

**Government Business Division
Policies and Procedures**

Section (Primary Department) Louisiana Operations		SUBJECT (Document Title) Louisiana Provider Payment Suspension (Hold)	
Effective Date <u>9/1/1803/11/2020</u>	Date of Last Review	Date of Last Revision	Dept. Approval Date
Department Approval/Signature :			

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

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

POLICY:

To describe the process to ensure providers have been updated in our systems to suspend payment and to release payment suspensions due to a credible allegation of fraud or other allowable reason and to establish standards for implementation of these types of provider payment holds.

Credentialing Program Integrity (CPI) is required to perform a monthly review of both federal and state sites to ensure network providers and non-par providers are eligible to receive payment for service rendered for Medicare, Medicaid and other governmental programs. To comply with NCQA CR-5 and Federal Requirement 42 CFR 455:436 related to ongoing federal and state monitoring including Office of Inspector General (OIG), General Service Administration (GSA) System for Award Management (SAM), State Licensure and Debarment; as well as, any required site for specific state, a review of our FACETS participating and non-participating providers within our claims payment system is conducted on a monthly basis.

A review of Medicare network providers is conducted against the Government Business Administrator’s (GBA) listings of Medicare Opt Out providers (BBA of 1997, Section 4507). Healthy Blue is required by 42 CFR 455:100-106 Disclosure of Ownership to review Owners, Agents and Managing Employees against the federal exclusionary databases as well as ensure appropriate unencumbered licensure, where appropriate.

DEFINITIONS:

Credible allegation of fraud - A credible allegation of fraud may be an allegation, which has been verified by the State, from any source, including but not limited to the following:

1. Fraud hotline complaints
2. Claims data mining
3. Patterns identified through provider audits, civil false claims cases, and law enforcement investigations

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Allegations are considered credible when they have indicia of reliability and the Louisiana Department of Health (LDH) has reviewed all allegations, facts, and evidence carefully and acts judiciously on a case-by-case basis.

Office of Inspector General (OIG) - The office within LDH responsible for the investigation of fraud and abuse and with ensuring program integrity within the Louisiana Medicaid program and other health and human services provided by the state and the enforcement of state law relating to the provision of those services.

OIG List of Excluded Individuals and Entities (LEIE)- Data base that is updated monthly and provides information to the health care industry, patients, and the public regarding individuals and entities currently excluded from participation in Medicare, Medicaid, and all other federal health care programs. Healthcare providers must screen prospective and current employees against the LEIE list.

System for Award Management (SAM) - A government-wide portal that consolidates information for any party seeking to be awarded a federal contract and or become a federal vendor or supplier.

SAM exclusion list- indicates that an individual or organization listed is disqualified from receiving federal government contracts or becoming a vendor or supplier.

Payment Hold (Suspension of Payments) - An administrative sanction that withholds all or any portion of payments due a provider until the matter in dispute, including all investigation and legal proceedings, between a provider and LDH are resolved. This is a temporary suspension of reimbursement under the Medicaid or other health and human services program for items or services furnished by a specified provider.

PCO: Plan Compliance Officer

APDO: [Anthem Provider Data Operations](#)

PDM: [Provider Data Management](#)

OPM^[GA1]: Operations Program Management

ACCR: Anthem Configuration Change Request

PROCEDURE:

Initial Provider Payment Suspension – Hold

Provider Payment Hold notifications received from the OIG, SAM, LEIE and LDH will be reviewed and if applicable to a Healthy Blue provider (participating, non-participating or contracted with a delegated network) implemented no later than the next business day after receipt. Payment Holds will apply to claims reimbursements for Medicaid products for the

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affected provider.

- 1) Upon notification from LA Regulatory Services or the PCO, via email, Plan Operations will immediately perform research in Facets to determine if the provider exists in the system as either participating or non-participating. If the provider is a dental, vision, transportation, or pharmacy provider, Plan Operations will immediately send an email to the designated contact for the appropriate vendor and the account manager, requesting that the vendor determine whether the provider is in the vendor's network. If the provider is located in Facets and is a Multiplan provider, Provider Relations will be notified to send the payment hold information to Multiplan.
- 2) If there is no record of the provider in Facets or any applicable vendor network, Plan Operations will notify Regulatory Compliance or the PCO via email of this finding and that no additional action is needed by Healthy Blue. The notification will be made within three business days of receipt of the Payment Hold Notification email.
- 3) If Facets does contain a record of the provider, Plan Operations will:
 - a) Submit a Jira ticket to implement the payment hold in Facets.
 - b) Submit a Service Form request in Macess to add a user-warning message in Facets.
 - c) Send an email to SIU, Provider Relations, and Credentialing Sanctions as needed to advise of the hold being placed.
- 4) If the provider is in a vendor network, Plan Operations will notify the designated contact for the vendor Via the PCO to implement the payment hold and will obtain confirmation that the hold was put in place.
NOTE: Holds are to be placed within 48 hours of receiving notice
- 5) A payment hold for a provider in a delegated vendor network will be implemented by that vendor including the notification letter to the provider. Confirmation of the hold placement will be obtained by Plan Operations.
- 6) Plan Operations will send a notification letter to the provider via certified mail by the second business day after receipt of the OIG email. For Multiplan providers, a copy will be sent to Provider Relations to forward to Multiplan.
- 7) Plan Operations will verify that the Jira ticket was completed as of the first business day after the request submission. Plan Operations will also verify completion of the Macess Service Form and correct placement of the user-warning message in Facets.
- 8) The SIU will initiate a review of the provider's submitted claims if needed or with a delegated vendor if applicable.
- 9) Plan Operations will maintain master listings of all providers placed on payment hold.
- 10) Plan Operations will prepare monthly payment hold amount reporting to be provided to the SIU for submission to the OIG in the monthly open case list report. Plan Operations will communicate with vendors as needed to obtain payment hold information for the report. Payment hold information must also be provided to LDH OIG upon request.
- 11) Payment hold releases from LDH, full or partial, are received in the same manner as the initial payment holds. The email from the OIG details what portion of the hold is to be released and what additional actions are to be taken such as payment of held funds. Plan

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Operations will convey this information to the same parties that were notified of the original payment hold except no notice is sent to the provider. Plan Operations will:

- a) Submit a Jira ticket for release of the payment hold in Facets.
- b) Submit a Maces Service Form to terminate the user-warning message in Facets.
- c) Work with Claims Operations and/or Provider Reimbursement to release any held funds as directed by LDH.
- d) Communicate confirmation to the OIG of actions taken by [Healthy BlueAGP](#) in response to the OIG email within three business days of receipt of the Payment Hold Release Notification email.

REFERENCES:

Louisiana State Medicaid Contract Section 9.5.5
Ongoing Sanction Monitoring Credentialing Policy #12
Provider Suspension/Hold Workflow Visio

RESPONSIBLE DEPARTMENTS:

Primary Department:

LA Operations [Program Management](#)

Secondary Department(s):

Operational Compliance and Oversight (OCO)

LA Regulatory Oversight

[Anthem Provider Data Operations \(APDO\)](#)~~[Provider Data Management \(PDM\)](#)~~

Special Investigation Unit (SIU)

EXCEPTIONS:

None

REVISION HISTORY:

Review Date	Changes
03/11/2020	<ul style="list-style-type: none"> ● Revision of desktop process to written policy <u>New P&P created</u>
9/1/18	<ul style="list-style-type: none"> ● Payment Suspension /Hold process workflow drafted into desktop process
	<ul style="list-style-type: none"> ●
	<ul style="list-style-type: none"> ●