

Welcome



Welcome to the newest edition of the Louisiana Medicaid Provider Update newsletter.

In this edition, we focus on Change! We are pleased to introduce the new LDH secretary, announce the launch of our website, and discuss our collaboration with the Office of Motor.

The Louisiana Department of Health strives to protect and promote health statewide and to ensure access to medical, preventive, and rehabilitative services for all state residents. The Louisiana Department of Health includes the Office of Public Health, Office of Aging and Adult Services, Office of Behavioral Health, Office for Citizens with Developmental Disabilities, Office on Women's Health and Community Health, and Healthy Louisiana (Medicaid). To learn more, visit ldh.la.gov or follow us on [X](#), [Facebook](#), and [Instagram](#).

We appreciate your steadfast commitment to serving the Louisiana Medicaid population and your role as a valued partner in these efforts.

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Louisiana Department of Health Announces New Secretary



The Louisiana Department of Health (LDH) has announced Bruce Greenstein as the new secretary for the Louisiana Department of Health. He officially joined us on Monday, April 21. Governor Landry announced his appointment and said, "With his deep understanding of healthcare systems, from Medicaid to post-acute care, Bruce Greenstein's appointment as Secretary of the Louisiana Department of Health marks a new era for Louisiana's healthcare. There is no one more qualified than Bruce. I look forward to the great work he, Doctor Abraham, and the entire LDH team will do for the State of Louisiana." After hosting open house events on his first day, Greenstein stated "it is my goal going forward is to continue the great work of the Louisiana Department of Health, improve outcomes for the people we serve, and create high quality and essential systems to share with Washington."

It will also mean integrating some of our offerings to simplify healthcare delivery and make services more accessible, leveraging technology and modern approaches to enhance Medicaid administration, and fostering crucial connections with our partners as we help people in Louisiana transition from dependence to independence. I want work to be fun, and to me, that means creating or fostering an environment of collaboration and curiosity, empowering individuals to share new ideas and opportunities for innovation. It means hard work coupled with imagination. It means thinking outside the box and delivering what's needed **and** what's unexpected. To me, it means open dialogue and **listening.**"

Medicaid to Continue Bimonthly Rebaseline Provider Enrollment

Jeff Landry
GOVERNOR



Michael Harrington, MBA, MA
SECRETARY

State of Louisiana Louisiana Department of Health Bureau of Health Services Financing

MEMORANDUM

DATE: March 12, 2025
TO: Louisiana Medicaid Providers
FROM: Louisiana Medicaid
SUBJECT: Medicaid to Continue Bimonthly Rebaseline Provider Enrollment

In October 2024, Louisiana Medicaid launched its Provider Enrollment Rebaseline effort, which facilitates Medicaid enrollment for newly credentialed managed care organization (MCO) providers. Enrollment with the state Medicaid agency is required, and separate and apart from the credentialing process with any MCO.

Every two months, Louisiana Medicaid will send invitation letters to new providers not yet 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.

For the latest ~~rebaseline~~ information, including details on the provider portal and contacts for additional assistance, see [Informational Bulletin 24-22](#).

Overview of Inflammatory Bowel Disease (IBD)

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

Inflammatory bowel disease (IBD) refers to a group of lifelong diseases affecting the intestines, and is defined by repeated occurrences of gastrointestinal tract inflammation. IBD occurs when the body's natural defense mechanism, the immune system, has an exaggerated response to an otherwise normal stimuli (e.g., gut microflora) and mistakenly attacks healthy bowel cells, resulting in inflammation. The colon is most often the site of this inflammation. Most cases of IBD can be categorized into one of two types of intestinal disease, ulcerative colitis (UC) or Crohn's disease (CD). Although there are similarities, the two diseases differ in their location and the level of involvement of the bowel wall. CD can affect any part of the digestive tract. Inflammation occurs in different areas of the intestine walls, causing patches of damage that can reach the outer lining. Common symptoms of CD include diarrhea, mouth sores, and malnutrition. UC, the most common type of inflammatory bowel disease, only affects the inner lining of the colon and rectum, resulting in complete damage to the lining. The inflammation causes the walls of the colon to weaken, creating ulcers. UC symptoms include diarrhea, abdominal pain, bloody stools, and fatigue. IBD is characterized by fluctuations in symptoms, ranging from periods of remission to 'flare-ups', periods of increased symptoms ranging from mild to severe.

