

POLICY AND PROCEDURE

POLICY NAME: Provider Notifications	POLICY ID: LA.COMP.101
BUSINESS UNIT: LHCC	FUNCTIONAL AREA: Compliance
EFFECTIVE DATE: 05/09/23	PRODUCT(S): Medicaid
REVIEWED/REVISED DATE:	
REGULATOR MOST RECENT APPROVAL DATE(S): n/a	

POLICY STATEMENT:

This policy outlines the expectations for provider notifications.

PURPOSE:

The purpose of this policy is to ensure Louisiana Healthcare Connections (LHCC) is in compliance with all applicable federal and state statutes, regulations, and administrative rules, as well as applicable state Medicaid contract requirements, and communicates any changes in regulatory requirements, guidelines on health plan coverage policies and procedures, and other information related to the provision of health care services to members to network participating providers in a timely manner.

SCOPE:

Louisiana Healthcare Connections' Claims, Compliance, Finance, Marketing & Communications, Network/Contracting, PHCO, Provider Engagement, Pharmacy, Quality, and Value-Based Contracting Departments.

DEFINITIONS:

Business Owner/Subject Matter Expert ("SME"): An individual who exhibits a high level of expertise in performing a specialized job, task, or skill within that department. The SME has in-depth knowledge of the topic being communicated and involved in the research, drafting and approval phases of a communication initiative.

Mass Communications: Communications sent from LHCC Marketing to providers on a variety of topics including reminders, claims updates, pharmacy updates and quality improvement requirements. These communications may be sent using a variety of methods including mail, facsimile, email or via LHCC's website(s).

Material/Substantial Changes - Changes affecting the delivery of care or services provided under Louisiana Department of Health's (LDH) Model Contract. Material changes include, but are not limited to, changes in composition of the provider network, Subcontractor, or Subcontractor's network; LHCC's complaint and grievance procedures; health care delivery systems; services; changes to proposed value-added benefits or services; Enrollment of a new population; procedures for obtaining access to or approval for health care services; any and all policies and procedures that require LDH approval prior to implementation; and LHCC's capacity to meet minimum Enrollment levels. LDH shall make the final determination as to whether a change is material.

Publishing: The release of information to an internal or external stakeholder via a particular method (i.e., mail or LHCC's website(s)).

POLICY:

It is the policy of Louisiana Healthcare Connections that a provider communication regarding federal and state regulations, company policies and procedures, and/or material rules that impact network participating providers to be developed in compliance with State and Federal laws. Communications will be issued to all contracted providers within thirty (30) Calendar Days prior to implementation or thirty (30) days from the date the provider contract is credentialed.

LHCC will notify providers ninety (90) Calendar Days before implementing changes to Claims coding and processing guidelines, or as soon as possible if directed by LDH pursuant to Federal or State law, regulation, rule, or policy to implement such change earlier. (2.11.6.6)

PROCEDURE:

1. Provider communications include information about changes to LHCC and/or departmental policies and procedures including, but not limited to, the following:

- Any material rule changes.
- Any changes to the authorization or referral processes.
- Any changes in reporting or notification requirements.
- Any changes in billing requirements; and
- Any changes implemented by another department within LHCC deemed to materially affect network participating providers in their treatment of LHCC members. This may include federal and state statutes and regulations, new treatment or periodicity recommendations, utilization management or utilization review processes, appeals, grievances, care management regimens, disease state management programs, access requirements (for

specialists or appointment availability), network changes, member cost-share changes, or member responsibilities/rights or advisories.

2. Use a variety of communication methods (i.e., email notifications, website postings, mailings, etc.) to communicate the aforementioned changes and inform providers of:

- Updated contact information for Provider Relations representatives that includes their areas of responsibility.
- New quality initiatives.
- Medical necessity standards.
- Clinical practice guidelines.
- Timeliness of access to care and members services that meet or exceed such standards.
- Continuity and coordination of care.
- Consideration of member input into the proposed treatment plan and for advance directives; and
- Members are not discriminated against in the delivery of health care services.

3. LHCC to use a set of standards and styles for its provider communications to ensure consistency and ease of use.

Business Owner/Subject Matter Expert (SME):

- Agrees and adheres to a project plan timeline.
- Verifies federal and state statutes and regulations, as required, are present in provider communications.
- Provides content for and/or edits to the Marketing & Communications team based on federal and state statutes and regulations and internal policies and procedures.
- Serves as the business owner for his/her respective operational area (i.e., Pharmacy, Utilization Management);
- Approves content prior to publishing; and
- Maintains a process to provide education and training for providers regarding any changes that may be implemented.

Marketing & Communications Team:

- Coordinates the development of provider communications and requests approval from those on the SME team.
- Coordinates with the Regulatory Affairs department within LHCC to forward provider communications to the pertinent state regulatory agencies, when applicable.
- Coordinates with the local market owner to determine the appropriate publishing method(s) and requests the provider distribution list, when applicable.
- Coordinates with the Creative team to complete design, printing, and fulfillment per LHCC standards, when applicable.
- Distributes final, approved provider communications to Shared Services and local market business owners; and
- Submits final, approved provider communications for posting on LHCC's website(s).

Regulatory Affairs/Legal:

- Review's content and validates contractual, federal, and state statutes and regulations are met prior to submitting to state regulatory agencies for approval, when applicable.
- Coordinates with state regulatory agencies to obtain approval; and
- Provides timely communication of review outcome to the provider communications specialist who will follow up with business owners.

REFERENCES:

LDH Model Contract 3.0, section 2.10.3.2 through 2.10.3.5

ATTACHMENTS:

ROLES & RESPONSIBILITIES:

REGULATORY REPORTING REQUIREMENTS:

HB 434, Act 319 applies to material changes to this policy.

REVISION LOG

<u>REVISION TYPE</u>	<u>REVISION SUMMARY</u>	<u>DATE APPROVED & PUBLISHED</u>
New Policy Document	<u>Converted CC.PRVR.50 to a local Policy</u>	<u>06/13/23</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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