

Provider Enrollment Update and Requirements

Providers should expect impacts to claims processing, and risk not getting paid if enrollment is not complete. **Additionally, any providers who have not completed enrollment by June 30, 2023, will have their patients assigned to another primary care physician and will be terminated from the program.**

For providers who missed the initial deadline of September 30, 2022, the Provider Enrollment Portal at www.lamedicaid.com remains open for providers required to enroll who have not yet applied. Providers with multiple provider types must complete enrollment for each type.

Providers who submit provider enrollment applications should allow several weeks for application processing.

Who is required to Enroll?

- Providers who file claims with Louisiana Medicaid (providers enrolled in Fee for Service (FFS) Medicaid before December 31, 2021, and providers enrolled with an MCO, DBPM, or Magellan before March 31, 2022.)
- Ordering, Prescribing or Referring Providers
 - Ordering, prescribing or referring (OPR) providers do not bill Medicaid for services rendered, but may order, prescribe or refer services/supplies for Medicaid beneficiaries.

Ordering, Prescribing or Referring Providers (OPR)

For Medicaid to reimburse for services or medical supplies resulting from a practitioner's order, prescription or referral, the OPR provider must be enrolled in Medicaid.

Furthermore, if items or services are ordered, prescribed or referred by a resident or intern, the claim must identify the intern or resident's National Provider Identifier (NPI) as the ordering or referring practitioner. Interns and residents are allowed to enroll in the Medicaid program as an OPR provider only.

If you are an OPR provider, those physicians, other practitioners and facilities who render services to Medicaid beneficiaries based on your order, prescription or referral, will not be paid for such items or services, beginning July 1, 2023, unless you enroll in Medicaid prior to that date and your NPI is included on the claim submitted to Medicaid by the rendering provider (42 CFR 455.440).

Please note that this extends to pharmacy Point of Sale (POS) systems as well. The POS system will deny any claims submitted, beginning July 1, 2023 for a Medicaid beneficiary with a prescriber, pharmacy provider, or vaccinating pharmacist who is not enrolled as a Medicaid provider.

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Critical Deadlines – Claims Adjudication

Claims processing guidelines depend on when a provider enrolls. If enrollment is not complete, claims and payments will be impacted. The following scenarios outline those impacts.

Scenario 1: Claims for dates of service on or before December 31, 2022, will be adjudicated for providers who have and have not completed enrollment.

Scenario 2: Claims for dates of service on or after January 1, 2023, will be adjudicated for providers who have completed enrollment.

Scenario 3: Providers who have not completed enrollment on or before December 31, 2022, will have their claims denied for dates of service on or after January 1, 2023.

Providers still wishing to complete enrollment must submit an enrollment application by June 1, 2023 in order to complete the enrollment process by June 30, 2023.

Once the enrollment is completed, the provider may resubmit previously denied claims for dates of service between January 1, 2023 and June 30, 2023. Providers will not receive payment until their provider enrollment is complete.

Scenario 4: If an attending, or OPR provider is included on a claim or writes a prescription and has not completed enrollment, it will affect claims adjudication as follows:

- Even if the billing provider is fully enrolled, the medical/professional claim will deny beginning July 1, 2023, if any one of the following are not enrolled:
 - Ordering provider
 - Prescribing provider; or
 - Referring provider.
- Even if the pharmacy is fully enrolled, the prescription will deny beginning July 1, 2023 if any one of the following are not enrolled:
 - Prescribing provider
 - Vaccinating pharmacist, or
 - Pharmacy provider.
- Even if a hospital is fully enrolled, the hospital claim will deny beginning July 1, 2023 if the attending provider is not enrolled.

Scenario 5: For providers with multiple provider types, claims for dates of service on or after January 1, 2023, will be adjudicated for providers who have completed enrollment of at least one provider type. Claims will deny beginning July 1, 2023 for any of the provider types not enrolled.

Scenario 6: Non-Emergency Medical Transportation (NEMT) providers who were invited to enroll must submit an enrollment application by June 1, 2023 in order to complete the enrollment process by June 30, 2023. Claims will deny beginning July 1, 2023 for NEMT providers not enrolled.

Enrollment Status

Providers that are unsure of their enrollment status may use the Provider Portal Enrollment Lookup Tool at <https://www.lamedicaid.com/portalenrollmentstatus/search>. Results will show the provider's status as either enrollment complete, action required, application not submitted, or currently in process by Gainwell Technologies. Providers that are not shown in the results are not required to enroll at this time. Invitation letters for those providers will be sent at a later date. The Lookup Tool is updated daily.

Provider Resources

For additional information, including frequently asked questions and recordings of provider presentations, visit www.ldh.la.gov/medicaidproviderenrollment.

