

Welcome



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

This month we highlight the Department's key initiatives and the consent-based verification (CBV) system pilot.

The Louisiana Department of Health (LDH) 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 (OPH), Office of Aging and Adult Services (OAAS), Office of Behavioral Health (OBH), Office for Citizens with Developmental Disabilities (OCDD), Office on Women's Health and Community Health (OWHCH), 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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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](#).

Louisiana Medicaid Providers to 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.



LDH Key Initiatives

LDH Secretary Bruce Greenstein announced three key initiatives to address the state's most pressing healthcare challenges at a [news conference](#) on April 21.

The priorities include improving behavioral health, making the Louisiana Medicaid program more efficient, and doubling down to fight fraud, waste, and abuse while maintaining the highest privacy and security standards of patients' and members' information.

Fraud Waste and Abuse Task Force

The Fraud Waste and Abuse Task Force will initially target three key areas:

1. **LDH/Office of Motor Vehicles (OMV) data-sharing partnership:** LDH and OMV launch a data-sharing partnership starting April 23 to help improve the accuracy of the Medicaid rolls. This will ensure that the state isn't paying monthly premiums for individuals holding an active driver's license in another state.

2. *AI data project with the University of Louisiana at Lafayette (ULL)*: LDH is partnering with LA DOGE and ULL to utilize AI and data analytics to identify and address waste, abuse, and fraudulent practices within Louisiana Medicaid.
3. *Enhanced collaboration between the LDH Program Integrity Unit and the Attorney General's Medicaid Fraud Control Unit (MFCU)*: Enhanced collaboration with MFCU will increase LDH's ability to detect, investigate, and prosecute fraudulent activity and maximize recoveries for the Medicaid program.

Reforming Medicaid Pharmacy Benefit Management (PBM)

The Department announced a new approach to the pharmacy program in Louisiana Medicaid. This will move LDH away from the single PBM, reducing the impact of the middleman in the program. The Department will work closely with its frontline pharmacists and managed care organizations (MCOs) to ensure the best approach to managing pharmacy benefits.

Continued closures of independent and chain pharmacies threaten patient access across Louisiana. As MCOs take on the responsibility of beneficiaries' total healthcare, LDH will require them to operate a pharmacy program that ensures access, controls expenses, and safeguards the financial stability of the state's Medicaid system.

Project M.O.M. (Maternal Overdose Mortality)

Recognizing the urgent crisis of accidental opioid overdose as the leading cause of pregnancy-associated death, the Department is launching Project M.O.M., a statewide effort to reverse this trend across Louisiana.

To better support mothers, Project M.O.M. will advocate for evidence-based opioid use disorder training for prescribers in hospitals and residency programs, increased availability of lifesaving medications like naloxone and buprenorphine in pharmacies, and the allocation of opioid settlement funds by local leaders to critical resources such as peer recovery coaching, residential treatment beds, and outpatient clinics.

Building on the success of Louisiana pilots that place the opioid overdose reversal medication naloxone in mothers' hands at discharge, boost universal substance-use screening in birthing hospitals, and link emergency department overdoses to rapid outpatient treatment, Project M.O.M. will scale those best practices across every region.

The initiative sets a bold target of cutting pregnancy-associated opioid overdose deaths by 80% within three years. This will save the lives of an estimated 65 mothers annually and protect countless infants from loss or foster care placement. LDH will publish a detailed roadmap and appoint a program director within 30 days, convene hospital and community partners within 90 days to enhance data tracking and align managed-care and hospital incentive payments over the next six months to support access to treatment.

Treatment of Crohn's and Ulcerative Colitis

[Part 2 of 2-Part Series]

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

Crohn's Disease

Crohn's disease is one of the inflammatory gastrointestinal disorders considered an "inflammatory bowel disease". Although the cause remains unclear, research suggests the involvement of a combination of genetic, environmental, and immune system factors. Crohn's disease is driven by immune system dysfunction and characterized by inflammation that affects the full thickness of the bowel wall. It can potentially occur anywhere in the digestive tract, but it most frequently affects the small intestine and proximal colon. Symptoms often present more gradually than in ulcerative colitis and are primarily gastrointestinal, though systemic inflammation and complications outside the digestive system may also occur. Symptoms frequently experienced include abdominal pain, diarrhea, nausea / vomiting, with weight loss, fatigue, and fever presenting as systemic manifestations. Crohn's disease is a chronic, progressive condition, and if not treated, can result in long-standing inflammation, causing serious complications. Delays in diagnosis and treatment are common since initial signs can be vague and some patients lack knowledge of their family history. Therefore, it is important for healthcare providers to understand the disease and to utilize evidence-based treatments to ensure positive outcomes and the best quality of life possible for these patients.