Although the cause of IBD is unknown, there is evidence that a person may develop IBD due to interactions between genetics and the environment, which trigger an immune response. More than 200 genetic mutations may play a role in developing IBD. Sharing genes with someone—like a parent, sibling or child—that already

Fast Facts about IBD

- U.S. prevalence of inflammatory bowel disease (IBD) is estimated between 2.4 and 3.1 million, with differing burden across groups.
- Prevalence rates for IBD are consistently highest in non-Hispanic White populations.
- IBD prevalence increases with increasing age. Highest prevalence was found among adults aged 45 years and above.
- IBD is much more prevalent in North America and Europe than in Asia or Africa.
- Data shows that IBD prevalence and health care costs are rising in the U.S. overall.
- In 2018, the total annual U.S. health care costs for IBD were about \$8.5 billion, with the largest distributions by type of service:
 - Prescribed medicine - 71%
 - Inpatient visits - 18%
 - Office-based visits - 9%
 - Emergency visits - 2%
- Effective but highly priced biologic medications have improved outcomes and rates of remission. These medications have also affected health care costs and changed the frequency in which different types of services are used.
- Compared to adults without IBD, adults with IBD are more likely to:
 - Have formerly smoked (21% vs. 26%)
 - Sleep less than 7 hours a day (32% vs. 38%)
 - Fall short of aerobic and muscle-strengthening physical activity guidelines (45% vs. 50%)
 - Have experienced serious psychological distress (3% vs. 7%)
- Adults with IBD were also more likely to have other (comorbid) chronic conditions.

has IBD can also increase risk. Worldwide, the number of people with IBD is rising. Risk for IBD increases as more people move to industrialized countries, and more countries become industrialized. Industrialized environments lead to lifestyles that are linked to both increased risk of IBD and changes in the balance of bacteria in the gut. Examples include: eating more ultra-processed food, using oral contraceptives, and taking nonsteroidal anti-inflammatory drugs (NSAIDs).

The diagnosis of IBD involves a combination of factors, including clinical findings, inflammatory lab values, imaging, and endoscopic biopsies. Blood work may reveal results such as leukocytosis, microcytic anemia, and thrombocytosis. The erythrocyte sedimentation rate (ESR), high-sensitivity C-reactive protein (hs-CRP), and other inflammatory markers are usually elevated. Other useful tests include abdominal X-rays, barium studies, stool studies, ultrasounds, computed tomography (CT) scans, magnetic resonance imaging (MRI) scans, and endoscopy evaluations.

IBD may result in health complications both inside the gastrointestinal (GI) tract and outside the GI tract. Some of the complications that may occur inside the GI tract include: hemorrhage, dehydration, not absorbing enough essential nutrients, and increased risk of colon and rectal cancers. Examples of complications which may occur outside the GI tract include: anemia, reduced bone density, joint pain, skin changes, and eye irritation. IBD can also impact a person's quality of life, increasing the risk of mental health challenges. These may include depression, anxiety, feelings of being overwhelmed, and other mental disorders.

The treatment goal for IBD is to induce remission and to stop the disease before widespread bowel damage occurs. Treatment of both UC and CD depends on the severity of the disease (mild, moderate, or severe). UC treatment is significantly influenced by the extent of the disease and the presence of manifestations outside the intestines. CD treatment varies depending on the degree of fistulizing or stricturing, the portion of the GI tract involved, and any complications occurring outside the intestines. Treatment for both typically involves medications to reduce inflammation. Some medications used in the treatment of IBD include 5-aminosalicylic acids, corticosteroids, immunomodulators, and biologics.

The extent of the disease and the response to treatment will determine the prognosis for both UC and CD. Patients with IBD often experience much greater mortality rates in comparison to the general population; primary disease, infections, and respiratory illness are all causes of death for those with IBD.

