



Important Information Regarding UnitedHealthcare Transition

UnitedHealthcare Community Plan of Louisiana (UHC) is sharing [IB 26-03: Important Information Regarding UnitedHealthcare Transition](#) on behalf of the Louisiana Department of Health (LDH). UHC will end its participation in the Louisiana Medicaid program on March 31, 2026.

LDH provided a special enrollment period for current UHC members from January 15 to February 15, 2026. Providing members with the opportunity to select a new managed care organization (MCO) which would be effective April 1, 2026. Members who did not select a plan were automatically assigned to another MCO, with efforts to keep families together and maintain provider relationships.

Member Plan Changes

Members can change MCOs after automatic assignment by going online to [Healthy Louisiana](#) or calling 1-855-229-6848. Effective March 1, 2026, all Louisiana Medicaid members may change their health or dental plan at any time during the year without providing a reason. Members may make up to two plan changes per calendar year. After two changes, members must remain enrolled in their selected plan until the start of the next calendar year.

Members who have a qualifying reason to change plans after exhausting the two allowed changes may submit a request for consideration. Additional details are available in [IB 26-6: Update to How Managed Care Members Change Health and Dental Plans](#).

Providers Contracted with UHC Only

Providers wishing to continue serving Louisiana Medicaid members after this transition should consider contracting with one or more of the remaining Medicaid MCOs, if not already contracted. Questions regarding contracting, reimbursement, or network participation should be directed to the applicable MCO. Contact information is available at: [Useful Managed Care Information | Louisiana Department of Health](#).

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 view the updated assignment when searching for dates of service on or after April 1, 2026.

Timely Filing of Claims

UHC will continue to receive and process new claims under the 365-day timely filing requirement using the same Payor ID (87726) and mailing address:

P.O. Box 31341
Salt Lake City, UT 84131-0341

UHC will maintain full claims processing operations through the end of the contract period and throughout the defined run-out. This includes adjudication of clean claims, processing corrected claims, and resolving outstanding adjustments or recoupments. All claim activity will comply with LDH requirements, state regulations, and applicable federal standards.

Prior Authorizations

UHC prior authorizations will be honored by the receiving MCO for up to 60 days, or through the authorization end date, whichever occurs first. For pharmacy services, prior authorizations will be honored through the original UHC authorization expiration date. Receiving MCOs may not deny prior authorizations solely because the provider is out of network.

Providers are responsible for reviewing approved authorizations and submitting requests for concurrent reviews, continued stays, or new services to the receiving MCO before the UHC authorization expires or within 60 days, whichever occurs first.

Hospitalizations

For UHC members hospitalized on March 31, 2026, all charges incurred after 12:01 a.m. on April 1, 2026, will be the responsibility of the receiving MCO.

Split Billing Requirements:

For inpatient admissions spanning March 31 and April 1, 2026:

- Value Code 80 must be present and greater than zero.
- If Patient Status = 30 or Discharge Date = Admit Date:
 - $(Statement\ Through\ Date - Statement\ From\ Date) + 1$ must equal total billed days (Value Codes 80 + 81).
- If Patient Status \neq 30 and Discharge Date \neq Admit Date:
 - $(Statement\ Through\ Date - Statement\ from\ Date)$ must equal total billed days (Value Codes 80 + 81).

Reference Codes:

- Value Code 80: Covered days
- Value Code 81: Non-covered days
- Patient Status 30: Still a patient

Appeals and Claims Reconsiderations

Provider disputes related to services rendered or medical necessity determinations prior to April 1, 2026, will continue to be processed by UHC in accordance with Louisiana Medicaid and contractual requirements. Standard submission timeframes apply.

Non-Emergency Medical Transportation (NEMT)

Because all Medicaid MCOs use MediTrans as the transportation broker, members with standing transportation orders will automatically transition to receiving MCO without interruption. No action is required by the members.

UHC Provider Advocates

UHC Provider Advocates will remain available throughout the transition and business run-out period to support providers, including:

- Operational Support: Assistance with claims, prior authorizations, and routine processes.
- Escalation Guidance: Support with complex issues and referrals to appropriate departments.
- State Resources: Guidance on accessing information and tools available on state websites.

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

LDH has published Informational Bulletin 26-03 for your reference [IB26-03_revised_03.06.26.pdf](#).

For questions or concerns regarding any bulletin, contact UnitedHealthcare Community Plan at 1-866-675-1607.