Treatment

- Crohn's disease treatment is generally divided into two phases: induction and maintenance. The induction phase focuses on reducing inflammation, with the goal of achieving control within three months. Once this is accomplished, the maintenance phase will ideally extend symptom-free periods.
- The selection of medical therapy depends on the location of the inflammation, severity, past complications, and earlier response to treatment.
- Corticosteroids are commonly used to induce remission until biologic therapy or immunomodulators have adequate time to take effect, especially in moderate-to-severe Crohn's disease. Oral corticosteroids are suitable for mild to moderate cases, while systemic corticosteroids are reserved for more severe conditions. However, conventional corticosteroids do not consistently achieve mucosal healing. Historically, they have been used as a temporary measure to control symptoms until immunomodulators or biologic agents take effect and promote mucosal healing. Extended use of corticosteroids for maintenance is generally discouraged because it can lead to long-term complications such as osteoporosis, osteonecrosis, and adrenal insufficiency.
- Immunomodulators are steroid-sparing agents used during the maintenance phase of moderate Crohn's disease. Since their effects take 8 to 12 weeks to manifest, they are not suitable for inducing remission in active disease. However, they may be initially administered alongside steroids. Some examples include azathioprine, mercaptopurine, methotrexate, cyclosporine A, and tacrolimus.
- Immunomodulators may be used as adjunctive therapy for reducing immunogenicity against biologic therapy; combining an immunomodulator with an anti-TNF therapy is more effective than using either medication alone.

- Anti-TNF agents (some examples include infliximab, adalimumab, and certolizumab pegol) are effective in Crohn's disease cases that are resistant to steroids or immunomodulators, with noticeable clinical benefits emerging within 2 weeks of treatment initiation.
- **Leukocyte trafficking agents, such as vedolizumab**, exhibit localized, gut-specific anti-inflammatory effects. **Vedolizumab** has demonstrated superiority over placebo in inducing and maintaining remission, regardless of concurrent immunomodulator use. However, compared to anti-TNF agents, vedolizumab has a slower onset of action (approximately **10 weeks**), especially in patients with prior exposure to anti-TNF therapy. Its **gut-specific targeting minimizes systemic toxicity**, resulting in a relatively favorable side effect profile.
- IL-12/23 agents (such as ustekinumab or risankizumab) are effective in patients with previous failure of corticosteroid, immunomodulator, or anti-TNF treatment. Safety surveillance data in psoriasis patients indicates that the side effect profile of these agents is relatively favorable.
- **JAK inhibitors** modulate **Janus kinases**, which play a role in irregular immune activity. **Upadacitinib** is the first **FDA-approved oral JAK inhibitor** for Crohn's disease, providing effective symptom control in patients unresponsive to conventional or biologic therapies. Clinical benefits **typically appear within two weeks** of initiation. However, this drug does increase the risk for certain conditions. Refer to the individual agent's package insert for more information.

Resources

[American College of Gastroenterology \(ACG\) Clinical Guideline: Management of Crohn's Disease in Adults \(April 2018\)](#)

[American Gastroenterological Association \(AGA\) Clinical Practice Guidelines on the Medical Management of Moderate to Severe Luminal and Perianal Fistulizing Crohn's Disease \(June 2021\)](#)

[AGA Clinical Practice Guideline on the Role of Biomarkers for the Management of Crohn's Disease \(Dec 2023\)](#)

[AGA Crohn's Disease Clinical Guidance Toolkit \(2025\)](#)

[European Crohn's and Colitis Organization \(ECCO\) Guidelines on Therapeutics in Crohn's Disease: Medical Treatment / Surgical Treatment \(October 2024\)](#)

[National Institute for Health and Care Excellence \(NICE\) Crohn's Disease: Management \(May 2019\)](#)

Ulcerative Colitis

Ulcerative colitis is a chronic inflammatory condition of the colon, characterized by **diffuse friability** and **superficial erosions** in the colonic lining, often accompanied by bleeding. It is the **most prevalent form of inflammatory bowel disease worldwide**. The disease **typically originates in the rectum and spreads proximally in a continuous pattern**, with inflammation **confined to the mucosa and submucosa**. It is a **lifelong condition** with no known cure, significantly affecting both **physical and mental health**.

