Louisiana Medicaid | Provider UPDATE

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Provider Enrollment Update and Requirements

New claims adjudication logic will be enacted on July 1, 2023. While the Provider Enrollment Portal at www.lamedicaid.com will remain open, any providers who have not completed enrollment by June 30, 2023, will be deactivated. Deactivated primary care providers will have their patients assigned to another primary care physician.

The Provider Enrollment Portal at www.lamedicaid.com remains open for providers required to enroll who have not yet applied. Providers with multiple provider types must complete enrollment for each type.

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

Who is required to Enroll?

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

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Guidance for OPR Providers

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

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

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

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

Critical Deadlines – Claims Adjudication

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

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

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

Scenario 3: Providers who have not completed enrollment on or before December 31, 2022, will have their claims denied for dates of service on or after January 1, 2023.
Providers still wishing to complete enrollment must submit an enrollment application by June 1, 2023, to complete the enrollment process by June 30, 2023.
Once the enrollment is completed, the provider may resubmit previously denied claims for dates of service from January 1, 2023, to June 30, 2023, for payment. Providers will not receive payment until their provider enrollment is complete.

Scenario 4: If an OPR provider is included on a claim or writes a prescription and has not completed enrollment:

1. The medical/professional claim will deny beginning July 1, 2023, if any one of the following is not enrolled:
    a. Ordering provider
    b. Prescribing provider
    c. Referring provider
2. The prescription will deny beginning July 1, 2023, if any one of the following is not enrolled:
    a. Prescribing provider
    b. Vaccinating pharmacist, or
    c. Pharmacy provider

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

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

Provider Resources
For additional information, including frequently asked questions and recordings of provider presentations, visit www.ldh.la.gov/medicaidproviderenrollment.
Find all updates and requirements about provider enrollment in Informational Bulletin 22-38. Informational Bulletin 22-4 contains information relevant to provider enrollment before the September 30, 2022 deadline.
Providers needing assistance with application and enrollment should contact Gainwell Technologies by emailing louisianaprovenroll@gainwelltechnologies.com or contacting 1-833-641-2140 for a status update on enrollment and any next steps needed to complete the process.

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

Medicaid Cards Available in LA Wallet

Louisiana Medicaid health plan cards will soon all be available in the LA Wallet app!

LA Wallet is available in Apple and GooglePlay stores. Fee-for-Service members and members enrolled with United Healthcare can already use the service. Other health plan cards will become available over the next few months.

The planned dates that other cards will become available are:

July 31

- Louisiana Healthcare Connections
- Healthy Blue Louisiana

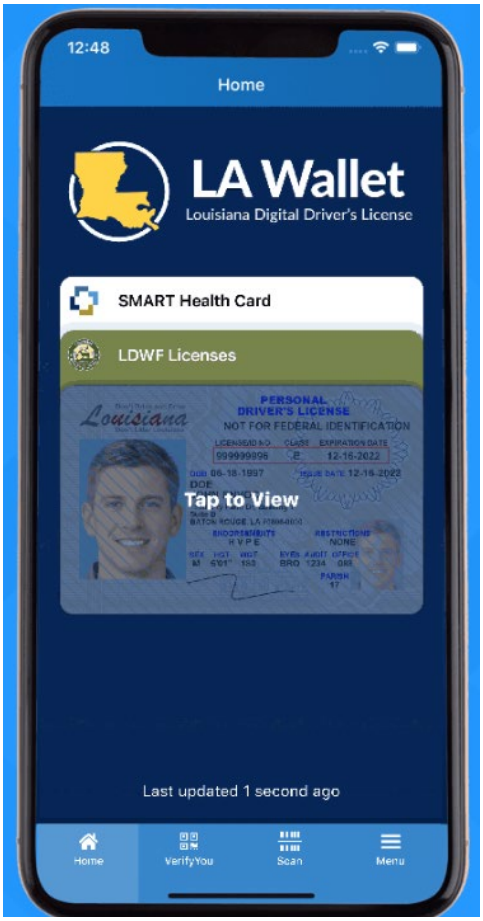
August 31

- AmeriHealth Caritas
- Humana Healthy Horizons

September 29

- Aetna Better Health

Members listed as head of household can access the health cards of family members in their household. A member will not be able to access a card for a person who is not in their household or if they are no longer eligible for Medicaid.



