

## Welcome



Welcome to the August edition of the Louisiana Medicaid Provider Update newsletter. Please continue to visit the LDH website and social media platforms to stay informed about program updates and upcoming events.

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](https://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.

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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

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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](mailto: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.

## Louisiana Medicaid Increased Physician Reimbursement Rates

The Louisiana Department of Health (LDH) [announced an increase in Medicaid reimbursement rates](#) for physicians through funding authorized by Act 306 of the 2024 Regular Legislative Session and appropriated in House Bill 1 of the 2025 Session.

**Effective July 1, 2025**, Medicaid physician reimbursement rates will increase to **85% of the March 2024 Region 99 Medicare rates** for applicable services. Reimbursements at or above this threshold will remain the same.

To implement the new rates, LDH has initiated the formal rulemaking process and submitted a state plan amendment to the Centers for Medicare and Medicaid Services (CMS). An emergency rule was published in the **July 2025 edition of the Louisiana Register with the effective date of July 1, 2025**, allowing the rate increase to take effect while the final rule is being finalized.

### What Providers Need to Know:

- **No action is required from providers.** All eligible Medicaid claims with service dates on or after July 1, 2025, will be **automatically recycled** by LDH and the managed care organizations (MCO) to reflect the updated reimbursement amounts.
- A **revised Medicaid fee schedule** will be posted on LDH's website by **September 30, 2025**.
- Once the fee schedule is published, **MCOs will have 30 calendar days** to implement the new rates.
- LDH will issue an **informational bulletin** with additional details before the online posting of the revised fee schedule.

For updates and more information, providers are encouraged to monitor LDH communications and visit the [LDH website](#).

## Cell and Gene Therapy (CGT) Access Model

Louisiana is one of 33 states, plus the District of Columbia and Puerto Rico, which will participate in the Centers for Medicare and Medicaid Services (CMS) Cell and Gene Therapy (CGT) Access Model. The initial focus of the model will be on access to CGT treatments for Medicaid beneficiaries living with sickle cell disease, a genetic blood disorder.

Under the outcomes-based CGT Access Model, the states will receive guaranteed discounts and rebates from participating CGT manufacturers if the therapies fail to deliver their promised benefits.

Sickle cell disease can be an extremely painful condition that significantly impacts overall quality of life. The long-term health complications from sickle cell disease – including stroke, acute chest syndrome and chronic end-organ damage – often lead to higher rates of emergency department visits and hospitalizations as well as greater healthcare expenditures.

Cell and gene therapies aim to address the underlying causes of disease, lessen the severity of illness and reduce healthcare utilization. While this can decrease healthcare spending over time, the upfront costs are high.

The CGT Access Model aims to improve the lives of people with Medicaid living with rare and severe diseases by increasing access to potentially transformative treatments. Other conditions might be added to the model over time.

Read more about the model [here](#).



## How to Report Diseases and Conditions in Louisiana

What is reportable in Louisiana?

[Reportable Conditions](#)

Reporting requirements include, but are not limited to, the following:

- [Antibiotic Resistance Isolate Submissions Guidance](#) for hospital labs
- [Reference cultures required to be submitted to the State Public Health Laboratory](#) for lab confirmation
- [How to Report an Outbreak](#)
- Louisiana Administrative Public Health Sanitary Code [Title 51](#) (full text)
- Infectious Disease Reporting Information System User [Manual](#) (IDRIS2)
- [Veterinary Reporting Requirements](#)
- The COVID-19 conditions outlined below should be reported to LDH using a secure online portal at the following link: [Respiratory Virus Reportable Condition Form](#)

- Pediatric respiratory virus-associated mortality: All deaths occurring in individuals <18 years old who have a positive COVID-19, RSV, or influenza lab result (antigen or PCR).
- Pediatric hospitalizations: Hospitalizations in individuals <21 years old who have a positive COVID-19 lab result (antigen, PCR, or antibody). This includes any suspected cases of MIS-C (multisystem inflammatory syndrome in children).
- [Respiratory Reporting Guidance](#)

For more guidance, find your Regional Epidemiologist [here](#). During non-business hours, on holidays, and on weekends, the on-call Epidemiologist is available at [\(800\) 256-2748](tel:8002562748).