Find all updates and requirements about provider enrollment in [Informational Bulletin 22-38](#). [Informational Bulletin 22-4](#) contains information relevant to provider enrollment prior to the September 30, 2022 deadline.

Providers needing assistance with application and enrollment should contact Gainwell Technologies by emailing louisianaprovenroll@gainwelltechnologies.com or contacting 1-833-641-2140 for a status update on enrollment and any next steps needed to complete the process.

As a part of the Affordable Care Act and later refined in the 21st Century Cures Act, federal laws enforced by CMS require that states screen and enroll providers. The Louisiana Medicaid Provider Enrollment Portal will bring Louisiana Medicaid into compliance with CMS revalidation and managed care screening requirements and federal law. The portal will be prepopulated with information that the state, MCOs, DBPMs and Magellan already have on file so that the provider can more easily submit an application through the portal. This streamlined process eliminates the need to complete and mail a paper application. Also, providers will have the ability to track their application through the portal.

Medicaid Annual Renewals to Restart April 2023

At the start of the COVID-19 public health emergency (PHE), Louisiana Medicaid made numerous changes to eligibility and enrollment systems and procedures. This included stopping closures for most Medicaid members. Recent federal legislation ends this continuous Medicaid coverage and prompts the resumption of Medicaid eligibility renewals.

This means that Medicaid renewals are no longer tied to the end of the PHE and will begin again on April 1, 2023.

Some eligibility reviews can be completed without contacting the member by using information from electronic databases. Many, however, will require members to respond to mail. For this reason, it is vital Medicaid members make certain Medicaid has their most up-to-date contact information, including cell phone numbers and email addresses.

Providers may assist their patients in preparing for the beginning of the renewal period by posting this [flyer](#) in their office and encouraging members to make changes to their contact information by:

- Logging on to MyMedicaid.la.gov,
- Emailing MyMedicaid@la.gov,
- Calling their health plan on the number on their member ID card; or
- Calling Medicaid's Customer Service hotline at 1-888-342-6207. Hotline assistance is available Monday through Friday, 8 a.m. – 4:30 p.m.

Although annual renewals will restart in April, not everyone will be required to complete their annual renewal the same month. Mailing of renewals will be staggered across 12 months, and it will take 14 months to complete the redetermination process for all Medicaid members.

MEDICAID MEMBERS DON'T RISK LOSING YOUR HEALTH COVERAGE.

Keep your address and phone number up to date.
You can do this:



- Online at mymedicaid.la.gov
- By email at mymedicaid@la.gov
- By calling your health plan
(the number is on your insurance card)
- Or by calling Louisiana Medicaid
toll-free at 1-888-342-6207



Don't miss important updates about your health insurance. If you do get a letter in the mail, follow the instructions and respond to Medicaid.



Medicaid Members Can Change Health Plans Through March 31, 2023

Louisiana Medicaid members can continue to make changes to their health plan and dental plan coverage until March 31, 2023.

In late October, letters were mailed to Medicaid members explaining possible changes to their health plan coverage and how to make changes. Health plan changes made through auto assignment or requested by members were effective on January 1, 2023.

However, members still have the opportunity to make changes to their health or dental plans **any time until 6 p.m. on March 31, 2023**. After March 31, 2023, a member may only change their health plan or dental plan if they have a special reason. They can also change their health plan or dental plan at the next Open Enrollment.

See below for deadlines to make changes and start dates:

If you change to another health plan:	Your new plan will start on:
After 6 p.m. on December 29, 2022, through 6 p.m. on January 30, 2023	February 1, 2023
After 6 p.m. on January 30, 2022, through 6 p.m. on February 27, 2023	March 1, 2023
After 6 p.m. on February 27, 2022, through 6 p.m. on March 30, 2023	April 1, 2023
After 6 p.m. on March 30, 2023, through 6 p.m. on March 31, 2023	May 1, 2023

Members **can change their health or dental plan** by visiting the Healthy Louisiana website (myplan.healthy.la.gov); using the Healthy Louisiana mobile app; calling 1-855-229-6848; or completing the paper enrollment form that was mailed to members and following the directions on the form to return it.

For more details on each health plan, visit <https://www.myplan.healthy.la.gov/en/compare-plans>. Watch for additional member updates at www.healthy.la.gov.

Louisiana Provider-to-Provider Consultation Line



PPCL

PROVIDER TO PROVIDER CONSULTATION LINE

Pediatric Mental Health Support

Provider-to-Provider Consultation Line offers pediatric behavioral, mental health assistance

The [Louisiana Provider-to-Provider Consultation Line \(PPCL\)](#) is a no-cost consultation and education program that assists pediatric healthcare providers in addressing the behavioral and mental health needs of patients from birth to age 21. The consultation line allows providers to call or email with mental health consultants and on-call psychiatrists to ask questions about behavioral health, diagnostic criteria and medication management. Providers also have opportunities to earn CEUs/CMEs through PPCL’s [TeleECHO](#) series.

