

October 16, 2015

Dear Behavioral Health Provider,

Effective December 1, 2015 Louisiana Healthcare Connections, in partnership with Cenpatico Behavioral Health, will begin covering specialized behavioral health services for their Bayou Health membership. These services are currently covered by Magellan.

The health and safety of our members - your patients - is our highest priority. In order to provide continuity of care for our members during this transition, we will honor open authorizations for covered behavioral health services received from Magellan from December 1, 2015 until February 29, 2016, with the following clarifications:

- We will receive Magellan's transitioning authorization files from the State (10/6/15, 10/25/15, 11/13/15, and daily 11/30/15 thru 12/14/15, final file on 12/14/15) - Our Behavioral Health Referral Services will own the responsibility of loading these authorizations.
- Our Behavioral Health Referral Services will extend all authorizations (OP and HCBS services only) that end prior to 12/31/2015 to have a new end date of 12/31/2015 for all ages.
- We will honor transitioning authorizations from Magellan up to 02/29/16 - but must honor authorizations beyond 02/29/16 unless our Behavioral Health Clinical department completes a review of the authorization and/or plan of care (POC) and notifies the provider before 02/14/16.
  - If this date is not met, we will honor the original authorization in full until the review/notification occurs.
- Once the transitional authorization ends, PAR and NON-PAR providers must follow our authorization requirements - even if this occurs during the Transition of Care (TOC) period (1/1/2016-02/29/16).
- Requests for new services, not previously authorized by Magellan, must follow our authorization requirements beginning 12/1/15 for PAR and NON-PAR providers. Providers may begin requesting services for members on 11/23/2015.
  - We are not required to authorize new services for NON-PAR providers if the same services/provider type is available from a PAR provider in the network.
- Providers may begin requesting services for established patients as soon as 11/23/2015.
  - NOTE: If an existing authorization is on file, we will truncate the existing authorization using the date of the new request and create a new authorization from that date forward. This process is the same for all authorization requests, regardless if the authorization on file is a previous Magellan authorization or our authorization.
- Providers are highly encouraged to obtain a new authorization from us as follows:
  - If the provider's Magellan transitioning authorization ends on or before 12/31/2015, we will automatically extend the authorization to end on 12/31/15.
  - If the authorization ends on 12/31/15, the provider may contact us as early as 11/23/15 to obtain a new authorization for services 01/01/16 and beyond.
  - If the provider's Magellan transitioning authorization ends on or before 01/31/16, the provider may contact us as early as 1/1/16 to obtain a new authorization for services 02/01/16 and beyond.
  - If the provider's Magellan transitioning authorization ends on or before 02/29/16, the provider may contact us as early as 2/1/16 to obtain a new authorization for services 03/01/16 and beyond.

- If the authorization expires on 3/1/16 or later, the provider may contact us up to two weeks prior to requiring additional authorization(s) for ongoing services.
- Magellan will maintain responsibility for the episode of care for members that remain in an inpatient or residential treatment setting as of 12/1/2015. However, the facility is responsible for contacting us at 1-844-677-7553 for discharge planning purposes. Professional fees should be billed to us for dates of service after 12/1/15.
- Providers must adhere to our authorization criteria when:
  - The provider wishes to render a service that is not covered under the Magellan transitioning authorization;
  - The provider exhausts the Magellan transitioning authorization before 02/29/2016 but needs to provide additional services;
  - The Magellan authorization expires before 02/29/2016; and/or
  - The provider wishes to begin providing services to a new patient.

Authorization criteria are outlined in Cenpatco's Covered Services & Authorization Guidelines (CSAG) document which is posted online at [www.LaHealth.CC/ProviderResources](http://www.LaHealth.CC/ProviderResources).

- CSoC services will continue to be provided by Magellan and the Department of Health and Hospitals.
- CSoC services will not be affected by the transition.

We will review authorizations that extend beyond February 29, 2016. These reviews will be completed by February 14, 2016 and will focus on medical necessity. Providers may be contacted by us to discuss the treatment plan and the effectiveness of the services being provided. Adjustments may be made to the current authorization based on the review findings.

