Louisiana Medicaid | Provider UPDATE

Welcome

Welcome to the March edition of the Provider Update Newsletter. This month marks the arrival of spring and the start of daylight saving time. Although there is a change of season and a spring forward in time, the thing that remains consistent is the strength and resiliency of healthcare professionals like you.

We greatly appreciate your ongoing partnership and support for the Louisiana Medicaid program. As a valued provider, your continued efforts to coordinate care and deliver the highest quality healthcare for our members, your patients, are greatly appreciated.

Please continue to visit the Louisiana Department of Health (LDH) website and social media platforms to stay informed about program updates and upcoming events.

LDH strives to protect and promote health statewide and to ensure access to medical, preventive, and rehabilitative services for all state residents. The Department includes the Office of Public Health (OPH), Office of Aging and Adult Services (OAAS), Office of Behavioral Health (OBH), Office for Citizens with Developmental Disabilities (OCDD), Office on Women's Health and Community Health (OWHCH), and Healthy Louisiana (Medicaid). To learn more, visit ldh.la.gov or follow us on X, Facebook, and Instagram.

We hope you find this month's newsletter informational.

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Project M.O.M.

On February 12, the Louisiana Department of Health (LDH) launched Project M.O.M. (Maternal Overdose Mortality), an initiative aimed at saving lives and supporting families affected by substance use disorder (SUD).

Project M.O.M. focuses on closing gaps between emergency care, prenatal services, and substance use treatment through a coordinated, person-centered approach to care navigation. The program's rollout includes 11 inaugural catalyst site hospitals across the state to support mothers and infants, marking a significant step forward in maternal care.

Catalyst site hospitals
LDH is proud to partner with these hospitals, committed to enhancing outcomes for pregnant and postpartum women with SUD and their babies:

- Lake Charles Memorial Hospital for Women
- Lakeview Hospital
- Lane Regional Medical Center
- Ochsner American Legion Hospital
- Ochsner Lafayette General Medical Center
- Ochsner St. Anne Hospital
- Opelousas General Health System
- Our Lady of the Angels Hospital
- Rapides Regional Medical Center
- Touro Hospital
- Woman's Hospital

Since 2018, accidental overdose has been the leading cause of pregnancy- related deaths in Louisiana, with many of these deaths being preventable. Project M.O.M. aims to decrease maternal mortality related to substance use by 80% over the next three years by reducing stigma, expanding access to treatment, and improving coordination of care before, during, and after pregnancy.

Participating catalyst hospitals have committed to enhancing outcomes on universal screening, evidence-based clinical pathways, medication for opioid use disorder continuity, naloxone distribution, and hospital-based perinatal navigation to better support mothers and infants.

Understanding LaHIPP – A Provider's Guide to Participation

Understanding LaHIPP: A Provider's Guide to Participation video is now available in the Provider section. This informational video was created to assist providers in navigating participation in the Louisiana Health Insurance Premium Payment Program (LaHIPP), covering essential aspects such as program details, key requirements, and expectations for successful engagement. We strongly encourage providers to watch the video to enhance their understanding of the program and its benefits for eligible members.

Tips for Healthcare Providers Treating Allergic Rhinitis

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

Allergic rhinitis (AR) is an inflammatory condition mediated by IgE antibodies. It typically presents with nasal congestion, runny nose (rhinorrhea), sneezing, and nasal itching. AR can also be described as inflammation of the nasal lining that occurs after inhaling allergens such as pollen or animal dander. Common symptoms include sneezing, nasal stuffiness, clear drainage, postnasal drip, and an itchy nose.

AR may be categorized in several ways:
- **By pattern of allergen exposure** - seasonal (e.g., pollens), perennial or year-round (e.g., dust mites), or episodic (exposure to allergens not usually present in the patient's environment, such as visiting a home with pets)
- **By symptom frequency**
- **By symptom severity**

This type of classification can help guide individualized treatment decisions.

Classifying AR by symptom frequency and severity often provides more practical guidance for treatment. Symptom frequency has been defined as:
- **Intermittent:** symptoms occur fewer than 4 days per week or for fewer than 4 weeks per year
- **Persistent:** symptoms occur more than 4 days per week and for more than 4 weeks per year

However, this framework has limitations. For example, a patient with symptoms 3 days per week throughout the entire year would technically be labeled "intermittent," even though their pattern resembles persistent disease. Therefore, clinicians and patients may need to use clinical judgement to determine which category best reflects the patient's experience and guides management. Under this system, a patient may have intermittent symptoms with perennial AR or persistent symptoms with seasonal AR.

