Louisiana Independent Review Process

LOUISIANA DEPARTMENT OF HEALTH

What is Independent Review?

- Independent Review is another avenue for providers to resolve claim disputes when they believe an MCO has partially or totally denied a claim incorrectly.
- Independent review allows providers an opportunity to have the denied claim(s) reviewed by an impartial third party.
- An MCO's failure to send a provider a remittance advice or other written or electronic notice either partially or totally denying a claim within 60 days of the MCO's receipt of the claim is considered a claims denial.

Types of Claims Eligible for Independent Review

- Claims billed to a Healthy Louisiana MCO after January 1, 2018.
- Claims denied in whole or in part by the MCO.
- Claims where the MCO recouped monies remitted for a previously paid claim.
- Claims where the provider did not receive a notice from the MCO either partially or totally denying the claim.

- Claims involved in arbitration or litigation **cannot** be sent to independent review.

Independent Reviewers

- Independent reviewers are individuals with a background (e.g., attorney with experience in healthcare law, certified coder, etc.) that enables them to complete the task.
- Independent reviewers are selected by the LDH independent review panel.
  - The independent review panel consists of the Secretary or his/her duly designated representative, two MCO representatives, and 2 provider representatives.
- Independent reviewers are not selected by LDH, MCOs, or providers.
- Reviewer compensation is not related to the outcome of the reviews performed.

Independent Review Fee

- The fee for conducting an independent review is $750.
- The fee shall be paid to the independent reviewer by the MCO within 30 calendar days upon receipt of the reviewer's invoice, regardless of who the review is in favor of.
- If the independent reviewer renders their decision in favor of the **MCO**:
  - Within 10 days of the final decision, the provider shall reimburse the MCO the $750 independent review fee.
  - If the provider fails to submit payment for the independent review, the MCO may withhold future payments to the provider in an amount equal to the cost of the independent review and LDH may prohibit the provider from future participation in the independent review process.
  - The MCO will provide specific instructions on how to submit payment.
- If the independent reviewer renders their decision in favor of the **provider**:
  - Within 20 calendar days of the final decision, the MCO shall send the provider payment in full along with 12 percent interest calculated back to the date the claim was originally denied or recouped.

Steps to Pursue Independent Review

Step 1 – Request an independent review reconsideration with the MCO

- Prior to submitting an independent review to LDH, the provider must submit a request for independent review reconsideration (IRR) to the MCO within 180 days from one of the following dates:
  - Date on which the MCO transmits remittance advice or other notice of claim denial.
  - 60 days from the date the claim was submitted to the MCO if the provider receives no notice from an MCO either partially or totally denying the claim.
  - Date on which the MCO recoups monies remitted for a previously paid claim.
- The MCO shall acknowledge in writing its receipt of the IRR request within 5 calendar days after receipt of the request.
- The MCO shall render a final decision of the IRR request within 45 calendar days from the date of receipt, unless another time frame is agreed upon in writing by the provider and the MCO.
- IRR Request forms can be found on each MCO's website, or on the LDH website here:
  - http://ldh.la.gov/assets/HealthyLa/IndependentReview/IRRForm.pdf
- Contact information to submit IRR requests to each MCO can be found here:
  - https://ldh.la.gov/medicaid/useful-managed-care-info
- **If for some reason an IRR form is not used, the IRR request must clearly state that it is a request for independent review reconsideration.**

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Steps to Pursue Independent Review

Step 2 – Request an independent review with LDH

- If the MCO upholds the adverse determination, or does not respond to the IRR request within the 45 calendar days allowed, the provider may then submit the independent review to LDH.
  - LDH **must receive** the independent review request within either:
    - 60 days of the date the provider received the MCOs decision of the IRR request; or
    - If the provider does not receive a decision within the 45 calendar day time frame, 60 days from the last day of the time frame. (105 days from the date the IRR request was submitted to the MCO.)