IBD is a chronic, lifelong disease and usually affects patients who are young, with onset of symptoms usually occurring by the age of 30. Although IBD can have a significant impact on quality of life, management of the disease through patient education, medication adherence, and consistent lifelong follow-up with a team of dedicated healthcare professionals is possible and is vital to ensuring that patients are able to lead active lives with long periods of remission.

References

- [Crohn's Disease - NIDDK](#)
- [Crohn's Disease Basics | IBD | CDC](#)
- [IBD Facts and Stats | IBD | CDC](#)
- [Inflammatory Bowel Disease \(IBD\) Basics | IBD | CDC](#)
- [Inflammatory Bowel Disease - StatPearls - NCBI Bookshelf](#)
- [Living with IBD | IBD | CDC](#)
- [Testing and Diagnosis for Inflammatory Bowel Disease \(IBD\) | IBD | CDC](#)
- [Ulcerative Colitis | UC | MedlinePlus](#)
- [Ulcerative Colitis Basics | IBD | CDC](#)
- [What Causes IBD | IBD | CDC](#)

The Preferred Drug List – What Providers Need to Know

The [Louisiana Medicaid Preferred Drug List \(PDL\) / Non-Preferred Drug List \(NPDL\)](#) (commonly referred to as the PDL) is a useful tool for prescribers, as it provides important information regarding prior authorization approval criteria for not only non-preferred prior authorization requests but also clinical authorization requests and most applicable point-of-sale (POS) edits. The PDL is organized by therapeutic class and arranged in three columns, **Descriptive Therapeutic Class**, **Drugs on PDL** and **Drugs on NPDL Which Require Prior Authorization (PA)**.

- **Descriptive Therapeutic Class** - The Pharmaceutical and Therapeutics (P&T) Committee currently reviews over 140 therapeutic classes on the PDL. The P&T Committee reviews half of the therapeutic classes in the spring and the other half of the therapeutic classes in the fall. Based on the therapeutic classes reviewed, the new PDL is revised after the spring and fall meetings, and implemented in July and January respectively. Keep in mind, the PDL only lists therapeutic classes that are reviewed by P&T. This means that some older medications, and some that are brand new, are not found on the list at all. If the desired medication or therapeutic class is not listed on the PDL, it does not mean that Medicaid does not cover the medication. If you have questions about the payable status of a particular drug for a Medicaid recipient, contact the appropriate managed care organization (MCO) or FFS for more information.

There are 3 links located under the therapeutic class subheading:

- **Request Form** – The ‘Louisiana Uniform Prescription Drug Prior Authorization Form’ must be utilized when requesting authorizations via fax*. The coversheet provided with the form provides phone and fax information for both Prime Therapeutics State Government Solutions, LLC, which processes authorization requests for the six MCOs (Aetna Better Health, AmeriHealth Caritas Louisiana, Healthy Blue, Humana Healthy Horizons, LA Healthcare Connections, and UnitedHealthcare), and for Louisiana Medicaid Fee-for-Service (FFS) which processes requests for the FFS population only.

*There are a few select medications that require a drug-specific form; see the PDL for more information.

- **Criteria Document** - The criteria document contains approval criteria for agents that are non-preferred AND for agents that require additional clinical information, both preferred and non-preferred. It is important to note that although a medication is preferred, it may still require a clinical authorization.
- **POS Edits Document** - To ensure safe and appropriate use, edits and/or limits are placed on some medications at POS. In other words, when the prescription claim is submitted at the pharmacy, the quantity, diagnosis code and other limits may be verified based on the information that the pharmacy submits on the claim. Additionally, duplication of therapy and other safety edits may be checked before the prescription claim is processed for payment. The POS document includes detailed information about the applicable POS edits for the corresponding therapeutic category and abbreviations for the various POS edits, for your convenience. Additional information can be found in the [Pharmacy Provider Manual](#). When new POS edits are implemented, a notice is posted online on the [Pharmacy Benefits Management Program](#) page. The newest notices are posted at the top of the page, making them easy to locate.

- **Drugs on PDL** - Preferred medications are listed in this column and do not require PA unless the drug requires a clinical authorization.

