



Louisiana Department of Health

Health Plan Advisory 12-9

Revised February 27, 2019

Provider Disputes Relative to Denied Claims and Services

The Louisiana Department of Health is providing the following clarification of Healthy Louisiana policy regarding provider disputes of denied claims and services.

Denied Claims

In any instance where a provider claim is denied, the consent of the Medicaid enrollee who received services shall not be required in order for the provider to dispute the denial of the claim. The provider may pursue a claim dispute on the basis of nonpayment for rendered services under the terms and conditions outlined in their provider contract with the individual Healthy Louisiana plans or as otherwise provided by Louisiana law. The Medicaid enrollee who received the services shall not be required to sign an authorized representative form, or provide other forms of written consent, for the provider to dispute the denied claim for payment.

In accordance with Healthy Louisiana policy, for each denied claim, providers must be notified of the amount and reason for the denial.

Denial of Services Prior to Claim Submission

In any case where a provider is required to obtain a prior authorization on a concurrent or post-service basis, the consent of the Medicaid enrollee who received the service shall not be required in order for the provider to dispute the denied authorization for service.

Member Notification

~~A member that has received a Louisiana Medicaid covered service cannot be held liable for non-payment to the provider. There shall be no adverse action taken against the member for these denials. Therefore, these denials are neither disputable by, nor on behalf of, the member. In instances where services were already provided, the member should not be sent a notification~~

~~of the denial. Notification of this kind could result in a misunderstanding on the part of the member.~~

~~A dispute for these types of claims and service denials is between the Health Plan and the provider — the member is not involved. The Health Plan shall ensure the provider does not hold the members liable for the costs of any services provided by a provider whose service is not covered by the Health Plan or does not obtain timely approval or required prior authorization.~~