

# Government Business Division

## Policies and Procedures

<b>Section (Primary Department)</b> Health Plan Operations		<b>SUBJECT (Document Title)</b> Provider Complaint System - LA	
<b>Effective Date</b> January 1, 2012	<b>Date of Last Review</b> March 2, 2022	<b>Date of Last Revision</b> <del>March 2, 2022</del> <u>October 26, 2022</u>	<b>Dept. Approval Date</b> <del>March 2, 2022</del> <u>October 26, 2022</u>
<b>Department Approval/Signature:</b>			

**Policy applies to health plans operating in the following State(s). Applicable products noted below.**

<b>Products</b>	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid/CHIP	<input type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input checked="" type="checkbox"/> Louisiana	<input type="checkbox"/> New York – Empire	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> South Carolina	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska		

### **PURPOSE:**

To ensure Healthy Blue maintains a process for the thorough and timely documentation and resolution of provider complaints as required by Louisiana Department of Health (LDH) Contract, Section 10.6.2 (Provider Complaint System): “The MCO shall establish a Provider Complaint System with which to track the receipt and resolution of provider complaints from in-network and out-of-network providers.”

### **DEFINITIONS:**

**Business Days:** Monday through Friday, excluding Louisiana state holidays.

**Calendar Days:** All seven (7) days of the week.

**Escalated Provider Complaint Operations-team:** Health plan associates responsible for tracking, resolving, and reporting of all provider complaints. The team is comprised of a ManagerProgram Director, Program Manager and two (2) Program Administrators.

**Issue/Inquiry:** Simple inquiries or issues that require the attention of health plan officials. Not yet escalated to a formal complaint and excluded from scope of this procedure.

**Provider:** Any person (including physicians or other healthcare professionals), partnership, professional association, corporation, facility, hospital, or institution certified, licensed, or registered by the State of Louisiana to provide health care services.

**Provider Complaint:** As defined by LDH contract; a provider complaint (also referred to as provider grievance) is any verbal or written expression by a provider which indicates dissatisfaction or dispute with the Contractor’s policy, procedure, Claims processing and/or

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~~payment, or any aspect of the Contractor's functions.any verbal or written expression, originating from a provider and delivered to any employee of the MCO, voicing dissatisfaction with a policy, procedure, payment or any other communication or action by the MCO, excluding request of~~

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~~reconsideration or appeal for specific individual claims.~~ It does include general complaints about claim payment policies. Note that member grievances and appeals filed by providers on behalf of a member should be documented and processed in accordance with member grievance and appeals policies.

**Provider Complaint Categories:** There are four--identified categories in the provider complaint system:

- **Routine Provider Complaints:** Complaints received directly by Healthy Blue without escalation.
- **Escalated Provider Complaints-Tier 3 and Tier2:** Complaints received through leadership escalation process defined in LDH Informational Bulletin IB 19-3
- **State Provider Complaints:** Complaints forwarded to Healthy Blue as referrals or inquiries directly from LDH.

**Provider Experience:** Health Plan team primarily responsible for provider relationship management.

**The Rule:** The Department of Health and Human Services Office of Civil Rights (LDHS OCR) released the Nondiscrimination in Health Programs and Activities Rule (The Rule). Section 1557 of The Rule prohibits discrimination on the basis of race, color, or national origin, sex, sexual orientation, gender identity, or disability in health programs and activities that:

- Receive financial assistance from the federal government
- Are administered by any entity established under Title I of the Affordable Care Act

#### **PROCEDURE:**

- 1) Healthy Blue shall establish and maintain a provider complaint system to intake, track closure of provider complaints as defined above and all complaints as defined by LDH are reported monthly on the state recognized template.
  - a) Healthy Blue's Director of Provider Experience ensures provider experience staff are trained on this procedure and how to distinguish between a provider complaint and an enrollee grievance or appeal in which the provider is acting on the member's behalf within 90 days of hire and refreshed annually. This training includes comparison and an understanding of the provider's expression of dissatisfaction versus a provider filing an appeal on behalf of the member due to an authorization issue. Training on how to coordinate these issues with the Member Grievance and Appeal Team is included.
- 2) Healthy Blue shall include its provider complaint system procedures described below in the Provider Handbook and Participating Provider Orientation training sessions. Out of network providers may request and will receive guidance on accessing Healthy Blue's provider complaint procedures at no cost to the provider by a Healthy Blue Associate. The

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EPCOT team (Program Director, Program Manager and two (2) Program Administrators) manages all complaints.

