

NETWORK*Connect*

For Louisiana Healthcare Connections Provider Partners

WINTER 2015

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Dear Valued Provider:

NETWORKConnect is your source for helpful information, Bayou Health Plan news and network-related updates. In this issue:

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NETWORKConnect is designed to help you get the most from your partnership with Louisiana Healthcare Connections so we hope you'll take the time to read it and to give feedback on the content.

Sincerely,

Your Louisiana Healthcare Connections
Provider Relations Team

Your Plan for Success.™



Your Plan for Success

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New Reimbursement Program

PMPM INCENTIVES

As you may know, through January 2015, you will be receiving the maximum monthly bonus payment for which you are eligible and based on the number of Louisiana Healthcare Connections members in your panel. Beginning February 2015, though, your bonus will be calculated based on actual performance measures and a 90-day claim lag. This means the payment you receive in February 2015 will be based on quality measures you achieved in November 2014.

Again, there are four primary care quality measures being incentivized:

1. **\$0.50 per SSI member**
2. **\$0.50 per member for extended hours** – A minimum of three (3) office hours per week in addition to the hours of 8:00 a.m. through 5:00 p.m. Monday through Friday or Saturday hours.
3. **\$0.50 per member for appropriate Emergency Room utilization** – A goal of ≤ 58 visits per 1,000 members per month (an 8% reduction over the 2014 NCQA Ambulatory Care median benchmark of 63 visits per 1,000 members per month).
4. **\$0.50 per member for achieving HEDIS Measures** – Meeting annual DHH requirements on Quality measures. Reports eliminate continuous enrollment requirements and are evaluated on a rolling 12-month cycle.

PMPM REPORTS

You can access detailed, online reports showing the status of your quality measures by following these easy steps:

- Visit <https://provider.louisianahealthconnect.com> and login at the right side of the page. If this is your first time using our Provider Portal, you will need to create an account. Verification will take between 24 and 48 hours to complete.
- After logging in, click on the "REPORTS" link at the right side of page.
- Your detailed PMPM reports will be available under the link "PROVIDER PERFORMANCE SUMMARY."

OPEN ENROLLMENT

Bayou Health Open Enrollment started November 13th and ended January 20th, 2015. As part of our member retention and acquisition strategy, Louisiana Healthcare Connections has launched a dynamic marketing and member outreach campaign. For the duration of open enrollment, a combination of outdoor, TV, movie screen, radio, social media and print advertising will run statewide. And complementary efforts will include provider office collateral, member direct mail, member outbound calls, community flyers and the support of MemberConnections® field reps who will be wearing branded shirts and distributing branded items throughout the entire open enrollment period.

Here's a snapshot:



MEMBER ASSIGNMENT

With our acquisition of Community Health Solutions of Louisiana (CHS-LA), the end of the shared savings model and the re-procurement of four existing Bayou Health Plans along with the procurement of Aetna, it has been a significant year of developments for Medicaid in Louisiana. In addition, there has been much speculation about how members will be assigned during open enrollment. But the following information has been provided by DHH and serves as the official member enrollment process.

From November 13th through January 20th all existing Bayou Health members may choose a different health plan or opt to remain with their current health plan. If a member does not **actively self-select** a health plan during open enrollment, DHH will seek to honor the existing patient/provider relationship as well as the current patient/health plan relationship. What does this mean in application?

- If a **Louisiana Healthcare Connections** member does not make an active choice during open enrollment, they will remain with **Louisiana Healthcare Connections**.
- If a **CHS-LA** member does not make an active choice during open enrollment, they will be assigned to Louisiana Healthcare Connections if their current PCP is in-network with Louisiana Healthcare Connections. If the CHS member's PCP is not in-network, the member will be randomly assigned to a health plan in which their PCP participates.

