



State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

Independent Review Panel Meeting
February 19, 2020
11:00 am
Bienville Building, Room 671-673

Agenda

- I. Welcome and Introductions by Chairman
- II. Roll Call
- III. Introduction of Panel Members
- IV. Committee Approval of Minutes- August 28, 2019
- V. Old Business
 - Independent review request form for aggregated/non-aggregated claims is available on the LDH website
- VI. New Business
 - a. Le-Hane Opelka is the administrator of independent review.
 - b. Panel review of updated independent review webpage for LDH (<http://ldh.la.gov/index.cfm/page/2982>)
 - c. NMR- New Medical Necessity Review company as of 12/2019
 - d. Independent Review reconsideration ad-hoc report
 - e. 2019 independent reviews -
 - Summary of independent reviews
 - Breakdown of independent reviews per MCO
 - Dollar amount of IRs per MCO
 - f. ACT No 349 Annual Requirements
 - If an MCO is subject to more than 100 independent reviews annually and the percentage of adverse determinations overturned in favor of healthcare providers is greater than 25%, the MCO may be subject to a penalty of up to \$25,000
 - Providers that submitted 10 or more independent review

VII.

Process Updates and Reminders

- g. MCOs marking IRR's as ineligible - MCO should mark the IRR as upheld or overturned except for the following two reasons:
 - The provider did not send an independent review per state law, within 180 days.
 - Patient is not eligible for IR with this MCO

- h. Timeliness of Payment
 - Payment from MCO to Provider within 20 calendar days, the MCO shall send payment in full along with 12% interest calculated back to the date the claim was originally denied or recouped
 - Payment from MCO to Independent Reviewer within 30 calendar days of receipt of a bill for service
 - Payment from Provider to MCO within 10 days of the date of the decision of the independent reviewer

- i. If an MCO does not have the capability to receive an independent review request via email, they must have a dedicated email address for providers to follow up on the status of the review

- j. Per the law, the managed care organization shall acknowledge in writing its receipt of a reconsideration request within five calendar days.
 - Written response can be via email or mail

VIII.

Public Comments

IX.

Adjourn