Submitting a Request for Independent Review to LDH

- To submit a request for independent review, the provider **must** complete the LDH Independent Review Request form. The form can be found here:
  - https://ldh.la.gov/medicaid/useful-managed-care-info
- The completed request form along with all required documents (listed on the form) should be sent via certified mail to LDH at the following address:
  - LDH/Health Plan Management
    P.O. Box 91030, Bin 24
    Baton Rouge, LA 70821-9283
    Attn: Independent Review
  - Reminder: Medical records should **not** be sent to LDH. The independent reviewer will contact the provider and MCO to obtain all pertinent documents.
- Within 10 business days of receipt of the request, LDH will notify the provider (via email) of the status of the review.
- If the provider does not receive a notification from LDH within the above time frame, the provider should email IndependentReview@la.gov to inquire about the status of the review.
- To submit electronically: https://ldh.my.site.com/Reporting/s/independentreview

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Independent Review Eligibility

- Upon receipt of an independent review, LDH screens the request to ensure all steps of the process were followed in the appropriate time frames.
- All required documents must be submitted with the request for independent review. If a required document is not included, LDH will contact the provider and request the missing document(s). If LDH does not receive the document(s) timely, the independent review will be marked as ineligible.
- If LDH determines that the request is ineligible for independent review, a notice will be emailed to the provider with an explanation as to why the request is ineligible.

Aggregating Claims in One Independent Review

- A provider may aggregate multiple adverse determinations involving the same MCO when the specific reason for nonpayment of the claims involve a dispute regarding a common substantive question of fact or law.
  - The sole fact that a claim is not paid does not create a common substantive question of fact or law, unless no RA was received either partially or totally denying the claims.
- The independent reviewer makes the final determination as to whether claims are eligible for aggregation.
- If a provider elects to aggregate its claims, the independent reviewer may, upon request, allow for up to an additional thirty days for both the provider and MCO to provide relevant information related to the independent review requests.

- If a reviewer determines that claims should not have been aggregated, a fee will be assessed for each claim that cannot be aggregated, and the reviewer will provide their reasoning for the determination.

Contact from the Independent Reviewer

- Within 14 calendar days after the independent reviewer receives a new case, they will contact the provider and MCO, via email, to request all supporting information and documentation regarding the disputed claim(s).
- The provider and MCO must provide all information to the independent reviewer within 30 calendar days of the request.
- The independent reviewer will not consider any information or documentation not received within the 30 day time frame.

- Once the reviewer has completed their review, they will send out the final decision (via email) to the provider, the MCO, and LDH.

After the Final Decision is Rendered

- If the independent reviewer renders their decision in favor of the **MCO**:
  - Within 10 days of the final decision, the provider shall reimburse the MCO the $750 independent review fee.
  - If the provider fails to submit payment for the independent review, the MCO may withhold future payments to the provider in an amount equal to the cost of the independent review and LDH may prohibit the provider from future participation in the independent review process.
  - The MCO will provide specific instructions on how to submit payment.

- If the independent reviewer renders their decision in favor of the **provider**:
  - Within 20 calendar days of the final decision, the MCO shall send the provider payment in full along with 12 percent interest calculated back to the date the claim was originally denied or recouped.
  - If the provider does not receive the payment within 20 calendar days of the final decision, the provider should notify LDH by sending an email to IndependentReview@la.gov.

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Appealing an Independent Review Final Decision

- Within sixty calendar days of an independent reviewer's decision, either party to the dispute may file suit in any court having jurisdiction to review the independent reviewer's decision and to recover any funds awarded by the independent reviewer to the other party.
- Any claim concerning an independent reviewer's decision not brought within sixty calendar days of the decision shall be barred indefinitely.
- Any questions regarding the independent reviewer’s final decision should be submitted directly to LDH at IndependentReview@la.gov.

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Other Important Information

- All questions, comments, and concerns regarding the independent review process or specific independent reviews should be sent to IndependentReview@la.gov.
- Requests sent to the MCO for independent review reconsideration should be clearly labeled as independent review reconsideration requests and be sent to the appropriate MCO email or mailing address.
  - MCO email and/or mailing addresses for IRRs may be accessed here: https://ldh.la.gov/medicaid/useful-managed-care-info
  - The LDH Independent Review webpage may be accessed here: https://ldh.la.gov/medicaid/useful-managed-care-info
- It is important that the provider representative submitting the independent review request to LDH include their email address on the independent review request form. This is how LDH and/or the independent reviewer will contact you for updates/information requests.