



Louisiana Department of Health
 Informational Bulletin 24-4
 April 2, 2024

Managed Care Ambulance Provider Issue Resolution







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).

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

Ctrl+ Click logo to reach each broker's website						
MCO	Aetna Better Health of LA	AmeriHealth Caritas of LA	Healthy Blue	Humana Healthy Horizons	Louisiana Healthcare Connections	UnitedHealthcare Community Plan
CLAIM RESOLUTION	NEAT	NEAT	NEAT	NEAT	NEAT	NEAT
	Email: Billing@meditrans.com Phone: MediTrans Provider Help Desk 844.349.4326, Option 9	Phone: Claims Account Representative 678.510.4590 Mail: VERIDA, Inc. ATTN: CFO 843 Dallas Hwy Villa Rica, GA 30180	Email: Billing@MediTrans.com	Email: Billing@MediTrans.com Lillian Lewis Claims Manager LLewis@meditrans.com Mail: MediTrans Attn: Billing 102 Asma Blvd Ste. 200 Lafayette, LA 70508	Phone: Region 1 & 2: Amber Dalcourt, Vendor Account Manager adalcourt@mtm-inc.net , 636.695.5575 Region 3, 4, 5 & 6: Divonne Williams, Vendor Account Manager divwilliams@mtm-inc.net , 636.223.8017 Region 7, 8 & 9: Sharon Williams, Vendor Account Manager, shwilliams@mtm-inc.net , 636.695.5570 Mail: MTM 3016 19th Street Metairie, LA 70002 Web: https://providersupport.vevo.com/hc/en-us/sections/360012351212-Louisiana	Phone: Jennifer Baker 866.570.6143 Ext. 2001 Email: Jennifer.Baker@modivcare.com Website: www.modivcare.com/facilities/la







Claim Appeal: Ambulance Provider Issue Escalation and Resolution

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

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	UnitedHealthcare Community Plan
CLAIM APPEAL	NEAT	NEAT	NEAT	NEAT	NEAT	NEAT
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 made by the broker within 30 days of receipt.	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 made by the broker within 30 days of receipt.	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 made by the broker within 30 days of receipt.	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 made by the broker within 30 days of receipt.	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 made by the broker within 30 days of receipt. Provider has 30 days from the date of occurrence to submit a claim appeal.	Claim appeal must be received within 60 calendar days of the date of the determination letter from the original request for claim reconsideration. A determination will be made by the MCO within 30 calendar days of receipt.
How to Submit	Request may be submitted in writing or through the web portal (if applicable).					

Claim Appeal: Ambulance Provider Issue Escalation and Resolution







The following chart outlines procedures for NEAT claim appeals.

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 APPEAL	NEAT	NEAT	NEAT	NEAT	NEAT	NEAT
	<p>Email: billing@meditrans.com</p> <p>Mail: MediTrans 102 Asma Blvd. Ste. 200 Lafayette, LA 70508</p>	<p>Email: claimdispute@verida.com</p> <p>Mail: VERIDA, Inc. ATTN: CFO 843 Dallas Hwy Villa Rica, GA 30180</p>	<p>Email: Lillian Lewis – Claims Manager LLewis@MediTrans.com</p> <p>Mail: MediTrans 102 Asma Blvd. Ste. 200 Lafayette, LA 70508</p>	<p>Email: Appeals@meditrans.com</p> <p>Mail: MediTrans 102 Asma Blvd. Ste. 200 Lafayette, LA 70508</p> <p>Escalations: Providers@meditrans.com (Subject Line: Appeal Escalation)</p>	<p>Email: Jason Loftin – Transportation & Logistics Manager JLoftin@mtm-inc.net</p> <p>Mail: MTM 3016 19th St. Metairie, LA 70002</p>	<p>Email: phxopsspecialist@modivcare.com</p> <p>Mail: Modivcare Solutions LLC – Claims 2602 S 47th St., Ste. 100 Phoenix, AZ 85034</p> <p>Website: https://www.modivcare.com/facilities/la</p>

MCO Escalation







The following chart outlines procedures for MCO escalation for NEAT services

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.

