

## Welcome



Welcome to the February edition of the Provider Update Newsletter. As we progress into 2026, we will continue to focus on our key priorities of ensuring that our members have access to the care and services they need, as well as ensuring we assist you to do what you do best – providing quality care to your patients and our members.

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](http://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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## Healthcare Common Procedure Coding System Update

Louisiana Medicaid will update fee-for-service (FFS) files to reflect new and discontinued Healthcare Common Procedure Coding System (HCPCS) codes for 2026. Procedure codes discontinued effective December 31, 2025, will be removed first, with updated fee schedules effective January 1, 2026, published in early January.

New 2026 HCPCS codes will be added by the end of January. Providers should monitor the Louisiana Medicaid website for announcements regarding implementation timelines or potential delays. Managed care organizations (MCO) should proactively update claims processing systems to reflect all HCPCS additions, changes and deletions to minimize claim-processing delays in 2026.

For questions related to FFS claims, contact Gainwell Technologies Provider Services at (800) 473-2783 or (225) 924-5040. Questions regarding managed care claims should be directed to the appropriate MCO.

## Understanding LaHIPP – A Provider’s Guide to Participation (Video)



We’re pleased to announce that the Understanding LaHIPP: A Provider’s Guide to Participation video is now available. In prior communications, we shared that this resource would be coming soon, and we’re excited to officially make it available to our medical providers.

This informational video was created to guide providers through LaHIPP participation, including program overview, key requirements, and expectations for successful engagement. We encourage providers to view the video to enhance their understanding of the program and how it supports eligible members.

Thank you for your continued partnership with LaHIPP. We appreciate your commitment to serving our members.

Watch our video Understanding LaHIPP: A Provider’s Guide to Participation found in the Provider section.



## High-Alert Medications

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

Medications are central to the management of many health conditions; however, medication errors are widely acknowledged as a major source of patient harm, with approximately one in twenty patients experiencing preventable harm. High-alert medications are drugs that carry a greater risk of causing serious patient harm if used incorrectly. Researchers have found it challenging to determine how frequently prescribing errors occur with high-alert medications. A systematic review published in 2016 reported widely varying error rates, ranging from 0.24 to 89.6 errors per 100 medication orders. The Institute for Safe Medication Practices (ISMP) has noted that while high-alert medications are not necessarily associated with a higher incidence of errors compared with other drugs, errors involving these medications are more likely to result in serious patient harm when they do occur.

A medication may be classified as high-alert when its use is associated with a greater likelihood of causing serious patient harm or significant adverse effects. Contributing factors often overlap, meaning that many high-alert medications fall into multiple categories, including a narrow therapeutic range, the potential for serious adverse effects, the need for ongoing monitoring, clinically significant drug interactions, withdrawal effects, time-critical administration, and complex or atypical dosing requirements.

### ISMP High-Alert Medication Lists

The ISMP lists of high-alert medications are intended to help identify medications that require additional safety measures to reduce the likelihood of errors and minimize patient harm. These measures may include enhanced access to drug information, the use of auxiliary labels and automated alerts, utilization of clinical decision support, the use of redundancies such as independent or automated double-checks when appropriate, limited access to certain high-alert medications, and standardized practices for prescribing, storing, dispensing, and administering these medications.

Drawing on error reports submitted to the ISMP National Medication Errors Reporting Program (ISMP MERP), published literature describing harmful medication errors, studies identifying drugs most frequently associated with serious harm, and input from healthcare practitioners and safety experts, ISMP developed and has periodically updated a list of high-alert medications for both community / ambulatory care settings and acute care settings. The lists incorporate feedback from practitioners who participated in focus groups or responded to an ISMP survey. ISMP clinical staff, members of ISMP's advisory board, and other safety and clinical experts also reviewed the lists. The current lists reflect the collective judgment of all contributors.