Severity of AR is typically classified as:

- **Mild**: symptoms are present but do not interfere with quality of life
- **Moderate to severe**: symptoms interfere with quality of life

Indicators of greater severity include worsening of coexisting asthma, sleep disturbance, limitations in daily activities or sports, and impaired school or work performance.

Allergic rhinitis is common in clinical practice and contributes to missed work/school days, decreased quality of life, and increased healthcare utilization.

Allergy Statistics in the U.S.

- About 25.2% of U.S. adults have a diagnosed seasonal allergy (hay fever) as of 2024.
- Roughly 20.6% of U.S. children have a diagnosis of seasonal allergies.
- Allergic rhinitis is the most common chronic disease in children in the U.S. and the fifth most common chronic disease in the U.S. overall.
- Children living in rural areas (25.6%) were more likely to have a seasonal allergy compared with children living in urban areas (19.8%).

Helpful Tips for Treating Patients with Allergic Rhinitis

Accurate Diagnosis

- Take a detailed history emphasizing seasonal patterns, triggers, and symptom severity.
- Perform a physical exam (e.g., nasal mucosa appearance, runny nose, sneezing).
- Consider allergic rhinitis diagnosis when history and physical findings are consistent with an allergic cause and one or more of the following symptoms are present: nasal congestion, runny nose, itchy nose, or sneezing. Findings consistent with an allergic cause may include clear rhinorrhea, nasal congestion, pale discoloration of the nasal mucosa, and red and watery eyes.
- Consider ordering specific IgE testing (skin or blood) when diagnosis is uncertain, when targeted allergen identification could guide therapy, or when patients do not respond to empiric therapy.

Follow Evidence-Based Clinical Guidelines

- Intranasal corticosteroids (INS) should be prescribed for patients whose symptoms affect quality of life.
- When prescribing an oral antihistamine for patients with AR and primary symptoms of sneezing and itching, second-generation antihistamines, rather than first-generation, are recommended.
- Intranasal antihistamines may be beneficial for patients with seasonal, perennial, or episodic AR.
- An intranasal steroid and an intranasal antihistamine may help when monotherapy is inadequate.
- Leukotriene receptor antagonists are not recommended as primary therapy.
- Allergen immunotherapy should be considered when symptoms persist despite optimal treatment.
- Routine imaging should be avoided in straightforward cases.
- Clinicians may consider offering inferior turbinate reduction—or referring patients to a surgeon who can perform the procedure—for individuals with allergic rhinitis who have persistent nasal obstruction and enlarged inferior turbinates despite appropriate medical therapy.

Address Comorbidities

Assess and document associated conditions such as:

- Asthma
- Conjunctivitis
- Rhinosinusitis
- Sleep-disordered breathing
- Atopic dermatitis

Integration of care for comorbid conditions often improves outcomes.

Environmental Control and Patient Education

- Reducing exposure to known allergens or implementing environmental control measures may be appropriate for patients with allergic rhinitis (AR) when specific allergens have been identified and are clearly linked to their symptoms.
- Educating patients on strategies to reduce allergen exposure, such as monitoring local pollen counts and keeping windows closed during high pollen periods, is appropriate for patients who have identified allergens with associated clinical symptoms.

Tailor Medications and Timing

- Preventive therapy should be initiated **before** pollen seasons in patients with consistent yearly exacerbations.
- Patients with more severe disease who do not improve with pharmacological monotherapy may be prescribed combination pharmacologic therapy. These include antihistamines, decongestants, cromolyn, leukotriene receptor antagonists, and nonpharmacologic measures such as nasal irrigation.
- Subcutaneous or sublingual immunotherapy may be appropriate for individuals whose symptoms remain poorly controlled despite standard therapy.

Patient Follow-Up and Shared Decision-Making

- Establish follow-up plans to assess response, adjust therapy, and consider referral for allergy testing or immunotherapy if needed.