Register and learn more at ldh.la.gov/ppcl. Providers can contact PPCL by calling 833-721-2881 or emailing ppcl@la.gov.

An Overview of Medication-Related FDA Online Resources

Compiled by:
Office of Outcomes Research and Evaluation
College of Pharmacy
University of Louisiana at Monroe

The Food and Drug Administration (FDA) is an agency within the U.S. Department of Health and Human Services that is responsible for protecting the public health by ensuring the safety, efficacy, and security of human and veterinary drugs, biological products, medical devices, cosmetics, products that emit radiation, and the country’s food supply. This includes the oversight of more than \$2.7 trillion in consumption of food, tobacco, and medical products, with over 20,000 prescription drug products. The resources and information hosted on the FDA website are directed to a variety of audiences including consumers, industry representatives, healthcare professionals, and patients. Topics covered include, but are not limited to, food safety, medications (for both humans and animals), biologics, medical devices, and tobacco products. The following medication-related resources are available from the FDA for healthcare providers. For more information on other educational topics offered by the FDA, visit the [U.S. Food and Drug Administration \(fda.gov\)](http://www.fda.gov) website.

FDA Databases and Resources for Healthcare Professionals

[Drugs@FDA: FDA-Approved Drugs](#)

Drugs@FDA includes most of the drug products approved since 1939. The majority of patient information, labels, approval letters, reviews, and other information are available for drug products approved since 1998. Users can search by drug name, active ingredient, or application number, or browse to the drug name alphabetically listed.

Drugs@FDA Express Mobile App is also available.

[Drug Info Rounds](#)

Drug Info Rounds is a series of educational videos for healthcare professionals provided by the FDA’s Center for Drug Evaluation and Research (CDER), Office of Communications (OCOMM), Division of Drug Information (DDI). The goal of this program is to provide important and timely drug information to healthcare professionals on pertinent health topics so they can help patients make better medication decisions.

[Drug Safety Communications](#)

An FDA Drug Safety Communication, or DSC, provides important information to patients and healthcare professionals about new safety issues with the medicines they are taking or prescribing so they can make more informed decisions about treatment. Widespread or long-term use of drugs by patients may uncover side effects not discovered during the clinical trials a drug company did to get FDA approval of the medicine. As a result, FDA physicians and scientists continue to monitor the safety of drugs after they are approved. When potential new safety issues arise, the FDA reviews the data from available clinical trials or other studies, case reports, and medical literature. Based on their findings, the FDA may release a Drug Safety Communication to alert patients and healthcare professionals about the issue. The FDA may also require changes to the prescribing information or the patient Medication Guide. The [Index to Drug-Specific Information](#) is also available.

[Drug Shortages](#)

Manufacturers provide the FDA with most drug shortage information, and the agency works closely with them to prevent or reduce the impact of shortages. Shortage notifications and updates may be reported to the FDA at drugshortages@fda.hhs.gov. Users are able to search the *Drug Shortage Database* and register for email notifications.

FDA Drug Shortages Mobile App is also available.

[FDA Adverse Event Reporting System \(FAERS\)](#)

FAERS is a database that contains adverse event reports, medication error reports and product quality complaints resulting in adverse events that were submitted to the FDA, and is designed to support the post-marketing safety surveillance program for drug and therapeutic biologic products. The [FAERS Public Dashboard](#) is an interactive web-based tool that makes the data easier to query and produces user-friendly information and charts. For example, users can view a summary of adverse event reports received from 1968 to the present or for a specific timeframe. In addition, users can search on a product of interest within a specific timeframe.

[Label Repository](#)

The drug labels (package inserts) and other drug-specific information in this repository represent the most recent drug listing information companies have submitted to the FDA. The repository is searchable by proprietary name, active ingredient, company name, NDC number, and application number.

[Medication Guides](#)

Medication guides, which are handouts that come with many prescription medicines, are FDA-approved documents that address issues that are specific to particular drugs, and can help patients avoid serious adverse events. The FDA requires that Medication Guides be issued with certain prescribed drugs and biological products when the Agency determines that: 1) certain information is necessary to prevent serious adverse effects, 2) patient decision-making should be informed by information about a known serious side effect with a product, or 3) patient adherence to directions for the use of a product are essential to its effectiveness.

[MedWatch: The FDA Safety Information and Adverse Event Reporting Program](#)

MedWatch alerts provide up-to-date safety information on human drugs, medical devices, vaccines and other biologics, dietary supplements, and cosmetics. The alerts contain actionable information that may impact clinical decisions for healthcare professionals and patients. This website is also used to voluntarily report adverse events that are observed or suspected for human medical products, including serious drug side effects, product use/medication errors, product quality problems, and therapeutic failures.