## Medication Related Information for Clinicians

*Compiled by:  
Office of Outcomes Research and Evaluation  
College of Pharmacy  
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### Recent FDA Drug Safety Communications

**FDA adds warning about serious risk of heat-related complications with antinausea patch Transderm Scōp® (scopolamine transdermal system).** On 6/18/2025, the U.S. Food and Drug Administration (FDA) added a warning about serious risk of heat-related complications with scopolamine antinausea patch (Transderm Scōp®). The FDA is warning that the scopolamine antinausea patch can increase body temperature and cause heat-related complications, resulting in hospitalization or even death in some cases. As a result, the FDA required that the Transderm Scōp® prescribing information be revised to include a warning and other information about this risk.

**FDA requires expanded labeling about weight loss risk in patients younger than 6 years taking extended-release stimulants for ADHD.** On 6/30/2025, the FDA announced that it was revising the labeling of all extended-release stimulants indicated to treat attention-deficit / hyperactivity disorder (ADHD) to warn about the risk of weight loss and other adverse reactions in patients younger than 6 years taking these medications. The FDA is requiring a *Limitation of Use* section in the prescribing information of all extended-release stimulants that includes a statement about the higher plasma exposures and higher rates of adverse reactions in children younger than 6 years.

### References

[FDA adds warning about serious risk of heat-related complications with antinausea patch Transderm Scōp \(scopolamine transdermal system\) | FDA](#)  
[FDA requires expanded labeling about weight loss risk in patients younger than 6 years taking extended-release stimulants for ADHD | FDA](#)

### Promoting Medication Management in Patients with Diabetes:

#### Key Messages to Share with Your Patients

- **Diabetes patients can be at high risk for medication-related problems.** Know the risks of medication problems for diabetes patients. People with diabetes can be at high risk for medication-related problems due to their complex treatment plans. Diabetes patients often have multiple medical conditions, health care providers, and medicines from different sources. Improper dosing or medication use can cause serious illness, long-term disability, or even death. When patients don't take their medicines as prescribed—or when their medicines no longer meet their needs—they may struggle to meet their health goals.

- **Pharmacists can help patients manage their medications.** Encourage patients to ask their pharmacist about ways to keep track of their medicines. Let patients know that pharmacists work with health care teams to adjust medicines and improve drug treatment plans. Collaboration between physicians and pharmacists on medication management can improve diabetes outcomes.
- **It is important to ask your patients about their medications at each visit.**

For example:

- ✓ Did you bring a list of all your medicines and their exact doses, including over-the-counter medicines, vitamins, and supplements?
- ✓ Do you update and review your list of medicines with your pharmacist when there is a change?
- ✓ Do you know why you take each medicine?
- ✓ Do you know how your medicines affect your diabetes?
- ✓ Have you reported any side effects from your medications to your pharmacist?
- ✓ Do you let your pharmacist know if you have a problem with missing doses of your medications?

### ***Did you know?***

- Studies show that 20% to 30% of all medication prescriptions are never filled.
- About 50% of chronic disease medications are not taken as prescribed (at the correct time or dose relative to eating).
- Only about 50% of people with diabetes reach their blood glucose goals as measured by hemoglobin A1C testing.
- Among people with diabetes, only 51% with high blood pressure and 56% with high cholesterol meet their target goals.

#### Reference

[Promoting Medication Management | Diabetes | CDC](#)

## **Act 657 - Emergency Medications**

**Act 657** of the 2024 Legislation Session allowed for the stocking of emergency medications by certain qualified entities such as early learning centers, colleges and universities, restaurants, after-school programs, and others to be in a position to utilize such medications in emergencies. On April 1, 2025, the Louisiana Surgeon General issued standing orders for the distribution or dispensing of three emergency medications: **albuterol**, **epinephrine**, and **naloxone**. These medications are intended to support time-sensitive emergency medical situations, including acute allergic reactions (anaphylaxis), known or suspected opioid overdoses, and acute respiratory distress caused by asthma or allergic reactions. For more information, visit [Act 657 - Emergency Medications | Louisiana Department of Health](#).

