

**Welcome**

Welcome to the **Louisiana Medicaid Provider Update** newsletter.

We trust that the **FEBRUARY EDITION** of the Louisiana Medicaid Provider Update will offer valuable insights regarding the Louisiana Medicaid program. As we progress into 2025, we will continue to focus on our key priorities of ensuring that our members have access to the care and services they need, as well as ensuring we assist you to do what you do best – providing quality care to your patients and our members.

Thank you for your compassion, care and ongoing commitment to Louisiana's Medicaid population.

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**Louisiana Medicaid Launches New Provider Enrollment Rebaseline**

In October 2024, Louisiana Medicaid began its Provider Enrollment Rebaseline initiative to streamline the enrollment process for new Managed Care Organization (MCO) credentialed providers. Rebaselines for additional providers will occur every two months moving forward.

As part of the process, invitation letters are sent to providers not enrolled with Louisiana Medicaid. These letters include detailed instructions and specific provider information required for enrollment. Providers must complete enrollment within 120 days of receiving the letter to avoid claim denials and potential deactivation from the Medicaid program.

Providers who admit, order, refer, or prescribe services and out-of-state providers billing Louisiana Medicaid must enroll. Those with multiple provider types must complete separate enrollments for each type.

Providers can check their enrollment status using the Provider Portal Enrollment Lookup Tool to assist with the process. Results indicate whether the enrollment is complete, action is required, the application is in progress, or no action is currently necessary. Providers not listed will receive an invitation at a later date.

For those who misplace their invitation letters, a reprint can be requested via email at [LouisianaProvEnroll@gainwelltechnologies.com](mailto:LouisianaProvEnroll@gainwelltechnologies.com). Requests must be submitted by email only.

Providers are urged to act quickly, as delays beyond the 120-day deadline will result in denied claims and removal from the Medicaid system.

For further assistance, providers can contact Louisiana Medicaid by email at [LouisianaProvEnroll@gainwelltechnologies.com](mailto:LouisianaProvEnroll@gainwelltechnologies.com) or by phone at **1-833-641-2140** (Monday–Friday, 8 a.m.–5 p.m. CST).

This initiative underscores Louisiana Medicaid’s efforts to ensure all eligible providers are correctly enrolled, helping to maintain seamless care for Medicaid recipients across the state. For more details, visit the [official informational bulletin](#).

## Opioid Analgesic REMS: Overview and Updates

*Compiled by  
Office of Outcomes Research and Evaluation  
College of Pharmacy  
The University of Louisiana Monroe*

A Risk Evaluation and Mitigation Strategy (REMS) is a drug safety program that the U.S. Food and Drug Administration (FDA) can require for certain medications with serious safety concerns to help ensure that the benefits of the medication outweigh its risks. REMS are designed to reinforce medication use behaviors and actions that support the safe use of that medication. The focus of REMS is on preventing, monitoring and/or managing a specific serious risk by informing, educating and/or reinforcing actions to reduce the frequency and/or severity of the event.

REMS include a risk mitigation goal and information communicated to one or more of the healthcare participants who prescribe, dispense, or take the medication (such as prescribers, pharmacists, and patients). REMS can also include required activities to be undertaken by one or more of these participants. Together, the goal, communications and/or activities make up the safety strategy. Each REMS has specific safety measures unique to the safety risks associated with a particular drug or class of drugs, and implemented by the product. Although they share common structure and requirements, no two REMS are exactly alike.

Opioid analgesics, such as hydrocodone, oxycodone, and morphine, are powerful pain-reducing medications that have both benefits as well as serious risks. The FDA determined that a REMS is necessary for all opioid analgesics intended for outpatient use to ensure that the benefits of these drugs continue to outweigh the risks; the [Opioid Analgesic \(OA\) REMS](#) was approved by the FDA on September 18, 2018.

