

## POLICY AND PROCEDURE

<b>POLICY NAME:</b> Claims Management – Functionality	<b>POLICY ID:</b> LA.CLMS.06
<b>BUSINESS UNIT:</b> LHCC	<b>FUNCTIONAL AREA:</b> Claims Operations
<b>EFFECTIVE DATE:</b> 03/21	<b>PRODUCT(S):</b> Medicaid
<b>REVIEWED/REVISED DATE:</b> 6/22, 32/23	
<b>REGULATOR MOST RECENT APPROVAL DATE(S):</b> n/a	

### POLICY STATEMENT:

The document outlines the Plan's guidelines for claims functionality.

### PURPOSE:

The purpose of this policy is to clearly define the PLAN guidelines for claims core claims functionality.

### SCOPE:

Louisiana Healthcare Connections (Plan) Claims operations.

### DEFINITIONS:

n/a

### POLICY:

The PLAN will ensure that all provider claims are processed appropriately in accordance with this Contract and the System Companion Guide. The PLAN may be subject to monetary penalties if LDH determines, at its sole discretion, that the PLAN has inappropriately processed provider claims for services.

### PROCEDURE:

#### Functionality

The PLAN will maintain an electronic claims management system that will:

- Uniquely identify the attending and billing provider of each service;
- Identify the date of receipt of the claim (the date the PLAN receives the claim as indicated by the date stamp on the claim);
- Identify real-time accurate history with dates of adjudication results of each claim such as paid, denied, pended, adjusted, voided, appealed, etc., and follow up information on disputed claims;
- Identify the date of payment, (the date of the check or other form of payment), and the number of the check or electronic funds transfer (EFT);
- Identify all data elements as required by LDH for encounter data submission as stipulated in this Section of the Contract and the PLAN Systems Companion Guide;
- Accept submission of paper-based claims and electronic claims by contracted providers, and non-participating providers according to the PLAN policies as approved by LDH;
- Accept submission of electronic adjustment and void transactions;
- Accept submission of paper adjustment and void transactions;
- Have capability to pay claims at \$0.00; and
- For the purpose of this Section, identify means to capture, edit and retain.

The PLAN will not derive financial gain from a provider's use of electronic claims filing functionality and/or services offered by the PLAN or a third party. However, this provision will not be construed to imply that providers may not be responsible for payment of applicable transaction fees and/or charges.

The PLAN will assume all costs associated with claims processing, including costs for reprocessing encounters due to errors caused by the PLAN, or due to systems within the PLAN's span of control.

The PLAN will provide on-line and phone-based capabilities to providers to obtain claim processing status information.

The PLAN will support a CAQH/CORE compliant interface to the automated clearinghouse (ACH) that allows providers to request and receive electronic funds transfer (EFT) of claims payments.

The PLAN will have procedures approved by LDH, available to providers in written and web form for the acceptance of claim submissions which include:

- The process for documenting the date of actual receipt of non-electronic claims and date and time of electronic claims;
- The process for reviewing claims for accuracy and acceptability;
- The process for prevention of loss of such claims, and
- The process for reviewing claims for determination as to whether claims are accepted as clean claims.

The PLAN will not employ off-system or gross adjustments when processing corrections for payment errors, unless the PLAN requests and receives prior written approval from LDH.

For purposes of network management, the PLAN will notify all contracted providers to file claims associated with covered services directly to the PLAN, or its sub-contractors, on behalf of Louisiana Medicaid members.

The PLAN agrees that at such time that LDH presents recommendations concerning claims billing and processing that are consistent with industry norms, the PLAN will comply with said recommendations within thirty (30)~~ninety (90)~~ calendar days from notice by LDH.

#### REFERENCES:

[LDH Model Contract section 2.18.1](#)~~Emergency Contract—Sections, 17.1~~

#### ATTACHMENTS:

#### ROLES & RESPONSIBILITIES:

#### REGULATORY REPORTING REQUIREMENTS:

Which regulator(s) require reporting, what should be reported, when to report, and how to report/who to contact.

#### REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Document	New Policy	03/21
Ad Hoc Review	Emergency contract updated language taken from Amendment 7:	06/22
<u>Annual Review</u>	<a href="#">Reformatted to latest Policy Template</a> <u>2023 Contract language update</u>	<a href="#">03/14/23</a>

#### POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.

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