



State of Louisiana Department of Health

2022 Healthy Louisiana EQRO Compliance Audit Louisiana Healthcare Connections

Period of Review: January 1, 2021 – December 31, 2021

ISSUED NOVEMBER 2022

REVISED FEBRUARY 2023

FINAL



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Table of Contents

Introduction and Audit Overview	3
Introduction	3
Audit Overview	3
MCO Summary of Findings.....	Error! Bookmark not defined.
Summary of Findings.....	Error! Bookmark not defined.

List of Tables

Table 1: File Review Sample Sizes	3
Table 2: Review Determination Definitions	4
Table 3: Audit Results by Domain	Error! Bookmark not defined.
Table 4: Deficient 2022 Audit Elements.....	Error! Bookmark not defined.

Introduction and Audit Overview

Introduction

The Balanced Budget Act of 1997 established that state agencies contracting with Medicaid managed care organizations (MCOs) provide for an annual external, independent review of the quality outcomes, timeliness of, and access to the services included in the contract between the state agency and the MCO. Subpart E – External Quality Review of 42 Code of Federal Regulations (CFR) sets forth the requirements for annual external quality review (EQR) of contracted MCOs. Further, 42 CFR 438.350 requires states to contract with an external quality review organization (EQRO) to perform an annual EQR for each contracted MCO. States must further ensure that the EQRO has sufficient information to carry out the EQR, that the information be obtained from EQR-related activities, and that the information provided to the EQRO be obtained through methods consistent with the protocols established by the Centers for Medicare and Medicaid Services (CMS).

To meet these federal requirements, the Louisiana Department of Health (LDH) has contracted with IPRO, an EQRO, to conduct annual compliance audits every 3 years. The 2022 annual compliance audit was a full audit of the MCO's compliance with contractual requirements during the period of January 1, 2021 through December 31, 2021.

This report presents IPRO's findings of the 2022 annual compliance audit for Louisiana Healthcare Connections (LHCC).

Audit Overview

The purpose of the audit was to assess LHCC's compliance with federal and state regulations regarding access to care; structure and operations; grievance policies; provider network relations and network adequacy; quality measurement; fraud, waste and abuse; and utilization management (UM).

The audit included an evaluation of LHCC's policies, procedures, files, and other materials corresponding to the following 12 contractual domains:

<u>CFR</u>	<u>Domain</u>
1. 438.206	Availability of Services
2. 438.207	Assurances of Adequate Capacity and Services
3. 438.208	Coordination and Continuity of Care
4. 438.210	Coverage and Authorization of Services – UM
5. 438.214	Provider Selection
6. 438.224	Enrollee Rights and Protection
7. 438.228	Grievance and Appeal Systems
8. 438.230	Subcontractual Relationships
9. 438.236	Practice Guidelines
10. 438.242	Health Information Services
11. 438.330	Quality Assessment and Performance Improvement Program (QAPI)
12. 438.608	Fraud, Waste and Abuse

The file review component assessed LHCC's implementation of policies and its operational compliance with regulations related to Grievance and Appeal Systems, Coordination and Continuity of Care (physical and behavioral health), Coverage and Authorization of Services – UM, Provider Selection, and Fraud, Waste and Abuse.

Sample sizes for each file review type are presented in **Table 1**.

Table 1: File Review Sample Sizes

File Type	Sample Size
Appeals	20
Credentialing/Recredentialing	10
Member grievances	10
Utilization management denials	10

The period of review was January 1, 2021 through December 31, 2021. All documents and case files reviewed were active during this time period.

For this audit, determinations of “met,” “partially met,” and “not met” were used for each element under review. A not applicable (N/A) was used if the requirement was not applicable to the MCO. The definition of each of the review determinations is presented in **Table 2**.

Table 2: Review Determination Definitions

Review Determination	Definition
Met	The MCO is compliant with the standard.
Partially met	The MCO is compliant with most of the requirements of the standard, but has minor deficiencies.
Not met	The MCO is not in compliance with the standard.
Not applicable	The requirement was not applicable to the MCO.

MCO: managed care organization.

