

MCO Q & A Grid Responses						
Q & A #	Questions	Aetna Better Health of Louisiana	Amerigroup Real Solutions	Amerihealth Caritas	Louisiana Healthcare Connections	United Healthcare Community Plan
210	Will prior authorizations (PA's) be required for CPST, PSR, FFT, MST, homebuilders?	Yes. PA is required.	Yes, PAs are required for the services listed.	Yes prior authorization will be required for CPST, PSR, FFT, MST, HB.	Yes.	UnitedHealth Care Community Plan will not require prior authorizations for CPST, PSR, FFT, MST, homebuilders however, an assessment and required LOCUS for services listed as Specialized Behavioral health services must be in the members chart and completed annually per DHH requirements.
217	Will plans accept assessments and LOCUS summary sheets completed by independent assessors (not the contracted provider) that were completed in last 365 days?	Yes.	Amerigroup will accept them if the submission is just one of the criteria we are allowed to consider in making a decision.	Yes.	LHCC will accept authorization of these existing plans and services through the DHH directed Transition of Care Period. If additional services are needed providers will be expected to provide assessment information. If the assessment information, regardless of age is not appropriate or does not indicated justification of Medical Necessity then additional assessment or clinical information will be required. Assessments older than 365 days will not be accepted in any instance.	Yes, however assessments and LOCUS are required annually. UnitedHealth Care Community Plan will accept assessments and LOCUS summary sheets completed by independent assessors (not the contracted provider) that were completed in last 365 days.
218	Will plans require both a LOCUS and a separate assessment or just the LOCUS?	Will require both.	Amerigroup will require both.	LOCUS and Assessment.	This depends on the service that is being requested. LOCUS assessment and scores are required for the Rehab service and are incorporated in the assessment. Bayou Health is working with DHH to facilitate a standard assessment and process for this.	UnitedHealth Care Community Plan will plans require both the LOCUS and a separate assessment.
224	Do you have a preferred outline for a treatment plan to be included in our electronic medical record (EMR)?	All treatment plans should include PoC information that demonstrates medical necessity.	Amerigroup requires clarification. For what purpose is the treatment plan being used? Concurrent review?	No specific outline for treatment plan; however, each page in the record should contain the member's name or ID number. Also, the member record contains the member's date of birth; gender; sponsor, address, employer/school, phone, emergency contact, marital status, legal guardian, or responsible party.	LHCC requires a treatment plan be provide but does not have any expectation of format.	UnitedHealth Care Community Plan does not have a preferred treatment plan template however, each Member's treatment plan must include: <ul style="list-style-type: none"> • A crisis plan that informs the Member what to do in the case of an emergency. • Must stem from the Member's presenting condition, • Be geared towards the individual member's needs,
225	Per company, what specific outcome measures will you be looking for in our documentation in 2016?	Yes, Aetna Better Health of Louisiana is in the process of the implementation of the pay-for-quality programs, along with other Value Based programs, such as PCMH and Shared Savings. These programs are primarily designed for primary care providers. In addition, working on other incentives for specialty providers (i.e. OB and behavioral health).Yes	Amerigroup's response is dependent on which program this is for. Additional guidance will be forthcoming.	The following standards will be reviewed during Treatment Record Reviews: <ol style="list-style-type: none"> 1. The record is accurate and legible by someone other than the writer. 2. Each page in the record contains the member's name or ID number. Also, the member record contains the member's date of birth; gender; sponsor, address, employer/school, phone, emergency contact, marital status, legal guardian, or responsible party. 3. Primary language spoken, by the member, if other than English; and any translation needs. 4. Allergies and adverse reactions are noted. 5. All services provided to the member include, dates of service, service site and name of appropriately credentialed provider with professional degree and ID Number, (if applicable) 6. Past psychiatric history is listed, including diagnoses; operations, treatment prescribed, therapy prescribed and drugs administered or dispensed beginning with at a minimum, the first member visit with or by the MCO. For children and adolescents (18 years and younger), past psychiatric history relates to prenatal events. For members aged 12 and older, a substance abuse evaluation is completed to include nicotine, caffeine, as well as illicit misuse of prescribed and over-the-counter drugs A current Problem List is in the chart, identifying psychiatric related conditions). Notes reflect that long-term medications are reviewed at least annually by the practitioner and updated as needed. 