Healthy Louisiana

Louisiana Department of Health Informational Bulletin 21-02 Revised May 17, 2022

Medicaid Managed Care Transportation Provider Issue Resolution

This bulletin 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 MCOs, third parties, or the Louisiana Department of Health (LDH).

For issues related to transportation claims, contact:

One Call: Kellie Cook 904-252-6869 kellie cook@onecallcm.com GH_ProviderPayment@onecallcm.com One Call Claims Escalation: Carolyn Banks 201-286-2410 Carolyn_Banks@onecallcm.com

Southeastrans: 470-819-4349

claimdispute@southeastrans.com

MediTrans:

<u>Billing Department</u> <u>Lillian Lewis</u> <u>337 534 4484</u> <u>Billing@callmeditrans.com</u> <u>Billing@MediTrans.com</u>

Lillian Lewis LLewis@MediTrans.com

ModivCare:

Jennifer Baker 866-570-6143 Ext. 2001 Jennifer.Baker@modivcare.com www.logisticare.com/provider-concerns

Veyo:

Shiva Nagalingam/Crystal Wilson 504-344-4454 <u>snagalingam@veyo.com/cwilson@veyo.com</u> https://providersupport.veyo.com/hc/en-us/requests/new?ticket_form_id=187746

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Louisiana Department of Health Revisions are <u>underlined</u>.

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Transportation Provider Issue Escalation and Resolution

Ctrl+Click logo to reach each broker's website	Medirans	SOUTHEASTRANS	Medirans	Veyo Healthcare Logistics	modiv care	
CLAIM APPEAL						
Time Requirements	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 made by the broker within 30 days of receipt.					
How to Submit		Request may be submitted in writing or through the web portal (if applicable).				
	By email: Lillian Lewis, Claims Manager: LLewis@MediTrans.com By mail: MediTrans ATTN: Billing 115 Hansel St. New Iberia, LA 70560 Escalations: Providers@meditrans.com (Subject Line: Appeal Escalation) By email: GH_ProviderPayment@onecallcm.com By mail: One Call PO Box 896 Elk Grove, IL 60009-0896 By fax: 973-939-3894 Subject Line: Appeal	By email: claimdispute@southeastrans.com By mail: Southeastrans ATTN: CFO 4751 Best Road Suite 300 Atlanta, GA 30337 By web: http://amerihealthcaritasla.com/provider/resourc es/navinet/index.aspx	By email:-Billing@callmeditrans.com Lillian Lewis, Claims Manager: LLewis@MediTrans.com By mail: MediTrans ATTN: Billing 115 Hansel St. New Iberia, LA 70560 Escalations: Providers@meditrans.com (Subject Line: Appeal Escalation)	By email: <u>Claims@veyo.com</u> By web: <u>https://providersupport.veyo.com/hc/en-us</u> By mail: Veyo 3016 19th Street Metairie, LA 70002	By email: Jennifer.Baker@modivcare.com By web: www.logisticare.com/provider- concerns By mail: Attn: Transportation Department – Claims Reconsideration ModivCare 12234 N IH 35. BLDG B 175 Austin, Texas 78753-1705	

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 provider complaint and escalation contacts for each MCO and LDH.

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.

Ctrl+Click logo to reach each MCO's provider website	aetna Betterhealth® OFLOUISIANA	AmeriHealth Caritas Louisiana	🔹 🗑 Healthy Blue	louisiana healthcare connections	UnitedHealthcare Community Plan
MCO ESCALATION					
Formal Complaint	By phone: 1-855-242-0802 By email: <u>LAProvider@aetna.com</u> By mail: Aetna Better Health of Louisiana 2400 Veterans Memorial Blvd.	By phone: 1-225-300-9112 By email: <u>brobertson@amerihealthcaritasla.com</u> By mail: AmeriHealth Caritas Louisiana PO Box 7323	By phone: 1-844-521-6942 or 1-504-836-8888 By email: <u>laprovidercomp@healthybluela.com</u> By mail: Healthy Blue	By phone: 1-866-595-8133 By email: providercomplaints@louisianahealthconnect.com By mail: Louisiana Healthcare Connections	By phone: 504-849-1567 By email: latransportation@uhc.com By mail: United Healthcare
	Suite 200 Kenner, LA 70062	London, KY 40742	10000 Perkins Rowe Suite G-510	8585 Archives Ave, Suite 310 Baton Rouge, LA 70809	Community Plan 3838 N. Causeway Blvd. Suite 2600





			Baton Rouge, LA 70810		Metairie, LA 70002
			By web:		
			https://providers.healthybluela.com/Documents/L		
			ALA_CAID_ProviderComplaintSubmissionForm.pdf		
Management Level Contacts	Stella Joseph	Kyle Godfrey	Amber Earwood	Candace Campbell	Yolanda Hubbard
	Manager of Appeal and Grievance	COO	Program Director, Operations	Director of Operations, Provider Network	Operations Manager
	LAAppealsandGrievances@aetna.com	tgodfrey@amerihealthcaritasla.com	Amber.Earwood@healthybluela.com	Candace.H.Campbell@louisianahealthconnect.com	Yolanda M Hubbard@uhc.com
Executive Level Contacts	Richard Born	Kyle Viator	Janel Gary	Marshall Ellis	Angela Olden
	CEO	CEO	<u>COO</u>	VP Operations	соо
	BornR@aetna.com	kviator@amerihealthcaritasla.com	Janel.Gary@healthybluela.com	John.M.Ellis@louisianahealthconnect.com	Angela_Olden@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	E-mail LDH staff at <u>Veronica.Gonzalez@la.gov</u> or <u>Melanie.Doucet@la.gov</u> . Always include details on attempts to resolve the issue at the MCO 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.				
					p with any questions.

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	AETNA BETTERHEALTH® OFLOUISIANA	AmeriHealth Caritas Louisiana	🔹 👽 Healthy Blue	louisiana healthcare connections	
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 no				
	• 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 in 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.				
		dependent 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 t equest forms are available on MCO websites or at the link below.			
	• If a provider remains dissatisfied with the ou available at the link below.	isfied with the outcome of an Independent Review Reconsideration Request, the provider may submit an Independent Review Request Form to LDH w			
	• 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 finds in favor of the MCO, the provider is responsible for paying the fee.				
	SIU post-payment reviews are not considered	d claims denials or underpayment disputes, there	efore, SIU findings are exempt from the Indepen	dent Review Process.	
	Additional detailed information and copies of the second sec	of above referenced forms are available at: <u>http:/</u>	//Idh.la.gov/index.cfm/page/2982.		

na re ns.	UnitedHealthcare Community Plan			
not be eligible f	or independent review.			
incorrectly. An I	<pre>ACO's failure to send a provider a remittance</pre>			
of the Remittance Advice paid, denial, or recoupment date.				
Hwithin 60 calendar days of the MCO's decision. Request form				
for paying the fe	e. Conversely, if the independent reviewer			