

## Government Business Division

### Policies and Procedures

<b>Section (Primary Department)</b> Health Plan Operations	<b>SUBJECT (Document Title)</b> Claim Processing Error Resolution - LA		
<b>Effective Date</b> April 11, 2018	<b>Date of Last Review</b> <del>January 19,</del> 2022 <u>January 12, 2023</u>	<b>Date of Last Revision</b> <del>January 19,</del> 2022 <u>January 12, 2023</u>	<b>Dept. Approval Date</b> <del>January 19,</del> 2022 <u>January 12, 2023</u>
<b>Department Approval/Signature:</b>  			

**Policy applies to health plans operating in the following State(s). Applicable products noted below.**

Products				
<input checked="" type="checkbox"/> Medicaid/CHIP	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> Colorado	<input checked="" type="checkbox"/> Louisiana	<input type="checkbox"/> New York – Empire	<input type="checkbox"/> Virginia
	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> South Carolina	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska		

#### **PURPOSE**<sup>[PB1]</sup>:

To ensure Healthy Blue maintains a process for the thorough and timely resolution of claim processing errors as required by Louisiana Department of Health (LDH) Contract Section ~~17.2.4.12.18.6~~: “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 fifteen~~ (~~30~~15) calendar days of discovery.” Effective 1/1/2023 this timeframe changed from previous contract requirements of thirty (30) calendar days.

#### **DEFINITIONS:**

**~~30-15~~ Day TAT:** ~~30-15~~ calendar day turnaround time requirement mandated in state contract section ~~17.2.4.12.18.6~~ beginning on the date of discovery and ending on the date of resolution.

**Calendar Days:** All seven (7) days of the week.

**Claim:** (1) a bill for services, (2) a line item of service, or (3) all services for one recipient within a bill.

**Claim Adjudication Error:** Fully processed claim not paid in accordance with state reimbursement guidelines. Error root causes may include but are not limited to incorrectly configured edits, policy gaps, incorrect processing instructions, both manual and auto adjudication errors.

**Date of Discovery:** The date an ~~Anthem-Elevance Health~~ associate confirms a claim was processed incorrectly.

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**Date of Resolution:** The date new day claims processing is updated to remediate future external exposure to the claim adjudication error and all incorrectly processed claims have been reprocessed and released on a check run. Note external exposure includes but is not limited to physical hard copy and online visibility of remittance advice and payment information.

**State:** Louisiana Department of Health (LDH)

**PROCEDURE:**

- 1) All ~~Anthem-Elevance Health~~ service departments are responsible for monitoring and immediately enforcing this policy whenever a claim adjudication error is discovered.
- 2) The ~~Anthem-Elevance Health~~ associate who became aware of the claim adjudication error is responsible to notify the applicable manager responsible for overseeing resolution.
  - a) Manual Processing Errors: LA Corporate Claims Manager
  - b) Auto-Adjudicated Errors: LA GBD Claims Market Services Account Manager
  - c) If unsure: LA Operations Manager (plan)
- 3) The applicable notified LA Corporate Claims Manager, LA GBD Claims Market Services Account Manager, or LA Plan Operations Manager will initiate the LA Healthy Blue Claim Processing Error Resolution Desktop Procedure. This will include but is not limited to:
  - a) The department responsible for resolution will provide the earliest possible estimated completion date (ECD) for resolving future errors.
  - b) Should the earliest possible ECD extend beyond the ~~30-15~~ Day TAT; **If error is related to Pricing Configuration Architecture then the PCM Team** will review details of the error including impacted volume, **implement a pend to prevent any New Day denials, and engage the HP to resolve pended claims via manual or macro processing, and render decision to either 1) implement pend with manual processing, or 2) implement pend with macro processing, until the root cause is fully resolved** ~~BAJ21~~.
    - i. The Pricing Configuration ~~Architecture~~ team will approve and oversee implementation of necessary claims pends **if related to Pricing Configuration** within the appropriate timeframe to comply with the ~~30~~ **15** Day TAT.
    - ii. LA Operations associates will be responsible for reviewing **and submitting, correcting, and releasing** all impacted claims pended for manual **and macro** processing **to the appropriate rework teams** until root cause is resolved and pend is released.
    - iii. Corporate Claims associates will be responsible for correcting and releasing all impacted claims pended for **manual and** macro processing until root cause is resolved and pend is released.