Health Observance Calendar - August 2023

Month

Children's Eye Health and Safety

National Minority Donor Awareness

National Immunization Awareness

Neurosurgical Awareness

Psoriasis Action Month

Spinal Muscular Atrophy Awareness

Week

National Health Center
August 6 – 12

World Breastfeeding Week
August 1 - 7

Day

Physician Family
August 26

International Overdose
Awareness Day
August 31

World Lung Cancer Day
August 1

How to Avoid Medication Errors with Pen Injectors

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

There have been an increasing number of ready-to-use or ready-to-administer injectable medications reaching the market as autoinjectors, pen injectors, or otherwise requiring syringe/needle use at home (such as epinephrine for severe allergic reactions, naloxone for opioid overdose, and insulins or related medications for patients with diabetes). Autoinjectors and pen injectors are injectable drug-delivery systems. They are reliable, simple, and can be administered directly to the patient without a physician. Although similar, these types of systems are used in different situations. Autoinjectors are usually used when the medication is needed immediately, while pen injectors are usually reserved for patients with chronic diseases who take the medications routinely.

Epinephrine is an example of a medication that is available in an autoinjector. Epinephrine autoinjectors have been around since the late 80's. During the year 2020, there was an estimated number of 1,730,366 prescriptions dispensed for epinephrine. Healthcare professionals and people with allergies are probably very familiar with the autoinjector device. However, patients who use insulin or other medications for chronic illnesses, such as teriparatide and semaglutide, may be faced with challenges when learning how to navigate the many types of pen injectors. The Institute for Safe Medication Practices (ISMP) has received many reports of medication errors involving pen injectors that occurred in both healthcare settings and in patient homes.

According to the Centers for Disease Control and Prevention (CDC), there are 37.3 million people in the United States with diabetes (11.3%), with approximately, 8.4 million Americans using insulin. Beginning in 2014, insulin pens were being dispensed to patients more often than vials. Many people who have been administering their insulin with vials and syringes for years can now enjoy the advantages of using insulin pens. Insulin pens are portable, easy to use, can be read clearly, and use short needles (as short as 4mm long). These pens come with varying features – disposable or reusable, half-unit increments, memory function, ability to work with smartphone app, etc. As insulin may be implicated in 33% of medication error-related deaths, it is critical for health care professionals and patients to review the product label closely before administering any medication, including insulin.

On Tuesday, May 23, 2023, the Center for Drug Evaluation and Research (CDER) Office of Communication, Division of Drug Information (DDI) hosted a webinar titled: FDA Drug Topics: How to Avoid Medication Errors with Pen Injectors. This webinar provided participants with important safety information to help patients and caregivers avoid medication errors with these products, whether intended for use institutionally or at home. The presenters shared information derived from a review of medication error reports submitted by practitioners and patients to the FDA Adverse Event Reporting System (FAERS) and the Institute for Safe Medication Practices National Medication Errors Reporting Program (ISMP MERP). These reports, as well as other observations by the presenters, will help identify safety issues and prevention measures that health care professionals should consider for incorporation into their patient safety education programs, including when prescribing or dispensing these products for patients at home.

View Presentation Here

Download Presentation Slides: How to Avoid Medication Errors with Pen Injectors

The similarity in the pen injector platforms may predispose end users to medication errors. Therefore, it is important to refer to the product specific label and labeling information (e.g., instruction for use) prior to administration.	**DIFFERENCES IN PEN DEVICES**	
	Autoinjectors	**Pen Injectors**
	Needle is already attached.	Needle must be attached by the patient.
	Single dose administration only.	Multiple dose administration.
	DO NOT prime.	Should be primed.