Key Resources for Providers

Clinical Practice Guidelines

Allergic Rhinitis | AAFP

Epidemiology & Evidence Summaries

CDC FastStats - Allergies and Hay Fever
CDC NHIS Data Briefs on Allergic Conditions - January 2026

Professional Societies

AAAAI | American Academy of Allergy, Asthma & Immunology
Asthma and Allergy Foundation of America | AAFA | Home
National Institute of Allergy and Infectious Diseases (NIAID)

Supplemental Tools

National Allergy Forecast & Info About Allergies | Pollen.com
Pollen Count

Summary for Clinical Practice

Seasonal allergies are highly prevalent in the U.S., affecting about one-quarter of adults and many children each year. Providers should use evidence-based guidelines, incorporate environmental control education, optimize pharmacotherapy, and evaluate comorbid conditions to improve patient outcomes. Regular review of evolving clinical guidelines and leveraging reputable resources strengthens care for patients with seasonal allergic rhinitis.

Seasonal Allergies (Hay Fever): What Patients Need to Know

- Seasonal allergies—also called allergic rhinitis or hay fever—happen when the immune system reacts to pollen from trees, grasses, or weeds. Symptoms usually occur during certain times of the year (spring, summer, or fall).
- In the United States, about 1 in 4 adults and 1 in 5 children have seasonal allergies.
- Common symptoms include:
  - Sneezing
  - Runny or stuffy nose
  - Itchy nose, mouth, or throat
  - Watery or itchy eyes
  - Postnasal drip
  - Fatigue
- Symptoms can range from mild to severe and may affect sleep, school, or work.
- One way to reduce symptoms is to limit pollen exposure by doing the following:
  - Check daily pollen counts and limit outdoor time when counts are high.
  - Keep windows closed during allergy season.
  - Use air conditioning if possible.
  - Shower and change clothes after spending time outdoors.
  - Dry clothes indoors instead of outside on high-pollen days.
- Patients should talk to their healthcare provider about medications that may help, such as:
  - Nasal steroid sprays (often first-line treatment)
  - Non-drowsy antihistamines
  - Antihistamine eye drops
- Medications work best when taken regularly during allergy season, sometimes starting before symptoms begin.
- It is important to see a healthcare provider if…
  - Symptoms are not controlled with over-the-counter medications
  - Symptoms include wheezing, shortness of breath, or asthma symptoms
  - Symptoms interfere with sleep or daily activities
- Seasonal allergies are common and manageable. With the right plan, most people can control their symptoms and feel better.

References

[Allergic Rhinitis | Allergy, Asthma & Clinical Immunology | Springer Nature Link](#)
[Allergic Rhinitis | American Academy of Family Physicians](#)
[CDC - Almost a Third of U.S. Adults and Children Have at Least One Allergy | NCHS Pressroom](#)
[GINA Summary Guide 2025 - Global Initiative for Asthma - GINA](#)
[Rhinitis 2020: A Practice Parameter Update | The Journal of Allergy and Clinical Immunology](#)

MARCH 2026

HEALTH OBSERVANCES

Below are some of the more common health observances for the month of March. 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/

National Nutrition Month

Colorectal Cancer Awareness Month

National Kidney Month

Brain Injury Awareness Month
Autoimmune Awareness Month

Endometriosis Awareness Month

Multiple Sclerosis (MS) Education and Awareness Month

National Athletic Training Month

National Sleep Awareness & Patient Safety Awareness Week 3/8-3/14

National Poison Prevention & National Drug and Alcohol Facts Week 3/15–3/21

Brain Awareness Week 3/16–3/22

3/2

World Birth Defects Day

3/4

World Obesity Day & International HPV Awareness Day

3/10

National Women and Girls HIV/AIDS Awareness Day

3/21

World Down Syndrome Day

3/24

World Tuberculosis Day & American Diabetes Alert Day

3/26

Epilepsy Awareness – Purple Day

What Is Purple Day?

Purple Day is a global initiative to raise awareness about epilepsy and support those affected by it. Also called World Epilepsy Day™, **Purple Day** was created in 2008 by nine-year-old Cassidy Megan of Nova Scotia, inspired by her own experience living with epilepsy.

Purple Day officially launched internationally in 2009 with the support of The Anita Kaufmann Foundation and the Epilepsy Association of Nova Scotia.

Why Purple?

Purple has become synonymous with epilepsy awareness today, and Cassidy Megan is credited with starting the "purple wave" to bring visibility to epilepsy. On March 26, people from around the globe are asked to wear purple, decorate their homes and workspaces, and share Purple Day graphics on social media.

