Louisiana Department of Health
Informational Bulletin 13-2
Revised March 27, 2018

Medicaid Managed Care Provider Claims Disputes and Resolution

The managed care organization (MCO) requirements for claims dispute management are located in Section 17.6.2 of the contract. Each MCO is required to develop an internal claims dispute process for those claims or group of claims that have been denied or underpaid. Providers should primarily refer to the MCO's provider website for details on this process at the following web addresses:

Aetna: http://www.aetnabetterhealth.com/louisiana/providers/

AmeriHealth Caritas Louisiana:
http://www.amerihealthcaritasla.com/provider/resources/grievances/index.aspx

Healthy Blue: https://providers.healthybluela.com

Louisiana Healthcare Connections: https://www.louisianahealthconnect.com/content/dam/centene/louisiana-health-connect/pdfs/medicaid-provider/Claim-Dispute-Form.pdf

United Healthcare: http://www.uhccommunityplan.com/health-professionals/la.html

This bulletin provides a reference guide to the current processes for claims disputes for each of the MCOs: Aetna, AmeriHealth Caritas Louisiana, Healthy Blue, Louisiana Healthcare Connections and United Healthcare Community Plan.

The Claims Dispute Process allows providers to request a review of claim(s) denied by the MCO. All MCOs have a first and second level request for review. Providers do not have the right to a state fair hearing for claims issues; however, if the provider is not satisfied with the decision and/or resolution through the MCO's internal process, the provider may seek an independent review. The independent review process was established by La-RS 46:460.81, et seq. to resolve claims disputed when a provider believes the MCO has denied claims incorrectly in part or full.

The Louisiana Department of Health (LDH) administers the process, but does not perform the independent review of disputed claims. When a request for independent review is received, LDH determines if the disputed claims are eligible for independent review based on the statutory requirements. If the claims are eligible, LDH will forward the claims to a reviewer that is not a state employee and is independent of both the MCO and the provider. The decision of the independent reviewer is binding unless either party to the dispute appeals the decision to a court having jurisdiction to review the independent reviewer's decision.

For more information on Independent Review please click here.

Alternatively, the provider may request arbitration through the MCO. A private, independent arbitrator who is certified by a nationally recognized association that provides training and certification in alternative dispute resolution would perform the arbitration. Arbitration conducted pursuant to claims dispute is binding on all parties. The arbitrator shall conduct a hearing and issue a final ruling within 90 days of being selected, unless the MCO and the provider mutually agree to extend this deadline. All costs of arbitration, not including attorney's fees, shall be shared equally by the parties.

In addition, the MCO shall systematically capture the status and resolution of all claims disputes as well as all associated documentation. The MCOs are required to submit a monthly report of all provider complaints, including claims disputes and appeals of medical necessity decisions to Healthy Louisiana including the issue and the resolution. These reports will be closely monitored by Healthy Louisiana for trends and matters that may require corrective action by the MCO.

Each MCO has provided a synopsis of their established processes for addressing and escalating provider claims disputes. Healthy Louisiana strongly recommends that providers document the name of the MCO representative(s) with whom they speak or communicate via email along with the time and date; and provide that information as issues are escalated.

When emailing personal health information (PHI) to the MCO or Healthy Louisiana, providers must use secure email as described in Section 16.7.4 of the MCO contract.

