



Medicaid Managed Care Non-Emergency Medical Transportation Provider Issue Resolution

The table below 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).

LDH has published Informational Bulletin 21-02 for your reference [IB21-02_revised_2.25.25.pdf](#).

For questions or concerns regarding any bulletin, contact UnitedHealthcare Community Plan at 1-866-675-1607.



**Louisiana Department of Health
Informational Bulletin 21-02
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Medicaid Managed Care Non-Emergency Medical Transportation Provider Issue Resolution













Note: Revisions have been underlined. Deleted text indicated by ~~strikethrough~~. This bulletin outlines the options available to non-emergency medical transportation (NEMT) providers for pursuing resolution of claims payment issues. NEMT 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 NEMT claims, contact:

Ctrl+Click logo to reach each broker's website						
MCO						
CLAIM RECONSIDERATION						
Time Requirements	Provider has 365 days from the date of denial to correct and resubmit denied claims. A 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 verbally, in writing or through the web portal (if applicable). The broker shall provide a reference number for all requests for claim reconsideration. This reference number can be used for claim appeals if necessary.					
	Email: Billing Department Billing@MediTrans.com	Email: claimsleadershipteam@verida.com Phone: 678-510-4590 Website: https://provider.verida.com/	Email: Billing Department Billing@MediTrans.com	Email: Billing Department Billing@MediTrans.com	Email: LAProviderClaims@mtm-inc.net Phone: 888-889-0435 Website: https://tp.mtmlink.net/index/login	Email: Support.claims@modivcare.com Phone: 800-930-9060 Claims Phone Line







Claim Appeal: Transportation Provider Issue Escalation and Resolution

The following chart outlines procedures for **non-emergency medical transportation (NEMT)** claim appeals.

							
MCO							
CLAIM APPEAL	Include any documentation from prior claim reconsideration requests when submitting a claim appeal.						
Time Requirements	An appeal must be received from the provider 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 broker within 30 calendar days of receipt.	An appeal must be received from the provider within 90 calendar days of the date on the determination letter from the claim reconsideration decision notice. A determination will be made by the broker within 30 calendar days of receipt.	An appeal must be received from the provider 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 broker within 30 calendar days of receipt.	An appeal must be received from the provider 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 broker within 30 calendar days of receipt.	An appeal must be received from the provider 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 broker within 30 calendar days of receipt.	An appeal must be received from the provider within 180 calendar days of the claim reconsideration decision notice. A determination will be made by the broker within 30 calendar days of receipt.	An appeal must be received from the provider within 90 calendar days of the claim reconsideration decision notice. A determination will be made by the broker within 30 calendar days of receipt.
How To Submit	Request may be submitted in writing or through the web portal (if applicable).						
	Email: Appeals@meditrans.com Mail: MediTrans ATTN: Billing 102 Asma Blvd. Suite 200 Lafayette, LA 70508 Escalations: director@meditrans.com (Subject Line: Appeal Escalation)	Email: claimdispute@verida.com Mail: VERIDA, Inc. ATTN: CFO 843 Dallas Hwy Villa Rica, GA 30180 Website: https://myverida.com/facilities-file-a-complaint-form/	Email: Appeals@meditrans.com Mail: MediTrans ATTN: Billing 102 Asma Blvd. Suite 200 Lafayette, LA 70508 Escalations: director@meditrans.com (Subject Line: Appeal Escalation)	Email: Appeals@meditrans.com Mail: MediTrans ATTN: Billing 102 Asma Blvd. Suite 200 Lafayette, LA 70508 Escalations: director@meditrans.com (Subject Line: Appeal Escalation)	Email: LAClaimEscalation@mtm-inc.net Mail: MTM, Inc. ATTN: Claims Dept./LA Logistics 16 Hawk Ridge Circle Lake St. Louis, MO 63367 Website: https://tp.mtmlink.net/index/login	Email: support.claims@modivcare.com Mail: Modivcare Solutions LLC – Claims 4615 E. Elwood St., Suite 300, Phoenix, AZ 85040	

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>INDEPENDENT REVIEW</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>					
	<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. 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: https://ldh.la.gov/page/independent-review. • For questions or concerns, contact LDH via email at IndependentReview@la.gov. 					

Provider Issue Escalation and Resolution – MCO Escalation

The following chart outlines procedures for MCO escalation for NEMT 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.

Providers should first seek resolution with the transportation broker. If a provider is unable to reach satisfactory resolution or get a timely response through the transportation broker, the provider should seek resolution with the MCO. The chart below contains each MCO's escalation process. If the provider is unable to reach satisfactory resolution or get a timely response through the MCO, the provider may contact LDH for assistance.

Ctrl+Click logo to reach each MCO's provider website	 <small>AETNA BETTER HEALTH® OF LOUISIANA</small>					
MCO ESCALATION						
Formal Complaint	Phone: 855-242-0802 Email: LAProvider@aetna.com Mail: Aetna Better Health of Louisiana 2400 Veterans Memorial Blvd. Suite 200 Kenner, LA 70062	Phone: 225-300-9112 Email: Carletta Howard: choward2@amerihealthcaritasla.com Mail: AmeriHealth Caritas Louisiana Attn: Provider Complaints PO Box 7323 London, KY 40742	Phone: 844-521-6942 or 504-836-8888 Email: laprovidercomp@healthybluela.com Mail: Healthy Blue 3850 N. Causeway Blvd. Suite 1770 Metairie, LA 70002 Web: https://provider.healthybluela.com/docs/gpp/LA_CAID_ProviderComplaintSubmissionForm.pdf?v=202208181706	Phone: 800-448-3810 Email: humanahealthyhorizonslouisiana@humana.com Mail: Humana Healthy Horizons of 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 Mail: United Healthcare Community Plan 3838 N. Causeway Blvd. Suite 2600 Metairie, LA 70002
Management Level Contacts	Stella Joseph Senior Manager of Appeals and Grievances LAAppealsandGrievances@aetna.com	Kyle Godfrey COO tgodfrey@amerihealthcaritasla.com	Rosetta Duplessis Process Expert Sr. Operations Rosetta.Duplessis@healthybluela.com	Alicia Coleman Associate Director, Provider Contracting acoleman9@humana.com	Candace Kliesch Director of Compliance Candace.H.Kliesch@louisianahealthconnect.com	Yolanda Hubbard Associate Director of Operations Yolanda_M_Hubbard@uhc.com Retresha Ambrose Operations Manager Retresha_ambrose@uhc.com
Executive Level Contacts	Brian Knobloch COO KnoblochB@aetna.com	Kyle Viator CEO kviator@amerihealthcaritasla.com	Mike Wheby COO michael.wheby@elevancehealth.com	Rhonda Bruffy COO rbruffy@humana.com	Joe Sullivan CEO Joe.M.Sullivan@louisianahealthconnect.com	Paula Morris COO paula_morris@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	Contact LDH staff via email at MedicaidTransportation@la.gov or via phone at 225-333-7473 or 225-342-9566. Include details on all attempts made to resolve the issue(s) at both the broker level and the MCO level. Ensure you include contact information so that LDH staff may follow up with any questions.					