[National Drug Code \(NDC\) Directory](#)

The FDA National Drug Code (NDC) Directory contains information about finished drug products, unfinished drugs and compounded drug products. Drugs are identified and reported using a unique, three-segment number called the National Drug Code (NDC) which serves as the FDA’s identifier for drugs. FDA publishes the listed NDC numbers in the NDC Directory, which is updated daily.

FDA NDC Express Mobile App is also available.

[Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations](#)

The publication, *Approved Drug Products with Therapeutic Equivalence Evaluations* (commonly known as the Orange Book), identifies drug products approved on the basis of safety and effectiveness by the FDA under the Federal Food, Drug, and Cosmetic (FD&C) Act. Approved drug products can be searched by active ingredient, proprietary name, applicant, application number, dosage form, route of administration or patent number. Drug products are considered therapeutic equivalents (TE) only if they are pharmaceutical equivalents for which bioequivalence has been demonstrated, and are expected to have the same clinical effect and safety profile when administered to patients under the conditions specified in the labeling. The TE evaluations are presented in the form of code letters that indicate the basis for the evaluation made. An explanation of the codes, the criteria, and how to use the Orange Book can be found in the [Frequently Asked Questions on The Orange Book](#) section.

Orange Book Express Mobile App is also available.

[Patient Educational Resources](#)

The FDA has numerous online drug information resources available for patients, including [Medication Guides](#) and [Medline Plus](#). In addition, providers can download or order printed copies of easy-to-read materials for their patients. Some of the topics include using medication safely, misuse of prescription pain relievers, and disposal of unused medicines.

[Recalls, Market Withdrawals, & Safety Alerts](#)

The FDA works with industry and state partners to publish press releases and other public notices about recalls that may potentially present a significant or serious risk to the consumer or user of a product. Press releases older than 60 days are accessible in the [Recall and Safety Alerts Archive](#). Additional safety information about human medical products can be found on the FDA’s [MedWatch](#) page.

[Risk Evaluation and Mitigation Strategies \(REMS\)](#)

The FDA Amendments Act of 2007 gave the FDA the authority to require a Risk Evaluation and Mitigation Strategy (REMS) from manufacturers to ensure that the benefits of a drug or biological agent outweigh its risks. A list of medications with historical and released REMS can be found in the [REMS@FDA](#) section.

Health Observance Calendar

March 2023

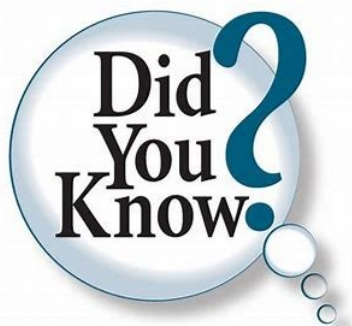
- [Bleeding Disorders Awareness Month](#)
- [Multiple Sclerosis Education and Awareness Month](#)
- [Myeloma Action](#)
- [National Colorectal Cancer Awareness](#)
- [National Developmental Disabilities Awareness Month](#)
- [National Endometriosis Awareness](#)
- [National Kidney](#)
- [National Nutrition](#)
- [National Traumatic Brain Injury Awareness Month](#)
- [Trisomy Awareness](#)

Weeks to Note:

Event	Date
National Pulmonary Rehabilitation Week	March 12-18
Patient Safety Awareness Week	March 12-18
National Sleep Awareness Week	March 12-18
National Poison Prevention Week	March 19-25
Brain Awareness Week	March 13-19
National Drug and Alcohol Facts Week	March 20-26

Event	Date
World Birth Defects Day	March 3
National Women and Girls HIV/AIDS Awareness Day	March 10
World Kidney Day 2023	March 9
World Sleep Day	March 17
National Native American HIV/AIDS Awareness Day	March 20
World Oral Health Day	March 20
World Down Syndrome Day	March 21
World Tuberculosis Day	March 24
American Diabetes Alert Day	March 28
Epilepsy Awareness – Purple Day	March 26
National Doctors’ Day	March 30

Medicaid Services



Louisiana's Medicaid program covers many of the same things that private health insurance programs traditionally cover. Medicaid can also cover services to help "fill in the gaps" in Medicare and meet certain long-term care needs.

The list below includes things Louisiana Medicaid will cover in some or all cases. Some services are only offered to Medicaid recipients because of their age, family situation, transfer of resource requirements or other living arrangements. Also, some services are limited. If you click on a service listed on this page, you can find out:

- ⇒ **How** to get the service
- ⇒ **Who** can have the service
- ⇒ **What** is included in the service
- ⇒ **Any** other important information about the service
- ⇒ **Where** to call if you have questions about the service

Just because a service is not on the list does not mean that Medicaid will not cover it. Call the contact listed for the service group in question if a service is not listed.

