Medicaid Managed Care Provider Issue Resolution

This bulletin outlines the available options to providers for pursuing resolution of issues with Medicaid managed care organizations (MCO) effective Feb. 1, 2019. Unless explicitly notated, providers should first seek resolution with the MCO directly, prior to engaging LDH or other third parties.

For issues related to claims or services rendered under fee-for-service Medicaid, contact:

DXC Technology (Formerly Molina Medicaid Solutions)
1-800-473-2783
P.O. Box 91024, Baton Rouge, LA 70821

For issues related to MCO claims, contact:

Aetna
1-855-242-0802
LouisianaProviderRelationsDepartment@aetna.com

AmeriHealth Caritas Louisiana:
1-888-922-0007
network@amerihealthcaritasla.com

Healthy Blue:
1-844-521-6942 or 1-504-836-8888 (Local Network Relations Team)
lainterpr@healthybluela.com

Louisiana Healthcare Connections:
1-866-595-8133
BRO_PR_Operations@centene.com

United Healthcare Community Plan:
1-866-675-1607
southeastprteam@uhc.com
## Claim Reconsideration and Claim Appeal

The following chart outlines claim dispute procedures for filing formal claim reconsideration requests and claim appeals with each MCO.

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<tr>
<th>CLAIM RECONSIDERATION</th>
<th>Time Requirements</th>
<th>How to Submit</th>
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<tbody>
<tr>
<td><strong>Request</strong></td>
<td>Request may be submitted verbally, in writing or through the web portal (if applicable). The MCO shall provide a reference number for all requests for claim reconsideration. This reference number can be used for claim appeals if necessary.</td>
<td></td>
</tr>
</tbody>
</table>

### By phone: 1-855-242-0802
- **By mail:** Aetna Better Health of Louisiana Provider Services Department
  - Attention: Provider Dispute
  - 2400 Veterans Memorial Blvd., Suite 200
  - Kenner, LA 70062

### By phone: 1-888-922-0007
- **By mail:** Attn: 1st Level Provider Dispute
  - AmeriHealth Caritas Louisiana
  - P.O. Box 7332
  - London, KY 40742

### By phone: 1-844-521-6942
- **By mail:** Healthy Blue Provider Payment Disputes
  - P.O. Box 61599
  - Virginia Beach, VA 23466

### By phone: 1-866-595-8133
- **By mail:** Louisiana Healthcare Connections Claim Reconsideration & Appeals
  - P.O. Box 4040
  - Farmington, MO 63640-3800

### Links for More Information
- [https://www.aetnabetterhealth.com/louisiana/assets/pdf/providers/Provider%20Reconsideration%20Form.pdf](https://www.aetnabetterhealth.com/louisiana/assets/pdf/providers/Provider%20Reconsideration%20Form.pdf)
- [https://www.availity.com](https://www.availity.com)
- [https://www.louisianahealthconnect.com/portal/SignUp](https://www.louisianahealthconnect.com/portal/SignUp)
- [https://www.louisianahealthconnect.com/portal/SignUp](https://www.louisianahealthconnect.com/portal/SignUp)
- [https://www.louisianahealthconnect.com/portal/SignUp](https://www.louisianahealthconnect.com/portal/SignUp)

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<th>CLAIM APPEAL</th>
<th>Time Requirements</th>
<th>How to Submit</th>
</tr>
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<tbody>
<tr>
<td><strong>Include any documentation from prior claim reconsideration requests when submitting a claim appeal.</strong></td>
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<td></td>
</tr>
</tbody>
</table>

### Address for Submission
- **Aetna Better Health of Louisiana**
  - Provider Services Department
  - 2400 Veterans Memorial Blvd., Suite 200
  - Kenner, LA 70062

- **AmeriHealth Caritas Louisiana**
  - Attn: 2nd Level Provider Dispute
  - P.O. Box 7332
  - London, KY 40742

- **Healthy Blue**
  - Payment Dispute Unit
  - P.O. Box 61599
  - Virginia Beach, VA 23466