The primary symptom of **ulcerative colitis** is **bloody diarrhea**, which may occur with or without mucus. Other associated symptoms include **urgency, abdominal pain, malaise, weight loss, and fever** (based on the **severity and extent of the disease**). The condition **usually develops gradually**, with patients experiencing **cycles of spontaneous remission followed by relapses**. Common factors that worsen symptoms includes exposure to pollution, stress, infections, and the use of nonsteroidal anti-inflammatory drugs (NSAIDs).

Treatment

- Treatment for patients with ulcerative colitis varies based on the severity and the extent of the disease.
- **Sulfasalazine and 5-aminosalicylates, administered either orally or rectally**, work locally in the colon to help reduce inflammation. These agents have been shown to be very effective at both inducing remission in active mild to moderate ulcerative colitis and maintaining remission in inactive ulcerative colitis.
- Glucocorticoids, either oral or rectal, are powerful anti-inflammatory agents that may be added to the treatment regimen if remission is not achieved. However, long-term maintenance dosing is not recommended due to potential significant side effects.
- **Thiopurines** (such as **azathioprine** and **6-mercaptopurine**) or **biologic therapies**, including **anti-TNF-alpha agents** (such as **infliximab, adalimumab, and golimumab**), may be an addition to the treatment regimen. Thiopurines act as **immunosuppressants** while **biologic therapies** provide targeted immune modulation.
- Maintenance therapy is essential for all patients to prevent relapse.
- A **colectomy** is a **curative treatment** for **ulcerative colitis**, as the disease is confined to the colon. Surgical intervention is considered when **medical therapy fails**, or in cases of **intractable fulminant colitis, toxic megacolon, perforation, uncontrolled bleeding, intolerable medication side effects, strictures, unresectable high-grade or multifocal dysplasia, cancer, or growth retardation in children**.

Resources

[ACG Clinical Guideline: Ulcerative Colitis in Adults \(Feb 2019\)](#)

[AGA Clinical Practice Guidelines on the Management of Mild-to-Moderate Ulcerative Colitis \(Feb 2019\)](#)

[AGA Clinical Practice Guidelines on the Management of Moderate to Severe Ulcerative Colitis \(April 2020\)](#)

[AGA Clinical Practice Guideline on the Role of Biomarkers for the Management of Ulcerative Colitis \(March 2023\)](#)

[AGA Living Clinical Practice Guideline on Pharmacological Management of Moderate-to-Severe Ulcerative Colitis \(Dec 2024\)](#)

[European Crohn's and Colitis Organization \(ECCO\) Guidelines on Therapeutics in Ulcerative Colitis: Medical Treatment \(Jan 2022\)](#)

[ECCO Guidelines on Therapeutics in Ulcerative Colitis: Surgical Treatment \(Oct 2021\)](#)

Lifelong Management of Inflammatory Bowel Diseases

Ulcerative colitis and Crohn's disease are incurable inflammatory bowel diseases, which may result in complications not only inside the intestinal tract but also in other parts of the body. Therefore, it is important for these diseases to be managed by a team of healthcare professionals. This team may include, but is not limited to, physicians, pharmacists, nurses, dietary consultants, and social workers. . Primary care physicians and specialists are important to manage the many facets of these diseases; specialists such as gastroenterologists, colorectal surgeons, internists etc.

all play a role in providing comprehensive care. Pharmacists are an integral component of patient education, not only providing education on individual medications but also stressing the importance of medication adherence while nurses educate patients about the importance of vaccinations, hand hygiene, and cancer screenings. A dietary consultant may assist patients with making suitable food choices, and social workers can ensure that patients receive adequate support and resources to ensure treatment continuity.

With lifelong monitoring by an experienced team of healthcare professionals using evidence-based treatment, a better quality of life is possible for these patients.

