



Transportation Issue Resolution for Medicaid Providers

Before contacting LDH, UnitedHealthcare Community Plan (UHC), or third-party vendors, providers should attempt to resolve issues with the transportation brokers directly.

Please refer to the contact information below for the following issues:

UHC Transportation Issues:






- Modivcare 1-866-570-6142 EXT. 2001 jennifer.baker@modivcare.com

UHC will automatically recycle all affected claims and not require the provider to resubmit.

LDH has published [Informational Bulletin 21-2](#) for your reference - [IB21-02.pdf \(la.gov\)](#). Questions or concerns regarding this bulletin can be addressed by contacting United Healthcare Community Plan at 1-866-675-1607.

Claim Reconsideration and Claim Appeal



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

| | | | | | | |
|--|---|--|--|--|--|---|
| Ctrl+Click logo to reach each MCO's provider website |  AETNA BETTER HEALTH® OF LOUISIANA |  |  |  |  |  |
| 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 MCO within 30 days of receipt. | | | | | |
| How to Submit | Request may be submitted verbally, in writing or through the web portal (if applicable). The MCO shall provide a reference number for all requests for claim reconsideration. This reference number can be used for claim appeals if necessary. | | | | | |
| | By phone: 1-855-242-0802 By mail: Aetna Better Health of Louisiana P.O. Box 61808 Phoenix, AZ 85082-1808 Attn: Cost Containment | By phone: 1-888-922-0007 By mail: Attn: 1st Level Provider Dispute AmeriHealth Caritas Louisiana P.O. Box 7323 London, KY 40742 By web: http://amerihealthcaritasla.com/provider/resources/navinet/index.aspx | By phone: 1-844-521-6942 By mail: Healthy Blue Provider Payment Disputes P.O. Box 61599 Virginia Beach, VA 23466-1599 By web: www.availity.com | By phone: 1-800-448-3810 Mail: Humana Health Horizons of Louisiana Provider Disputes P.O. Box 14601 Louisville, KY 40512 Email: lamedicaidproviderrelations@humana.com By web: Availity.com | By phone: 1-866-595-8133 By mail: Louisiana Healthcare Connections Claim Reconsideration & Appeals P.O. Box 4040 Farmington, MO 63640-3800 | By phone: 1-866-675-1607 By mail: Attn: Reconsideration UnitedHealthcare Community Plan P.O. Box 31365 Salt Lake City, UT 84131-0341 By web: www.uhcprovider.com/en/claims-payments-billing/claimslink-self-service-tool.html |
| Links for More Information | Provider Manual – Chapter 18 https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/louisiana/providers/pdf/provider_manual.pdf | http://www.amerihealthcaritasla.com/provider/resources/complaints-disputes-appeals/index.aspx | Provider Manual Section 7 https://providers.healthybluel.com/louisiana/pages/manuals-directories-more.aspx | Humana Web Based Provider Training, Interactive Webinars | https://www.louisianahealthconnect.com/providers/resources/grievance-process.html | https://www.uhcprovider.com/content/dam/provider/docs/public/claims/claimslink-claim-reconsideration-corrected-claims-QRG.pdf |
| CLAIM APPEAL | | | | | | |
| Time Requirements | Must be received within 60 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. | 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. | 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. | 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. | Must be received 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 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. 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 | Humana Healthy Horizons of Louisiana Provider Appeals P.O. Box 14601 Louisville, KY 40512 | 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 |

| | | | | | | |
|--------------------|---|---|---|--|---|---|
| ARBITRATION | Providers who have completed the MCO dispute process and remain dissatisfied with the MCO's determination may submit a written request for arbitration. The request should include decisions from all claim reconsideration requests and claim appeals. 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. | | | | | |
| | Within 30 calendar days from the date of the appeal determination, submit written request to Aetna Better Health of Louisiana Appeal and Grievance Department 2400 Veterans Memorial Blvd., Suite 200 Kenner, LA 70062 | Within 30 calendar days from the date of the appeal determination, submit written request to AmeriHealth Caritas Louisiana 10000 Perkins Rowe, Block G, 4 th Floor Baton Rouge, LA 70810 | Within 30 calendar days from the date of the appeal determination, submit written request to Healthy Blue Attn: Operations Request for Arbitration 10000 Perkins Rowe, Suite G-510 Baton Rouge, LA 70810 | Within 30 calendar days from the date of the appeal determination, submit written request to Humana Healthy Horizons of Louisiana Attn: Provider Relations 1 Galleria Blvd Suite 1000 Metairie, LA 70001-2081 | Within 30 calendar days from the date of the appeal determination, submit written request to Attn: President Louisiana Healthcare Connections 7700 Forsyth Blvd. St. Louis, MO 63105 | Within 30 calendar days from the date of the appeal determination, submit written request to American Arbitration Association Atlanta Regional Office 2200 Century Parkway, Suite 300 Atlanta, GA 30345 Note: Once the case is registered and all fees paid a notice will be sent to UHC. |

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 | 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. | | | | | |
| | <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. 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: 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 grid is specific to claim issue resolution, the following options are available for resolution of all issue types (including claims).

Each MCO is required to maintain a Provider Complaint System for in-network and out-of-network providers to dispute the health plan's policies, procedures, or any aspect of the plan's administrative functions. Providers should first seek resolution with the MCO, using the MCO contacts outlined below. 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 |  <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@healthybluea.com By mail: Healthy Blue 10000 Perkins Rowe Suite G-510 Baton Rouge, LA 70810 By web: https://providers.healthybluea.com/Documents/LALA_CAID_ProviderComplaintSubmissionForm.pdf | By phone: 1-800-448-3810 By email: lamedicaidproviderrelations@humana.com By mail: Humana Healthy Horizons of Louisiana Attn: Provider Relations 1 Galleria Blvd Suite 1000 Metairie, LA 70001-2081 | By phone: 1-866-595-8133 By email: providercomplaints@louisianahealthconnections.com By mail: Louisiana Healthcare Connections 8585 Archives Ave, Suite 310 Baton Rouge, LA 70809 | By phone: 1-866-675-1607 By email: southeastprteam@uhc.com By mail: United Healthcare PO Box 31364 Salt Lake City, UT 84131-0341 |
| Management Level Contacts | Stella Joseph Manager of Appeal and Grievance LAAppealsandGrievances@aetna.com | Kyle Godfrey COO tgodfrey@amerihealthcaritasla.com | Amber Earwood Program Director, Operations Amber.Earwood@healthybluea.com | Cathy Burns Director, Provider Engagement CBurns25@humana.com | Candace Campbell Director of Operations, Provider Network Candace.H.Campbell@louisianahealthconnections.com | Rhonda Pena Provider Relations Manager rhonda_pena@uhc.com |
| Executive Level Contacts | Richard Born CEO BornR@aetna.com | Kyle Viator CEO kviator@amerihealthcaritasla.com | Janel Gary COO Janel.Gary@healthybluea.com | Tish Anderson COO LAAnderson55@humana.com | Joseph Tidwell VP of Network and Contracting jotidwell@centene.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 ProviderRelations@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. | | | | | |

All MCOs

If the MCO or LDH or its subcontractors discover errors made by the MCO when a claim was adjudicated, the MCO shall make corrections and reprocess the claim within ~~thirty (30)~~ fifteen (15) calendar days of discovery, or if circumstances exist that prevent the MCO from meeting this time frame, a specified date shall be approved by LDH. The MCO shall automatically recycle all impacted claims for all providers and shall not require the provider to resubmit the impacted claims.