

# CARELON BEHAVIORAL HEALTH LOUISIANA CRISIS HUB ADDENDUM

Any policies contained in this Provider Handbook Addendum will supersede those policies contained in Carelon Behavioral Health's <u>National Provider Handbook</u>. This Addendum is specific to your state.

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### Louisiana Crisis Hub

The following chapters referenced below correspond with the chapters found in the Carelon Behavioral Health (Carelon) National Provider Handbook. Information included under each chapter is specific to Louisiana Crisis Hub.

#### 1. INTRODUCTION

See Carelon national handbook

#### 2. ELECTRONIC RESOURCES

#### **CAQH**

Log-in: https://proview.caqh.org/Login/Index?ReturnUrl=%2f

Register: https://proview.caqh.org/PR/Registration

FAQ: CAQH ProView - Help

See Carelon national handbook

#### 3. PARTICIPATING PROVIDERS

Non-crisis phone number for provider inquiries: 844-605-2482

LA Admin email address: lchadmin@carelon.com

#### 4. CREDENTIALING AND RE-CREDENTIALING

Non-crisis phone number for provider inquiries: 844-605-2482

LA Admin email address: lchadmin@carelon.com

#### 5. OFFICE PROCEDURES

See Carelon national handbook

#### 6. SERVICES TO MEMBERS

See Carelon national handbook

#### 7. MEMBER RIGHTS AND RESPONSIBILITIES

See Carelon national handbook

#### 8. PARTICIPATING PROVIDER COMPLAINTS AND GRIEVANCES

#### **Provider Disputes**

A participating provider who disagrees with Carelon's denial or reimbursement rate for a claim may request a provider dispute resolution (PDR), unless government program requirements provide a different resolution mechanism for the disputed claim. PDR requests may be submitted in writing to the address given in the provider summary voucher PSV. A complete appeal request must be received within 180 calendar days from date of the payment determination being appealed, unless the provider agreement or applicable laws or regulations establish a longer filing period.

To file an appeal based upon the denial of a payment request, please use the Provider Claims Based Dispute Resolution Request form and mail to the address given in the PSV or mail to:

#### **Provider Dispute Resolution**

#### P.O. Box 1872 Hicksville, NY 11802-1872

A PDR request is not considered complete until all necessary information has been received. At a minimum, it must include the patient's name and identifying information, the participating provider's name and contact information, the billed service and dates of service, and the reason the participating provider believes Carelon's determination is incorrect. The participating provider may submit any additional information for Carelon to consider in our decision. If Carelon finds that additional information is necessary to make a decision, Carelon will notify the participating provider of the information needed and the timeframe to submit the information.

Carelon issues an appeal decision within 30 calendar days from receipt of a complete appeal request and sends the participating provider a written decision letter. If the appealed determination is upheld, the decision letter will explain the reason it was upheld. If the determination is overturned, the claim will be reprocessed in accordance with the decision within 30 calendar days from the date of the appeal decision.

When a member assigns appeal rights in writing to a provider, the provider may request a member claim appeal on behalf of the member. Member appeal rights are limited to those available under the member's benefit plan. Requests for a member claim appeal must be received in the manner and timeframe stated on the member's Explanation of Benefits, subject to the terms of the member's benefit plan and applicable laws and regulations.

Participating providers must exhaust all administrative processes concerning unresolved claims dispute'. pursuant to the terms of the provider agreement, and more specifically any dispute resolution provisions prior to pursuing any legal or equitable action.

#### 9. CLAIMS PROCEDURES

- Availity payer ID is BHOVO www.availity.com/essentials-portalregistration/
- PaySpan www.payspanhealth.com/nps

Please note that Medicaid timely filing applies, which is 365-days from the date of service

#### 10. UTILIZATION MANAGEMENT

No authorization requirements.

#### 11. QUALITY MANAGEMENT/QUALITY IMPROVEMENT

Carelon is developing Provider Quality processes in partnership and cooperation with LDH/OBH and will provide updates to Providers as this development is complete.

#### 12. ADDITIONAL HELPFUL RESOURCES

#### Louisiana Admin Contact:

lchadmin@carelon.com

Non-crisis phone number: 844-605-2482

#### Louisiana Crisis Hub Website:

LouisianaCrisisConnect.org

#### Provider Education Webinars:

www.carelonbehavioralhealth.com/providers/resources/trainings