

Louisiana Medicaid Administrative Simplification Committee

November 30, 2023

Agenda

- Introduction
- Provider Enrollment Portal
- Credentialing Providers/Roster Loads
- MCO Credentialing Contacts
- Payments to providers
- Claims Reprocessing
- Interest language Clarification
- Claims/Xten/Clear Claim Connection
- Newborn Eligibility and Enrollment Process
- Retro Assignments
- Take Charge Plus
- Provider Directories
- Pediatric Developmental, Autism, Perinatal Depression Screening
- 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 will start in 2024. A notice will be provided when this process starts.

Email:

LouisianaProvEnroll@gainwelltechnologies.com

Phone: 833-641-2140

Credentialing Providers/Roster Loads

Provider Relations continues to receive numerous complaints related to timely credentialing and issues with provider roster loads.

2.9.30.7 The Contractor shall completely process credentialing applications from all provider types within sixty (60) Calendar Days of receipt of a completed credentialing application, including all necessary documentation and attachments, and a signed Network Provider Agreement. “Completely process” means that the Contractor shall:

Credentialing Providers/Roster Loads cont.

- 2.9.30.7.1 Provide written confirmation, electronically or by mail, of receipt to the provider within five (5) Business Days of receipt of the application;
- 2.9.30.7.2 If the application is deemed incomplete, send a written request within thirty (30) Calendar Days of receipt of the application to the provider for all missing information;
- 2.9.30.7.3 Review, approve and load approved applicants to its provider files in its Claims processing system; and

Credentialing Providers/Roster Loads cont.

- 2.9.30.12 To the extent the Contractor has delegated credentialing agreements in place with any delegated credentialing agency approved by LDH in writing, the Contractor shall ensure all providers submitted to the Contractor from the delegated credentialing agent are loaded to its provider files and into its Claims processing system within thirty (30) Calendar Days of receipt.

MCO Credentialing Contacts

Aetna Better Health Louisiana

Tiffanie Lemonds, SR. MGR, Provider Relations

lemondst@aetna.com

(225) 348-3808

Courtney Lewis, LD DIR, Provider Relations

lewisc8@aetna.com

Phone: (225) 326-4840

Provider Enrollment LA inbox: laprovider@aetna.com

AmeriHealth Caritas of Louisiana

Gwen Matthews, Manager of Provider Network Management

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Phone: (225) 218-5244

Glynda Hurm, Manager of Provider Network Management

GHurm1@AmeriHealthCaritasLA.com

Phone: (225) 316-6716

Provider Enrollment LA: ProviderEnrollment@amerihealthcaritasla.com

Healthy Blue

Nick Daigle, Manager, Provider Relations

Nicholas.Daigle@HealthyBlueLA.com

(225) 953-0699

Humana Healthy Horizons in Louisiana

Heather McArthur, Director, Provider Contracting (Physical Health)

hmcArthur@humana.com

(504) 219-5446

Jason Young, Director, Provider Contracting (Behavioral Health)

jyoung89@humana.com

(813) 375-2953

Louisiana Healthcare Connections

Russell Politz, Director, Contracting & Network Development

RPolitz@LouisianaHealthConnect.com

Office: (225) 201-8588

Cell: (225) 364-6503

Adam Fruge, Manager of Contracting & Network Development

AFruge@LouisianaHealthConnect.com

Office: (337) 417-8104

Cell: (225) 317-5067

LHCC Online Contract Request Form: www.LouisianaHealthConnect.com/contract-request

United Healthcare Community Plan

Ryan Miller

Ryan_S_Miller@uhc.com

Phone: (952) 406-4008

2.18.5 Payments to Providers

- 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.
 - 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.
 - 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.

Interest Language Clarification

2.18.6 Claims Reprocessing

If the Contractor or LDH or its Subcontractors or Providers discover errors made by the Contractor when a Claim was Adjudicated, the Contractor shall make corrections and reprocess the Claim within fifteen (15) Calendar Days of discovery or notification, or if circumstances exist that prevent the Contractor from meeting this time frame, by a specified date subject to LDH written approval. The Contractor shall pay providers interest at 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 on the same date that the Claim is Adjudicated and by either the fifteen (15) Calendar Day Claims reprocessing deadline or the specified deadline approved by LDH in writing, whichever is later. The Contractor shall automatically recycle all impacted Claims for all providers and shall not require the provider to resubmit the impacted Claims.

Take Charge Plus

Crystal Faison

12/1/2023

Take Charge Plus

- Take Charge Plus (TCP) is *a limited benefit program* available to males and females of childbearing age. It offers family planning and family planning related services to eligible beneficiaries, including treatment for sexually transmitted infections (STI) and non-emergency medical transportation to family planning appointments.

TAKE CHARGE
PLUS

Take Charge Plus

- Eligible individuals must not have previously had a medical procedure that would prevent pregnancy, such as hysterectomy, tubal ligation or vasectomy, and must have family income at or below 138 percent of the federal poverty level (FPL).
- All Medicaid providers whose scope of practice includes family planning and family planning- related services may deliver these services. Providers are reimbursed at established fee-for-service rates, published in the TCP fee schedule at www.lamedicaid.com.

TAKE CHARGE
PLUS

Take Charge Plus

- The Take Charge Family Planning Program ended on December 31, 2014. On September 1, 2014, the Louisiana Department of Health began enrolling eligible males and females of child-bearing age into the Take Charge Plus Program. There is only one current Take Charge Program.

