



To: AmeriHealth Caritas Louisiana Providers

Date: February 7, 2025

Subject: [Informational Bulletin 24-04](#): Managed Care Ambulance Provider Issue Resolution (Emergent and Non-Emergent)
(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.

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

This bulletin outlines the options available to ambulance providers for pursuing the resolution of claims payment issues with AmeriHealth Caritas Louisiana and the state’s fee-for-service claims payment issues. Providers must first seek resolution with the transportation broker directly before engaging with AmeriHealth Caritas Louisiana, third parties, or the Louisiana Department of Health (LDH).

Transportation Broker – Verida (formerly Southeastrans) escalation contacts

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

Verida – Claim Resolution
Claims Account Representative
By phone: 678 -510-4590
claimsleadershipteam@verida.com

Transportation provider issue escalation and resolution – claim appeals:

By email: claimdispute@verida.com
By mail: Verida, Inc.
Attn: CFO
843 Dallas Hwy
Villa Rica, GA 30180
By web: <https://myverida.com/facilities-file-a-complaint-form/>

MCO escalation contacts:

By phone: 888-922-0007
By email: network@amerihealthcaritasla.com
By mail: Attn: Provider Complaints
AmeriHealth Caritas LA
P.O. Box 7323 London, KY 40742

By web: <https://identity.navinet.net/>
Management Level: Carletta Howard
Manager, Network Operations
choward2@amerihealthcaritasla.com

Executive Level: Kelli Clement
Director, Network Operations
kclement@amerihealthcaritasla.com

Claim Appeal: Ambulance Provider Issue Escalation and Resolution – non-emergency ambulance transportation:

Time Requirements

The 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 be made by the broker within 30 days of receipt.

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

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

By phone: 888-922-0007
By email: network@amerihealthcaritasla.com
By mail: AmeriHealth Caritas Louisiana
P.O. Box 7323
London, KY 40742
By web: <https://www.amerihealthcaritasla.com/provider/resources/navinet/index.aspx>

Claim Appeal: Emergency Medical Transportation (EMT) service claims:

Time Requirements

The provider has 180 days from the date of denial to correct and resubmit denied claims. An appeal must be received within 30 calendar days of the date on the determination letter from the original.

Claim Appeal: Ambulance Provider issue Escalation and Resolution – EMT claim appeals:

By mail: AmeriHealth Caritas Louisiana
ATTN: Provider Disputes
P.O. Box 7323
London, KY 40742

MCO escalation contacts:

By phone: 888-922-0007
By email: network@amerihealthcaritasla.com
By mail: Attn: Provider Complaints
AmeriHealth Caritas LA
P.O. Box 7323
London, KY 40742
By web: <https://identity.navinet.net/>

Management Level: Carletta Howard

Manager, Network Operations
choward2@amerihealthcaritasla.com

Executive Level: Kelli Clement

Director, Network Operations
kclement@amerihealthcaritasla.com

For full details, please see [IB 24.04 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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You can find a complete listing of Informational Bulletins on the [Provider Newsletters and Updates](#) page of our website under the header [Louisiana Department of Health Information Bulletins](#).

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



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						
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.					
	<p>Email: Billing@meditrans.com</p> <p>Phone: Provider Help Desk 844-349-4326, Option 9</p> <p>Mail: MediTrans Attn: Billing 102 Asma Blvd., Suite 200 Lafayette, LA 70508</p>	<p>Email: claimsleadershipteam@verida.com</p> <p>Phone: Claims Account Representative 678-510-4590</p> <p>Mail: Verida Inc. Attn: Claims 843 Dallas Hwy Villa Rica, GA 30180</p> <p>Website: https://provider.verida.com/</p>	<p>Email: Billing@MediTrans.com</p> <p>Phone: Provider Help Desk 844-349-4326, Option 9</p> <p>Mail: MediTrans Attn: Billing 102 Asma Blvd., Suite 200 Lafayette, LA 70508</p>	<p>Email: Billing@MediTrans.com</p> <p>Phone: Provider Help Desk 844-349-4326, Option 9</p> <p>Mail: MediTrans Attn: Billing 102 Asma Blvd., Suite 200 Lafayette, LA 70508</p>	<p>Email: ambulanceclaims@mtm-inc.net</p> <p>Phone: 866-595-8133</p> <p>Fax: 480-757-6082</p> <p>Website: https://tp.mtmlink.net/index/login</p>	<p>Email: support.claims@modivcare.com</p> <p>Phone: 800-930-9060</p>

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
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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						
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	Claim appeals must be submitted in writing.					
	<p>Email: Appeals@meditrans.com</p> <p>Mail: MediTrans 102 Asma Blvd. Suite 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: Appeals@meditrans.com</p> <p>Mail: MediTrans 102 Asma Blvd. Suite 200 Lafayette, LA 70508</p>	<p>Email: Appeals@meditrans.com</p> <p>Mail: MediTrans 102 Asma Blvd. Suite 200 Lafayette, LA 70508</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>Email: support.claims@modivcare.com</p> <p>Mail: Modivcare Solutions LLC – Claims 4615 E. Elwood St., Suite 300, Phoenix, AZ 85040</p>

	Escalations: director@meditrans.com (Subject Line: Appeal Escalation)		Escalations: director@meditrans.com (Subject Line: Appeal Escalation)	Escalations: director@meditrans.com (Subject Line: Appeal Escalation)	Website: https://tp.mtmlink.net/index/login	
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Independent Review

In conjunction with the above claim dispute grid, independent review is another option for resolution of **NEAT claim** disputes.







						
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 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. 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/page/independent-review.• For questions or concerns, contact LDH via email at IndependentReview@la.gov.					

Provider Issue Escalation and Resolution – MCO Escalation (NEAT services)

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.







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						
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	Janel Gary COO Janel.Gary@healthybluela.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 outlines the options available to ambulance providers for pursuing resolution of **emergency ambulance (EMS)** claims and payment issues. The following chart outlines claims dispute procedures for filing a formal claim reconsideration request with each MCO.

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

Ctrl+Click logo to reach each MCO’s provider website						
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@human.a.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, 4 th 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 <i>Note: Once the case is registered and all fees paid, a notice will be sent to UHC.</i>

Independent Review

In conjunction with the above claim dispute grid, independent review is another option for resolution of EMS claim disputes.

						
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 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.					

MCO Escalation – Emergency Ambulance Transportation Services (EMS)

The following chart outlines procedures for MCO escalation for EMS 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	Phone: 855-242-0802	Phone: 888-922-0007	Phone: 844-521-6942	Phone: 800-448-3810	Phone: 866-595-8133	Phone: 504-849-1567

ESCALATION Formal Complaint	Email: LAAppealsandGrievances@aetna.com Mail: Aetna Better Health of LA P.O. Box 81040 5801 Postal Rd Cleveland, OH 44181	Email: network@amerihealthcaritasla.com Mail: Attn: Provider Complaints AmeriHealth Caritas LA P.O. Box 7323 London, KY 40742 Website: https://identity.navinet.net/	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	Email: humanahealthyhorizonslouisiana@humana.com Mail: Humana Healthy Horizons Louisiana 1 Galleria Blvd. Suite 1000 Metairie, LA 70001	Email: providercomplaints@louisianahealthconnections.com Mail: Louisiana Healthcare Connections Attn: Provider Complaints P.O. Box 84180 Baton Rouge, LA 70884	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 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@louisianahealthconnections.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	Janel Gary COO janel.Gary@healthybluela.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 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.					