The goal of the OA REMS is to educate prescribers and other healthcare providers (including pharmacists and nurses) on the treatment and monitoring of patients with pain. The education provided through the OA REMS program is based on the *Opioid Analgesic REMS Education Blueprint for Health Care Providers Involved in the Treatment and Monitoring of Patients with Pain* (“FDA Blueprint”). Through better education, the healthcare team will have an improved understanding of how to manage pain and the role of opioid analgesics along with nonpharmacologic and non-opioid analgesics in pain management. The education will also provide information about the risks of opioids and use of other therapies, which is intended to assist healthcare providers in reducing adverse outcomes of addiction, unintentional overdose, and death resulting from inappropriate prescribing, abuse, and misuse.

The OA REMS accomplishes this goal by:

- Ensuring that training, based on the FDA Blueprint, is effective in educating prescribers and other healthcare providers involved in the treatment and monitoring of patients in pain (including pharmacists and nurses) about recommended pain management practices and appropriate use of opioid analgesics.
- Informing patients about their roles and responsibilities regarding their pain treatment plan, including the risks of opioid analgesics and how to use and store them safely, as outlined in the Medication Guides and Patient Counseling Guide for opioid analgesics.

## OA REMS Update

On October 31, 2024, the FDA approved a modification to the OA REMS to require manufacturers of opioid analgesics dispensed in outpatient settings to provide pre-paid drug mail-back envelopes (MBEs) upon request to pharmacies and other dispensers of OAs. The manufacturers have developed a Patient Education Sheet for patients on safe disposal of opioid analgesics, which is included with each MBE, and an updated Patient Guide that health care providers can use to counsel patients on the options for safe disposal of unused opioid analgesics. Patients commonly report having unused opioid analgesics following surgical procedures and many Americans gain access to opioids through friends or relatives who have unused opioids. Data show educating patients about disposal options may increase the disposal rate of unused opioids and that providing a disposal option along with education could further increase that rate.

With this approval, companies participating in the OA REMS program have been notified that they will be required to begin providing pre-paid drug mail-back envelopes upon request to outpatient pharmacies and other dispensers of opioid analgesics by March 31, 2025. Once fully implemented, FDA intends for patients and caregivers to be provided a free, pre-paid drug mail-back envelope by outpatient pharmacies or other dispensers of opioid analgesics that order MBEs from the OA REMS. Other changes to the OA REMS enacted by this approval include:

- Updates to the related Patient Guide to include information about the risk of unused OAs and the importance of safe disposal
- A new Patient Education Sheet explaining the risk of unused OAs and the importance of safe disposal to be included with each pre-paid drug MBE.

MBE ordering will become available by March 31, 2025. Refer to the [OA REMS website](#) for additional information.

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## Life-Saving Naloxone

Opioid use disorder and overdose deaths continue to be a major public health concern in the United States, but they are preventable. Naloxone is a life-saving medication that can reverse an overdose from opioids—including heroin, fentanyl, and prescription opioid medications—when given in time. 81,806 of the 107,941 drug overdose deaths in 2022 involved an opioid. One study of 24 states and the District of Columbia during January through June 2019 found that bystanders were present in more than one in three overdoses involving opioids. With the right tools, bystanders can act to prevent overdose deaths. Anyone can carry naloxone, give it to someone experiencing an overdose, and potentially save a life.

## Preventing Opioid-Related Overdoses

- Clinicians can play a critical role in raising awareness about naloxone. Clinicians should:
  - Talk with their patients and their family, friends, and caregivers about the benefits of naloxone.
  - Help [reduce the stigma](#) sometimes experienced with its use.
- Patients, family and loved ones, and the community can also play an important role by carrying naloxone. The following points are important to convey to patients receiving opioids:
  - If they are at increased risk for opioid overdose, if they know someone who is at increased risk for opioid overdose, and/or if they are experiencing [opioid use disorder \(OUD\)](#), they should carry naloxone and keep it at home.
  - People who are taking high-dose opioid medications (greater or equal to 50 morphine milligram equivalents [MME] per day) prescribed by a healthcare provider, people who use opioids and benzodiazepines together, and people who use illegal opioids like heroin or fentanyl should all carry naloxone.
  - Having naloxone available can allow bystanders to prevent a fatal overdose and save the lives of others because the patient can't use naloxone on themselves. They should let others know they have it in case someone experiences an opioid overdose.

## DID YOU KNOW?

Only **1** naloxone prescription is dispensed for every **70** high-dose opioid prescriptions.

