



**IMPORTANT NOTICE TO PROVIDERS**

**NEW PROCESS IMPLEMENTED TO ADDRESS**

**MEMBER RETRO ENROLLMENT and DISENROLLMENT FOR MANAGED CARE**

**(Bayou Health)**

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DHH is implementing a monthly post review process of paid and denied claims for Medicaid members who were retroactively enrolled or disenrolled into Bayou Health Plans and/or Legacy Medicaid.

Therefore, effective with the Remittance Advice dated November 5, 2013, and monthly thereafter, Molina will review potentially impacted claims where retroactive enrollment or disenrollment of a member was necessary, and take action on claims either paid or denied by an incorrect entity (Plans or Legacy). To ensure payment is made by the correct entity, identified claims will be voided by Molina for Legacy and Shared Plans. Prepaid Plans identify and perform voids of inappropriately paid claims – therefore Molina will not perform voids for Prepaid Plans. Providers will receive notice of voids on the remittance advice and must re-verify eligibility through MEVS based on the date of service and obtain the correct entity's identity for submission of claims. The correct date of service must be entered into the MEVS inquiry as "Plan Date" in order to obtain correct eligibility information for that date.

Prior Authorization of Services

- For services which received prior authorization by a prior entity based on the member's enrollment at the time of service, DHH has directed the 'new' entity to accept and honor the authorization approved by the said entity if appropriate (meaning the original authorization does not violate state or federal regulations).
- Providers must submit a copy of the approved original authorization to the correct entity to verify the approval when submitting a new claim.
- In situations where an authorization request was originally denied, the correct entity will not be expected to approve and pay for services that were not approved.

Timely Filing

- If claims were submitted timely to the entity in which the member was enrolled at the time of service, but is beyond timely filing limits for the correct entity, DHH has directed the new entity to accept and honor previously met timely filing guidelines.
- Providers must furnish a copy of the EOB from the prior entity to support timely filing when appropriate.

**Molina will recycle claims following the steps outlined below:**

- Claims associated with member enrollment changes that occurred in the months of July, August and September 2013 that were paid by an incorrect entity, and those denied (Legacy and Shared Plan) incorrectly will be recycled.
- All recycled claims will carry new Edit 999 (Administrative Correction) signifying member retro enrollment or disenrollment.
- Claims which denied inappropriately with 313 (submit to FI), 506 (submit to Shared), and 507 (submit to Prepaid), will be reprocessed to either pay or deny with the appropriate denial edit. Providers must re-verify eligibility in MEVS and resubmit the claim to the appropriate entity. If subsequent denials occur based on reprocessing, the appropriate denial edit and edit 999 will appear on the claim(s).
- Molina will adjudicate claims that should have been billed to Legacy. Providers will not have to resubmit these claims.
- Claims that were paid by an incorrect entity (Shared or Legacy) will be voided. These voids will indicate the appropriate edit (506 and 507) in addition to the 999 edit, advising providers to re-verify eligibility in MEVS and resubmit the claim to the appropriate entity.

Where prior authorizations and/or timely filing are concerned, it will be necessary for providers to submit:

- A paper claim;
- A letter requesting the claim be processed per the retro enrollment/disenrollment procedures;
- A copy of the approved authorization from the entity in effect at the time of service where applicable; and
- A copy of the EOB from the entity in effect at the time of service where timely filing is involved.

**NOTE:** Prepaid Plans should be contacted individually about their procedures for handling claims related to retro enrollment/disenrollment situations.

Claims associated with member retro enrollment and/or disenrollment from the implementation of Bayou Health (February 2012 through June 2013) will be addressed in phases between all Plans and Molina. Further information will be posted on the [www.lamedicaid.com](http://www.lamedicaid.com) site as it becomes available.