Provider Network Notification

Informational Bulletin 19-3 (REVISED): Medicaid Provider Issue Resolution

June 6, 2022

OVERVIEW:

The Louisiana Department of Health has issued Informational Bulletin 19-3 (REVISED): Medicaid Provider Issue Resolution outlining the available options to providers for pursuing resolution of issues with Medicaid managed care organizations (MCO) and the state's fee-for-service claims processor, Gainwell Technologies. Unless explicitly notated, providers should first seek resolution with the MCO or Gainwell directly prior to engaging LDH or other third parties.

For issues related to claims or services rendered under fee-for-service Medicaid, contact:
Gainwell Technologies
1-800-473-2783
P.O. Box 91024, Baton Rouge, LA 70821

For issues related to MCO claims, contact:

Aetna:
1-855-242-0802
LAProvider@aetna.com

AmeriHealth Caritas Louisiana:
1-888-922-0007
network@amerihealthcaritasla.com

Healthy Blue:
1-844-521-6942 or 1-504-836-8888 (Local Network Relations Team)
lainterpr@healthybluela.com

Louisiana Healthcare Connections:
1-866-595-8133
BRO_PR_Operations@centene.com

United Healthcare Community Plan:
1-866-675-1607
southeastprteam@uhc.com

Questions and Support:

For questions, please contact LAProvider@AETNA.com or call 1-855-242-0802 and follow the prompts.

Claim Reconsideration and Claim Appeal

The following chart outlines claim dispute procedures for filing formal claim reconsideration requests and claim appeals with each MCO.

Ctrl+Click logo to reach each MCO's provider website	aetna AETNA BETTER HEALTH® OF LOUISIANA	AmeriHealth Caritas Louisiana	Healthy Blue	louisiana healthcare connections	UnitedHealthcare Community Plan
CLAIM RECONSIDERATION					
Time Requirements	Request for claim reconsideration review **must be received from the provider within 180 calendar days** of the Remittance Advice paid date or original denial date. **A determination will made by the MCO within 30 days of receipt.**				
How to Submit	Request may be submitted verbally, in writing or through the web portal (if applicable). The MCO shall provide a reference number for all requests for claim reconsideration. This reference number can be used for claim appeals if necessary.				
	By phone: 1-855-242-0802 **By mail:** Aetna Better Health of Louisiana P.O. Box 61808 Phoenix, AZ 85082-1808 Attn: Cost Containment	**By phone:** 1-888-922-0007 **By mail:** Attn: 1st Level Provider Dispute AmeriHealth Caritas Louisiana P.O. Box 7323 London, KY 40742 **By web:** http://amerihealthcaritasla.com/provider/resources/navinet/index.aspx	**By phone:** 1-844-521-6942 **By mail:** Healthy Blue Provider Payment Disputes P.O. Box 61599 Virginia Beach, VA 23466-1599 **By web:** www.availity.com	**By phone:** 1-866-595-8133 **By mail:** Louisiana Healthcare Connections Claim Reconsideration & Appeals P.O. Box 4040 Farmington, MO 63640-3800	**By phone:** 1-866-675-1607 **By mail:** Attn: Reconsideration UnitedHealthcare Community Plan P.O. Box 31365 Salt Lake City, UT 84131-0341 **By web:** www.uhcprovider.com/en/claims-payments-billing/claimslink-self-service-tool.html
Links for More Information	**Provider Manual – Chapter 18** **https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/louisiana/providers/pdf/provider_manual.pdf**	http://www.amerihealthcaritasla.com/provider/resources/complaints-disputes-appeals/index.aspx	Provider Manual Section 7 https://providers.healthybluela.com/la/pages/manuals-directories-more.aspx	https://www.louisianahealthconnect.com/providers/resources/grievance-process.html	https://www.uhcprovider.com/content/dam/provider/docs/public/claims/claimsLink-Claim-Reconsideration-Corrected-Claims-QRG.pdf
CLAIM APPEAL	Include any documentation from prior claim reconsideration requests when submitting a claim appeal.				
Time Requirements	Must be received within **60 calendar days** of the date on the determination letter from the original request for claim reconsideration. **A determination will be made by the MCO within 30 calendar days of receipt.**	Must be received within **30 calendar days** of the date on the determination letter from the original request for claim reconsideration. **A determination will be made by the MCO within 30 calendar days of receipt.**	Must be received within **30 calendar days** of the date on the determination letter from the original request for claim reconsideration. **A determination will be made by the MCO within 30 calendar days of receipt.**	Must be received within **90 calendar days** of the date on the determination letter from the original request for claim reconsideration. **A determination will be made by the MCO within 30 calendar days of receipt.**	Must be received within **60 calendar days** of the date on the determination letter from the original request for claim reconsideration. **A determination will be made by the MCO within 30 calendar days of receipt.**
How to Submit	Claim appeals must be submitted in writing.				
Address for Submission	Aetna Better Health of Louisiana Appeal and Grievance Department PO Box 81040, 5801 Postal Rd Cleveland, OH 44181	AmeriHealth Caritas Louisiana Attn: 2nd Level Provider Dispute P.O. Box 7323 London, KY 40742	Healthy Blue Payment Dispute Unit P.O. Box 61599 Virginia Beach, VA 23466-1599 **By web:** www.availity.com	Louisiana Healthcare Connections Claim Reconsideration & Appeals P.O. Box 4040 Farmington, MO 63640-3800	Attention: Second Level Appeal UnitedHealthcare Community Plan P.O. Box 31364 Salt Lake City, UT 84131-0341
ARBITRATION	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. **Note: Per House Bill No. 492 Act No. 349, an adverse determination involved in litigation or arbitration or not associated with a Medicaid enrollee shall not be eligible for independent review.**				
	Within **30 calendar days** from the date of the appeal determination, submit written request to Aetna Better Health of Louisiana Appeal and Grievance Department 2400 Veterans Memorial Blvd., Suite 200 Kenner, LA 70062	Within **30 calendar days** from the date of the appeal determination, submit written request to AmeriHealth Caritas Louisiana 10000 Perkins Rowe, Block G, 4th Floor Baton Rouge, LA 70810	Within **30 calendar days** from the date of the appeal determination, submit written request to Healthy Blue Attn: Operations Request for Arbitration 10000 Perkins Rowe, Suite G-510 Baton Rouge, LA 70810	Within **30 calendar days** from the date of the appeal determination, submit written request to Attn: President Louisiana Healthcare Connections 7700 Forsyth Blvd. St. Louis, MO 63105	Within **30 calendar days** from the date of the appeal determination, submit written request to American Arbitration Association Atlanta Regional Office 2200 Century Parkway, Suite 300 Atlanta, GA 30345 Note: Once the case is registered and all fees paid a notice will be sent to UHC.