#### Reference

[Louisiana Department of Health: Act 657 - Emergency Medications](#)

## **Medication Management to Prevent Falls in Elderly Patients**

Every second of every day an older adult falls. This is a growing problem that can be prevented. There are steps that can be taken to prevent falls and decrease falls risks, one of which is medication management. Medication management can reduce interactions and side effects that may lead to falls.

- Health care providers should routinely review medications with all patients 65 and older.



- Check for psychoactive medications, such as:
  - Anticonvulsants
  - Antidepressants
  - Antipsychotics
  - Benzodiazepines
  - Opioids
  - Sedative / hypnotics
- Review prescription drugs, over-the-counter medications, and herbal supplements. Some can cause dizziness, sedation, confusion, blurred vision, or orthostatic hypotension. These include: anticholinergics, antihistamines, antihypertensives, and skeletal muscle relaxants.
- Develop a patient plan that includes medication changes, and a monitoring plan for potential side effects. Implement other strategies, including non-pharmacologic options to manage conditions, address patient barriers, and reduce fall risk.

### ***According to the CDC....***

- Every year more than one in four older adults reported falling and about 41,000 older adults die as a result of a fall--that's 112 older adults every day.
- More than 95% of hip fractures are caused by older adult falls.
- Each year, there are about 3 million emergency department visits due to older people falls.
- Each year, there are about 1 million fall-related hospitalizations among older adults.

**STOP** medications when possible.

**SWITCH** to safer alternatives.

**REDUCE** medications to the lowest effective dose.

For more information on medications linked to falls, visit [American Geriatrics Society 2023 updated AGS Beers Criteria® for potentially inappropriate medication use in older adults - - 2023 - Journal of the American Geriatrics Society - Wiley Online Library.](#)

The CDC has additional tools and resources to help providers screen, assess, and intervene to reduce their patient's fall risk.

For more information, visit [CDC - STEADI - Older Adult Fall Prevention.](#)

### **References**

[Older adult falls: a growing problem that can be prevented](#)  
[Facts About Falls | Older Adult Fall Prevention | CDC](#)  
[Fact Sheet Medications Linked to Falls](#)



## Heat and Medications

### Heat & Medications



Many common prescription and over-the-counter medicines, such as certain antidepressants, antipsychotics, antihistamines, and drugs used to treat diabetes and high blood pressure, may reduce the body's ability to maintain a safe temperature.

Adults ages 65 and older and those with chronic conditions are among the most vulnerable to extreme heat.

If you are at higher risk for heat illness, particularly if you're older and take medications for chronic conditions, monitor yourself for the first sign of heat stress: feeling dizzy, fatigued, or thirsty.

### HEAT AND MEDICATION INTERACTIONS

- Some medications interfere with **temperature regulation** and/or **fluid balance** (such as diuretics, some antipsychotic medications, some antidepressants, some antihypertensive agents), amplifying the risk of harm from hot weather.
- Heat can **degrade or damage some medications** (e.g., inhalers, EpiPens, insulin). Know how to best store your medications when temperatures are high.
- Some medications can **increase skin sensitivity** from sun exposure (e.g., some antifungals, antibiotics, anti-epileptics, antihistamines, acne medications, estrogen-containing oral contraceptives). Often, prescription bottles have a sticker warning, but not always. Review the drug information insert that comes with your medication. Always properly protect your skin.

### TIPS FOR SAFE STORAGE OF MEDICATIONS

- Never leave medications inside an unattended vehicle.
- Do not store medications in the bathroom due to high humidity and frequent temperature changes.
- Keep medications away from appliances that generate heat, such as above the refrigerator or next to the stove.
- Immediately pick up all mail-order drugs so they are not exposed to the elements.
- While driving, keep medications in the passenger areas of the vehicle, not in the trunk or glove box.
- If medication is exposed to heat, do not take if it has changed color, texture, or odor, even if it has not expired. Capsules or tablets that stick together, are harder or softer than normal, or are cracked or chipped might also be damaged by heat. Always call your doctor or pharmacist to help determine if medications need to be thrown out.

