

**Louisiana Department of Health
Informational Bulletin**



To: AmeriHealth Caritas Louisiana Providers

Date: December 8, 2025

Subject: Informational Bulletin 21-02: Medicaid Managed Care Non-Emergency Medical Transportation Provider Issue Resolution
(Revised December 2, 2025)

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

Medicaid Managed Care Transportation Provider Issue Resolution

This bulletin outlines the available options to transportation providers for pursuing resolution of issues with AmeriHealth Caritas Louisiana. Unless explicitly noted, providers should first seek resolution with AmeriHealth Caritas Louisiana/the MCO directly, prior to engaging LDH or other third parties.

For issues related to transportation claims, contact:

MediTrans
Billing Department
Billing@MediTrans.com

For issues related to transportation provider issue escalation and resolution- claim appeals, contact:

Appeals@meditran.com

MediTrans
ATTN: Billing
102 Asma Blvd. Suite 200
Lafayette, LA 70508

Escalations:

director@meditran.com

(Subject Line: Appeal Escalation)

For issues related to AmeriHealth Caritas Louisiana provider complaint and escalation, contact:

AmeriHealth Caritas Louisiana

225-300-9112

AmeriHealth Caritas Louisiana

Attn: Provider Complaints

PO Box 7323

London, KY 40742

choward2@amerihealthcaritasla.com

For issues requiring executive level review, contact:

Kyle Viator, CEO

kviator@amerihealthcaritasla.com

or

Kethra Barnes, COO

krbarnes@amerihealthcaritasla.com

For issues that require LDH escalation, contact: LDH at MedicaidTransportation@la.gov

Note: Always include details on attempts to resolve the issue with ACLA, as well as contact information (contact name, provider name, e-mail and phone number) so that LDH staff can follow up with any questions.

Independent Review

In conjunction with the above claim dispute contacts, Independent Review is another option for resolution of 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.

For full details, please see [IB 21.02 revised 12.2.2025](#).

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.

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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 Informational Bulletins](#).

Need to update your provider information? Send full details to: network@amerihealthcaritasla.com.



Louisiana Department of Health
Informational Bulletin 21-02
Revised December 2, 2025

Medicaid Managed Care Non-Emergency Medical Transportation Provider Issue Resolution

Note: Revisions have been underlined. Deleted text indicated by ~~strikethrough~~. This bulletin outlines the options available to non-emergency medical transportation (NEMT) providers for pursuing resolution of claims payment issues. NEMT 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).

For issues related to NEMT claims, contact:

Ctrl+Click logo to reach each broker's website						
MCO	 AETNA BETTER HEALTH® OF LOUISIANA			 Healthy Horizons in Louisiana		
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 received from the provider within 180 calendar days of the Remittance Advice paid date or original denial date. A determination will made by the broker within 30 days of receipt.					
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.					
	Email: Billing Department Billing@MediTrans.com	Email: Billing Department Billing@MediTrans.com claimsleadershipteam@verida.com Phone: 678-510-4590 Website: https://provider.verida.com/	Email: Billing Department Billing@MediTrans.com	Email: Billing Department Billing@MediTrans.com	Email: Billing Department Billing@MediTrans.com	Email: Billing Department Billing@MediTrans.com Phone: 800-930-9060 Claims Phone Line

Claim Appeal: Transportation Provider Issue Escalation and Resolution

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

						
MCO						
CLAIM APPEAL	Include any documentation from prior claim reconsideration requests when submitting a claim appeal.					
Time Requirements	An appeal must be received from the provider within 90 calendar days of the date on the determination letter from the original request for claim reconsideration. A determination will be made by the broker within 30 calendar days of receipt.	An appeal must be received from the provider within 90 calendar days of the date on the determination letter from the claim reconsideration decision notice. A determination will be made by the broker within 30 calendar days of receipt.	An appeal must be received from the provider within 90 calendar days of the date on the determination letter from the original request for claim reconsideration. A determination will be made by the broker within 30 calendar days of receipt.	An appeal must be received from the provider within 90 calendar days of the date on the determination letter from the original request for claim reconsideration. A determination will be made by the broker within 30 calendar days of receipt.	An appeal must be received from the provider within 180 calendar days of the claim reconsideration decision notice. A determination will be made by the broker within 30 calendar days of receipt.	An appeal must be received from the provider within 90 calendar days of the claim reconsideration decision notice. A determination will be made by the broker within 30 calendar days of receipt.
How To Submit	Request may be submitted in writing or through the web portal (if applicable).					
	Email: Appeals@meditran.com Mail: MediTrans ATTN: Billing 102 Asma Blvd. Suite 200 Lafayette, LA 70508 Escalations: director@meditran.com (Subject Line: Appeal Escalation)	Email: Appeals@meditran.com claimdispute@verida.com Mail: MediTrans ATTN: Billing 102 Asma Blvd. Suite 200 Lafayette, LA 70508 VERIDA, Inc. ATTN: CFO 843 Dallas Hwy Villa Rica, GA 30180 Website: https://myverida.com/facilities-file-a-complaint-form/ Escalations: director@meditran.com (Subject Line: Appeal Escalation)	Email: Appeals@meditran.com Mail: MediTrans ATTN: Billing 102 Asma Blvd. Suite 200 Lafayette, LA 70508 Escalations: director@meditran.com (Subject Line: Appeal Escalation)	Email: Appeals@meditran.com Mail: MediTrans ATTN: Billing 102 Asma Blvd. Suite 200 Lafayette, LA 70508 Escalations: director@meditran.com (Subject Line: Appeal Escalation)	Email: Appeals@meditran.com Mail: MediTrans ATTN: Billing 102 Asma Blvd. Suite 200 Lafayette, LA 70508 Escalations: director@meditran.com (Subject Line: Appeal Escalation)	Email: support.claims@modivcare.com Mail: Modivcare Solutions LLC – Claims 4615 E. Elwood St., Suite 300, Phoenix, AZ 85040

