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**To:** AmeriHealth Caritas Louisiana Providers

**Date:** March 11, 2026

**Subject:** [Informational Bulletin 26-3](#): Important Information Regarding  
UnitedHealthcare Transition  
(Revised March 6, 2026)

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

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**Important Information Regarding UnitedHealthcare Transition**

AmeriHealth Caritas Louisiana is sharing important information with providers regarding UnitedHealthcare Transition on behalf of the Louisiana Department of Health.

**Member Assignment/Special Enrollment Period**

Members can change MCOs after automatic assignment by going online to [www.myplan.healthy.la.gov](http://www.myplan.healthy.la.gov) or calling 1-855-229-6848. Effective **March 1, 2026**, all Louisiana Medicaid members can switch their health or dental plans at any time during the year without a reason.

**Providers Contracted With UHC Only**

If you wish to continue providing services to Louisiana Medicaid beneficiaries following this transition, please consider contracting with one or more of the remaining Medicaid MCOs, if you have not already done so.

For questions related to contracting, reimbursement, or network participation, please contact the applicable MCO directly. Contact information can be found on our website at the following link:

<https://ldh.la.gov/medicaid/useful-managed-care-info>.

**Medicaid Eligibility Verification System (MEVS)**

MEVS will reflect new MCO assignments for current UHC members by **Friday, March 6, 2026**. Providers will be able to see the new assignment in MEVS when searching for a date of service for **April 1, 2026**, or later.

**Timely Filing of Claims**

UHC will continue to receive and process new claims through the 365-day timely filing allowance – same Payor ID

(87726) and same P.O. Box (31341, SLC, UT 84131-0341).

UHC will maintain claims processing functions through the end of the contract period and throughout the defined run-out. This includes adjudication of clean claims, processing of corrected claims, and timely resolution of outstanding adjustments or recoupment activities. UHC will ensure all claim payments, adjustments, voids, and recoupments are completed in accordance with LDH requirements, state regulations, and applicable federal standards.

### **Prior Authorizations**

UHC prior authorizations will be honored for up to 60 days (or through the authorization end date, whichever occurs first) by the receiving MCO. For Pharmacy, prior authorizations (PA) will be honored through the expiration date of UHC's authorization.

The receiving MCO is prohibited from denying prior authorization solely on the basis of the provider being an out-of-network provider.

Providers are responsible for reviewing approved prior authorizations and submitting authorization requests for concurrent reviews, continued stays, or new services to the new MCO prior to the expiration of the UHC authorization timeframe or within 60 days (whichever occurs first).

### **Hospitalizations**

For UHC members hospitalized on **March 31, 2026**, the remainder of the hospitalization charges reverted to the receiving MCO, effective at 12:01 am on **April 1, 2026**.

Requirements for split billing inpatient claims for admissions that include both **March 31, 2026**, and **April 1, 2026**:

- Value Code 80 must be present and > zero.
- When Patient Status = 30 or Discharge Date equals Admit Date:
  - The Statement Through Date minus the Statement From Date + 1 must equal the number of billed days (Value Code 80 + Value Code 81).
- When Patient Status does not equal 30 and Discharge Date does not equal Admit Date:
  - The Statement Thru Date minus the Statement From Date must equal the number of billed days (Value Code 80 + Value Code 81).

### **Reference:**

- Value Code 80 = covered days.
- Value Code 81 = non-covered days.
- Patient Status of 30 = still a patient.

### **Appeals and Claims Reconsiderations**

Provider disputes related to services provided and medical necessity decisions prior to April 1, 2026, will continue to be handled by UHC in accordance with Louisiana Medicaid and contractual requirements. Normal submission timeframes will apply.

### **Non-Emergency Medical Transportation (NEMT)**

Since all Medicaid MCOs utilize the broker MediTrans, all members with standing transportation orders will be transferred to the receiving MCO and remain in place. No action is required by the member.

## **UHC Provider Advocates**

UHC Provider Advocates will remain actively engaged to assist providers during the transition and business run-out period. They will serve as a primary point of contact for any questions or concerns, including:

- Operational Support: Assistance with claims, prior authorizations, and other routine processes.
- Escalation Guidance: Helping resolve complex issues and redirecting providers to appropriate internal departments.
- State Resources: Providing guidance on accessing information and tools available on the state website.

The Provider Call Center will remain operational through **September 30, 2027**.

For full details, please see [Informational Bulletin 26-3](#).

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 daily between 7:00 am – 7:00 pm.

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