**Consult your doctor about medications that increase the risk of heat illness and what to do.**

For more information about heat and medication guidance, visit  
[CDC | Heat and Medications – Guidance for Clinicians](https://www.cdc.gov/heat-and-medication-guidance-for-clinicians)

For more information about extreme heat in Louisiana, visit [ldh.la.gov/heat](https://ldh.la.gov/heat)



# Heat & Medications



These medications\* interfere with temperature regulation and/or fluid balance, amplifying the risk of heat-related illness.

This also includes commonly misused substances such as:

Alcohol  
Cocaine  
Opioids  
Amphetamines  
Methamphetamines

## Antidepressants

**SSRIs:** Citalopram (Celexa), Escitalopram (Lexapro), Fluoxetine (Prozac), Paroxetine (Paxil, Pexeva), Sertraline (Zoloft)

**SNRIs:** Desvenlafaxine, (Pristiq), Duloxetine (Cymbalta), Levomilnacipran (Fetzima), Venlafaxine (Effexor XR)

**TCAs:** Amitriptyline

## Anti-Psychotics

Risperidone  
Olanzapine  
Quetiapine  
Haloperidol

## Heart Medications

**Diuretics:** Furosemide (Lasix)

**ACE Inhibitors:** Lisinopril, Captopril, Enalapril

**ARBs:** Candesartan (Atacand), Irbesartan (Avapro), Losartan (Cozaar)

**Beta Blockers:** Atenolol, Metoprolol, Propanolol

**Calcium Channel Blockers:** Amlodipine, Diltiazem, Verapamil

## ADHD Medications

Armodafinil (Nuvigil)

Atomoxetine (Strattera)

Dextroamphetamine (Adderall, Dexedrine)

Amphetamine (Adderall)

Lisdexamfetamine (Vyvanse)

Methamphetamine (Desoxyn)

## Other Medications

Oxybutynin (Ditropan XL)

Ipratropium (Atrovent)

Atropine (Atropen)

Tolterodine (Detrol)

Solifenacin (Vesicare)

*\*This is not an exhaustive list.*

## Waiver Spend-Down PLI Update

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GOVERNOR



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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](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 8 a.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>.

## SNAP Moves to LDH

Louisiana's Supplemental Nutrition Assistance Program (SNAP) is moving from the Department of Children and Family Services (DCFS) to the Louisiana Department of Health (LDH) as part of Louisiana Medicaid. As a result of Act 478, formerly House Bill 624, approximately 1,400 employees will transfer from DCFS will become LDH team members, with an anticipated transition date of October 1.

The intent is to streamline the delivery of social services so that resources are more accessible and more effective. I look forward to sharing more information about the changes we can expect. As a result, SNAP and related programs will integrate so that beneficiaries will have their needs met through a single service location and a single case worker.

## Developmental Screening Summer Webinar Series

Do you work with children and conduct developmental screenings in Louisiana? Join the Bureau of Family Health for the last two sessions of the Developmental Screening Summer Webinar Series on August 6 and 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](https://ldh.la.gov/page/DevScreenITS).

A promotional poster for the 2025 Developmental Screening Summer Webinar Series. The background is a vibrant green with abstract circular patterns. On the right, a woman with dark hair and glasses is shown from the chest up, wearing a headset and looking at a laptop. On the left, a white speech bubble contains the text "2025 DEVELOPMENTAL SCREENING SUMMER WEBINAR SERIES". At the bottom, another white speech bubble states "Continuing Medical Education and Continuing Education Units Available for Physicians, Social Workers, and Nurses at No Cost." The bottom of the poster features two logos: "PARTNERS FOR FAMILY HEALTH LOUISIANA" on the left and "LOUISIANA DEPARTMENT OF HEALTH" on the right.

