



Louisiana Medicaid Transition of Transportation Services to Bayou Health

12/1/15
Bureau of Health Services Financing

Mary TC Johnson, Medicaid Quality and Reporting Section Chief

Jode Burkett, Medicaid Transportation Program Manager

Quick Overview of Today's Topics

- ▶ Provide General Information about Bayou Health
- ▶ What happens on 12/1
- ▶ How Determine Health Plan Enrollment
- ▶ Changes to Non-Emergency Ambulance Transportation (NEAT)
- ▶ How to Find Information & Provide Feedback Before and After 12/1

Our Three Primary Short Term (Through 2/29/16) Goals During Transition

- ▶ Avoid any interruption in medically necessary services 12/1 and after for all Medicaid enrollees
- ▶ Minimize disruptions in cash flow for providers
- ▶ Identify ways to reduce and mitigate associated administrative complexity



What is Bayou Health?

Our Louisiana Medicaid Bayou Health Plans



A healthcare professional in teal scrubs is shown from the chest down, holding a black stethoscope over a patient's arm. The professional's hands are visible, and the stethoscope is positioned over the patient's arm. The background is white, and there are teal geometric shapes on the left and right sides of the image.

What happens on December 1?

What will NOT change 12/1 for nursing home residents?

Still in Fee-for-Service Medicaid:

- ▶ Physical health
- ▶ Pharmacy
- ▶ Emergency Transportation
- ▶ Long Term Care Services
 - Non-Emergency Non-Ambulance Transportation

What WILL change for nursing home residents 12/1?

For the first time, all long term care recipients will be enrolled in Bayou Health for certain services.

- ▶ Specialized behavioral health (mental health rehabilitation and addiction services)
- ▶ Non-Emergency Ambulance Transportation (NEAT)

How to Determine Health Plan Enrollment

Accessing Medicaid Eligibility Verification System (MEVS):

- ▶ Go to www.lamedicaid.com
- ▶ Click on “Provider Login” at the top of the page
- ▶ Enter your 7 digit Medicaid ID number, or your NPI
- ▶ Create Log In ID and password
- ▶ Log in
- ▶ Click on “Medicaid Eligibility Verification System”

DEPARTMENT OF HEALTH & HOSPITALS
STATE OF LOUISIANA

THIS SITE IS PART OF THE DHH NETWORK

LOUISIANA MEDICAID

PROVIDER LOGIN | CLAIMCHECK | NCCI | ACUTE PRECERT | ICD-10 | EHR INCENTIVE PRGM

For Technical Support, call toll-free 1-877-598-8753.

Alerts

ATTN POS, CSI and MEVS users:
Issues on certain recipients being incorrectly identified as ineligible have been resolved. Requests returned as ineligible today or yesterday (11/1 or 11/2) may be resubmitted for a corrected response.

Please be advised that the Recipient Eligibility Verification System will be out of service from 5:00 pm to 8:00 pm on October 30th for phone system maintenance. Providers who are enrolled to use the eMeVS system should use it during this time. We apologize for any inconvenience this may cause.

ATTENTION GNOCHC PROVIDERS
For Demonstration Year 5 covering time period, 10/1/2014 – 9/30/2015, providers must submit claims for processing no later than 11/14/2015. Claims submitted after this date will not be approved. Claims must be postmarked no later than 11/14/15 if mailed or claims may be delivered directly to Molina no later than 5:00 p.m. Friday, 11/13/15. For paper claim submissions, please use a 9 x 12 envelope marked on the outside in large letters, “GNOCHC Claims”.

!!ATTENTION!! LOUISIANA MEDICAID IS READY FOR ICD-10 – ARE YOU? ? Claims billed with a date of service on or after October 1, 2015 must be submitted using ICD-10 diagnosis codes. Please read the detailed notice immediately below on the Home page concerning potential critical errors that can cause file rejections or claim denials.

HOME
ACA
ABOUT MEDICAID
BAYOU HEALTH INFO
BILLING INFORMATION
CLICK HERE TO ENTER A RECOVERY REQUEST

Medicaid Eligibility Verification System (MEVS)

Restricted Provider Applications

[Administrative Tools - PBM](#)

[Submitter Contact Information](#)

[Submitter Linked Providers](#)

[Submitter Claims Denied All 9](#)

[Provider Locator Information](#)

[TPL-Provider Notice to Pursue Difference \(No Longer Available\)](#)

[BAYOU HEALTH Applications](#)

[CommunityCARE and/or KIDMED Roster of Enrollees](#)

[Electronic Clinical Data Inquiry](#)

[Claim Status Inquiry \(5010 Version\)](#)

[SMO Applications](#)

[Electronic Clinical Data Inquiry - ICD10](#)

[LAConnect - EHR Incentive Payment Program](#)

[ePrecert For Acute Care Initial Requests ICD10](#)

[LAMEDICAID.COM Fact Sheet](#)

[Medicaid Eligibility Verification System](#)

[National Provider Identifier](#)

[Weekly Remittance Advices](#)

[Immunization Pay-For-Performance \(P4P\)](#)

Medicaid Eligibility Verification System (MEVS)

Medicaid Eligibility Verification System Web Application

Navigation Menu

[Search](#) [Response](#) [Print Friendly](#) [Main Menu](#) [Help](#)

IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.

Note: For Technical Support, Please Contact **(877) 598-8753**

Note: For Eligibility Information Support, Please Contact **(800) 473-2783** or **(225) 924-5040**

Note: The date field formats have changed - enter date in MM/DD/YYYY format

NOTE: CMS REGULATIONS LIMIT PROVIDING RECIPIENT ELIGIBILITY OLDER THAN THE MOST CURRENT 12 MONTHS.

