

Louisiana Medicaid Administrative Simplification Committee

May 14, 2024

Agenda

- Welcome
- Medicaid Update
- Professional Services Updates
- LaHIPP Program
- TPL Update
- LA Wallet
- Network Adequacy Project Update
- Independent Review Reconsideration Updates
- Non-citizen CHIPRA Question
- Provider Relations
- Open Forum
- Helpful E-mails
- Q&A

Professional Services Updates

- 2024/Annual HCPCS updates
- Fee Schedule Change Indicator

WaRene Kimball

Newborn Enrollment IB

Newborn IB [24-6](#) was posted, which outlines the requirement of the MCOs to subrogate with each other instead of recouping from the provider.

* 2.3.12.4.6 For newborns disenrolled, the MCO in which the newborn was incorrectly enrolled shall not recover Claim payments from the provider. The MCO in which the newborn is incorrectly enrolled shall seek such Claim payments from the MCO in which the newborn **should have been enrolled on the dates of service.**

Recoupment Subcommittee Meeting.

Recoupment Timeframes:

- Before a recoupment is executed by an MCE, the provider shall have **sixty (60) calendar days** from receipt of written notification of recoupment to refute the recoupment.
- The MCE has **thirty (30) calendar days** to review the provider's response.
- Retroactive disenrollment requires MCEs to initiate provider recoupment in writing within **sixty (60) calendar days** of the date LDH notifies the MCE of the change.
- Post-Payment recoveries from providers and liable third parties are required to seek recovery from the provider **within sixty (60) calendar days after the end of the month** it learns of the existence of the liable third party.
- Post-Payment recoveries should be recovered by the MCE where date of service is **ten (10) months or less** from the date stamp on the provider recovery letter.
- Post-Payment recoveries should not sought from the provider where date of service is **greater than ten (10) months** but shall be sought directly from liable third parties.

Recoupment Discussion – Continued

Independent Review:

- Independent Review (Act 349/2017 Regular Session) allows the IRR process to be used for recoupments if the IRR is submitted to the MCO within 180 days of the date on which the MCO recoups monies remitted for a previous claim payment.

Subrogation:

- For enrollees retroactively disenrolled due to the invalidation of a duplicate Medicaid ID and the valid ID is linked to another MCE, in accordance with the contract, the MCE shall subrogate the amount of the paid claims to the MCE that paid the claims for the dates of service.
- For newborns disenrolled, the MCO in which the newborn was incorrectly enrolled shall not recover Claim payments from the provider. The MCO in which the newborn is incorrectly enrolled shall seek such Claim payments from the MCO in which the newborn should have been enrolled on the dates of service.

Notification:

- MCEs only have 60 days from the date LDH notifies the MCE of the change to recoup from the provider.

Developmental, Autism, and Perinatal Depression Screenings and Billing

- Informational Bulletin [21-3](#)
- The provider is billing two e/m codes (with modifier 25 appended) along with 96161 (mod 59 appended), and vaccine administration codes (90471/72). 96161, requires modifier 59 be applied in order for the claim to process and pay.
- Based upon internal review, it has been verified that the provider is billing appropriately. MCOs should not prohibit the payment of these claims on the front-end by performing a pre-payment review. If there are questions about the validity of what was billed, a post-pay review or sampling can be performed.

Provider Suggestions/Questions – continued from last ASC

- MEVS is not updating timely and/or is not accurate.
- Clarity regarding a grace period vs being locked in.

Provider Suggestions/Questions- continued from last ASC

- **STERILIZATION CONSENTS**
- LDH should revamp their handling of sterilization consents.
- Currently, MCOs should pay Anesthesia claims without the need attach a redundant sterilization consent forms if surgeon submitted consent and claim paid; however this doesn't consistently occur.
- Anesthesia providers are still having to procure sterilization consent forms from surgeon's office; having to send multiple requests/phone calls before surgeon's office sends consent (very time consuming).
- Consider making the consent form a prior authorization of sorts, have it provided to hospital by OBGYN prior to surgery!

