



**Louisiana Department of Health**  
**Informational Bulletin 21-02**  
**Revised June 8, 2021**

**Medicaid Managed Care 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](mailto:kellie_cook@onecallcm.com)

[GH\\_ProviderPayment@onecallcm.com](mailto:GH_ProviderPayment@onecallcm.com)

877-375-0507, Option 2 – Claims

**One Call Claims Escalation:**

Carolyn Banks

201-286-2410

[Carolyn\\_Banks@onecallcm.com](mailto:Carolyn_Banks@onecallcm.com)

**Southeastrans:**

470-819-4349

[claimdispute@southeastrans.com](mailto:claimdispute@southeastrans.com)

**MediTrans:**

Lillian Lewis

337-534-4484

[Billing@callmeditrans.com](mailto:Billing@callmeditrans.com)

**ModivCare:**

Jennifer Baker

866-570-6143 Ext. 2001

[Jennifer.Baker@modivcare.com](mailto:Jennifer.Baker@modivcare.com)

[www.logisticare.com/provider-concerns](http://www.logisticare.com/provider-concerns)

**Veyo:**

Richard Bresnahan / Akriti Rai

504-575-3612






[rbresnahan@veyo.com](mailto:rbresnahan@veyo.com) / [arai@veyo.com](mailto:arai@veyo.com)

[https://providersupport.veyo.com/hc/en-us/requests/new?ticket\\_form\\_id=187746](https://providersupport.veyo.com/hc/en-us/requests/new?ticket_form_id=187746)

**Claim Appeal**

The following chart outlines procedures for claim appeals.






**Provider Issue Escalation and Resolution**

|  |   |   |  |   |   |
|--|---|---|--|---|---|
| Ctrl+Click logo to reach each broker's website |    |   |   |    |    |
| <b>CLAIM APPEAL</b>                            |   |   |  |   |   |
| <b>Time Requirements</b>                       | 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.                                 |   |  |   |   |
| <b>How to Submit</b>                           | Request may be submitted in writing or through the web portal (if applicable).  |   |  |   |   |
|  | <b>By email:</b><br><a href="mailto:GH_ProviderPayment@onecallcm.com">GH_ProviderPayment@onecallcm.com</a><br><b>By mail:</b> One Call<br>PO Box 896<br>Elk Grove, IL 60009-0896<br><b>By fax:</b> 973-939-3894<br>Subject Line: Appeal | <b>By email:</b> <a href="mailto:claimdispute@southeastrans.com">claimdispute@southeastrans.com</a><br><b>By mail:</b> Southeastrans<br>ATTN: CFO<br>4751 Best Road Suite 300<br>Atlanta, GA 30337<br><b>By web:</b><br><a href="http://amerihealthcaritasla.com/provider/resources/navinet/index.aspx">http://amerihealthcaritasla.com/provider/resources/navinet/index.aspx</a> | <b>By email:</b> <a href="mailto:Billing@callmeditrans.com">Billing@callmeditrans.com</a><br><b>By mail:</b> MediTrans<br>ATTN: Billing<br>115 Hansel St.<br>New Iberia, LA 70560<br><b>Escalations:</b> <a href="mailto:Providers@callmeditrans.com">Providers@callmeditrans.com</a><br>(Subject Line: Appeal Escalation) | <b>By email:</b> <a href="mailto:Claims@veyo.com">Claims@veyo.com</a><br><b>By web:</b><br><a href="https://providersupport.veyo.com/hc/en-us">https://providersupport.veyo.com/hc/en-us</a><br><b>By mail:</b><br>Veyo<br>3016 19th Street<br>Metairie, LA 70002 | <b>By email:</b> <a href="mailto:Jennifer.Baker@modivcare.com">Jennifer.Baker@modivcare.com</a><br><b>By web:</b> <a href="http://www.logisticare.com/provider-concerns">www.logisticare.com/provider-concerns</a><br><b>By mail:</b><br>Attn: Transportation Department – Claims Reconsideration<br>ModivCare<br>12234 N IH 35. BLDG B 175<br>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 |    |   |   |   |   |
| <b>MCO ESCALATION</b>                                |   |  |  |  |  |
| <b>Formal Complaint</b>                              | <b>By phone:</b> 1-855-242-0802<br><b>By email:</b> <a href="mailto:LAProvider@aetna.com">LAProvider@aetna.com</a><br><b>By mail:</b> Aetna Better Health of Louisiana<br>2400 Veterans Memorial Blvd.<br>Suite 200<br>Kenner, LA 70062 | <b>By phone:</b> 1-225-300-9112<br><b>By email:</b> <a href="mailto:brobertson@amerihealthcaritasla.com">brobertson@amerihealthcaritasla.com</a><br><b>By mail:</b> AmeriHealth Caritas Louisiana<br>PO Box 7323<br>London, KY 40742 | <b>By phone:</b> 1-844-521-6942 or 1-504-836-8888<br><b>By email:</b> <a href="mailto:laprovidercomp@healthybluela.com">laprovidercomp@healthybluela.com</a><br><b>By mail:</b> Healthy Blue<br>10000 Perkins Rowe<br>Suite G-510<br>Baton Rouge, LA 70810 | <b>By phone:</b> 1-866-595-8133<br><b>By email:</b><br><a href="mailto:providercomplaints@louisianahealthconnect.com">providercomplaints@louisianahealthconnect.com</a><br><b>By mail:</b> Louisiana Healthcare Connections<br>8585 Archives Ave, Suite 310<br>Baton Rouge, LA 70809 | <b>By phone:</b> 504-849-1567<br><b>By email:</b><br><a href="mailto:latransportation@uhc.com">latransportation@uhc.com</a><br><b>By mail:</b> United Healthcare Community Plan<br>3838 N. Causeway Blvd. Suite 2600<br>Metairie, LA 70002 |