7. If a consultation (referral) is requested there is a note containing the follow-up and outcome from the consultant in the record. Consult reports reflects practitioner's review with initials or signature. Evidence 	These are outlined in the LHCC provider manual.	<ul style="list-style-type: none"> • Documentation showing treatment services and/or referral to care • Documentation which shows you are following appointment availability standards • Documentation which shows release of information from each member to allow the you to coordinate treatment with the member's primary care physician • Documentation of facilitation by the you of another provider's reasonable opportunity to deliver services, when you are unable. • Documentation showing that you are assisting members in understanding their right to file grievances and appeal • Documentation showing compliance with adverse incident reporting • Documentation showing treatment services and/or referral to care • Documentation which shows you are following appointment availability standards • Documentation which shows release of information from each member to allow the you to coordinate treatment with the member's primary care physician • Documentation of facilitation by the you of another provider's reasonable opportunity to deliver services, when you are unable. • Documentation showing that you are assisting members in understanding their right to file grievances and appeal • Documentation showing compliance with adverse incident
226	Will your company be offering any kind of incentive plan for performance improvement?	Yes	We currently offer performance improvement plans for our PCPs. Going forward, we are open to discussing additional incentive plans for BH providers.	<p>ACLA's Primary Care Provider Quality Enhancement Program(PCP QEP) encourages physical/behavioral health integration through the enhancement of primary care reimbursement; qualifying providers receive performance incentive payments bi-annually, incentives are calculated based upon how well a primary care provider office scores on each bonus component relative to their peers of the same specialty type. One such component is follow up care for children prescribed ADHD medication (initiation phase and continuation / maintenance phase)</p> <p>ACLA is also actively working with interested key behavioral health provider organizations on implementing a shared savings incentive program similar to those that have been in place for our physical health providers through the PerformPlus model.</p>	Not currently but open to discussion.	We are currently considering an incentive plan for certain services provided in 2016, but this plan has not been finalized at this time. Further details will be communicated at such time as the plan has been finalized and approved.
227	Will you be doing a site visit and/or site audit of our four health centers in 2016?	Yes.	Amerigroup conducts onsite visits with providers.	ACLA completes a site survey prior to contracting for all new primary care, Obstetric and non-accredited behavioral health organizational providers; additionally, non-accredited behavioral health organizational providers receive an annual site survey thereafter.	This will require additional research and a later response.	The only time we would be performing a site visit or site audit is if the center was not accredited by an accepted accrediting agency and it was discovered during the credentialing process.
228	Will you require regular "huddles" and dynamic integrated treatment team meetings relative to specific patients?	Yes.	Yes, Amerigroup will do integrated rounds.	ACLA has conducted Integrated Rounds with Magellan and will continue rounds for members who are co-managed for CSoC services. In addition, the BH Care Managers will be in collaboration with OJJ and DCFS as needed. The assigned Care Mangers are available to discuss member plans of care as they currently collaborate with providers as necessary. We are opened to the opportunity to discuss scheduled periodic integrative rounds as the member volume dictates.	Integrated team meetings are required for PRTF placement to complete the initial CON and 60 day CON cert.	Yes. UnitedHealth Care Community Plan is committed to partnering with our network to achieve optimal therapeutic outcomes for the individuals we mutually serve therefore there will be times when integrated treatment team meetings are necessary to ensure the highest degree of coordination and delivery of care to our Members.
241	Preauthorization is currently not required for outpatient substance abuse (only necessary for IOP). Will this be the same with all five health plans?	Agreed.	Yes, the statement above is correct for Amerigroup.	ACLA will not require a PA for behavioral health or substance use disorder outpatient services (excluding SUD IOP- a PA is required for SUD IOP).	For LHCC the service authorization will be dependent on the provider, service, and contracted provider status. Please review the Covered Services and Authorization Guideline (CSAG) on the LHCC website at www.louisianahealthconnect.com	UnitedHealth Care Community Plan will require authorization for SA IOP, Ambulatory Detoxification, SA Peer Support Services and SA Crisis Intervention.
