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
BOR_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.

## CLAIM RECONSIDERATION

<table>
<thead>
<tr>
<th>Time Requirements</th>
<th>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.</th>
</tr>
</thead>
</table>

### 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:

- Aetna Better Health of Louisiana: 1-855-242-0802
- AmeriHealth Caritas Louisiana: 1-888-922-0007
- Healthy Blue: 1-844-521-6942
- Louisiana Healthcare Connections: 1-866-595-8133
- UnitedHealthcare: 1-866-675-1607

#### By mail:

- Aetna Better Health of Louisiana: PO Box 61808, Phoenix, AZ 85082-1808
- AmeriHealth Caritas Louisiana: P.O. Box 7323, London, KY 40742
- Healthy Blue: P.O. Box 61599, Virginia Beach, VA 23466-1599
- Louisiana Healthcare Connections: P.O. Box 4040, Farmington, MO 63640-3800
- UnitedHealthcare: PO Box 31365, Salt Lake City, UT 84131-0341

#### By web:

- Healthy Blue: https://providers.healthbyucla.com/a/pages/manuals-directories-more.aspx

### Links for More Information


## CLAIM APPEAL

Include any documentation from prior claim reconsideration requests when submitting a claim appeal.

<table>
<thead>
<tr>
<th>Time Requirements</th>
<th>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.</th>
</tr>
</thead>
</table>

### 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 44118
- AmeriHealth Caritas Louisiana: Attn: 2nd Level Provider Dispute P.O. Box 7223, London, KY 40742
- Healthy Blue: Payment Dispute Unit P.O. Box 61599, Virginia Beach, VA 23466-1599
- Louisiana Healthcare Connections: Claim Reconsideration & Appeals P.O. Box 4040, Farmington, MO 63640-3800
- UnitedHealthcare: PO Box 31364, Salt Lake City, UT 84131-0341

## ARBITRATION

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.

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
- Healthy Blue: Attn: President Louisiana Healthcare Connections 7700 Forsyth Blvd. St. Louis, MO 63105
- UnitedHealthcare: PO Box 31364, Salt Lake City, UT 84131-0341

Within 30 calendar days from the date of the appeal determination, submit written request to:

- Aetna Better Health of Louisiana: 10000 Perkins Rowe, Block G, 4th Floor Baton Rouge, LA 70810
- AmeriHealth Caritas Louisiana: Attn: Cost Containment P.O. Box 81040, 5801 Postal Rd, London, KY 40742
- Healthy Blue: Attn: 2nd Level Provider Dispute P.O. Box 61599, Virginia Beach, VA 23466-1599
- UnitedHealthcare: PO Box 31364, Salt Lake City, UT 84131-0341

Within 30 calendar days from the date of the appeal determination, submit written request to:

- Aetna Better Health of Louisiana: 3850 N. Causeway Blvd. Suite 600, New Orleans, LA 70002
- AmeriHealth Caritas Louisiana: 3850 N. Causeway Blvd. Suite 600, New Orleans, LA 70002
- Healthy Blue: 3850 N. Causeway Blvd. Suite 600, New Orleans, LA 70002
- UnitedHealthcare: PO Box 31364, Salt Lake City, UT 84131-0341

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.

<table>
<thead>
<tr>
<th>INDEPENDENT REVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

- 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.
- Additional detailed information and copies of above referenced forms are available at: [http://ldh.la.gov/index.cfm/page/2983](http://ldh.la.gov/index.cfm/page/2983)
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>aetna</th>
<th>AmeriHealth Caritas Louisiana</th>
<th>Healthy Blue</th>
<th>Louisiana healthcare connections</th>
<th>UnitedHealthcare Community Plan</th>
</tr>
</thead>
</table>
| Formal Complaint | By phone: 1-855-242-0802 By email: LAPIProvider@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: Laprovider@aetna.com
By mail: Healthy Blue
10000 Perkins Rowe
Suite G-510
Baton Rouge, LA 70810
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: southeastersteam@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
Manager of Plan Operations
Annie.Garnier@healthybluela.com | Candace Campbell
Director of Operations, Provider Network
Candace.H.Campbell@louisianahealthconnect.com | Monica Thurmund
Manager, Provider Relations Liaison
monica.thurmund@uhc.com |
| Executive Level Contacts | Mark Grippi
COO
GrippiM@aetna.com | Sherry Wilkerson
Director of Plan Operations & Administration
swilkerson@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 | 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. | 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.