Rural areas are nearly **3** times more likely to be ranked low in dispensing naloxone than urban areas.

Louisiana was included in the portion of states with lower naloxone dispensing rates per 100 persons per year from 2019 - 2023.  
[Louisiana's rate = 0.4 retail pharmacy naloxone prescriptions dispensed per 100 persons]

## When to Offer Naloxone to Patients

***Offer naloxone to all patients prescribed opioids, particularly to patients who are at an increased risk for opioid overdose.*** In addition, offer naloxone to a patient's family and caregivers and direct them to resources that will teach them how to administer naloxone. Three forms of naloxone products are available: nasal spray, injection, and auto-injection. Refer to the [SAMHSA Overdose Prevention and Response Toolkit](#) to educate patients, caregivers, and the community about the benefits of having naloxone readily available, the different forms and how to use them. For example, if household members, including children, or other close contacts accidentally ingest or experience an opioid overdose, having naloxone nearby is critical. Helping people identify places that dispense naloxone can increase the number of people who carry it.

Some situations and conditions may make an opioid overdose more likely. The following factors increase risk of opioid overdose:

- A history of overdose
- Patients with sleep-disordered breathing
- Patients taking benzodiazepines with opioids
- Patients at risk of returning to a high dose for which they have lost tolerance (e.g., patients undergoing tapering or recently released from prison)
- Patients taking higher dosages of opioids (e.g.,  $\geq 50$  MME/day)
- A history of substance use disorder

## Pharmacists' Role in Dispensing Naloxone

Pharmacists can play a key role both in prescribing and dispensing naloxone, as authorized, and in disseminating information about it to patients, their loved ones, providers, and the community. Pharmacists have a great opportunity to be in the forefront of preventing opioid-related deaths and in identifying high-risk patients. Any patient prescribed opioids is at risk for opioid overdose and should be offered naloxone.



## Louisiana Standing Order for Naloxone

Naloxone nasal spray is now available over the counter without a prescription. Other naloxone products are available to Louisiana residents, either with a prescription from their provider or per Louisiana's standing order. Medicaid recipients can get naloxone for free or low cost at your local pharmacy. The naloxone standing order can be found [here](#). Naloxone coverage varies by insurance carrier.

## References

[FDA approves REMS modification, advancing new drug disposal option | FDA](#)  
[FDA Moves Forward with Mail-back Envelopes for Opioid Analgesics Dispensed in Outpatient Settings | FDA](#)  
[FDA Risk Evaluation and Mitigation Strategy Document: Opioid Analgesic REMS Program.Sept.2018](#)  
[Naloxone Availability | La Dept. of Health](#)  
[Naloxone Dispensing Rate Maps | Overdose Prevention | CDC](#)  
[Naloxone-Fact-Sheet\\_Clinician\\_4\\_11\\_2024.pdf](#)  
[Opioid Analgesic Risk Evaluation and Mitigation Strategy \(REMS\) | FDA](#)  
[Pharmacists' Role in Naloxone Dispensing](#)  
[Reverse Opioid Overdose to Prevent Death | Overdose Prevention | CDC](#)  
[Risk Evaluation and Mitigation Strategies | REMS | FDA](#)  
[What's in a REMS? | FDA](#)

## Third Party Liability Portal – Module Enhancement



Effective December 16, 2024, the Louisiana Department of Health, in collaboration with Gainwell Technologies, enhanced the Health Management Systems Third Party Liability Portal (LDH GWT-HMS TPL Portal) by introducing a Third Party Referral (TPR) component. This enhancement aims to improve transparency and streamline the submission process for new lead and reverification requests, while also providing users with a clear overview of the status of their submissions. The TPR component significantly enriches the existing self-service capabilities for providers and state partners, such as managed care entities, by enabling authorized users to submit new lead requests, submit reverification requests, and monitor the status of their submitted requests. Click [HERE](#) to learn more.