**ISMP List of High-Alert Medications in Community / Ambulatory Care Setting**

<b>Classes / Categories of Medications</b>
Antithrombotic agents, oral and parenteral <ul style="list-style-type: none"> <li>• Anticoagulants (e.g., warfarin, low molecular weight heparin, unfractionated heparin)</li> <li>• Direct oral anticoagulants and factor Xa inhibitors (e.g., dabigatran, rivaroxaban, apixaban, edoxaban)</li> <li>• Direct thrombin inhibitors (e.g., dabigatran)</li> </ul>
Chemotherapeutic agents <ul style="list-style-type: none"> <li>• Oral and parenteral chemotherapy (e.g., capecitabine, cyclophosphamide)</li> <li>• Oral targeted therapy and immunotherapy (e.g., palbociclib [Ibrance®], imatinib [Gleevec®], bosutinib [Bosulif®])</li> <li>• Excludes hormonal therapy</li> </ul>
Immunosuppressant agents, oral and parenteral (e.g., azathioprine, cyclosporine, tacrolimus)
Insulins, all formulations and strengths (e.g., U-100, U-200, U-300, U-500)
Medications contraindicated during pregnancy (e.g., bosentan, isotretinoin)
Moderate and minimal sedation agents, oral, for children (e.g., chloral hydrate, midazolam, ketamine [using the parenteral form])
Opioids, all routes of administration (e.g., oral, sublingual, parenteral, transdermal), including liquid concentrates, immediate- and sustained-release formulations, and combination products with another drug
Pediatric liquid medications that require measurement
Sulfonylurea hypoglycemics, oral (e.g., chlorpropamide, glimepiride, glyburide, glipizide, tolbutamide)
<b>Specific Medications</b>
Carbamazepine
Epinephrine, IM or SQ
Insulin U-500*
Lamotrigine
Methotrexate, oral and parenteral nononcologic use*
Phenytoin
Valproic acid
*All oral and parenteral chemotherapy, and all insulins are considered high-alert medications. These specific medications have been singled out for special emphasis to bring attention to the need for distinct strategies to prevent the types of errors that occur with these medications.

Reference: The Institute for Safe Medication Practices (ISMP)

*ISMP List of High-Alert Medications in Acute Care Setting*

<b>Classes/Categories of Medications</b>
Adrenergic agonists, IV (e.g., epinephrine, phenylephrine, norepinephrine)
Adrenergic antagonists, IV (e.g., propranolol, metoprolol, labetalol)
Anesthetic agents, general, inhaled and IV (e.g., propofol, ketamine)
Antiarrhythmics, IV (e.g., lidocaine, amiodarone)
Antithrombotic agents, including: <ul style="list-style-type: none"> <li>• anticoagulants (e.g., warfarin, low molecular weight heparin, unfractionated heparin)</li> <li>• direct oral anticoagulants and factor Xa inhibitors (e.g., rivaroxaban, fondaparinux)</li> <li>• direct thrombin inhibitors (e.g., argatroban, bivalirudin, dabigatran)</li> <li>• glycoprotein IIb/IIIa inhibitors (e.g., eptifibatide)</li> <li>• thrombolytics (e.g., alteplase, reteplase, tenecteplase)</li> </ul>
Cardioplegic solutions
Chemotherapeutic agents, parenteral and oral
Dextrose, hypertonic, 20% or greater
Dialysis solutions, peritoneal and hemodialysis
Epidural and intrathecal medications
Inotropic medications, IV (e.g., digoxin, milrinone)
Insulin, subcutaneous and IV
Liposomal forms of drugs (e.g., liposomal amphotericin B) and conventional counterparts (e.g., amphotericin B deoxycholate)
Moderate and minimal sedation agents, oral, for children (e.g., chloral hydrate, midazolam, ketamine)
Moderate sedation agents, IV (e.g., dexmedetomidine, midazolam, lorazepam)
Neuromuscular blocking agents (e.g., succinylcholine, rocuronium, vecuronium)
Opioids, all routes of administration (e.g., oral, sublingual, parenteral, transdermal)
Parenteral nutrition preparations
Sodium chloride for injection, hypertonic, greater than 0.9% concentration
Sterile water for injection, inhalation and irrigation (excluding pour bottles) in containers of 100 ml or more
Sulfonylurea hypoglycemics, oral (e.g., glimepiride, glipizide, glyburide, tolbutamide)
<b>Specific Medications</b>
Epinephrine, IM and subcutaneous
Epoprostenol (e.g., Flolan), IV
Insulin U-500*
Magnesium sulfate injection
Methotrexate, oral, nononcologic use
Nitroprusside sodium for injection
Opium tincture
Oxytocin, IV

Potassium chloride for injection concentrate
Potassium phosphates injection
Promethazine injection
Tranexamic acid injection
Vasopressin, IV and intraosseous
*All forms of insulin, subcutaneous and IV, are considered a class of high-alert medications. Insulin U-500 has been singled out for special emphasis to bring attention to the need for distinct strategies to prevent the types of errors that occur with this concentrated form of insulin.