What could possibly go wrong?	***How can this be prevented?***
A patient may prime an autoinjector – the contents of the pen would be emptied, and the entire dose would be wasted.	*Ensure that the patient understands that the autoinjector should not be primed.*
A patient may use the pen device as a vial if pen needles are not available, drawing out the dose with an insulin syringe - multiple doses may be withdrawn to inject as a single dose.	*Ensure that the patient understands:* • *The different parts of the pen should be identified by reviewing the detailed diagrams in the product labeling.* • *There are multiple doses in each pen.* • *Pen needles are provided separately from the pen.* • *A needle should be attached for each dose.* • *The correct way to prepare the pen for dosing should be reviewed in the product labeling.*
A patient may use a U-100 insulin syringe to draw out a dose of concentrated insulin (U-200, U-300, U-500) and receive too much insulin.	• *Caution the patient never to use an insulin syringe to draw the dose out of an insulin pen.* • *Remind the patient that pen needles are provided separately from the insulin pen, and a new needle should be attached to the pen before each dose.*
A patient may have multiple pen products - the wrong drug/dose can be administered.	*Instruct the patient to always look on the pen to confirm the product name and strength before administering the dose, especially if the pens look similar.*
A patient may not understand how to use the pen - the dose may be administered incorrectly (oral, intramuscular, intravenous).	*Review specific pen technique to confirm the patient's knowledge of subcutaneous dosing.*

A patient may not know how pens are used - the pen may be used for multiple people, the pen needle may be used multiple times, the patient may not rotate injection sites, the pen may be used after the 'beyond-use' date.	• *Remind the patient that the pen is only for one person.* • *Instruct the patient to use a new needle for each dose and dispose of used needles into a sharps container.* • *Review product labeling with the patient for detailed information about how and where to inject the medication.* • *Review product labeling with the patient for specific information about how many days the pen may be kept unrefrigerated and where to find the product expiration date.*
A patient may not even press the injection button – the dose would not be given at all.	*Review product labeling with the patient for detailed information about how to use the pen.*
Dosing windows can be misinterpreted depending on how it is held, whether analog or digital.	*Review product labeling with the patient for detailed information about how to use the pen.*
Prescriptions for liraglutide may be written using "mL" as a dosing unit rather than using "mg" as a dosing unit.	*Prescriptions for liraglutide with a "mL" dosage amount need to be clarified with the prescriber to verify the dose.*
A patient may misinterpret "For Single Patient Use Only" to mean the entire contents are to be given at once.	*Review product labeling with the patient for detailed information about how to use the pen.*
A patient may have been taught how to dose U-500 insulin using a U-100 insulin syringe. This may cause confusion in pen dosing if the patient attempts to transpose the pen dose instead of reading the dosing window.	*Review product labeling with the patient for detailed information about how to use the pen.*
Visually impaired patients may use sound and touch to assist with preparing a dose. Changing medications, and therefore changing pen devices, may result in incorrect dosing if the patient relies on sound and touch for dosing.	*Review product labeling with the patient for detailed information about how to use the pen.*

COMMON MEDICATION ERRORS IN THE MEDICATION USE PROCESS FOR INSULIN PENS	
DISPENSING ERRORS	
Description of Medication Errors and Contributing Factors	**Preventive Actions for HealthCare Providers**
Wrong drug dispensed: -Similar product names -Look-alike pens -Look-alike labels and labeling	The product name and strength are on each pen and carton labeling. May need to rotate pen to confirm drug name. Dispense insulin pens in original sealed carton*.