There are special Medicaid benefits for children and youth with developmental disabilities. [Click here](#) to get information about these benefits and click [here](#) for information on locating these services. If you want an overview of all services offered to those who are younger than 21, [click here](#).

Medicaid Services

[Adult Denture Services](#)
[Adult Waiver Dental Services](#)
[Applied Behavior Analysis \(ABA\)](#)
[Audiological](#)
[Behavioral Health - Adults](#)
[Chemotherapy](#)
[Chiropractic](#)
[CSoC - Home and Community Based Services Waiver](#)
[Dental](#)
[Durable Medicaid Equipment](#)
[Early Steps](#)
[EPSDT Behavioral Health Services](#)
[EPSDT Dental Services](#)
[EPSDT Personal Care Services](#)
[EPSDT Screening Services](#)
[Family Planning Services - Take Charge Plus](#)
[Family Planning Services in Physician's Office](#)
[Federally Qualified Health Centers \(FQHC\)](#)
[Free Standing Birthing Centers](#)
[Hearing Aids](#)
[Hemodialysis Services](#)
[Home Health](#)
[Hospice](#)
[Hospital](#)

- [Emergency Room Services](#)
- [Inpatient Services](#)
- [Outpatient Services](#)

[Immunizations](#)
[Laboratory Tests & Radiology Services](#)
[Long Term – Personal Care Services \(LT-PCS\)](#)
[Medical Transportation](#)
[Midwife Services \(Certified Nurse Midwife\)](#)
[Nurse Practitioners/Clinic Nurse Specialists](#)
[Nursing Facility](#)
[Occupational Therapy Services](#)

[Optical Services](#)
[Orthodontic Services](#)
[Pediatric Day Health Care \(PDHC\)](#)
[PACE - Program for All Inclusive Care for the Elderly](#)
[Pharmacy Services](#)
[Physical Therapy](#)
[Physician Assistants](#)
[Physician/Professional Services](#)
[Podiatry Services](#)
[Pre-Natal care](#)
[Psychiatric Hospital Care](#)
[Rehabilitation Clinic Services](#)
[Rural Health Clinics](#)
[STD Clinics](#)
[Speech Therapy and Language Evaluation and Therapy](#)

Support Coordination

[Children's Choice Waiver](#)
[Community Choices Waiver](#)
[EPSDT Targeted Populations](#)
[Infants and Toddlers](#)
[New Opportunities Waiver \(NOW\)](#)
[Residential Options Waiver \(ROW\)](#)
[Supports Waiver](#)
[Therapy Services](#)
[Transportation](#)
[Tuberculosis Clinics](#)
[X-Ray Services](#)

Waiver Services

[Adult Day Health Care \(ADHC\)](#)
[Children's Choice](#)
[Community Choices Waiver](#)
[New Opportunities Waiver](#)
[Residential Options Waiver \(ROW\)](#)
[Supports Waiver](#)

Help Your Patients Ring in a Healthier New Year

Quitting tobacco isn't just a New Year's resolution — it's a New Year's revolution!

Tobacco users are statistically more likely to quit tobacco when they are encouraged by health care providers. See different ways to help your patients quit tobacco below!

Practice the 5 A's

- **Ask About Tobacco Use:** Use a non-judgmental voice to ask about current or past tobacco use while taking vitals.
- **Advise Quitting:** Be clear but sensitive. Let them know about FREE services provided by the Oklahoma tobacco helpline.
- **Assess Interest in Quitting:** On a scale of 1-10, assess how ready your patients are to quit. Patients who are reluctant should still receive non-judgmental advice.
- **Assist With Quitting:** Work with patients to establish a quit plan and set a quit date. Talk about the free support on the helpline.
- **Arrange Follow-up:** During their first few weeks of quitting, follow up with them. Praise their successes and compliment their progress.

[Home - Quit With Us, Louisiana \(quitwithusla.org\)](http://quitwithusla.org)

[Provider Resources](#)



COVID-19 Vaccine Incentive Program – Boosters Update Updated November 16, 2022

In April, Louisiana Medicaid implemented the “Shot per 100,000” COVID vaccine incentive program as part of ongoing efforts to increase COVID vaccination rates in the state of Louisiana. To continue this effort, Medicaid has expanded the program to include booster shots.

This program is available to the following Medicaid members:

- Age 5 and older who were vaccinated with their first or second dose of the COVID-19 vaccine on or after April 5, 2022.

- Age 6 months to age 4 who were vaccinated with their first or second dose of the COVID-19 vaccine on or after July 5, 2022.
- Age 6 months and older who received a vaccine booster dose on or after October 1, 2022.

