

Louisiana Medicaid Administrative Simplification Committee

November 12, 2024

Agenda

- Provider Enrollment Portal Help Desk
- Medicaid Open Enrollment
- Helpful Email
- Professional Services Updates
- Informational Bulletins
- MCO Manual Updates
- MES Updates
- MCO Provider Notifications Follow-ups
- MCO Timeframe to Pay Interest Discussion
- MCO Timeframe to Pay Interest Discussion Follow-up
- TPL
- Recoupment Letters
- Newborn Assignment/Recoupment F/U
- LaHipp Updates
- IB 19-3 Update
- Finding a Specialist
- Providers Managing New Policy Reviews
- 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 **started going out October 25, 2024.**

Email:

LouisianaProvEnroll@gainwelltechnologies.com

Phone: 833-641-2140

Medicaid Open Enrollment

- Kevin Guillory to provide an update.

Helpful Emails

- Provider/MCE issues: ProviderRelations@la.gov
- FFS Claims: MMISClaims@la.gov
- Transportation issues: MedicaidTransportation@la.gov
- TPL issues: TPL.inquiries@la.gov
- Member Linkage: MemberLinkage@la.gov

Professional Services Updates

- 2024 Flu and Immunization updates/90656 (WaRene Kimbell) IB 24-37 and IB 24-42 – What is LDH’s guidance on how the MCOs should implement the changes to the fee schedule-post 3 months from the new codes effective dates, such as automatic recycling. (New)
- WHP Clarity
- Fee Schedule Change Indicator Update (Follow-up)
- Genetic Counselor PT Addition (New)
- IBs 24-27 (TMS) and 24-18 (Screening Mammography) were updated as requested. (Follow-up)

Informational Bulletins

- Brandon Bueche to present

MCO Manual Updates

- Brandon Bueche to present

MES Updates

- https://ldh.la.gov/assets/docs/BayouHealth/Informational_Bulletins/2024/IB24-39.pdf
Beneficiary Third Party Liability Data Migration – please provide clarification on which claims are impacted by this IB.
- https://ldh.la.gov/assets/docs/BayouHealth/Informational_Bulletins/2024/IB24-35.pdf Third-Party Liability Act 486 (HB655) – Does this relate in any way to physicians? If so, how?

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 Provider Notification Follow-ups

- ABH – [Availity - News and Announcements](#) (Availity log-in required)
- ACLA – [ACLA Provider Alerts](#)
- HBL – [HBL System Issues that Affect Reimbursement](#)
- HUM – [Humana Communication and Network Notices](#)
- LHCC – [LHCC Medicaid Provider Notices](#)
- UHC – [UHC Bulletins and Newsletters](#)

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.

MCO Timeframe to Pay Interest Follow-up

- Each MCO confirmed they pay interest at 12% per annum on clean claims unpaid beyond the 30 calendar days.
- All MCOs confirmed they pay interest at the time the claim is adjudicated.

TPL

TPL Items are Discussed at the TPL Subcommittee Meetings

If you would like to:

1. Join the TPL Subcommittee
2. Join the mailing list to receive meeting minutes and other TPL related information

Please email Sadrina Clayton at
Sadrina.Clayton@LA.GOV

Recoupments Letters

TPL Letters:	ABH	ACLA	HBL	HUM	LHCC	UHC
Written Notice to Provider	Y	Y	Y	Y	Y	Y
Initiate Recoupment within 60 days of the date LDH notified the MCO or 60 days after the end of the month	Attested	Attested	Attested	Attested	Attested	Attested
Submit encounters for voided claims	Attested	Attested	Attested	Attested	Attested	Attested
Seek recovery from the provider where DOS are 10 months or less from the date stamp on the	Attested	Attested	Attested	Attested	Attested	Attested
Shall NOT seek recovery from the provider where DOS is older than 10 months but shall seek recovery directly from liable	Attested	Attested	Attested	Attested	Attested	Attested
Give providers 60 days from the date stamp of the recovery letter to	Y	Y	Y	Y	Y	Y
Provider information (provider number, provider name,	N Missing Tax ID	N Missing NPI &	N Missing NPI &	N Missing NPI & Tax	N Missing NPI &	Y
Policy Holder information (name, policy number, group	N Missing policy/group	Y	Y	N	Y	Y
Carrier information (carrier name,	N	Y	Y	N	Y	Y
Type of coverage (major medical, major medical no	N	Y	Y	N	N	Y
Patient information (name, Medicaid ID, DOB)	Y	Y	N Missing DOB	Y	Y	Y
Line item payment information (Medicaid claim reference number, patient Medicaid number, Medicaid	N	Y	Y	Y	Y	Y
Recovery totals	Y	Y	Y	Y	Y	Y
Contact information to request an extension	N	Y	Y	Y	N	Y

All Recovery Letters:	ABH	ACLA	HBL	HUM	LHCC	UHC
The Enrollee's name, date of birth, and Medicaid Identification	Y	Y	N Missing DOB	Y	Y	Y
The dates of health care services rendered	Y	Y	Y	Y	Y	Y
A complete listing of the specific Claims and amounts subject to the	Y	Y	Y	Y	Y	Y
The specific reasons for making the recoupment for each of the claims subject to	Y	Y	Y	Y	Y	Y
The date the recoupment is	Y	Y	Y	Y	Y	Y
The mailing address or electronic mail address where a provider may submit a written	N Only phone number	Y	Y	Y	Y	Y
When applicable, the date LDH notified the Contractor of the Enrollee's Disenrollment via the ASC X12N 834 Benefit	N	N	N	N	N	Y
When applicable, the effective date of	N	Y	N	N	N	Y
Give providers 60 days from the date stamp of the recovery letter to refute the recovery.	Y	Y	Y	Y	Y	Y

- ABH, ACLA, HUM, & LHCC have confirmed they are currently working on updating letters to include all required data.
- LDH is still working with HBL to ensure all required data is included in all recovery letters.
- UHC has all letters situated correctly.

Newborn Assignment/Recoupment F/U

LaHipp Updates

- Charlene Julien & Octavius Youngblood to present

IB 19-3 Update (reminder)

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.

Finding a Specialist (Reminder)

- IB21-9_revised_06.15.23.pdf ([la.gov](#))
- ABH: findaABHspecialist@aetna.com
- ACLA: SpecialistsInquiries@amerihealthcaritas.com
- HBL: la1casemgmt@healthybluela.com
- HUM: LAMCDSDOH@humana.com
- LHCC: FindASpecialist@LouisianaHealthConnect.com
- UHC: la_spc_rep_asst@uhc.com

If you encounter problems with this process, please contact providerrelations@la.gov.

Providers Managing New Policy Reviews

- Managed Care Policies & Procedures
- Providers continue to be concerned with the volume of new policies added weekly/monthly by the 6 MCOs and the time it takes for review.

Questions & Answers

Next Meetings

TBD

Louisiana Department of Health

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(225) 342-9500

THANK YOU

