

Welcome



Welcome to the July edition of the Louisiana Medicaid Provider Update newsletter. July is the prime time for vacations and Fourth of July celebrations. This month also holds special observances that highlight important conditions, including juvenile arthritis, hemochromatosis, hepatitis, and more. Click on the links in the health observance calendar for more information.

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.

We hope you find this month's newsletter informational.



Table of Contents

Welcome	1
Continuing Rebaseline Provider Enrollment	2
LA Medicaid Providers: Revalidate Enrollment Regularly	3
In the Spotlight: Medicaid Program Support and Waivers	3
FDA Drug Safety Communication	4
Waiver Spend-Down PLI Update	6
2025 Developmental Screening Summer Webinar Series	7
Did You Know: Beneficiary vs. Enrollee vs. Member	8
Youth Health Transition (YHT) Toolkit	8
TPL Portal – Referral Module Enhancement	8
Reminder: Discontinuance of Joey e-pumps	9
Web Tip of Week	9
On the Calendar in... July 2025	10
Provider-to-Provider Consultation Line	11
Provider Developmental Screening	12
Medicaid Compliance Corner	13
Remittance Advice Corner	13
Provider Manual Chapter Revision Log	14
Medicaid Public Notice and Comment Procedure	16
Louisiana Medicaid Updates and Authorities	17
Provider FAQs	18
We Are Here!	19
For Information or Assistance	21

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.



Medicaid Program Support and Waivers



Louisiana has met all compliance requirements for the Centers for Medicare and Medicaid Services (CMS) Home and Community-Based Services (HCBS) Settings Rule. The year-long effort involved close collaboration with CMS, the Office of Aging and Adult Services (OAAS), the Office of Behavioral Health (OBH), and the Office for Citizens with Developmental Disabilities (OCDD), ensuring that HCBS waiver beneficiaries have full access to their communities and receive services in the most integrated setting. This work involved all 1915(c) waivers, including the Adult Day Health Care, Children's Choice, Community Choices, Coordinated System of Care (CSoc), New Opportunities (NOW), Residential Options (ROW), and Supports waivers.

Click on the links below to learn more about the waivers!

[Adult Day Health Care \(ADHC\) Waiver | Louisiana Department of Health](#)

[Children's Choice Waiver | Louisiana Department of Health](#)

[Community Choices Waiver \(CCW\) | Louisiana Department of Health](#)

[New Opportunities Waiver \(NOW\) | Louisiana Department of Health](#)

[Residential Options Waiver \(ROW\) | Louisiana Department of Health](#)

[Supports Waiver | Louisiana Department of Health](#)

FDA Drug Safety Communication Provider Update

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

5-16-2025: FDA requires warning about rare but severe itching after stopping long-term use of oral allergy medicines cetirizine or levocetirizine (Zyrtec®, Xyzal®, and other trade names). This can occur with both prescription and over-the-counter forms of these medicines.

The U.S. Food and Drug Administration (FDA) is warning that patients stopping the oral allergy medicines cetirizine (Zyrtec®) or levocetirizine (Xyzal®) after long-term use may experience rare but severe itching. These medicines are available in prescription and over-the-counter (OTC) forms. The itching, also called pruritus, has been reported in patients who used these medicines daily, typically for at least a few months and often for years. Patients did not experience itching before starting the medicines. Reported cases were rare but sometimes serious, with patients experiencing widespread,



Fast Facts about Cetirizine & Levocetirizine

- Cetirizine was approved for oral use by prescription in December 1995 under the trade name Zyrtec® (no longer sold as a prescription medicine) and approved for OTC use in November 2007.
- Levocetirizine was approved for oral use by prescription in May 2007 under the trade name Xyzal® and approved for OTC use in January 2017.
- Both cetirizine and levocetirizine are approved to treat seasonal allergic rhinitis in adults and children 2 years and older and perennial allergic rhinitis and chronic idiopathic urticaria in patients 6 months and older.
- These medicines are available as tablets or solution taken by mouth once daily.
- Common side effects of cetirizine and levocetirizine include fatigue, drowsiness, sore throat, cough, dry mouth, nosebleed, fever, diarrhea, and vomiting.
- In 2022, an estimated 26.8 million cetirizine and levocetirizine prescriptions were dispensed from U.S. outpatient pharmacies, 65 percent (n=17.5 million) were for the OTC version of the medicine and 35 percent (n=9.3 million) were for prescription products.
- An estimated 62.7 million packages of OTC cetirizine and levocetirizine products were purchased by consumers (point-of-sale transactions) from US retail outlets.

severe itching that required medical intervention. As a result, the FDA is revising the prescription cetirizine and levocetirizine prescribing information to include a new warning about this risk. The FDA will subsequently request that manufacturers add a warning about pruritus to the Drug Facts Label of the OTC versions.

