



**Louisiana Department of Health
Informational Bulletin 19-3**

Revised December 18, 2020

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

LAProvider@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](mailto: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.

Ctrl+Click logo to reach each MCO's provider website	 aetna <small>AETNA BETTER HEALTH® OF LOUISIANA</small>	 AmeriHealth Caritas Louisiana	 Healthy Blue	 louisiana healthcare connections ™	 UnitedHealthcare Community Plan
CLAIM RECONSIDERATION					
Time Requirements	Request for claim reconsideration review must be received from the provider within 180 calendar days of the Remittance Advice paid date or original denial date. A determination will be made by the MCO within 30 days of receipt.				
How to Submit	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.				
	By phone: 1-855-242-0802 By mail: Aetna Better Health of Louisiana P.O. Box 61808 Phoenix, AZ 85082-1808 Attn: Cost Containment	By phone: 1-888-922-0007 By mail: Attn: 1st Level Provider Dispute AmeriHealth Caritas Louisiana P.O. Box 7323 London, KY 40742 By web: http://amerihealthcaritasla.com/provider/resources/navinet/index.aspx	By phone: 1-844-521-6942 By mail: Healthy Blue Provider Payment Disputes P.O. Box 61599 Virginia Beach, VA 23466-1599 By web: www.availity.com	By phone: 1-866-595-8133 By mail: Louisiana Healthcare Connections Claim Reconsideration & Appeals P.O. Box 4040 Farmington, MO 63640-3800	By phone: 1-866-675-1607 By mail: Attn: Reconsideration UnitedHealthcare Community Plan P.O. Box 31365 Salt Lake City, UT 84131-0341 By web: www.uhcprovider.com/en/claims-payments-billing/claimslink-self-service-tool.html
Links for More Information	https://www.aetnabetterhealth.com/louisiana/assets/pdf/providers/ABHLA%20Provider%20Reconsideration%20Form.pdf	http://www.amerihealthcaritasla.com/provider/resources/complaints-disputes-appeals/index.aspx	Provider Manual Section 7 https://providers.healthybluelua.com/la/pages/manuals-directories-more.aspx	https://www.louisianahealthconnect.com/providers/resources/grievance-process.html	https://www.uhcprovider.com/content/dam/provider/docs/public/claims/claimsLink-Claim-Reconsideration-Corrected-Claims-QRG.pdf
CLAIM APPEAL					
Include any documentation from prior claim reconsideration requests when submitting a claim appeal.					
Time Requirements	Must be received within 60 calendar days of the date on the determination letter from the original request for claim reconsideration. A determination will be made by the MCO within 30 calendar days of receipt.	Must be received within 30 calendar days of the date on the determination letter from the original request for claim reconsideration. A determination will be made by the MCO within 30 calendar days of receipt.	Must be received within 30 calendar days of the date on the determination letter from the original request for claim reconsideration. A determination will be made by the MCO within 30 calendar days of receipt.	Must be received within 90 calendar days of the date on the determination letter from the original request for claim reconsideration. A determination will be made by the MCO within 30 calendar days of receipt.	Must be received within 60 calendar days of the date on the determination letter from the original request for claim reconsideration. A determination will be made by the MCO within 30 calendar days of receipt.
How to Submit	Claim appeals must be submitted in writing.				
Address for Submission	Aetna Better Health of Louisiana Appeal and Grievance Department PO Box 81040, 5801 Postal Rd Cleveland, OH 44181	AmeriHealth Caritas Louisiana Attn: 2nd Level Provider Dispute P.O. Box 7323 London, KY 40742	Healthy Blue Payment Dispute Unit P.O. Box 61599 Virginia Beach, VA 23466-1599 By web: www.availity.com	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
Providers who have completed the MCO dispute process and remain dissatisfied with the MCO's determination may submit a written request for arbitration. The request should include decisions from all claim reconsideration requests and claim appeals.					
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.					
ARBITRATION	Within 30 calendar days from the date of the appeal determination, submit written request to Aetna Better Health of Louisiana Appeal and Grievance Department 2400 Veterans Memorial Blvd., Suite 200 Kenner, LA 70062	Within 30 calendar days from the date of the appeal determination, submit written request to AmeriHealth Caritas Louisiana 10000 Perkins Rowe, Block G, 4 th Floor Baton Rouge, LA 70810	Within 30 calendar days from the date of the appeal determination, submit written request to Healthy Blue Attn: Operations Request for Arbitration 10000 Perkins Rowe, Suite G-510 Baton Rouge, LA 70810	Within 30 calendar days from the date of the appeal determination, submit written request to Attn: President Louisiana Healthcare Connections 7700 Forsyth Blvd. St. Louis, MO 63105	Within 30 calendar days from the date of the appeal determination, submit written request to American Arbitration Association Atlanta Regional Office 2200 Century Parkway, Suite 300 Atlanta, GA 30345 Note: Once the case is registered and all fees paid a notice will be sent to UHC.

Independent Review

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

<p>Ctrl+Click logo to reach each MCO's provider website</p>					
<p>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.</p>					
<p><u>INDEPENDENT REVIEW</u></p> <ul style="list-style-type: none"> • 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. • 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. • 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. • 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. • SIU post-payment reviews are not considered claims denials or underpayment disputes, therefore, SIU findings are exempt from the Independent Review Process. • Additional detailed information and copies of above referenced forms are available at: http://ldh.la.gov/index.cfm/page/2982 					

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.

Ctrl+Click logo to reach each MCO's provider website	 AETNA BETTER HEALTH® OF LOUISIANA				
MCO ESCALATION					
Formal Complaint	By phone: 1-855-242-0802 By email: LAProvider@aetna.com By mail: Aetna Better Health of Louisiana 2400 Veterans Memorial Blvd. Suite 200 Kenner, LA 70062	By phone: 1-888- 922-0007 By email: network@amerihealthcaritasla.com By mail: AmeriHealth Caritas Louisiana PO Box 7323 London, KY 40742	By phone: 1-844-521-6942 or 1-504-836-8888 By email: laprovidercomp@healthybluela.com By mail: Healthy Blue 10000 Perkins Rowe Suite G-510 Baton Rouge, LA 70810 By web: https://providers.healthybluela.com/Documents/LALA_CAID_ProviderComplaintSubmissionForm.pdf	By phone: 1-866-595-8133 By email: providercomplaints@louisianahealthconnect.com By mail: Louisiana Healthcare Connections 8585 Archives Ave, Suite 310 Baton Rouge, LA 70809	By phone: 1-866-675-1607 By email: southeastprteam@uhc.com By mail: United Healthcare PO Box 31364 Salt Lake City, UT 84131-0341
Management Level Contacts	Stella Joseph Manager of Appeal and Grievance LAAppealsandGrievances@aetna.com	Kelli Nolan Director of Provider Network Operations tnolan@amerihealthcaritasla.com	Annie Garnier Operations Director Annie.Garnier@healthybluela.com	Candace Campbell Director of Operations, Provider Network Candace.H.Campbell@louisianahealthconnect.com	Rhonda Pena Provider Relations Manager rhonda_pena@uhc.com
Executive Level Contacts	Mark Grippi COO GrippiM@aetna.com	Sherry Wilkerson Director of Plan Operations & Administration smwilkerson@amerihealthcaritasla.com	Dexter Trivett COO Dexter.Trivett@healthybluela.com	Joseph Tidwell VP of Network and Contracting jotidwell@centene.com	Angela Olden COO Angela_Olden@uhc.com
LDH ESCALATION					
How to Submit	If a provider is unable to reach satisfactory resolution or receive a timely response through the MCO escalation process, contact LDH using the information below. 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.