- 3) All Healthy Blue service departments are responsible for ensuring that provider complaints are entered into the provider complaint system with 24 hours of receipt of complaint. A complaint form is located on the website under provider support in the forms section. The form is not required to initiate a complaint, and allows providers to consolidate complaints of multiple claims that involve the same or similar payment or coverage issues. Complaints are received from providers via submission of the electronic form and other avenues outlined below:

a) Verbal Complaints:

- National Customer Care call center at 1-844-521-6942.
- Health Plan Provider Experience phone line at 504-836-8888.
- Assigned Provider Experience Representative.

b) Email Complaints:

- Health Plan Provider Complaints email box at [LAProviderComp@healthybluela.com](mailto:LAProviderComp@healthybluela.com)
- Assigned Provider Experience Representative.

c) Written/Fax Complaints:

- Mail:  
Healthy Blue  
ATTN: Provider Relations  
10000 Perkins Rowe  
Suite G-510  
Baton Rouge, LA 70810
- Fax: 504-836-8870

d) In-Person Complaints:

- Healthy Blue  
ATTN: Provider Relations  
10000 Perkins Rowe  
Suite G-510  
Baton Rouge, LA 70810

e) Health Plan Escalated Complaints:

- Tier 2 or Management Level Contact: Email: Amber Earwood, Program Director; [Amber.Earwood@healthybluela.com](mailto:Amber.Earwood@healthybluela.com):
- Tier 3 or Executive Level Contact: Email: [Dexter.Trivett@healthybluela.com](mailto:Dexter.Trivett@healthybluela.com), COO;  
[Dexter.Trivett@healthybluela.com](mailto:Dexter.Trivett@healthybluela.com), [Janel.Gary@healthybluela.com](mailto:Janel.Gary@healthybluela.com)

LDH Complaint:

- Providers may also file directly with LDH regarding issues or concerns that are not unique or specific to Healthy Blue. As indicated in IB 19-3: 'If a provider is

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unable to reach satisfactory resolution or get a timely response through the

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health plan escalation process, direct contact with LDH should be the final step.

Email: [ProviderRelations@LA.gov](mailto:ProviderRelations@LA.gov)

Mail:

Louisiana Department of Health (LDH)  
Medicaid Management Information Systems  
628 N. 4th Street  
P.O. Box 629 (Zip 70821-0629)  
Baton Rouge, LA 70802

f) Discrimination Complaint:

- If a provider or their patient believes that Healthy Blue has discriminated in any way on the basis of race, color, national origin, sex, sexual orientation, gender identity, or disability they can file a grievance with our Compliance Coordinator via Mail:

Healthy Blue  
ATTN: Provider Relations  
10000 Perkins Rowe  
Suite G-510  
Baton Rouge, LA 70810  
Phone: 504-834-1271

Email: [aprovidercomp@healthyblueLA.com](mailto:aprovidercomp@healthyblueLA.com)

- 4) The Escalated Provider Complaint Operations Team, (EPCOT) will acknowledge all formal complaints by email within 2 business days of receipt and phone call to provider within 2-business days. This acknowledgement will include direct contact information for provider follow-up questions related to the complaint and an outline of the steps that will be taken to resolve issue.
  - a) EPCOT will capture and track the status and resolution of all provider complaints, including all associated documentation, whether received by telephone, in person, or in writing, in the Healthy Blue Provider Complaint Tracker system.
- 5) The EPCOT will thoroughly investigate each provider complaint using applicable statutory, regulatory, contractual and provider contract provisions, collecting all pertinent facts from all parties and applying Healthy Blue written policies and procedures to determine if any action is required by Healthy Blue.
- 6) Routine Provider Complaints will receive an update within 10 calendar days outlining any action required by Healthy Blue to resolve the complaint and the Estimated Completion Date (ECD) if applicable.
  - a) Escalated Provider Complaints and State Provider Complaints will receive these updates within 5 calendar days.
  - b) Regulatory services will communicate updates related to State Provider Complaints as required.