The FDA identified 209 cases worldwide (197 in the United States) of pruritus after stopping use of cetirizine (n=180), levocetirizine (n=27), or both (n=2) reported to the FDA between April 25, 2017, and July 6, 2023. This number includes only reports submitted to the FDA Adverse Event Report System (FAERS) database; therefore, there may be additional cases of which the FDA is unaware. The majority of these medications are OTC; it is estimated that the total OTC purchases for these products in 2022 was more than 60 million packages. Pruritus after medicine discontinuation appears to be rare compared to how often the medicine is used. The underlying mechanism for this risk is unknown, but the FDA evaluation supports a causal relationship between stopping cetirizine or levocetirizine and pruritus. Pruritus developed within a few days after discontinuing long-term daily use of both prescription and over-the-counter (OTC) cetirizine or levocetirizine medicines. Many reports described widespread pruritus that required medical intervention after stopping these medicines, with a large number describing significant and persistent impact on quality of life and ability to function. Most patients who experienced pruritus after medicine discontinuation reported using these medicines for more than 3 months; however, some experienced this reaction after less than 1 month of use. Restarting the medicine resolved pruritus in most individuals, and tapering off the medicine after restarting it resolved symptoms in some who tried this approach. Other than prolonged use, the FDA has not identified any clear risk factors for pruritus after medicine discontinuation.

On May 16, 2025, the FDA issued a warning that patients stopping the oral allergy medicines cetirizine (Zyrtec®) or levocetirizine (Xyzal®) after long-term use may experience rare but severe itching.

Health care professionals should discuss the risk of pruritus after stopping cetirizine or levocetirizine with patients when prescribing or recommending these medicines, especially if planned for chronic use, and with those who indicate they are using OTC versions. Patients should be encouraged to contact their provider if they experience severe itching after stopping cetirizine or levocetirizine. If a health care provider recommends long-term use of cetirizine or levocetirizine, especially more than a few months, they should discuss the benefits and risks with their patient and provide advice based on the individual needs of the patient.

Effective treatments for pruritus have not been evaluated. However, symptoms resolved in most patients who restarted the medicine and in some who tapered off the medicine after restarting it.

Additional Resources for Healthcare Providers, Patients and Caregivers

- Healthcare providers and patients can sign up for email alerts about Drug Safety Communications on medicines by going to <https://public.govdelivery.com/accounts/USFDA/subscriber/new>.
- To help FDA track safety issues with medicines, side effects from medicines can be submitted to the [FDA MedWatch Program](#).
- Information regarding the Over-the-Counter Drug Facts Label can be found by going to <https://www.fda.gov/drugs/understanding-over-counter-medicines/over-counter-drug-facts-label>.
- More FDA databases, including Approved Risk Evaluation and Mitigation Strategies (REMS), Drug Safety-related Labeling Changes (SrLC), Drug Shortages, Inactive Ingredient Search for Approved Drug Products, and more can be found [here](#).

How Do I Report Side Effects from Cetirizine or Levocetirizine?

To help FDA track safety issues with medicines, the FDA urges patients and health care professionals to report side effects involving cetirizine or levocetirizine or other medicines to the FDA MedWatch Program.

Reference

[FDA requires warning about rare but severe itching after stopping long-term use of oral allergy medicines cetirizine or levocetirizine \(Zyrtec, Xyzal, and other trade names\) | FDA](#)

Waiver Spend-Down PLI Update

Jeff Landry
GOVERNOR



Michael Harrington, MBA, MA
SECRETARY

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

MEMORANDUM

DATE: June 16, 2025
TO: Home and Community Based Waiver Providers
FROM: Louisiana Medicaid
SUBJECT: Waiver Spend-Down Patient Liability Income (PLI) Update

Beginning July 1, 2025, Louisiana Medicaid will implement changes to how patient liability income (PLI) is applied to provider claims for long-term care healthcare services delivered by home and community based services (HCBS) waiver providers.

Louisiana Medicaid coverage for long-term care services

Louisiana Medicaid provides coverage for long-term care (LTC) services for eligible beneficiaries in nursing facilities and home and community-based settings. However, Louisiana Medicaid does not always cover the full cost of LTC. In some cases, Medicaid beneficiaries are required to cover a portion of the cost of the services that Medicaid does not pay. This amount is the patient liability income (PLI) and it is owed by the beneficiary to the provider who delivers the care.

