



**To:** AmeriHealth Caritas Louisiana Providers

**Date:** September 4, 2025

**Subject:** [Informational Bulletin 24-04](#): Managed Care Ambulance Provider Issue Resolution (Emergent and Non-Emergent)  
(Revised August 28, 2025)



Informational Bulletins that summarize policies and/or procedures are intended for quick reference and are accurate on the date they are issued.

**Managed Care Ambulance Provider Issue Resolution (Emergent and Non-Emergent)**

This bulletin outlines the options available to ambulance providers for pursuing the resolution of claims payment issues with AmeriHealth Caritas Louisiana and the state’s fee-for-service claims payment issues. Providers must first seek resolution with the transportation broker directly before engaging with AmeriHealth Caritas Louisiana, third parties, or the Louisiana Department of Health (LDH).

**Transportation Broker – Verida (formerly Southeastrans) escalation contacts**

**For issues related to non-emergency ambulance transportation (NEAT) service claims, contact:**

Verida – Claim Resolution  
Claims Account Representative  
By phone: 678 -510-4590  
[claimsleadershipteam@verida.com](mailto:claimsleadershipteam@verida.com)

**Transportation provider issue escalation and resolution – claim appeals:**

By email: [claimdispute@verida.com](mailto:claimdispute@verida.com)  
By mail: Verida, Inc.  
Attn: CFO  
843 Dallas Hwy  
Villa Rica, GA 30180  
By web: <https://myverida.com/facilities-file-a-complaint-form/>

**MCO escalation contacts:**

By phone: 888-922-0007  
By email: [network@amerihealthcaritasla.com](mailto:network@amerihealthcaritasla.com)  
By mail: Attn: Provider Complaints  
AmeriHealth Caritas LA

P.O. Box 7323 London, KY 40742  
By web: <https://identity.navinet.net/>  
Management Level: Carletta Howard  
Manager, Network Operations  
[choward2@amerihealthcaritasla.com](mailto:choward2@amerihealthcaritasla.com)

Executive Level: Kelli Clement  
Director, Network Operations  
[kclement@amerihealthcaritasla.com](mailto:kclement@amerihealthcaritasla.com)

**Claim Appeal: Ambulance Provider Issue Escalation and Resolution – non-emergency ambulance transportation:**

**Time Requirements**

The provider has 365 days from the date of denial to correct and resubmit denied claims. An appeal must be received from the provider within 180 calendar days of the Remittance Advice paid date or original denial date. A determination will be made by the broker within 30 days of receipt.

**Medicaid Managed Care Ambulance Provider Issue Resolution: Emergency Medical Transportation Services**

**For issues related to emergency medical transportation (EMT) service claims, contact:**

By phone: 888-922-0007  
By email: [network@amerihealthcaritasla.com](mailto:network@amerihealthcaritasla.com)  
By mail: AmeriHealth Caritas Louisiana  
P.O. Box 7323  
London, KY 40742  
By web: <https://www.amerihealthcaritasla.com/provider/resources/navinet/index.aspx>

**Claim Appeal: Emergency Medical Transportation (EMT) service claims:**

**Time Requirements**

The provider has 180 days from the date of denial to correct and resubmit denied claims. An appeal must be received within 30 calendar days of the date on the determination letter from the original.

**Claim Appeal: Ambulance Provider issue Escalation and Resolution – EMT claim appeals:**

By mail: AmeriHealth Caritas Louisiana  
ATTN: Provider Disputes  
P.O. Box 7323  
London, KY 40742

**MCO escalation contacts:**

By phone: 888-922-0007  
By email: [network@amerihealthcaritasla.com](mailto:network@amerihealthcaritasla.com)  
By mail: Attn: Provider Complaints  
AmeriHealth Caritas LA  
P.O. Box 7323  
London, KY 40742  
By web: <https://identity.navinet.net/>

**Management Level: Carletta Howard**

Manager, Network Operations  
[choward2@amerihealthcaritasla.com](mailto:choward2@amerihealthcaritasla.com)

**Executive Level: Kelli Clement**

Director, Network Operations  
[kclement@amerihealthcaritasla.com](mailto:kclement@amerihealthcaritasla.com)

For full details, please see [IB 24.04 revised 8.28.2025](#).