Description of Medication Errors and Contributing Factors	Preventive Actions for HealthCare Providers
Wrong drug dispensed: -Similar product names -Look-alike pens -Look-alike labels and labeling	The product name and strength are on each pen and carton labeling. May need to rotate pen to confirm drug name. Dispense insulin pens in original sealed carton*.
Wrong strength concentration: -Look-alike labels and labeling -Knowledge deficit [Some insulin pens come in different concentrations (i.e. 100 units/mL vs. 200 units/mL)	The product name and strength are on each pen and carton label. May need to rotate pen to confirm strength/concentration.
Dose omission: -Did not dispense with pen needles -Knowledge deficit	Check the carton labeling and package insert labeling to see if needles are included.**

*FDA advises health care professionals and patients about insulin pen packaging and dispensing | FDA
**FDA Advise-ERR: Pen injectors need pen needles! | Institute For Safe Medication Practices (ismp.org)

ADMINSTRATION USING INCORRECT TECHNIQUE

Description of Medication Errors and Contributing Factors	Preventive Actions for Healthcare Providers and Patients
Use of the same insulin pen for multiple patients: -Knowledge deficit*	Insulin pens are labeled for single patient use. Never share pens or use them for more than one patient.
Use of same needle multiple times: -Knowledge deficit -Ran out of needles/cost	Use each needle once and then appropriately discard into sharps container.
Failure to remove inner needle cap:** -Knowledge deficit -Switched Pens	Check FDA approved product labeling for detailed diagrams identifying all the parts of the insulin pen and detailed instructions on how to prepare the insulin pen.
Using pen cartridge/pen as a vial:*** -Knowledge deficit -No pen needles available	Check FDA approved product labeling for detailed diagrams identifying all the parts of the insulin pen and detailed instructions on how to prepare the insulin pen.
Lack of injection site rotation: -Knowledge deficit	Check FDA approved product labeling for detailed instructions on how and where to inject insulin.
Use of insulin pen after the Beyond-Use-date: -Knowledge deficit	Check product labeling for the number of days to keep the insulin pen unrefrigerated (e.g., 28 days, 42 days, 56 days) and product expiration date.

*FDA Drug Safety Communication: FDA requires label warnings to prohibit sharing of multi-dose diabetes pen devices among patients | FDA
**Caution When Using Pen Needles to Inject Medicines: FDA Safety Communication | FDA (archive-it.
***Errors in the Administration Technique of Insulin Pen Devices: A Result of Insufficient Education - PMC (nih.gov)org)

ADMINISTRATION OF WRONG DRUG, ROUTE, OR STRENGTH

Description of Medication Errors and Contributing Factors	Preventative Actions for Healthcare Providers and Patients
Wrong drug: -Look-alike pens -Look-alike labels -Similar product names -Patients have multiple pens	The product name and strength are on each pen and carton label. May need to rotate pen to confirm drug name.
Wrong strength/concentration: -Look-alike labels and labeling -Patients have multiple pens	The product name and strength are on each pen and carton label. May need to rotate pen to confirm strength/concentration.

Incorrect route of administration (oral, intravenous, and intramuscular): -Knowledge deficit	Pens are labeled for subcutaneous route only. Healthcare providers should remind patients that these are for subcutaneous use only and confirm that the patient knows the correct technique to use the insulin pen.

Key Messages from FDA about Insulin Pens

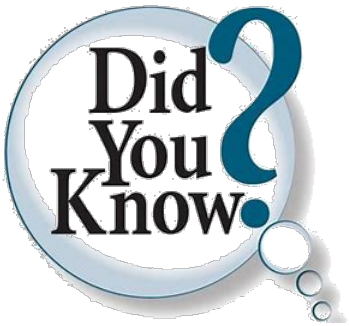
- The insulin pens available in the US share some similarities in their design, but differ in certain design features.
- The FDA approved label and labeling for insulin pens have important information for healthcare providers and patients.
- Healthcare providers and patients should review the product label and labeling carefully and follow the administration and disposal instructions specific for the product.

The many differences in specific types of pen injectors and autoinjectors can cause confusion if patients are not carefully trained, particularly when the devices are new to the patient. Providers should review product labeling with patients for detailed information about how to use their medication device. Patient education is imperative to ensure that the patient is able to use their device appropriately in order to achieve the most positive health outcome for the patient.