- **Drugs on NPD L Which Require Prior Authorization (PA)** - If the medicine you are considering for your patient is located in this column, it is a non-preferred agent; first, consider the preferred options listed in the same therapeutic class. An appropriate option may be preferred without the need to request a PA. If the preferred choices are not appropriate for your patient, and you need to request a PA, refer to the associated criteria document to find the required criteria for approval of the non-preferred medicine.

Both preferred and non-preferred medications may have a clinical authorization requirement and/or additional POS safety edits. Refer to the criteria document for associated approval criteria for your selected agent and refer to the POS document to find out some of the POS edits that are applicable to the agent.

Additional Agents That Have Point-Of-Sale (POS) Requirement(s)

The last page of the PDL lists additional medications that are neither preferred nor non-preferred (most of these medications are in therapeutic classes that are not reviewed by P&T). However, to ensure safe and appropriate use of these medications, a POS safety edit and/or a clinical authorization requirement may apply.

Frequently Asked Questions

The medication is preferred, is there anything else to know?

Yes – there may be POS edits and/or the medication may require clinical authorization (as noted by “CL” on the POS document). Clinical authorization involves additional clinical requirements and can be required for any medication, preferred or non-preferred.

What if the medication is not found on the PDL – Does this mean it is not covered?

No – it may mean the medication is not in one of the therapeutic classes that are reviewed by the P&T Committee. If you do not find a medication on the list, and you have questions about the payable status of a particular drug for a LA Medicaid recipient, contact the appropriate MCO or FFS.

L ☺☺ K online.

The most current Louisiana Medicaid PDL is found at [here](#).

SEARCH for the medication.

The PDL is searchable online. Depending on your operating system, press Ctrl + F, or Command + F to open the Find Tool. Type in the name of the medication or the therapeutic class of the medication.

VIEW the information.

For each therapeutic class of medications listed on the PDL, criteria for approval are found in the **Descriptive Therapeutic Class** column on the left, whether it is clinical criteria on the entire class of medications or criteria for approval of a non-preferred medication.

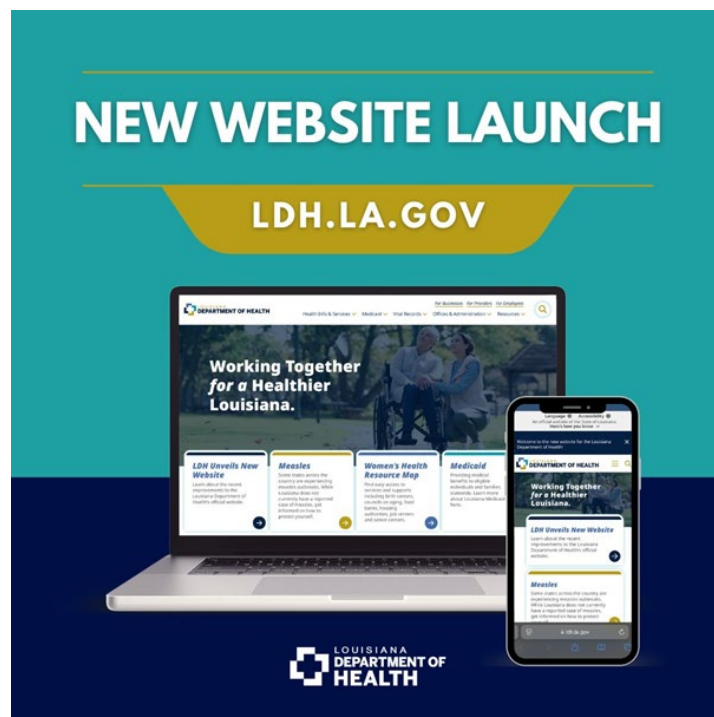
Additional Helpful links:

[LDH Pharmacy Page](#)

[Louisiana.Medicaid.ICD-10.Chart.pdf](#)

[Louisiana Medicaid Managed Care Organization Information](#)

LDH Elevates Online Presence – New Website Launch



We recently unveiled a thoroughly revamped and redesigned website aimed at better connecting the Louisiana community with resources related to health and safety.

The updated website communicates all we have to offer in a more accessible way for each audience — whether program participants and service recipients, providers, or the general public. The modernized look improves the user experience by offering streamlined content, easy navigation, and clear and concise information about the wide array of resources available to Louisiana citizens.