The 2022 annual compliance audit consisted of three phases: 1) pre-onsite documentation review, 2) remote interviews, and 3) post-onsite report preparation.

Pre-onsite Documentation Review

To ensure a complete and meaningful assessment of LHCC’s policies and procedures, IPRO prepared five review tools to reflect the areas for audit. These five tools were submitted to LDH for approval at the outset of the audit process. The tools included the review elements drawn from the state and federal regulations. Based upon LDH’s suggestions, some tools were revised and issued as final. These final tools were submitted to LHCC in advance of the remote audit.

Once LDH approved the methodology, IPRO sent LHCC a packet that included the review tools, along with a request for documentation and a guide to help LHCC staff understand the documentation that was required. The guide also included instructions for submitting the requested information using IPRO’s secure File Transfer Protocol (FTP) site.

To facilitate the review process, IPRO provided LHCC with examples of documents that LHCC could furnish to validate its compliance with the regulations. Instructions regarding the file review component of the audit were also provided, along with a request for the universe of cases for each file review area under review. From the universe of cases, IPRO selected a sample for each area, which was reviewed remotely.

Prior to the review, LHCC submitted written policies, procedures and other relevant documentation to support its adherence to state and federal requirements. LHCC was given a period of approximately 4 weeks to submit documentation to IPRO. To further assist LHCC staff in understanding the requirements of the audit process, IPRO convened a conference call for all MCOs undergoing the review, with LDH staff in attendance. During the conference call, IPRO detailed the steps in the review process, the audit timeline, and answered any questions posed by LHCC staff.

After LHCC submitted the required documentation, a team of IPRO reviewers was convened to review LHCC’s policies, procedures, and materials, and to assess LHCC’s concordance with the state’s contract requirements. This review was documented using audit tools IPRO developed to capture the review elements and record the findings. These review tools with IPRO’s initial findings were used to guide the remote video interviews.

Remote Interviews

The remote interviews for all the MCOs were conducted between July 25 and August 3, 2022. Interviews discussed elements in each of the review tools that were considered less than fully compliant based upon initial review. Interviews were used to further explore the written documentation and to allow LHCC to provide additional documentation, if available. LHCC staff was given 2 days from the close of the onsite review to provide any further documentation.

Post-on-site Report Preparation

Following the remote interviews, draft reports were prepared. These draft reports included an initial review determination for each element reviewed, and either evidence that LHCC was compliant with the standard or a rationale for why LHCC was not compliant and what evidence was lacking. For each element that was deemed not fully compliant, IPRO provided a recommendation for LHCC to consider in order for them to attain full compliance.

Each draft report underwent a second level of review by IPRO staff members who were not involved in the first level of review. Once completed, the draft reports were shared with LDH staff for review. Upon LDH approval, the draft reports were sent to LHCC with a request to provide responses for all elements that were determined to be less than fully compliant. LHCC was given 9 days to respond to the issues noted on the draft reports.

After receiving LHCC's response, IPRO re-reviewed each element for which LHCC provided a response. As necessary, review scores were updated based on the response from LHCC.

MCO Summary of Findings

Summary of Findings

Table 3 provides a summary of the audit results by audit domain. Detailed findings for each of the elements that were less than “fully compliant” follow within this section of the report.

Table 3: Audit Results by Domain

Audit Domain	Total Elements	Met	Partially Met	Not Met	N/A	Score ¹
Availability of Services	132	129	0	0	3	100%
Assurances of Adequate Capacity and Services	48	48	0	0	0	100%
Coordination and Continuity of Care	83	69	13	1	0	91.0%
Coverage and Authorization of Services – UM	65	64	1	0	0	99.2%
Provider Selection	24	23	0	0	1	100%
Enrollee Rights and Protection	107	105	2	0	0	99.1%
Grievance and Appeal Systems	71	70	0	0	1	100%
Subcontractual Relationships	8	8	0	0	0	100%
Practice Guidelines	27	27	0	0	0	100%
Health Information Services	8	8	0	0	0	100%
Quality Assessment and Performance Improvement	109	109	0	0	0	100%
Fraud, Waste and Abuse	132	123	0	7	2	94.6%
Total	814	783	16	8	7	98.0%

¹ Each met element receives 1 point, each partially met element receives 1/2 point, and each not met element receives zero points. Not Applicable (N/A) elements are removed from the denominator. Score is equal to the sum of all points earned/applicable elements.

