

Administrative Simplification Meeting Minutes

Tuesday, August 12, 2025 ▪ 10:00am – 11:00am ▪ LDH, Bienville Room 118

Conference Meeting URL: <https://zoom.us/j/98151123044>

Attendees

Provider Community/others: Sheree Taillon, Greg Ivey, Shan McDaniel, Kevin Bridwell, Greg Waddell, Berkley Durbin, Bertha Thompson, Joshua Joachim, Chuck Self, Kayla Gourgues, Karen Lambert, Bret Talbot, Lori Myers, Nikia Osbourne, Natalie Cohen, Ashley Boyte, Jackie Clark, Jamie Boudreaux, Cassie Allen, Natalie Holt-Simmons, Katie Brittain, Kelly Skeesick, Linda Goode, Wendy Knight, Kevin Guidry, Diedre Davis, Katie Corkern, Nick Hunter, Jason Brown, Kristen Humphries, Robert Stern, Amanda Pond, Jeff Mitchener, Lisa Dixon, Kelsey Gibson, Connie Hammett, Emily Moskau, Jeanie Lowry

Aetna Better Health: Brian Knobloch, Courtney Lewis, Nanette Silver, Vanessa Smith, Emily Byrd, Michelle Bezet

AmeriHealth Caritas: Kelli Clement, Gwen Matthews, Lesli Boudreaux, Melody Bonomo, Rodney Wise

Healthy Blue: Heather Leschinsky, Annie Garnier, Nick Daigle, Quinn Chernow, Dr. Cheryll Bowers-Stephens, Abigail Roa, Kelly Hebert, Molly Taylor, Jennifer Campbell, Dr. James Collier, Clayborne Harris, Denise Goldsmith

Humana Healthy Horizons: Rhonda Bruffy, Alicia Coleman, Carrie Gibbs, Rocky Thompson, Yolanda Lange

Louisiana Healthcare Connections: Candace Kliesch, Joe Sullivan, Emily Ragland, Dr. Stewart Gordon, Yolanda Wilson

United Healthcare: Susan Mieras

Gainwell Technologies/HMS: Caroline Landrum

Louisiana Department of Health: Kolynda Parker, Brandon Bueche, Debra Boudreaux, Amber Gross, Jenise Thomas, Melandye Porter, Wendy Barber, Karen Cashio, Anita Stewart, Jonathan Wesley, Cecily Holland, Decharena Miller, Octavius Youngblood, Aishah Bazille, Ardia Perkins, WaRene Kimball, Kaela Queen, Candace Grace, Michelle Doran, Jonesha Thornton, Robyn McDermott, Lindsay Hays, Cordelia Clay, Kisha Thomas

Introduction

- Debra Boudreaux has assumed the position vacated by Whitney Martinez as the Assistant Section Chief of Program Networks and Provider Enrollment.

ASC Objectives

- The purpose of the ASC quarterly collaborative meeting aims to reduce provider burdens by identifying and streamlining administrative functions and eliminating duplication.

- The roles include representation from the provider community, MCOs, and Medicaid program staff present at each meeting.
- The responsibilities:
 - Provider representatives submit requests for assistance, agenda items, and provide examples of issues.
 - The Medicaid team implements change in the form of policies, processes, MCO Contract and/or Manual updates.
 - The MCOs enact updates as directed by LDH and collaborates with Medicaid and providers.

Professional Services Updates

- Act 306 Senate Bill 190 of the 2024 regular session increased physician rates to 85% of the March 2024 Medicare rates. Informational Bulletin 25-20 has been published. Professional Services and Lab & Radiology rates will be available August 15, 2025 with retroactive date July 1, 2025. The providers are not required to resubmit claims. MCOs will recycle claims within 45 days from the date LDH publishes new rates.
- Professional Services fee schedule updates – LDH has standardized 19 fee schedules.
 - There were some fee schedules that could not be standardized. LDH intends to revise the fee schedules that could not be standardization in order to enhance clarity and improve readability.
 - Maternity-Anesthesia fee schedule will be benchmarked against the LSU Enhanced fee schedule, which is based on the commercial rate.
 - LDH will survey the MCOs to assess their plans for claims recycling. In addition, ask the MCOs to collaborate to develop a standardized solution for recycling claims across all MCOs, aiming to reduce provider administrative burden.
- Clear Claim Connections – Provider Access
 - The implementation timeline has experienced delays.
 - LDH is collaborating with the vendor, Gainwell Technologies, to revise the system editing.
 - LDH aims to establish a confirmed system go-live date within the next month: additional information will be followed.

