Medicaid Managed Care Ambulance Provider Issue Resolution: Non-Emergency Ambulance Transportation Services

The table below outlines the options available to non-emergent ambulance providers for pursuing resolution of claims payment issues. Providers must first seek resolution with Modivcare directly, prior to engaging UnitedHealthcare Community Plan (UHCCP), third parties, or the Louisiana Department of Health (LDH).

LDH has published Informational Bulletin 24-04 for your reference IB 24-04_revised_8.28.2025.pdf.

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

Louisiana Department of Health
Informational Bulletin 24-04
Revised August 28, 2025

Managed Care Ambulance Provider Issue Resolution (Emergent and Non-Emergent)

Note: Revisions have been underlined. Deleted text indicated by ~~strikethrough~~. 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).

Non-Emergency Ambulance Transportation (NEAT) Services

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

Ctrl+ Click logo to reach each broker's website	MediTrans	VERIDA	MediTrans	MediTrans	MediTrans	modivcare
MCO	aetna AETNA BETTER HEALTH® OF LOUISIANA	AmeriHealth Caritas Louisiana	Healthy Blue	Humana Healthy Horizons in Louisiana	louisiana healthcare connections	UnitedHealthcare Community Plan
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 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@meditrans.com **Phone:** Provider Help Desk 844-349-4326, Option 9 **Mail:** MediTrans Attn: Billing 102 Asma Blvd., Suite 200 Lafayette, LA 70508	**Email:** claimsleadershipteam@verida.com **Phone:** Claims Account Representative 678-510-4590 **Mail:** Verida Inc. Attn: Claims 843 Dallas Hwy Villa Rica, GA 30180 **Website:** https://provider.verida.com/	**Email:** Billing@MediTrans.com **Phone:** Provider Help Desk 844-349-4326, Option 9 **Mail:** MediTrans Attn: Billing 102 Asma Blvd., Suite 200 Lafayette, LA 70508	**Email:** Billing@MediTrans.com **Phone:** Provider Help Desk 844-349-4326, Option 9 **Mail:** MediTrans Attn: Billing 102 Asma Blvd., Suite 200 Lafayette, LA 70508	**Email:** ~~ambulanceclaims@mtm-inc.net~~ Providers@MediTrans.com **Phone:** ~~866-595-8133~~ Provider Help Desk 844-349-4326, Option 5 **Mail:** MediTrans Attn: Billing 102 Asma Blvd., Suite 200 Lafayette, LA 70508 **Fax:** ~~480-757-6082~~ 337-366-6760 **Website:** ~~https://tp.mtmlink.net/index/login~~ www.meditrans.com/transportationproviders/	**Email:** support.claims@modivcare.com **Phone:** 800-930-9060
Links for More Information	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	https://provider.healthybluela.com/docs/gpp/LA_CAID_ProviderManual.pdf?v=202404032225	Humana Web Based Provider Training, Interactive Webinars	https://www.louisianahealthconnect.com/providers/resources/grievance-process.html	https://www.uhcprovider.com/en/claims-payments-billing.html

Claim Appeal: Ambulance Provider Issue Escalation and Resolution (NEAT services)

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

Ctrl+ Click logo to reach each broker's website	MediTrans	VERIDA	MediTrans	MediTrans	MediTrans	modivcare
MCO	aetna – AETNA BETTER HEALTH® OF LOUISIANA	AmeriHealth Caritas Louisiana	Healthy Blue	Humana Healthy Horizons in Louisiana	louisiana healthcare connections	UnitedHealthcare Community Plan
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 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	Claim appeals must be submitted in writing.					
	Email: Appeals@meditrans.com **Mail:** MediTrans 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	**Email:** Appeals@meditrans.com **Mail:** MediTrans 102 Asma Blvd. Suite 200 Lafayette, LA 70508 **Escalations:** director@meditrans.com (Subject Line: Appeal Escalation)	**Email:** Appeals@meditrans.com **Mail:** MediTrans 102 Asma Blvd. Suite 200 Lafayette, LA 70508 **Escalations:** director@meditrans.com (Subject Line: Appeal Escalation)	**Email:** ~~LAClaimEscalation@mtm-inc.net~~ Appeals@meditrans.com **Mail:** ~~MTM, Inc.~~ ~~Attn: Claims Dept./LA Logistics~~ ~~16 Hawk Ridge Circle~~ ~~Lake St. Louis, MO 63367~~ MediTrans 102 Asma Blvd. Suite 200 Lafayette, LA 70508 **Escalations:** director@meditrans.com (Subject Line: Appeal Escalation) ~~**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 **NEAT claim** disputes.

