

PROVIDER ISSUE RESOLUTION

The MCO shall provide options to providers for pursuing resolution of issues. Providers should first seek resolution with the MCO directly prior to engaging LDH or other third parties, except when the MCO has demonstrated a pattern of the same issue reoccurring.

Claim Reconsideration, Appeal, and Arbitration

The MCO shall maintain, in accordance with IB 19-3 or as otherwise approved by LDH, claim dispute procedures for providers who wish to file formal claim reconsideration requests and claim appeals. Procedures should include submission instructions and timelines. The MCO shall allow providers 90 calendar days from the date on the determination letter, from the original request for claim reconsideration, to submit a claim appeal.

In any instance where a provider claim is denied, the consent of the enrollee who received services shall not be required in order for the provider to dispute the denial of the claim. The provider may pursue a claim dispute on the basis of nonpayment for rendered services under the terms and conditions outlined in their provider contract with the MCO or as otherwise provided by Louisiana law. The enrollee who received the services shall not be required to sign an authorized representative form, or provide other forms of written consent, for the provider to dispute the denied claim for payment. For each denied claim, providers must be notified of the amount and reason for the denial.

In any case where a provider is required to obtain a service authorization on a concurrent or post-service basis, the consent of the enrollee who received the service shall not be required in order for the provider to dispute the denied authorization for service.

Providers who have completed the MCO dispute process and remain dissatisfied with the MCO's determination may submit a written request for arbitration. The request should include decisions from all claim reconsideration requests and claim appeals.

Providers may escalate claim disputes to LDH via e-mail at ProviderRelations@la.gov.

NOTE: Per La. R.S. 46:460.81, an adverse determination involved in litigation or arbitration or not associated with a Medicaid enrollee shall not be eligible for independent review.