



Louisiana Department of Health and Hospitals Health Plan Advisory 12-9 November 26, 2012

Clarification of Provider Appeals Relative to Denied Claims

The Department of Health and Hospitals is providing the following clarification of Bayou Health policy regarding provider appeals of denied claims:

In instances where payment is denied for a rendered service or a part of a service, the member's consent is not required in order for the provider to appeal the denial of the claim. A member that has received a Louisiana Medicaid covered service cannot be held liable for non-payment to the provider. As such, there is no adverse action against the member and these claim denials are neither appealable by, nor on behalf of, the member.

The provider may appeal on the basis of nonpayment for rendered services under the terms and conditions outlined in the contract with the individual Bayou Health Plans. The member is not required to sign an authorized representative form, or provide other forms of written consent, for the provider to appeal the denied claim for payment.

In accordance with Bayou Health policy, for each denied claim, providers must be notified of the amount and reason for the denial; however, in instances where services were already provided, the member should not be sent a notification of the denial; this notification will only confuse the member. The dispute of the denial is between the Health Plan and the provider—the member is not involved.