We currently anticipate a robust retention rate and will keep you apprised of any developments that may impact that forecast. If you have any questions about open enrollment, please do not hesitate to contact me personally at either stgordon@centene.com or (225) 201-8475

Prior Authorizations

REMOVED

The following no longer require Prior Authorization:

--**17P** (17 Alpha-hydroxyprogesterone caproate)

--**Makena** (hydroxyprogesterone caproate)

NOTE: Makena is not a pharmacy benefit. Please buy and bill for Makena as necessary.



REDUCED

Effective immediately, for Ominipods (A9274), the authorization date span limit is being extended from three months to one year. The end date of the initial DME authorization should be no longer than one year from the date of prescription or order.

Effective February 1, 2015, code A9274 is reimbursable up to 40 disposable insulin delivery devices in a 90-day period. Disposable insulin delivery devices in excess of 40 require submission of documentation of medical necessity.

Effective February 1, 2015, the authorization for A9274 includes all supplies and accessories making **A4230** and **A4231** not separately reimbursable.

Adult Wellness

MAMMOGRAMS

Direct mail is an on-going part of our strategy to increase health screenings among our members. Each month, members receive a communicate featuring quick facts and a call-to-action.

This month, our over-forty female members received a post card encouraging them to schedule their free breast screening exam. Help us detect breast cancer earlier—remind your patients to get their Mammogram!



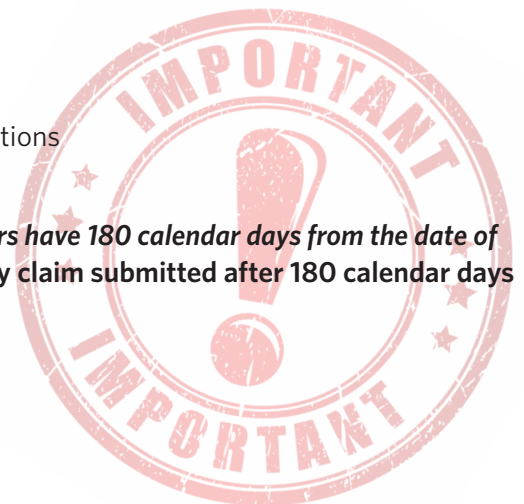
Claims Filing

*REVISED GUIDELINES UPDATE!

As mandated in Section 17.2.5 of the Bayou Health Managed Care Organizations RFP (#305PUR-DHHRFP-BH-MCO-2014-MVA):

For claims relating to dates of service on or after February 1, 2015, providers have 180 calendar days from the date of service to file first-time claims with Louisiana Healthcare Connections. Any claim submitted after 180 calendar days from the date of service will be denied for timely filing.

*This applies only to members whose primary insurance is provided through Bayou Health.



Corrected Claims & Resubmissions

EFFECTIVE JANUARY 1, 2015

In our ongoing efforts to streamline Corrected Claims Adjustments and Reconsideration Requests, we will implement the following:

REQUIRED DATA ELEMENTS

The previous claim number you want corrected or reconsidered must be indicated in field 64 of the UB-04 and in field 22 of the HCFA 1500. This requirement is part of the National Uniform Claim Committee (NUCC) guidelines.

The appropriate frequency code/resubmission code should also be included in field 64 of the UB-04 and in field 22 of the HCFA 1500.

Omission of these data elements may cause denials, delays in processing and payment.

REMINDER: NO HANDWRITTEN CLAIMS!

As a reminder, all corrected and reconsideration claims should be free of handwritten verbiage appearing ANYWHERE on any paper standard red and white UB-04 or HCFA 1500 claim forms submitted. This complies with the printing requirements of the Centers of Medicare and Medicaid Service (CMS) as well as ensures accuracy and efficiency through the use of Optical Character Recognition (OCR) technology. This helps reduce errors and delays in the reimbursement process.

Educational Opportunities

UPCOMING NEW PROVIDER ORIENTATION WEBINARS

February 23, 10:30 – 11:30 A.M.

March 30, 10:30 – 11:30 A.M.

PROVIDER TRAINING WEBINAR

March 16, 2:30 – 3:30 P.M.

To register, please contact your assigned Provider Network Specialist.