2025  
**DEVELOPMENTAL  
SCREENING  
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PARTNERS FOR  
FAMILY HEALTH  
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LOUISIANA  
DEPARTMENT OF HEALTH

## LTC Personal Needs Allowance



Effective July 1, 2025, Louisiana Medicaid increased the Personal Care Needs Allowance (PCNA) and the Optional State Supplement (OSS) to better support long-term care (LTC) members with personal expenses not covered by facility fees.

- PCNA increased from \$38 to \$45 per month.
- OSS increased from \$8 to \$15 per month.

These changes aim to enhance the financial support available to LTC members for essential personal needs.

## Pregnancy Checkbox Correction

**Hospital-based providers, we need your help to ensure the accurate completion of the pregnancy checkbox on death certificates.**

The U.S. Centers for Disease Control and Prevention has asked states to collaborate with coroners and other certifying physicians to address and correct inaccuracies in the pregnancy checkbox on death certificates. In support of this initiative, the [Louisiana Pregnancy-Associated Mortality Review](#) staff will begin sending requests in July to amend death certificates when discrepancies in the pregnancy checkbox are identified through the Pregnancy-Associated Mortality Review case validation process. These requests will include:

- A detailed letter outlining the decedent's information
- A description of the error
- Supporting documentation
- A pre-filled letter to the Bureau of Vital Records and Statistics requesting the amendment
- Clear instructions for submitting authorization for the change

The Louisiana Pregnancy-Associated Mortality Review program reviews all pregnancy-associated deaths in the state to identify trends and opportunities for prevention. Pregnancy-associated deaths are identified first through Vital Records by using death certificates with the pregnancy checkbox. Through the pregnancy-associated death identification and verification process, discrepancies are identified when the pregnancy checkbox does not align with the pregnancy history identified in the patient's clinical record. Between 2022 and 2023, the Louisiana Pregnancy-Associated Mortality Review team identified 113 errors in the pregnancy checkbox, with 27% occurring on death certificates signed by a certifying physician.

To ensure accuracy, confirm the decedent’s pregnancy status by reviewing the medical and social history before making a selection for the pregnancy checkbox. The “Not Applicable” checkbox should never be selected for women of childbearing age, and while “Unknown” is an option, every effort should be made to determine the decedent’s true pregnancy status. An incorrectly marked pregnancy checkbox can result in misclassification of maternal deaths and inaccurate statistics that impact the ability to improve maternal healthcare, allocate resources appropriately, and evaluate the effectiveness of maternal health programs.

Accurate maternal mortality data is crucial for shaping public health initiatives, guiding policy decisions, and reducing maternal mortality rates. Your diligence ensures that individuals receive accurate classification and can help improve maternal health outcomes in Louisiana and nationwide.

If you have any questions about this process, please contact the Pregnancy-Associated Mortality Review medical director, Dr. Veronica Gillispie-Bell, at [Veronica.Gillispie@la.gov](mailto:Veronica.Gillispie@la.gov) or the Pregnancy-Associated Mortality Review coordinator, Anjell DeGruy, at [Anjell.DeGruy@la.gov](mailto:Anjell.DeGruy@la.gov).

## Medicaid Purchase Plan

The Louisiana Medicaid Purchase Plan (MPP), which supports working individuals with disabilities, implemented key updates, effective July 13, 2025.

- Income eligibility is increasing from 100% to 200% of the federal poverty level (FPL).
- The resource limit is rising from \$10,000 to \$25,000.
- A monthly premium of \$131 will be required for participants earning above 150% of the FPL.

Premiums are due the month following certification of coverage in the Medicaid eligibility system, regardless of start date. For example, if an MPP is certified on February 15 with a January 1 start date, the first premium will be due in March. Premiums may change at the time of eligibility review. Beneficiaries can lose or gain a premium based on changes noted during eligibility review. Coverage may be closed for failure to pay premiums, in addition to having excess income or resources.

