37.22 LOUISIANA MEDICAID WEBSITE

Overview

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Introduction　　　　This Section explains the Louisiana Medicaid Website that is available to Medicaid providers. This website assists providers with information necessary to provide services to Medicaid recipients. The website is accessible at www.lamedicaid.com.

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In This Section　　　This Section contains:

　　　　　www.lamedicaid.com
　　　　　Provider Access
　　　　　Clinical Drug Inquiry
　　　　　Preferred Drug List
　　　　　Prescriber Numbers
　　　　　MEVS
　　　　　TPL Carrier Code List
　　　　　Manuals and Appendices
　　　　　Provider Education and Communication
　　　　　Forms
　　　　　Links

37.22.1 WWW.LAMEDICAID.COM

Louisiana Medicaid's provider website, www.lamedicaid.com has several applications that can be used by pharmacy providers. Many of the most commonly requested items from providers include, but are not limited to, preferred drug listings, clinical drug inquiries, eligibility and prescriber numbers are available online. These applications require that providers establish an online account.

37.22.2 PROVIDER ACCESS

To establish an online account with LAMEDICAID.COM providers must have the following:

- A valid seven-digit provider identification number assigned by Louisiana Medicaid;
- An Internet account with an Internet Service Provider (not provided by DHH or Molina);
- A valid e-mail address (not provided by DHH or Molina); and
- A web browser that supports SSL with 128-bit encryption, for example, Microsoft Internet Explorer v5 or v6 or Netscape Navigator v6 or v7.

For technical support, call the webmaster at 877-598-8753.

37.22.3 CLINICAL DRUG INQUIRY

The Clinical Drug Inquiry is a component of the Clinical Data Inquiry (e-CDI) that is available to pharmacists. I t promotes the deliberate evaluation by providers to help prevent duplicate or inappropriate drug therapy. The Clinical Drug Inquiry is available twenty-four hours a day and is updated on a daily basis. The Clinical Drug Inquiry will provide clinical historical data on each Medicaid recipient for the current month, prior month and prior four months. A print friendly version of the displayed information will be accessible and suitable for the recipient's clinical chart.

37.22.4 PREFERRED DRUG LIST

The website is a reference for the most current listing of the LMPBM preferred drugs as well as those drugs requiring prior authorization. In addition, this area of the website gives details about the prior authorization program and process.

Note: Refer to Section 37.5.5 Prior Authorization and Preferred Drug List for detailed policy information.

37.22.5 PRESCRIBER NUMBERS

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A listing of prescribing practitioner numbers and NPIs is available on the website. This listing is updated on a daily basis.

Listed below are the instructions for obtaining this information via the web.

- On the computer connected to the Web, launch the internet browser (Internet Explorer or Netscape Navigator).
- Type www.LAMEDICAID.com in the address bar or the browser.
- Once the web site has been loaded, look on the left side of the screen at the list of available links.
- Go to the link labeled Forms/Files/User Guides.
- Under Forms/Files/User Guides, select the RXPA Files, then RXPA PPN Link.
- This will start a download of the prescriber zip file (called PPN.zip) to the PC. Download this file to the PC.
- Open the file PPN.zip using WINZIP. (Free WINZIP, downloads are available on the internet at www.winzip.com.)
- Once opened, double click the PPN.PDF file.
- A prompt will appear on the screen requiring a password in order to un-zip the file. The password is KARNARDO2002. (Password is case sensitive).
- The PPN.pdf file can be viewed with Adobe Acrobat. (A free download of Adobe Acrobat is available at www.adobe.com.)

Note: Refer to Section 37.4.5 Accessing Prescriber Numbers for more detailed information.

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37.22.6 MEDICAID ELIGIBILITY VERIFICATION SYSTEM (MEVS)

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MEVS   MEVS is an electronic system used to verify Medicaid recipient eligibility information. This electronic verification process expedites reimbursement, reduces claim denials, and helps to eliminate fraud. Eligibility information for a recipient, including third party liability, primary care providers and any restrictions, including lock-in, may be obtained by accessing information through MEVS. Only one eligibility inquiry at a time may be made when using the web application. This system is available seven days a week, twenty-four hours per day except for occasional short maintenance periods.

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REVS   A telephonic system is also available to providers to verify eligibility information. REVS may be accessed through touch-tone telephone equipment using Molina toll-free telephone number 800-776-6323 or 225-216-7387

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37.22.7 TPL CARRIER CODE LIST
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Private insurance companies are assigned a unique Louisiana carrier code. Pharmacy providers are asked to submit the TPL carrier code when coordinating claims for payment with a primary payor.
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37.22.8 MANUALS AND APPENDICES
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POS User Guide	The Point of Sale User Guide details the required information for claim submittal. This helpful manual lists NCPDP fields and instructions for proper usage.

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SwitchVendor Specifications	Pharmacy providers using the Medicaid POS system are required to transmit their POS claims through an authorized telecommunications switch vendor. This document outlines the requirements necessary for switch vendors to transmit pharmacy claims.

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Appendix A	Appendix A is a list of drugs payable on the drug file.

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Appendix A-1	Appendix A-1 is a list of drugs with applicable Louisiana Maximum Allowable Costs (LMAC) and Federal Upper Limits (FUL).

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Appendix B	Appendix B is a list of the Drug Efficacy Study Implementation (DESI) drugs by national drug code. These drugs are non-payable.

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Appendix C	Appendix C is a list of pharmaceutical companies participating in the Federal Medicaid Drug Rebate Program.

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37.22.9 PROVIDER EDUCATION AND COMMUNICATION
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Provider Update	Provider Updates are sent to providers to inform them of the latest Medicaid policy. These updates may be accessed by month and year of publishing.

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Remittance Advice (RA) Messages	The RA is the control document which informs the provider of the current status of submitted claims. It is sent out weekly when the provider's claims have been adjudicated. The RA also includes messages to providers of any changes in policy. These messages may be accessed on the website by the date of the RA message.

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Provider Training Packet	The provider training packet presents the latest policy changes that affect providers.

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DHH Letters	Selected provider correspondences are posted on this website.

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Provider Relations	Provider relations may be contacted at 800-473-2783 or 225-924-5040. Field analysts are available to train new providers on site and to assist with complex billing problems. A list of analysts and parishes that they serve is available.

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37.22.10 FORMS

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RXPA Form	The Prior Authorization Form used to submit a prior authorization drug request may be downloaded. This form must be submitted by the prescriber.

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Form 211, Drug Adjustment/Void Form	This form is used to submit pharmacy claim adjustments, voids, and DUR overrides.

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PA01	Total Parenteral Nutrition providers are required to utilize this form to request prior authorization for TPN services.

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CMS-1500	This form is submitted to receive reimbursement for Total Parenteral Nutrition services.

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37.22.11 LINKS

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Board of Pharmacy	www.labp.com

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Board of Medical Examiners	www.lsbme.org

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Centers for Medicare and Medicaid Services	www.cms.hhs.gov

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