UM: utilization management.

As presented in **Table 3**, 814 elements were reviewed for compliance. Of the 814 elements, 783 were determined to fully meet the regulations, while 16 partially met the regulations, 8 did not meet the regulations, and 7 were determined to be N/A. The overall compliance score is 98.0%.

From each of the 12 detailed reports, IPRO extracted those elements for which the requirement was less than fully met. This information was compiled into a summary report to facilitate corrective action. **Table 4** presents this summary report and includes details about each element reviewed, the final review determination, LHCC’s initial response, and, when possible, suggestions to achieve full compliance.

It is the expectation of LDH that LHCC submits a corrective action plan (CAP) for all elements determined to be less than fully compliant. LDH will officially request a CAP for any item it deems necessary.

Each of the 12 review tools and review determinations for each of the elements can be found in the ZIP file below.



LHC 2022
Compliance Final Find

Table 4: Deficient 2022 Audit Elements

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments
CFR 438.208 Coordination and Continuity of Care						
6.19.4.2	In compliance with applicable quality assurance and utilization management standards:	LA.CM.01.02_Care_Plan_Development_and_Implementation.pdf pg.1 and 6	Not Met		<p>This requirement is not addressed by the Care Plan Development and Implementation Process or the Care Management Program Description.</p> <p>Recommendation LHCC submitted post-interview an update to their policy to include this requirement. It is acknowledged that LHCC has taken steps to address this requirement; however, this will not change the current review determination.</p>	Agree; Added to document policy "LA.CM.01_-_Care_Management_Program_Description_Updated 072722.docx", pages 30
6.19.4.3	Reviewed and revised upon reassessment of functional need, at least every 12 months, when the member's circumstances or needs change significantly, or at the request of the member; and	LA.CM.01.02_Care_Plan_Development_and_Implementation.pdf pg.6	Partially Met	<p>Of the 10 case management files reviewed, three (3) files met the requirement and seven (7) files were not applicable.</p> <p>Of the 10 behavioral health case management files reviewed, two (2) files met the requirement and eight (8) files were not applicable</p>	<p>This requirement is not addressed by the Care Plan Development and Implementation Process or the Care Management Program Description.</p> <p>Recommendation: LHCC submitted post-interview an update to their policy to include this requirement. It is acknowledged that LHCC has taken steps to address this requirement; however, this will not change the current review determination.</p>	<p>Agree; Added to document policy "LA.CM.01_Care_Management_Program_Description_IPRO updates.pdf", pg 32</p> <p>Care Managers were educated on importance of identifying all providers involved in member's care as well as guidelines on when to follow-up with providers regarding care plan updates.</p>
6.19.4.4	A person-centered integrated plan of care developed by the MCO care manager shall be completed within thirty (30) calendar days of provider treatment plan development that includes all medically necessary services including specialized behavioral health services and primary care services identified in the member's treatment plans (individualized treatment plans are	LA.CM.01.02_Care_Plan_Development_and_Implementation.pdf pg. 1 LA.CM.01_-_Care_Management_Program_Description (3).pdf, pgs 28 and 30	Partially Met	<p>Of the 10 case management files reviewed, all 10 files met the requirement.</p> <p>Of the 10 behavioral health case management files reviewed, all 10 files met the requirement.</p>	<p>This requirement is partially addressed by the Care Plan Development and Implementation Process on page 1 and the Care Management Program Description on pages 28 and 30.</p> <p>Recommendation LHCC submitted post-interview an update to their policy with the missing portion of the requirement included in the verbiage. It is acknowledged that LHCC has taken steps to address this requirement in its entirety; however, this will not change the current review determination.</p>	<p>Agree; Added to document policy "LA.CM.01_Care_Management_Program_Description_IPRO updates.pdf", pg 32</p> <p>Care Managers were educated on importance of identifying all providers involved in member's care as well as guidelines on when to follow-up with providers regarding care plan updates.</p>

