

NEMT provider issue escalation and resolution

UnitedHealthcare Community Plan of Louisiana

Claim appeals

Claim appeals must be received from the non-emergency medical transportation (NEMT) provider within 180 calendar days of the remittance paid date or the original denial date. A determination will be made by the broker within 30 days of receipt.

Submit claims appeals

- **Email:** jennifer.baker@modivcare.com
- **Online:** logisticare.com/providerconcerns
- **Mail:**
Attn: Transportation Department – Claims Reconsideration
ModivCare
12234 N IH 35, BLDG B 175
Austin, TX 78753-1705

Managed care organization (MCO) escalation

Management-level contact

- Yolanda Hubbard, Associate Director: yolanda_m_hubbard@uhc.com

Executive-level contact

- Angela Olden, Chief Operating Officer: angela_olden@uhc.com

Louisiana Department of Health (LDH) escalation

Always include details on attempts to resolve the issue at the MCO level, as well as contact information (contact name, provider name, email and phone number) so that LDH staff can follow up with any questions.

- Email: melanie.doucet@la.gov or justin.owens@la.gov

Independent review

Independent review is another option for resolution of claim disputes with UnitedHealthcare Community Plan. The independent review process may be initiated after claim denial.

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.

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 2-step process which may be initiated by submitting an Independent Review 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 ldh.la.gov/index.cfm/page/2982.

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 ldh.la.gov/index.cfm/page/2982.

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.

Special investigative unit (SIU) post-payment reviews are not considered claims denials or underpayment disputes. Therefore, SIU findings are exempt from the independent review process.

Additional detailed information and the request forms are available at ldh.la.gov/index.cfm/page/2982.

If you have questions related to this notice, please contact UnitedHealthcare Community Plan Customer Service at **866-675-1607**.