Additional Resources

[AGA Pain Management in IBD](#)

[CDC IBD Programs](#)

[CDC Crohn's Disease Basics | IBD | CDC](#)

[CDC Ulcerative Colitis Basics](#)

[Crohn's & Colitis Foundation - Educational Brochures](#)

References

[American College of Gastroenterology \(ACG\) Clinical Guideline: Management of Crohn's Disease in Adults \(April 2018\)](#)

[AGA Crohn's Disease Clinical Guidance Toolkit \(2025\)](#)

[Crohn Disease - StatPearls - NCBI Bookshelf](#)

[Environmental factors and ulcerative colitis: Causes, risks, and more](#)

[Sulfasalazine and 5-Aminosalicylates \(5-ASA\) - IBD Journey - Treatment and Medications - Sulfasalazine and 5-Aminosalicylates \(5-ASA\)](#)

[Ulcerative Colitis - StatPearls - NCBI Bookshelf](#)

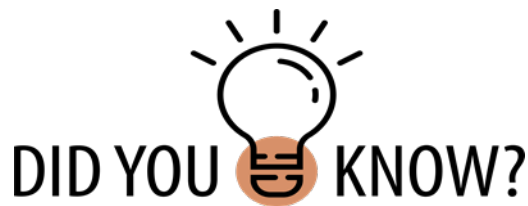
2025 Developmental Screening Summer Webinar Series begins June 25

Do you work with children and conduct developmental screenings in Louisiana? Join the Bureau of Family Health for the Developmental Screening Summer Webinar Series starting June 25!

Each webinar will offer contact hours for continuing education and continuing medical education for physicians, nurses, and social workers at no cost. The webinar series will feature guest speakers, such as the chief medical officer of Medicaid, mental health consultants, pediatric medical home experts, and more. Each session will address topics important to helping providers implement screening services and improve how healthcare is delivered to their patients. For more information about the webinars and to register, please click below.

[Information and Registration](#)

Fee Schedule Enhancements



Louisiana Medicaid is implementing enhancements to its fee schedules to enhance the provider experience and meet the new transparency requirements set by the Centers for Medicare and Medicaid Services (CMS).

The updated fee schedules will feature additional fields, including indicators for any modifications to procedure codes, the corresponding dates of these changes, and the effective dates for new fees. To accommodate this expanded information, fee schedules will now be available solely in Excel format, allowing for easier sorting and filtering, while the PDF format will be phased out. Legends explaining the fields in the fee schedules will be published as separate Excel documents, enabling providers to access both the data and its descriptions simultaneously.

The rollout of these updates began with the Professional Service fee schedule and its legend in May 2025, alongside modifications to the online fee schedule pages at lamedicaid.com, which are designed to be intuitive and user-friendly.

If providers have any inquiries regarding this bulletin, they can contact Gainwell Technologies Provider Services at **(800) 473-2783** or **(225) 924-5040**.

Attention DME Providers

Ordering Provider Requirements

Louisiana Medicaid will make updates to the claims and encounter system to ensure that the ordering providers for claim type 09 Durable Medical Equipment (DME) are individual practitioners and are clearly identified on the claim form. Additionally, it is essential for ordering providers to be enrolled with the state for claims to be processed and encounters to be accepted.

Claims or encounters must not include a group or clinic as the ordering provider; this includes physician clinics, Federally Qualified Health Clinics, Rural Health Clinics, and American Indian Clinics.

Starting from May 13, 2025, Edit (047) regarding invalid or missing ordering provider information will serve as an educational measure for ordering providers associated with a group or clinic NPI for a period of 60 days. Following this phase, claims and encounters will be denied if the ordering provider NPI is absent or if the ordering provider is identified as a group or clinic.

Each managed care organization (MCO) is required to revise its claims processing system to incorporate this change within 60 calendar days following the publication of this update.

For inquiries regarding fee-for-service Medicaid claims processing, please reach out to Gainwell Technologies Provider Services at **(800) 473-2783** or **(225) 924-5040**. For questions concerning MCO claims, kindly contact the relevant MCO directly.

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 now shares the reasons for denial as they appear on the beneficiary's denial and partial denial letters to expedite the provider's submission of requested documentation to obtain prior authorization approval for medically necessary equipment and services.

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**.



Content-Based Verification (CBV) system

In May, the Department launched a pilot program for a consent-based verification (CBV) system aimed at simplifying quarterly wage checks for Medicaid members.

Through the CBV system, members can securely log into their payroll platforms to access, and share their wage and income information directly with Medicaid analysts, eliminating the need for manual submission of pay stubs.

Those who have opted to receive text messages will be sent a link to the CBV system, while others will find a link included in their information request letters sent by mail. This initiative is designed to enhance the efficiency of income verification for Medicaid members and streamline processes for the Eligibility team.

Youth Health Transition (YHT) Toolkit

The Louisiana Department of Health, Office of Public Health, Bureau of Family Health's Pediatric Medical Home Initiative created a **youth health transition toolkit** to help healthcare providers and clinics use transition service best practices to provide high-quality adolescent well-care visits.