References

American Diabetes Association | Consumer Guide | Insulin Pens
Epinephrine - Drug Usage Statistics, ClinCalc DrugStats Database
FDA advises health care professionals and patients about insulin pen packaging and dispensing | FDA
FDA Drug Topics: How to Avoid Medication Errors with Pen Injectors
High-Alert Medications (consumermedsafety.org)
Medical Devices | FDA
PEN Injectors: Technology Is Not Without ImPENding Risks | Institute For Safe Medication Practices (ismp.org)

Act 421 Children's Medicaid Option (CMO)/TEFRA



Act 421 of the 2019 Regular Legislative Session authorized the Louisiana Department of Health to create a Tax Equity and Fiscal Responsibility Act (TEFRA) program that allows certain children who have a disability to receive Medicaid coverage, even if their parents earn too much money to qualify for Medicaid. Children with disabilities living at home with their family that apply for Act 421-CMO **must** meet an institutional level of care for an intermediate care facility for individuals with intellectual disabilities (ICF/IID), nursing facility or hospital to be considered for this program.

Louisiana Medicaid received approval from CMS to implement the program as a State Plan amendment. The program became effective January 1, 2022.

In order to be eligible for the Act 421-CMO option, a child must meet all of the following eligibility criteria:

1. Is a Louisiana resident;
2. Is a United States citizen or qualified non-citizen;
3. Is 18 years of age or younger (under 19 years of age);
4. Qualifies as a disabled individual under section 1614(a) of the Social Security Act;
5. Has countable resources that are equal to or less than the resource limits for the Supplemental Security Income (SSI) program;
6. Has income equal to or less than the special income limit (SIL) for long-term care services (nursing facility, ICF/IID, and home and community-based services waiver programs, which is three (3) times the Federal Benefit Rate (FBR);
7. Must meet a level of care, assessed on an annual basis, provided in an intermediate care facility for individuals with intellectual disabilities (ICF/IID), a nursing facility, or a hospital; and
8. Care needs are being safely met at home at a lower cost than the cost of services provided in an institutional setting.

Quality Improvement Opportunities: Developmental Screening and Care Coordination Toolkits

The Bureau of Family Health (BFH) has two toolkits available to help pediatric providers implement and improve developmental screening and care coordination services in their practices.

The Developmental Screening Toolkit covers screening for developmental milestones, autism, social emotional health, barriers to health, and perinatal depression. The newly launched Care Coordination Toolkit supports practices with improving or expanding care coordination services, maximizing clinic capacity, and creating effective referral

pathways. Both toolkits follow a step-by-step framework that will walk you through assessing, planning, and implementing services at your own pace. They include checklists and worksheets to help brainstorm, plan, and test the steps needed to achieve your goals. Utilization of these toolkits can also count towards American Board of Pediatrics Maintenance of Certification 4 (MOC-4) Credits.

BFH has experts available to help practices work through these toolkits or provide customized training and support at no cost. Use this form to request assistance from the team and learn more about the services we offer.
To learn more about these toolkits and other pediatric medical home resources visit PartnersForFamilyHealth.org/Medical-Home or email DevScreen@la.gov.

Self-Service Portal Updated for Social Security Number Use

Beginning Saturday, July 22, Medicaid members will be able to use either their card control number (CCN) or their social security number (SSN) to set up an account and link cases in the self-service portal (SSP). This will assist members and our outreach contractors with renewals and our Unwind efforts.

Previously, Medicaid recipients and partners could only link case information with a Medicaid Card Number/CCN or Medicare number in the SSP and Partner Portal. This enhancement implements Social Security Number as an additional option for individuals to link their case information in the SSP. Now, head of household/primary contacts can link their case information with their full SSN, Medicaid card Number/CCN, or Medicare number.

Under "Case Linking Information" in Public Portal, individuals will be able to enter their last name, date of birth, and full nine-digit SSN for the head of household on a case to successfully link their accounts. Upon successful linking of their cases, the individual will be able to check and renew benefits, order a new Medicaid card, as well as many other things for the linked case.