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments
	developed by the provider(s)) and meet the requirements above.					
6.28.2 6.28.2.1	The MCO shall be responsible for ensuring: Member's health care needs and services/care are planned and coordinated through the MCO PCP and/or behavioral health provider;	LA_Healthcare_Connections_Provider_Manual_2021_CoordinationAndContinuity..pdf pg. 56	Partially Met	<p>Of the 10 case management files reviewed, all 10 files met the requirement.</p> <p>Of the 10 behavioral health case management files reviewed, nine (9) files met the requirement. One (1) file (BH#8) did not meet the requirement: the member identified a PCP in the assessment, but there is no documentation in the file that LHCC attempted outreach to this provider.</p>	<p>This requirement is partially addressed by the LA Healthcare Connections 2021 Provider Manual on page 56.</p> <p><u>Recommendation</u> LHCC submitted post-interview an update to their policy to include this requirement. It is acknowledged that LHCC has taken steps to address this requirement; however, this will not change the current review determination. Additionally, LHCC should ensure that communication is established with identified PCPs.</p>	<p>Agree; Added to document policy "LA.CM.01 Care_Management_Program_Description_IPRO updates.pdf", pg 32</p> <p>Care Managers were educated on importance of identifying all providers involved in member's care as well as guidelines on when to follow-up with providers regarding care plan updates.</p>
6.30.0	The MCO shall develop and maintain effective care coordination, continuity of care, and care transition activities to ensure a continuum of care approach to providing health care services to MCO members. The MCO shall establish a process to coordinate the delivery of core benefits and services with services that are reimbursed on a fee-for-service basis by LDH, provided by LDH's dental benefit program manager, or provided by community and social support providers. The MCO shall ensure member-appropriate provider choice within the MCO and interaction with providers	LA.UM.16 - Continuity and Coordination of Services .pdf pg. 1 Member-Handbook-Integrated -.pdf pg. 11	Partially Met		<p>This requirement is partially addressed by the Continuity and Coordination of Services Policy.</p> <p><u>Recommendation</u> LHCC submitted post-interview an update to their policy with the missing portion of the requirement included in the verbiage. It is acknowledged that LHCC has taken steps to address this requirement in its entirety; however, this will not change the current review determination.</p>	<p>Agreed; Updated the policy to reflect verbiage to include additional language "LA.UM.16 Continuity and Coordination of Services_UM Additions.docx" pg 1 and 2</p>

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments
	<p>outside the MCO. Continuity of care activities shall ensure that the appropriate personnel, including the service providers, are kept informed of the member’s treatment needs, changes, progress or problems. These MCO activities and processes shall be demonstrated via workflows with specific decision points and provided to LDH by January 11, 2016.</p> <p>Continuity of care activities shall provide processes by which MCO members and network and/or non-network provider interactions are effective and shall identify and address those that are not effective. The MCO shall ensure that service delivery is properly monitored monitored through member surveys, medical and treatment record reviews, and EOBs to identify and overcome barriers to primary and preventive care that a MCO member may encounter. Corrective action shall be undertaken by the MCO on an as needed basis and as determined by LDH.</p>					
6.30.2.3	Ensure each member is provided with information on how to contact the	LA.UM.16 - Continuity and Coordination of Services .pdf pg. 2	Partially Met	Of the 10 case management files reviewed, all 10 files met the requirement.	The requirement is partially addressed by the ICC Rounds system screenshots, the ICC Rounds Schedule, and the Continuity	Agree; Added to document policy “LA.CM.01_-_Care_Management_Program_Description_Updated 072722.docx”, pages 26

