



Louisiana Department of Health Informational Bulletin 26-3

Revised March 6, 2026

Important Information Regarding UnitedHealthcare Transition

UnitedHealthcare's (UHC) participation in the Louisiana Medicaid program will end March 31, 2026.

The Louisiana Department of Health (LDH) is actively working to ensure continuity of care for Medicaid members and to minimize administrative burden for providers throughout this transition.

LDH will update this bulletin with additional guidance as more information becomes available. Providers are encouraged to monitor future Medicaid communications for official updates. Questions can be directed to the Louisiana Medicaid Provider Relations unit at ProviderRelations@la.gov.

Member Assignment/Special Enrollment Period

UHC will not be available to Medicaid members beginning April 1, 2026. Current UHC members will have a special enrollment period from January 15, 2026, to February 15, 2026, to choose a new managed care organization (MCO) with an effective date of April 1, 2026. This special enrollment period is only available to UHC members.

Members who take no action will be assigned to another MCO with an effective date of April 1, 2026. An automatic assignment algorithm will make every attempt to keep families together in the same MCO, and assign to an MCO that will allow members to see the same providers.

During the special enrollment period, members can choose another MCO using the options below:

- By phone: 1-855-229-6848, Monday through Friday, from 8 a.m. to 5 p.m.
- Online: www.myplan.healthy.la.gov.

- Through the Healthy Louisiana app, available on Google Play or the App Store.

Members can get more information at www.ldh.la.gov/medicaid/medicaid2026.

Members can change MCOs after automatic assignment by going online to www.myplan.healthy.la.gov or calling 1-855-229-6848. Effective March 1, 2026, all Louisiana Medicaid members will be able to switch their health or dental plans at any time during the year without a reason. Members may make up to two plan changes during a calendar year. After two plan changes have been made, members must remain in their selected plan until the start of the next calendar year. Members who have cause to change their plan after making two plan changes can submit a request for consideration. For more details, refer to [Informational Bulletin 26-6](#).

Providers Contracted With UHC Only

If you wish to continue providing services to Louisiana Medicaid beneficiaries following this transition, please consider contracting with one or more of the remaining Medicaid MCOs, if you have not already done so.

For questions related to contracting, reimbursement, or network participation, please contact the applicable MCO directly. Contact information can be found on our website at the following link: <https://ldh.la.gov/medicaid/useful-managed-care-info>.

Medicaid Eligibility Verification System (MEVS)

MEVS will reflect new MCO assignments for current UHC members by Friday, March 6, 2026. Providers will be able to see the new assignment in MEVS when searching for a date of service for April 1, 2026 or later.

Timely Filing of Claims

UHC will continue to receive and process new claims through the 365-day timely filing allowance – same Payor ID (87726) and same P.O. Box (31341, SLC, UT 84131-0341.)

UHC will maintain claims processing functions through the end of the contract period and throughout the defined run-out. This includes adjudication of clean claims, processing of corrected claims, and timely resolution of outstanding adjustments or recoupment activities. UHC will ensure all claim payments, adjustments, voids, and recoupments are completed in accordance with LDH requirements, state regulations, and applicable federal standards.

Prior Authorizations

UHC prior authorizations will be honored for up to 60 days (or through the authorization end date, whichever occurs first) by the receiving MCO. For Pharmacy, prior authorizations (PA) will be honored through the expiration date of UHC's authorization.

The receiving MCO is prohibited from denying prior authorization solely on the basis of the provider being an out-of-network provider.

Providers are responsible for reviewing approved prior authorizations and submitting authorization requests for concurrent reviews, continued stays, or new services to the new MCO prior to the expiration of the UHC authorization timeframe or within 60 days (whichever occurs first).

Hospitalizations

For UHC members hospitalized on March 31, 2026, the remainder of the hospitalization charges shall revert to the receiving MCO, effective at 12:01 a.m. on April 1, 2026.

Requirements for split billing inpatient claims for admissions that include both March 31, 2026 and April 1, 2026:

- Value Code 80 must be present and > zero.
- When Patient Status = 30 or Discharge Date equals Admit Date:
 - The Statement Through Date minus the Statement From Date + 1 must equal the number of billed days (Value Code 80 + Value Code 81).
- When Patient Status does not equal 30 and Discharge Date does not equal Admit Date:
 - The Statement Thru Date minus the Statement From Date must equal the number of billed days (Value Code 80 + Value Code 81).

Reference:

- Value Code 80 = covered days.
- Value Code 81 = non-covered days.
- Patient Status of 30 = still a patient.

Appeals and Claims Reconsiderations

Provider disputes related to services provided and medical necessity decisions prior to April 1, 2026, will continue to be handled by UHC in accordance with Louisiana Medicaid and contractual requirements. Normal submission timeframes will apply.

Non-Emergency Medical Transportation (NEMT)

Since all Medicaid MCOs utilize the broker MediTrans, all members with standing transportation orders will be transferred to the receiving MCO and remain in place. No action is required by the member

UHC Provider Advocates

UHC Provider Advocates will remain actively engaged to assist providers during the transition and business run-out period. They will serve as a primary point of contact for any questions or concerns, including:

- **Operational Support:** Assistance with claims, prior authorizations, and other routine processes.
- **Escalation Guidance:** Helping resolve complex issues and redirecting providers to appropriate internal departments.
- **State Resources:** Providing guidance on accessing information and tools available on the state website.

The Provider Call Center will remain operational through September 30, 2027.