## COVID-19 Vaccine Countermeasures Extended



### Louisiana Medicaid Pharmacy COVID-19 Vaccine Countermeasures Extended from the Public Health Emergency (PHE) for COVID-19

Effective January 1, 2025, the Louisiana Medicaid Fee for Service (FFS) Pharmacy program and managed care organizations (MCOs), will extend COVID-19 vaccine countermeasures from the Public Health Emergency (PHE). The extension applies to pharmacy claims submitted to Gainwell Technologies for FFS and to Prime Therapeutics, LLC for MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, and UnitedHealthcare).

The Department of Health and Human Services has extended certain PREP Act liability protections for COVID-19 countermeasures through December 31, 2029.

For additional information, [CLICK](#) here.



## 2025 Healthcare Common Procedure Coding System (HCPCS) Update



Louisiana Medicaid is updating the Medicaid fee-for-service (FFS) files to reflect new and deleted procedure codes for 2025.

For more information, refer to [2025 HCPCS Update.pdf](#).

## Louisiana Awarded CCBHC Medicaid Demonstration Planning Grant

Louisiana was one of fourteen states awarded the CCBHC Medicaid Demonstration Planning Grant for expanding access to mental health and substance use disorder services.

The Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within the U.S. Department of Health and Human Services (HHS), has awarded 14 states and Washington, D.C. with \$1 million, one-year Certified Community Behavioral Health Clinic (CCBHC) Medicaid Demonstration Program planning grants, with funding authorized by the Bipartisan Safer Communities Act of 2022 to address the ongoing national mental health and substance use disorder crises.

**Louisiana** was selected among Alaska, Colorado, Connecticut, Delaware, Hawaii, Maryland, Montana, North Carolina, North Dakota, South Dakota, Utah, Washington, and West Virginia as well as the District of Columbia. In 2026, up to 10 of these states will be selected to participate in the CCBHC Medicaid demonstration program and receive enhanced Medicaid reimbursement. The CCBHC planning phase assists states in developing their CCBHC certification processes, establish prospective payment systems for Medicaid-reimbursable services, and prepare an application to participate in a four-year demonstration program.

CCBHCs are required to meet federal standards for the range of services they provide, see people in crisis immediately -- 24 hours a day, 7 days a week, and provide timely routine outpatient care. CCBHCs must ensure access to a comprehensive range of services, providing care coordination when needed and incorporating evidence-based practices and other supports based on a community needs assessment. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age, including developmentally appropriate care for children and youth.

The CCBHC Medicaid Demonstration Program provides reimbursement through Medicaid for the full cost of services that CCBHCs provide, at higher, more competitive rates than community mental health centers previously received. This sustainable funding also ensures they can provide a more comprehensive range of services, rather than fragmented services driven by billing codes.

Expanding CCBHCs nationwide has been a key component of ensuring all Americans have access to comprehensive, coordinated, and culturally-congruent behavioral health services.

In 2017, the first CCBHCs were funded under Medicaid, with 67 operating in eight states. Today, there are more than 500 CCBHCs, in 46 states, the District of Columbia, Guam, and Puerto Rico.

## Reminder: Discontinuance of Kangaroo Joey e-Pumps, Feeding Sets, and Supplies



Cardinal Health has discontinued the supply and distribution of the Kangaroo e-Pump and Kangaroo Joey capital equipment, as well as the associated feeding sets. The revised timeline is provided below.

	Schedule	
<input checked="" type="checkbox"/>	End of Service Support Date Out of Warranty	December 31, 2024
<input type="checkbox"/>	End of Service Support Date Within Warranty	Through Warranty End Date
<input type="checkbox"/>	Kangaroo™ ePump Feeding Sets and Accessories Anticipated End of Supply Date	June 30, 2025
<input type="checkbox"/>	Kangaroo™ Joey Feeding Sets and Accessories Anticipated End of Supply Date	September 30, 2027

All DME providers **must** take essential steps to guarantee continued access to care for beneficiaries who rely on the Kangaroo Joey e-Pump.

**For additional information on this discontinuance, contact Cardinal Health Sales Representatives or Cardinal Health Customer Service at (800) 964-5227.**

## DME: Ordering and Referring Provider Requirements



**This applies to the following ordering and referring provider types:  
70, 72, 79, 87, and 95.**

Louisiana Medicaid will implement system edits to ensure that the ordering and referring providers for claim type 09 [(Durable Medical Equipment (DME))] are registered as individual practitioners, not as groups or clinics. Claims or encounters must exclude any group or clinic as the ordering or referring provider. For example, ordering and referring providers cannot be physician clinics, Federally Qualified Health Clinics, Rural Health Clinics, and American Indian Clinics.

