

Administrative Simplification Meeting Minutes

Friday, May 19, 2017 ▪ 10:00am - Noon ▪ LDH, Bienville Room 118

Conference Number: 1-877-810-9415 Access Code: 7717892

Attendees:

Provider Community: Alacia Honora, Berkley Durbin, Cara Delee, Christopher Vidrine, Floyd Buras, Greg Ivey, Jamey Boudreaux, Karen Lambert, Lydia Stewart, Mary Noel, Meg Sprunger, Rebecca Zickler, Shan McDaniel, Sherry Poss

Aetna: Angela Warren

Amerigroup: Annie Garnier, Ash Davidson, Dexter Trivett, Scott Thevenot, Virginia Plaisance

AmeriHealth Caritas: Anita Gregoire, Sherry Wilkerson

Louisiana Healthcare Connections: Daniel Rich, Joe Sullivan

United Healthcare: Angela Olden, Ann Wilder, Karl Lirette, Stephanie Spivey

Louisiana Department of Health: Addie Imseis, Alicia Prevost, Charles Wopara, Darrell Montgomery, Erin Campbell, Jen Steele, Kerri Capello, Kristi Bonvillain, Melwyn Wendt, Michael Boutte, Paul Knecht, Rene Huff, Sue Fontenot, Whitney Martinez

Introduction

- Introduction of Michael Boutte the new Medicaid Deputy Director over Managed Care and, soon, Program Integrity. Michael comes from the Legislative Auditor's Office and was the lead data analyst for 11 years. Stacy Guidry is still the lead for managed care specific issues. Michael will provide the data analytics strategy.

Speech Therapy Update

- In response to inquiries from LLA, plans began to try to avoid audit findings by being sure to adhere to FFS policies; that was not LDH's intent. We are trying to make sure we have regulatory authority to allow MCOs provide services where it makes sense.

ABA Transition to Managed Care

- ABA will be moving into the MCO contract in February 2018. Rene Huff is the manager of the ABA program. She will be working with the providers and MCOs to get program into place and to have a smooth transition. Please email Rene.Huff@la.gov or Whitney.Martinez@la.gov with suggested providers to participate in the workgroup.
- There is a unique opportunity with ABA moving from FFS to managed care to be cognizant and intentional with the how the policy is structured. It is also an opportunity to be specific with what is standard across plans and what may be varied across plans.

Provider Directory Audit Project

- The Provider Relations Unit has an on-going project for auditing the provider directories. MCOs have discussed ways to improve the directory accuracy rates for the members.

- Reminder to providers – please remember to update the MCOs with any changes.

Credentialing

- Starting in January 2018, per federal regulations, LDH must enroll all providers who render services to Medicaid recipients with the state. To date, providers could enroll strictly with a plan and not with the state. Currently working to procure a new system to support our provider enrollment function. We will include credentials verification in the Medicaid enrollment process and the information will transfer to the MCOs.
- Reminder to providers – a clean packet is considered everything that is needed (i.e. if a DEA license is needed, but is not in the packet, it is not a clean packet). The MCOs' 60-day clock does not begin until the clean packet is received.

Provider Relations/Network Unit

- Questions may be emailed to ProviderRelations@la.gov.

Subcommittee Operations Updates

- TPL
 - Secondary claims payment issue – there are at least two MCOs with whom providers are having a problem with secondary claims being paid per line item. Whitney will have a staff member request each MCO's policy.
 - Questions about TPL contract requirements may be emailed to ProviderRelations@la.gov.
- **Behavioral Health**
 - Robyn McDermott with the Office of Behavioral Health will reach out to those in MCOs she knows that might have interest in participating in a Behavioral Health Subcommittee. They can refer the invite to other departments within the organization to see if they have any desire to participate. Others wishing to participate can email Whitney.Martinez@la.gov or Kristi.Bonvillain@la.gov.
- **OB/Anesthesia**
 - The new patient OB issue was resolved, but some providers are still seeing new and old issues. Past issues that have been dealt with in detail will be moved to the Managed Care Compliance Section for action.
 - The Informational Bulletin for 17P is still current and correct for billing and processing. Providers are still seeing significant reimbursement issues around Makena. Any providers having denials with 17P should notify the MCO and if the issue is not resolved, then let LDH know via an email to: ProviderRelations@la.gov.
 - LARCs – POS and modifier questions are still pending and should be resolved no later than the next OB/Anesthesia Subcommittee meeting on June 28th.
- **Hospital**
 - Discussed cost-to-charge ratio (CCR) in the Hospital Subcommittee meeting and one MCO will see if they can assist some hospitals with recoupment.

- The MCOs will have to follow up to confirm they got the observation/admit information to Erin Lee as requested in the Hospital Subcommittee meeting.
- Questions from providers who were not in Hospital Subcommittee may be emailed to Whitney.Martinez@la.gov.
- **Grievance/Appeal**
 - The Grievance and Appeal Subcommittee has not taken place yet. It will be kicked off after seeing the outcome of HB492.

Reminder that providers may submit feedback on current operations at:
<http://ldh.la.gov/index.cfm/form/156>.

Clinical Laboratory HPA was revised and any questions regarding it may be sent to Whitney.Martinez@la.gov.

LaHIPP – <http://www.ldh.la.gov/index.cfm/page/2693>

MCO Policies

- MCO policies for approval or informational filing should be sent to MCOPolicies@la.gov. Whitney's department will route the policy to the appropriate department. Pharmacy policies will continue to be sent to the Pharmacy Section.

Open discussion

- Are MCOs allowed to have their own precertification guidelines or do they have to be approved by LDH? Whitney would need the specifics to look into the issue. There is one plan requiring PA for tomography, which is a covered service.
- Suggestions on Physician Incentive Plans: no plans have a policy on the provider census and determining which patients are linked to which provider. Request to sync MEVS to list each plan has to get an accurate listing of who is in the denominator for the patient. Request to have a way to delink the patients that don't want to go to the office and have never been to the office. Note that policies are based on billed charges and not what is in chart such as when a child gets shots at school versus in the office. Most plans follow HEDIS specifications, which are national specifications and don't always make sense, but do hold everyone to a standard.

Wrap Up and Next Steps