

AETNA BETTER HEALTH® d/b/a Aetna Better Health of Louisiana Policy



Aetna Better Health® of Louisiana

Policy Name:	Itemized Bill Review	Page:	1 of 2
Department :	Reimbursement	Policy Number:	ABHLA-RP- A00X
Subsection:		Effective Date:	
Applies to:	Aetna Better Health of Louisiana		

PURPOSE:

To establish ~~reimbursement-pre-payment review~~ guidelines for out-of-state inpatient hospital stays. All out-of-state (OOS) inpatient claims payable at \$50,000 or greater may be subject to an independent review by Optum, a contracted vendor. This policy will become effective upon receipt of LDH's approval.

STATEMENT OF OBJECTIVE/OVERVIEW:

Aetna Better Health of Louisiana (ABHLA) is aligned with the Louisiana Department of Health's Medicaid Services Manual and would like to remind providers to refer to these manuals when submitting claims. If the manual requires additional guidance impacting reimbursement, the details will be outlined by ABHLA in the Provider Manual or in a supporting reimbursement policy.

LDH's published out-of-state hospitals fee schedule states:

"if the rate is \$0.00, then the reimbursement is:
40% of billed charges for adults/60% of billed charges for children under 21"

While some OOS facilities have a per diem listed, they choose to accept a percent of billed charges for ABHLA members as it results in a greater payment per stay. This not only increases expenses for the health plan, but there is no method in place to review charges for unbundling, upcoding, and other billing errors. Utilizing Optum for itemized bill review will allow the health plan to screen for incorrect billing practices and also reduce excess and unnecessary inpatient spend.

FOR ALL INPATIENT OOS HOSPITAL STAYS, PROVIDERS ARE REQUIRED TO PROVIDE ABHLA WITH AN ITEMIZED LIST OF BILLED CHARGES. PROVIDERS WHO HAVE ENTERED INTO A SINGLE CASE AGREEMENT (SCA) MUST ALSO INCLUDE THE SCA WITH THEIR CLAIM. ALL INPATIENT OOS HOSPITAL CLAIMS PAYABLE AT \$50,000 OR GREATER ~~MAY WILL-BE SUBJECT TO AN INDEPENDENT REVIEW COMPLETED BY OPTUM~~. This threshold is standard practice in

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other Medicaid markets and is recommended by Optum based on historic knowledge of the business for claims that will result in sufficient savings while minimizing provider abrasion.

A daily report will be sent to Optum of claims pending review. Optum is able to complete reviews within the fifteen (15) day turnaround time for claims payments. Reviews will be completed within three (3) business days of receiving the itemized bill. A forensic review report will be sent back to the health plan after review, explaining any and all findings.

In the event that a provider disagrees with such findings, a request for reconsideration can be filed with Optum directly, per the provider report findings which takes on average, ten (10) business days. If this is not sufficient, the provider can dispute through the traditional avenues of claims appeals.

Please note the following requirements for electronic and paper claims submission for OOS inpatient hospital stays:

Electronic Claims

Initially, an electronic claim cannot be submitted with an itemized list. To submit an electronic claim for an OOS inpatient hospital stay:

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1. Submit the claim via your electronic clearinghouse.
2. Wait for the clearinghouse to provide the 277CA, which includes your Claim ID.
3. When you receive the 277CA, locate the claim using the Claim ID and attach the itemized list and your SCA (if any) to the claim.

Paper Claims

Paper submissions must include the itemized list with the claim. A claim for an OOS inpatient hospital stay submitted without an itemized list and an SCA (where necessary) will be denied and must be resubmitted as a corrected claim.

To submit a paper claim for an OOS inpatient hospital stay:

Mail the claim, the itemized list, and the SCA (if any) to:

ABHLA at Aetna Better Health of Louisiana

P.O. Box 61808 Phoenix, AZ 85082-1808

Exclusions

Please note that exclusions may apply, including but not limited to:

1. Single Case Agreements that dictate a per diem rate
2. Prior executed contracts with specific out-of-state facilities

LEGAL/CONTRACT REFERENCE:

[Louisiana Dept of Health Out of State Hospital Rates](#)

Review/Revision History	
<u>7/29/2022</u>	<u>Updated appeals process and review timeline</u>