

**Louisiana Department of Health and Hospitals**  
**Wells Compliance Bulletin 16-1**  
**May 17, 2016**

**Guidance Resulting from the November 2015 Motion to Enforce**

The following guidance is the result of discussions between the Department of Health and Hospitals (DHH) and the Advocacy Center following the Motion to Enforce, filed by the Advocacy Center on Nov. 20, 2015. Contractors should begin implementation of this guidance immediately.

**Denial Explanation Factors**

- **Lack of Information**
  - Include in the notice the specific information to be supplied by the provider.
  
- **Pharmacy Denials**
  - When denied for age restriction, include the required age range in the notice. Including the age of the member in the denial notice is not necessary.
  - When denied for medical condition, include the member's actual condition.
  - Off-label use drug denials must state the specific information needed to support the request. Requesting the provider to provide "clinical supporting evidence" will not suffice.
  
- **Out-of-Network Denials**
  - The notice must identify the specific service requested and denied.
  
- **Durable Medical Equipment (DME) & Supplies and Outpatient Rehabilitation Services Denials**
  - Name the specific DME being denied (i.e., prosthetic knee). It is not sufficient to simply state that the member's request for DME is denied. The same applies to outpatient rehabilitation services (i.e., occupational therapy).
  
- **Benefit Limitation Denials**
  - Benefit limitation denials must include the last known date of service when the service/item was last used.
  
- **Policies/Guidelines/Criterion/Regulations**
  - Ensure the reason for denial explains the number of factors or the combination of factors listed in the notice that led to the denial and are needed to establish medical necessity. Simply citing the name of the policy/guideline/regulation is not sufficient.

## **Remediation Plans**

- An attestation, signed by the contractor authority, must be provided with all Remediation plans. DHH will provide a template.
- Remediation plans must address all non-compliant issues identified and be specific as to how the problems will be addressed.

## **Reissuance of Notices and Continuation of Services**

- Members, whose sampled notices were denoted as non-compliant by DHH, must be reissued a corrected notice. Services for these individuals must be continued.
- All contractors and DHH program offices must make an effort to determine if there were any similarly denied member notices and correct those as well. Remediation plans must address how the entity intends to accomplish these tasks.
- A minimum of two corrected notices, per service type, must be returned with the remediation plan for the non-compliant sampled notices as well as for non-sampled notices that have similar defects, if any.

## **Acronyms and Commonly Used Terms**

- Acronyms must be spelled out at first use in the notice. Commonly used terms for services and items (i.e., MRI) are acceptable. DHH is working to create a list of commonly used terms for reference as part of the Wells Companion Guide.

## **Template Language**

- Remove the following sentence from all denial notices: “If you are not already getting these services and you think you need them, talk to your doctor”.