Questions regarding this message should be directed to AmeriHealth Caritas Louisiana Provider Services at 1-888-922-0007. The Provider Services Department can be reached between 7:00 am – 7:00 pm daily.

**Missed an Informational Bulletin?**

You can find a complete listing of Informational Bulletins on the [Provider Newsletters and Updates](#) page of our website under the header [Louisiana Department of Health Information Bulletins](#).

**Need to update your provider information?** Send full details to: [network@amerihealthcaritasla.com](mailto:network@amerihealthcaritasla.com).















**Managed Care Ambulance Provider Issue Resolution (Emergent and Non-Emergent)**

*Note: Revisions have been underlined. Deleted text indicated by ~~strikethrough~~.* This bulletin outlines the options available to ambulance providers for pursuing resolution of claims payment issues. Providers must first seek resolution with the transportation broker directly, prior to engaging managed care organizations (MCO), third parties, or the Louisiana Department of Health (LDH).













**Non-Emergency Ambulance Transportation (NEAT) Services**

For issues related to non-emergency ambulance transportation (NEAT) service claims, contact:

Ctrl+ Click logo to reach each broker's website						
MCO						
CLAIM RECONSIDERATION						
Time Requirements	Provider has 365 days from the date of denial to correct and resubmit denied claims. A request for claim reconsideration review must be <b>received from the provider within 180 calendar days</b> of the Remittance Advice paid date or original denial date. <b>A determination will made by the broker within 30 days of receipt.</b>					
How to Submit	Request may be submitted verbally, in writing or through the web portal (if applicable). The broker shall provide a reference number for all requests for claim reconsideration. This reference number can be used for claim appeals if necessary.					
	<p><b>Email:</b> <a href="mailto:Billing@meditrans.com">Billing@meditrans.com</a></p> <p><b>Phone:</b> Provider Help Desk 844-349-4326, Option 9</p> <p><b>Mail:</b> MediTrans Attn: Billing 102 Asma Blvd., Suite 200 Lafayette, LA 70508</p>	<p><b>Email:</b> <a href="mailto:claimsleadershipteam@verida.com">claimsleadershipteam@verida.com</a></p> <p><b>Phone:</b> Claims Account Representative 678-510-4590</p> <p><b>Mail:</b> Verida Inc. Attn: Claims 843 Dallas Hwy Villa Rica, GA 30180</p> <p><b>Website:</b> <a href="https://provider.verida.com/">https://provider.verida.com/</a></p>	<p><b>Email:</b> <a href="mailto:Billing@MediTrans.com">Billing@MediTrans.com</a></p> <p><b>Phone:</b> Provider Help Desk 844-349-4326, Option 9</p> <p><b>Mail:</b> MediTrans Attn: Billing 102 Asma Blvd., Suite 200 Lafayette, LA 70508</p>	<p><b>Email:</b> <a href="mailto:Billing@MediTrans.com">Billing@MediTrans.com</a></p> <p><b>Phone:</b> Provider Help Desk 844-349-4326, Option 9</p> <p><b>Mail:</b> MediTrans Attn: Billing 102 Asma Blvd., Suite 200 Lafayette, LA 70508</p>	<p><b>Email:</b> <a href="mailto:ambulanceclaims@mtm-inc.net">ambulanceclaims@mtm-inc.net</a> <a href="mailto:Providers@MediTrans.com">Providers@MediTrans.com</a></p> <p><b>Phone:</b> <del>866-595-8133</del> Provider Help Desk <u>844-349-4326, Option 5</u></p> <p><b>Mail:</b> <u>MediTrans</u> <u>Attn: Billing</u> <u>102 Asma Blvd., Suite 200</u> <u>Lafayette, LA 70508</u></p> <p><b>Fax:</b> <del>480-757-6082</del> <u>337-366-6760</u></p> <p><b>Website:</b> <a href="https://tp.mtmlink.net/index/login">https://tp.mtmlink.net/index/login</a> <a href="https://www.meditrans.com/transportationproviders/">www.meditrans.com/transportationproviders/</a></p>	<p><b>Email:</b> <a href="mailto:support.claims@modivcare.com">support.claims@modivcare.com</a></p> <p><b>Phone:</b> 800-930-9060</p>
Links for More Information	<a href="https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/louisiana/providers/pdf/provider-manual.pdf">https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/louisiana/providers/pdf/provider-manual.pdf</a>	<a href="http://www.amerihealthcaritasla.com/provider/resources/complaints-disputes-appeals/index.aspx">http://www.amerihealthcaritasla.com/provider/resources/complaints-disputes-appeals/index.aspx</a>	<a href="https://provider.healthybluela.com/docs/gpp/LA_CAID_ProviderManual.pdf?v=202404032225">https://provider.healthybluela.com/docs/gpp/LA_CAID_ProviderManual.pdf?v=202404032225</a>	<a href="#">Humana Web Based Provider Training, Interactive Webinars</a>	<a href="https://www.louisianahealthconnect.com/providers/resources/grievance-process.html">https://www.louisianahealthconnect.com/providers/resources/grievance-process.html</a>	<a href="https://www.uhcprovider.com/en/claims-payments-billing.html">https://www.uhcprovider.com/en/claims-payments-billing.html</a>