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- 7) If at any time the ECD for resolving a provider complaint exceeds 30 calendar days from date of receipt; Healthy Blue will document the reasons for needing an extension, the revised timeline for resolution, and communicate this information to the provider and LDH.
  - a) The EPCOT Team will escalate any barriers to resolution to the Healthy Blue COO and PCO for issuance of any necessary executive level corrective actions required.
- 8) Providers will continue to receive updates until the resolution is resolved.
- 9) The EPCOT Team will communicate final resolution by email (and/or phone when appropriate) to the provider within 1 business day of completion. Resolution notification will include further escalation and/or appeal process if provider is dissatisfied with resolution outcome.
- 10) Healthy Blue shall report provider complaints in the manner and format determined by LDH.

#### **REFERENCES:**

- ~~LDH Healthy Louisiana Contract §10.6~~ [Louisiana Contract 2022](#)
- LDH Informational Bulletin 19-3 Resolution Provider Complaint System – Medicaid
- [Louisiana Contract 2022](#)
- [MCO Manual 3.0](#)
- Provider Manual
- Section 1557 of the Patient Protection and Affordable Care Act
- ~~[MCO Manual 3.0](#)~~

#### **RESPONSIBLE DEPARTMENTS:**

##### **Primary Department:**

Health Plan Operations

##### **Secondary Department(s):**

Health Plan Provider Experience

#### **EXCEPTIONS:**

1. Provider Complaints received with provider legal counsel involvement or written requests for arbitration are excluded from this process and coordinated by Healthy Blue legal department.

#### **REVISION HISTORY:**

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Review Date	Changes	
01/09/2015	<ul style="list-style-type: none"> <li>Off-cycle edits for LA 2015 contract</li> </ul>	
09/18/2015	<ul style="list-style-type: none"> <li>Revised per the LA BH Integration</li> </ul>	
03/30/2016	<ul style="list-style-type: none"> <li>For annual review</li> <li>Updated to include revised contract language</li> </ul>	
11/17/2016	<ul style="list-style-type: none"> <li>Off Cycle Edit</li> <li>"The Rule" definition added</li> <li>Discrimination Complaint added under policy section</li> <li>Revised to update references to Healthy Louisiana Contract</li> </ul>	
05/03/2017	<ul style="list-style-type: none"> <li>Annual Review</li> <li>Procedure section updated with current contract language</li> <li>Reference section placed in alphabetical order</li> </ul>	
01/10/2018	<ul style="list-style-type: none"> <li>Off-cycle review</li> <li>Edits for LA 2018 contract amendment and rebrand</li> <li>Policy name changed from Provider Service Inquiry and Complaint System - LA" to Provider Complaint System – LA</li> <li>References updated</li> </ul>	
04/22/2018	<ul style="list-style-type: none"> <li>For annual review</li> <li>Procedure section updated with current contract language</li> </ul>	
03/29/2019	<ul style="list-style-type: none"> <li>For annual review</li> <li>Complaints location updated under procedure section</li> <li>Reference section updated</li> </ul>	
03/05/2020	<ul style="list-style-type: none"> <li>For annual review</li> <li>Revisions made for LA Emergency Contract</li> <li>Updates made to the definitions: Escalated Provider Complaint Operations-team &amp; Provider Complaint Categories</li> <li>Edits to the procedure sections</li> </ul>	
03/03/2021	<ul style="list-style-type: none"> <li>For annual review</li> <li>Updated the addresses in the procedure section 3c and 3f</li> <li>Updated the procedure section 3e Tier 2 to Program Director from Manager of Plan Operations</li> </ul>	
03/02/2022	<ul style="list-style-type: none"> <li>For annual review</li> <li>Updated procedure</li> <li>Updated Program Director contact information</li> <li>Updated Provider Relations references to Provider Experience throughout</li> </ul>	
<u>10/26/2022</u>	<ul style="list-style-type: none"> <li><u>Off-Cycle Review for LA Rebid 2023 Readiness Review (Req. ID PS-4 Section 2.10.9.6)</u></li> <li><u>Updated purpose, definitions, and procedure</u></li> <li><u>Alphabetized and updated references</u></li> </ul>	



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