Ctrl+ Click logo to reach each MCO's provider website						
Formal Complaint	Phone: 855.242.0802 Email: LAAppealsandGrievances@aetna.com Mail: Aetna Better Health of LA P.O. Box 81040 5801 Postal Rd Cleveland, OH 44181	Phone: 888.922.0007 Email: network@amerihealthcaritasla.com Mail: Attn: Provider Complaints AmeriHealth Caritas LA P.O. Box 7323 London, KY 40742 Website: https://identity.navinet.net/	Phone: 844.521.6942 Email: laprovidercomp@healthyblue.com Mail: Healthy Blue 10000 Perkins Rowe Suite G-510 Baton Rouge, LA 70810 Website: https://provider.healthyblue.com/docs/gpp/LA_CAID_ProviderComplaintSubmissionForm.pdf?v=202208181706	Phone: 800.448.3810 Email: humanahealthyhorizonslouisiana@humana.com Mail: Humana Healthy Horizons in LA 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 laproviders@uhc.com Mail: United Healthcare Community Plan 3838 N. Causeway Blvd. Suite 2600 Metairie, LA 70002 By web chat: https://www.uhcprovider.com/en/contact-us.html
Management Level Contacts	Stella Joseph Senior Manager, Complaints and Appeals JosephS4@aetna.com	Bridgette S. Robertson Manager, Network Operations brobertson@amerihealthcaritasla.com	Erin Williams Program Director, Operations Erin.Williams@healthyblue.com	Alicia Coleman Associate Director, Provider Contracting acoleman9@humana.com	Candace Kliesch Director of Compliance Candace.H.Kliesch@louisianahealthconnect.com	Retresha Ambrose Operations Manager retresha_ambrose@uhc.com
Executive Level Contacts	Jess Hall CEO HallJ1@aetna.com	Kelli Nolan Director, Network Operations tnolan@amerihealthcaritasla.com	Janel Gary COO Janel.Gary@healthyblue.com	Tish Anderson COO LAnderson55@humana.com	Joe Sullivan CEO Joe.M.Sullivan@louisianahealthconnect.com	Yolanda Hubbard Associate Director Yolanda_m_hubbard@uhc.com Susan Mieras Director of Operations Susan_j_mieras@uhc.com
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	Email LDH staff 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, email 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 NEAT claim disputes.

						
<p>INDEPENDENT REVIEW</p>	<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. • Additional detailed information and copies of above referenced forms are available at: http://ldh.la.gov/index.cfm/page/2982. 					

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

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 MCOs, third parties, or LDH.

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

Ctrl+ Click logo to reach each broker's website						
<p>CLAIM RESOLUTION</p> <p>EMT</p>	<p>Phone: 855.242.0802 Email: LAAppeals@grievances@aetna.com Mail: Aetna Better Health of Louisiana P.O. Box 81040 5801 Postal Rd Cleveland, OH 44181</p>	<p>Phone: 888.922.0007 Email: network@amerihealthcaritasla.com Mail: AmeriHealth Caritas Louisiana P.O. Box 7323 London, KY 40742 By web: http://amerihealthcaritasla.com/provider/resources/navinet/index.aspx</p>	<p>Phone: 844.521.6942 Mail: Healthy Blue Provider Payment Disputes P.O. Box 61599 Virginia Beach, VA 23466-1599</p>	<p>Phone: 800.448.3810 Email: lamedicaidproviderrelations@humana.com Mail: Humana Healthy Horizons in Louisiana Provider Reconsiderations P.O. Box 14601 Lexington, KY 40512-4601 Website: Availity.com</p>	<p>Phone: 866.595.8133 Email: Contact Us Provider LA@Centene.com Mail: Louisiana Healthcare Connections ATTN: Claims P.O. Box 4040 Farmington, MO 63640-3826</p>	<p>Phone: 866.675.1607 Email: southeastprteam@uhc.com laproviders@uhc.com By web chat: https://www.uhcprovider.com/en/contact-us.html</p>
<p>Time Requirements</p>	<p>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.</p>	<p>Provider has 180 days from the date of denial to correct and resubmit denied claims.</p> <p>An appeal must be received within 30 calendar days of the date on the determination letter from the original.</p>	<p>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 MCO within 30 days of receipt. Request for claim appeal must be received within 30 calendar days of the date on the determination letter from the original request for claim reconsideration. A determination will be made by the MCO within 30 calendar days of receipt.</p>	<p>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 MCO within 30 days of receipt. Request for claim appeal must be received within 30 calendar days of the date on the determination letter from the original request for claims reconsideration. A determination will be made by Humana within 30 calendar days of receipt.</p>	<p>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.</p>	<p>Claim appeal must be received within 60 calendar days of the date of the determination letter from the original request for claim reconsideration. A determination will be made by the MCO within 30 calendar days of receipt.</p>
<p>How to Submit</p>	<p>Request may be submitted in writing or through the web portal (if applicable).</p>					

Claim Appeal: Ambulance Provider Issue Escalation and Resolution







The following chart outlines procedures for EMT claim appeals.