Claim Appeal: Ambulance Provider Issue Escalation and Resolution (NEAT services)

The following chart outlines procedures for **non-emergency ambulance transportation (NEAT)** claim appeals.

Ctrl+ Click logo to reach each broker’s website						
MCO						
CLAIM APPEAL	Include any documentation from prior claim reconsideration requests when submitting a claim appeal.					
Time Requirements	<p>An appeal must be <b>received from the provider within 90 calendar days</b> of the date on the determination letter from the original request for claim reconsideration.</p> <p><b>A determination will be made by the broker within 30 calendar days of receipt.</b></p>	<p>An appeal must be <b>received from the provider within 90 calendar days</b> of the date on the determination letter from the claim reconsideration decision notice.</p> <p><b>A determination will be made by the broker within 30 calendar days of receipt.</b></p>	<p>An appeal must be <b>received from the provider within 90 calendar days</b> of the date on the determination letter from the original request for claim reconsideration.</p> <p><b>A determination will be made by the broker within 30 calendar days of receipt.</b></p>	<p>An appeal must be <b>received from the provider within 90 calendar days</b> of the date on the determination letter from the original request for claim reconsideration.</p> <p><b>A determination will be made by the broker within 30 calendar days of receipt.</b></p>	<p>An appeal must be <b>received from the provider within 180 calendar days</b> of the claim reconsideration decision notice.</p> <p><b>A determination will be made by the broker within 30 calendar days of receipt.</b></p>	<p>An appeal must be <b>received from the provider within 90 calendar days</b> of the claim reconsideration decision notice.</p> <p><b>A determination will be made by the broker within 30 calendar days of receipt.</b></p>
How to Submit	Claim appeals must be submitted in writing.					
	<p><b>Email:</b> <a href="mailto:Appeals@meditrans.com">Appeals@meditrans.com</a></p> <p><b>Mail:</b> MediTrans 102 Asma Blvd. Suite 200 Lafayette, LA 70508</p> <p><b>Escalations:</b> <a href="mailto:director@meditrans.com">director@meditrans.com</a> (Subject Line: Appeal Escalation)</p>	<p><b>Email:</b> <a href="mailto:claimdispute@verida.com">claimdispute@verida.com</a></p> <p><b>Mail:</b> Verida, Inc. Attn: CFO 843 Dallas Hwy Villa Rica, GA 30180</p>	<p><b>Email:</b> <a href="mailto:Appeals@meditrans.com">Appeals@meditrans.com</a></p> <p><b>Mail:</b> MediTrans 102 Asma Blvd. Suite 200 Lafayette, LA 70508</p> <p><b>Escalations:</b> <a href="mailto:director@meditrans.com">director@meditrans.com</a> (Subject Line: Appeal Escalation)</p>	<p><b>Email:</b> <a href="mailto:Appeals@meditrans.com">Appeals@meditrans.com</a></p> <p><b>Mail:</b> MediTrans 102 Asma Blvd. Suite 200 Lafayette, LA 70508</p> <p><b>Escalations:</b> <a href="mailto:director@meditrans.com">director@meditrans.com</a> (Subject Line: Appeal Escalation)</p>	<p><b>Email:</b> <a href="mailto:LAclaimEscalation@mtm-inc.net">LAclaimEscalation@mtm-inc.net</a> <a href="mailto:Appeals@meditrans.com">Appeals@meditrans.com</a></p> <p><b>Mail:</b> MTM, Inc. Attn: Claims Dept./LA Logistics 16 Hawk Ridge Circle Lake St. Louis, MO 63367 MediTrans 102 Asma Blvd. Suite 200 Lafayette, LA 70508</p> <p><b>Escalations:</b> <a href="mailto:director@meditrans.com">director@meditrans.com</a> (Subject Line: Appeal Escalation)</p> <p><b>Website:</b> <a href="https://tp.mtmlink.net/index/login">https://tp.mtmlink.net/index/login</a></p>	<p><b>Email:</b> <a href="mailto:support.claims@modivcare.com">support.claims@modivcare.com</a></p> <p><b>Mail:</b> Modivcare Solutions LLC – Claims 4615 E. Elwood St., Suite 300, Phoenix, AZ 85040</p>