Redesigned with the assistance of Covalent Logic, a full-service digital and creative agency headquartered in Baton Rouge, the LDH website now puts comprehensive services and programs at the forefront rather than segmented by agency. Updates began with simplifications to the most heavily accessed pages, including those tied to Medicaid and the Office of Vital Records.

Each office and bureau continues to maintain its own homepage for administrative information related to leadership, contact information, grants, legislation, news, and similar topics.

A key aspect of the redesign centered on consolidating and centralizing information for each key audience. In addition to ensuring easy access to guidance and information to the general public, new website features allow providers to more easily find information geared toward their greatest needs, including continuing education resources, clinical guidelines, public health toolkits, and more. Businesses and other industry partners are directed to special content such as permits, certifications, and regulations.

Additional upgrades include the new and improved [locations directory](#), which simplifies the process of searching for services and facilities based on location. The [LDH Resources](#) page acts as a one-stop shop for a variety of publications and documents.

We hope you enjoy the new ldh.la.gov!

Louisiana Medicaid Providers: Revalidate Enrollment Regularly

All healthcare providers enrolled in Louisiana Medicaid must revalidate their enrollment information periodically to remain compliant, according to recent guidance from the state's Medicaid program.

Under federal and state regulations, all Medicaid-enrolled providers—including those who order or refer services—must revalidate their enrollment at least once every five years. However, providers of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) face a stricter timeline and must revalidate every three years.

The revalidation process involves a full screening based on the provider's designated risk level. This may include site visits, fingerprint-based criminal background checks, and disclosure of specific information, similar to the process for newly enrolling or reenrolling providers.

Louisiana Medicaid notifies providers when it's time to revalidate through email, sent from the Provider Enrollment web portal, and a letter via U.S. mail. Providers can also check their revalidation due date or track their revalidation status using the [Provider Lookup Tool](#).

Officials advise that if a provider believes they are within the revalidation period but has not received a notification, they should contact Gainwell Technologies by email at louisianaprovenroll@gainwelltechnologies.com or by phone at **1 (833) 641-2140**.

Failure to complete revalidation by the deadline could lead to claim denials and the deactivation of Medicaid billing privileges. In such cases, providers must submit a complete re-enrollment application, and Medicaid will not reimburse any services rendered during deactivation.

Attention DME Providers: Changes to Prior Authorization Screen

Effective with dates of service on or after April 3, 2025, the [Prior Authorization Review](#) screen for providers on www.lamedicaid.com will share the reasons for denial as they appear on the beneficiary's denial and partial denial letters.

DME providers requested access to this data to expedite the provider's submission of requested documentation to obtain prior authorization approval for medically necessary equipment and services.

Providers do not need to take any action to access the data. The data will appear at the bottom of the [Prior Authorization Review](#) screen automatically when the provider logs in to review requests.

Questions regarding this message and fee-for-service claims should be directed to Gainwell Technologies Provider Relations at (800) 473-2783 or (225) 924-5040.



LaMEDS adds Office of Motor Vehicles interface

Louisiana Medicaid is strengthening its commitment to accurate eligibility by adding a new interface with the Office of Motor Vehicles (OMV). This will allow the Louisiana Medicaid Eligibility Determination System (LaMEDS) to securely exchange data with the OMV to identify Medicaid beneficiaries who hold out-of-state driver's licenses and may not be residents of Louisiana.

Residency verification

LaMEDS will begin routine data exchanges with the OMV.

Request for information (RFI)

If OMV data indicates a beneficiary has an out-of-state driver's license, LaMeds will send an RFI to the beneficiary requesting documentation or self-attestation confirming Louisiana residency.

Impact on Medicaid benefits

Failure to respond to the RFI by the deadline or confirmation of out-of-state residency will result in the termination of Medicaid benefits.

If an out-of-state driver's license is detected, beneficiaries with continuous eligibility will receive an RFI; however, benefits will not be terminated for failure to respond by the deadline. If a beneficiary with continuous eligibility confirms out of state residency, their benefits will be terminated.

