

## **Administrative Simplification Meeting Minutes**

Tuesday, February 20, 2024 ▪ 10:00am - Noon ▪ LDH, Bienville Room 118

Conference Meeting URL: <https://us06web.zoom.us/j/83071583832>

### **Attendees**

**Provider Community/others:** Berkley Durbin, Greg Ivey, Kevin Bridwell, Greg Waddell, Karen Lambert, Bret Talbot, Kayla Gourgues, Shan McDaniel, Kristin Humphreys, Judy Pace, Jeff Mitchener, Natalie Simmons, Katie Corkern, Abby, Quinn Chernow, Robert Stern, Natalie Cohen, Angel McCarstle, Maria Bowen, Deirdre Davis, Katie Brittain, Kevin Guidry, Lori Meyers, Ashley Politz, Vickie, Nikia Osborne, Kisha Williams, Ashley Boyte, Paula Morris, Selena Sims, Ashley Wallis, Jamey, Prevoist Memorial Hospital

**Aetna Better Health:** Linda Morrison, Courtney Lewis, Nanette Silver, Brian Knobloch, Emily Byrd, Catherine Chaucer, Jess Hall

**AmeriHealth Caritas:** Kyle Viator, Julie Vinson, Kelli Nolan Clement, Lesli Boudreaux

**Healthy Blue:** Janel Gary, Tina Nugent, Jennifer Campbell, Cheryll Bowers-Stephens, MD, Gerri Smith, Nick Daigle, David Horne, Jennifer Campbell, Kelly Hebert

**Humana Healthy Horizons:** Alicia Coleman, Tish Anderson, Rocky Thompson, Rhonda Bruffy, Eric Schwing

**Louisiana Healthcare Connections:** Angela Stewart, Jennifer Pinkins, Yolanda Wilson, Candace Kliesch, Emily Ragland, Joe Sullivan, Russell Politz, Bill Stevens, Rhonda Pena, Stewart Gordon, Yolanda Wilson

**United Healthcare:** Susan Mieras, Stephen Long, Angela Olden, Karl Lirette

**Louisiana Department of Health:** Dana Johnson, Whitney Martinez, Jenise Thomas, Kolynda Parker, Michael Harrington, Amber Gross, Melandye Porter, Kim Sullivan, Mitzi Hochheiser, Tangela Womack, Charlene Julien, Wendy Barber, Brandon Bueche, Keyonna Thompson, Stacy Guidry, Dawn Tate, Jhuan Marcantel, Kevin Guillory, Tizi Robinson, Rachel Newman, Kelly Zimmerman, Timothy Williams, Emma Herrock, Shantel Hebert-Magee, Kim Ngoc, Jonesha Thornton, Karen Cashio, Jennie Stelly, Robin McDermott, Ardia Perkins, Danielle P. Newman, Michelle Doran, Veronica Richard, Kaela Queen, Ashley Landry, Cordelia Clay, Teresa Bravo, Jackie Cummings, Lindsay Hays

### **Introduction of Undersecretary: Michael Harrington**

- Michael gave introduction and background about himself.
- He expressed his eagerness to collaborate with the providers and LDH to improve the Medicaid program efficiently and effectively for positive results for the Medicaid providers, the department, and the Medicaid members.
  - Provider representative gave thanks and support of the ASC meetings.

### **Helpful Emails**

- LDH briefly discussed the LDH email contacts

### **Previous – Closed**

- Credentialing and roster issues mentioned in the last ASC meeting – All MCOs attested by the end of 2023 they were current with contract timeframes.
- Pediatric Developmental, Autism, Perinatal Depression Screening (Informational Bulletin 21-3) No other issues reported.

### **Provider Enrollment Portal**

- LDH will begin re-baselining providers in the fall of 2024 per Kim Sullivan.
- LDH is in the process and working on the contract with Gainwell Technologies to begin the process.
  - Provider Representative asked how a new provider would enroll with Medicaid (FFS). LDH advised a paper application would be required to enroll with FFS and credential with all or any of the six MCOs. Later, LDH will send a letter to complete the portal application (re-baselining)
- LDH gave a reminder to the MCOs, providers should not be told they need to obtain a Medicaid ID to credential with a MCE at this time.
- LDH is working towards contracting with a vendor as a “one-stop-shop” for providers to be able to handle enrollment and credentialing in one place for all providers who wish to enroll in FFS and MCEs – at this time it is paused due to LDH being stuck in a protest.
  - The process is expected to be complete with a two-part process approximately within the next 18-24 months. LDH emphasized during the protest all communication is on hold with the selected vendor and nothing can be done at this time.

### **Professional Services Update**

- 2024 HCPCS updates – LDH Chief Medical Officer is currently reviewing the new codes and the expected completion date is mid-March.
- The abundance of FFS fee schedules – LDH submitted a work order to Gainwell to add an indicator column on fee schedules to assist in easily identifying the codes with changes.
- Assistant Surgery (AS) fee schedule is discontinued. The AS codes can be found on the Professional Services fee schedule by Type of Service (TOS) 02.
  - LDH will look into archiving the AS code list currently posted.
- COVID-19 vaccines/Immunizations fee schedules – On January 29, 2024 all COVID-19 vaccines have been updated. Some codes that are supplied by VFC indicate MP (Manually Priced) on the fee schedule is because it should pay at zero.
- EPSDT fee schedule enhanced rates – Additional work is needed with LDH and MCOs. Currently reimbursement is based on recipient age. LDH told providers to reach out to us if further discussion is needed.
- Smoking Cessation services/codes have been expanded to be payable for all recipients now, not only pregnant woman.
- There has been discussions regarding sterilization forms.