245	Will peer support services be reimbursed?	Peer support services are covered and reimbursable under the crisis intervention and stabilization for the behavioral health services.	Not at this time, but we are open to developing a peer support program. We welcome input from peer support providers to build out a program.	AmeriHealth Caritas will be providing peer support services using health plan staff. We are also contracting with a peer warm line service. Peer support services provided by other means will be considered for reimbursement on an as needed basis through single case agreements.	Services that are reimbursed are listed on the CSAG and State Specialized BH Fee Schedule.	Yes. UnitedHealth Care Community Plan will reimburse for peer support services that have been prior authorized.

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299	As a sole practitioner, if I provide a counseling session to a recipient on Dec 1, when should I expect funds in my account by EFT?	The health plan is required to process 90% of clean claims within 15 days; and 99% of all claims in 30 days. To ensure timely payment, provider should submit claims that are complete and accurate. Also, to expedite payments, provider should set up electronic fund transfers by contacting Provider Services at 1-855-242-0802.	From the date Amerigroup receives your clean claim, we process 90% within 15 days and 99% within 30 days. Payments are made by check or EFT every Wednesday and Friday. Clean claims we receive electronically are typically paid faster, often within a week	Clean claims submitted to ACLA are processed within 10-15 days of their receipt. EFT funds reach your bank account 3-7 days faster than paper checks through the mail, and it eliminates the need to make a trip to the bank to deposit your check. Paper checks are cut on Mondays and Wednesdays.	Clean claims received in the current week are typically processed during check run the following week. EFTs typically arrive on Friday mornings. Paper claims take longer to process but will still be accepted if a provider chooses not to submit electronically. More specifics on provider billing can be found at http://www.cenpatco.com/providers/louisiana/la-provider-tools/?state=Louisiana	Have you signed up for EPS? If not, you must register first. To sign up for Electronic Payments and Statements (EPS/One-Pay), go to the link provided: http://www.uhcommunityplan.com/health-professionals/la/electronicdata-interchange.html . If you have questions, 866-842-3278, option 5.
301	I have several MHR's that I will be doing adult assessment and plan of cares for. I'm contracted with all five Bayou Health insurances. I need guidance on billing.	Prior auth will be required for intensive outpatient services. Submit claim with appropriate coding. Please contact Medical Management at 1-855-242-0802.	Amerigroup offers new provider orientation that gives this guidance. Once contracted, your provider representative will schedule a time to meet with you and discuss these types of questions. We also offer new provider orientations virtually.	Billing Manual is located on www.amerhealthcaritas.com , under the Provider tab. You may also contact your Provider Network Management Account Executive with questions. To locate your Provider Network Management Account Executive, log on to: http://www.amerhealthcaritasla.com/provider/behavioral-health/contracting-credentialing.aspx .	Generally, LHCC will be doing the plans of care and providers will be billing for the assessment. However, we would need to know the specific CPT codes in question to determine what is and is not covered. Billing questions can either be answered via our Provider Manual or through a consultation with one of our clinical provider trainers or networking teams. You may also visit our Behavioral Health provider tools site at http://www.cenpatco.com/providers/louisiana/la-provider-tools/?state=Louisiana . For Free Clinical Training, please contact: GARY PATE, Clinical Provider Trainer, 337-417-8175, gpate@cenpatco.com . You may also refer to the Provider Billing Manual/Resources to verify additional billing questions, www.louisianahealthconnect.com .	Provider Training sessions scheduled on November 16th at 1pm CST.