## Third Party Liability Portal – Third Party Referral Module Enhancement



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



## Pharmacy Benefits Manager

Effective October 1, 2025, Louisiana Medicaid will transition from a single pharmacy benefit manager (PBM) to a model where each health plan manages its own pharmacy benefits. This includes handling prior authorizations, claims and prescription coverage.

Most Medicaid members are enrolled in a health plan. Fee-for-service (FFS) members and those with behavioral-health-only coverage are not affected.

New health plan ID cards will be issued with updated pharmacy details. Prescription benefits, co-pays and drug coverage remain the same. Pharmacy networks may change; members will be contacted if their pharmacy is no longer in-network.

PBM responsibilities will shift from Prime Therapeutics to individual health plan PBMs. Existing prior authorizations will carry over and remain valid. Pharmacies must confirm network participation with each health plan's PBM.

## 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](https://ldh.la.gov/page/youth-health-transition-toolkit) to learn more!

## Discontinuance of Kangaroo Joey e-Pumps, Feeding Sets, and Supplies

### REMINDER...



Cardinal Health has discontinued the supply and distribution of the Kangaroo e-Pump and Kangaroo Joey capital equipment, as well as the associated feeding sets. The revised timeline is provided below.

	Schedule	
<input checked="" type="checkbox"/>	End of Service Support Date Out of Warranty	December 31, 2024
<input type="checkbox"/>	End of Service Support Date Within Warranty	Through Warranty End Date
<input 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.**

## On the Calendar in August 2025

### Month

Children's Eye Health and Safety

National Minority Donor Awareness

National Immunization Awareness

Neurosurgery Awareness

Psoriasis Action Month

Spinal Muscular Atrophy Awareness

Summer Sun Safety Month

Gastroparesis Awareness Month

# August 2025



Week

World Breastfeeding Week

August 1 – 7

National Health Center Week

August 3 – 9

Health Unit Coordinator Recognition Week

August 23 - 29

Day

National Minority Donor Awareness Day

August 1

World Lung Cancer Day

August 1

Physician Family Day

August 30, 2025

International Overdose Awareness Day

August 31

## 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](#)



PROVIDER TO PROVIDER CONSULTATION LINE  
Pediatric and Perinatal Mental Health Support

Call us at (833)721-2881 or email us at [ppcl@la.gov](mailto: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

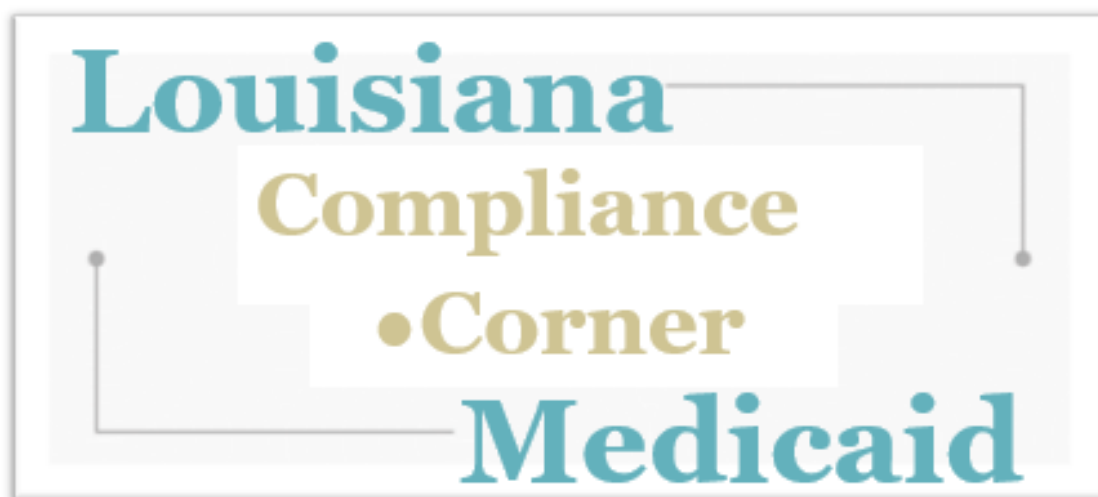
**You can complete the survey by:**

- Using your phone to scan the QR code
- Accessing the survey online at [bit.ly/4cc6zZ5](https://bit.ly/4cc6zZ5)

Want more information? Email [DevScreen@la.gov](mailto:DevScreen@la.gov) with any questions.