|                                  |   |   |   |   |  |
|----------------------------------|---|---|---|---|--|
|                                  |   |   | <b>By web:</b><br><a href="https://providers.healthybluelouisiana.com/Documents/LALA_CAID_ProviderComplaintSubmissionForm.pdf">https://providers.healthybluelouisiana.com/Documents/LALA_CAID_ProviderComplaintSubmissionForm.pdf</a> |   |  |
| <b>Management Level Contacts</b> | <b>Stella Joseph</b><br>Manager of Appeal and Grievance<br><a href="mailto:LAAppealsandGrievances@aetna.com">LAAppealsandGrievances@aetna.com</a>   | <b>Kelli Nolan</b><br>Director of Provider Network Operations<br><a href="mailto:tnolan@amerihealthcaritasla.com">tnolan@amerihealthcaritasla.com</a>                     | <b>Annie Garnier</b><br>Operations Director<br><a href="mailto:Annie.Garnier@healthybluelouisiana.com">Annie.Garnier@healthybluelouisiana.com</a>   | <b>Candace Campbell</b><br>Director of Operations, Provider Network<br><a href="mailto:Candace.H.Campbell@louisianahealthconnect.com">Candace.H.Campbell@louisianahealthconnect.com</a> | <b>Yolanda Hubbard</b><br>Operations Manager<br><a href="mailto:Yolanda_M_Hubbard@uhc.com">Yolanda_M_Hubbard@uhc.com</a> |
| <b>Executive Level Contacts</b>  | <b>Mark Grippi</b><br>COO<br><a href="mailto:GrippiM@aetna.com">GrippiM@aetna.com</a>   | <b>Sherry Wilkerson</b><br>Director of Plan Operations & Administration<br><a href="mailto:smwilkerson@amerihealthcaritasla.com">smwilkerson@amerihealthcaritasla.com</a> | <b>Dexter Trivett</b><br>COO<br><a href="mailto:Dexter.Trivett@healthybluelouisiana.com">Dexter.Trivett@healthybluelouisiana.com</a>  | <b>Marshall Ellis</b><br>VP Operations<br><a href="mailto:John.M.Ellis@louisianahealthconnect.com">John.M.Ellis@louisianahealthconnect.com</a>  | <b>Angela Olden</b><br>COO<br><a href="mailto:Angela_Olden@uhc.com">Angela_Olden@uhc.com</a>                             |
| <b>LDH ESCALATION</b>            | 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.  |   |   |   |  |
| <b>How to Submit</b>             | E-mail LDH staff at <a href="mailto:Melanie.Doucet@la.gov">Melanie.Doucet@la.gov</a> or <a href="mailto:Justin.Owens@la.gov">Justin.Owens@la.gov</a> .<br>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. |   |   |   |  |

## 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 |   |  |  |  |  |
| <b>INDEPENDENT REVIEW</b>                            | <p>The Independent Review process may be initiated after claim denial.</p> <p><b>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.</b></p>   |   |   |   |   |
|  | <ul style="list-style-type: none"> <li>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.</li> <li>Independent Review is a two (2) 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.</li> <li>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.</li> <li>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.</li> <li>SIU post-payment reviews are not considered claims denials or underpayment disputes, therefore, SIU findings are exempt from the Independent Review Process.</li> <li>Additional detailed information and copies of above referenced forms are available at: <a href="http://ldh.la.gov/index.cfm/page/2982">http://ldh.la.gov/index.cfm/page/2982</a></li> </ul> |   |   |   |   |