Timeline

The first data exchange is scheduled for August 4 and August 5, 2025.

Recurring exchanges will be every August and February, on the second and third business days of the month.



Third Party Liability Portal – Third Party Referral Module Enhancement



Click [HERE](#) to learn more about the Third Party Referral (TPR) component of the Health Management Systems Third Party Liability Portal (LDH GWT-HMS TPL Portal). The component enhances the existing self-service capabilities by enabling authorized users to submit new lead requests, submit reverification requests, and monitor the status of their submitted requests.

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](#).

Reminder: Discontinuance of Kangaroo Joey e-pumps, feeding sets, and supplies

REMINDER...



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.

One the Calendar in... May 2025



ALS Awareness Month
 Arthritis Awareness Month
 Better Sleep Month
 Cystic Fibrosis Awareness Month
 Healthy Vision Month
 Hepatitis Awareness Month
 High Blood Pressure Awareness Month
 Lupus Awareness Month
 Mental Health Awareness Month
 National Asthma and Allergies Awareness Month
 National Celiac Disease Awareness Month
 National Osteoporosis Awareness Month
 National Speech-Language-Hearing Month
 National Stroke Awareness Month
 National Women's Health Month
 Older Americans Month
 Preeclampsia Awareness Month
 Skin Cancer Awareness Month

Weeks to Note:

Event

National Nurses Week
 National Hospital Week
 National Women's Health Week

Date

May 6-12
 May 11-17
 May 11-17

Days to Note:

Event

International Scurvy Awareness Day
 Ankylosing spondylitis
 World Asthma Day
 Chronic Fatigue Syndrome Day
 National Women's Checkup Day
 HIV Vaccine Awareness Day
 National Asian and Pacific Islander HIV/AIDS Awareness Day
 World Autoimmune/Auto-inflammatory Arthritis Day
 Don't Fry Day

Date

May 2
 May 3
 May 6
 May 12
 May 12
 May 18
 May 19
 May 20
 May 23



Louisiana Provider-to-Provider Consultation Line



PPCL

PROVIDER TO PROVIDER CONSULTATION LINE

Pediatric and Perinatal Mental Health Support

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.

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 Development 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

Want more information? Email DevScreen@la.gov with any questions.

Louisiana Chapter
INTEGRATED EDUCATIONAL
American Academy of Pediatrics
ADVANCED TO THE FRONT OF HEALTH CARE





Remittance Advice Corner

PHARMACY PROVIDERS, PLEASE NOTE:

The Outpatient Pharmacy Drug Search will allow providers and external users to search for payable drugs submitted as pharmacy claims. The Outpatient Pharmacy Drug Search is available [here](#).

The Medicaid program will cover only products of the manufacturers, which participate in the Federal Rebate Program.

If additional information is needed about a drug product, please contact the Gainwell Help desk at 1-800-648-0790.

Attention Durable Medical Equipment (DME) Providers

Effective with dates of service on or after April 3, 2025, the Prior Authorization screen for providers on www.lamedicaid.com will share the reasons for denial as they appear on the beneficiary's denial and partial denial letters. DME providers requested access to this data to expedite provider's submission of requested documentation to obtain prior authorization approval for medically necessary equipment and services.

No action is required by providers to access the data. The data will appear at the bottom of the Prior Authorization Review screen automatically when the provider logs in to review requests.

Questions regarding this message and fee-for-service claims should be directed to Gainwell Technologies Provider Relations at (800) 473-2783 or (225) 924-5040.