Provider-to-Provider Consultation Line Merges with LAMHPP

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

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

Register and learn more at ldh.la.gov/ppcl. Providers can contact PPCL by calling **(833) 721- 2881** or request consults here**.**

Remittance Advice Corner

Attention Durable Medical Equipment (DME) Providers

Medicaid has made updates to the Custom Wheelchair Evaluation Form that was mandatory for Fee-For-Service (FFS) custom wheelchair requests effective May 1, 2023. The additional changes were made to streamline the prior authorization process and make the form more user friendly. The new revision date for the current form is June 23, 2023.

Durable Medical Equipment providers must download the PDF form www.lamedicaid.com. Providers **MAY NOT** convert the form to Word or make any changes to the form prior to completion.

There will be a 30-day grace period to allow providers to become accustomed to the new form. For evaluations performed on or prior to July 31, 2023, the old Custom Wheelchair Evaluation form (effective date of April 1, 2023) will be accepted. Evaluations performed on or after August 1, 2023 will require the new Custom Wheelchair Evaluation Form dated June 23, 2023 and available at the link above.

For questions related to this information as it pertains to Medicaid FFS claims processing, please contact Irma Gauthier via email at Irma.Gauthier2@la.gov.

Attention Durable Medical Equipment (DME) Providers

Effective with dates of service on or after October 1, 2023, the below diabetic supplies and equipment will be reimbursable as a pharmacy benefit, as well as a durable medical equipment service. For dates of service on or after December 1, 2023, diabetic supplies and equipment will be reimbursed as a pharmacy benefit **ONLY**. Durable Medical Equipment (DME) claims will deny.

- Diabetes Glucose Meters
- Diabetic Test Strips
- Continuous Glucose meters
- Transmitters and Sensors
- External Insulin Pumps **i.e. Omnipod and V-Go**
- Control Solution
- Ketone test strips
- Lancets and Devices
- Pen Needles
- Re-usable insulin pens
- Syringes

The Pharmacy and DME provider manuals will be updated to reflect this change, as well as the DMEPOS fee schedule and the Single PDL.

COVID-19 Laboratory Tests: Update of HCPCS Codes U0003, U0004 and U0005

Effective for dates of service on or after May 12, 2023, Louisiana Medicaid will no longer cover Healthcare Common Procedure Coding System (HCPCS) codes U0003, U0004, and U0005 for COVID-19 laboratory tests. Claims inadvertently paid with dates of service May 12, 2023 and after will be recycled to assure a proper denial is provided.

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

SFY23 Recycle of NCCI Outpatient Hospital and DME Claims

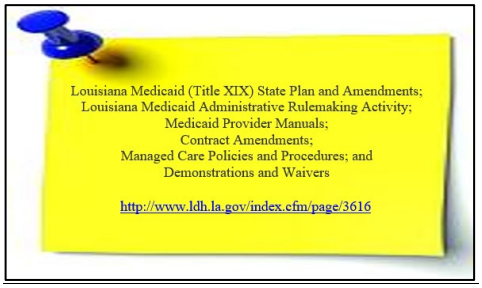
Louisiana Medicaid will recycle outpatient hospital (OPH) and durable medical equipment (DME) claims processed from July 1, 2022 through March 31, 2023 to assure correct processing based on the National Correct Coding Initiative edits. Claims affected will be processed in the June 27, 2023 claims cycle.

For more information regarding "The Medicaid National Correct Coding Initiative," please visit the CMS website below: https://www.cms.gov/medicare-medicaid-coordination/national-correct-coding-initiativencci/ncci-medicaid

Medicaid Public Notice and Comment Procedure

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

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



Louisiana Medicaid Updates and Authorities

Keep up to date with all provider news
and updates on the Louisiana Department of Health website:
Health Plan Advisories | La Dept. of Health
Informational Bulletins | La Dept. of Health

Louisiana Medicaid State Plan amendments and Rules are available at
Medicaid Policy Gateway | La Dept. of Health

