

Aetna Better Health® of Louisiana

Formal Complaints

The following resolution options are available for all issue types, including claims. Providers should use the following contact information for complaints and escalation of issues through ABHLA:

Escalation Type	Contact Information
Formal Complaint	Phone: 1-855-242-0802 Email: LAProvider@aetna.com Mail: Aetna Better Health of Louisiana 2400 Veterans Memorial Blvd. Suite 200 Kenner, LA 70062
Management Level Contact	Stella Joseph, Manager of Appeal and Grievance LAAppealsandGrievances@aetna.com
Executive Level Contact	Richard Born, CEO BornR@aetna.com

Formal Complaints through LDH

In the event a provider is not satisfied with the resolution or does not receive a timely response from ABHLA, the provider can contact LDH directly using the following contact information:

Email: Melanie.Doucet@la.gov or Justin.Owens@la.gov

NOTE: Include detailed information on all attempts to resolve the issue through ABHLA, as well as contact information (contact name, provider name, e-mail, and phone number) of ABHLA staff. This will allow LDH staff to follow up with any questions.

Independent Review

Providers may also use Independent Review in conjunction with the claim appeals options in this notification. This option is available for resolution of all claim disputes. The Independent Review process may be initiated after claim denial.

NOTE: Per House Bill No. 492 Act No. 349, an adverse determination involved in litigation or arbitration or not associated with a Medicaid enrollee shall not be eligible for independent review.

- The Independent Review process was established by La-RS 46:460.81, et seq. to resolve claims disputes when a provider believes an MCO has partially or totally denied claims incorrectly. An MCO's failure to send a provider a remittance advice or other written or electronic notice either partially or totally denying a claim within 60 days of the MCO's receipt of the claim is considered a claims denial.
- Independent Review is a two (2) step process which may be initiated by submitting an Independent Review Reconsideration Request Form to the MCO within 180 calendar days of the Remittance Advice paid, denial, or recoupment date. Request forms are available at <http://ldh.la.gov/index.cfm/page/2982>.
- If a provider remains dissatisfied with the outcome of an Independent Review Reconsideration Request, the provider may submit an Independent Review Request Form to LDH within 60 calendar days of the MCO's decision. Request form available at the link below.
- Effective Jan. 1, 2018 there is a \$750 fee associated with an independent review request. If the independent reviewer decides in favor of the provider, the MCO is responsible for paying the fee. Conversely, if the independent reviewer finds in favor of the MCO, the provider is responsible for paying the fee.
- SIU post-payment reviews are not considered claims denials or underpayment disputes, therefore, SIU findings are exempt from the Independent Review Process.
- Additional detailed information and copies of above referenced forms are available at: <http://ldh.la.gov/index.cfm/page/2982>

Questions and Support:

For more information, please contact LAProvider@AETNA.com or call 1-855-242-0802 and follow the prompts.