304	How is Primary Care going to be reimbursed for handling Behavioral Med cases? Patients do not have resources to travel to BH providers (exp Shreveport). Any plans for a community Health Center in our service area? (Springhill) what is the closest?	Primary care providers are reimbursed for basic behavioral health services as they are today. Please call Member Services at 1-855-242-0802 to find out the closest Community Health Center in your service area.	If a member presents to his/her PCP for meds and the PCP bills the right office visit code with the appropriate ICD-10 coding, the claim would be reimbursed per the PCP contract.	The Bayou Health plans have always reimbursed for basic behavioral health services with a primary care setting and encourage the integration of primary and specialty behavioral health services.	Primary Care is reimbursed the same way for all members who are covered for that benefit, but the rate can vary depending on network participation and contract terms. The provider should verify the member's eligibility for primary care benefits. Generally, LHCC covers unlimited PCP visits for established patient sick visits (99211-99215), as appropriate. All providers are encouraged to join our network. Once credentialed, providers will be eligible for reimbursement for covered services. Visit www.LaHealth.CC/Network to join our network of providers. If a member requires transportation to an appointment, LHCC can help coordinate this for the member. Logisticare Solutions (LogistiCare) is LHCC's transportation coordinator for all non-emergency medical appointments that do not require an ambulance. LHCC covers transportation to and from non-emergency medical appointments covered by Medicaid. To schedule transportation, call LogistiCare at 1-855-369-3723.	For BH response, we do not contract for primary care services and subsequently we would not reimburse for primary care services. We would authorize BH providers within geo access based on zip of member to nearest BH provider and if no providers available, Care Advocate will authorize to nearest BH provider (whether in-network or out-of-network).
305	We are a Rural Health Clinic for primary care. If we have patients see the PC for medical diagnosis and mental (exp hypertension schizophrenia) will we be reimbursed at our same RHC rate? Are special visits required?	You will be reimbursed at the same rates you are paid today.	Per Chapter 40 Section 4.0 of the Amerigroup Louisiana Medicaid Provider Manual, you will be reimbursed your one encounter rate for the day. There is currently no separate encounter for mental/behavioral health.	Per the Louisiana Medicaid FQHC & RHC policy: Multiple encounters with more than one practitioner or with the same practitioner, which take place on the same day, constitute a single visit.	RHCs and FQHCs are eligible for a single encounter per date of service. This payment covers all services rendered on that date of service, including medical and/or behavioral services.	We do not contract with RHC for primary care services and subsequently we would not reimburse for primary care services.
306	With the integration of physical and behavioral health, and the focus on the "whole person", will medically necessary medical testing and medical services provided on a psychiatric unit, be reimbursed?	Yes, inpatient services are paid at the per diem rate established by DHH.	Amerigroup reimburses based on the contractual terms negotiated and in line with Medicaid. Note that certain tests require preauthorization.	Any inpatient hospital claims (either general, psychiatric unit or standalone) for members linked to AmeriHealth Caritas Louisiana, including professional, lab, and radiology services provided during admission/visit should be billed to AmeriHealth Caritas Louisiana. If lab and radiology services are performed in the facility and are provided as part of an inpatient stay or ER visit they should be billed as revenue codes on the claim and are billed to AmeriHealth Caritas Louisiana and would be part of the hospitals established per diem rates. If lab and radiology services are provided outpatient but performed by a Mental Health Free-standing hospital or a Distinct Part Psych Unit, then the claim should be sent to AmeriHealth Caritas Louisiana for those member's linked to AmeriHealth Caritas Louisiana. For Histories and Physicals (H&P), these claims should also be sent to AmeriHealth Caritas Louisiana. The H & P should be conducted by the member's PCP. If the physician conducting the H&P is not credentialed with ACLA, reimbursement may be limited to 90% of the fee-for-service rate.	Psychological testing will continue to require prior authorization and will be reimbursed when approved.	If a medical doctor delivers medically necessary care to a patient on a psychiatric unit, the doctor will submit the claim to the medical plan.
306	Magellan started a program call child parent psychotherapy with LSA serving 0-6 years old and parents. Will this program's participants and new patient be honored?	Aetna is evaluating this program and each case will be evaluated for medical necessity.	We have a list of providers from Magellan who were trained in child parent psychotherapy. We have reached out to these providers for inclusion in our network.	Child Parent psychotherapy for 0 – 6 year olds are covered as individual outpatient treatment and does not require a pre-cert.	Currently LHCC is honoring the Louisiana Covered Services and In-Lieu of services that are identified on the Covered Services Authorization Grid. These services include several EBPs being utilized for various age groups and their families including MST, FFRT, and Homebuilders. Additional programs that were established by Magellan that are outside of the State covered services are not being considered at this time. However, LHCC is committed to continued review and consideration of new programs to benefit members, such as the program identified here, and will provide updates as new programs and services are added to the benefit.	We do not know the details of the Magellan program.