- A provider made a suggestion relating to the sterilization form being required; LDH told the provider they can discuss further.

#### **LDH Rate Review Process**

- LDH established an annual rate review process for all provider types in the state fiscal year 2022. This is on a scheduled three year cycle based on type of service.
  - A provider representative requested the schedule of the three year review. LDH will review and see if the schedule can be made public. LDH also advised in the year 2024, professional services will be reviewed.

#### **Newborn Eligibility and Enrollment Process**

- A new Informational Bulletin will be posted in the next upcoming days; which includes the language relating to newborn issues discussed in ASC – the MCOs are required per contract to subrogate between each other rather than recouping from the providers.
- Enrollment assignment issues – LDH’s enrollment broker created new logic to ensure newborns are being linked to the same plan as the mother. The broker has been manually reviewing weekly to ensure new logic is working.
- Many provider representatives expressed the challenges faced when an enrollee is reassigned a new plan 12-24 months from the date of service.
  - A provider representative asked if LDH is enforcing the contract. LDH advised we do enforce the contract; LDH will research and discuss with others how to handle these types of situations moving forward.
- Providers continue to receive recoupment letters since the last ASC meeting for newborn babies incorrectly assigned to a plan. LDH will work with the legal team to ensure contract is being followed.

#### **Recoupments**

- LDH just started a small workgroup with providers and other stakeholders working towards resolving the issues relating to recoupments.
  - Provider representative suggested the recoupment letters be on an electronic portal to ensure timeliness for MCOs as well as providers.
  - LDH discussed some of the topics currently being talked about in the workgroup and advised LDH will engage with the MCOs at some point to collaborate.
- Recoupment language currently in the contract says the MCOs should include the date the MCO was notified of the changes on the recoupment letter to the provider, to ensure 60 day contractual language is followed.
- Post-payment review discussions relating to TPL. The provider community expressed the frustration of MCOs seeking recovery within 10 months from the date of service directly from a third party carrier without notifying the provider of the found coverage.
  - Adding specific language in the contract was suggested by a provider representative to notify providers any time a recovery occurs.
- Providers spoke up about Medicaid’s eligibility (TPL) file not being up-to-date.

- Most providers would rather seek reimbursement directly from the TPL than Medicaid. Medicaid is the payer of the last resort. If the eligibility file indicated TPL, the provider's would bill TPL directly.
- LDH will review the current workflow design and work towards implementing a new design with reliability.
  - LDH reminded all attendees about the workgroup that has been set up. The LDH undersecretary asked that the workgroup have a charter with a clear outcome and a timeframe that can be shared in future ASC meetings.
- A MCE representative asked to add contract reference in the Power Point slides presented. LDH responded and agrees we will add the reference and/or resources in the language presented on the slides for the next workgroup meeting.
- SIU recoupment timeframes was mentioned during by a MCO representative. LDH advised discussions relating to SIU can be done, at which point Program Integrity would need to be involved.

#### **Contract Reminder**

- Retaliation - A MCO shall not prohibit, discourage, intimidate, or in any other way take retaliatory action against a provider that reports any complaint to LDH.

#### **Enrollee Reassignment Policy**

- The PCP enrollee reassignment policy was relaxed during the Humana onboarding. Providers were reminded to review the Provider Notification on the MCO portals and let us know if any issues are found. LDH can then review against the Quarterly 364 self-reported data from each MCO.
  - Email any issues to [ProviderRelations@la.gov](mailto:ProviderRelations@la.gov) and we will look into any concerns.

#### **Provider Directories**

- LDH reminded providers to look at MCO websites and ensure data is correct.
  - Email addresses were provided. Providers can email any MCO to update any information in the provider directory.

#### **Screenings**

- A request was made to the MCOs to provide feedback regarding the type of screenings that all are performing and measures that all are utilizing.
- LDH is scheduled to meet and perform a deeper dive into Quality.

#### **Provider Suggestions**

- TPL issues/concerns discussion will be placed on hold because there is a TPL committee meeting today at 1:00 pm, which some of the TPL issues will be discussed there.
- It was brought to the Department's attention that MEVs isn't updating timely. MES advised there is a 60 day lag for TPL information to be updated due to the age of the system. LDH is currently working to get the system updated and have the process expedited for a closer timeframe. The expected turnaround time is October 2024 for the update to be complete. It was also mentioned

it's not possible for the system to update in real time, but the goal is to update as close to real time as possible.

- Providers have mentioned that MEVs is not easy to read. MES advised they will do a Webinar for providers and a training video with instructions.
  - LDH has a plan and funds to replace the old Mainframe that is currently being utilized but the project is on hold due to a protest.
- LDH does their best to update TPL information as soon as information is gathered. It was suggested to providers to obtain TPL information from the recipient directly.
  - Providers questioned why does it take 60 days to update, it was previously stated in other meetings that it would only take seven days to update. MES explained TPL is batched and sent over monthly, so the soonest it would be able to update is 31 days. This is due to the system from 1982.
- Clarity regarding a grace period versus being locked in. When a member enrolls in Medicaid and a member is assigned to a plan, the member is given 90 days to change the plan. After the 90 days, the member is "locked in" to that plan until the next open enrollment period.
  - A member is allowed to change plans "For cause/Letter from Physician". One example of for cause is lack of access to care.

#### **Meeting ended at 12:00 PM**

- There were topics not discussed during the meeting and questions that were not able to be asked due to being at time.
- LDH recommended to submit any questions or clarifications needed to the Provider Relations team and we will follow up in email.

#### **Next Meeting**

- May 14, 2024 at 10:00 AM
- There could be discussion of having the ASC meeting more frequently than quarterly.

#### **Wrap Up and Next Steps**

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