

Single Source Credentialing

► Protest/Timeline



Independent Review

- ► Independent Review Webpage Link:
- ► http://ldh.la.gov/index.cfm/page/2982



Effective 2/1/18

▶ 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 the impacted claims and shall not require the provider to resubmit the impacted claims.



Listing of all Subcommittee Meetings:

- **ASC** 05/18/18, 08/17/18 & 11/16/18
- ► <u>OB/Anesthesia</u>- 06/08/18, 09/07/18 & 12/07/18
- ► <u>Provider Appeals/Complaints</u>- 06/06/18, 08/23/18 & 11/29/18





To change your plan, call **1-855-229-6848**, visit **www.myplan.healthy.la.gov**, or download and use the **Healthy Louisiana Mobile app**. Manage and make changes to your selected plan by downloading and using your plan's mobile app on your **Apple** or **Android** device!















MOBILE Download and use the free Healthy Louisiana mobile app on your Apple or Android device.

ONLINE Visit the Healthy Louisiana website at www.myplan.healthy.la.gov anytime on your computer or laptop.

CALL Healthy Louisiana at 1-855-229-6848 and speak to a Healthy Louisiana agent. The call is free.

MAIL The Enrollment Form in the stamped, addressed return envelope that came with the letter.

FAX the Enrollment Form to 1-888-858-3875. The fax is free.

VISIT your local Medicaid eligibility office. Call 1-888-342-6207 to find the location near you. The call is free.



Open Enrollment Important Dates

Open Enrollment is the designated time when a member may change their health plan without cause.

- May 21 June 7: Open Enrollment packets will be mailed to enrollees
- June 15: Open Enrollment begins
- ➤ July 31: Open Enrollment ends
- > August 14: Confirmation letters will be mailed to enrollees
- September 1: New Healthy LA Plan enrollment becomes effective





Provider Survey

► LDH Provider Survey coming soon.



Road Show Feedback

▶ 1. ADMINISTRATIVE SIMPLIFICATION

- Consistency and standardization across the MCOs was the primary theme, with multiple participants suggesting:
 - Uniformity of MCO policies and procedures, clinical criteria, supporting tools (forms and portals) and administrative processes such as prior authorizations, utilization management, and audits
 - More focus on denied claims
 - Revisiting/removing peer-to-peer prior authorization review process (it isn't working)

▶ 2. ENHANCE NETWORK ADEQUACY AND ACCESS STANDARDS

- Issues related to access to specialists emerged as a consistent theme across public forums
- Several participants also noted:
 - ◆ Inaccurate MCO provider lists makes it difficult to appropriately refer patients
 - Low Medicaid reimbursement rates furthers network adequacy issues; there are increasing numbers of providers who won't accept Medicaid patients
 - Geo-locating claims data could be used to determine members' distances from services and gaps in access



Bright Futures Periodicity Schedule

► http://www.ldh.la.gov/assets/docs/BayouHealth/Informational Bulletins/2018/IB18-4.pdf