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments
	person designated to coordinate the services the member accesses;			Of the 10 behavioral health case management files reviewed, all 10 files met the requirement.	and Coordination of Services Policy on page 2. <u>Recommendation</u> LHCC submitted post-interview an update to their policy with the missing portion of the requirement included in the verbiage. It is acknowledged that LHCC has taken steps to address this requirement in its entirety; however, this will not change the current review determination.	Agree; Added to document policy LA.UM.16 Continuity and Coordination of Services_UM Additions” pg 3 to reflect verbiage to include additional language
6.30.2.4 6.30.2.5 6.30.2.6	Coordinate care between network PCPs and specialists; including specialized behavioral health providers; Coordinate care for out-of-network services, including specialty care services; Coordinate MCO provided services with services the member may receive from other health care providers;	LA.UM.16 - Continuity and Coordination of Services .pdf pgs. 7 and 8	Partially Met		This requirement is partially addressed by the DCFS Rounds document and the Continuity and Coordination <u>Recommendation</u> LHCC submitted post-interview an update to their policy with the missing portion of the requirement included in the verbiage. It is acknowledged that LHCC has taken steps to address this requirement in its entirety; however, this will not change the current review determination.	Agree; Updated the policy to reflect verbiage to include additional language “LA.UM.16 Continuity and Coordination of Services_UM Additions” pg 8
6.19.4.1	The individualized treatment plans must be: 6.19.4.1 Developed by the member’s primary care provider and/or other lead provider as appropriate, with member participation, and in consultation with any specialists caring for the member. For SHCN members, the treatment plan shall be submitted to the member’s MCO no later than 30 days following the completion of the initial	LA.CM.01.02_Care_Plan_Development_and_Implementation.pdf pg. 2	Partially Met	Of the 10 case management files reviewed, three (3) files met the requirement and seven (7) files were not applicable. Of the 10 behavioral health case management files reviewed, two (2) files met the requirement and seven (7) files were not applicable. One (1) file (BH#8) did not meet the requirement: a treatment plan was not in the file and there was no documentation regarding attempted outreach	This requirement is partially addressed by the Care Management Program Description on page 32 and the LA Healthcare Connections 2021 Provider Manual on page 56. <u>Recommendation</u> LHCC submitted post-interview an update to their policy with the missing portion of the requirement included in the verbiage. It is acknowledged that LHCC has taken steps to address this requirement in its entirety; however, this will not change the current review determination. Additionally, LHCC should ensure that communication with the PCP is	Agree; Added to document policy “LA.CM.01_-_Care_Management_Program_Description_Updated 072722.docx”, pages 30 CM process updated to request treatment plan again, if not received with initial request upon enrollment.

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments
	assessment or annual reassessment.			to the provider despite a PCP being identified in the assessment.	established in order to acquire the individualized treatment plan.	
6.36.9.1.7	Educating MCO members and providers regarding appropriate utilization of emergency room (ER) services, including referral to community behavioral health specialists for behavioral health emergencies, as appropriate;	LA_Healthcare_Connections_Provider_Manual_2021 .pdf pgs. 106 and 107	Partially Met		<p>This requirement is partially addressed by the LA Healthcare Connections Provider Manual on pages 106 and 107.</p> <p><u>Recommendation</u> LHCC submitted post-interview an update to their policy to include this requirement. It is acknowledged that LHCC has taken steps to address this requirement; however, this will not change the current review determination.</p>	Agree; Added to document policy “LA.CM.01_-_Care_Management_Program_Description_Updated 072722.docx”, pages 37
6.36.9.1.10	Documenting authorized referrals in the MCO’s clinical management system;	Referrals 6.36.9.1.10_1.pdf Referrals 6.36.9.1.10_2.pdf	Partially Met		<p>This requirement is partially addressed by the referrals screenshots referenced.</p> <p><u>Recommendation</u> LHCC submitted post-interview an update to their policy to include this requirement. It is acknowledged that LHCC has taken steps to address this requirement; however, this will not change the current review determination.</p>	Agree; Added to document policy “LA.CM.01_-_Care_Management_Program_Description_Updated 072722.docx”, pages 21
6.36.9.1.11	Developing capacity for enhanced rates or incentives for integrated care by providers;	LA-Healthcare_Connections_Provider_Manual_2021 pdf page 89	Partially Met		<p>This requirement is partially addressed by the LA Healthcare Connections Provider Manual and the Amendment of the Provider Contract.</p> <p><u>Recommendation</u> LHCC submitted documentation that shows how this requirement is</p>	Agree: LA.QI.43 Physician Incentive Plan provides a general overview of the incentives for providers and Medicaid behavioral health value based program description provides an overview of the program for behavioral health providers with a physical health component.