Share on Social Media

#**PurpleDay** and #**EpilepsyAwareness**

Use the hashtags #**PurpleDay** and #EpilepsyAwareness on X, Instagram, Facebook, and other social media sites to make your voice heard. Get involved in **Purple Day** in other ways on social media:

Update your header photos and post about **Purple Day** on social media. Download social media graphics and assets for **Purple Day**.
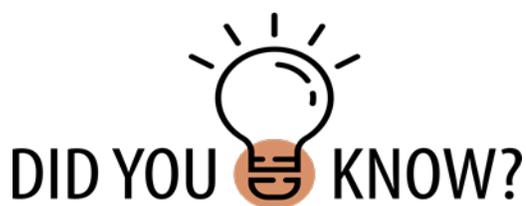
Article Retrieved from: https://www.epilepsy.com/volunteer/spreading-awareness/purple-day

March Dates to Note

Daylight saving time begins: March 8, 2026

The first day of spring is: March 20, 2026

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 committed to ensuring Medicaid members experience continuity of care during this transition while also minimizing the administrative burden on providers. Providers are advised to monitor future Medicaid communications for official updates.

Inquiries can be directed to the Louisiana Medicaid Provider Relations unit at ProviderRelations@la.gov.

For further details, please click here.

The Louisiana Department of Health (LDH) is committed to ensuring that Medicaid members experience uninterrupted care during this transition while also reducing the administrative load on providers. Providers are advised to stay updated by monitoring future communications regarding Medicaid.

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

*0 Under federal and state regulations, **ALL** Medicaid-enrolled providers—including those who order or refer services—must revalidate their enrollment at least once every five years. However, providers of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) face a stricter timeline and must revalidate every three years.*

The revalidation process involves a full screening based on the provider's designated risk level. This may include site visits, fingerprint-based criminal background checks, and disclosure of specific information, similar to the process for newly enrolling or reenrolling providers.

Louisiana Medicaid notifies providers when it's time to revalidate through email, sent from the Provider Enrollment web portal, and a letter via U.S. mail. Providers can also check their revalidation due date or track their revalidation status using the [Provider Lookup Tool](#).

Officials advise that if a provider believes they are within the revalidation period but has not received a notification, they should contact Gainwell Technologies by email at **louisianaprovenroll@gainwelltechnologies.com** or by phone at **1 (833) 641-2140**.

Failure to complete revalidation by the deadline could lead to claim denials and the deactivation of Medicaid billing privileges. In such cases, providers must submit a complete re-enrollment application, and Medicaid will not reimburse any services rendered during deactivation.

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	
☒	~~End of Service Support Date Out of Warranty~~	~~December 31, 2024~~
☐	End of Service Support Date Within Warranty	Through Warranty End Date
☒	~~Kangaroo™ ePump Feeding Sets and Accessories Anticipated End of Supply Date~~	~~June 30, 2025~~
☐	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.

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

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

Stay connected! It takes about 2 minutes to enroll in PPCL. Enrolling helps us contact you, ensures we have the data our funder (HRSA) needs, and gives us information about what our partners need.

Missed our presentations? Click on the links to view our Perinatal Mental Health webinars or the Pediatric Mental Health TeleECHO recordings.

Website and Resources:
Check out our Web site here and share with colleagues. We look forward to hearing from you soon!

Do you provide healthcare services to children and families?

We want to hear from you!

Take our survey! Help make the Louisiana developmental health system work for all!

Do you work with children or pregnant and parenting families in Louisiana? Tell us about your experiences!
Our survey will collect information from health care providers across the state about the developmental screening process.

As integral decision-makers in the healthcare system and the lives of your patients, your input on this 10-15-minute survey will help inform the resources we create to address your needs and improve screening and follow-up services for all Louisiana health care providers, children, and families.

Your participation will provide valuable insights about current screening practices, challenges, and opportunities for collaboration related to the system of care that supports children's health and development.

You will answer questions about:
- Pediatric developmental screening at well-child visits
- Caregiver depression screening at well-visits
- Care coordination practices with families during and after well-child visits

You can complete the survey by:
- Using your phone to scan the QR code
- Accessing the survey online at bit.ly/4cc6zZ5

Want more information? Email DevScreen@la.gov with any questions.

Louisiana Chapter
American Academy of Pediatrics

PARTNERS FOR FAMILY HEALTH LOUISIANA

LOUISIANA DEPARTMENT OF HEALTH

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, 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.

