



**Louisiana Department of Health
Informational Bulletin 21-02
January 4, 2021**

Medicaid Managed Care 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 MCOs, third parties, or LDH. Claim appeals cannot be considered without first completing the claim reconsideration step.

For issues related to transportation claims, contact:

One Call:

877-375-0507

GroupHealth_ProviderRelations@onecallcm.com

Southeastrans:

470-819-4349

claimdispute@southeastrans.com

MediTrans:

Billing@callmeditrans.com

Logisticare:

Jennifer Baker











866-570-6143 Ext. 2001

Jennifer.baker@logisticare.com

www.logisticare.com/provider-concerns






Claim Reconsideration and Claim Appeal

The following chart outlines claim dispute procedures for filing formal claim reconsideration requests and claim appeals with each broker or MCO.

Ctrl+Click logo to reach each broker's website					
CLAIM RECONSIDERATION					
Time Requirements	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 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: GH_ProviderPayment@onecallcm.com By mail: One Call PO Box 896 Elk Grove, IL 60009-0896 By fax: 973-939-3894 Subject Line: Appeal	By email: claimdispute@southeastrans.com By mail: Southeastrans ATTN: CFO 4751 Best Road Suite 300 Atlanta, GA 30337 http://amerihealthcaritasla.com/provider/resources/navinet/index.aspx	By email: Billing@callmeditrans.com By mail: MediTrans ATTN: Billing 115 Hansel St. New Iberia, LA 70560	By email: Jennifer.Baker@logisticare.com By web: www.logisticare.com/provider-concerns	By email: Jennifer.Baker@logisticare.com By web: www.logisticare.com/provider-concerns
CLAIM APPEAL					
Include any documentation from prior claim reconsideration requests when submitting a claim appeal.					
Ctrl+Click logo to reach each broker's website					
Time Requirements	Must be received within 60 calendar days of the date on the determination letter from the original request for claim reconsideration from the broker. A determination will be made by the MCO within 30 calendar days of receipt.	Must be received within 30 calendar days of the date on the determination letter from the original request for claim reconsideration from the broker. A determination will be made by the MCO within 30 calendar days of receipt.	Must be received within 30 calendar days of the date on the determination letter from the original request for claim reconsideration from the broker. A determination will be made by the MCO within 30 calendar days of receipt.	Must be received within 90 calendar days of the date on the determination letter from the original request for claim reconsideration from the broker. A determination will be made by the MCO within 30 calendar days of receipt.	Must be received within 60 calendar days of the date on the determination letter from the original request for claim reconsideration from the broker. A determination will be made by the MCO within 30 calendar days of receipt.
How to Submit	Claim appeals must be submitted in writing.				
Address for Submission	Aetna Better Health of Louisiana Appeal and Grievance Department P.O. Box 81040, 5801 Postal Rd Cleveland, OH 44181	AmeriHealth Caritas Louisiana Attn: 2nd Level Provider Dispute P.O. Box 7323 London, KY 40742	Healthy Blue Payment Dispute Unit P.O. Box 61599 Virginia Beach, VA 23466-1599 By web: www.availity.com	Louisiana Healthcare Connections Claim Reconsideration & Appeals P.O. Box 4040 Farmington, MO 63640-3800	Attention: Second Level Appeal UnitedHealthcare Community Plan P.O. Box 31364 Salt Lake City, UT 84131-0341

Independent Review

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

<p>Ctrl+Click logo to reach each MCO's provider website</p>					
<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>					
<p><u>INDEPENDENT REVIEW</u></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 (2) 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 					

Provider Issue Escalation and Resolution

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 provider complaint and escalation contacts for each MCO and LDH.

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.

Ctrl-Click logo to reach each MCO's provider website	 <small>AETNA BETTER HEALTH® OF LOUISIANA</small>				
MCO ESCALATION					
Formal Complaint	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	By phone: 1-888- 922-0007 By email: network@amerihealthcaritasla.com By mail: AmeriHealth Caritas Louisiana PO Box 7323 London, KY 40742	By phone: 1-844-521-6942 or 1-504-836-8888 By email: laprovidercomp@healthybluelua.com By mail: Healthy Blue 10000 Perkins Rowe Suite G-510 Baton Rouge, LA 70810 By web: https://providers.healthybluelua.com/Documents/LALA_CAID_ProviderComplaintSubmissionForm.pdf	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	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
Management Level Contacts	Stella Joseph Manager of Appeal and Grievance LAAppealsandGrievances@aetna.com	Kelli Nolan Director of Provider Network Operations tnolan@amerihealthcaritasla.com	Annie Garnier Manager of Plan Operations Annie.Garnier@healthybluelua.com	Candace Campbell Director of Operations, Provider Network Candace.H.Campbell@louisianahealthconnect.com	Yolanda Hubbard Operations Manager Yolanda_M_Hubbard@uhc.com
Executive Level Contacts	Mark Grippi COO GrippiM@aetna.com	Sherry Wilkerson Director of Plan Operations & Administration smwilkerson@amerihealthcaritasla.com	Dexter Trivett COO Dexter.Trivett@healthybluelua.com	Marshall Ellis VP Operations John.M.Ellis@louisianahealthconnect.com	Angela Olden COO Angela_Olden@uhc.com
LDH ESCALATION					
How to Submit	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. E-mail LDH staff at Melanie.Doucet@la.gov or Justin.Owens@la.gov . Always include details on attempts to resolve the issue at the health plan 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.				