Independent Review

In conjunction with the above claim dispute grid, independent review is another option for resolution of claim disputes.

Ctrl+Click logo to reach each MCO's provider website	aetna AETNA BETTER HEALTH® OF LOUISIANA	AmeriHealth Caritas Louisiana	Healthy Blue	louisiana healthcare connections	UnitedHealthcare Community Plan
INDEPENDENT REVIEW	The Independent Review process may be initiated after claim denial. **Note: Per House Bill No. 492 Act No. 349, an adverse determination involved in litigation or arbitration or not associated with a Medicaid enrollee shall not be eligible for independent review.**				
	• The Independent Review process was established by La-RS 46:460.81, et seq. to resolve claims disputes when a provider believes an MCO has partially or totally denied claims incorrectly. An MCO's failure to send a provider a remittance advice or other written or electronic notice either partially or totally denying a claim within 60 days of the MCO's receipt of the claim is considered a claims denial. • Independent Review is a two (2) step process which may be initiated by submitting an Independent Review Reconsideration Request Form to the MCO within 180 calendar days of the Remittance Advice paid, denial, or recoupment date. Request forms are available on MCO websites or at the link below. • If a provider remains dissatisfied with the outcome of an Independent Review Reconsideration Request, the provider may submit an Independent Review Request Form to LDH within 60 calendar days of the MCO's decision. Request form available at the link below. • Effective Jan. 1, 2018 there is a $750 fee associated with an independent review request. If the independent reviewer decides in favor of the provider, the MCO is responsible for paying the fee. Conversely, if the independent reviewer finds in favor of the MCO, the provider is responsible for paying the fee. • SIU post-payment reviews are not considered claims denials or underpayment disputes, therefore, SIU findings are exempt from the Independent Review Process. Except per Act 204 of the 2021 Regular Legislative Session, mental health rehabilitation (MHR) service providers have the right to an independent review of an adverse determination by a managed care organization that results in a recoupment of the payment of a claim based on a finding of waste or abuse. • Additional detailed information and copies of above referenced forms are available at: http://ldh.la.gov/index.cfm/page/2982				

