Louisiana Department of Health
Informational Bulletin 19-3
Revised August 30, 2019

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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<th>CLAIM RECONSIDERATION</th>
<th>Time Requirements</th>
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| **Time Requirements**  | 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 Provider Services Department  
Attention: Provider Dispute  
2400 Veterans Memorial Blvd., Suite 200  
Kenner, LA 70062 | **https://www.aetnabetterhealth.com/louisiana/assets/pdf/providers/Provider%20Reconsideration%20Form.pdf** |
| **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. | **Claim appeals must be submitted in writing.** | **https://www.louisianahealthconnect.com/providers/resources/grievance-process.html** |

| CLAIM APPEAL | Include any documentation from prior claim reconsideration requests when submitting a claim appeal. | **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:**  
| **Time Requirements**  | 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. | **Provider Manual Section 7**  
**https://providers.healthbyulisa.com/a/pages/manuals-directories-more.aspx** | **https://www.louisianahealthconnect.com/providers/resources/grievance-process.htm** |
| **Time Requirements**  | 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. | **By phone:** 1-844-521-6942  
**By mail:** Healthy Blue Provider Payment Disputes  
P.O. Box 61599  
Virginia Beach, VA 23466-1599  
**By web:**  
| **Time Requirements**  | 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. | **By phone:** 1-866-595-8133  
**By mail:** Louisiana Healthcare Connections Claim Reconsideration & Appeals  
P.O. Box 4040  
| **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. | **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:**  

| 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 | **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 Row, Block G, 4th 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  
3850 N. Causway Blvd. Suite 600  
New Orleans, LA 7002 | **Within 30 calendar days from the date of the appeal determination, submit written request to**  
Healthy Blue  
Attn: Operations Request for Arbitration  
3850 N. Causway Blvd. Suite 600  
New Orleans, LA 7002 |
| **Within 30 calendar days from the date of the appeal determination, submit written request to**  
AmeriHealth Caritas Louisiana  
10000 Perkins Row, Block G, 4th 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  
3850 N. Causway Blvd. Suite 600  
New Orleans, LA 7002 | **Within 30 calendar days from the date of the appeal determination, submit written request to**  
American Arbitration Association  
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.

- Additional detailed information and copies of above referenced forms are available at: 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.

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<thead>
<tr>
<th>MCO ESCALATION</th>
<th>LDH ESCALATION</th>
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<tbody>
<tr>
<td><strong>Formal Complaint</strong></td>
<td><strong>How to Submit</strong></td>
</tr>
<tr>
<td>By phone: 1-855-242-0802</td>
<td>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.</td>
</tr>
<tr>
<td>By email: <a href="mailto:LouisianaProviderRelationsDepartment@aetna.com">LouisianaProviderRelationsDepartment@aetna.com</a></td>
<td>E-mail LDH staff at <a href="mailto:ProviderRelations@la.gov">ProviderRelations@la.gov</a>.</td>
</tr>
<tr>
<td>By mail: Aetna Better Health of Louisiana 2400 Veterans Memorial Blvd. Suite 200 Kenner, LA 70062</td>
<td>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.</td>
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<table>
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<tr>
<th>Management Level Contacts</th>
<th>Executive Level Contacts</th>
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<tbody>
<tr>
<td>Arlene Goldsmith Manager of Appeal and Grievance <a href="mailto:LAAppealsandGrievances@aetna.com">LAAppealsandGrievances@aetna.com</a></td>
<td>Mark Grippi COO <a href="mailto:GrippMi@aetna.com">GrippMi@aetna.com</a></td>
</tr>
<tr>
<td>Kelli Nolan Director of Provider Network Operations <a href="mailto:tnolan@amerihealthcaritasla.com">tnolan@amerihealthcaritasla.com</a></td>
<td>Sherry Wilkerson Director of Plan Operations <a href="mailto:swilkerson@amerihealthcaritasla.com">swilkerson@amerihealthcaritasla.com</a></td>
</tr>
<tr>
<td>Annie Garnier Manager of Plan Operations <a href="mailto:Annie.Garnier@healthybluela.com">Annie.Garnier@healthybluela.com</a></td>
<td>Dexter Trivett COO <a href="mailto:Dexter.Trivett@healthybluela.com">Dexter.Trivett@healthybluela.com</a></td>
</tr>
<tr>
<td>Candace Campbell Director of Operations, Provider Network <a href="mailto:Candace.H.Campbell@louisianahealthconnect.com">Candace.H.Campbell@louisianahealthconnect.com</a></td>
<td>Bill Stevens VP, Provider Performance and Data Analytics <a href="mailto:Bill.Stevens@louisianahealthconnect.com">Bill.Stevens@louisianahealthconnect.com</a></td>
</tr>
<tr>
<td>Monica Thurmord Manager, Provider Relations Liaison <a href="mailto:monica_thurmord@uhc.com">monica_thurmord@uhc.com</a></td>
<td>Karl Lirette COO <a href="mailto:karl.lirette@uhc.com">karl.lirette@uhc.com</a></td>
</tr>
</tbody>
</table>

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.