Louisiana Chapter  
OF THE 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](http://www.lamedicaid.com) under the “Provider Manual” link:

Manual Chapter	Section(s)	Date of Revision(s)
<a href="#">Behavioral Health</a>	<ul style="list-style-type: none"> <li>Section 2.3 – Outpatient Services – Crisis Response Services</li> </ul>	07/07/25
<a href="#">Professional Services</a>	<ul style="list-style-type: none"> <li>Section 5.1 – Covered Services – Early and Periodic Screening, Diagnostic and Treatment (EPSDT)</li> <li>Section 5.1 – Covered Services – Public Health Surveillance Mandates</li> <li>Appendix A – Contact Information</li> </ul>	07/28/25
<a href="#">Community Choices Waiver (CCW)</a>	<ul style="list-style-type: none"> <li>Table of Contents</li> <li>Section 7.0 – Overview</li> <li>Section 7.1 – Covered Services</li> <li>Section 7.2 – Self-Direction Option</li> <li>Section 7.3 – Beneficiary Requirements</li> <li>Section 7.4 – Beneficiary Rights and Responsibilities</li> <li>Section 7.5 – Service Access Authorization</li> <li>Section 7.6 – Provider Requirements</li> <li>Section 7.7 – Record Keeping</li> <li>Section 7.8 – Reimbursement</li> <li>Section 7.9 – Program Oversight and Review</li> <li>Section 7.10 – Incidents, Accidents, and Complaints</li> <li>Section 7.11 – Organized Health Care Delivery Systems (OHCDs)</li> <li>Appendix A – Contact Information</li> <li>Appendix B – Forms/Links/Documents</li> <li>Appendix C – Billing Codes/Fee Schedule</li> <li>Appendix D – Claims Filing</li> <li>Appendix E – Glossary</li> <li>Appendix F – Concurrent Services</li> <li>Appendix G – Database Checks</li> </ul>	07/29/25
<a href="#">Adult Day Health Care (ADHC)</a>	<ul style="list-style-type: none"> <li>Table of Contents</li> <li>Section 9.0 - Overview</li> <li>Section 9.1 – Covered Services</li> <li>Section 9.2 – Beneficiary Requirements</li> <li>Section 9.3 – Beneficiary Rights and Responsibilities</li> <li>Section 9.4 – Service Access and Authorization</li> <li>Section 9.5 – Provider Requirements</li> <li>Section 9.6 – Record Keeping</li> <li>Section 9.7 – Reimbursement</li> </ul>	07/18/25