Reference: The Institute for Safe Medication Practices (ISMP)

While it may be appealing to focus safety improvement efforts exclusively on specific high-alert medications or drug classes, evidence suggests that the most effective safety interventions address underlying systemic causes. Research conducted in primary care and published in 2021 found that the greatest opportunities for improving medication safety lie in optimizing the use of existing information technology and strengthening team communication and continuity of care, factors that contribute to many instances of patient harm.

It is also essential to address additional contributors to harm, such as those related to human factors, by optimizing interactions between people, systems, and the healthcare environment. Embedding medication safety initiatives within broader healthcare improvement efforts is more likely to yield meaningful and sustainable results. Nonetheless, a fundamental principle of patient safety is to prioritize areas where the risk of severe harm or death is highest, which frequently includes the use of high-alert medications.

The safe management of high-alert medicines is a key responsibility of healthcare providers. By remaining up to date with current evidence, following established guidelines, and maintaining effective communication with patients and the wider healthcare team, healthcare providers play a critical role in reducing harm and improving patient outcomes. Ongoing vigilance, continuous education using the wide range of high-quality resources available to medical professionals, and a proactive approach are essential to ensuring the safe use of high-alert medications.

## References

[High-risk-medications-a-guide-for-pharmacy-professionals](#)

[ISMP List of High-Alert Medications in Acute Care Settings](#)

[ISMP List of High-Alert Medications in Community/Ambulatory Care Settings](#)

## Amino Acid-Based Elemental Formula Coverage Update

Effective January 1, 2026, the Louisiana Department of Health (LDH) implemented new coverage for Amino Acid-Based Elemental Formula coverage criteria for beneficiaries, irrespective of how it is delivered, but prior authorization is required.

Conditions warranting the coverage include:

- Immunoglobulin E and non-immunoglobulin E mediated allergies to multiple food proteins;

- Severe food protein-induced enterocolitis syndrome;
- Eosinophilic disorders confirmed by the results of a biopsy; or
- Impaired nutrient absorption caused by disorders affecting the absorptive surface, functional length, or motility of the gastrointestinal tract.

Prior authorization must include a diagnosis from a board-certified allergist or gastroenterologist, along with a written order from the treating physician that confirms the medical necessity of the formula for the child.

For further inquiries, LDH can be reached at (225) 342-5691, while questions about fee-for-service claims should be directed to Gainwell Technology Provider Relations at (800) 473-2783 or (225) 924-5040.

Managed care claim inquiries should be addressed to the relevant managed care organization.

## **FEBRUARY 2026**

### **HEALTH OBSERVANCES**

Below are some of the more common health observances for the month of February. To learn more about each Observance listed below, as well as other Observances, please visit <https://www.sophe.org/focus-areas/national-health-observances/> or <https://b2b.healthgrades.com/insights/blog/2026-health-observances-calendar/>

American Heart Month

Age-related Macular Degeneration (A.M.D.)/Low Vision Awareness Month

National Cancer Prevention Month

Gallbladder and Bile Duct Cancer Awareness Month

National Children's Dental Health Month

International Prenatal Infection Prevention Month

Turner Syndrome Awareness Month

National Patient Recognition Week 2/1-2/7

Congenital Heart Defect Awareness Week 2/7–2/14

Cardiac Rehabilitation & Heart Failure Awareness Week 2/8–2/14

Sepsis Survivor Week 2/8–2/14

Children's Mental Health Awareness Week 2/9-2/15

National Eating Disorder Awareness Week 2/23-3/1

**2/2**

Rheumatoid Arthritis Awareness Day

2/4

World Cancer Awareness Day

2/6

National Wear Red Day

2/7

National Black HIV/AIDS Awareness Day

2/14

National Donor Day

2/22

National Heart Valve Disease Awareness Day

2/28

Rare Disease Day

## About American Heart Month: Ways to Get Involved

Focusing on your heart health has never been more important.

- **Heart disease is the leading cause of death in the United States.** But you can do a lot to protect your heart. [Learn more about heart-healthy living.](#)
- **Self-care is heart-health care.** Practicing self-care can keep our hearts healthy. Being physically active, eating healthier foods, getting enough sleep, not smoking, and finding healthy ways to reduce stress can help prevent heart disease. And, when we take care of our hearts, we set an example for those around us to do the same.
- **Get to know #OurHearts!** Learn what a healthy blood pressure, cholesterol, weight, and blood sugar level is for you and how they impact your risk for heart disease. Having a basic understanding of information that concerns your health and using the information to inform health-related decisions and actions for yourself and others, is strongly linked to better health.