Ctrl+ Click logo to reach each broker's website						
CLAIM APPEAL	EMT	EMT	EMT	EMT	EMT	EMT
	<p>Email: LAAppeals@grievances@aetna.com</p> <p>Mail: Aetna Better Health of Louisiana PO Box 81040 5801 Postal Rd Cleveland, OH 44181</p> <p>Website: www.availity.com</p>	<p>Mail: AmeriHealth Caritas Louisiana ATTN: Provider Disputes P.O. Box 7323 London, KY 40742</p>	<p>Mail: Healthy Blue Payment Dispute Unit P.O. Box 61599 Virginia Beach, VA 23466-1599</p> <p>Website: www.availity.com</p>	<p>Mail: Humana Healthy Horizons in Louisiana Provider Appeals P.O. Box 14601 Lexington, KY 40512-4601</p> <p>Website: www.availity.com</p>	<p>Email: Contact Us Provider LA@Centene.com</p> <p>Mail: Louisiana Healthcare Connections ATTN: Claims P.O. Box 4040 Farmington, MO 63640-3826</p>	<p>Mail: United Healthcare Community Plan ATTN: Second Level Appeal P.O. Box 31364 Salt Lake City, UT 84131</p>

MCO Escalation







The following chart outlines procedures for MCO escalation for EMT services

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.

Ctrl+ Click logo to reach each MCO's provider website						
MCO ESCALATION Formal Complaint	Phone: 855.242.0802 Email: LAAppealsandGrievances@aetna.com Mail: Aetna Better Health of LA P.O. Box 81040 5801 Postal Rd Cleveland, OH 44181	Phone: 888.922.0007 Email: network@amerihealthcaritasla.com Mail: Attn: Provider Complaints AmeriHealth Caritas LA P.O. Box 7323 London, KY 40742 Website: https://identity.navinet.net/	Phone: 844.521.6942 Email: laprovidercomp@healthyblue.com Mail: Healthy Blue 10000 Perkins Rowe Suite G-510 Baton Rouge, LA 70810 Website: https://provider.healthyblue.com/docs/gpp/LA_CAID_ProviderComplaintSubmissionForm.pdf?v=202208181706	Phone: 800.448.3810 Email: humanahealthyhorizonslouisiana@humana.com Mail: Humana Healthy Horizons in 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 laproviders@uhc.com Mail: United Healthcare Community Plan 3838 N. Causeway Blvd. Ste. 2600 Metairie, LA 70002 By web chat: https://www.uhcprovider.com/en/contact-us.html
Management Level Contacts	Courtney Lewis Lead Director, Provider Relations LewisC8@aetna.com	Bridgette S. Robertson Manager, Network Operations brobertson@amerihealthcaritasla.com	Erin Williams Program Director, Operations Erin.Williams@healthyblue.com	Alicia Coleman Associate Director, Provider Contracting acoleman9@humana.com	Jennifer Pinkins Director, Claim and Contract Support Services Jennifer.P.Pinkins@louisianahealthconnect.com	Retresha Ambrose Operations Manager retresha_ambrose@uhc.com
Executive Level Contacts	Jess Hall CEO HallJ1@aetna.com	Kelli Clement Director, Network Operations kclement@amerihealthcaritasla.com	Janel Gary COO janel.Gary@healthyblue.com	Tish Anderson COO LAnderson55@humana.com	Joseph Tidwell VP, Network and Contracting jotidwell@centene.com	Yolanda Hubbard Associate Director Yolanda_m_hubbard@uhc.com Susan Mieras Director of Operations Susan_j_mieras@uhc.com
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	Email LDH staff 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, email 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 EMT claim disputes.

	 <small>AETNA BETTER HEALTHSM OF LOUISIANA</small>					
INDEPENDENT REVIEW	<p style="text-align: center;">The Independent Review process may be initiated after claim denial.</p> <p style="text-align: center;">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. 					