Independent Review

In conjunction with the above claim dispute grid, independent review is another option for resolution of **NEAT claim** disputes.






						
INDEPENDENT REVIEW	<p>The Independent Review process may be initiated after claim denial.</p> <p><b>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.</b></p>					
	<ul style="list-style-type: none"><li>• 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.</li><li>• Independent Review is a two-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 on MCO websites or at the link below.</li><li>• 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.</li><li>• 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.</li><li>• SIU post-payment reviews are not considered claims denials or underpayment disputes, therefore, SIU findings are exempt from the Independent Review Process. However, per Act 204 of the 2021 Regular Legislative Session, mental health rehabilitation (MHR) service providers have the right to an independent review of an adverse determination by a managed care organization that results in a recoupment of the payment of a claim based on a finding of waste or abuse.</li><li>• <u>Additional detailed information and copies of above referenced forms are available at: <a href="https://ldh.la.gov/medicaid/useful-managed-care-info">https://ldh.la.gov/medicaid/useful-managed-care-info</a> <a href="https://ldh.la.gov/page/independent-review">https://ldh.la.gov/page/independent-review</a>.</u></li><li>• For questions or concerns, contact LDH via email at <a href="mailto:IndependentReview@la.gov">IndependentReview@la.gov</a>.</li></ul>					



**Provider Issue Escalation and Resolution – MCO Escalation (NEAT services)**

LDH and the MCOs acknowledge that there may be circumstances where a provider wishes to escalate an issue for review by LDH or the MCOs’ executive teams. While the chart above outlines the process for claim-related issues, the following escalation steps apply to all issue types, including claims. Providers should first attempt to resolve concerns directly with the transportation broker. If satisfactory resolution or a timely response is not achieved, the provider should escalate the matter to the MCO. The chart below outlines each MCO’s escalation process. Should the provider remain unable to resolve the issue or receive a timely response from the MCO, the provider may then seek assistance from LDH.







The following chart outlines procedures for MCO escalation for **NEAT services**.

