

POLICY AND PROCEDURE

DEPARTMENT: Network Management	DOCUMENT NAME: Contract Effective Date
PAGE: 1 of 4	REPLACES DOCUMENT:
APPROVED DATE: 8/15	RETIRED:
EFFECTIVE DATE: 07/15	REVIEWED/REVISED: 07/15, 06/17, 06/19; 04/20; 01/21, <u>08/21</u>
PRODUCT TYPE: All	REFERENCE NUMBER: LA.CONT.24

SCOPE:

This policy applies to all directors, officers, and employees of Louisiana Healthcare Connections Network Development and Management, Provider Relations, Provider Services, Credentialing and Contract Implementation Departments (collectively, the “Company”).

PURPOSE:

This policy establishes the process for determining the effective date for a contract and for any additional contract amendments subsequent to the initial contract effective date. The contract execution date is not covered by this policy. Ensure all provider contract effective dates are implemented accurately and timely so that contractual obligations are not compromised and accurate and correct rates are reimbursed.

POLICY:

The contract effective date will be set to 30 days after the contract:

- 1. Has been received by the health plan**
- 2. Has been signed by the provider (“First Signature”)**

For specific provider types:

- Skilled Nursing Facilities: first of the month 30 days following receipt and signature**
- All other providers: 30 days following receipt and signature**

The Contract Coordinator submits the contract for loading.

Effective dates are assigned based on the product(s) attached to each signed contract and amendment.

As an example, if the initial contract is for one product and it is amended (for example: Medicaid, later adding Ambetter or Allwell) at a later date, those products will receive their own amendment effective date following the same process as outlined above.

The contract effective date may be separate from the effective date of each Contracted Provider. All contract effective dates will be assigned in such a manner that contractual obligations, inter-departmental communication, and provider notification are performed in a consistent and timely manner.

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PROCEDURE:

1. In compliance with 'Centene Business Operations Decision Memo' dated June 10, 2015, the Contract Coordinator will establish the contract effective date when initially forwarding first signature onto PDM, by writing it on the contract. The effective date will be written on the first page and the signature page of the agreement. This date will be identified pursuant to the discussions between the negotiator and the Provider and communicated to the Coordinator so that the Provider will receive the agreed upon rates as expected and discussed during negotiations.
2. The effective date will be assigned as follows:
 - o If 1st signature and complete clean credentialing package is received by the 16th of the month, then the effective date will be the 1st of the following month.
 - o If 1st signature and complete clean credentialing package is received after the 16th of the month, then the effective date will be the 15th of the following month.
3. The Contract Negotiator will convey the above effective date assignment process to the Provider and ensure that accurate and complete contract and credentialing documents are completed by the Provider and delivered to the appropriate Contract Coordinator for efficient implementation. This process will ensure a clean and seamless contracting process for all involved parties.
4. If the Provider requests a specific effective date during contract negotiations then every effort should be made to accommodate such request, however, it should be clearly communicated to the Provider that all documents must be received in a clean format and timely manner in order to honor such request in order to abide with the effective date assignment outlined in Step #2 of this policy.
5. Occasions may arise with certain contracts that require flexibility to assign an effective date outside of the parameters as previously outlined in this policy. In such instances, these will be handled on a case by case basis and require Director level approval and if necessary, VP level of approval.

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EXCEPTIONS:

Exceptions may be granted for providers under national agreements, capitation agreements, or other categories to be determined by the Network Operations Process and Data Governance Board.

Within each health plan, exceptions require the approval of the Vice President of Operations.

Exceptions will be granted if an individual state's regulatory requirements are in contradiction to the above timeline. When that occurs, the state's regulatory requirements will prevail.

Exceptions can also be granted for retroactive approvals or negotiated contract effective dates, when the business value justifies the additional operational cost.

REFERENCES: Centene Business Operations Decision Memo 061015



Centene Business Operations Decision Memo

ATTACHMENTS:

REVISION LOG

REVISION:	DATE
Grammatical edits	07/2016
Grammatical edit	06/2017
Grammatical (system name) update	06/2019
No Edits	04/2020
No Edits	01/2021
<u>Re-branded Corporate Policy for iCertis Transition</u>	<u>08/2021</u>

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Archer is considered equivalent to a physical signature.

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