	aetna AETNA BETTER HEALTH® OF LOUISIANA	AmeriHealth Caritas Louisiana	Healthy Blue	Humana Healthy Horizons	louisiana healthcare connections	United Healthcare Community Plan
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.**					
	• 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. However, 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/medicaid/useful-managed-care-info ~~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 (NEAT services)

LDH and the MCOs acknowledge that there may be circumstances where a provider wishes to escalate an issue for review by LDH or the MCOs' executive teams. While the chart above outlines the process for claim-related issues, the following escalation steps apply to all issue types, including claims. Providers should first attempt to resolve concerns directly with the transportation broker. If satisfactory resolution or a timely response is not achieved, the provider should escalate the matter to the MCO. The chart below outlines each MCO's escalation process. Should the provider remain unable to resolve the issue or receive a timely response from the MCO, the provider may then seek assistance from LDH.

The following chart outlines procedures for MCO escalation for **NEAT services.**

Ctrl+ Click logo to reach each MCO's provider website	aetna AETNA BETTER HEALTH® OF LOUISIANA	AmeriHealth Caritas Louisiana	Healthy Blue	Humana Healthy Horizons	louisiana healthcare connections	United Healthcare Community Plan
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:** laprovider@healthybluela.com **Mail:** Healthy Blue 3850 N. Causeway Blvd. Suite 1770 Metairie, LA 70002 **Website:** https://provider.healthybluela.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:** laproviders@uhc.com **Mail:** United Healthcare Community Plan 3838 N. Causeway Blvd. Suite 2600 Metairie, LA 70002 **Web Chat:** https://www.uhcprovider.com/en/contact-us.html
Management Level Contacts	**Stella Joseph** Senior Manager, Appeals and Complaints JosephS4@aetna.com	**Kyle Godfrey** COO tgodfrey@amerihealthcaritasla.com	**David Ealy Jr.** Program Manager, Operations David.Ealyjr@healthybluela.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	**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 following information.					
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.					

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

This bulletin provides ambulance providers with information on the available options for resolving emergency ambulance (EMS) claims and payment issues. The chart below outlines each MCO's claims dispute process and the steps for submitting a formal claim reconsideration request