Medicaid Services (Provider) Manual Chapter Revision Log

A recent revision has 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	Sections(s)	Date of Revision(s)
Free-Standing Birthing Centers (FSBCs)	<ul style="list-style-type: none"> • Section 28.0 – Overview • Section 28.1 – Covered Services • Section 28.2 – Provider Requirements • Section 28.3 – Reimbursement • Appendix A – Contact Information • Appendix B – Claims Filing 	04/28/25
Ambulatory Surgical Centers (ASCs)	<ul style="list-style-type: none"> • Section 29.1 – Covered Services • Section 29.2 – Provider Requirements • Section 29.3 – Reimbursement • Appendix A – Contact Information • Appendix B – Claims Filing 	04/25/25
Personal Care Services (PCS)	<ul style="list-style-type: none"> • Table of Contents • Section 30.1 – LT-PCS Overview • Section 30.2 – LT-PCS Covered Services • Section 30.3 – LT-PCS Beneficiary Requirements • Section 30.4 – LT-PCS Beneficiary Rights and Responsibilities • Section 30.5 – LT-PCS Service Authorization Process • Section 30.6 – LT-PCS Provider Requirements • Section 30.7 – LT-PCS Service Delivery • Section 30.8 – LT-PCS Record Keeping • Section 30.9 – LT-PCS Incidents, Accidents, and Complaints • Section 30.10 – LT-PCS Reimbursement • Section 30.11 – LT-PCS Fraud and Abuse • Section 30.12 – LT-PCS Program Oversight and Review • Section 30.13 – EPSDT-PCS Overview • Section 30.14 – EPSDT-PCS Covered Services • Section 30.15 – EPSDT-PCS Beneficiary Criteria • Section 30.16 – EPSDT-PCS Rights and Responsibilities • Section 30.17 – EPSDT-PCS Prior Authorization • Section 30.18 – EPSDT-PCS Provider Requirements • Section 30.19 – EPSDT-PCS Service Delivery • Section 30.20 – EPSDT-PCS Record Keeping • Section 30.21 – EPSDT-PCS Reimbursement • Appendix A – LT-PCS Forms, Documents, and Links • Appendix B – LT-PCS Contact Information • Appendix G – Glossary • Appendix H – EPSDT-PCS Contact Information • Appendix I - EPSDT-PCS Forms and Links • Appendix J – Claims Related Information 	04/21/25

Manual Chapter	Sections(s)	Date of Revision(s)
New Opportunities Waiver (NOW)	<ul style="list-style-type: none"> • Table of Contents • Section 32.0 – Overview • Section 32.1 – Covered Services • Section 32.2 – Self-Direction Option • Section 32.3 – Beneficiary Requirements • Section 32.4 – Rights and Responsibilities • Section 32.5 – Service Access Authorization • Section 32.6 – Provider Requirements • Section 32.7 – Staffing Requirements • Section 32.8 – Record Keeping • Section 32.9 – Reimbursement • Section 32.10 – Program Monitoring • Section 32.11 – Incidents, Accidents, and Complaints • Section 32.12 – Support Coordination • Appendix A – Developmental Disability Law • Appendix B – Glossary • Appendix C – Contact/Referral Information • Appendix D – Forms • Appendix E – Service Procedure Codes/Rates 	04/04/25
Pharmacy	<ul style="list-style-type: none"> • Section 37.1 – Covered Services, Limitations, and Exclusions • Section 37.3 – Reimbursement 	04/15/25 04/22/25

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 **in**formed

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

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 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



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 4th 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 4th 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 4th Streets.

Directions From North Baton Rouge

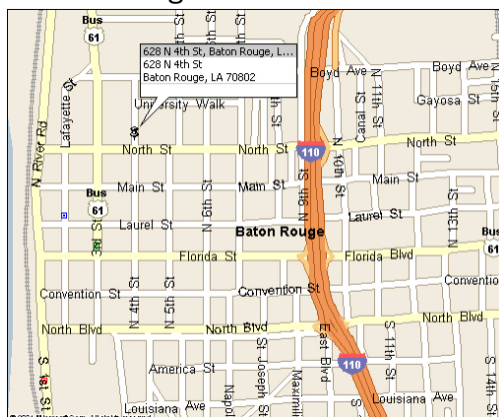
Take I-110 South.

After passing Capitol Access Road exit, take North 9th 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 4th Streets.



Parking Options:

Option 1

Galvez Parking Garage

504 North 5th Street (Located at the corner of North and 5th 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 maximum limit of 2 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 30 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/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](#)

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
[MMIS Claims Reimbursement](#)

MMIS/Recipient Retroactive Reimbursement
(225) 342-1739
1-866-640-3905
Medicaid.RecipientReimbursement@LA.gov
[MMIS Claims Reimbursement](#)

MES Long Term Care Claims Resolution Unit
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](#)