



**Louisiana Department of Health
Informational Bulletin 21-02
Revised March 7, 2023**

Medicaid Managed Care Transportation Provider Issue Resolution

This bulletin outlines the options available to transportation 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).

~~For issues related to transportation claims, contact:~~

~~Southeastrans:~~

~~470-819-4349~~

~~claimdispute@southeastrans.com~~

~~MediTrans:~~

~~Billing Department~~

~~Billing@MediTrans.com~~

~~Lillian Lewis~~

~~LLewis@MediTrans.com~~

~~ModivCare:~~

~~Jennifer Baker~~

~~866-570-6143 Ext. 2001~~

~~Jennifer.Baker@modivcare.com~~

~~www.logisticare.com/provider-concerns~~

~~Veyo:~~








~~Shiva Nagalingam/Crystal Wilson~~

~~504-344-4454~~








~~snagalingam@veyo.com/cwilson@veyo.com~~

~~https://providersupport.veyo.com/hc/en-us/requests/new?ticket_form_id=187746~~

For issues related to transportation claims, contact:

Ctrl+Click logo to reach each broker's website					 	
MCO	Aetna Better Health of Louisiana	Amerihealth Caritas of Louisiana	Healthy Blue	Humana Healthy Horizons	Louisiana Healthcare Connections	United Healthcare Community Plan
CLAIM RESOLUTION						
	By email: Billing Department Billing@MediTrans.com	By phone: 470-819-4349 By email: claimdispute@verida.com	By email: Billing Department Billing@MediTrans.com	By email: Billing Department Billing@MediTrans.com	By phone: Shiva Nagalingam 504-344-4454 By email: snagalingam@mtm-inc.net By web: https://providersupport.veyo.com/hc/en-us/requests/new?ticket_form_id=187746	By phone: Jennifer Baker 866-570-6143 Ext. 2001 By email: Jennifer.Baker@modivcare.com By web: www.logisticare.com/provider-concerns

Transportation provider issue escalation and resolution – claim appeals:

					 	
CLAIM APPEAL						
Time Requirements	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.					
How to Submit	Request may be submitted in writing or through the web portal (if applicable).					
	By email: Appeals@meditrans.com By mail: MediTrans ATTN: Billing 102 Asma Blvd. Suite 200 Lafayette, LA 70508 Escalations: Providers@meditrans.com (Subject Line: Appeal Escalation)	By email: 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/	By email: Appeals@meditrans.com By mail: MediTrans ATTN: Billing 102 Asma Blvd. STE 200 Lafayette, LA 70508 Escalations: Providers@meditrans.com (Subject Line: Appeal Escalation)	By email: Appeals@meditrans.com By mail: MediTrans ATTN: Billing 102 Asma Blvd. STE 200 Lafayette, LA 70508 Escalations: Providers@meditrans.com (Subject Line: Appeal Escalation)	By email: Amber Dalcourt, Vendor Account Manager adalcourt@mtm-inc.net Divonne Williams, Vendor Account Manager divwilliams@mtm-inc.net By mail: Veyo 3016 19th Street Metairie, LA 70002 By web: https://providersupport.veyo.com/hc/en-us/sections/360012351212-Louisiana	By email: phxopsspecialist@modivcare.com By mail: Modivcare Solutions LLC – Claims 2602 S 47th St, Ste 100 Phoenix, AZ 85034 By web: http://www.logisticare.com/provider-concerns







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. If a provider is unable to reach satisfactory resolution or get a timely response through the MCO escalation process, direct contact with LDH is also an option.

The following chart outlines provider complaint and escalation contacts for each MCO and LDH:

Ctrl+Click logo to reach each MCO's provider website						
MCO ESCALATION						
Formal Complaint	<p>By phone: 1-855-242-0802 By email: LAProvider@aetna.com By mail: Aetna Better Health of Louisiana 2400 Veterans Memorial Blvd. Suite 200 Kenner, LA 70062</p>	<p>By phone: 1-225-300-9112 By email: brobertson@amerihealthcaritasla.com By mail: AmeriHealth Caritas Louisiana PO Box 7323 London, KY 40742</p>	<p>By phone: 1-844-521-6942 or 1-504-836-8888 By email: laprovidercomp@healthybluel.com By mail: Healthy Blue 10000 Perkins Rowe Suite G-510 Baton Rouge, LA 70810 By web: https://provider.healthybluel.com/docs/gpp/LA_CAID_ProviderComplaintSubmissionForm.pdf?v=202208181706</p>	<p>By phone: 800-448-3810 By email: humanahealthyhorizonslouisiana@humana.com By mail: Humana Healthy Horizons 1 Galleria Blvd. Suite 1200 Metairie, LA 70001</p>	<p>By phone: 1-866-595-8133 By email: providercomplaints@louisianahealthconnect.com By mail: Louisiana Healthcare Connections 8585 Archives Ave, Suite 310 Baton Rouge, LA 70809</p>	<p>By phone: 504-849-1567 By email: latransportation@uhc.com By mail: United Healthcare Community Plan 3838 N. Causeway Blvd. Suite 2600 Metairie, LA 70002</p>
Management Level Contacts	<p>Stella Joseph Manager of Appeal and Grievance LAAppealsandGrievances@aetna.com</p>	<p>Kyle Godfrey COO tgodfrey@amerihealthcaritasla.com</p>	<p>Amber Earwood Program Director, Operations Amber.Earwood@healthybluel.com</p>	<p>Cathy Burns Director, Provider Engagement CBurns25@humana.com</p>	<p>Candace Kliesch Director of Operations Candace.H.Kliesch@louisianahealthconnect.com</p>	<p>Yolanda Hubbard Operations Manager Yolanda_M_Hubbard@uhc.com Retresha Ambrose Operations Manager Retresha_ambrose@uhc.com</p>
Executive Level Contacts	<p>Richard Born CEO BornR@aetna.com</p>	<p>Kyle Viator CEO kviator@amerihealthcaritasla.com</p>	<p>Janel Gary COO Janel.Gary@healthybluel.com</p>	<p>Tish Anderson COO LAnderson55@humana.com</p>	<p>Joe Sullivan COO Joe.M.Sullivan@louisianahealthconnect.com</p>	<p>Susan Mieras Director of Operations Susan_j_Mieras@uhc.com</p>
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	E-mail LDH at MedicaidTransportation@la.gov Always include details on attempts to resolve the issue at the MCO level, 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 grid, Independent Review is another option for resolution of claim disputes.

Ctrl+Click logo to reach each MCO's provider website						
INDEPENDENT REVIEW	<p style="text-align: center;">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.</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. • Additional detailed information and copies of above referenced forms are available at: http://ldh.la.gov/index.cfm/page/2982. 					