For more information, including an explanation of how PLI is determined, go to:

https://www.ldh.la.gov/assets/medicaid/ltc/PLI_Provider_Memo_06182024_FINAL.pdf

What is changing for HCBS providers?

Beginning July 1, 2025, Medicaid's fiscal intermediary, Gainwell, will now apply the PLI through claims processing. The provider's claims payment will be reduced until the beneficiary's monthly PLI amount is met. Only claims involving beneficiaries who owe PLI will be affected.

- When Gainwell adjusts a provider claim to account for the PLI amount, the explanation of benefits/remittance advice will be denoted with the 919 code (Medicaid allowable amount reduced by beneficiary spenddown).
- The provider must collect the amount equal to the amount the claim is reduced from the beneficiary.

An example is provided on the following page of a remittance advice (RA) showing how PLI is applied to a claim.

If you have any questions regarding claims or billing, contact Gainwell Technologies Provider Relations department by phone at **1-800-473-2783** Monday through Saturday from 8a.m. to 6 p.m. For other inquiries, Louisiana Medicaid LTC providers can submit questions through an online form at <https://ldh.la.gov/form/200>.

2025 Developmental Screening Summer Webinar Series

Do you work with children and conduct developmental screenings in Louisiana? Join the Bureau of Family Health for the Developmental Screening Summer Webinar Series, which has sessions from June 25 to August 12!

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 Medicaid associate medical director, 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 visit ldh.la.gov/page/DevScreenITS.



Beneficiary vs. Enrollee vs. Member



"**Beneficiary**" is used to indicate a person who is eligible to receive Medicaid benefits.

"**Enrollee**" is an individual who has formally signed up for a Medicaid program or managed care plan.

"**Member**" refers to someone who is enrolled in a Medicaid managed care plan.

Youth Health Transition (YHT) Toolkit

The Louisiana Department of Health, Office of Public Health, Bureau of Family Health's Pediatric Medical Home Initiative has 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 healthcare by helping them build important skills and linking them to resources to manage their long-term health more independently. The web-based toolkit uses a quality improvement framework. It enables providers to build upon the existing transition services in their practice, utilizing step-by-step guides and downloadable worksheets.

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

Check out the youth health transition toolkit at ldh.la.gov/page/youth-health-transition-toolkit to learn more!

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.

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.

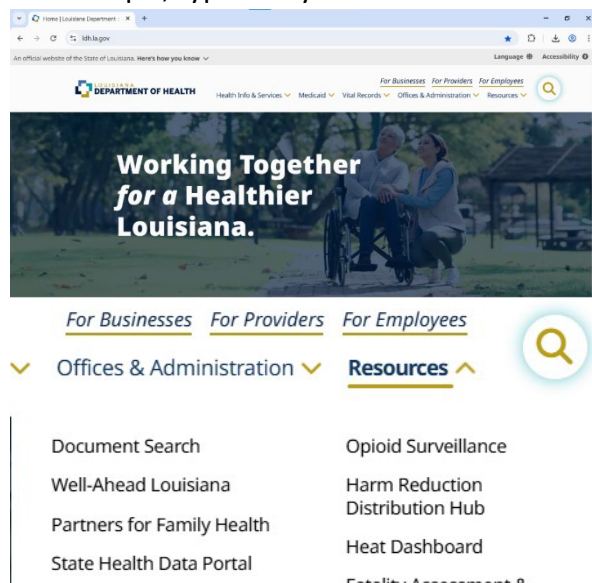
	Schedule	
<input checked="" type="checkbox"/>	End of Service Support Date Out of Warranty	December 31, 2024
<input type="checkbox"/>	End of Service Support Date Within Warranty	Through Warranty End Date
<input checked="" type="checkbox"/>	Kangaroo™ ePump Feeding Sets and Accessories Anticipated End of 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.

Web Tip of the Week

Looking for a document on the LDH website but it's not where it used to be? When searching for a document on ldh.la.gov, start with the Resources tab at the top of the main page, to the left of the search tool. A dropdown menu will appear. Next, click on document search. You'll get the best results if you fill in a keyword and refine your search with the three filters – topic, type and year.



LDH Resources

The Resources Manager houses publications that previously appeared on a page in a long bulleted list or in the Newsroom of the former website.

The Resources module gives the site's pages a cleaner look and allows for better monitoring of document shelf-life.

Examples of what can be found in Resources: bulletins, presentations, event flyers, forms, manuals, guides, and policies.