For further details, [IB24-49.pdf](#) is available on [www.ldh.la.gov](http://www.ldh.la.gov).

## On the Calendar in...February 2025



### **FEBRUARY 2024 HEALTH OBSERVANCES**

Age-related Macular Degeneration (A.M.D.)/Low Vision Awareness Month

American Heart Month

Kids ENT Health Month

National Recreational Therapy Month

National Children's Dental Health Month

Burn Awareness Week 2/3-2/9

Congenital Heart Defect Awareness Week 2/7-2/14

Heart Failure Awareness Week 2/9-2/15

Sepsis Survivor Week 2/9-2/15

Phlebotomist Recognition Week 2/10-2/14

Cardiac Rehabilitation Week 2/10-2/16

Alzheimer's Disease and Dementia Care Staff Education Week 2/14-2/21

National Eating Disorder Awareness Week 2/24-3/2

**2/4**

World Cancer Day

**2/7**

National Wear Red Day

National Black HIV/AIDS Awareness Day

Give Kids A Smile® Day

**2/9**

Toothache Day

**2/14**

National Donor Day

**2/21**

National Caregivers Day



## Provider to Provider Consultation Line



The Louisiana Provider-to-Provider Consultation Line (PPCL) is a no-cost provider-to-provider telephone consultation and education program to help pediatric and perinatal health care providers address their patients' behavioral and mental health needs.

### How Does PPCL Work?

- Mental Health Consultants are available 8:00 am to 4:30 pm, Monday through Friday.
- You may speak to a Resource Specialist for resource and referral information.
- For clinical questions, including questions regarding psychiatric medications, you will be connected with a psychiatrist.
- Receive a written summary of your consultation.
- We can also connect with you via telehealth, e-mail, or submitted [requests by clicking here](#)

Call us at (833)721-2881 or email us at [ppcl@la.gov](mailto:ppcl@la.gov).

**Stay connected!** It takes about 2 minutes to [enroll in PPCL](#). Enrolling helps us contact you, ensures we have the data our funder (HRSA) needs, and gives us information about what our partners need.

**Missed our presentations?** Click on the links to view our [Perinatal Mental Health webinars](#) or the [Pediatric Mental Health TeleECHO recordings](#).

### Website and Resources:

Check out our Web site [here](#) and share with colleagues. We look forward to hearing from you soon!

## Provider Developmental Screening Survey

**Do you provide  
healthcare services to  
children and families?  
We want to  
hear from you!**



**Take our survey! Help make the Louisiana developmental health system work for all!**

[Do you work with children or pregnant and parenting families in Louisiana?](#) Tell us about your experiences! Our survey will collect information from health care providers across the state about the developmental screening process.

As integral decision-makers in the healthcare system and the lives of your patients, your input on this 10-15-minute survey will help inform the resources we create to address your needs and improve screening and follow-up services for all Louisiana health care providers, children, and families.

Your participation will provide valuable insights about current screening practices, challenges, and opportunities for collaboration related to the system of care that supports children's health and development.



**You will answer questions about:**

- Pediatric developmental screening at well-child visits
- Caregiver depression screening at well-visits
- Care coordination practices with families during and after well-child visits

**You can complete the survey by:**

- Using your phone to scan the QR code
- Accessing the survey online at [bit.ly/4cc6zZ5](https://bit.ly/4cc6zZ5)

Want more information? Email [DevScreen@la.gov](mailto:DevScreen@la.gov) with any questions.

Louisiana Chapter  
American Academy of Pediatrics  
ADVOCATING FOR THE FUTURE OF ALL CHILDREN





## Remittance Advice Corner

### 2024 Annual 1099 Notice for Providers

Louisiana Medicaid 2024 1099's will be distributed by U.S. Mail on or before January 31, 2025. Electronic copies are now available for download by going to the Louisiana Medicaid website, [www.lamedicaid.com](http://www.lamedicaid.com), Secure Portal, application link, Online 1099. If replacement copies or additional copies are needed, providers must print them from the website. If you feel there is an error on your 1099, please contact Gainwell Provider Enrollment at 225-216-6370. Prior year 1099's will be stored in the archive on [www.lamedicaid.com](http://www.lamedicaid.com).