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments
					communicated to providers; however, in addition to the communication component, the structure component in the form of a policy, procedure, or program description is needed. LHCC should create a policy, procedure, or program description to address this requirement.	
6.36.9.1.12	Providing or arranging for training of MCO providers and Care Managers on identification and screening of behavioral health conditions and referral procedures;	BH Screening Tools-National 6.36.8 & 6.36.9.1.12.pdf LA_Healthcare_Connections_Provider_Manual_2021..pdf pgs. 85 and 86 Care Management Learning Compass.pdf pgs. 176, 183-188, and 205	Partially Met		<p>This requirement is partially addressed by the Care Management Learning Compass, the BH Screening Tools presentation, the training website screenshot, and the provider orientation slide.</p> <p><u>Recommendation</u> LHCC submitted post-interview an update to their policy to include this requirement. It is acknowledged that LHCC has taken steps to address this requirement; however, this will not change the current review determination.</p>	Agree; Added to document policy “LA.CM.01_-_Care_Management_Program_Description_Updated 072722.docx”, pages 26
6.36.9.1.13	Conducting Case Management rounds at least monthly with the Behavioral Health Case Management team; and	ICC Rounds 6.36.9.1.13.pdf ICC Rounds 6.36.9.1.13_2.pdf ICC Rounds Schedule.pdf	Partially Met		<p>The requirement is partially addressed by the ICC Rounds system screenshots and by the ICC Rounds Schedule.</p> <p><u>Recommendation</u> LHCC submitted post-interview an update to their policy to include this requirement. It is acknowledged that LHCC has taken steps to address this requirement; however, this will not change the current review determination.</p>	Agree; Added to document policy “LA.CM.01_-_Care_Management_Program_Description_Updated 072722.docx”, page 19
6.36.9.1.14	Participating in regular collaborative meetings at least yearly or as needed, with LDH representatives for the purpose of coordination and communication.	DCFS Rounds 6.36.9.1.14_1.pdf DCFS Rounds 6.36.9.1.14_2.pdf	Partially Met		<p>This requirement is partially addressed by the DCFS Rounds document.</p> <p><u>Recommendation</u> LHCC submitted post-interview an update to their policy to include this requirement. It is acknowledged that LHCC has taken steps to address this requirement;</p>	Agree; Added to document policy “LA.CM.01_-_Care_Management_Program_Description_Updated 072722.docx”, page 19

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments
					however, this will not change the current review determination.	
CFR 438.21 Coverage and Authorization of Services/ Utilization Management						
8.5.4.1.2.1	The MCO shall notify the member, in writing using language that is easily understood by the member, of decisions to deny a service authorization request, to authorize a service in an amount, duration, or scope that is less than requested, and/or any other action as defined in Section 13 of this RFP. The notice of action to members shall be consistent with requirements in 42 CFR §438.404 and 42 CFR §438.210 and Section 12 of this RFP for member written materials.	<p>LA.UM.07 Adverse Determination (Denial) Notices.pdf, pg 1</p> <p>Post interview added: UM file review files 1 & 7 The Correspondence Unit team will begin to use the readability analyzer. This is a tool that estimates the readbility of a passage of text using the Flesch Reading Ease, Fog Sale Level, Flesch-Kincaid Grade level and other metrics. Also per the LDH's Marketing and Member Education Companion Guide:, we are able to remove some language including the MCO's name, proper names (drug names , procedure names, and similar, Medicaid and Medicad/ dental terms with 3+ syllables. The CU team was trained to use this tool on 7/21/2022. we will use Microsoft word Flesch Kincaid reading level as a back up.</p> <p>Additional documentation: Correspondence Unit Process WP-7212022.pdf, pg 8, 10, 12, 14, and 15</p>	Partially Met	<p>Eight (8) of 10 files met the requirements; the remaining 2 files did not have language that appeared to be easily understood.</p> <p>Case 1 and 7 Fisher and Brumfield</p>	<p>This requirement is addressed in the Adverse Determination (Denial) Notices policy and procedure, but was only partially met in the file review.</p> <p><u>Recommendation</u></p> <p>The plan provided the language in the MCO comments section and an updated document showing how their correspondence unit will meet this going forward. No further action is required.</p>	Agree. Updated Work Process previously submitted to IPRO
CFR 438.224 Enrollee Rights and Protection						
12.18.1	The MCO shall make a good faith effort to give written	Not applicable to LHCC	Partially Met		This requirement is partially addressed by the Provider Termination Policy and the	Agree. State requirement addressed in policy LA.CONT.23_Provider Termination (Page 3)