309	When will the forms for authorization and Re-auth be available by each of the plans? We really need these by 11/15/2015.	The authorization forms are available now. You can access the prior auth forms via Aetna Better Health of Louisiana's website: http://www.aetnabetterhealth.com/louisiana/assets/pdf/providers/PA-Request-LA.pdf	These forms are currently available to providers on our Provider Website: https://providers.amerigroup.com/pages/la.aspx	Please see attached. Forms will be posted at http://www.amerhealthcaritasla.com by 11/23/2015.	LHCC will be able to receive prior authorizations as early as 11/23/15. For further information, please contact our call center at 1-866-595-8133 or go to http://www.louisianahealthconnect.com/for-providers/prior-authorization/ . The Prior Authorization fax number for Behavioral Health services is 1-844-466-1277.	UnitedHealth Community Plan will have templates forms for output (ACT, CI, ECT, TGH) authorization request available by November 15, 2015. The Psych testing request form is already available.
315	Will Bayou Health Plans reimburse individual assessments or individual counseling for counselors in training or must they be a licensed professional counselor?	As long as the counselor in training is supervised by Licensed MH professional, they will be reimbursed. Claims must be submitted by the licensed professional counselor and they must be contracted and credentialed by Aetna.	Historically Amerigroup does not credential unlicensed providers, so counselors would bill under their licensed supervising clinician with applicable coding and State supervision rules applied.	ACLA does not allow counselors in training to directly bill for services. Only licensed clinicians are permitted to bill for services. Counselors in training may provide services under the supervision of a licensed clinician.	The provider must be a Louisiana licensed professional counselor.	You must be an LMHP to be reimbursed for the completion of a diagnostic assessment or to provide counseling services. You can be unlicensed and bill for counseling services as long as you are receiving regular 1:1 supervision from an LMHP and the claim is submitted under the LMHP's NPI. An assessment and LOCUS must be completed by LMHP; but counseling and other services can be done by non-licensed clinicians.

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324	How will the provider know where to send the CON's to?	The Certificate of Need will need to be presented to the Prior Auth department during the Prior Auth process.	Providers can upload the CON's to Amerigroup Louisiana's Provider Portal or fax to Amerigroup Louisiana Behavioral Health at (877) 434-7578.	There is a BH UM Fax number that providers can use to send CON's directly to the BH UM department (BH UM phone: 855-285-7466 and BH UM Fax: 855-301-5366). This information will be posted at http://www.amerhealthcaritasla.com by 11/23/2015. BH UM along with network management may also educate the providers on how/where to send CON's.	CONs should be submitted with the Authorization Request form and submitted to the contact information on the form.	UnitedHealth Community Plan will have fax number for CON submission available by November 15, 2015.
329	What is the turn around for processing billing ?	The health plan is required to process 90% of clean claims within 15 days; and 99% of all claims in 30 days. To ensure timely payment, provider should submit claims that are complete and accurate. Also, to expedite payments, provider should set up electronic fund transfers.	From the date Amerigroup receives your clean claim, we process 90% within 15 days and 99% within 30 days. Payments are made by check or EFT every Wednesday and Friday. Clean claims we receive electronically are typically paid faster, often within a week.	Clean claims submitted to AmeriHealth Caritas LA are processed within 10-15 days of their receipt. Paper checks are cut on Mondays and Wednesdays. EFT funds reach your bank account 3-7 days faster than paper checks through the mail, and it eliminates the need to make a trip to the bank to deposit your check.	Clean claims received in the current week are generally processed during check run the following week. EFTs typically arrive on Friday mornings. Paper claims take longer to process but will still be accepted if a provider chooses not to submit electronically. More specifics on provider billing can be found at http://www.cenpatco.com/providers/louisiana/la-provider-tools/?state=Louisiana .	Providers are required to submit claims within 365 days from the date of service. Clean claims will be processed within 30 days of receipt.