Members are eligible for only one gift card for the first or second dose of the vaccine and only one gift card for receiving a booster shot.

Members can choose any vaccine administration location to receive their shot. Each Medicaid managed care organization (MCO) will handle distribution of the gift cards.

Please post or share the attached flyer with the Medicaid members you serve. Information is also available at the web site at www.ldh.la.gov/vaccinegiftcard.

COVID-19 Testing and Treatment Coverage

For all Medicaid members, testing is covered with no copay. In addition, clinic visits, emergency department visits, and hospitalizations related to COVID-19 testing and treatment are covered without copays.

Medicaid covers all COVID-19 treatments for which the FDA has issued an Emergency Use Authorization (EUA). Treatment coverage is provided with no cost sharing for Medicaid beneficiaries.

The relevant procedure codes for treatments and treatment administration are listed on the “COVID-19 Vaccine/Treatment Fee Schedule” which will be updated as new information becomes available. See IB 21-11 for Reimbursement Updates – 2021. Coverage is provided according to the clinical criteria listed in the EUA and is effective on the date listed on the fee schedule. Reimbursement is available for COVID-19 treatments administered in the member’s home or residence according to the fee schedule. MCOs have been instructed to recycle claims and notify impacted providers as needed when the fee schedule is updated.

Currently, many treatment medications are provided at no cost to providers by the federal government and therefore those medication codes shall be reimbursed at \$0. Treatment medications purchased from the commercial marketplace may be reimbursed if appended with the appropriate modifier, as listed in the COVID-19 Vaccine and Treatment Fee Schedule. Reimbursement is made for treatment administration when performed appropriately, defined as:

1. The beneficiary meets the age requirement on the date of service
2. The medication code matches the administration code

This policy will be updated as needed for changes in medication availability and eligibility criteria. Abuse or overuse is subject to review and recoupment.

Medicaid Coverage for COVID-19 Testing for Uninsured Patients

Per the Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Security Act, Louisiana Medicaid provides coverage to include COVID-19 testing for uninsured individuals for the duration of the federally declared public health emergency. Coverage is limited to COVID-19 testing and related office visits for uninsured Louisiana residents. No treatment costs are covered under this program.

The benefit is provided through Medicaid fee-for-service and not through the managed care program or a managed care organization. Providers must be a Medicaid enrolled provider and must be enrolled before services are provided. Providers not enrolled as a Medicaid provider with Gainwell Technologies will need to complete a [temporary emergency application](#) with Medicaid's fiscal intermediary, Gainwell Technologies, to be paid for testing and testing related services for the uninsured. Providers will be required to self-attest on the uninsured individual's application to Medicaid that they are not also [billing the Department of Health and Human Services \(HHS\) or the Health Resources and Services Administration \(HRSA\)](#) for the same services. You also may not bill on any contract with the Louisiana Department of Health to provide COVID-19 testing for these patients. If Medicaid identifies other third party coverage is available (e.g., Medicare, private insurance), Medicaid will not cover the services.

For additional guidance, visit [Medicaid's provider web page for COVID-19 testing coverage for uninsured individuals](#). The site contains billing information, a [detailed provider guide](#), frequently asked questions for providers, and the [simplified application](#) patients can fill out to determine if they are eligible for coverage.



Remittance Advice Corner

2022 Annual 1099 Notice for Providers

Louisiana Medicaid 2022 1099's will be distributed by U.S. Mail on or before January 31, 2023. Electronic copies are now available for download by going to the Louisiana Medicaid website, 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.

Attention Providers Payment Error Rate Measurement (Perm) 2024 Is In Progress

The Centers for Medicare and Medicaid (CMS) conducts a **Payment Error Rate Measurement (PERM)** review program on Louisiana Medicaid every three years. PERM is a review developed by CMS to identify payments in the Medicaid and Children's Health Insurance (CHIP) programs that did not comply with policies and statutory requirements. PERM does not investigate fraud in Medicaid and CHIP, and is not a fraud rate.

PERM Reporting Year (RY) 2024 will sample from Medicaid and CHIP payments dated from July 1, 2022 through June 30, 2023. CMS contractors will review randomly selected claims to verify provider service documentation is complete, supports the service billed, and is compliant with Medicaid and CHIP policies and documentation requirements.

If your claims are selected for PERM review, your office will receive a medical records request letter and telephone outreach from the CMS review contractor Empower AI. All selected providers must cooperate with the CMS review contractor.

Providers can reach EmpowerAI at PERMRC.ProviderInquiries@empower.ai or 1-800-393-3068. Please visit www.lamedicaid.com, Provider Tools, Payment Error Rate Measurement (PERM) for more information on securely sending records.