#### Reminder to All Providers

To ensure timely and accurate processing of claims please follow these guidelines for claim submission.

**CLAIM FORMS** must comply with CMS standard size and ink color.(INK-Flint, OCR red J6983).

**KEY GUIDELINES:** Black ink only; no copied, faxed, or black and white claims; align data within each field; no highlighting, staples, tape, or clips.

**CMS 1500 MARGINS**-top .35", Bottom 0.3", Left 0.13", right 0.1".

**UB-04 MARGINS**- A standard UB-04 form is 8.5x11 paper and printed edge to edge. The exact margin measurements may vary depending on the vendor or software used to generate the form.

Refer to the CMS website for additional information.

**Beginning March 3, 2025, non-compliant claims will be returned for correction and resubmission.**

For questions, contact Gainwell Provider relations at 1-800-473-2783 or 225-924-5040.

## Medicaid Services (Provider) Manual Chapter Revision Log

Manual Chapter	Sections(s)	Date of Revision(s)
<a href="#"><u>Community Choices Waiver (CCW)</u></a>	<ul style="list-style-type: none"> <li>• Table of Contents</li> <li>• Section 7.0 - Overview</li> <li>• Section 7.1 – Covered Services</li> <li>• Section 7.2 – Self-Direction Option</li> <li>• Section 7.3 – Beneficiary Requirements</li> <li>• Section 7.4 – Beneficiary Rights and Responsibilities</li> <li>• Section 7.5 – Service Access and Authorization</li> <li>• Section 7.6 – Provider Requirements</li> <li>• Section 7.7 – Record Keeping</li> <li>• Section 7.8 – Reimbursement</li> <li>• Section 7.9 – Program Oversight and Review</li> <li>• Section 7.10 – Incidents, Accidents, and Complaints</li> <li>• Section 7.11 – Support Coordination</li> <li>• Section 7.12 – Organized Health Care Delivery System</li> <li>• Appendix A – Contact Information</li> <li>• Appendix B – Forms/Documents/Links</li> <li>• Appendix C – Billing Codes</li> <li>• Appendix D – Claims Filing</li> <li>• Appendix E – Glossary</li> <li>• Appendix G – Database Checks</li> </ul>	01/13/25
<a href="#"><u>Pharmacy Benefits Management Services</u></a>	<ul style="list-style-type: none"> <li>• Section 37.5.15 – Third Party Liability/Coordination of Benefits</li> </ul>	01/24/25
<a href="#"><u>Pediatric Day Health Care (PDHC)</u></a>	<ul style="list-style-type: none"> <li>• Table of Contents</li> <li>• Section 45.0 – Overview</li> <li>• Section 45.1 – Covered Services</li> <li>• Section 45.3 – Provider Requirements</li> <li>• Section 45.4 – Staffing Requirements</li> <li>• Section 45.6 – Reimbursement</li> <li>• Section 45.7 – Plan of Care</li> <li>• Section 45.8 – Quality Assurance</li> <li>• Appendix A – Definitions</li> <li>• Appendix C – Fee Schedule</li> <li>• Appendix E – Forms and Links</li> </ul>	01/16/25
<a href="#"><u>Vision (Eye-wear)</u></a>	<ul style="list-style-type: none"> <li>• Table of Contents</li> <li>• Section 46.0 – Overview</li> <li>• Section 46.1 – Covered Services</li> <li>• Section 46.2 – Beneficiary Requirements</li> <li>• Section 46.3 – Provider Requirements</li> <li>• Section 46.4 – Prior Authorization</li> <li>• Section 46.5 – Reimbursement</li> <li>• Section 46.6 – Record Keeping</li> <li>• Appendix D – Contact Referral Information</li> </ul>	01/02/25

## Medicaid Public Notice and Comment Procedure

In accordance with La. R.S. 46:460.51, *et seq.*, prior to adopting, approving, amending, or implementing certain policies or procedures, the Department will publish the proposed policy or procedure for public comment. This requirement applies to managed care policies and procedures, systems guidance impacting edits and payment, and Medicaid provider manuals.