Ctrl+ Click logo to reach each MCO’s provider website						
Formal Complaint	<b>Phone:</b> 855-242-0802  <b>Email:</b> <a href="mailto:LAAppealsandGrievances@aetna.com">LAAppealsandGrievances@aetna.com</a>  <b>Mail:</b> Aetna Better Health of LA P.O. Box 81040 5801 Postal Rd. Cleveland, OH 44181	<b>Phone:</b> 888-922-0007  <b>Email:</b> <a href="mailto:network@amerihealthcaritasla.com">network@amerihealthcaritasla.com</a>  <b>Mail:</b> Attn: Provider Complaints AmeriHealth Caritas LA P.O. Box 7323 London, KY 40742  <b>Website:</b> <a href="https://identity.navinet.net/">https://identity.navinet.net/</a>	<b>Phone:</b> 844-521-6942  <b>Email:</b> <a href="mailto:laprovider@healthybluela.com">laprovider@healthybluela.com</a>  <b>Mail:</b> Healthy Blue 3850 N. Causeway Blvd. Suite 1770 Metairie, LA 70002  <b>Website:</b> <a href="https://provider.healthybluela.com/docs/gpp/LA_CAID_ProviderComplaintSubmissionForm.pdf?v=202208181706">https://provider.healthybluela.com/docs/gpp/LA_CAID_ProviderComplaintSubmissionForm.pdf?v=202208181706</a>	<b>Phone:</b> 800-448-3810  <b>Email:</b> <a href="mailto:humanahealthyhorizonslouisiana@humana.com">humanahealthyhorizonslouisiana@humana.com</a>  <b>Mail:</b> Humana Healthy Horizons in LA 1 Galleria Blvd. Suite 1000 Metairie, LA 70001	<b>Phone:</b> 866-595-8133  <b>Email:</b> <a href="mailto:providercomplaints@louisianahealthconnect.com">providercomplaints@louisianahealthconnect.com</a>  <b>Mail:</b> Louisiana Healthcare Connections Attn: Provider Complaints P.O. Box 84180 Baton Rouge, LA 70884	<b>Phone:</b> 504-849-1567  <b>Email:</b> <a href="mailto:laproviders@uhc.com">laproviders@uhc.com</a>  <b>Mail:</b> United Healthcare Community Plan 3838 N. Causeway Blvd. Suite 2600 Metairie, LA 70002  <b>Web Chat:</b> <a href="https://www.uhcprovider.com/en/contact-us.html">https://www.uhcprovider.com/en/contact-us.html</a>
Management Level Contacts	<b>Stella Joseph</b> Senior Manager, Appeals and Complaints <a href="mailto:JosephS4@aetna.com">JosephS4@aetna.com</a>	<b>Kyle Godfrey</b> COO <del><a href="mailto:kgodfrey@amerihealthcaritasla.com">kgodfrey@amerihealthcaritasla.com</a></del> <a href="mailto:krbarnes@amerihealthcaritasla.com">krbarnes@amerihealthcaritasla.com</a>	<b>David Ealy Jr.</b> Program Manager, Operations <a href="mailto:David.Ealyjr@healthybluela.com">David.Ealyjr@healthybluela.com</a>	<b>Alicia Coleman</b> Associate Director, Provider Contracting <a href="mailto:acoleman9@humana.com">acoleman9@humana.com</a>	<b>Candace Kliesch</b> Director of Compliance <a href="mailto:Candace.H.Kliesch@louisianahealthconnect.com">Candace.H.Kliesch@louisianahealthconnect.com</a>	<b>Retresha Ambrose</b> Operations Manager <a href="mailto:retresha_ambrose@uhc.com">retresha_ambrose@uhc.com</a>
Executive Level Contacts	<b>Brian Knobloch</b> COO <a href="mailto:KnoblochB@aetna.com">KnoblochB@aetna.com</a>	<b>Kyle Viator</b> CEO <a href="mailto:kviator@amerihealthcaritasla.com">kviator@amerihealthcaritasla.com</a>	<b>Mike Wheby</b> COO <a href="mailto:michael.wheby@elevancehealth.com">michael.wheby@elevancehealth.com</a>	<b>Rhonda Bruffy</b> COO <a href="mailto:RBruffy@humana.com">RBruffy@humana.com</a>	<b>Joe Sullivan</b> CEO <a href="mailto:Joe.M.Sullivan@louisianahealthconnect.com">Joe.M.Sullivan@louisianahealthconnect.com</a>	<b>Paula Morris</b> COO <a href="mailto:paula_morris@uhc.com">paula_morris@uhc.com</a>
<b>LDH ESCALATION</b>	If a provider is unable to reach satisfactory resolution or receive a timely response through the MCO escalation process, contact LDH using the following information.					
How to Submit	Contact LDH staff via email at <a href="mailto:MedicaidTransportation@la.gov">MedicaidTransportation@la.gov</a> or via phone at 225-333-7473 or 225-342-9566. Include details on all attempts made to resolve the issue(s) at both the broker level and the MCO level. Ensure you include contact information so that LDH staff may follow up with any questions.					