Check out this tutorial on using the Resources section. Click [here](#) for an introductory website navigation tutorial.

July Health Observances

[Cord Blood Awareness Month](#)

[Healthy Vision Month](#)

[International Group B Strep Awareness Month](#)

[Juvenile Arthritis Awareness Month](#)

National Hemochromatosis Awareness Month

National Cleft and Craniofacial Awareness and Prevention

National Mental Health Awareness Month

National Minority Mental Health Awareness Month

[Sarcoma Awareness Month](#)

[UV Safety Month](#)

World Brain Day (July 22) with the [World Federation of Neurology](#)

[World Hepatitis Day July 28](#)

World [Sjögren's](#) Day (July 23) with the [Sjögren's Foundation](#)



**STATE OFFICE CLOSURE
FOR
INDEPENDENCE DAY
LDH offices will be closed on
Friday
July 4**

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](#)



PPCL

PROVIDER TO PROVIDER CONSULTATION LINE
Pediatric and Perinatal Mental Health Support

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 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

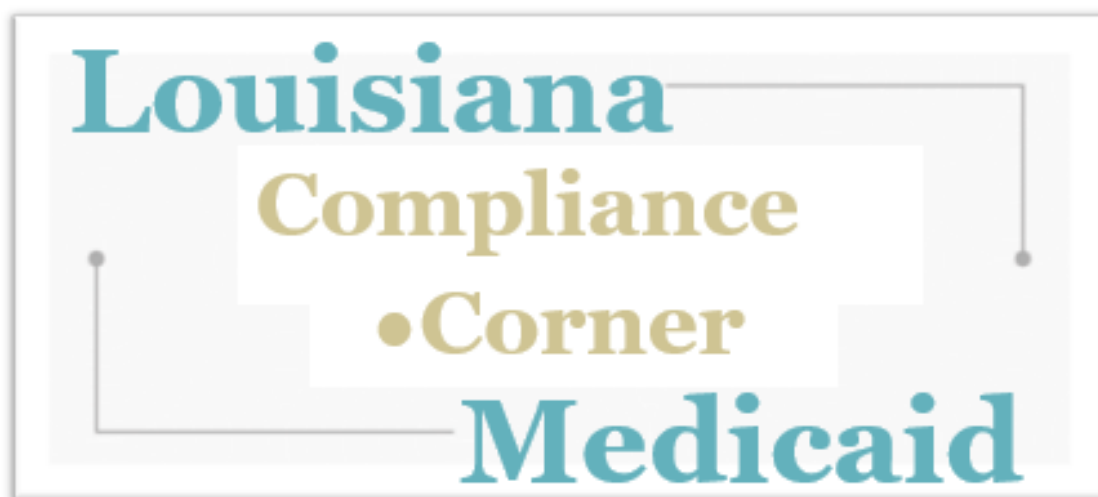
You can complete the survey by:

- 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
OF THE AMERICAN ACADEMY OF
PEDIATRICS
American Academy of Pediatrics
ADVOCATING FOR THE FUTURE OF HEALTH CARE





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)
Behavioral Health	<ul style="list-style-type: none"> Section 2.3 – Outpatient Services – Crisis Response Services Section 2.6 – Record Keeping 	06/17/25
End Stage Renal Disease (ESRD)	<ul style="list-style-type: none"> Section 17.0 – Overview Section 17.1 – Covered Services Section 17.2 – Provider Requirements Section 17.3 – Reimbursement Appendix B – Claims Filing 	06/26/25
Durable Medical Equipment (DME)	<ul style="list-style-type: none"> Table of Contents Section 18.0 – Overview Section 18.1 – Services and Limitations Section 18.2.1.1 – SCC – Apnea Monitors Section 18.2.1.2 – SCC – Oxygen Concentrators Section 18.2.1.3 – SCC – High Frequency Chest Wall Oscillation Devices Section 18.2.1.4 – SCC – Peak Flow Meters and Mucus Clearance (Flutter) Devices Section 18.2.1.5 – SCC – Pulse Oximeter Section 18.2.1.6 – SCC – Oxygen Probes Section 18.2.1.8 – SCC – Nebulizers Section 18.2.1.9 – SCC – Tracheostomy Care Supplies Section 18.2.2 – SCC – Intraocular Lens Section 18.2.3 – SCC – Artificial Eyes Section 18.2.4 – SCC – Artificial Larynxes Section 18.2.5 – SCC – Augmentative and Alternative Communication Devices Section 18.2.6 – SCC – Bath and Toileting Aids Section 18.2.7 – SCC – Environmental Modifications and Repairs Section 18.2.9 – SCC – Blood Pressure Devices Section 18.2.10.1-18.2.10.3 – SCC – Breast Milk and Supplies Section 18.2.11 – SCC – Enteral Nutrition Section 18.2.12 – SCC – Total Parenteral Nutrition (TPN) Equipment and Supplies Section 18.2.13.1-18.2.13.2 – SCC – Binders and Supports Section 18.2.14.1-18.2.14.2 – SCC – Support Garments Section 18.2.15 – SCC – Hearing Aids 	06/25/25