Proposed policy or procedure will be published on the LDH website for the purpose of soliciting public comments for a period of 45 days, unless the change(s) are deemed of imminent peril to the public health, safety, or welfare and requires immediate approval.

Refer to the link below the table containing changes to the provider services manual that are open for public comment.

1. Louisiana Medicaid (Title XIX) State Plan and amendments
2. Louisiana Medicaid Administrative Rulemaking activity
3. Medicaid provider manuals (Medicaid Services Manual)
4. Contract amendments
5. Managed care policies and procedures
6. Demonstrations and waivers

<http://www.ldh.la.gov/index.cfm/page/3616>

## Louisiana Medicaid Updates and Authorities

### Keeping you informed

Keep up to date with all provider news and updates on the Louisiana Department of Health website:

[Health Plan Advisories | La Dept. of Health](#)  
[Informational Bulletins | La Dept. of Health](#)

Subscribe to Informational Bulletin Updates by email  
<https://ldh.la.gov/index.cfm/communication/signup/3>

Louisiana Medicaid State Plan amendments and Rules are available at  
[Medicaid Policy Gateway | La Dept. of Health](#)

Pharmacy Facts Newsletter  
<https://ldh.la.gov/page/3036>

Louisiana Medicaid Fee Schedules  
[https://www.lamedicaid.com/provweb1/fee\\_schedules/feeschedulesindex.htm](https://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm)

The mission of the Louisiana Department of Health is to protect and promote health and to ensure access to medical, preventive and rehabilitative services for all residents of the state of Louisiana.

LDH is committed to the highest standards of conducting its affairs in full compliance with state and federal laws, regulations and policies. To report fraud, or other violations of federal and state laws and regulations or violations of LDH policies, send an email to [LDHreportfraud@la.gov](mailto:LDHreportfraud@la.gov) or call the Internal Audit Unit at (225) 342-7498. When making a report, particularly if you choose to remain anonymous, please provide as much information about the alleged activity as possible. Try to answer the questions of Who, What, When, Where and How.

LOUISIANA DEPARTMENT OF HEALTH

[ldh.la.gov](http://ldh.la.gov)





## Provider FAQs



1. Where is there a listing of Parish Office phone numbers?
2. If a recipient comes back with a retroactive Medicaid card, is the provider required to accept the card?
3. Does a recipient's 13-digit Medicaid number change if the CCN changes?
4. Are State Medicaid cards interchangeable? If a recipient has a Louisiana Medicaid card, can it be used in other states?
5. Can providers request a face-to-face visit when we have a problem?
6. For recipients in Medicare HMOs that receive pharmacy services, can providers collect the Medicaid pharmacy co-payment?
7. Do providers have to accept the Medicaid card for prior services if the recipient did not inform us of their Medicaid coverage at the time of services?
8. Who should be contacted if a provider is retiring?
9. If providers bill Medicaid for accident-related services, do they have to use the annotation stamp on our documentation?
10. What if a Lock-In recipient tries to circumvent the program by going to the ER for services?
11. Does the State print a complete list of error codes for provider use?
12. If providers do not want to continue accepting Medicaid from an existing patient, can they stop seeing the patient?

## We Are Here!

### Directions, Map, and Instructions

Louisiana Department of Health  
Bienville Building  
628 North 4<sup>th</sup> Street  
Baton Rouge, LA 70802



#### Directions From Lafayette

Take I-10 East to Baton Rouge.

At I-10 Exit 155B turn onto the ramp that merges onto I-110 North.

Take the North Street exit on your left.

Continue down North Street to the Bienville Building at the corner of North and 4<sup>th</sup> Streets.

#### Directions From New Orleans

Take I-10 West from New Orleans to Baton Rouge.

At I-10/I-110 Exit, merge onto I-110 North.

Take the North Street exit on your left.

Continue down North Street to the Bienville Building at the corner of North and 4<sup>th</sup> Streets.

