

Administrative Simplification Meeting Minutes

Friday, February 21, 2020 ■ 10:00am - Noon ■ LDH, Bienville Room 118

Conference Meeting URL: <https://zoom.us/j/229201633>

Attendees

Provider Community: Greg Ivey, Pika Sdrougias, Berkley Durbin, Floyd Buras, Greg Waddell

Aetna: Courtney Lewis

Healthy Blue: Annie Garnier, Dexter Trivett

AmeriHealth Caritas: Kelli Nolan

Louisiana Healthcare Connections: Jennifer Pinkins, Noelle Furfaro, Joe Sullivan

United Healthcare: Susan Mieras, Monica Thurman

Louisiana Department of Health: Kayla Gourgues, Whitney Martinez, Felicia Adebamiji, Becky Mouton, April Holley, Sue Fontenot

LaMEDS Update

- Request has been made for a LaMEDS subcommittee by providers.
- Providers reported still having issues with newborn enrollment, retro eligibility and prior authorizations, and pregnant woman issues.

Provider Directory

- Providers were reminded to check their demographics in the MCO provider directories and that information should match what office staff tells patients who call for an appointment.
- A provider reported that they have issues with MCOs putting restrictions on the number of hours a provider must work at a location in order for them to be listed in the directory.
 - LDH to research if there is a restriction on the number of hours a provider must work at a location in order to be listed in the directory.
- A provider suggested creating a single form that would be accepted by all MCOs for providers to verify their demographics. The provider stated that each MCO has a different form/spreadsheet and completing them is very cumbersome.

Ultrasounds

- The ultrasound policy is still in review.
- MCOs were reminded that there should be no denials for ultrasounds performed by MFM and OBs on the same day.

17P Denials

- If there is an error with LDH not having a code on the fee schedule, please notify LDH so the issue can be corrected.
- LDH has been notified of 17P denials due to issues with prior authorizations, generic 17P, TH modifier, and NDC. MCOs were urged to have a team review all 17P claims to ensure correct processing and to offer education to providers who are billing 17P claims incorrectly.

Independent Review Updates

- LDH held the first independent review panel meeting of 2020 on 2/18/2020.
- LDH reviewed the only circumstances of when an MCO should be marked ineligible.
 - Provider did not submit written reconsideration timely.
 - The member is not eligible for independent review with this MCO.
- MCO and providers were reminded of the payment timeframes in Act 349.
- LDH informed MCOs that if they do not have the capability to receive independent review reconsiderations via email, they must have a dedicated email address for providers to follow up on the status of the reconsideration.
- LDH reminded all that the MCO shall acknowledge in writing its receipt of an independent review reconsideration request within five calendar days. This may be done via email or mail.
- HBL stated they believe independent review reconsideration requests that were also submitted as claim reconsiderations and completed through the claim reconsideration process should be “dismissed”, not upheld or overturned. They stated that by marking them with the decision of the claim reconsideration, this is inaccurately inflating the independent review reconsideration totals.
- A representative of the provider community stated they are not concerned about the upheld/overturned language on the independent review reconsideration decision as long as it does not give providers the impression that the review cannot move forward to the next step (send to LDH).
- LDH reported the 2019 independent review totals.

Prior Authorization Timeframes

- LDH asked the MCOs to report how they handle prior authorization requests on weekends and holidays by next Friday.
- Contract language related to prior authorization timeframes was reviewed.
- One provider reported that they have had positive responses after reaching out to the MCOs prior to a 3-day weekend to get direct contacts for prior authorizations.

Act 330

- LDH reviewed directives given to the MCOs regarding criteria/guidelines given in prior authorization denials.
 - Attaching questionnaire type “criteria” is not sufficient. Providers should be able to clearly tell what is required to meet medical necessity.

- Criteria should be labeled with the company or program's heading.
- Denial letters should not direct providers to go to a general website to obtain criteria/policy used. Should be a specific link.

Act 319

- Providers were reminded to check the LDH Public Comment webpage frequently.

MCO Provider Manual Updates

- All MCOs provider manual updates are with LDH for review. LDH will post for public comments soon.
- LDH partnered with the MCOs to ensure they all incorporate the same information that providers frequently ask for.

Hysterectomy Form

- Revised the form for clarification and included instructions on how to complete.
- New form should be published in the next few months.

Finding a Specialist Contacts

- Providers were asked to provide any feedback from using this new resource.

Wrap Up and Next Steps