330	For FQHC's (Federally Qualified Health Centers) and Rural Health Clinics is there a date when a primary care visit and behavioral health visit will be reimbursed on the same day for Medicaid? In hope of true behavioral health integration.	Yes, we will be reimbursing for both visits as long as the behavioral health visit is for specialized services by a specialized behavioral health provider.	Per the Amerigroup Louisiana Provider manual Chapter 40 Section 4.0, you will be reimbursed your one encounter rate for the day. There is currently no separate encounter for mental/behavioral health.	Per the Louisiana Medicaid FQHC & RHC policy: Multiple encounters with more than one practitioner or with the same practitioner, which take place on the same day, constitute a single visit.	FQHCs and RHCs are eligible for a single encounter per date of service. This payment covers all services rendered on that date of service, including medical and/or behavioral services.	This question should be directed to DHH Medicaid as a decision has not been made to our knowledge.
332	Are there programs in place for Residential Programs?	Yes. Please refer to our provider directory for residential facilities.	Yes, we have residential treatment facilities contracted in our network.	Amerihealth Caritas Louisiana follows the DHH policy related to residential programming.	Yes. For more details, see the Covered Services Authorization Guide at www.LaHealth.CC/ProviderResources or call 1-844-677-7553 (operational on 12/1/15). You may also reach out to GARY PATE, Clinical Provider Trainer for more information: 337-417-8175, gpate@cenpatco.com . You may also refer to the Provider Billing Manual/Resources to verify additional billing questions: www.louisianahealthconnect.com .	We do not totally understand the question but would suggest providing the level of care guidelines for RTC services.
333	Will all 5 Bayou Plans have direct billing online for 1500 forms to UB04 Claims?	Aetna uses Emdeon and Relay Health and these clearinghouses can accept these claim types.	Yes - Amerigroup is contracted with Availity to allow our providers with a single point sign in. Once logged in you may file your claims online with us and any other Health Plans that have contracted with Availity.	Amerihealth Caritas Louisiana's provider portal does allow for direct submission of claims. Emdeon's quick claim connect can be accessed securely thru Amerihealth Caritas Louisiana's Navinet portal.	LHCC recommends providers submit claims electronically through an approved clearinghouse or through our web portal at http://www.louisianahealthconnect.com/for-providers/electronic-transactions/ . However, providers may submit paper claims, as well, including the CMS 1500 forms and UB04.	No, only OP claims can be submitted through UHC website
335	We are a rural health clinic. We already have contracts with Bayou Health Plans for medical services. Do we need a different contract for Behavioral Health Services?	Existing contracts will cover both medical and behavioral health. Please be sure that Aetna has an up-to-date listing of your provider roster that includes your specialized behavioral health providers.	No - if you provide a list of your providers that offer BH services by roster, we can update your records accordingly. There is no contractual change.	No additional contracting is required for in-network providers; however, any behavioral health practitioners that have not previously been submitted for credentialing will need to be.	No, one contract with LHCC is sufficient to provide all services within your providers' scope of practice.	Yes. Provider can access Agency Application at www.providerexpress.com , click on "Join our Network".
349	Will all ADRA certified/Licensed staff LAC, RAC, CAC's be certified with all Bayou Health plans for reimbursement (substance use services)?	All licensed providers must be contracted and credentialed with Aetna.	These providers will have to enroll and contract with us through our provider network.	If billing as an organization, all rendering practitioners should be submitted on organization provider roster. If billing for individual practitioner services; individual practitioners will require full credentialing.	All providers are encouraged to join our network. Once credentialed, providers will be eligible for reimbursement for covered services. Visit www.LaHealth.CC/Network to join our network of providers.	DHH has waived the certification process for the MCOs. All provider types approved by DHH will be provider types we will contract with the exception of non-licensed individuals, as we only contract with independently licensed behavioral health provider types, groups, agencies (LGE/FQHC/RHC). Individuals affiliated with a group/agency entity will be included in the contract at the group/agency entity level.
