



State of Louisiana
Louisiana Department of Health
Bureau of Health Services Financing

MEMORANDUM

DATE: September 22, 2016

TO: All Louisiana Medicaid Providers

FROM: Jen Steele, Medicaid Director

SUBJECT: Louisiana Medicaid's New Procedure for Updating Private Third Party Liability (TPL) and Medicare Advantage Plan Records -Effective September 1, 2016

Effective September 1, 2016, Louisiana Medicaid implemented a new procedure for updating Third Party Liability (TPL) records.

Urgent Private TPL and Urgent Medicare Advantage Plan Update Requests

Urgent TPL requests are defined as the inability of a member to have a prescription filled or the inability of a member to access immediate care because of incorrect third party insurance coverage. Urgent Private TPL and Urgent Medicare Advantage Plan update requests for members enrolled in a Healthy Louisiana Plan for Pharmacy and Medical Benefits must be submitted to the Members' Healthy Louisiana Plan via fax, email or phone.

PLAN	PHONE	FAX	EMAIL	PREFERRED METHOD
Aetna Better Health	1-855-242-0802	1-844-479-2590	Mailbox-MBU- LA_Enrollment@AETNA.com	EMAIL
LHCC Healthcare Connections	1-866-595-8133	1-844-316-0290	OICRequest@centene.com	EMAIL
UHC Community Plan	1-866-675-1607	NONE	PI_COB_research@uhc.com	EMAIL
Amerigroup	1-800-454-3730	NONE	ccuohi@amerigroup.com	EMAIL
AmeriHealthCaritas	1-888-922-0007	1-215-863-5221	TPL@amerihealthcaritas.com	PHONE

Other Urgent, General Private TPL and General Medicare Advantage Plan Update Requests

All other Urgent and General Private TPL and General Medicare Advantage Plan update requests, including Urgent requests for Fee-for-Service (FFS) members, must be submitted directly to HMS.

- Providers must submit all Private TPL and Medicare Advantage Plan General Update Requests directly to HMS.
- Providers must discontinue submitting General, Private TPL and Medicare Advantage Plan updates to Healthy Louisiana Plans and Louisiana Department of Health (LDH).

- Private TPL and Medicare Advantage Plan General Update Requests sent to the MCOs and LDH on September 1, 2016 and beyond will not be processed.

All other Urgent, General Private TPL and Medicare Advantage Plan update requests, including Urgent requests for Fee-for-Service (FFS), must be submitted to HMS via fax, email, or phone.

HMS

Fax: (877) 204-1325

Email: latpr@hms.com

Phone: (877) 204-1324

HMS hours of operation: Monday thru Friday, 8 am-5 pm Central Time.

Louisiana state holidays are excluded.

Louisiana Medicaid's New TPL procedure can be found at:

http://www.lamedicaid.com/provweb1/TPL_Coverage/TPL_Med_Submit_HMS.pdf

Private Third Party Liability (TPL) and Medicare Advantage Plan Update Request Change Forms can be found at:

http://www.lamedicaid.com/ProvWeb1/ProviderTraining/Packets/2008ProviderTrainingMaterials/Recipient_Insurance_Update.pdf

Traditional Medicare Update Requests

All TPL update requests for Traditional Medicare should continue to be faxed to LDH at (225) 342-1376.

Traditional Medicare Update Request Forms can be found at:

<http://www.lamedicaid.com/Provweb1/ProviderTraining/TraditionalMedicare.pdf>

Questions concerning Traditional Medicare updates should be addressed to LDH TPL unit at (225) 342-8662.

TPL hours of operation 8 am-4:30 pm. Central Time.

Louisiana state holidays are excluded.

Your continued cooperation and support of the Louisiana Medicaid Program efforts to coordinate care and improve health are greatly appreciated.

If you have questions about the contents of this memo, you may contact the Fee-for- Service (FFS) Pharmacy Help Desk at (800) 437-9101 or refer to www.lamedicaid.com.

JS/MBW/GJS

c: Dr. SreyRam Kuy
Healthy Louisiana Plans
Melwyn B. Wendt
Molina

**Louisiana Department of Health
Medicaid Recipient Insurance Information Update
(Send This Form Via Fax or Email)**

TO:

Urgent* Private TPL and Urgent* Medicare Advantage Plan Update Requests for Members enrolled in a Healthy Louisiana Plan for Pharmacy and Medical Benefits must be submitted to the Members' Healthy Louisiana Plan. All other Urgent and General Private TPL and General Medicare Advantage Plan update requests, including Urgent requests for Fee-for-Service members and MCO members who receive Pharmacy Benefits paid by Molina must be submitted to HMS.

PROVIDER

Date:	<input type="text"/>	Submitter Name:	<input type="text"/>
		<small>(Required)</small>	
Provider Name:	<input type="text"/>	Phone Number:	<input type="text"/>
		<small>(Required)</small>	
SUBMISSION STATUS	PICK ONE		

RECIPIENT INFORMATION

Patient Name:	<input type="text"/>	Parish of Residence:	<input type="text"/>
<small>(Required)</small>			
Medicaid ID#:	<input type="text"/>	Date of Birth (mm/dd/yyyy):	<input type="text"/>
<small>(Required)</small>		<small>(Required)</small>	
Date of Service (mm/dd/yyyy):	<input type="text"/>		

ADDING INSURANCE

Use this section to update the patient's file by adding the following insurance

Policy Holder Name:	<input type="text"/>	Insurance Company	<input type="text"/>
<small>(Required)</small>		<small>(Required)</small>	
Policy Holder SSN:	<input type="text"/>	St. Address	<input type="text"/>
<small>(Required)</small>			
Policy Holder DOB (mm/dd/yyyy):	<input type="text"/>	City/St/Zip	<input type="text"/>
<small>(Required)</small>			
Scope of Coverage: :	<input type="text"/>	Policy #:	<input type="text"/>
<small>(Optional)</small>		<small>(Required)</small>	
Coverage Eff. Date (mm/dd/yyyy):	<input type="text"/>	Group #:	<input type="text"/>
Coverage End Date (mm/dd/yyyy):	<input type="text"/>		
		Carrier Code:	<input type="text"/>

REMOVING INSURANCE

Use this section to update the patient's file by removing the following insurance

Policy Holder Name:	<input type="text"/>	Insurance Company	<input type="text"/>
<small>(Required)</small>		<small>(Required)</small>	
Policy Holder SSN:	<input type="text"/>	St. Address	<input type="text"/>
<small>(Required)</small>			
Policy Holder DOB (mm/dd/yyyy):	<input type="text"/>	City/St/Zip	<input type="text"/>
<small>(Required)</small>			
Scope of Coverage: :	<input type="text"/>	Policy #:	<input type="text"/>
<small>(Optional)</small>		<small>(Required)</small>	
Coverage Eff. Date (mm/dd/yyyy):	<input type="text"/>	Group #:	<input type="text"/>
Coverage End Date (mm/dd/yyyy):	<input type="text"/>		
		Carrier Code:	<input type="text"/>

PRIVACY AND CONFIDENTIALITY WARNING

This Fax may contain Protected Health Information, Individually Identifiable Health Information and other information which is protected by law. The information is intended only for the use of the intended recipient. If you are not the intended recipient, you are hereby notified that any review, disclosure/re-disclosure, copying, storing, distributing or the taking of action in reliance on the content of this Fax and any attachments thereto, is strictly prohibited. If you have received this Fax in error, please notify the sender immediately and destroy the contents of this Fax and its attachments by deleting any and all electronic copies and any and all hard copies regardless of where they are maintained or stored.

Rev 07/15/2016