



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

**Revised March 12, 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](mailto:LAProvider@aetna.com)

**AmeriHealth Caritas Louisiana:**

1-888-922-0007

[network@amerihealthcaritasla.com](mailto:network@amerihealthcaritasla.com)

**Healthy Blue:**

1-844-521-6942 or 1-504-836-8888 (Local Network Relations Team)

[lainterpr@healthybluela.com](mailto: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](mailto: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  | <br><b>aetna</b><br>AETNA BETTER HEALTH® OF LOUISIANA  | <br><b>AmeriHealth Caritas</b><br>Louisiana   | <br><b>Healthy Blue</b>   | <br><b>louisiana healthcare connections</b> ™   | <br><b>UnitedHealthcare</b><br>Community Plan   |
| <b>CLAIM RECONSIDERATION</b>  |   |  |  |  |  |
| Time Requirements   | <b>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.</b>      |  |  |  |  |
| 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. |  |  |  |  |
|   | <b>By phone:</b> 1-855-242-0802<br><b>By mail:</b> Aetna Better Health of Louisiana<br>P.O. Box 61808<br>Phoenix, AZ 85082-1808<br>Attn: Cost Containment   | <b>By phone:</b> 1-888-922-0007<br><b>By mail:</b> Attn: 1st Level Provider Dispute<br>AmeriHealth Caritas Louisiana<br>P.O. Box 7323<br>London, KY 40742<br><b>By web:</b><br><a href="http://amerihealthcaritasla.com/provider/resources/navinet/index.aspx">http://amerihealthcaritasla.com/provider/resources/navinet/index.aspx</a> | <b>By phone:</b> 1-844-521-6942<br><b>By mail:</b> Healthy Blue<br>Provider Payment Disputes<br>P.O. Box 61599<br>Virginia Beach, VA 23466-1599<br><b>By web:</b> <a href="http://www.availity.com">www.availity.com</a>         | <b>By phone:</b> 1-866-595-8133<br><b>By mail:</b> Louisiana Healthcare Connections<br>Claim Reconsideration & Appeals<br>P.O. Box 4040<br>Farmington, MO 63640-3800   | <b>By phone:</b> 1-866-675-1607<br><b>By mail:</b> Attn: Reconsideration<br>UnitedHealthcare Community Plan<br>P.O. Box 31365<br>Salt Lake City, UT 84131-0341<br><b>By web:</b> <a href="https://www.uhcprovider.com/en/claims-payments-billing/claimslink-self-service-tool.html">www.uhcprovider.com/en/claims-payments-billing/claimslink-self-service-tool.html</a> |
| Links for More Information  | <a href="https://www.aetnabetterhealth.com/louisiana/assets/pdf/providers/ABHLA%20Provider%20Reconsideration%20Form.pdf">https://www.aetnabetterhealth.com/louisiana/assets/pdf/providers/ABHLA%20Provider%20Reconsideration%20Form.pdf</a>     | <a href="http://www.amerihealthcaritasla.com/provider/resources/complaints-disputes-appeals/index.aspx">http://www.amerihealthcaritasla.com/provider/resources/complaints-disputes-appeals/index.aspx</a>  | Provider Manual Section 7<br><a href="https://providers.healthyblue.com/la/pages/manuals-directories-more.aspx">https://providers.healthyblue.com/la/pages/manuals-directories-more.aspx</a>                                     | <a href="https://www.louisianahealthconnect.com/providers/resources/grievance-process.html">https://www.louisianahealthconnect.com/providers/resources/grievance-process.html</a>  | <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/claims/claimsLink-Claim-Reconsideration-Corrected-Claims-QRG.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/claims/claimsLink-Claim-Reconsideration-Corrected-Claims-QRG.pdf</a>  |
| <b>CLAIM APPEAL</b>   |   |  |  |  |  |
| Include any documentation from prior claim reconsideration requests when submitting a claim appeal.   |   |  |  |  |  |
| Time Requirements   | <b>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.</b>                        | <b>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.</b>   | <b>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.</b>         | <b>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.</b> | <b>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.</b>   |
| How to Submit   | Claim appeals must be submitted in writing.   |  |  |  |  |
| Address for Submission  | <u>Aetna Better Health of Louisiana Appeal and Grievance Department</u><br><u>PO Box 81040, 5801 Postal Rd</u><br><u>Cleveland, OH 44181</u>  | AmeriHealth Caritas Louisiana<br>Attn: 2nd Level Provider Dispute<br>P.O. Box 7323<br>London, KY 40742   | Healthy Blue<br>Payment Dispute Unit<br>P.O. Box 61599<br>Virginia Beach, VA 23466-1599<br><b>By web:</b> <a href="http://www.availity.com">www.availity.com</a>   | Louisiana Healthcare Connections<br>Claim Reconsideration & Appeals<br>P.O. Box 4040<br>Farmington, MO 63640-3800  | Attention: Second Level Appeal<br>UnitedHealthcare Community Plan<br>P.O. Box 31364<br>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. |   |  |  |  |  |
| <b>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.</b>  |   |  |  |  |  |
| <b>ARBITRATION</b>  | Within <b>30 calendar days</b> from the date of the appeal determination, submit written request to<br><br>Aetna Better Health of Louisiana<br>Appeal and Grievance Department<br>2400 Veterans Memorial Blvd., Suite 200<br>Kenner, LA 70062   | Within <b>30 calendar days</b> from the date of the appeal determination, submit written request to<br><br>AmeriHealth Caritas Louisiana<br>10000 Perkins Rowe, Block G, 4 <sup>th</sup> Floor<br>Baton Rouge, LA 70810  | Within <b>30 calendar days</b> from the date of the appeal determination, submit written request to<br><br>Healthy Blue<br>Attn: Operations Request for Arbitration<br>3850 N. Causeway Blvd. Suite 600<br>New Orleans, LA 70002 | Within <b>30 calendar days</b> from the date of the appeal determination, submit written request to<br><br>Attn: President<br>Louisiana Healthcare Connections<br>7700 Forsyth Blvd.<br>St. Louis, MO 63105              | Within <b>30 calendar days</b> from the date of the appeal determination, submit written request to<br><br>American Arbitration Association<br>Atlanta Regional Office<br>2200 Century Parkway, Suite 300<br>Atlanta, GA 30345<br><br>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.<br/> <b>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.</b></p>   |   |   |   |   |   |
| <p><b><u>INDEPENDENT REVIEW</u></b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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></li> </ul> |   |   |   |   |   |