We look forward to working with you and your practice. Please review the Frequently Asked Questions document enclosed with this notice. Should you have any questions, please do not hesitate to contact us by phone as follows:

- For calls prior to 12/1/2015 please call 1-866-595-8133.
- For calls 12/1/2015 and beyond please call 1-844-677-7553.

Sincerely,

Pamela Cobb, Director, Network Development & Contracting

## FREQUENTLY ASKED QUESTIONS

**1. When is this change effective?**

Tuesday 12:00 a.m., December 1, 2015

**2. How will this change affect me/my practice?**

You will need to provide services in accordance with the guidelines set forth in this notification and the Louisiana Healthcare Connections Provider Manual to ensure there is no disruption in member care and reimbursement for services. The Provider Manual can be found online at [www.LaHealth.CC/ProviderResources](http://www.LaHealth.CC/ProviderResources).

**3. How does this change affect my patient?**

Louisiana Healthcare Connections and Cenpatico have developed a transition period to allow providers time to become a participating provider, complete the current episode of treatment, or transfer the member to a participating provider. If necessary, Cenpatico and Louisiana Healthcare Connections can assist the member through care coordination, so that a safe transition can be made to a participating clinician.

**4. What is your phone number?**

For calls prior to 12/1/2015, please call 1-866-595-8133.

For calls 12/1/2015 and beyond, please call 1-844-677-7553.

**5. What is your web address?**

Louisiana Healthcare Connections: [www.LouisianaHealthConnect.com](http://www.LouisianaHealthConnect.com)

Cenpatico: [www.cenpatico.com](http://www.cenpatico.com)

**6. How do I verify member eligibility?**

- By phone:
  - For calls prior to 12/1/2015 please call 1-866-595-8133.
  - For calls 12/1/2015 and beyond please call 1-844-677-7553.
- Online at [www.LouisianaHealthConnect.com](http://www.LouisianaHealthConnect.com) (Of note, you must be registered to use the secure web portal to verify eligibility online.)
- Eligibility should be verified for each appointment or on a monthly basis
- Refer to the member's Louisiana Healthcare Connections Member Identification card. Providers are encouraged to copy the front and back of ID cards for their records.

Members with only Behavioral Health Coverage:



## Members with full Physical and Behavioral Health Coverage

<p><b>Member</b></p> <p><b>louisiana healthcare connections</b></p> <p><b>Name:</b> JOHN SMITH <b>Medicaid ID #:</b> 1234567891011 <b>DOB:</b> 01/01/2012 <b>PCP Name:</b> JANE DOE <b>PCP Address:</b> 1234 Main Street City, LA 71234 <b>PCP Phone #:</b> (555) 555-1234 <b>After Hours #:</b> (555) 555-5678</p> <p><b>RX:</b> US Script <b>BIN:</b> 008019</p> <p><small>If you have health questions, call your PCP or our free 24/7 nurse advice hotline at 1-866-595-8133 (hearing loss: 1-877-285-4314). In an emergency, call 911.</small></p>	<p><b>FOR MEMBERS</b> Member Services: 1-844-677-7553 (Hearing Loss: 1-800-846-5277) Call Member Services for: • Questions about your benefits • Comments and complaints <b>Mailing Address:</b> Louisiana Healthcare Connections 8585 Archives Avenue, Suite 310 Baton Rouge, LA 70809 <b>Report Medicaid Fraud:</b> 1-800-488-2917</p> <p><b>FOR PROVIDERS</b> Provider Services: 1-866-595-8133 IVR Eligibility Inquiry and Prior Authorization: 1-866-595-8133 <b>Send Claims to:</b> Louisiana Healthcare Connections Attn: Claims P.O. Box 4040 Farmington, MO 63640-3826 <b>EDI Payer ID:</b> 68069</p> <p><a href="http://www.LouisianaHealthConnect.com">www.LouisianaHealthConnect.com</a></p>
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7. **Should I submit my claims with the Magellan authorization number?**  
Claims should not be submitted with the Magellan authorization number.
8. **Will a new authorization number be provided to me and how will I receive this information?**  
We will be issuing authorizations and systematically assigning authorization numbers. Notice of Coverage (NOC) is not sent on a systematic authorization load. Providers should be able to view authorizations via the secure web portal online at <http://www.LouisianaHealthConnect.com>.
9. **Will another authorization be given to providers?**  
During the transition period from December 1<sup>st</sup> thru February 29<sup>th</sup> we are honoring Magellan's authorizations. This information will be provided to us by the Department of Health and Hospitals. For all new or continuing services, an authorization will be needed. Please be mindful that the transition of care authorizations are honored up to the allotted timeframe provided or until a concurrent Medical Necessity review takes place. Upon this review, new authorizations will be issued if the service meets the Medical Necessity Criteria. Should the service not meet Medical Necessity a denial will be issued for the existing Level of Care.
10. **What happens if I want to see a new Louisiana Healthcare Connections member but I am not a participating provider?**  
Non-Participating providers are invited to join the provider network. After the transition of coverage timeframe has ended, all non-participating providers will need an authorization prior to treatment. Emergency services do not require an authorization at any time. We encourage all eligible providers to join our network. After the contracting and credentialing processes are complete, you will be notified of your participation status in our network. At this time, you may accept new member referrals.
11. **Why should I join your network?**  
In order to avoid disruption to your members, we encourage you to become a participating provider as soon as possible. We will only honor transitioning authorizations from Magellan for non-participating providers in accordance with the terms of the transition of care period described above. Authorization will be required for all services otherwise.
12. **How do I join the network?**  
Please submit a request online as follows:  
<http://www.cenpatico.com/providers/louisiana/louisiana-join-our-network/?state=Louisiana>
13. **Where can I find a copy of the Provider Manual?**  
You can find a copy of the Louisiana Healthcare Connections Provider Manual online at [www.LouisianaHealthConnect.com](http://www.LouisianaHealthConnect.com).
14. **What services are covered and what are the authorization requirements?**  
Please refer to Cenpatico's Louisiana Covered Services & Authorization Guidelines document online at <http://www.LouisianaHealthConnect.com>.