Manual Chapter	Section(s)	Date of Revision(s)
Durable Medical Equipment (DME)	<ul style="list-style-type: none"> • Section 18.2.16 – SCC – Cochlear Implants • Section 18.2.17 – SCC – Dialysis Equipment and Supplies • Section 18.2.18 – SCC – Baclofen Therapy • Section 18.2.19.1-18.2.19.6 – SCC – Ambulatory Equipment • Section 18.2.20 – SCC – Diabetic Supplies and Equipment • Section 18.2.21.1-18.2.21.4 – SCC – Orthotics and Prosthetics • Section 18.2.22 – SCC – Disposable Incontinence Products • Section 18.2.23.1-18.2.23.2 – SCC – Hospital Beds and Patient Lifts • Section 18.2.25.1 – SCC – Osteogenic Bone Growth Stimulators • Section 18.2.25.2 – SCC – Vagus Nerve Stimulators • Section 18.2.26 – SCC – Intravenous Therapy and Administrative Supplies • Section 18.2.27 – SCC – Wound Care Supplies • Section 18.2.28 – SCC – Disposable (Elastomeric) Infusion Pumps • Section 18.3 – Beneficiary Requirements • Section 18.4 – Provider Requirements • Section 18.5 – Prior Authorization • Section 18.6 – Claims Related Information • Appendix B – Claims Filing • Appendix D – Request Form for Disposable Incontinence Products • Appendix E – Contact/Referral Information • Appendix G – Standing Frame Evaluation Form • Appendix H – Pediatric Hospital Bed Evaluation Form • Appendix I – Electric Breast Pump Request Form 	06/25/25
EPSDT Health and IDEA – Related Services	<ul style="list-style-type: none"> • Table of Contents • Section 20.0 – Overview • Section 20.1 – Covered Services • Section 20.2 – Eligibility Criteria • Section 20.3 – Provider Requirements • Section 20.4 – Program Requirements • Section 20.5 – Record Keeping • Section 20.6 – Reimbursement • Appendix A – Procedure Codes • Appendix B – Definitions/Acronyms • Appendix C – Claims Filing • Appendix E – Contact/Referral Information 	06/12/25

Manual Chapter	Section(s)	Date of Revision(s)
Federally Qualified Health Centers (FQHC)	<ul style="list-style-type: none"> • Table of Contents • Section 22.0 – Overview • Section 22.1 – Covered Services • Section 22.2 – Provider Requirements • Section 22.3 – Record Keeping • Section 22.4 – Reimbursement • Appendix A – Contact Information • Appendix B – Forms and Links • Appendix C – Glossary • Appendix D – Claims Related Information 	06/05/25
Personal Care Services (PCS)	<ul style="list-style-type: none"> • Table of Contents • Section 30.6 – LT-PCS – Provider Requirements • Section 30.7 – LT-PCS – Service Delivery • Section 30.8 – LT-PCS – Record Keeping • Section 30.10 – LT-PCS – Reimbursement • Appendix B – LT-PCS – Contact Information • Appendix D – Database Checks • Appendix E – Wage and Non-Wage Benefits • Appendix F – Audits for Wage Floor and Wage and Non-Wage Benefits • Appendix K – Convictions Barring Employment 	06/16/25

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>

Updated 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

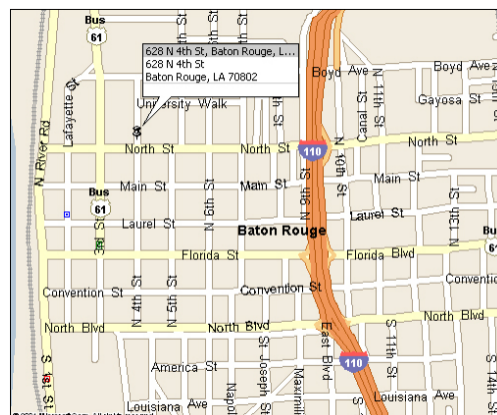
Take I-110 South.

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 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](#)