- **Louisiana Healthcare Connections**
  - Claim Reconsideration & Appeals
  - P.O. Box 4040
  - Farmington, MO 63640-3800

- **Attention:** Second Level Appeal
  - UnitedHealthCare Community Plan
  - P.O. Box 31364
  - Salt Lake City, UT 84131-0341

### ARBITRATION

<table>
<thead>
<tr>
<th>Address for Submission</th>
<th>By mail: Provider Services Department attn: Provider Dispute Address: 2400 Veterans Memorial Blvd., Suite 200 Kenner, LA 70062</th>
<th>By mail: AmeriHealth Caritas Louisiana Attn: Claims Dispute 4000 Perkins Road, Block G, 4th Floor Baton Rouge, LA 70810</th>
<th>By mail: Healthy Blue Payment Dispute Unit P.O. Box 61599 Virginia Beach, VA 23466-1599</th>
<th>By mail: Louisiana Healthcare Connections Claim Reconsideration &amp; Appeals P.O. Box 4040 Farmington, MO 63640-3800</th>
<th>By mail: UnitedHealthCare Community Plan P.O. Box 31364 Salt Lake City, UT 84131-0341</th>
</tr>
</thead>
</table>
| **Within 30 calendar days from the date of the appeal determination, submit written request to Aetna Better Health of Louisiana**
| **Within 30 calendar days from the date of the appeal determination, submit written request to AmeriHealth Caritas Louisiana**
| **Within 30 calendar days from the date of the appeal determination, submit written request to Healthy Blue**
| **Within 30 calendar days from the date of the determination letter from the original request for claim reconsideration.**
| **Within 30 calendar days from the date of the determination letter from the original request for claim reconsideration.**
| **Within 30 calendar days from the date of the appeal determination, submit written request to Healthy Blue**
| **Within 30 calendar days from the date of the determination letter from the original request for claim reconsideration.**
| **Within 30 calendar days from the date of the determination letter from the original request for claim reconsideration.**

**Note:** Per House Bill No. 492 Act No. 349, an adverse determination involved in litigation or arbitration or not associated with a Medicaid enrollee shall not be eligible for independent review.

**For more information, please visit [https://www.availity.com](https://www.availity.com).**

[https://www.louisianahealthconnect.com/portal/SignUp](https://www.louisianahealthconnect.com/portal/SignUp)
**Independent Review**

In conjunction with the above claim dispute grid, independent review is another option for resolution of claim disputes.

The Independent Review process may be initiated after claim denial. Note: Per House Bill No. 492 Act No. 349, an adverse determination involved in litigation or arbitration or not associated with a Medicaid enrollee shall not be eligible for independent review.

<table>
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<th>INDEPENDENT REVIEW</th>
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<tbody>
<tr>
<td>The Independent Review process was established by La-RS 46:460.81, et seq. to resolve claims disputes when a provider believes an MCO has partially or totally denied claims incorrectly. 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.</td>
</tr>
<tr>
<td>Independent Review is a two (2) step process which may be initiated by submitting an Independent Review Reconsideration Request Form to the MCO within 180 calendar days of the Remittance Advice paid, denial, or recoupment date. Request forms are available on MCO websites or at the link below.</td>
</tr>
<tr>
<td>If a provider remains dissatisfied with the outcome of an Independent Review Reconsideration Request, the provider may submit an Independent Review Request Form to LDH within 60 calendar days of the MCO’s decision. Request form available at the link below.</td>
</tr>
<tr>
<td>Effective Jan. 1, 2018 there is a $750 fee associated with an independent review request. If the independent reviewer decides in favor of the provider, the MCO is responsible for paying the fee. Conversely, if the independent reviewer finds in favor of the MCO, the provider is responsible for paying the fee.</td>
</tr>
<tr>
<td>Additional detailed information and copies of above referenced forms are available at: <a href="http://ldh.la.gov/index.cfm/page/2982">http://ldh.la.gov/index.cfm/page/2982</a></td>
</tr>
</tbody>
</table>
Provider Issue Escalation and Resolution

LDH and MCOs recognize there will be instances when a provider may desire to escalate issue resolution to the attention of LDH or the MCOs’ executive teams. While the above grid is specific to claim issue resolution, the following options are available for resolution of all issue types (including claims).