Medicaid Managed Care Ambulance Provider Issue Resolution: Emergency Medical Transportation Services (EMS)

This bulletin provides ambulance providers with information on the available options for resolving emergency ambulance (EMS) claims and payment issues. The chart below outlines each MCO’s claims dispute process and the steps for submitting a formal claim reconsideration request







For issues related to **emergency medical transportation service (EMS) claims**, contact:

Ctrl+Click logo to reach each MCO’s provider website						
CLAIM RECONSIDERATION						
Time Requirements	Request for claim reconsideration review <b>must be received from the provider within 180 calendar days</b> of the Remittance Advice paid date or original denial date. <b>A determination will made by the MCO within 30 days of receipt.</b>					
How to Submit	Request may be submitted verbally, in writing or through the web portal (if applicable). The MCO shall provide a reference number for all requests for claim reconsideration. This reference number can be used for claim appeals if necessary.					
	<b>Phone:</b> 855-242-0802 <b>Mail:</b> Aetna Better Health of Louisiana Attn: Appeal and Grievance Department P.O. Box 81040 5801 Postal Road Cleveland, OH 44181 <b>Email:</b> <a href="mailto:LAAppealsandGrievances@AETNA.com">LAAppealsandGrievances@AETNA.com</a> <b>Website:</b> <a href="http://www.availity.com">www.availity.com</a>	<b>Phone:</b> 888-922-0007 <b>Mail:</b> AmeriHealth Caritas Louisiana Attn: Provider Disputes P.O. Box 7323 London, KY 40742 <b>Email:</b> <a href="mailto:network@amerihealthcaritasla.com">network@amerihealthcaritasla.com</a> <b>Website:</b> <a href="http://amerihealthcaritasla.com/provider/resources/navinet/index.aspx">http://amerihealthcaritasla.com/provider/resources/navinet/index.aspx</a>	<b>Phone:</b> 844-521-6942 <b>Mail:</b> Healthy Blue Payment Dispute Unit P.O. Box 61599 Virginia Beach, VA 23466-1599 <b>Website:</b> <a href="http://www.availity.com">www.availity.com</a>	<b>Phone:</b> 800-448-3810 <b>Mail:</b> Humana Healthy Horizons in Louisiana Provider Disputes P.O. Box 14601 Lexington, KY 40512 <b>Email:</b> <a href="mailto:lamedicaidproviderrelations@human.a.com">lamedicaidproviderrelations@human.a.com</a> <b>Website:</b> <a href="http://www.availity.com">www.availity.com</a>	<b>Phone:</b> 866-595-8133 <b>Mail:</b> Louisiana Healthcare Connections Claim Reconsideration & Appeals P.O. Box 4040 Farmington, MO 63640-3800 <b>Email:</b> <a href="mailto:Contact_Us_Provider_LA@Centene.com">Contact_Us_Provider_LA@Centene.com</a>	<b>Phone:</b> 866-675-1607 <b>Mail:</b> Attn: Reconsideration United Healthcare Community Plan P.O. Box 31365 Salt Lake City, UT 84131-0341 <b>Email:</b> <a href="mailto:laproviders@uhc.com">laproviders@uhc.com</a> <b>Web Chat:</b> <a href="https://www.uhcprovider.com/en/contact-us.html">https://www.uhcprovider.com/en/contact-us.html</a>
CLAIM APPEAL	Include any documentation from prior claim reconsideration requests when submitting a claim appeal.					
Time Requirements	Must be received within <b>90 calendar days</b> of the date on the determination letter from the original request for claim reconsideration.  <b>A determination will be made by the MCO within 30 calendar days of receipt.</b>	Must be received within <b>90 calendar days</b> of the date on the determination letter from the claim reconsideration decision notice.  <b>A determination will be made by the MCO within 30 calendar days of receipt.</b>	Must be received within <b>90 calendar days</b> of the date on the determination letter from the original request for claim reconsideration.  <b>A determination will be made by the MCO within 30 calendar days of receipt.</b>	Must be received within <b>90 calendar days</b> of the date on the determination letter from the original request for claim reconsideration.  <b>A determination will be made by the MCO within 30 calendar days of receipt.</b>	Must be received within <b>180 calendar days</b> of the date on the determination letter from the original request for claim reconsideration.  <b>A determination will be made by the MCO within 30 calendar days of receipt.</b>	Must be received within <b>90 calendar days</b> of the date on the determination letter from the original request for claim reconsideration.  <b>A determination will be made by the MCO within 30 calendar days of receipt</b>
How to Submit	Claim appeals must be submitted in writing.					
ARBITRATION	Providers who have completed the MCO dispute process and remain dissatisfied with the MCO’s determination may submit a written request for arbitration. The request should include decisions from all claim reconsideration requests and claim appeals. <b>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.</b>					
Time Requirements	Within <b>30 calendar days</b> from the date of the appeal determination, submit written request to					
How to Submit	Aetna Better Health of Louisiana Appeal and Grievance Department P.O. Box 81040 5801 Postal Road Cleveland, OH 44181	AmeriHealth Caritas Louisiana 10000 Perkins Rowe, Block G, 4 <sup>th</sup> Floor Baton Rouge, LA 70810	Healthy Blue Attn: Operations Request for Arbitration 3850 N. Causeway Blvd. STE 1770 Metairie, LA 70002	Humana Healthy Horizons in Louisiana Attn: Provider Relations 1 Galleria Blvd Suite 1000 Metairie, LA 70001-2081	Attn: President Louisiana Healthcare Connections 7700 Forsyth Blvd. St. Louis, MO 63105	American Arbitration Association Atlanta Regional Office 2200 Century Parkway, Suite 300 Atlanta, GA 30345  <i>Note: Once the case is registered and all fees paid, a notice will be sent to UHC.</i>



