

**To: AmeriHealth Caritas Louisiana Providers**

**Date: February 6, 2024**

**Subject: [Informational Bulletin 24-4](#): Medicaid Managed Care Ambulance  
Provider Issue Resolution: Non-Emergency Ambulance Transportation  
Services**

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**Informational Bulletins that summarize policies and/or procedures are intended for quick reference and are accurate on the date they are issued.**

**Medicaid Managed Care Ambulance Provider Issue Resolution: Non-Emergency Ambulance Transportation Services**

This bulletin outlines the options available to ambulance providers for pursuing the resolution of 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

**Transportation provider issue escalation and resolution – claim appeals:**

By email: [claimdispute@verida.com](mailto: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](mailto: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: Bridgette S. Robertson  
Manager, Network Operations  
[brobertson@amerihealthcaritasla.com](mailto:brobertson@amerihealthcaritasla.com)

Executive Level: Kelli Clement  
Director, Network Operations  
[kclement@amerihealthcaritasla.com](mailto: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](mailto: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](mailto:network@amerihealthcaritasla.com)  
By mail: Attn: Provider Complaints  
AmeriHealth Caritas LA  
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For full details, please see [IB 24-4](#).

Questions regarding this message should be directed to AmeriHealth Caritas Louisiana Provider Services at 1-888-922-0007 or your [Provider Network Management Account Executive](#). The Provider Services Department can be reached between 7:00 am – 7:00 pm daily.

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**Need to update your provider information?** Send full details to:  
[network@amerihealthcaritasla.com](mailto:network@amerihealthcaritasla.com).