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments
	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. When timely notice from the provider is received, the notice to the member shall be provided within fifteen (15) calendar days of the receipt of the termination notice from the provider.				<p>sample member notification letters provided.</p> <p><u>Recommendation</u> The entity should incorporate this requirement into a policy.</p>	
12.18.2	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. Failure to provide notice prior to the dates of termination will be allowed when a provider becomes unable to care for members due to illness, a provider dies, the provider moves from the service area and fails to notify the MCO, or when a provider fails credentialing or is displaced as a result of a natural or man-made disaster. Under these	Not applicable to LHCC	Partially Met		<p>This requirement is partially addressed by the Provider Termination Policy and the sample member notification letters provided.</p> <p><u>Recommendation</u> The entity should incorporate this requirement into a policy.</p>	Agree. State requirement addressed in policy LA.MBRS.27_Member_Advisory_of_Provider_Contract_Termination_or_Limitation_Policy (Page 1)

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments
	circumstances, notice shall be issued immediately upon the MCO becoming aware of the circumstances.					
CFR 438.608 Fraud Waste and Abuse						
7.6.2.2.1	Revocation of the provider's home and community-based services license or behavioral health service license;	LA.COMP.16_LHCC_FWA_Plan UPDATED POLICY 2022.pdf (PG. 29)	Not Met		The FWA Plan effective during the 2021 review period does not address this requirement. While it is addressed in LA.COMP.16_LHCC_FWA_Plan UPDATED POLICY 2022, the Reviewed/ Revised date of this document is indicated as 2/22, which is outside the review period. <u>Recommendation</u> No action is required by LHCC, as this issue was self-identified and added to the updated policy.	We agree with the IPRO audit findings. The not met requirements were mitigated prior to the audit by updating the policy. LHCC discovered the policy effective date ended 12/31/2021. LHCC Compliance scheduled a review of the policy updates in the February 2022 Policy Committee meeting and self-disclosed the noncompliance during the audit.
7.6.2.2.2	Exclusion from the Medicaid program;	LA.COMP.16_LHCC_FWA_Plan UPDATED POLICY 2022.pdf (PG. 29)	Not Met		The FWA Plan effective during the 2021 review period does not address this requirement. While it is addressed in LA.COMP.16_LHCC_FWA_Plan UPDATED POLICY 2022, the Reviewed/ Revised date of this document is indicated as 2/22, which is outside the review period. <u>Recommendation</u> No action is required by LHCC, as this issue was self-identified and added to the updated policy.	We agree with the IPRO audit findings. The not met requirements were mitigated prior to the audit by updating the policy. LHCC discovered the policy effective date ended 12/31/2021. LHCC Compliance scheduled a review of the policy updates in the February 2022 Policy Committee meeting and self-disclosed the noncompliance during the audit.
7.6.2.2.3	Termination from the Medicaid program;	LA.COMP.16_LHCC_FWA_Plan UPDATED POLICY 2022.pdf (PG. 29)	Not Met		The FWA Plan effective during the 2021 review period does not address this requirement. While it is addressed in LA.COMP.16_LHCC_FWA_Plan UPDATED POLICY 2022, the Reviewed/ Revised date of this document is indicated as 2/22, which is outside the review period. <u>Recommendation</u> No action is required by LHCC, as this issue was self-identified and added to the updated policy.	We agree with the IPRO audit findings. The not met requirements were mitigated prior to the audit by updating the policy. LHCC discovered the policy effective date ended 12/31/2021. LHCC Compliance scheduled a review of the policy updates in the February 2022 Policy Committee meeting and self-disclosed the noncompliance during the audit.
7.6.2.2.4	Withholding of Medicaid reimbursement as authorized by the	LA.COMP.16_LHCC_FWA_Plan UPDATED POLICY 2022.pdf (PG. 29)	Not Met		The FWA Plan effective during the 2021 review period does not address this requirement. While it is addressed in	We agree with the IPRO audit findings. The not met requirements were mitigated prior to the audit by updating the policy. LHCC discovered the

