

Bayou Health Administrative Corrections for Retroactive Enrollment and Retroactive Disenrollment-Monthly Process

DHH identified paid claims associated with administration corrections of member's linkages into Bayou Health Plans. These linkage corrections were necessary to ensure compliance with internal policies, approved Medicaid State Plan and maintaining audit controls. Member linkages from February 1, 2012 through October 31, 2014 were evaluated and claims paid by an incorrect entity have been identified.

For Claims Processed by Shared Plans CHS & UHC or Molina:

On August 11, 2014 and December 30, 2014, Molina voided all identified paid Legacy and Shared Plan claims with a **denial reason code 999 Administrative Correction** which was shown on the Remittance Advice.

Beginning March 17, 2015, the process of voiding identified paid claims by an incorrect entity (Shared Plans: CHS & UHC and Legacy Medicaid) will be repeated on a **monthly basis** to occur around mid-month for administrative corrections made to member linkages in the prior month. All voided claims will be given a denial reason code 999 Administrative Correction which will be shown on the Remittance Advice.

In order to rebill, providers must verify the correct entity based on the date of service by using either MEVS or REVS. To obtain consideration for payment, providers are required to submit claims using plan specific guidelines documented in this IB to the correct entity **no later than 6 months from the date the claim is voided**. If PA or Pre-Cert was obtained on the original claim, providers will not be required to obtain additional authorization when submitting these specific prior-paid claims to the correct entity. Documentation must accompany claims verifying the voided claim. This documentation of the voided claim supports both the prior payment and the authorization of the service. Claims submitted within 6 months of the void date will not be denied based on timely filing.

Important Note: Pharmacy claims voided through this process may not be resubmitted through the Molina POS. All Pharmacy claims must be resubmitted using the NCPDP universal claim form, accompanied by documentation verifying the voided claim.

For Claims Processed by the Pre-Paid Health Plans:

Questions concerning the process used for voiding claims or questions about the following information related to resubmitting claims should be directed to each Health Plan.

Guidelines for Resubmitting Voided Claims:

Legacy Medicaid:

For the monthly voids relative to member retro enrollment-retro disenrollment, Legacy Medicaid Paper Claims must be sent through Molina's Provider Relations Department, P.O. Box 91024, Baton Rouge, LA 70821 so they may be special handled for correct processing to prevent claim denials. **All Pharmacy Claims should be submitted using the NCPDP universal claim form Accompanied by documentation verifying the void.**

AmeriHealth:

To request payment for voided claims pertaining to members retroactively enrolled with AmeriHealth Caritas Louisiana, please submit the hard copy claims with the supporting Remittance Advice from Molina of the voided claim to our local office to avoid inappropriate denials. Only send claims pertaining to voids and retro-eligibility to: AmeriHealth Caritas Louisiana, Attn: Claim & EOB – Retro Project, PO Box 83580, Baton Rouge, LA, 70884

UHC

Claims should be submitted in the same manner as any new claim submission, including any required Consent Forms, COB/TPL details, and any other documentation that was required for the initial submission.

CHS-LA

Retro voided claims that are being submitted to CHS-LA that are less than 1 year old can be submitted electronically to CHS-LA. If the claim is over 1 year old, claims must be mailed to CHS-LA Claims, P.O. Box 23199, St. Petersburg, FL 33742, along with the claim and the remittance advice that the void occurred on.

LHC

Submit the original red and white claims no later than 6 months from the date the claim is voided. Please resubmit these initially voided claims to: ATTN: Molina Voided Claims Project 8585 Archives Avenue, Suite 310, Baton Rouge, LA 70809

AmeriGroup

Claim submissions related to Legacy Medicaid Administrative Corrections for retro enrolled members must be submitted to the Metairie Amerigroup Louisiana, Inc. location to avoid incorrect denials. Please submit a hard copy of each claim, along with a copy of the voided Explanation of Payment to: Attn: Internal Resolution Unit, Amerigroup Louisiana, Inc., 3850 North Causeway Boulevard, Ste. 600, Metairie, LA 70002.

Questions may be sent to Bayou Health at bayouhealth@la.gov, with the subject lined addressed to "Retro Claims.