## 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 | <br><small>AETNA BETTER HEALTH® OF LOUISIANA</small>  |    |   |   |    |
|--|--|---|--|--|---|
| <b>MCO ESCALATION</b>                                |  |   |  |  |   |
| <b>Formal Complaint</b>                              | <b>By phone:</b> 1-855-242-0802<br><b>By email:</b> <a href="mailto:LAProvider@aetna.com">LAProvider@aetna.com</a><br><b>By mail:</b> Aetna Better Health of Louisiana<br>2400 Veterans Memorial Blvd.<br>Suite 200<br>Kenner, LA 70062  | <b>By phone:</b> 1-888- 922-0007<br><b>By email:</b> <a href="mailto:network@amerihealthcaritasla.com">network@amerihealthcaritasla.com</a><br><b>By mail:</b> AmeriHealth Caritas Louisiana<br>PO Box 7323<br>London, KY 40742 | <b>By phone:</b> 1-844-521-6942 or<br>1-504-836-8888<br><b>By email:</b> <a href="mailto:laprovidercomp@healthybluel.com">laprovidercomp@healthybluel.com</a><br><b>By mail:</b> Healthy Blue<br>10000 Perkins Rowe<br>Suite G-510<br>Baton Rouge, LA 70810<br><b>By web:</b><br><a href="https://providers.healthybluel.com/Documents/LALA_CAID_ProviderComplaintSubmissionForm.pdf">https://providers.healthybluel.com/Documents/LALA_CAID_ProviderComplaintSubmissionForm.pdf</a> | <b>By phone:</b> 1-866-595-8133<br><b>By email:</b><br><a href="mailto:providercomplaints@louisianahealthconnect.com">providercomplaints@louisianahealthconnect.com</a><br><b>By mail:</b> Louisiana Healthcare Connections<br>8585 Archives Ave, Suite 310<br>Baton Rouge, LA 70809 | <b>By phone:</b> 1-866-675-1607<br><b>By email:</b><br><a href="mailto:southeastprteam@uhc.com">southeastprteam@uhc.com</a><br><b>By mail:</b> United Healthcare<br>PO Box 31364<br>Salt Lake City, UT 84131-0341 |
| <b>Management Level Contacts</b>                     | <b>Stella Joseph</b><br>Manager of Appeal and Grievance<br><a href="mailto:LAAppealsandGrievances@aetna.com">LAAppealsandGrievances@aetna.com</a>  | <b>Kelli Nolan</b><br>Director of Provider Network Operations<br><a href="mailto:tnolan@amerihealthcaritasla.com">tnolan@amerihealthcaritasla.com</a>   | <b>Annie Garnier</b><br>Manager of Plan Operations<br><a href="mailto:Annie.Garnier@healthybluel.com">Annie.Garnier@healthybluel.com</a>   | <b>Candace Campbell</b><br>Director of Operations, Provider Network<br><a href="mailto:Candace.H.Campbell@louisianahealthconnect.com">Candace.H.Campbell@louisianahealthconnect.com</a>  | <b>Monica Thurmond</b><br>Manager, Provider Relations<br>Liaison<br><a href="mailto:monica_thurmond@uhc.com">monica_thurmond@uhc.com</a>  |
| <b>Executive Level Contacts</b>                      | <b>Mark Grippi</b><br>COO<br><a href="mailto:GrippiM@aetna.com">GrippiM@aetna.com</a>  | <b>Sherry Wilkerson</b><br>Director of Plan Operations & Administration<br><a href="mailto:smwilkerson@amerihealthcaritasla.com">smwilkerson@amerihealthcaritasla.com</a>   | <b>Dexter Trivett</b><br>COO<br><a href="mailto:Dexter.Trivett@healthybluel.com">Dexter.Trivett@healthybluel.com</a>   | <b>Joseph Tidwell</b><br>VP of Network and Contracting<br><a href="mailto:jotidwell@centene.com">jotidwell@centene.com</a>   | <b>Angela Olden</b><br>COO<br><a href="mailto:Angela_Olden@uhc.com">Angela_Olden@uhc.com</a>  |
| <b>LDH ESCALATION</b>                                |  |   |  |  |   |
| <b>How to Submit</b>                                 | 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.<br><br>E-mail LDH staff at <a href="mailto:ProviderRelations@la.gov">ProviderRelations@la.gov</a> .<br><br>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.