

# Frequently Asked Questions re: Louisiana Health Cooperative

## **Former Members:**

**Q:** If I file a claim, will I receive full reimbursement?

**A:** When all claims against the Louisiana Health Cooperative (LAHC) are determined by the Receiver and approved by the Court, the Receiver will seek Court approval for payment based on available general assets. At this time the Receiver does not have enough assets to fully reimburse all claimants.

**Q:** What happens if I didn't file my claim by March 31, 2016?

**A:** All proof of claim forms will still be accepted if submitted after the March 31, 2016 filing deadline. However, those claims are considered untimely and reimbursement will be paid after those claims filed on time (March 31) if funds are available.

**Q:** How long will this process take?

**A:** The Receiver is working with the federal government to reconcile our records and determine our assets and liabilities. The Receiver is also working to reprocess claims in accordance with state receivership laws and court orders. These steps are required for determining funds available to pay providers, policyholders subscribers, members, and other creditors. The Receiver has also filed for a Federal Waiver. Federal approval is required prior to the Receiver releasing funds to claimants.

**Q:** I received a bill from the doctor, what should I do?

**A:** Pursuant to the September 21, 2015 order of the 19th Judicial District Court and Louisiana law, all network providers are prohibited from balance billing, requiring payment up front, refusing to treat, or taking any recourse against the Louisiana Health Cooperative, Inc. policyholders, members, enrollees and subscribers, except for collecting applicable co-payment, co-insurance, or deductible amounts owed by you as determined and conveyed by LAHC. If you are being balance billed by an in-network provider for amounts other than the member responsibility portion described above, please submit a copy of the bill along with your explanation to the address below or contact LAHC customer service. If you are balance billed by an out-of-network provider you are responsible for amounts not covered by LAHC. If you are balance billed by an out of network provider AND you did not have prior approval from LAHC you are responsible for ALL amounts billed by that provider.

**Q:** I have my claims form but lost the notice, can I get the address to mail my form?

**A:** Yes, send it to the address below:

Louisiana Health Cooperative, Inc. in Receivership  
P.O. Box 7827  
Metairie, LA 70010-7827

**Q:** I have moved since submitting my claims, can you take my address change?

**A:** Yes, send it to the address below:

Louisiana Health Cooperative, Inc. in Receivership  
P.O. Box 7827  
Metairie, LA 70010-7827

**Q:** How will I be notified of approval or denial of a claim?

**A:** A written notice of approval or denial in whole or in part will be mailed to the claimant at your address in our files. If your address changes it is your responsibility to notify LAHC of that change.

**Providers:**

**Q:** Can we balance bill the member?

**A:** No, if you are an in-network provider. Pursuant to the September 21, 2015 order of the 19th Judicial District Court and Louisiana law, all network providers are prohibited from balance billing, or taking any recourse against the Louisiana Health Cooperative, Inc. policyholders, members, enrollees, and subscribers, with the exception of collecting applicable co-payment, co-insurance, or deductible amounts as determined and conveyed by LAHC. If you are an out-of-network provider and LAHC gave prior authorization for the services provided to the member, you may bill the member responsibility amounts and those amounts above usual and customary charges once you receive a determination from LAHC. If the member did not have an authorization for the services provided, then LAHC will deny the entire claim and you may bill your entire charges.

**Q:** Should we *resubmit* claims for reimbursement if we have not been paid?

**A:** No. Please note that filing claims previously received by LAHC will result in a charge of \$10.00 per line (not per claim) for reprocessing.

**Q:** What if I have questions about my contractual obligations with LAHC?

**A:** Contact the LAHC offices and have all pertinent information available to provide to the customer service representative.

**Providers, Brokers, Agents and Vendors:**

**Q:** How long will the process of paying providers, brokers, agents and vendors take?

**A:** The Receiver is working with the federal government to reconcile our records and determine our assets and liabilities. The Receiver is also working to reprocess claims in accordance with state receivership laws and court orders. These steps are required for determining funds available to pay providers, policyholders, and other creditors. The Receiver has also filed for a Federal Waiver. Federal approval is required from the United States Department of Justice prior to the Receiver releasing funds to claimants. Periodic updates will be posted on LAHC's website.



Louisiana Department of Insurance  
Office of Receivership

Phone: 504-303-4672  
Website: [www.ldi.la.gov](http://www.ldi.la.gov)