Provider Suggestions/Questions – continued from last ASC meeting

- Clarity on TRADITIONAL MCR primary what type Medicaid can be secondary- FFS/-- (MCO only if Behavioral Health)
- How are behavioral health Services determined?
- Clarity on Medicare Advantage primary what type Medicaid can be secondary
- Clarity on Market place insurance vs Medicaid

Provider Suggestions/Questions- continued from last ASC meeting

- Per IB [21-15](#): Effective 07/01/2021, MCOs are not paying additional reimbursement (\$20.00 per time unit) for the dental services for ASA 00170 when modifier 23 appended.
- MCOs denying second claim processed as duplicate when 2 claims sent with different place of service (POS), i.e. school and office.
- Denials for ordering/rendering providers not enrolled in LDH portal – MCOs all using different CARC/RARC. Suggest having MCOs use a standard response (CARC/RARC).

TPL Subcommittee Update and Next Meeting

- Continued challenges with TPL-adds to massive complexity and influences, including:
 - MCO & State TPL files do not match and are often incorrect
 - MCO & State continue to add ineffective coverage TPL files

LaHIPP Provider Questions

LA Wallet – Dawn Love

- Medicaid and Health Plan (MCO) ID cards have been available through the LA Wallet app since September 2023.
- Nearly 50,000 Medicaid and Health Plan members have added their ID card to LA Wallet.
- The app refreshes information daily, with Health Plan IDs being removed if a member is no longer eligible or changed if a member changes their Health Plan.
 - Are providers actively using digital versions of ID cards? Either Medicaid or other insurers?
 - What concerns or challenges do providers have with the use of the cards?
 - Is there outreach or training we could provide to overcome those concerns or increase provider usage of the resource?

Network Adequacy Project

- Informational Bulletin [24-12](#)

Claim Denials – CLIA

LA Medicaid NCCI Edits and Provider Concern

- LDH implemented **ClaimsXten (CXT)**, a claims editing system on March 31, 2023, however, to date, this system is **still not available** to providers. Provider complaint that they have no system available to use since the old one was taken down.
- MCOs are aggressively implementing the national Medicaid, or some other, NCCI edits which greatly differ from the CMS NCCI edits.
 - This is causing several denials for providers for services that are not normally bundled per NCCI edits with little to no resolution from the MCOs.

Independent Review Reconsideration Form Updates

- MCOs are -
 - Adding reasons for the IRR that match the current IR form
 - Adding a place for providers to provide their email

Non-citizen CHIPRA Question

- LWHA – Question related to non-citizen CHIPRA patients that are reinstated after terming during pregnancy, but not reinstated into an MCO but rather are placed in Legacy Medicaid.

Contract Requirements Reminder Related to Specialty Match for UM

- 2.12.5.2 The Contractor shall ensure that only licensed clinical professionals with appropriate clinical expertise in the treatment of an Enrollee's condition or disease and training in the use of any required assessments shall determine Service Authorization request denials or authorize a service in an amount, duration or scope that is less than requested.
- 2.12.5.2.1 The individual making determinations shall attest that no adverse determination will be made regarding any medical procedure or service outside of the scope of the individual's expertise.

Request for New Coverage and Services Consideration

- [Request for NEW Consideration of Medical & Dental Benefit Coverage for Louisiana Medicaid](#)
- [Request for Consideration of a Medicaid Policy Change](#)

Provider Enrollment Portal Help Desk

The Provider Enrollment Portal Help Desk is ready to help.

Invitation letters to enroll new providers through the Portal will start in 2024. A notice will be provided when this process starts.

Email:

LouisianaProvEnroll@gainwelltechnologies.com

Phone: 833-641-2140

Helpful Emails

Provider/MCE issues:	ProviderRelations@la.gov
Transportation issues:	MedicaidTransportation@la.gov
TPL issues:	TPL.inquiries@la.gov
MES inquiries:	MESInquiries@la.gov
Member Linkage:	MemberLinkage@la.gov

Questions & Answers

Next Meetings

- August 13, 2024
- November 12, 2024

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THANK YOU