Transition to
Take Charge
Plus

Take Charge Plus

Family planning and family planning-related services are available through Take Charge Plus (TCP) for both male and female Louisiana residents of child-bearing age, who meet the following criteria, regardless of whether or not they have other health insurance:

- Have family income at or below 138 percent of the federal poverty level;
- Are not eligible for any other Medicaid program;
- Are not pregnant; and
- Have not been sterilized prior to program participation.

It is the responsibility of the provider to ensure beneficiaries receiving TCP-related services meet the above referenced criteria.

Beneficiary Requirements

Take Charge Plus

Family planning services may be provided by any Medicaid-enrolled provider, whose scope of practice permits the delivery of family planning and family planning-related services, including, but not limited to:

- Physicians;
- Advanced practice registered nurses (APRNs);
- Physician assistants (PAs);
- Family planning clinics;
- Federally qualified health centers (FQHCs);
- Rural health clinics (RHCs); and
- Tribal/American Indian 638 clinics.

Provider
Participation

Take Charge Plus

Providers of Take Charge Plus (TCP) services, including federally qualified health centers (FQHCs), rural health clinics (RHCs) and American Indian/638 clinics will be reimbursed at the Medicaid fee-for-service rates published on the TCP fee schedule.

Billing
Information

Take Charge Plus

- Providers and their billing staff should utilize the most appropriate codes given the patients diagnosis and procedures performed during the visit in accordance with the guidelines established within the most recent editions of the Current Procedural Terminology (CPT) and International Classification of Diseases, Tenth Revision (ICD-10) Manuals.
- Take Charge Plus services should be billed to Fee For Service Medicaid and not to the MCOs.

Billing
Information
cont.

Take Charge Plus

- If you have any questions that need to be addressed please email LDH at crystal.faison@la.gov .

Questions

Professional Services Updates

WaRene Kimbell

12/1/2023

Professional Services Updates

- LDH along with its FI implemented ClaimsXten, a claims editing system on March 31, 2023.
- LDH is continuously working to ensure proper system functionality that will allow full compliance with all NCCI edit methodologies.
- Access to Clear Claim Connection (C3) for providers is presently unavailable due to issues related to the server. The servers will need to be moved to the correct subnet and assigned new IP addresses but the names will be the same.
- Additional, research on the exact integration components is currently in process. A specific date on the expected resolution has not been obtained.

Claims Xten
(CXT) and Clear
Claim
Connection
(C3)
Status

Professional Services Updates

- LDH is currently awaiting receipt of the 2024 HCPCS File from CMS. At this time the anticipated effective date of the new codes is TBD.
- Prior to becoming effective changes must be reviewed by the CMO and program staff to determine which services will be covered by LA Medicaid.
- Please keep in mind that we are still working to streamline processes with the newly implemented claims editing system Claims XTEN (CXT) which may impact this process.

2024 Rates & Fee Schedule Updates

Professional Services Updates

- We are currently in the process of making several updates to the Immunizations Fee Schedules for all age groups related to COVID-19 vaccinations. These changes are necessary as CMS has made several changes to the effective dates, procedure codes, and reimbursement amounts throughout the year.
- Upon completion LDH will perform a mass claims recycle to ensure providers are appropriately reimbursed for services that fall within this scope.

Immunizations Fee Schedule Changes

Professional Services Updates

- **Codes 96380 and 96381** are the new admin codes for the RSV vaccine beginning January 1, 2024 (MCR eff date). Please Note: Although these codes became effective October 6, 2023 (by the AMA), they will not become effective and reimbursable within LA Medicaid until January 1, 2024, in accordance with Medicare's 2024 Physician Fee Schedule.
- Providers should continue to utilize procedure code 96372 for the administration of Beyfortus (nirsevimab).

Immunizations
Fee Schedule
Changes cont.

Professional Services Updates

- Abrysvo (RSV vaccine) has been approved for administration to pregnant individuals (ages 10-59).
- Hard Code Logic (HCL) must be added within MMIS to assure appropriate reimbursement.
- Once logic testing is complete providers will be advised to bill **90678** with **Modifier TH** indicating the vaccine was administered to a pregnant individual and ensure they are reimbursed appropriately.

Immunizations
Fee Schedule
Changes cont.

Professional Services Updates

- NOTE: Providers are able to bill for this service presently with the above information (90678-TH), once the logic is implemented an IB will be issued along with a recycle of claims.

Immunizations
Fee Schedule
Changes cont.

Newborn Eligibility and Enrollment Process

Provider concerns related to reimbursement/recoupments for newborns.

Rhett Decoteau – [Newborn eligibility policy walk through.](#)

Rebecca Harris – Newborn enrollment process.

Retro Reassignments

- Is there any way to add recoupments based on retro reassignments to the health plan subrogation requirement?

Provider Directories

- Provider Directory audits continue quarterly.
- Providers should continue to review their data and email the MCO with corrections.
- Providers can email the below addresses if they find incorrect information in the provider directory:
 - Healthy Blue- lainterpr@healthyblueela.com
 - Aetna- LAProvider@aetna.com
 - ACLA- network@amerihealthcaritasla.com
 - LHCC- lhc_provider_credent@centene.com
 - UHC- hpdemo@uhc.com Providers have the ability to initiate directory corrections from the directory itself. This is a preferred, very efficient method. Screen shot below:



Provider Directories (cont.)

- Providers
 - Information communicated to the patient should match the information in the provider directory.

Pediatric Developmental, Autism, Perinatal Depression Screening

- [Informational Bulletin 21-3](#)

Questions & Answers

Next Meeting

- February 20, 2024
- May 14, 2024
- August 13, 2024
- November 12, 2024

Louisiana Department of Health

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THANK YOU