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e) Should the earliest possible ECD extend beyond the 15 Day TAT; If error is not related to Pricing Configuration then the Claim Operations Team will review details of the error including impacted volume, implement a pend to prevent any New Day denials, and engage the HP as needed to resolve pended claims via manual or macro processing.

i. The Claim Operations team will approve and oversee implementation of necessary claims pends if not related to Pricing Configuration within the appropriate timeframe to comply with the 15 Day TAT.

ii. If engaged, LA Operations associates will be responsible for reviewing and submitting all impacted claims pended for manual and macro processing to the appropriate rework teams until root cause is resolved and pend is released.

iii. If engaged, Corporate Claims associates will be responsible for correcting and releasing all impacted claims pended for manual and macro processing until root cause is resolved and pend is released.

iii-iv.

- 4) The applicable notified LA Corporate Claims Manager, LA GBD Claims Market Services Account Manager, or LA Plan Operations Manager will engage the LA Provider Communications and Provider Relations teams of any claim adjudication errors impacting ten or more providers. The Provider Communications team will complete appropriate notification including but not limited to blast fax or online notifications, including summary of actions being taken and resolution timeframes, within 3 weeks from the date of discovery.
- 5) The notified LA Corporate Claims Manager or LA Plan Operations Manager will initiate a claims reprocessing project for all impacted claims and oversee any necessary expediting to ensure completion within the ~~30~~15 Day TAT.
- 6) Compliance with the LA Healthy Blue Claim Processing Error Resolution Desktop Procedure shall be documented in the LA ~~30~~15 Day Compliance Tracker available on the Louisiana Operations SharePoint site.

#### **REFERENCES:**

- LA Healthy Blue Claim Processing Error Resolution Desktop Procedure
- LDH Healthy Louisiana Contract ~~§17.2.4.12.18.6~~
- MCO Manual
- Prompt Pay Requirements – LA
- Provider Complaint System – LA

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- Provider Manual

**RESPONSIBLE DEPARTMENTS:**

**Primary Department:**

Health Plan Operations

**Secondary Department(s):**

~~APDO – Anthem Provider Data Operations  
Claims~~

Claims Market Service

Claims Operations

DDO – Demographic Data Operations

EDI – Electronic Data Interchange

GBA - Government Benefits Administration

PCA- Pricing Configuration Architecture

PCM - Pricing Configuration Management

RPM- Reimbursement Policy Management

RM- Reimbursement Methodology

**EXCEPTIONS:**

1. In the event it is discovered the ~~30-15~~ Day TAT cannot be met for any reason, the following associates must be notified immediately: LA Chief Operating Officer, LA Director of Operations, LA Plan Compliance Officer, ~~LA Director of Regulatory~~. Noncompliance with the ~~30-15~~ Day TAT will result in state notification and compliance iCAP review.

**REVISION HISTORY:**

Review Date	Changes
04/11/2018	<ul style="list-style-type: none"><li>• New</li></ul>
03/08/2019	<ul style="list-style-type: none"><li>• For annual review</li><li>• No changes</li></ul>
03/13/2020	<ul style="list-style-type: none"><li>• For annual review</li><li>• Changed secondary department name from PDM to APDO</li></ul>
02/23/2021	<ul style="list-style-type: none"><li>• For annual review; no changes</li></ul>
01/19/2022	<ul style="list-style-type: none"><li>• For annual review</li></ul>

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	<ul style="list-style-type: none"><li>• Added Account Manager for Claims Market Services to notification and escalation processes within procedure</li><li>• Added MCO Manual as a reference</li><li>• Placed references in alphabetical order</li></ul>
<u>01/12/2023</u>	<ul style="list-style-type: none"><li>• <u>For annual review</u></li><li>• <u>Updated purpose, definitions, procedure, references, and exceptions</u></li><li>• <u>Updated secondary departments: removed Claims and added Claims Market Service and Claims Operations</u></li><li>• <u>Reviewed for Demographics Data Operations (DDO) – updated department naming convention from APDO to DDO</u></li><li>• <u>Updated contract references to 1/1/2023 effective contract. Updated TAT with new contract requirements. Updated pend and resolution process.</u></li></ul>