Each MCO is required to maintain a Provider Complaint System for in-network and out-of-network providers to dispute the health plan’s policies, procedures, or any aspect of the plan’s administrative functions. Providers should first seek resolution with the MCO, using the MCO contacts outlined below. If a provider is unable to reach satisfactory resolution or get a timely response through the MCO escalation process, direct contact with LDH is also an option.

The following chart outlines provider complaint and escalation contacts for each MCO and LDH.

<table>
<thead>
<tr>
<th>MCO ESCALATION</th>
<th>LDH ESCALATION</th>
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<tbody>
<tr>
<td><strong>Management Level Contacts</strong></td>
<td><strong>Executive Level Contacts</strong></td>
</tr>
<tr>
<td>Arlene Goldsmith</td>
<td>Mark Grippi</td>
</tr>
<tr>
<td>Manager of Appeal and Grievance</td>
<td>COO</td>
</tr>
<tr>
<td><a href="mailto:LAAppealsandGrievances@aetna.com">LAAppealsandGrievances@aetna.com</a></td>
<td><a href="mailto:GrippiM@aetna.com">GrippiM@aetna.com</a></td>
</tr>
<tr>
<td>Kelli Nolan</td>
<td>Sherry Wilkerson</td>
</tr>
<tr>
<td>Director of Provider Network Operations</td>
<td>Director of Plan Operations</td>
</tr>
<tr>
<td><a href="mailto:tnolan@amerihealthcaritasla.com">tnolan@amerihealthcaritasla.com</a></td>
<td><a href="mailto:smwilkerson@amerihealthcaritasla.com">smwilkerson@amerihealthcaritasla.com</a></td>
</tr>
<tr>
<td>Annie Garnier</td>
<td>Dexter Trivett</td>
</tr>
<tr>
<td>Manager of Plan Operations</td>
<td>COO</td>
</tr>
<tr>
<td><a href="mailto:Annie.Garnier@healthybluela.com">Annie.Garnier@healthybluela.com</a></td>
<td><a href="mailto:DexterTrivett@healthybluela.com">DexterTrivett@healthybluela.com</a></td>
</tr>
<tr>
<td>Candace Campbell</td>
<td>Joseph Tidwell</td>
</tr>
<tr>
<td>Director of Operations, Provider Network</td>
<td>VP of Network and Contracting</td>
</tr>
<tr>
<td><a href="mailto:Candace.H.Campbell@louisianahealthconnect.com">Candace.H.Campbell@louisianahealthconnect.com</a></td>
<td><a href="mailto:jtitdwell@centene.com">jtitdwell@centene.com</a></td>
</tr>
<tr>
<td>Monica Thurmond</td>
<td>Angela Olden</td>
</tr>
<tr>
<td>Manager, Provider Relations Liaison</td>
<td>COO</td>
</tr>
<tr>
<td><a href="mailto:monica_thurmond@uhc.com">monica_thurmond@uhc.com</a></td>
<td><a href="mailto:Angela_Olden@uhc.com">Angela_Olden@uhc.com</a></td>
</tr>
</tbody>
</table>

**How to Submit**

E-mail LDH staff at ProviderRelations@la.gov.

Always include details on attempts to resolve the issue at the health plan level as well as contact information (contact name, provider name, e-mail and phone number) so that LDH staff can follow up with any questions.

All MCOs

If the MCO or LDH or its subcontractors discover errors made by the MCO when a claim was adjudicated, the MCO shall make corrections and reprocess the claim within thirty (30) calendar days of discovery, or if circumstances exist that prevent the MCO from meeting this time frame, a specified date shall be approved by LDH. The MCO shall automatically recycle all impacted claims for all providers and shall not require the provider to resubmit the impacted claims.