Provider Enrollment Updates

- LDH has completed the Provider Enrollment backlog, and Louisiana is now compliant with CMS regulations.
- Rebaseline Implementation
 - The portal invitation letters are issued on a bi-monthly basis.
 - Providers are required to enroll in the portal within 120 days from the MCO credentialing date.

- If the provider fails to enroll timely, they may be deactivated. Those providers that are deactivated may still have the opportunity to complete an application, if necessary. Any claims submitted between the deactivation date and the completion of enrollment will be subject to denial.
- Revalidation
 - Providers must revalidate their enrollment information every five years (or every three for DMEPOS providers) to maintain their participation.
 - Providers will be notified by the Louisiana Medicaid Provider Enrollment web portal and via mail.
 - LDH reminds providers of the importance of keeping the account administrators and the mailing address current.
 - If a provider fails to revalidate by the deadline, the provider may be deactivated from the Medicaid program, and claims may deny.
- Provider Enrollment Tool
 - It is recommended that provider staff review the tool often to ensure all providers are current.
 - The initial enrollment completion date and revalidation enrollment completion date have been added to the tool.

MES Medicaid Updates

- LDH has been in contact with Gainwell to schedule a few live webinar trainings to review Medicaid Eligibility Verification System (MEVs) quarterly trainings and post them publicly.
- Dual Special Needs Plans (D-SNP) Billing and Claims
 - The D-SNP plans are Medicare Advantage policies. These plans follow Third Party Liability (TPL).
 - It is believed that these recipients will have a B-linkage with MCOs, which means only behavioral health and transportation will be submitted to the MCO.
 - A provider raised a concern about how the D-SNP member's eligibility will appear in MEVs. This can be addressed in the MEVs webinar.
 - More information regarding D-SNP can be discussed in the TPL subcommittee.

Louisiana Health Insurance Premium Payment Program (LaHIPP)

- HMS manages the LaHIPP program, determining eligibility and reimbursing premium payments for employer sponsored insurance to eligible members. The plan falls under the Eligibility team within LDH. The plan's goal is to increase participation in the program for Medicaid eligible members.
- Families must have one qualifying active Medicaid eligible member in the home, have access to Employer Sponsored insurance that covers at least one Medicaid member, and the case must be cost effective for the state to reimburse the premiums.

- Provider benefits from becoming a LaHIPP provider include access to patients' TPL information, billing commercial insurance and receiving quicker payment which could be higher than the Medicaid contracted amount, and Medicaid reimbursements for services not covered by the commercial insurance.
- To help expand this program, providers can inform Medicaid members about resources available, participate in provider educational webinars, and refer members with chronic or high-cost conditions to LaHIPP immediately after they are enrolled in Medicaid to maximize state savings. If you know someone who may qualify, please provide contact information and encourage them to apply.

Blue Cross Blue Shield Advantage Plans Updates

- Heather Leshinsky, HBL's COO, discussed where to submit claims to. Submit claims to the address on the back of the member's card.
 - If the member has Anthem/BCBS commercial as primary, the provider should bill the commercial plan of the state of the BCBS plan. HBL has a process that adjudicates the claim in the "home" state (of the commercial plan), and then the claim crosses over to HBL for any Medicaid responsibility.
- Providers are encouraged to register and submit claims through Availity to minimize the administrative burden of paper claims.

Third Party Liability (TPL)

- All TPL items should be discussed at the TPL subcommittee meetings.
 - Email Sadrina.Clayton@la.gov to join the TPL subcommittee or to join the mailing list to receive minutes and other TPL related information.

Questions & Answers

- A provider representative expressed concerns regarding the inconsistency in claims processing across all MCOs, noting that CARC/RARCs could be used to enhance consistency among the plans.
- Act 293 HB 595 2025 Regular Session – LDH has reviewed the current contract and determined that no revisions are necessary within the department.
 - LHCC is the only MCO to publish notices regarding new billing requirements as a result of HB 565. LHCC stated effective August 1, 2025, their claims processing system will not allow them to pay partial units on one service line.
- A provider representative expressed the volume of MCO Policies posted per Act 319 is difficult for providers to sort through. LDH will evaluate this concern and establish an internal workgroup to develop a plan aimed at improving clarity and accessibility.

Next Meeting

- November 18, 2025 – Virtual only
- Going forward, the ASC will alternate between in-person and Zoom only meetings.

Wrap Up and Next Steps