

Louisiana Medicaid Administrative Simplification Committee

August 13, 2024

Agenda

- Provider Enrollment New Invitation Letters Delay
- Medicaid Updates
- Professional Services Updates/Fee Schedule Updates
- MCO Provider Notifications
- MCO Timeframe to pay interest
- Newborn Assignment Issues
- Informational Bulletin 24-18
- Informational Bulletin 24-27
- IB 19-3 Update Discussion
- Open Forum
- Helpful E-mails
- Q&A

Provider Enrollment Portal Help Desk

The Provider Enrollment Portal Help Desk is ready to help.

Invitation letters to enroll new providers through the Portal is delayed. A new date will be announced soon.

Email:

LouisianaProvEnroll@gainwelltechnologies.com

Phone: 833-641-2140

Medicaid Updates

Professional Services Updates/Fee Schedule Updates

- 2024/Annual HCPCS updates
- Fee Schedule Change Indicator
- X-Modifier Utilization

MCO Provider Notifications

- 2.18.5.4 The Contractor shall notify providers and LDH within five (5) Business Days of discovery of a system error or “glitch” that impacts reimbursement.
- 2.18.5.4.1 The notification must outline the process of resolution, including time frames, and be posted on the provider portal on the Contractor’s web page and sent to providers via email and/or fax blast.
- 2.18.5.4.2 The Contractor should provide its provider call center staff with the relevant information immediately after discovery of the system error or “glitch” in order to ensure that staff will be able to properly answer provider questions.

MCO Timeframe to Pay Interest Discussion

- 2.18.5.3 The Contractor shall pay providers interest at a rate of twelve percent **(12%) per annum**, calculated daily for the full period in which a payable clean Claim remains **unpaid beyond the thirty (30) Calendar Day** clean Claims processing deadline. Interest owed to the provider shall be **paid the same date that the Claim is Adjudicated**. Any interest payment should be reported on the applicable **Encounter submissions to the FI** as defined in the MCO System Companion Guide.

Newborn Assignment Issues

Informational Bulletin 24-18

[Screening Mammography Coverage Update](#)

Informational Bulletin 24-27

- [Transcranial Magnetic Stimulation \(TMS\)](#)

IB 19-3 Update Discussion

CLAIM APPEAL						
Include any documentation from prior claim reconsideration requests when submitting a claim appeal.						
Time Requirements	Must be received within 90 calendar days of the date on the determination letter from the original request for claim reconsideration. A determination will be made by the MCO within 30 calendar days of receipt.	Must be received within 90 calendar days of the date on the determination letter from the original request for claim reconsideration. A determination will be made by the MCO within 30 calendar days of receipt.	Must be received within 90 calendar days of the date on the determination letter from the original request for claim reconsideration. A determination will be made by the MCO within 30 calendar days of receipt.	Must be received within 90 calendar days of the date on the determination letter from the original request for claim reconsideration. A determination will be made by the MCO within 30 calendar days of receipt.	Must be received within 90 calendar days of the date on the determination letter from the original request for claim reconsideration. A determination will be made by the MCO within 30 calendar days of receipt.	Must be received within 90 calendar days of the date on the determination letter from the original request for claim reconsideration. A determination will be made by the MCO within 30 calendar days of receipt.
How to Submit	Claim appeals must be submitted in writing.					
Address for Submission	Aetna Better Health of Louisiana Grievances and Appeals P.O. Box 81040 5801 Postal Rd Cleveland, OH 44181	AmeriHealth Caritas Louisiana Attn: 2nd Level Provider Dispute P.O. Box 7323 London, KY 40742 By web: https://identity.navinet.net/	Healthy Blue Payment Dispute Unit P.O. Box 61599 Virginia Beach, VA 23466-1599 By web: www.availity.com	Humana Healthy Horizons in Louisiana Provider Appeals P.O. Box 14601 Lexington, KY 40512	Louisiana Healthcare Connections Claim Reconsideration & Appeals P.O. Box 4040 Farmington, MO 63640-3800	Attention: Second Level Appeal UnitedHealthcare Community Plan P.O. Box 31364 Salt Lake City, UT 84131-0341

- The MCO shall allow providers 90 calendar days from the date on the determination letter, from the original request for claim reconsideration, to submit a claim appeal.

Questions & Answers

Next Meetings

- November 12, 2024

Louisiana Department of Health

628 North 4th Street, Baton Rouge, Louisiana 70802

(225) 342-9500

THANK YOU