#### Directions From North Baton Rouge

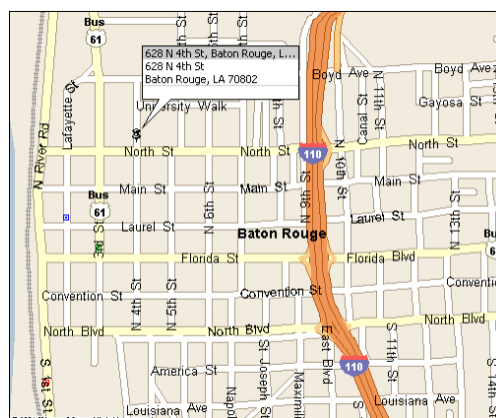
Take I-110 South.

After passing Capitol Access Road exit, take North 9<sup>th</sup> Street exit.

Follow service road alongside interstate.

Turn right onto North Street.

Continue down North Street to the Bienville Building at the corner of North and 4<sup>th</sup> Streets.



### Parking Options:

#### **Option 1**

Galvez Parking Garage

504 North 5th Street (Located at the corner of North and 5<sup>th</sup> Streets)

Baton Rouge, LA 70802

[Know.your.license.plate.number.for.validation.purposes]

#### **Option 2**

Street parking around the Bienville Building is available at a cost of \$0.25 every 15 minutes. This can be paid several ways:

1. [Flowbird USA app](#),
2. Kiosks located on every block, and
3. Signs with QR codes and texting options throughout the downtown area.

[There.is.a.maximum.limit.of.8.hours.daily.to.park.on.the.street;]

### Checking In and Parking Validation Procedures:

Proceed to the Bienville Building Front Security Desk to:

#### **1. [Check In and Receive Visitor Identification Badge](#)**

- a) You are required to provide official government-issued identification to obtain a visitor identification badge.
- b) Inform the security guard of the meeting name and the phone number associated with your scheduled visit. The security guard will contact someone to escort you up to the designated area.
- c) Please wait in the main lobby for your escort.

#### **2. [Validate your Parking in the Galvez Parking Garage](#)**

Note;You.have.a.limited.timeframe.of.96.minutes.from.the.moment.you.park.to.complete.the.validation.process.otherwise.a.citation.will.be.issued;

Use your cellular phone and scan the QR code by the Front Security Desk in the Bienville Building.

- a) Retrieve the passcode from the security guard.
- b) Enter the passcode.
- c) Enter your license plate number.
- d) A green check will show on your screen to confirm validation for 12 hours.

## For Information or Assistance, Call Us!



### General Medicaid Eligibility Hotline

1-888-342-6207

### Provider Relations

1-800-473-2783

(225) 294-5040

[Medicaid Provider Website](#)

### Prior Authorization:

#### Home Health/EPSTD – PCS - Dental

1-800-807-1320

1-855-702-6262

[MCNA Provider Portal](#)

#### DME and All Other

1-800-488-6334

(225) 928-5263

#### Hospital Pre-Certification

1-800-877-0666

### REVS Line

1-800-776-6323

(225) 216-(REVS)7387

[REVS Website](#)

### Medicare Savings

1-888-544-7996

[Medicare Provider Website](#)

### Point of Sale Help Desk

1-800-648-0790

(225) 216-6381

### MMIS Claims Processing Resolution Unit

(225) 342-3855

[MMISClaims@la.gov](mailto:MMISClaims@la.gov)

[MMIS Claims Reimbursement](#)

### MMIS/Recipient Retroactive Reimbursement

(225) 342-1739

1-866-640-3905

[Medicaid.RecipientReimbursement@LA.gov](mailto:Medicaid.RecipientReimbursement@LA.gov)

[MMIS Claims Reimbursement](#)

### MES Long Term Care Claims Resolution Unit

[MESLTCClaims@LA.gov](mailto:MESLTCClaims@LA.gov)

(225)342-3855

### For Hearing Impaired

1-877-544-9544

### Pharmacy Hotline

1-800-437-9101

[Medicaid Pharmacy Benefits](#)

### Medicaid Fraud Hotline

1-800-488-2917

[Report Medicaid Fraud](#)