



Louisiana Medicaid Administrative Simplification Committee

August 18, 2023

Agenda

- Old Business
- Provider Enrollment Portal
- Credentialing Affiliated Providers (Act 143-2022 Session)
- Surgery Code Changes
- Independent Review
- Payments to Providers
- Claims Reprocessing
- Find a Specialist
- Open Enrollment 2023
- Provider Suggestions & Questions
- Q&A

Old Business

Does your portal allow provider's to use the 13-digit Medicaid ID, instead of the MCO member ID, when requesting a prior authorization?

ABH- Providers can enter the 13 digit carrier MemIDs (Member id printed on the ID card) and submit prior auths on Availity UI. There are no restrictions on the length of the Medicaid ID

ACLA - Yes, ACLA's portal accepts the 13-digit State Medicaid ID #

HBL - Our staff has confirmed that the Availity portal can accept both the Healthy Blue ID and Medicaid ID.

HUM - Our team has submitted an expedited request to have the Medicaid ID added to the prior authorization form- target completion date for this to is set for 06/30/23.

LHCC- LHCC's provider portal allows for both the Medicaid ID and the MCO Member ID

UHC - United Healthcare's provider portal has three different options to search for an enrollee which are Member ID (MCO member ID) & date of birth, member ID and name, and member name & date of birth in other words you don't have to have the MCO member ID

Can the MCO's add recoupment letters to the provider portal? Can recoupment letters be faxed?

ABH - At this time ABH cannot add recoupment letters to the portal but we are looking into it.

ACLA - ACLA does not have this capability at this time. We are in discussion with Navinet on the addition of this enhancement; however, it is first dependent upon their implementation of Doc Exchange Lite. An estimated timeframe has not yet been established.

HBL - We do not currently upload recoupment letters into our provider portal (Availity). We are researching options for this functionality to be added in a future update/release.

Humana - Recoupment letters are already available for providers in the Availity portal through its overpayment tool.

LHCC - LHCC does not offer the capability of uploading recoupment letters to the online provider portal at this time; however, we have submitted a requisition to our technical teams to explore adding this function as an option in our online portal.

UHC – No response needed

Please send us your Zolgensma Medical policy. It appears ACLA, HBL, HUM, and LHCC all use the same policy from PDL-physician administered drugs.

ABH - Zolgensma requires a prior authorization and follows the prior authorization policy (see attached documents)

ACLA - In the MCO Manual, page 164 (Physician-administered Medication), it states that physician administered medications that are included on the PDL shall have the same preferred status and prior authorization criteria as the PDL, even when billed and paid as a medical benefit. The Zolgensma policy can be found here: <http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf>

HBL – See attached. Zolgensma.02242022.JulPAT

Humana - For both pharmacy and medical requests the LDH policy is utilized for criteria for prior authorization requests. Zolgensma.02242022.JulPAT.pdf (la.gov)

LHCC - Zolgensma is listed on the LDH PDL and has a clinical prior authorization requirement. Our understanding is that since it is listed on the LDH PDL and has criteria, we need to utilize the LDH criteria.

(Link to LDH criteria:

<https://ldh.la.gov/assets/docs/BayouHealth/Pharmacy/6.24.22/6/Zolgensma.02242022.JulPAT.pdf>

UHC - United Healthcare's policy for Zolgensma is attached and also on our prior authorization document located on our provider portal at: <https://www.uhcprovider.com/content/dam/provider/docs/public/commplan/la/prior-authorization/LA-UHCCP-Prior-Authorization-Effective-2-01-2023.pdf>

New Business

Provider Enrollment Portal Help Desk

The Provider Enrollment Portal Help Desk is ready to help.

Email:

LouisianaProvEnroll@gainwelltechnologies.com

Phone: 833-641-2140

Credentialing Affiliated Providers

- Act 143 House Bill 286
 - Effective 8/1/2022

Act 143 House Bill 286

MCEs – Provider Relations continues to receive numerous complaints related to timely credentialing and issues with provider additions to rosters. Though we are working directly with known issues, every MCE should be evaluating potential gaps or issues in this area.