Article Retrieved from: <https://www.nhlbi.nih.gov/education/heart-month/about>





## Upcoming Holiday Observances

State offices will be closed for the following:

- Mardi Gras – February 17





## Important Information Regarding UnitedHealthcare Transition

UnitedHealthcare's (UHC) participation in the Louisiana Medicaid program will end on **March 31, 2026**.

The Louisiana Department of Health (LDH) is actively working to ensure continuity of care for Medicaid members and to minimize administrative burden for providers throughout this transition. Providers are encouraged to monitor future Medicaid communications for official updates. Questions can be directed to the Louisiana Medicaid Provider Relations unit at [ProviderRelations@la.gov](mailto:ProviderRelations@la.gov).

-[]For additional information, click [here](#).

## Accepting Medicaid Health Plan ID Cards with LA Wallet

Louisiana Medicaid members can now present their Medicaid and health plan ID cards electronically through the LA Wallet app. Available in the Apple App Store and Google Play Store at no cost to members, these digital cards are updated daily to reflect the most current coverage and eligibility.

For providers, this means:

- **Valid Proof of Coverage** – Digital Medicaid and health plan ID cards in LA Wallet are accepted the same as physical cards.
- **Accurate, Up-to-Date Information** – Coverage and eligibility are refreshed daily, reducing errors or outdated information.
- **Convenience for Families** – Heads of household can view and present cards for dependents, streamlining check-in and verification.

Members enter their driver's license number, date of birth, and social security number to access their digital ID cards.

If you would like to help spread the word about this convenient resource, download a printable flyer [here](#).

If you would like to help spread the word about this convenient resource, click the flyer to download a printable flyer.



## REMINDER: Revalidate Enrollment Regularly

*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.

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



**For additional information on this discontinuance, contact Cardinal Health Sales Representatives or Cardinal Health Customer Service at (800) 964-5227.**

	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.

## Youth Health Transition (YHT) Toolkit

The Youth Health Transition (YHT) Toolkit, developed by the Louisiana Department of Health's Office of Public Health, Bureau of Family Health, through its Pediatric Medical Home Initiative, is a powerful resource for professionals supporting youth and young adults in their journey toward adult healthcare. Designed for physicians, nurses, social workers, clinic managers, and support staff, the toolkit equips providers with best practices to enhance adolescent well-care visits and strengthen existing transition services within their practice.

This web-based toolkit features step-by-step guides and downloadable worksheets, all grounded in a quality improvement framework. It empowers young people to take charge of their long-term health by helping them build essential self-management skills and connecting them to critical resources for a successful transition to adult care.

 Learn more and access the toolkit at [ldh.la.gov/page/youth-health-transition-toolkit](https://ldh.la.gov/page/youth-health-transition-toolkit).

## Provider-to-Provider Consultation Line



**PPCL**

PROVIDER TO PROVIDER CONSULTATION LINE

Pediatric and Perinatal Mental Health Support

The Louisiana Provider-to-Provider Consultation Line (PPCL) is a no-cost provider-to-provider telephone consultation and education program to help pediatric and perinatal health care providers address their patients' behavioral and mental health needs.

### How Does PPCL Work?

- Mental Health Consultants are available 8:00 am to 4:30 pm, Monday through Friday.
- You may speak to a Resource Specialist for resource and referral information.
- For clinical questions, including questions regarding psychiatric medications, you will be connected with a psychiatrist.
- Receive a written summary of your consultation.
- We can also connect with you via telehealth, e-mail, or submitted [requests by clicking here](#)

