include, but is not limited to:

10.3.2.1 MCO provider manual;

10.3.2.2 MCO-relevant LDH bulletins;

10.3.2.3 Limitations on provider marketing;

10.3.2.4 Information on upcoming provider trainings;

10.3.2.5 A copy of the provider training manual;

10.3.2.6 Information on the provider **complaint/disputegrievance** system;

10.3.2.7 Information on obtaining prior authorization and referrals;

10.3.2.8 ~~and~~ Information on how to contact the MCO Provider Relations; **and**

10.3.2.9. General up-to-date information about all behavioral health programs and services. This shall include, but is not limited to information on requirements and reporting fraud, waste, and abuse.

10.3.2.10. The MCO shall maintain all of the above information and forms on its provider website to allow submittal of complaints and disputes electronically. In addition, the MCO shall provide providers with an address to submit grievances and appeals in writing and a phone number to submit grievances and appeals by telephone.-

10.3.2.11. The MCO provider website shall provide a secure provider portal with the following capabilities:

- The MCO shall use current state and federal standards and procedures (e.g., HL7, HIPAA, CMS, CPT, ICD-10, and DSM-5) for all provider used systems and will maintain a uniform service and provider (credentials) taxonomy for billing and information management purposes.**

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- The MCO shall, with appropriate member consent, allow the provider access to member clinical data including assessments and Plans of Care and/or relevant data necessary to provide for appropriate coordination of care.
- The MCO is encouraged to provide online accessible methodology for providers to review and update staff rosters of credentialed and contracted providers of mental health rehabilitation services.
- The MCO shall grant user-defined LDH access to and training on the provider website.
- A link to the LDH Behavioral Health Provider Manual and the MCO's provider handbook, and any updates for behavioral health service providers and subcontractors.

10.3.2.12. The MCO shall provide, in accordance with national standards, claims inquiry information to providers and subcontractors via the MCO's website.

10.3.2.13. The MCO shall develop and maintain methods to communicate policies, procedures and relevant information to providers through its website, including a Provider Manual developed to disseminate all relevant information to qualified behavioral health service providers.

10.3.2.14. The MCO shall provide all qualified behavioral health service providers and subcontractors access to the LDH Behavioral Health Provider Manual and the MCO's Provider Manual, and any updates, either through the MCO's website, or by providing paper copies to providers upon request.

10.3.3 The MCO provider website is considered marketing material and, as such, must be reviewed and approved in writing within thirty (30) days of the date the MCO signs the Contract.

10.3.4 The MCO must notify LDH when the provider website is in place.

10.3.5 The MCO must remain compliant with HIPAA privacy and security requirements when providing any member eligibility or member identification information on the website.

10.3.6. The MCO website should, at a minimum, be in compliance with Section 508 of the Americans with Disabilities Act, and meet all standards the Act sets for people with visual impairments and disabilities that make usability a concern.

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10.3.7. The MCO is responsible for ensuring that the website is maintained with accurate and current information and is compliant with requirements of the Medicaid MCO contract.

12.10.1. The MCO website must include a member-focused section which can be a designated section of the MCO's general informational website, which is interactive and accessible using mobile devices, and has the capability for bidirectional communications, i.e. members can submit questions and comments to the MCO and receive responses.

12.10.2. The MCO website must include general and up-to-date information about its **Healthy Louisiana Medicaid Managed Care** Plan as it relates to the Louisiana Medicaid program. This may be developed on a page within its existing website to meet these requirements.

12.10.3. The MCO must obtain prior written approval from LDH before updating the website.

12.10.4. The MCO must remain compliant with HIPAA privacy and security requirements when providing member eligibility or member identification information on the website.

12.10.5. The MCO website should, at a minimum, be in compliance with Section 508 of the Americans with Disabilities Act, and meet all standards the Act sets for people with visual impairments and disabilities that make usability a concern. The MCO web site must follow all written marketing guidelines included in this Section.

12.10.6. Use of proprietary items that would require a specific browser is not allowed.

12.10.7. The MCO must provide the following information on its website, and such information shall be easy to find, navigate, and understand by all members:

12.10.7.1. The most recent version of the Member Handbook;

12.10.7.2. Telephone contact information, including a toll-free customer service number prominently displayed and a Telecommunications Device for the Deaf (TDD) number;

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12.10.7.3. A searchable list of network providers with a designation of open versus closed panels, shall be updated in real time, upon changes to the network;

12.10.7.4. The link to the Enrollment Broker's website (www.myplan.healthy.la.gov/) and toll free number (1-855-229-6848) for questions about enrollment;

12.10.7.5. The link to the Medicaid website (www.medicaid.la.gov) and the toll free number (888-342-6207) for questions about Medicaid eligibility;

12.10.7.6. A section for the MCO's providers that includes contact information, claims submittal information, prior authorization instructions, and a toll-free telephone number;

12.10.7.7. General customer service information; ~~and~~

12.10.7.8. Updates on emergency situations that may impact the public, such as natural and human-caused disasters that would require time sensitive action by members, such as evacuation from their homes or communities or other preparedness-related activities. The website shall include hyperlinks to state and federal emergency preparedness websites;

12.10.7.9. Information on how to file grievances and appeals; and

12.10.7.10. Information specific to access for **specialized** behavioral health services, including but not limited to:

- The link to the LDH-OBH and CSoC websites;
- Information on how to access **specialized** behavioral health services;
- Crisis response information and toll-free crisis telephone numbers;
- Information regarding community forums, volunteer activities, and workgroups/committees that provide opportunities for members receiving services, their families/caregivers, providers, and stakeholders to become involved; and
- Information regarding advocacy organizations, including how members and other families/caregivers may access advocacy services.

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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.

REFERENCES:

Louisiana Medicaid Contract Statement of Work - Section 10.3 and Section 12.10

ATTACHMENTS:

DEFINITIONS:

REVISION LOG	DATE
Reviewed with no changes.	8/14
LA Procurement 2015 Policy Update	11/14
10.3.6 edited due to IPRO review	3/15
Behavioral health carve-in edits/additions	8/15
Changed DHH to LDH	8/16
No revisions	4/17
Revised to reflect State Medicaid Contract Amendment 11	4/18
No revisions	2/19
Minor edits / corrections.	2/20
Updated to align with current Medicaid MCO contract.	11/20

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Archer GRC, [Centene's P&P management software](#), is considered equivalent to a physical signature.

Director Marketing/Communications: _____ **Electronic Signature on File** _____

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