Provider Issue Escalation and Resolution

LDH and MCOs recognize there will be instances when a provider may desire to escalate issue resolution to the attention of LDH or the MCOs' executive teams. While the above grid is specific to claim issue resolution, the following options are available for resolution of all issue types (including claims).

Each MCO is required to maintain a Provider Complaint System for in-network and out-of-network providers to dispute the health plan's policies, procedures, or any aspect of the plan's administrative functions. Providers should first seek resolution with the MCO, using the MCO contacts outlined below. If a provider is unable to reach satisfactory resolution or get a timely response through the MCO escalation process, direct contact with LDH is also an option.

The following chart outlines provider complaint and escalation contacts for each MCO and LDH.

Ctrl+Click logo to reach each MCO's provider website	aetna AETNA BETTER HEALTH® OF LOUISIANA	AmeriHealth Caritas Louisiana	Healthy Blue	louisiana healthcare connections	UnitedHealthcare Community Plan
MCO ESCALATION					
Formal Complaint	**By phone:** 1-855-242-0802 **By email:** LAProvider@aetna.com **By mail:** Aetna Better Health of Louisiana 2400 Veterans Memorial Blvd. Suite 200 Kenner, LA 70062	**By phone:** 1-888- 922-0007 **By email:** network@amerihealthcaritasla.com **By mail:** AmeriHealth Caritas Louisiana PO Box 7323 London, KY 40742	**By phone:** 1-844-521-6942 or 1-504-836-8888 **By email:** laprovidercomp@healthybluela.com **By mail:** Healthy Blue 10000 Perkins Rowe Suite G-510 Baton Rouge, LA 70810 **By web:** https://providers.healthybluela.com/Documents/LALA_CAID_ProviderComplaintSubmissionForm.pdf	**By phone:** 1-866-595-8133 **By email:** providercomplaints@louisianahealthconnect.com **By mail:** Louisiana Healthcare Connections 8585 Archives Ave, Suite 310 Baton Rouge, LA 70809	**By phone:** 1-866-675-1607 **By email:** southeastprteam@uhc.com **By mail:** United Healthcare PO Box 31364 Salt Lake City, UT 84131-0341
Management Level Contacts	**Stella Joseph** Manager of Appeal and Grievance LAAppealsandGrievances@aetna.com	**Kyle Godfrey** COO tgodfrey@amerihealthcaritasla.com	**Amber Earwood** Program Director, Operations Amber.Earwood@healthybluela.com	**Candace Campbell** Director of Operations, Provider Network Candace.H.Campbell@louisianahealthconnect.com	**Rhonda Pena** Provider Relations Manager rhonda_pena@uhc.com
Executive Level Contacts	**Richard Born** CEO BornR@aetna.com	**Kyle Viator** CEO kviator@amerihealthcaritasla.com	**Janel Gary** COO Janel.Gary@healthybluela.com	**Joseph Tidwell** VP of Network and Contracting jotidwell@centene.com	**Angela Olden** COO Angela_Olden@uhc.com
LDH ESCALATION	If a provider is unable to reach satisfactory resolution or receive a timely response through the MCO escalation process, contact LDH using the information below.				
How to Submit	E-mail LDH staff at ProviderRelations@la.gov. Always include details on attempts to resolve the issue at the health plan level as well as contact information (contact name, provider name, e-mail and phone number) so that LDH staff can follow up with any questions.				

All MCOs

If the MCO or LDH or its subcontractors discover errors made by the MCO when a claim was adjudicated, the MCO shall make corrections and reprocess the claim within thirty (30) calendar days of discovery, or if circumstances exist that prevent the MCO from meeting this time frame, a specified date shall be approved by LDH. The MCO shall automatically recycle all impacted claims for all providers and shall not require the provider to resubmit the impacted claims.