



## ATTENTION ALL PROVIDERS

**Beginning September 1, 2016, Urgent\* Private TPL and Urgent\* Medicare Advantage Plan Update Requests for Members enrolled in a Healthy Louisiana Plan for Pharmacy and Medical Benefits must be submitted to the Members' Healthy Louisiana Plan.**

**All other Urgent and General Private TPL and General Medicare Advantage Plan update requests, including Urgent requests for FFS members, must be submitted to HMS via one of these methods:**

**Fax: 877-204-1325**

**Email: [latpr@hms.com](mailto:latpr@hms.com)**

**Phone: 877-204-1324**

*\*Urgent TPL requests are defined as the inability of a member to have a prescription filled or the inability of a member to access immediate care because of incorrect third party insurance coverage.*

Effective September 1, 2016, Medicaid will streamline the process for providing member Third Party Liability record updates. The following changes aim to increase access to care for Medicaid beneficiaries while providing a more administratively efficient and consistent process for providers.

### **Private Third Party Liability (TPL) and Medicare Advantage Plan Update Request Change**

#### **General Private TPL and Medicare Advantage Plan Update Requests**

- Providers must submit all Private TPL and Medicare Advantage Plan General Update Requests to HMS.
- Providers must discontinue submitting General, Private TPL and Medicare Advantage Plan updates to Healthy Louisiana Plans and Louisiana Department of Health (LDH).
- Private TPL and Medicare Advantage Plan General Update Requests sent to the MCOs and LDH on September 1, 2016 and beyond will not be processed.

All General Private TPL and Medicare Advantage Plan update requests must be submitted to HMS via fax, email or phone.

Fax: 877-204-1325

Email: [latpr@hms.com](mailto:latpr@hms.com)

Phone: 877-204-1324

HMS Hours of Operation: Monday thru Friday, 8am - 5pm Central Time. Louisiana state holidays are excluded.



Private Third Party Liability (TPL) and Medicare Advantage Plan Update Request Change Forms can be found here: [http://www.lamedicaid.com/ProvWeb1/ProviderTraining/Packets/2008ProviderTrainingMaterials/Recipient\\_Insurance\\_Update.pdf](http://www.lamedicaid.com/ProvWeb1/ProviderTraining/Packets/2008ProviderTrainingMaterials/Recipient_Insurance_Update.pdf)

Questions concerning HMS updates should be addressed to HMS at 1-877-204-1324.

**Urgent Private TPL and Urgent Medicare Advantage Plan Update Requests**

Beginning September 1, 2016

- Providers must submit Urgent TPL Requests for Members who are enrolled with a Healthy Louisiana Plan for Pharmacy and Medical Benefits to the Member's Healthy Louisiana Plan.
- Providers must submit Urgent TPL Requests for Members who are enrolled with Fee-For-Service for Pharmacy and Medical Benefits to HMS, at the above locations.

**Urgent TPL Request for Members enrolled with Healthy Louisiana Plan for Pharmacy and Medical benefits must be submitted to the Members Healthy Louisiana Plan via fax, email or phone.**

PLAN	PHONE	FAX	EMAIL	PREFERRED METHOD
Aetna Better Health	1-855-242-0802	1-844-479-2590	<a href="mailto:Mailbox-MBU-LA_Enrollment@AETNA.com">Mailbox-MBU-LA_Enrollment@AETNA.com</a>	EMAIL

**Traditional Medicare Update Requests:**

All TPL update requests for **Traditional Medicare** should continue to be FAXED to LDH at 225-342-1376.

Traditional Medicare Update Request Forms can be found here: <http://www.lamedicaid.com/ProvWeb1/ProviderTraining/TraditionalMedicare.pdf>

Questions concerning Traditional Medicare updates should be addressed to LDH TPL unit at 225-342-8662.

TPL Hours of operation 8 am – 4:30 pm. Central Time.

Louisiana State Holidays are excluded.

# Louisiana Department of Health Medicaid Recipient Insurance Information Update

(Send This Form Via Fax Only)

TO:

## PROVIDER

Date:	<input type="text"/>	Submitter Name:	<input type="text"/>
Provider Name:	<input type="text"/>	Phone Number:	<input type="text"/>

SUBMISSION STATUS

## RECIPIENT INFORMATION

Patient Name:	<input type="text"/>	Parish of Residence:	<input type="text"/>
Medicaid ID#:	<input type="text"/>	Date of Birth (mm/dd/yyyy):	<input type="text"/>
Date of Service (mm/dd/yyyy):	<input type="text"/>		

## ADDING INSURANCE

Use this section to update the patient's file by adding the following insurance

Policy Holder Name: <small>(Optional)</small>	<input type="text"/>	Insurance Company	<input type="text"/>
Policy Holder SSN: <small>(Optional)</small>	<input type="text"/>	St. Address	<input type="text"/>
Policy Holder DOB (mm/dd/yyyy): <small>(Optional)</small>	<input type="text"/>	City/St/Zip	<input type="text"/>
Scope of Coverage:	<input type="text"/>	Policy #:	<input type="text"/>
Coverage Eff. Date (mm/dd/yyyy):	<input type="text"/>	Group #:	<input type="text"/>
Coverage End Date (mm/dd/yyyy):	<input type="text"/>	Carrier Code:	<input type="text"/>

## REMOVING INSURANCE

Use this section to update the patient's file by removing the following insurance

Policy Holder Name: <small>(Optional)</small>	<input type="text"/>	Insurance Company	<input type="text"/>
Policy Holder SSN: <small>(Optional)</small>	<input type="text"/>	St. Address	<input type="text"/>
Policy Holder DOB (mm/dd/yyyy): <small>(Optional)</small>	<input type="text"/>	City/St/Zip	<input type="text"/>
Scope of Coverage:	<input type="text"/>	Policy #:	<input type="text"/>
Coverage Eff. Date (mm/dd/yyyy):	<input type="text"/>	Group #:	<input type="text"/>
Coverage End Date (mm/dd/yyyy):	<input type="text"/>	Carrier Code:	<input type="text"/>

### PRIVACY AND CONFIDENTIALITY WARNING

This Fax may contain Protected Health Information, Individually Identifiable Health Information and other information which is protected by law. The information is intended only for the use of the intended recipient. If you are not the intended recipient, you are hereby notified that any review, disclosure/re-disclosure, copying, storing, distributing or the taking of action in reliance on the content of this Fax and any attachments thereto, is strictly prohibited. If you have received this Fax in error, please notify the sender immediately and destroy the contents of this Fax and its attachments by deleting any and all electronic copies and any and all hard copies regardless of where they are maintained or stored.

Rev 07/15/2016