Vision (Eyewear) Services

Louisiana Medicaid covered eyewear services are available to Medicaid eligible beneficiaries who are under the age of 21 years. No eyewear services are available for beneficiaries aged 21 years and older unless the beneficiary receives both Medicare and Medicaid, and in such cases, Medicare covers the required eyewear. In this instance, Medicaid may pick up a calculated portion of the payment as a Medicare crossover claim. Eyewear is limited to three (3) pairs per calendar year without review. Billing for the fourth and subsequent pairs must have documentation attached justifying the need for more than three (3) pairs of eyewear per year

Some Medicaid beneficiaries are linked to one of the six contracted managed care organizations (MCO). Beneficiaries who are under the age of 21 receive all vision services through their assigned MCO. Beneficiaries 21 or older *may* be eligible for value-based vision coverage via their assigned MCO. The current MCOs are:

Aetna Better Health
Amerihealth Caritas
Healthy Blue
Humana Healthy Horizons in Louisiana
Louisiana Healthcare Connections
United Healthcare Community Plan

A small number of beneficiaries are assigned to fee-for-service (FFS) for physical health services, including vision services. Information on service coverage for these beneficiaries are located in the Vision (Eyewear) Provider manual Vision (Eyewear) Fee Scheduleand the .

Vision (Eyewear) providers must enroll with Louisiana Medicaid in order to provide vision services to beneficiaries linked to FFS Medicaid or those enrolled in an MCO.

Providers needing assistance with application and enrollment should contact Gainwell Technologies by emailing louisianaprovenroll@gainwelltechnologies.com or contacting 1-833-641-2140.

Providers must also credential with each MCO.

MCO	Contact Information
Aetna Better Health	LAProvider@aetna.com
AmeriHealth Caritas Louisiana	ProvderEnrollment@amerihealthcaritasla.com
Healthy Blue	LAinterPR@HealthyBlueLA.com
Humana Healthy Horizons in Louisiana	LAMSproviderintake@humana.com
Louisiana Healthcare Connections	LHC_Provider_Credent@Centene.com
United Healthcare of Louisiana	swproviderservices@uhc.com or via phone at 1-877-842-3210

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 Behavioral Health	• Section 2.3 – Outpatient Services – Mental Health Rehabilitation Services	07/07/23
	• Section 2.3 – Outpatient Services – Outpatient Therapy by Licensed Practitioners • Section 2.3 – Outpatient Services – Crisis Response Services for Adults	07/11/23
	• Appendix E-2 – Evidence Based Practices – FFT-CW • Appendix E-3 – Evidence Based Practices – Homebuilders	07/17/23

Manual Chapter	Section(s)	Date of Revision(s)
Applied Behavior Analysis (ABA) Applied Behavior Analysis (ABA)	Section 4.4 – Provider Requirements	07/24/23
Home Health Home Health	• Section 23.0 – Overview • Section 23.1 – Description of Services • Section 23.2 – Service Limitations • Section 23.3 – Beneficiary Requirements • Section 23.4 – Provider Requirements • Section 23.5 – Prior Authorization • Section 23.6 – Claims Related Information • Section 23.7 – Acronyms	07/10/23

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?***

For Information or Assistance, Call Us!

General Medicaid Eligibility Hotline
1-888-342-6207

Point of Sale Help Desk
1-800-648-0790
(225) 216-6381

Provider Relations
1-800-473-2783
(225) 294-5040
Medicaid Provider Website

MMIS Claims Processing Resolution Unit
(225) 342-3855
MMIS Claims Reimbursement

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

MMIS/Recipient Retroactive Reimbursement
(225) 342-1739
1-866-640-3905
MMIS Claims Reimbursement

Medicare Savings
1-888-544-7996
Medicare Provider Website

Hospital Pre-Certification
1-800-877-0666

For Hearing Impaired
1-877-544-9544

REVS Line
1-800-776-6323
(225) 216-(REVS)7387
REVS Website

Pharmacy Hotline
1-800-437-9101
Medicaid Pharmacy Benefits

Medicaid Fraud Hotline
1-800-488-2917
Report Medicaid Fraud

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