351	Will patients be able to see 2 providers on the same day and both providers get paid? Example: Patient would see medical provider and behavioral health provider?	Yes, we will be reimbursing for both visits as long as the behavioral health visit is for specialized services by a specialized behavioral health provider.	Per Chapter 40 Section 4.0 of the Amerigroup Louisiana Medicaid Provider Manual, for FQHCs and RHCs, you will be paid one encounter rate per day. There is currently no separate encounter for mental/behavioral health.	For services rendered outside of an RHC/FQHC environment; behavioral and physical health services rendered on the same day are reimbursable.	FQHCs and RHCs are eligible for a single encounter per date of service. This payment covers all services rendered on that date of service, including medical and/or behavioral services. For non FQHCs/RHCs, all appropriate and necessary services will be reimbursed per CMS and DHH billing guidelines.	Yes as long as different services are provided and different codes are billed except for at FQHCs/RHCs at this time.
352	As a provider if you are not completely contracted and cred. But have submitted the paperwork by Dec. 1st will you be able to retroactive bill for services provided to clients between 12/1 and whatever date you are officially contracted on? Or only able to bill services performed after your contracted date?	If a provider is not contracted and credentialed on the date of service, the claim will deny.	If you have submitted completed, accurate contract and application materials by 12/1, you will be paid for services provided from 12/1 on.	Providers are effective to provide services per the date of successful credentialing completion, however, all bayou health plans have a continuity of care provision.	All Medicaid participating providers may submit claims to LHCC for services rendered to LHCC-linked members. Reimbursement rates will vary based on PAR/NON-PAR status and individual contract terms.	See DHH Information Bulletin 15-18.

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353	Can we use our clearing house to file claims for each ins. co.?	The Health Plan's clearinghouse is Emdeon but providers can use their own clearinghouses to file claims directly to Aetna Better Health.	Amerigroup provides a list of our clearinghouses in our provider manual or you may call our EDI hotline at 1-800-590-5745 to get started. This information will also be presented to you in your new provider orientation.	Yes.	Yes, if from an accepted clearinghouse. For list of clearinghouses that are accepted please visit http://www.louisianahealthconnect.com/for-providers/electronic-transactions/	Yes.
366	If the Freedom of Choice form is no longer applicable, how will the Bayou Health Plan know which provider is the "choice" of the member? For example, what is 2 providers send in an assessment?	Outpatient rehabilitation services, inpatient and residential services require prior authorization from the provider by calling 1-855-242-0802.	Per DHH, the Freedom of Choice form is required under a 1915i and the 1915i will be going away pending CMS approval.	ACLA has requested providers to keep a freedom of choice form in member records. If this occurs on the behavioral health utilization management side, we call both providers and talk it through with each of them to ensure there are no duplication of services. We would also loop in Care Management or Rapid Response to discuss this with the member to ensure the member is receiving services from the provider of their choice.	Members were allowed to choose their Bayou Health plan of choice during Open Enrollment. Generally, only one assessment is allowed per day.	If we receive 2 assessments from different providers, we will reach out to the member to determine which provider they wish to continue services with.
367	Will manual billing be able to be completed on one website, or will providers have to go on each individual insurance companies' website?	Providers will have to go to each individual insurance companies' website to manually enter claims or they can submit claims electronically via a clearinghouse.	Amerigroup is contracted with Availity to allow our providers with a single point sign in. Once logged in you may file your claims online with us and any other Health Plans that have contracted with Availity. Once contracted, your provider representative can share with you information to register or you may go to availability.com to begin registration.	The Bayou Health Plans have no single point of claims entry. Providers can submit claims thru their clearinghouses to multiple payers or they can submit claims manually through ACLA's Provider Portal under the EMDEON quick claim connect option.	Each Bayou Health plan will have their own claims payment process. LHCC recommends providers submit claims electronically through an approved clearinghouse or through our web portal at http://www.louisianahealthconnect.com/for-providers/electronic-transactions/ . However, providers may submit paper claims, as well, including the CMS 1500 forms and UB04. For list of clearinghouses that are accepted please visit: http://www.louisianahealthconnect.com/for-providers/electronic-transactions/	It would be the same website as medical claims for behavioral claims at: www.unitedhealthcareonline.com