Youth health transition is a process that guides youth and teens in transitioning to adult health care by helping them build important skills and linking them to resources to manage their long-term health more independently. Effective and structured transition services help youth develop confidence in managing their health, reduce the stress experienced by families, lessen emergency room visits, lead to long-term cost savings and result in more positive health outcomes, especially related to chronic health conditions and disabilities.

The web-based toolkit uses a quality improvement framework. The toolkit allows providers to build on existing transition services in their practice using step-by-step guidance and downloadable worksheets. The toolkit resources can help providers address insufficient training in transition planning, fragmented care, insurance complexities and health literacy barriers while also leveraging facilitators of successful transition, such as collaboration across care teams, effective communication, policies targeting systems change and information sharing through electronic health records.

The toolkit can be used by any health care or social service professional working with youth and young adults, such as physicians, nurses, social workers, clinic managers and support staff.

The toolkit can also be used to receive American Board of Pediatrics Maintenance of Certification 4 (MOC-4) credits. Learn more and access the youth health transition toolkit at ldh.la.gov/page/youth-health-transition-toolkit.

Third Party Liability – Third Party Referral Module Enhancement



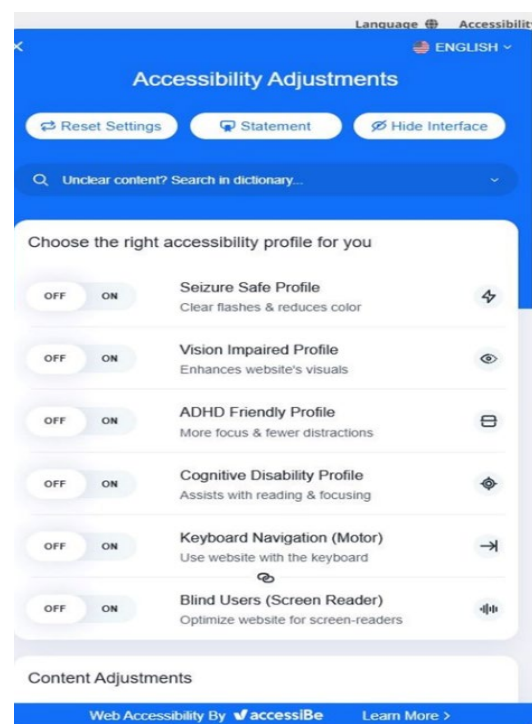
Click [HERE](#) to learn more about the Third Party Referral (TPR) component of the Health Management Systems Third Party Liability Portal (LDH GWT-HMS TPL Portal). The component enhances the existing self-service capabilities by enabling authorized users to submit new lead requests, submit reverification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

LDH Website Accessibility

The new LDH website allows the user to modify its appearance to their preference by using the language and/or accessibility features at the top right of the screen.

The language feature allows users to change the language of the website content from English to one of 13 languages, including French, Spanish and Vietnamese. This only affects the verbiage on the webpages and does not change the language of documents linked on the website or any content on external websites linked from the LDH website.

The accessibility feature allows users to alter the website's appearance, such as increasing or decreasing the font size, choosing “dark contrast” (similar to night mode on mobile devices), or changing the size or appearance of the cursor. There are also profile settings for users with vision impairment, those who have ADHD, or require a “seizure safe” experience. This is just a sample of the many modifications available in the accessibility feature.



Discontinuance of Kangaroo Joey e-Pumps, 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.

On the Calendar in...June 2025

JUNE 2025

Alzheimer's and Brain Awareness Month
 Cataract Awareness Month
 Men's Health Month
 Myasthenia Gravis Awareness Month
 National Aphasia Awareness Month
 National Congenital Cytomegalovirus Awareness Month
 National Migraine and Headache Awareness Month
 National Scleroderma Awareness Month
 PTSD Awareness Month
 Scoliosis Awareness Month

Weeks to Note:

Date	Event
June 10-16	Men's Health Week
June 13-19	National Nursing Assistant Week
June 17-21	Healthcare Risk Management Week
June 22 – June 28	Helen Keller Deaf-Blind Awareness Week

Days to Note:

Date	Event
June 1	National Cancer Survivors Day
June 8	World Brain Tumor Day
June 8	Family Health and Fitness Day
June 14	World Blood Donor Day
	Wear Blue Friday (Men's Health Month)
June 15	World Elder Abuse Awareness Day
June 18	Autistic Pride Day
June 19	World Sickle Cell Day
June 21	Global (MND) Awareness Day
June 25	World Vitiligo Day
June 27	National HIV Testing Day
	National PTSD Awareness Day

Be Ready – Get a Game Plan!