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 under the "Provider Manual" link:

Manual Chapter	Section(s)	Date of Revision(s)
Behavioral Health Services (BHS)	• Section 2.3 – Outpatient Services – Mental Health Rehabilitation (MHR) • Section 2.3 – Outpatient Services – Therapy by Licensed Practitioners • Appendix G-1 – Standardized Assessments for Beneficiaries Receiving Community Psychiatric Support and Treatment and Psychosocial Rehabilitation	02/09/26
	• Section 2.3 – Outpatient Services – Mental Health Rehabilitation (MHR) • Section 2.6 – Record Keeping	02/13/26

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 informed

Keep up to date with all provider news and updates on the Louisiana Department of Health website:

Health Plan Advisories | La Dept. of Health
Informational Bulletins | La Dept. of Health

Subscribe to Informational Bulletin Updates by email:
https://ldh.la.gov/index.cfm/communication/signup/3

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

Pharmacy Facts Newsletter:
https://ldh.la.gov/page/3036

Louisiana Medicaid Fee Schedules:
https://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm

The mission of the Louisiana Department of Health is to protect and promote health and to ensure access to medical, preventive and rehabilitative services for all residents of the state of Louisiana.

LDH is committed to the highest standards of conducting its affairs in full compliance with state and federal laws, regulations and policies. To report fraud, or other violations of federal and state laws and regulations or violations of LDH policies, send an email to **LDHreportfraud@la.gov** or call the **Internal Audit Unit** at **(225) 342-7498**. When making a report, particularly if you choose to remain anonymous, please provide as much information about the alleged activity as possible. Try to answer the questions of **who, what, when, where and how**.

LOUISIANA DEPARTMENT OF HEALTH

ldh.la.gov

Provider FAQs

- 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 4th Street
Baton Rouge, LA 70802

Directions from Lafayette
Take I-10 East to Baton Rouge.
At I-10 Exit 155B turn onto the ramp that merges onto I-110 North.
Take the North Street exit on your left.
Continue down North Street to the Bienville Building at the corner of North and 4th Streets.

Directions from New Orleans
Take I-10 West from New Orleans to Baton Rouge.
At I-10/I-110 Exit, merge onto I-110 North.
Take the North Street exit on your left.
Continue down North Street to the Bienville Building at the corner of North and 4th Streets.
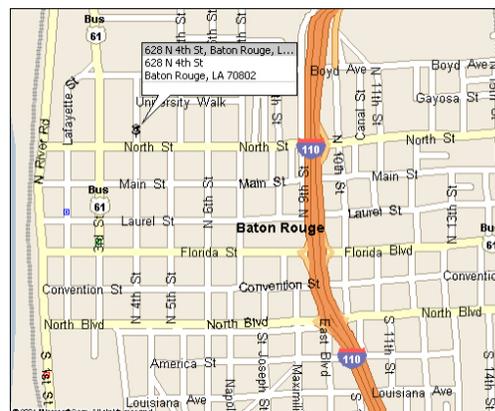
Directions from North Baton Rouge
Take I-110 South.
After passing Capitol Access Road exit, take North 9th Street exit.
Follow service road alongside interstate.
Turn right onto North Street.
Continue down North Street to the Bienville Building at the corner of North and 4th Streets.

Parking Options:

Option 1

Galvez Parking Garage

504 North 5th Street (Located at the corner of North and 5ᵗʰ Streets)

Baton Rouge, LA 70802

[Know your license plate number for validation purposes]

Option 2

Street parking around the Bienville Building is available at a cost of $0.25 every 15 minutes. This can be paid several ways:

1. Flowbird USA app,
2. Kiosks located on every block, and
3. Signs with QR codes and texting options throughout the downtown area.
   [There is a maximum limit of 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/EPSDT – PCS - Dental
   1-800-807-1320
   1-855-702-6262
   MCNA Provider Portal

   DME and All Other
   1-800-488-6334
   (225) 928-5263

   Hospital Pre-Certification
   1-800-877-0666

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

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

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

MMIS Claims Processing Resolution Unit
(225) 342-3855
MMISClaims@la.gov
MMIS Claims Reimbursement

MMIS/Recipient Retroactive Reimbursement
(225) 342-1739
1-866-640-3905
Medicaid.RecipientReimbursement@LA.gov
MMIS Claims Reimbursement

MES Long Term Care Claims Resolution Unit
MESLTCClaims@LA.gov
(225)342-3855

For Hearing Impaired
1-877-544-9544

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

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