Independent Review







In conjunction with the above claim dispute grid, independent review is another option for resolution of EMS claim disputes.

						
INDEPENDENT REVIEW	<p>The Independent Review process may be initiated after claim denial.</p> <p><b>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.</b></p>					
	<ul style="list-style-type: none"><li>• 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.</li><li>• Independent Review is a two-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 on MCO websites or at the link below.</li><li>• 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.</li><li>• 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.</li><li>• SIU post-payment reviews are not considered claims denials or underpayment disputes, therefore, SIU findings are exempt from the Independent Review Process. Except per Act 204 of the 2021 Regular Legislative Session, mental health rehabilitation (MHR) service providers have the right to an independent review of an adverse determination by a managed care organization that results in a recoupment of the payment of a claim based on a finding of waste or abuse.</li><li>• <u>Additional detailed information and copies of above referenced forms are available at: <a href="https://ldh.la.gov/medicaid/useful-managed-care-info">https://ldh.la.gov/medicaid/useful-managed-care-info</a> <a href="https://ldh.la.gov/page/independent-review">https://ldh.la.gov/page/independent-review</a>.</u></li><li>• For questions or concerns, contact LDH via email at <a href="mailto:IndependentReview@la.gov">IndependentReview@la.gov</a>.</li></ul>					

MCO Escalation – Emergency Ambulance Transportation Services (EMS)

LDH and MCOs recognize there will be instances when a provider may desire to escalate issue resolution to the attention of LDH or the MCOs’ executive teams. While the above chart is specific to claim issue resolution, the following options are available for resolution of all issue types, including claims.

The following chart outlines procedures for MCO escalation for EMS services.