Ctrl+Click logo to reach each MCO's provider website	aetna AETNA BETTER HEALTH® OF LOUISIANA	AmeriHealth Caritas Louisiana	Healthy Blue	louisiana healthcare connections	UnitedHealthcare Community Plan
Inquiries Regarding Denied Claims	**1-855-242-0802**	**1-888-922-0007**	**1-844-521-6942**	**1-866-595-8133**	**1-866-675-1607**
FIRST LEVEL REVIEW					
Time Requirements	Request for reconsideration review **must be received within 90 calendar days** of the Remittance Advice paid date or recoupment date **A determination will made within 30 days of receipt.**	Request for reconsideration review **must be received within 90 calendar days** of the original denial. **A determination will be made within 30 days of receipt.**	Request for reconsideration review **must be received within 90 calendar days** of the Explanation of Payment (EOP) paid date or recoupment date **A determination will made within 30 days of receipt.**	Request for reconsideration review **must be received within 90 calendar days** from the date of notification of payment or denial. **A determination will be made within 30 days of receipt.**	Request for reconsideration review **must be received within 90 calendar days** from the date of notification of payment or denial. **A determination will be made within 30 days of receipt.**
Format Required	Request may be submitted verbally and followed up in writing using the dispute form located on the MCO's website under Provider.	Request must be submitted in writing. See MCO's website under "Claims Dispute Documentation" for instructions.	Request must be submitted in writing using the dispute form located on the MCO's provider portal.	Request must be submitted in writing using the dispute form located on the MCO's provider website.	Submit a Reconsideration Form detailing the reason for reconsideration. A copy of this form can be obtained at: 1-866-675-1607 OR A provider always has the option to submit a claims reconsideration request through UnitedHealthcareOnline.com or uhcprovider.com.
Address for Submission	Aetna Better Health of Louisiana, Provider Services Department **Attention: Provider Dispute** 2400 Veterans Memorial Blvd., Suite 200 Kenner, LA 70062	Attn: 1st Level Provider Dispute AmeriHealth Caritas Louisiana P.O. Box 7323 London, KY 40742	Healthy Blue Payment Disputes P.O. Box 61599 Virginia Beach, VA 23466-1599	Attn: Reconsideration Louisiana Healthcare Connections P.O. Box 4040 Farmington, MO 63640-3826	Attn: Reconsideration UnitedHealthcare Community Plan P.O. Box 31341 Salt Lake City, UT 84131-0341

SECOND LEVEL REVIEW	Always Include first level review documentation with request for second level review.				
Time Requirements	**Must be received within 90 calendar days** of the date on the determination letter from original request for reconsideration. **The resolution will be decided within 30 days of receipt.**	**Must be received within 30 calendar days** of the date on the determination letter from original request for reconsideration. **The resolution will be decided within 30 days of receipt.**	**Must be received within 30 calendar days** of the date on the determination letter from your original request for reconsideration. **The resolution will be decided within 30 days of receipt.**	**Must be received within 90 calendar days** of the date on the determination letter from original request for reconsideration. **The resolution will be decided within 30 days of receipt.**	**Must be received within 90 calendar days** of the date on the determination letter from original request for reconsideration. **The resolution will be decided within 30 days of receipt.**
Format Required	Dispute can be submitted verbally and followed up in writing using the claims dispute form located on MCO's website.	Dispute must be submitted in writing.	Dispute must be submitted in writing by using the claims dispute form located on the MCO's provider website.	Dispute must be submitted in writing using the claims dispute form located on the MCO's website.	Dispute must be submitted in writing using the claims dispute form located on the MCO's website.
Address for Submission	Aetna Better Health of Louisiana Appeal and Grievance Department 2400 Veterans Memorial Blvd., Suite 200 Kenner, LA 70062	Attention: 2nd Level Provider Dispute AmeriHealth Caritas Louisiana P.O. Box 7323 London, KY 40742	Payment Dispute Unit Healthy Blue P.O. Box 61599 Virginia Beach, VA 23466-1599	Louisiana Healthcare Connections Attn: Claim Dispute P.O. Box 3000 Farmington, MO 63640-3800	Attention: Second Level Appeal UnitedHealthcare Community Plan P.O. Box 31341 Salt Lake City, UT 84131-0341
ARBITRATION PROCESS					
Time Requirements	30 calendar days from the date of the second level dispute determination	30 calendar days from the date of the second level dispute determination.	30 calendar days from the date of the second level determination decision/resolution	Within 15 business days of date of disposition of the second level disputed claim response	30 calendar days from the date of the second level dispute determination
Format Required	Request must be submitted in writing. **Include decisions from first and second level review.**	Request must be submitted in writing. **Include decisions from first and second level review.**	Request must be submitted in writing. **Include decisions from first and second level review.**	Request must be submitted in writing using the claim dispute form located on the MCO's website. **Include decisions from first and second level review.**	Request must be submitted in writing. **Include decisions from first and second level review.**

Address for Submission	Aetna Better Health of Louisiana Appeal and Grievance Department 2400 Veterans Memorial Blvd., Suite 200 Kenner, LA 70062	Request for Arbitration c/o Legal Affairs Department 200 Stevens Drive Philadelphia, PA 19113	Healthy Blue 3850 N. Causeway Blvd. Suite 600 New Orleans, LA 700002	Attn: President Louisiana Healthcare Connections 7700 Forsyth Blvd. St. Louis, MO 63105	UnitedHealthcare Community and State Attention: Claims Administrative Appeals & Request for Arbitration P.O. Box 31364 Salt Lake City, UT 84131-0364