



Louisiana Department of Health Wells Compliance Bulletin 18-1 March 20, 2018

Notice Changes Due to Revisions in Federal, State Regulations

This bulletin outlines required changes to notices of adverse benefit determinations resulting from revisions to the Code of Federal Regulations (CFR) and the Louisiana Department of Health (LDH) Managed Care Rule. The regulation revisions were effective February 2018. Contractors governed by these regulations should apply the notice changes detailed in this bulletin immediately. Please refer to the CFR and LDH Managed Care Rule for all managed care changes.

✓ **Member Requests for Appeals**

- **Filing Timeframes:** The member, or a representative or provider acting on the member's behalf and with his/her written consent, may file an appeal within *60 calendar days* from the date on the managed care organization's (MCO) notice of adverse benefit determination.
- **Appeals Requests by Providers:** Requests by providers on behalf of the member will require written consent from the member *prior* to requesting an appeal on the member's behalf.
- **Oral Appeals:** Oral appeals must be followed by a signed, written appeal unless the member requested an expedited appeal.
- **Standard Appeals Resolution:** For standard resolution of an appeal and notice to the affected parties, the timeframe is established as *30 calendar days* from the day the MCO receives the appeal.

✓ **Expedited Resolution of Appeals**

- The timeframe for expedited appeals changes from three working days to *72 hours*.

✓ **State Fair Hearings**

- Once the member has exhausted the MCO's one-level appeal procedures, the member may initiate a state fair hearing within *120 days* from the date of the MCO's notice of appeal resolution. **Revised 08/24/18: Should read 120 calendar days.**
- In the case of an MCO that fails to adhere to the notice and established timing requirements, the member is deemed to have exhausted the MCO's appeal process and may initiate a state fair hearing.

✓ **Continuation of Benefits**

- Notices of adverse benefit determinations must include the member's right to request continuation of benefits if the member filed a timely appeal. The notice must also provide the member with instructions on how to request continuation of services during an appeal or request for state fair hearing.

Revised Wells Templates

To ensure continued compliance with the Wells Stipulated Order, LDH is in the process of revising all denial and partial denial templates in order to align them with the CFR and the current LDH Managed Care Rule. Contractors should not wait for revised templates to begin applying the necessary federal and state revisions to their notices. As revisions are made, they will be uploaded to the Wells Compliance page. Additional Wells resources can also be found at this location.

For questions regarding this bulletin, feel free to email Tahirah.Rashadeen@la.gov.