Ctrl+ Click logo to reach each MCO’s provider website						
<b>MCO ESCALATION</b>  Formal Complaint	<b>Phone:</b> 855-242-0802  <b>Email:</b> <a href="mailto:LAAppealsandGrievances@aetna.com">LAAppealsandGrievances@aetna.com</a>  <b>Mail:</b> Aetna Better Health of LA P.O. Box 81040 5801 Postal Rd Cleveland, OH 44181	<b>Phone:</b> 888-922-0007  <b>Email:</b> <a href="mailto:network@amerihealthcaritasla.com">network@amerihealthcaritasla.com</a>  <b>Mail:</b> Attn: Provider Complaints AmeriHealth Caritas LA P.O. Box 7323 London, KY 40742  <b>Website:</b> <a href="https://identity.navinet.net/">https://identity.navinet.net/</a>	<b>Phone:</b> 844-521-6942  <b>Email:</b> <a href="mailto:laprovidercomp@healthybluela.com">laprovidercomp@healthybluela.com</a>  <b>Mail:</b> Healthy Blue 3850 N. Causeway Blvd. Suite 1770 Metairie, LA 70002  <b>Website:</b> <a href="https://provider.healthybluela.com/docs/gpp/LA_CAID_ProviderComplaintSubmissionForm.pdf?v=202208181706">https://provider.healthybluela.com/docs/gpp/LA_CAID_ProviderComplaintSubmissionForm.pdf?v=202208181706</a>	<b>Phone:</b> 800-448-3810  <b>Email:</b> <a href="mailto:humanahealthyhorizonslouisiana@humana.com">humanahealthyhorizonslouisiana@humana.com</a>  <b>Mail:</b> Humana Healthy Horizons Louisiana 1 Galleria Blvd. Suite 1000 Metairie, LA 70001	<b>Phone:</b> 866-595-8133  <b>Email:</b> <a href="mailto:providercomplaints@louisianahealthconnections.com">providercomplaints@louisianahealthconnections.com</a>  <b>Mail:</b> Louisiana Healthcare Connections Attn: Provider Complaints P.O. Box 84180 Baton Rouge, LA 70884	<b>Phone:</b> 504-849-1567  <b>Email:</b> <a href="mailto:laproviders@uhc.com">laproviders@uhc.com</a>  <b>Mail:</b> United Healthcare Community Plan 3838 N. Causeway Blvd. Ste. 2600 Metairie, LA 70002  <b>Web Chat:</b> <a href="https://www.uhcprovider.com/en/contact-us.html">https://www.uhcprovider.com/en/contact-us.html</a>
Management Level Contacts	<b>Courtney Lewis</b> Lead Director, Provider Relations <a href="mailto:LewisC8@aetna.com">LewisC8@aetna.com</a>	<b>Carletta Howard</b> Provider Network Operations Manager <a href="mailto:choward2@amerihealthcaritasla.com">choward2@amerihealthcaritasla.com</a>	<b>David Ealy Jr.</b> Operations Program Manager <a href="mailto:David.Ealyjr@healthybluela.com">David.Ealyjr@healthybluela.com</a>	<b>Alicia Coleman</b> Associate Director, Provider Contracting <a href="mailto:acoleman9@humana.com">acoleman9@humana.com</a>	<b>Jennifer Pinkins</b> Director, Claim and Contract Support Services <a href="mailto:Jennifer.P.Pinkins@louisianahealthconnections.com">Jennifer.P.Pinkins@louisianahealthconnections.com</a>	<b>Retresha Ambrose</b> Operations Manager <a href="mailto:retresha_ambrose@uhc.com">retresha_ambrose@uhc.com</a>
Executive Level Contacts	<b>Brian Knobloch</b> COO <a href="mailto:KnoblochB@aetna.com">KnoblochB@aetna.com</a>	<b>Kelli Clement</b> Network Operations Director <a href="mailto:kclement@amerihealthcaritasla.com">kclement@amerihealthcaritasla.com</a>	<b>Mike Wheby</b> COO <a href="mailto:michael.wheby@elevancehealth.com">michael.wheby@elevancehealth.com</a>	<b>Rhonda Bruffy</b> COO <a href="mailto:RBruffy@humana.com">RBruffy@humana.com</a>	<b>Joseph Tidwell</b> VP, Network and Contracting <a href="mailto:jotidwell@centene.com">jotidwell@centene.com</a>	<b>Paula Morris</b> COO <a href="mailto:paula_morris@uhc.com">paula_morris@uhc.com</a>
<b>LDH ESCALATION</b>	If a provider is unable to reach a satisfactory resolution or receive a timely response through the MCO escalation process, contact LDH using the following information.					
How to Submit	Contact LDH staff via email at <a href="mailto:MedicaidTransportation@la.gov">MedicaidTransportation@la.gov</a> or via phone at 225-333-7473 or 225-342-9566. Include details on all attempts made to resolve the issue(s) at both the broker level and the MCO level. Ensure you include contact information so that LDH staff may follow up with any questions.					