Medicaid Provider Issue Resolution

This bulletin outlines the available options to providers for pursuing resolution of issues with Medicaid managed care organizations (MCO) and the state’s fee-for-service claims processor, Gainwell Technologies. Unless explicitly notated, providers should first seek resolution with the MCO or Gainwell directly, prior to engaging LDH or other third parties.

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

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>MCO</th>
<th>Claim Reconsideration Information</th>
</tr>
</thead>
</table>
| Aetna Better Health of Louisiana | By mail: Aetna Better Health of Louisiana  
Attn: Cost Containment  
P.O. Box 61808  
Phoenix, AZ 85082-1808 |
| AmeriHealth Caritas Louisiana | By phone: 1-888-521-6942  
By mail: HealthBlue Provider Payment Disputes  
P.O. Box 61599  
Virginia Beach, VA 23466-1599 |
| Healthy Blue | 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](http://www.availity.com) |
| UnitedHealthcare | By phone: 1-866-595-8133  
By mail: Louisiana Healthcare Connections  
Claim Reconsideration & Appeals  
P.O. Box 4040  
Farmington, MO 63640-3800  
By email: [Reconsideration@UnitedHealthcare.com](mailto:Reconsideration@UnitedHealthcare.com) |

#### 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

#### Links for More Information

- [MCO's provider website](http://www.aetnabetterhealth.com/louisiana)  
- [Request for Reconsideration Form](https://www.aetnabetterhealth.com/louisiana/assets/pdf/providers/AHBA%20Provider%20Reconsideration%20Form.pdf)

### Claim Appeal

<table>
<thead>
<tr>
<th>MCO</th>
<th>Claim Appeal Information</th>
</tr>
</thead>
</table>
| Aetna Better Health of Louisiana | By mail: Aetna Better Health of Louisiana  
Attn: Operations Request for Reconsideration  
P.O. Box 81040, 5801 Postal Rd  
Cleveland, OH 44181 |
| AmeriHealth Caritas Louisiana | By phone: 1-866-877-0455  
By mail: Attn: 1st Level Provider Dispute  
P.O. Box 7323  
London, KY 40742  
| Healthy Blue | By phone: 1-866-595-8133  
By mail: Louisiana Healthcare Connections  
Claim Reconsideration & Appeals  
P.O. Box 4040  
Farmington, MO 63640-3800  
By web: [www.availity.com](http://www.availity.com) |
| UnitedHealthcare | By phone: 1-866-675-1607  
By mail: Attn: Reconsideration  
UnitedHealthcare Community Plan  
P.O. Box 31365  
Salt Lake City, UT 84131-0341  

#### How to Submit

- Claim appeals must be submitted in writing.

### Address for Submission

- **Aetna Better Health of Louisiana**  
  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](http://www.availity.com)

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

#### Address for Payment Disputes

- **Aetna Better Health of Louisiana**  
P.O. 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.

<table>
<thead>
<tr>
<th>MCO</th>
<th>Arbitration Information</th>
</tr>
</thead>
</table>
| Aetna Better Health of Louisiana | Within 30 calendar days from the date of the appeal determination, submit written request to  
Aetna Better Health of Louisiana  
1000 Perkins Row, Block G, 4th Floor  
Baton Rouge, LA 70810 |
| AmeriHealth Caritas Louisiana | Within 30 calendar days from the date of the appeal determination, submit written request to  
Aetna Better Health of Louisiana  
1000 Perkins Row, Block G, 4th Floor  
Baton Rouge, LA 70810 |
| Healthy Blue | 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 |
| UnitedHealthcare | 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.

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.

- 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. Except per Act 204 of the 2021 Regular Legislative Session, mental health rehabilitation (MHR) service providers have the right to an independent review of an adverse determination by a managed care organization that results in a recoupment of the payment of a claim based on a finding of waste or abuse.

- Additional detailed information and copies of above referenced forms are available at: [http://ldh.la.gov/index.cfm/page/2982](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.

<table>
<thead>
<tr>
<th>MCO ESCALATION</th>
<th>Management Level Contacts</th>
<th>Executive Level Contacts</th>
<th>LDH ESCALATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Formal Complaint</strong></td>
<td><strong>Stella Joseph</strong>&lt;br&gt;Manager of Appeal and Grievance&lt;br&gt;<a href="mailto:LAAppealsandGrievances@aetna.com">LAAppealsandGrievances@aetna.com</a></td>
<td><strong>Richard Born</strong>&lt;br&gt;CEO&lt;br&gt;<a href="mailto:Born@aetna.com">Born@aetna.com</a></td>
<td><strong>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.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Kyle Godfrey</strong>&lt;br&gt;COO&lt;br&gt;<a href="mailto:tkodfrey@amerihealthcaritasla.com">tkodfrey@amerihealthcaritasla.com</a></td>
<td><strong>Kyle Viator</strong>&lt;br&gt;CEO&lt;br&gt;<a href="mailto:lviator@amerihealthcaritasla.com">lviator@amerihealthcaritasla.com</a></td>
<td><strong>How to Submit</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Amber Earwood</strong>&lt;br&gt;Program Director, Operations&lt;br&gt;<a href="mailto:Amber.Earwood@healthyblueula.com">Amber.Earwood@healthyblueula.com</a></td>
<td><strong>Janet Gary</strong>&lt;br&gt;COO&lt;br&gt;<a href="mailto:Janel.Gary@Healthyblueula.com">Janel.Gary@Healthyblueula.com</a></td>
<td><strong>E-mail LDH staff at <a href="mailto:ProviderRelations@la.gov">ProviderRelations@la.gov</a>.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Candace Campbell</strong>&lt;br&gt;Director of Operations, Provider Network&lt;br&gt;<a href="mailto:Candace.H.Campbell@louisianahealthconnect.com">Candace.H.Campbell@louisianahealthconnect.com</a></td>
<td><strong>Joseph Tidwell</strong>&lt;br&gt;VP of Network and Contracting&lt;br&gt;<a href="mailto:jotidwell@centene.com">jotidwell@centene.com</a></td>
<td><strong>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.</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Rhonda Pena</strong>&lt;br&gt;Provider Relations Manager&lt;br&gt;<a href="mailto:rhonda_pena@uhc.com">rhonda_pena@uhc.com</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>All MCOs</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>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.</td>
</tr>
</tbody>
</table>