

Louisiana Department of Health Informational Bulletin



To: AmeriHealth Caritas Louisiana Providers

Date: February 7, 2025

Subject: [Informational Bulletin 21-02](#): Medicaid Managed Care Non-Emergency Medical Transportation Provider Issue Resolution (Revised February 3, 2025)

Informational Bulletins that summarize policies and/or procedures are intended for quick reference and are accurate on the date they are issued.

Medicaid Managed Care Transportation Provider Issue Resolution

This bulletin outlines the available options to transportation providers for pursuing resolution of issues with AmeriHealth Caritas Louisiana and the state's fee-for-service claims payment issues. Unless explicitly notated, providers should first seek resolution with AmeriHealth Caritas Louisiana/the MCO directly, prior to engaging LDH or other third parties.

For issues related to transportation claims, contact:

Verida (formerly Southeastrans)

678-510-4590

claimsleadershipteam@verida.com

For issues related to transportation provider issue escalation and resolution- claim appeals, contact:

Verida (formerly Southeastrans)

claimdispute@verida.com

VERIDA, Inc

ATTN: CFO 843 Dallas Hwy

Villa Rica, GA 30180

<https://myverida.com/facilities-filea-complaint-form/>

For issues related to AmeriHealth Caritas Louisiana provider complaint and escalation, contact:

AmeriHealth Caritas Louisiana

225-300-9112

AmeriHealth Caritas Louisiana

Attn: Provider Complaints

PO Box 7323

London, KY 40742

choward2@amerihealthcaritasla.com

For issues requiring executive level review, contact:

Kyle Viator, CEO

kviator@amerihealthcaritasla.com

or

Kyle Godfrey, COO

tgodfrey@amerihealthcaritasla.com

For issues that require LDH escalation, contact: LDH at

MedicaidTransportation@la.gov

Note: Always include details on attempts to resolve the issue with ACLA, as well as contact information (contact name, provider name, e-mail and phone number) so that LDH staff can follow up with any questions.

Independent Review

In conjunction with the above claim dispute contacts, Independent Review is another option for resolution of claim disputes. 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.

For full details, please see [IB 21.02 revised 2.3.25](#).

Questions regarding this message should be directed to AmeriHealth Caritas Louisiana Provider Services at 1-888-922-0007. The Provider Services Department can be reached between 7:00 am – 7:00 pm daily.

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Need to update your provider information? Send full details to:
network@amerihealthcaritasla.com.



Louisiana Department of Health
Informational Bulletin 21-02
Revised February 3, 2025

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

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	<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 claim dispute is not 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 a claim has been denied or a provider has not received payment for services rendered. A provider may request an independent review by sending a provider a remittance advice or other written or electronic notice either partially or totally denying a claim within 60 days of the date of the denial or recoupment date. • Independent Review is a two-step process which may be initiated by submitting an Independent Review Reconsideration Request form to the MCO. 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 appeal to 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 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 independent review. Legislative Session, mental health rehabilitation (MHR) service providers have the right to an independent review of an adverse determination of 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 MCO's 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	 AETNA BETTER HEALTH® OF LOUISIANA			
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: 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: humanahealthyhorizon@humana.com Mail: Humana Healthy Horizon Louisiana 1 Galleria Blvd. Suite 1000 Metairie, LA 70001
Management Level	Stella Joseph	Kyle Godfrey	Rosetta Duplessis	Alicia Coleman

Contacts	Senior Manager of Appeals and Grievances LAAppealsandGrievances@aetna.com	COO tgodfrey@amerihealthcaritasla.com	Process Expert Sr. Operations Rosetta.Duplessis@healthybluela.com	Associate Director Contracting acoleman9@humanities.com
Executive Level Contacts	<u>Brian Knobloch</u> COO KnoblochB@aetna.com	Kyle Viator CEO kviator@amerihealthcaritasla.com	Janel Gary COO Janel.Gary@healthybluela.com	Rhonda Bruffy COO rbruffy@humanities.com
LDH ESCALATION	If a provider is unable to reach satisfactory resolution or receive a timely response through the MCO escalation process, 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 to resolve the issue.			
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 to resolve the issue. Ensure you include contact information so that LDH staff may follow up with any questions.			