Manual Chapter	Section(s)	Date of Revision(s)
	<ul style="list-style-type: none"> <li>Section 9.8 – Program Oversight and Review</li> <li>Section 9.9 – Incidents, Accidents, and Complaints</li> <li>Appendix A – Contact Information</li> <li>Appendix B – Forms/Links</li> <li>Appendix C – Billing Codes/Fee Schedule</li> <li>Appendix D – Glossary</li> <li>Appendix E – Claims Related Information</li> <li>Appendix F – Concurrent Services</li> </ul>	
<a href="#">Medical Transportation</a>	<ul style="list-style-type: none"> <li>Table of Contents</li> <li>Section 10.0 – NEMT – Overview</li> <li>Section 10.1 – NEMT – Covered Services</li> <li>Section 10.2 – NEMT – Scheduling and Dispatching</li> <li>Section 10.3 – NEMT – Provider Requirements</li> <li>Section 10.4 – NEMT – Provider Responsibilities</li> <li>Section 10.5 – NEMT – Record Keeping</li> <li>Section 10.6 – NEMT – Claims and Encounters</li> <li>Section 10.7 – Ambulance – Overview</li> <li>Section 10.8 – Ambulance – Emergency Ambulance Transportation</li> <li>Section 10.9 – Ambulance – Non-Emergency Ambulance Transportation (NEAT)</li> <li>Section 10.10 – Ambulance – Air Ambulance</li> <li>Section 10.12 – Ambulance – Return Trips and Transfers</li> <li>Section 10.13 – Ambulance – Claims and Encounters</li> <li>Section 10.14 – Record Retention</li> <li>Section 10.15.1 – Contact Information</li> </ul>	07/14/25
<a href="#">Children’s Choice (CC) Waiver</a>	<ul style="list-style-type: none"> <li>Table of Contents</li> <li>Section 14.0 – Overview</li> <li>Section 14.1 – Covered Services</li> <li>Section 14.2 – Beneficiary Requirements</li> <li>Section 14.3 – Rights and Responsibilities</li> <li>Section 14.4 – Service Access and Authorization</li> <li>Section 14.5 – Provider Requirements</li> <li>Section 14.6 – Staffing Requirements</li> <li>Section 14.7 – Record Keeping</li> <li>Section 14.8 – Reimbursement</li> <li>Section 14.9 – Program Monitoring</li> <li>Section 14.10 – Incidents, Accidents, and Complaints</li> <li>Section 14.11 – Support Coordination</li> <li>Section 14.12 – Self-Direction Option</li> <li>Appendix A – Developmental Disability L</li> </ul>	07/08/25

Manual Chapter	Section(s)	Date of Revision(s)
	<ul style="list-style-type: none"> <li>Appendix B – Glossary</li> <li>Appendix C – Contact Information</li> <li>Appendix D – Forms</li> <li>Appendix E – Billing Codes</li> <li>Appendix F – Claims Filing</li> </ul>	
<a href="#">Durable Medical Equipment (DME)</a>	<ul style="list-style-type: none"> <li>Section 18.2.1.7 – Specific Coverage Criteria – Ventilator Assist Devices</li> </ul>	07/21/25
<a href="#">Home Health</a>	<ul style="list-style-type: none"> <li>Section 23.4 – Provider Requirements</li> </ul>	07/01/25
<a href="#">Residential Options Waiver (ROW)</a>	<ul style="list-style-type: none"> <li>Section 38.1 – Covered Services</li> <li>Section 38.6 – Provider Requirements</li> <li>Section 38.9 – Reimbursement</li> <li>Appendix E – Billing Codes</li> </ul>	07/07/25

## 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](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](mailto: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](http://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 4<sup>th</sup> 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 4<sup>th</sup> 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 4<sup>th</sup> Streets.

### Directions from North Baton Rouge

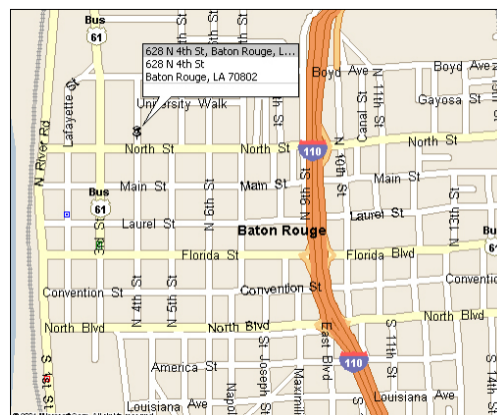
Take I-110 South.

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 4<sup>th</sup> Streets.



### Parking Options:

#### Option 1

Galvez Parking Garage  
504 North 5th Street (Located at the corner of North and 5<sup>th</sup> 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/EPSTD – 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](mailto:MMISClaims@la.gov)

[MMIS Claims Reimbursement](#)

### MMIS/Recipient Retroactive Reimbursement

(225) 342-1739

1-866-640-3905

[Medicaid.RecipientReimbursement@LA.gov](mailto:Medicaid.RecipientReimbursement@LA.gov)

[MMIS Claims Reimbursement](#)

### MES Long Term Care Claims Resolution Unit

[MESLTCClaims@LA.gov](mailto: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](#)