**15. Where can I find a listing of participating providers for referrals?**

Please refer to the online Provider Directory at <http://www.LaHealth.CC/FindADoc>

**16. What is the timely filing requirement?**

Claims must be submitted within 365 days of the date of service.

**17. How long do I have to fill a corrected claim or submit an appeal or reconsideration?**

All corrected, reconsiderations and appeals should be submitted to with 90 days of receiving your explanation of benefits.

**18. Where do I submit paper claims?**

For covered behavioral health services provided to a Louisiana Healthcare Connections member on or after December 1, 2015, please submit paper claims to:

**PAPER CLAIMS BY MAIL**

Louisiana Healthcare Connections , ATTN: Claims  
P.O. BOX 4040  
Farmington, MO 63640-3826

**PAPER CLAIMS BY FEDEX OR UPS DELIVERY**

Louisiana Healthcare Connections, ATTN: Claims  
840 Progress Drive  
Farmington, MO 63640

Handwritten claims are not accepted all paper claims must be typed.

**19. How do I submit claims electronically?**

Providers may submit claims using the secure provider portal online at <http://provider.LouisianaHealthConnect.com>). Please note that provider must be a participating provider in order to register for and utilize the portal. Louisiana Healthcare Connections Payer ID is **68069** and we work with the following clearinghouses:

- Emdeon
- Availity
- Capario
- Smarta Data
- Allscripts/Payerpath
- IGI
- Physicians CC
- Claimsource
- Claim Remedi
- First Health Care
- Viatrack
- GHN Online
- Medassets/exactimed (pending)
- Practice Insight
- SSI
- Trizetto Provider Solutions, LLC.
- Relay/Mckesson
- MDonLine
- CPSI
- DeKalb

**20. How do I sign up for EFT and ERA?**

Participating providers may receive electronic funds transfers (EFT) and electronic remittance advice (ERA) from Louisiana Healthcare Connections at no cost through PaySpan Health. Visit our website at <http://www.LouisianaHealthConnect.com/for-providers/electronic-transactions>

If you have any questions, please contact:

Louisiana Healthcare Connections  
c/o Centene EDI Department  
1 (800) 225-2573, ext. 25525 or 1-314-505-6525  
[EDIBA@centene.com](mailto:EDIBA@centene.com)