Failure to produce documentation of services provided to Medicaid beneficiaries will result in monetary recoveries for undocumented services. Providers must maintain all medical, fiscal, professional and business records for services provided to Medicaid recipients for at least five years from the date of service, even if the provider has closed.

Upon closure, providers must maintain all records, including electronic records, according to applicable laws, regulations and retention requirements. The closing provider must notify LDH of the location records will be stored, and contact information of the records custodian. Providers can report agency closure to Gainwell Provider Enrollment at LouisianaProvEnroll@gainwelltechnologies.com or 225-216-6370.

For questions about PERM, providers may contact Toni Prine, project manager for Louisiana Medicaid's PERM program, with Myers and Stauffer LC at tprine@mslc.com or 512-770-4237.

Effective for dates of service beginning on January 1, 2022, Louisiana Medicaid updated the reimbursement rates on the FFS file for physician-administered drugs and payable vaccines for professional services. Claims previously submitted for these drugs or vaccines with dates of service on or after January 1, 2022 will be systematically adjusted to ensure proper payment. No action is required by the provider.

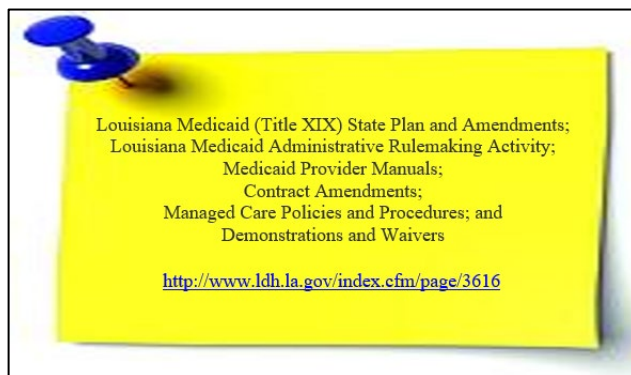
For questions related to this information as it pertains to fee-for-service Medicaid claims processing, please contact Gainwell Technologies Provider Services at (800) 473-2783 or (225) 924-5040.

Questions regarding managed care claims should be directed to the appropriate managed care organization.

Medicaid Public Notice and Comment Procedure

As of Aug. 1, 2019, a public notice and comment period is required before certain policies and procedures are adopted. Drafts will be published on LDH's website to allow for public comment, as per HB 434 of the 2019 Regular Legislative Session. This requirement applies to managed care policies and procedures, systems guidance impacting edits and payment, and Medicaid provider manuals.

In compliance with R.S. 46:460.51(15), 460.53, and 460.54, this procedure provides for a defined term, a public notice requirement, implementation of a policy for the adoption of policies and procedures, and for related matters. Public Comments for the listed policies and procedures can be left at the link below.



LPHA 2023 Conference



Register online [here](https://lpha.org/2023-annual-conference).

Manual Chapter Revision Log

Recent revisions have been made to the following Medicaid Provider Manual chapters. Providers should review the revisions in their entirety at www.lamedicaid.com under the “Provider Manual” link:

Manual Chapter	Section(s)	Date of Revision(s)
Durable Medical Equipment (DME)	<ul style="list-style-type: none"> • Section 18.2.20 – Diabetic Supplies and Equipment 	02/08/23
Durable Medical Equipment (DME)	<ul style="list-style-type: none"> • Table of Contents • Section – 18.2.1 – Respiratory Supplies and Equipment <ul style="list-style-type: none"> • Section 18.2.1.1 – Apnea Monitors • Section 18.2.1.2 – Oxygen Concentrators • Section 18.2.1.3 – High Frequency Chest Wall Oscillation Devices • Section 18.2.1.4 – Peak Flow Meters and Mucus Clearance (Flutter) Devices • Section 18.2.1.5 – Pulse Oximeter • Section 18.2.1.6 – Oxygen Probes • Section 18.2.1.7 – Ventilator Assist Devices • Section 18.2.1.8 – Nebulizers • Section 18.2.1.9 – Tracheostomy Care Supplies • Section 18.2.1.10 – Suction Pumps • Section 18.2.2 – Intraocular Lens (IOL) • Section 18.2.3 – Artificial Eyes • Section 18.2.4 – Artificial Larynxes 	02/28/23