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

Ctrl+Click logo to reach each MCO's provider website	aetna AETNA BETTER HEALTH® OF LOUISIANA	AmeriHealth Caritas Louisiana	Healthy Blue	Humana Healthy Horizons in Louisiana	louisiana healthcare connections	UnitedHealthcare Community Plan
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 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.					
	Phone: 855-242-0802 **Mail:** Aetna Better Health of Louisiana Attn: Appeal and Grievance Department P.O. Box 81040 5801 Postal Road Cleveland, OH 44181 **Email:** LAAppealsandGrievances@AETNA.com **Website:** www.availity.com	**Phone:** 888-922-0007 **Mail:** AmeriHealth Caritas Louisiana Attn: Provider Disputes P.O. Box 7323 London, KY 40742 **Email:** network@amerihealthcaritasla.com **Website:** http://amerihealthcaritasla.com/provider/resources/navinet/index.aspx	**Phone:** 844-521-6942 **Mail:** Healthy Blue Payment Dispute Unit P.O. Box 61599 Virginia Beach, VA 23466-1599 **Website:** www.availity.com	**Phone:** 800-448-3810 **Mail**: Humana Healthy Horizons in Louisiana Provider Disputes P.O. Box 14601 Lexington, KY 40512 **Email**: lamedicaidproviderrelations@humana.com **Website**: www.availity.com	**Phone:** 866-595-8133 **Mail:** Louisiana Healthcare Connections Claim Reconsideration & Appeals P.O. Box 4040 Farmington, MO 63640-3800 **Email**: Contact_Us_Provider_LA@Centene.com	**Phone:** 866-675-1607 **Mail:** Attn: Reconsideration United Healthcare Community Plan P.O. Box 31365 Salt Lake City, UT 84131-0341 **Email:** laproviders@uhc.com **Web Chat:** https://www.uhcprovider.com/en/contact-us.html
CLAIM APPEAL	Include any documentation from prior claim reconsideration requests when submitting a claim appeal.					
Time Requirements	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 **90 calendar days** of the date on the determination letter from the claim reconsideration decision notice. **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 **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 **180 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**
How to Submit	Claim appeals must be submitted in writing.					
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.**					
Time Requirements	Within **30 calendar days** from the date of the appeal determination, submit written request to					
How to Submit	Aetna Better Health of Louisiana Appeal and Grievance Department P.O. Box 81040 5801 Postal Road Cleveland, OH 44181	AmeriHealth Caritas Louisiana 10000 Perkins Rowe, Block G, 4th Floor Baton Rouge, LA 70810	Healthy Blue Attn: Operations Request for Arbitration 3850 N. Causeway Blvd. STE 1770 Metairie, LA 70002	Humana Healthy Horizons in Louisiana Attn: Provider Relations 1 Galleria Blvd Suite 1000 Metairie, LA 70001-2081	Attn: President Louisiana Healthcare Connections 7700 Forsyth Blvd. St. Louis, MO 63105	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 EMS claim disputes.

	aetna AETNA BETTER HEALTH® OF LOUISIANA	AmeriHealth Caritas Louisiana	Healthy Blue	Humana Healthy Horizons	louisiana healthcare connections	United Healthcare Community Plan
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.**					
	• 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/medicaid/useful-managed-care-info ~~https://ldh.la.gov/page/independent-review~~. • For questions or concerns, contact LDH via email at IndependentReview@la.gov.					

MCO Escalation – Emergency Ambulance Transportation Services (EMS)

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 procedures for MCO escalation for EMS services.

Ctrl+ Click logo to reach each MCO's provider website	aetna	AmeriHealth Caritas Louisiana	Healthy Blue	Humana Healthy Horizons	louisiana healthcare connections	United Healthcare Community Plan
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@healthybluela.com **Mail:** Healthy Blue 3850 N. Causeway Blvd. Suite 1770 Metairie, LA 70002 **Website:** https://provider.healthybluela.com/docs/gpp/LA_CAID_ProviderComplaintSubmissionForm.pdf?v=202208181706	**Phone:** 800-448-3810 **Email:** humanahealthyhorizonslouisiana@humana.com **Mail:** Humana Healthy Horizons 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:** laproviders@uhc.com **Mail:** United Healthcare Community Plan 3838 N. Causeway Blvd. Ste. 2600 Metairie, LA 70002 **Web Chat:** https://www.uhcprovider.com/en/contact-us.html
Management Level Contacts	**Courtney Lewis** Lead Director, Provider Relations LewisC8@aetna.com	**Carletta Howard** Provider Network Operations Manager choward2@amerihealthcaritasla.com	**David Ealy Jr.** Operations Program Manager David.Ealyjr@healthybluela.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	**Brian Knobloch** COO KnoblochB@aetna.com	**Kelli Clement** Network Operations Director kclement@amerihealthcaritasla.com	**Mike Wheby** COO michael.wheby@elevancehealth.com	**Rhonda Bruffy** COO RBruffy@humana.com	**Joseph Tidwell** VP, Network and Contracting jotidwell@centene.com	**Paula Morris** COO paula_morris@uhc.com
LDH ESCALATION	If a provider is unable to reach a satisfactory resolution or receive a timely response through the MCO escalation process, contact LDH using the following information.					
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.					