Search By

Provider Name Provider ID

IMPORTANT: The following field is only available to Internal Providers.

Target Server

Entity Type

Recipient Last Name First Name Suffix


Date Of Birth mm/dd/yyyy

Plan Date mm/dd/yyyy

*** Note: Required fields are in red

Medicaid Eligibility Verification System (MEVS)

Health Benefit Plan Coverage			
Benefit	Service Type Code	Insurance Type	Plan Coverage Description
Active Coverage	Health Benefit Plan Coverage	Medicaid	Eligible for Medicaid on Plan Date. Plan Begin Date 08/01/2015
Deductible	Health Benefit Plan Coverage	Medicaid	Health Plan Base Deductible is \$0 for In Plan Network and Out of Plan Network.
Deductible	Health Benefit Plan Coverage	Medicaid	Health Plan Remaining Deductible is \$0 for In Plan Network and Out of Plan Network.
Benefit Description	Health Benefit Plan Coverage	Medicaid	PREFERRED LANGUAGE: ENGLISH
Managed Care Coordinator	Medical Care	Medicaid	BAYOU HEALTH PLAN Benefit Begin 07/01/2015 PHARMACY PBM IS USSCRIPT Managed Care Organization LOUISIANA HEALTHCARE CONNECTI Telephone (866) 595-8133
Active Coverage	Dental Care	Medicaid	DENTAL BENEFITS PLAN MANAGER Payer MCNA INSURANCE COMPANY Telephone (855) 701-6262 URL https://portal.MCNA.net

A healthcare worker in teal scrubs is holding a stethoscope over a patient's arm. The worker's hands are visible, and the stethoscope is black. The patient's arm is resting on a light-colored surface. The background is a mix of white and teal geometric shapes.

Changes to Non-Emergency Ambulance Transportation (NEAT)

Informational Bulletin 15-20

MakingMedicaidBetter.com -> Informational Bulletins

Includes:

- ▶ Contact information for all plans
- ▶ General definition of “medical necessity” for non-emergency ambulance
- ▶ Process for authorizing and scheduling ambulance services for all plans
- ▶ What to do if authorization is denied

DHH Standards for NEAT Medical Necessity

- ▶ *Medical necessity for ambulance service is established when the patient's condition is such that use of any other method of transportation is contraindicated.*
- ▶ DHH considers the medical necessity requirement met when the beneficiary is bed-confined before the trip, and expected to remain so after the trip.

A beneficiary is bed-confined if he/she is:

- Unable to get up from a bed without assistance;
- Unable to ambulate; and
- Unable to sit in a chair or wheelchair

Nursing Home responsibility

- ▶ Anticipate and determine when a resident needs transportation
- ▶ Assess and document medical need for ambulance transportation
- ▶ Contact health plan and obtain prior authorization when necessary
 - Know in what plan the resident is enrolled (MEVS)
 - Know each plan's process for authorizing/scheduling trips (IB 15-20)

Ambulance provider responsibility

- ▶ Know each plan's process for authorizing/scheduling trips (IB 15-20)
- ▶ Complete enrollment process with each plan, if applicable
- ▶ Have a PA number for each trip, if applicable
- ▶ Submit claim to appropriate health plan

Health Plan responsibility

- ▶ Make sure current policy is published and available
- ▶ Complete prior authorization process within 48 hours or, when urgent, 24 hours
- ▶ Provide reconsideration process for denied authorization requests
- ▶ Timely adjudication of claims and payment for services authorized
- ▶ Provide for transitional period during the month of December

*Non-Emergency Ambulance claims to or from nursing homes will NOT be denied due to lack of prior authorization.

Hospital to Nursing Home Transportation

- ▶ DHH expect hospitals and nursing homes to prepare in advance for the nursing home residents' return trip.
- ▶ It is the responsibility of both the hospital and the nursing home to communicate with regard to the patient's discharge planning.
- ▶ Nursing homes are ultimately responsible for arranging for transportation of their residents upon discharge from the hospital. Nursing homes should anticipate discharge from hospital when the patient is admitted and make arrangements for transportation as early as possible.
- ▶ If PA is required, it is the ambulance provider's responsibility to ensure they have the PA number on file in order to bill for services.
- ▶ These claims will not be denied prior to January 1. DHH strongly urges all providers of NEAT services to use this time to become familiar with the process.

Ways to Address Issues That May Arise with Bayou Health Plans

- ▶ **Informational Bulletin # 12-27** (July 21, 2015 Revision) addresses provider issue escalation and resolution
- ▶ Member appeals, expedited appeal if warranted, State Fair Hearing and expedited State Fair Hearing if warranted
- ▶ Provider appeal at Health Plan level
- ▶ DHH has link on www.bayouhealth.com website that anyone can use to report an issue or complaint
 - DHH will refer to Health Plan if appropriate
 - Monitor resolution



Contacting the Bayou Health Plans

Plan	Phone	Web Address
Aetna	1-855-242-0802	www.aetnabetterhealth.com/louisiana
Amerigroup	1-800-600-4441	www.myamerigroup.com/la
AmeriHealth Caritas	1-888-756-0004	www.amerihealthcaritasla.com
Louisiana Healthcare Connections (Cenpatico)	1-866-595-8133	www.louisianahealthconnect.com
United Healthcare (Optum)	1-866-675-1607	www.uhccommunityplan.com

*These numbers are for various provider issues, NOT for scheduling transportation.

Department of Health and Hospitals
Bureau of Health Services Financing
www.MakingMedicaidBetter.com

Submit Questions To:

BayouHealth@La.gov

Use subject line: NEAT