Manual Chapter	Section(s)	Date of Revision(s)
	<ul style="list-style-type: none"> • Section 18.2.5 – Augmentative and Alternative Communication Devices • Section 18.2.6 – Bath and Toileting Aids • Section 18.2.7 – Environmental Modifications or Environmental Modification Repairs • Section 18.2.8 – Batteries • Section 18.2.9 – Blood Pressure Devices • Section 18.2.10 – Breast Milk and Supplies • Section 18.2.10.1 – Donor Human Milk • Section 18.2.10.2 – Electric Breast Pumps • Section 18.2.10.3 – Human Milk storage Bags • Section 18.2.11 – Enteral Nutrition • Section 18.2.12 – Total Parenteral Nutrition (TPN) • Section 18.2.13 – Binders and Supports • Section 18.2.13.1 – Abdominal Binder and Hernia Supports • Section 18.2.13.2 – Lumbar Orthosis and Truss Supports • Section 18.2.14 – Support Garments • Section 18.2.15 – Hearing Aids • Section 18.2.16 – Cochlear Implant (EPSDT Only) • Section 18.2.17 – Dialysis Equipment and Supplies • Section 18.2.18 – Baclofen Therapy • Section 18.2.19 – Ambulatory Equipment • Section 18.2.19.1 – Canes and Crutches • Section 18.2.19.2 – Walkers and Walker Accessories • Section 18.2.19.3 – Wheelchairs • Section 18.2.19.4 – Standing Frame • Section 18.2.19.5 – Stollers of a Therapeutic Type • Section 18.2.19.6 – Special Needs Car Seat • Section 18.2.20 – Diabetic Supplies and Equipment • Section 18.2.21 – Orthopedic, Prosthetics, Orthotics and Supplies • Section 18.2.21.1 – Orthotic Devices • Section 18.2.21.2 – Orthopedic Shoes and Corrections • Section 18.2.21.3 – Prosthetic Devices • Section 18.2.21.4 – Traction Equipment 	

Manual Chapter		Section(s)
	<ul style="list-style-type: none"> • Section 18.2.21.5 – Breast or Mammary Prostheses • Section 18.2.22 – Disposable Incontinence Products • Section 18.2.23 – Hospital Beds, Lifts, and Trapeze Bar • Section 18.2.23.1 – Hospital Beds • Section 18.2.23.2 – Patient Lifts • Section 18.2.24 – Trapeze Bar • Section 18.2.25 – Electrical Stimulators • Section 18.2.25.1 – Osteogenic Bone Growth Stimulators • Section 18.2.25.2 – Vagus Nerve Stimulators • Section 18.2.26 – Intravenous (IV) Therapy and Administrative Supplies • Section 18.2.26.1 – Syringes and Needle <p>Section 18.2.27 – Wound Care Supplies</p>	
<p>Home Health</p> <p>Home Health</p>	<ul style="list-style-type: none"> • Section 23.0 – Overview • Section 23.1 – Description of Services • Section 23.2 – Service Limitations • Section 23.3 – Beneficiary Requirements • Section 23.4 – Provider Requirements • Section 23.5 – Prior Authorization • Section 23.6 – Claims Related Information • Section 23.7 – Acronyms • Appendix A – Regulatory Requirements • Appendix C – Procedure Codes <p>Appendix E – UB-04 Form and Instructions</p>	<p>02/10/23</p>
<p>Program of All-Inclusive Care for the Elderly (PACE)</p> <p>Program of All-Inclusive Care for the Elderly (PACE)</p>	<ul style="list-style-type: none"> • Table of Contents • Section 35.3 – Beneficiary Rights and Responsibilities • Section 35.4 – Service Access and Authorization <p>Section 35.5 – Provider Requirements</p>	<p>02/23/23</p>
<p>EPSDT Health and IDEA, Part C – EarlySteps</p> <p>EPSDT Health and IDEA, Part C – EarlySteps</p>	<ul style="list-style-type: none"> • Section 47.0 – Overview • Section 47.1 – Covered Services • Section 47.2 – Eligibility Criteria • Section 47.3 – Provider Requirements • Section 47.4 – Program Requirements • Section 47.5.1 – Procedure Codes and Rates • Section 47.5.2 – Definitions and Acronyms <p>Section 47.5.3 – Contact Referral Information</p>	<p>02/27/23</p>

Louisiana Medicaid Updates and Authorities



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](#)

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



Please see below a list of useful links:

- Louisiana Medicaid Informational Bulletins – <https://ldh.la.gov/page/1198>
- Subscribe to Informational Bulletin Updates by Email - <https://ldh.la.gov/index.cfm/communication/signup/3>
- Pharmacy Facts Newsletter– <https://ldh.la.gov/page/3036>
- Louisiana Medicaid COVID-19 Provider Guidance - <https://ldh.la.gov/page/3872>

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/EPSDT – 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](#)

Point of Sale Help Desk

1-800-648-0790

(225) 216-6381

MMIS Claims Processing Resolution Unit

(225) 342-3855

[MMIS Claims Reimbursement](#)

MMIS/Recipient Retroactive Reimbursement

(225) 342-1739

1-866-640-3905

[MMIS Claims Reimbursement](#)

Medicare Savings

1-888-544-7996

[Medicare Provider Website](#)

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](#)