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

**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

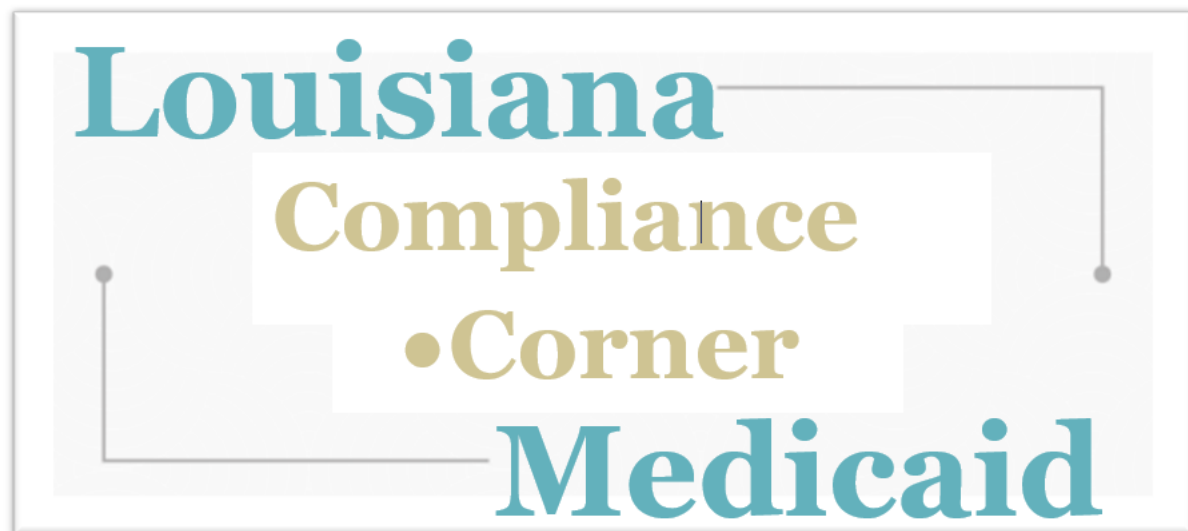
**You can complete the survey by:**

- 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  
PEDIATRIC DEPARTMENT  
American Academy of Pediatrics  
SUPPORTS BY THE STATE OF LOUISIANA





## Remittance Advice Corner

### 2025 Annual 1099 Notice for Providers

Louisiana Medicaid 2025 1099's will be distributed by U.S. Mail on or before January 31, 2026. Electronic copies are now available for download by going to the Louisiana Medicaid website, [www.lamedicaid.com](http://www.lamedicaid.com), Secure Portal, application link, Online 1099. If replacement copies or additional copies are needed, providers must print them from the website. If you feel there is an error on your 1099, please contact Gainwell Provider Enrollment at 225-216-6370. Prior year 1099's will be stored in the archive on [www.lamedicaid.com](http://www.lamedicaid.com).

## Provider Manual 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 Services (BHS)</a>	<ul style="list-style-type: none"> <li>Section 2.2 – Bed Based Services – Psychiatric Residential Treatment Facilities (PRTF)</li> </ul>	01/05/26
	<ul style="list-style-type: none"> <li>Table of Contents</li> <li>Section 2.4 – Addiction Services</li> <li>Appendix B – Glossary and Acronyms</li> </ul>	01/20/26
<a href="#">Hospital Services</a>	<ul style="list-style-type: none"> <li>Section 25.8 – Claims Related Information</li> </ul>	01/07/26
<a href="#">Pharmacy Benefit Management Services</a>	<ul style="list-style-type: none"> <li>Section 37.5.1 – Forms and Links</li> </ul>	01/20/26

## 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

- [Where is there a listing of Parish Office phone numbers?](#)
- [If a recipient comes back with a retroactive Medicaid card, is the provider required to accept the card?](#)
- [Does a recipient's 13-digit Medicaid number change if the CCN changes?](#)
- [Are State Medicaid cards interchangeable? If a recipient has a Louisiana Medicaid card, can it be used in other states?](#)
- [Can providers request a face-to-face visit when we have a problem?](#)
- [For recipients in Medicare HMOs that receive pharmacy services, can providers collect the Medicaid pharmacy co-payment?](#)
- [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?](#)
- [Who should be contacted if a provider is retiring?](#)
- [If providers bill Medicaid for accident-related services, do they have to use the annotation stamp on our documentation?](#)
- [What if a Lock-In recipient tries to circumvent the program by going to the ER for services?](#)
- [Does the State print a complete list of error codes for provider use?](#)
- [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

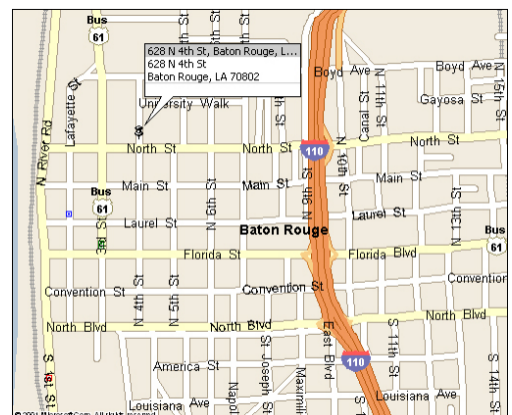
Take I-110 South.

After passing Capitol Access Road exit, take North 9<sup>th</sup> 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 two 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](#)