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments
	Department’s Surveillance and utilization Review (SURS) Rule (LAC 50:I.Chapter 41);				LA.COMP.16_LHCC_FWA_Plan UPDATED POLICY 2022, the Reviewed/ Revised date of this document is indicated as 2/22, which is outside the review period. <u>Recommendation</u> No action is required by LHCC, as this issue was self-identified and added to the updated policy.	policy effective date ended 12/31/2021. LHCC Compliance scheduled a review of the policy updates in the February 2022 Policy Committee meeting and self-disclosed the noncompliance during the audit.
7.6.2.2.5	Provider fails to timely renew its home and community-based services license as required by the Home and Community-Based Services providers Licensing Standards Rule (LAC 48:I.Chapter 50); or	LA.COMP.16_LHCC_FWA_Plan UPDATED POLICY 2022.pdf (PG. 29)	Not Met		The FWA Plan effective during the 2021 review period does not address this requirement. While it is addressed in LA.COMP.16_LHCC_FWA_Plan UPDATED POLICY 2022, the Reviewed/ Revised date of this document is indicated as 2/22, which is outside the review period. <u>Recommendation</u> No action is required by LHCC, as this issue was self-identified and added to the updated policy.	We agree with the IPRO audit findings. The not met requirements were mitigated prior to the audit by updating the policy. LHCC discovered the policy effective date ended 12/31/2021. LHCC Compliance scheduled a review of the policy updates in the February 2022 Policy Committee meeting and self-disclosed the noncompliance during the audit.
7.6.2.2.6	The Louisiana Attorney General’s Office has seized the assets of the service provider.	LA.COMP.16_LHCC_FWA_Plan UPDATED POLICY 2022.pdf (PG. 29)	Not Met		The FWA Plan effective during the 2021 review period does not address this requirement. While it is addressed in LA.COMP.16_LHCC_FWA_Plan UPDATED POLICY 2022, the Reviewed/ Revised date of this document is indicated as 2/22, which is outside the review period. <u>Recommendation</u> No action is required by LHCC, as this issue was self-identified and added to the updated policy.	We agree with the IPRO audit findings. The not met requirements were mitigated prior to the audit by updating the policy. LHCC discovered the policy effective date ended 12/31/2021. LHCC Compliance scheduled a review of the policy updates in the February 2022 Policy Committee meeting and self-disclosed the noncompliance during the audit.
7.6.2.3	The MCO shall not remit payment for services provided under this contract to providers located outside of the United States. The term “United States” means the fifty (50) states, the District of Columbia, and any U.S. territories.	LA.COMP.16_LHCC_FWA_Plan UPDATED POLICY 2022.pdf (PG. 29)	Not Met		The FWA Plan effective during the 2021 review period does not address this requirement. While it is addressed in LA.COMP.16_LHCC_FWA_Plan UPDATED POLICY 2022, the Reviewed/ Revised date of this document is indicated as 2/22, which is outside the review period. <u>Recommendation</u> No action is required by LHCC, as this issue was self-identified and added to the updated policy.	We agree with the IPRO audit findings. The not met requirements were mitigated prior to the audit by updating the policy. LHCC discovered the policy effective date ended 12/31/2021. LHCC Compliance scheduled a review of the policy updates in the February 2022 Policy Committee meeting and self-disclosed the noncompliance during the audit.