MCO Credentialing Contacts

Aetna Better Health Louisiana

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AmeriHealth Caritas of Louisiana

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Healthy Blue

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Humana Healthy Horizons in Louisiana

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Louisiana Healthcare Connections

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LHCC Online Contract Request Form: www.LouisianaHealthConnect.com/contract-request

United Healthcare Community Plan

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Surgery Code Changes

- Request a reasonable timeframe to submit code change information.
- Code changes are often based on Pathology Results and the timeframe for Pathology results vary (you will rarely have a pathology result in 24 hours).
- Allow providers to send in medical records to support medical necessity of the code change, when needed. If medical criteria is met, the service should be allowed. Some MCOs already have this in practice.
- Code ranges or groups would work in some instances but could be harder to administer. These are some examples of code ranges/groups. You are not going to know how much the uterus weighs for example until after you get the pathology report so why not allow uterus <250gms and >250gms. It is still the same surgery - just a code change based on the weight of the uterus. Or you may not know how many fibroids you will find when you go in or how much they weigh.

Surgery Code Changes

58550	Laparoscopic Vaginal hysterectomy, uterus 250gms or less
58553	Laparoscopic Vaginal hysterectomy, uterus >250gms
58552	Laparoscopic Vaginal hysterectomy, uterus 250gms or less; w/removal of tube(s)&/or Ovaries
58554	Laparoscopic Vaginal hysterectomy, uterus >250g; w/removal of tube(s)&/or Ovaries
58570	Laparoscopic, Total hysterectomy, uterus 250gms or less
58572	Laparoscopic, Total hysterectomy, uterus >250gms
58571	Laparoscopic, Total hysterectomy, uterus 250g or less; w/removal of tube(s)&/or Ovaries
58573	Laparoscopic, Total hysterectomy, uterus >250gms w/removal of tube(s)&/or Ovaries
58260	Vaginal Hysterectomy; Uterus 250gms or less
58262	Vaginal Hysterectomy; Uterus 250gms or less w/removal of tubes(s)&/or Ovaries
58140	Myomectomy, Exc of Uterine Fibroid,1-4 250gms<, abd approach
58146	Myomectomy, Exc of Uterine Fibroid,5 or more greater than 250gms,abd approach

Independent Review

- Salesforce and provider reported issues
- Open for discussion

2.18.5 Payments to Providers

- 2.18.5.4
 - The Contractor shall notify providers and LDH within five (5) Business Days of discovery of a system error or “glitch” that impacts reimbursement.
 - The notification must outline the process of resolution, including time frames, and be posted on the provider portal on the Contractor’s web page and sent to providers via email and/or fax blast.
 - The Contractor should provide its provider call center staff with the relevant information immediately after discovery of the system error or “glitch” in order to ensure that staff will be able to properly answer provider questions.

2.18.6 Claims Reprocessing

If the Contractor or LDH or its Subcontractors or Providers discover errors made by the Contractor when a Claim was Adjudicated, the Contractor shall make corrections and reprocess the Claim within fifteen (15) Calendar Days of discovery or notification, or if circumstances exist that prevent the Contractor from meeting this time frame, by a specified date subject to LDH written approval. The Contractor shall pay providers interest at twelve percent (12%) per annum, calculated daily for the full period in which a payable clean Claim remains unpaid beyond either the fifteen (15) Calendar Day Claims reprocessing deadline or the specified deadline approved by LDH in writing, whichever is later. The Contractor shall automatically recycle all impacted Claims for all providers and shall not require the provider to resubmit the impacted Claims.

Find a Specialist – (IB 21-9)

Aetna Better Health - findaABHspecialist@aetna.com

AmeriHealth Caritas - SpecialistsInquiries@amerihealthcaritas.com

Healthy Blue - la1casemgmt@healthybluela.com

Humana - LAMCDSDOH@humana.com

Louisiana Healthcare Connections - FindASpecialist@LouisianaHealthConnect.com

United Healthcare Community - la_spec_rep_asst@uhc.com

Open Enrollment 2023

- Open Enrollment is October 15, 2023 to November 30, 2023.

Provider Suggestions & Questions

Retro Reassignments

- Is there any way to add recoupments based on retro reassignments to the health plan subrogation requirement?

Questions & Answers

Next Meeting

November 30, 2023

10:00am - Noon

Bienville Room 118

Louisiana Department of Health

628 North 4th Street, Baton Rouge, Louisiana 70802

(225) 342-9500

THANK YOU