Independent Review

In conjunction with the above claim dispute grid, Independent Review is another option for resolution of claim disputes.

Ctrl+Click logo to reach each MCO's provider website	 AETNA BETTER HEALTH® OF LOUISIANA					
INDEPENDENT REVIEW	<p>The Independent Review process may be initiated after claim denial.</p> <p>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.</p>					
	<ul style="list-style-type: none">• 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-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.• 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. 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.• Additional detailed information and copies of above referenced forms are available at: https://ldh.la.gov/medicaid/useful-managed-care-info.• For questions or concerns, contact LDH via email at IndependentReview@la.gov.					

Provider Issue Escalation and Resolution – MCO Escalation

The following chart outlines procedures for MCO escalation for NEMT 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.

Ctrl+Click logo to reach each MCO's provider website	 AETNA BETTER HEALTH® OF LOUISIANA	 AmeriHealth Caritas Louisiana	 Healthy Blue	 Humana Healthy Horizons	 Louisiana Healthcare Connections	 United Healthcare Community Plan
MCO ESCALATION						
Formal Complaint	Phone: 855-242-0802 Email: laappealsandgrievances@aetna.com LAProvider@aetna.com Mail: Aetna Better Health of Louisiana 2400 Veterans Memorial Blvd. Suite 200 Kenner, LA 70062	Phone: 225-300-9112 Email: Carletta Howard: choward2@amerihealthcaritasla.com Mail: AmeriHealth Caritas Louisiana Attn: Provider Complaints PO Box 7323 London, KY 40742	Phone: 844-521-6942 or 504-836-8888 Email: laprovidercomp@healthybluela.com Mail: Healthy Blue 3850 N. Causeway Blvd. Suite 1770 Metairie, LA 70002 Web: https://provider.healthybluela.com/docs/gpp/LA_Cайд_ProviderComp laintSubmissionForm.pdf?v=202208181706	Phone: 800-448-3810 Email: humaanahealthyhorizonslouisiana@humana.com Mail: Humana Healthy Horizons of Louisiana 1 Galleria Blvd. Suite 1000 Metairie, LA 70001	Phone: 866-595-8133 Email: providercomplaints@louisianahealthconnect.com Mail: Louisiana Healthcare Connections Attn: Provider Complaints P.O. Box 84180 Baton Rouge, LA 70884	Phone: 504-849-1567 Email: latransportation@uhc.com Mail: United Healthcare Community Plan 3838 N. Causeway Blvd. Suite 2600 Metairie, LA 70002
Management Level	Stella Joseph Contacts Senior Manager of Appeals and Grievances <u>Kenitra Brass</u> Assoc. Manager of Appeals & Grievances <u>LAAppealsandGrievances@aetna.com</u>	Kyle Godfrey Kethra Barnes COO <u>krbarnes@amerihealthcaritasla.com</u> <u>tgodfrey@amerihealthcaritasla.com</u>	Rosetta Duplessis Process Expert Sr. Operations <u>Rosetta.Duplessis@healthybluela.com</u>	Alicia Coleman Associate Director, Provider Contracting <u>acoleman9@humana.com</u>	Candace Kliesch Director of Compliance <u>Candace.H.Kliesch@louisianahealthconnect.com</u>	Yolanda Hubbard Associate Director of Operations <u>Yolanda.M.Hubbard@uhc.com</u>
Executive Level	Brian Knoblock Contacts COO <u>KnoblockB@aetna.com</u>	Kyle Viator CEO <u>kviator@amerihealthcaritasla.com</u>	Heather Leschinsky COO <u>heather.leschinsky@healthybluela.com</u> Mike Wheby COO <u>michael.wheby@elevancehealth.com</u>	Rhonda Bruffy COO <u>rbruffy@humana.com</u>	Joe Sullivan CEO <u>Joe.M.Sullivan@louisianahealthconnect.com</u>	Paula Morris COO <u>paula.morris@uhc.com</u>
LDH ESCALATION	If a provider is unable to reach satisfactory resolution or receive a timely response through the MCO escalation process, contact LDH using the information below.					
How to Submit	Contact LDH staff via email at MedicaidTransportation@la.gov 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.					