Be ready for hurricane season! By the books, hurricane season kicks off June 1.

Take action TODAY to be better prepared for when the worst happens. Visit [Home - Get a Game Plan](#), the official emergency preparedness information provided by the Louisiana Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP).

To help individuals and families prepare for hurricane season, there are also resources available on the Federal Emergency Management Agency's (FEMA) websites in English at www.Ready.gov and in Spanish at www.Listo.gov.

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.

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!



PPCL
PROVIDER TO PROVIDER CONSULTATION LINE
Pediatric and Perinatal Mental Health Support

Provider developmental screening

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

DEVELOPMENTAL SCREENING

American Academy of Pediatrics
RECOMMENDED BY THE BOARD OF MEDICINE





Remittance Advice Corner

Fee Schedule and Fee Schedule Legend Enhancements

Louisiana Medicaid is standardizing Medicaid fee schedules to enhance the provider experience and comply with new CMS payment rate transparency requirements. Additional fields will be incorporated into the fee schedules and associated legends will be being modernized.

For more information about the enhancements, please visit this website

<https://www.lamedicaid.com/provweb1/default.htm>

If you have questions about this information, please contact Gainwell Technologies Provider Services at **(800) 473-2783** or **(225) 924-5040**.

ATTENTION PROVIDERS:

LDH has updated its payment processing method to "Same Day ACH" as of March 18, 2025. For Same Day ACH payments, processing may occur at different times throughout the business day due to bank processing windows. Be aware that payment may be delayed if federal funds are not received by distribution date/time.

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	Section(s)	Date of Revision(s)
Applied Behavior Analysis (ABA)	<ul style="list-style-type: none"> Section 4.4 – Provider Requirements Section 4.5 – Reimbursement 	05/27/25
Home Health	<ul style="list-style-type: none"> Table of Contents 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 Appendix A – Regulatory Requirements OASIS Appendix D – Contact/Referral Information Appendix E – UB-04 Form and Instructions 	05/28/25
Hospice	<ul style="list-style-type: none"> Table of Contents Section 24.0 – Overview Section 24.1 – Beneficiary Requirements Section 24.2 – Election of Hospice Section 24.3 – Covered Services Section 24.5 – Provider Requirements Section 24.6 – Prior Authorization Process Section 24.7 – Hospice Revocation and Discharge Section 24.8 – Record Keeping Section 24.9 – Reimbursement Section 24.10 – Claims Related Information Section 24.11 – Program Monitoring Section 24.12 – Appeals Section 24.14 – Acronyms/Definitions/Terms Appendix A – Beneficiary Notice of Election/Revocation/Discharge/Transfer Appendix B – Certification of Terminal Illness Appendix C – Hospice Diagnoses Codes Appendix D – Contact/Referral Information Appendix E – UB-04 Form and Instructions 	05/19/25

<u>Hospital Services</u>	<ul style="list-style-type: none"> • Table of Contents • Section 25.0 – Overview • Section 25.1 – Provider Requirements • Section 25.2 – Inpatient Services • Section 25.3 – Outpatient Services • Section 25.4 – Hospital-Based Physicians • Section 25.6 – Prior Authorization • Section 25.7 – Reimbursement • Section 25.8 – Claims Related Information • Appendix A – Forms and Links • Appendix B – Contact/Referral Information 	05/12/25
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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>

Updated 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

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

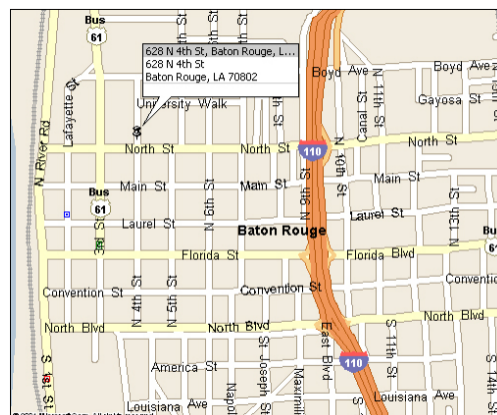
Take I-110 South.

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 a 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](#)