

Welcome



Welcome to the April edition of the Provider Update Newsletter.

Medicaid plays a critical role in advancing health equity and improving outcomes across our communities—and you are at the heart of that impact. From preventive care to chronic disease management and maternal health services, your dedication helps reduce disparities and strengthen the healthcare system.

We appreciate your partnership and commitment to serving those who rely on Medicaid every day. Together, we are building healthier communities.

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.

Table of Contents

Welcome	1
In the Spotlight: Transforming the Member Experience	2
LDH Honors Ruth Kennedy	3
Vitamin D Guideline-Based Recommendations	4
2026 ASAM 4.0 Training Calendar	8
Act 437 Webinar for Maternal Care Providers	9
Sharon Yeske Joins Louisiana Medicaid as Pharmacy Director	10
Enteral Nutrition Coverage Expanded	10
Coding Forward: What’s New in HCPCS 2026?	11
April 2026 Health Observances	12
Upcoming State Office Closures	13
Did You Know? Medicaid Work Requirements	14
Understanding LaHIPP – A Provider’s Guide to Participation	17
Reminders	
Accepting Medicaid health plan ID cards with LA Wallet	17
Revalidate enrollment regularly	18
Discontinuance of Kangaroo Joey e-Pumps	18
Youth Health Transition (YHT) toolkit	19
Provider-to-Provider Consultation Line	19
Provider Developmental Screening Survey	20
Medicaid Compliance Corner	
Remittance Advice Corner	21
Provider Manual Chapter Revision Log	21
Medicaid Public Notice and Comment Procedure	22
Louisiana Medicaid Updates and Authorities	22
Provider FAQs	23
We Are Here!	24
For Information or Assistance	26



Transforming the member experience: Health and dental plan selection

Louisiana Medicaid is updating how members choose their health and dental plans, as well as how annual enrollment information is shared, in order to provide greater flexibility and streamline communication.

What this means:

More Flexibility to Change Plans

- Members can now switch **health or dental plans at any time during the year.**
- Members can make **up to 2 plan changes per calendar year.**
- After 2 changes, members must **remain in the plan until the next year.**

Even after the 2 changes, the member may submit a request to switch for a valid reason, such as:

- Moving outside of the current plan's service area;
- Current plan does not cover a service due to moral/religious reasons;
- Member needs multiple related services that are not all available in-network; and
- Poor quality of care or lack of access to needed providers/services.

Special Timeline for 2026

- The plan change period runs **March 1 – December 31, 2026** (only for this year).

Timeline for 2027

- Beginning in **2027 and subsequent years**, enrollment will follow a normal calendar year:
 - **January 1 – December 31**



What This Means for Members

- **More control:** You're no longer locked into one plan for most of the year
- **More convenience:** Easier access to info online
- **Still protected:** You can request extra changes if you truly need them

LDH honors the legacy of Josephine (Ruth) Kennedy



Pictured here with Governor Kathleen Blanco in 2005.

Josephine (Ruth) Kennedy dedicated more than 40 years to public service, leaving a lasting impact on health care access for Louisiana families. Throughout her career, she remained deeply committed to helping individuals receive the care and services they need.

Ruth played a key role in launching major initiatives such as the Children’s Health Insurance Program (LaCHIP) and Bayou Health, transforming care for hundreds of thousands across the state. As Louisiana Medicaid Director, she oversaw a program serving more than 1 million residents and later helped expand coverage to an additional 400,000 working adults.

Known as a fearless pioneer and trusted advisor, Ruth’s leadership strengthened Louisiana’s health care system and influenced policy nationwide. Even after retiring in 2017, she continued advocating for improved access to care.

Ruth Kennedy leaves behind a legacy that remains foundational to the health of our state. Please keep her family and loved ones in your thoughts during this difficult time.

“Ruth was a trusted partner and a constant source of momentum. She was never content with the status quo and was always pushing us to go further and do better for the people we serve. Her impact on this Department and on the lives of so many Louisianans is lasting.”

— Bruce D. Greenstein, Secretary, Louisiana Department of Health

Vitamin D guideline-based recommendations

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

Introduction

Vitamin D, also known as calciferol, is a fat-soluble vitamin that occurs naturally in certain foods, is added to others through fortification, and is available as a dietary supplement. In addition, the body can produce vitamin D when ultraviolet (UV) radiation from sunlight interacts with the skin and initiates its synthesis.

Vitamin D plays a critical role in promoting calcium absorption in the intestines and maintaining appropriate levels of calcium and phosphate in the blood. These functions are essential for normal bone mineralization and for preventing hypocalcemic tetany, a condition characterized by involuntary muscle contractions and spasms. Vitamin D is also necessary for bone growth and remodeling, processes carried out by osteoblasts and osteoclasts. When vitamin D levels are insufficient, bones may become thin, brittle, or deformed. Adequate vitamin D helps prevent rickets in children and osteomalacia in adults, and when combined with calcium, it also reduces the risk of osteoporosis in older adults.

Beyond its role in bone health, vitamin D contributes to several other physiological functions. These include reducing inflammation and regulating processes such as cell growth, neuromuscular function, immune responses, and glucose metabolism.

Vitamin D exists in two primary forms in foods and dietary supplements: vitamin D₂ (ergocalciferol) and vitamin D₃ (cholecalciferol). These forms are both efficiently absorbed in the small intestine. However, studies indicate that vitamin D₃ raises levels more effectively than vitamin D₂ and keeps them elevated for a longer duration.

Assessing Vitamin D Status

The primary way to evaluate vitamin D status is by measuring the serum concentration of **25-hydroxyvitamin D [25(OH)D]**. However, the exact serum levels that define vitamin D deficiency have not been clearly established. The Food and Nutrition Board (FNB) at the National Academies of Sciences, Engineering, and Medicine concluded that **serum 25(OH)D levels below 30 nmol/L (12 ng/mL)** place individuals at risk for vitamin D deficiency. Concentrations **between 30 and 50 nmol/L (12–20 ng/mL)** may be insufficient for bone and general health, while levels **at or above 50 nmol/L (20 ng/mL)** are considered adequate for most people. Concentrations **above 125 nmol/L (50 ng/mL)** may be linked to adverse effects.

While 25(OH)D is a useful marker of vitamin D exposure, it is still unclear how well it reflects the vitamin's direct effects on overall health. Researchers have not definitively established the serum concentrations that correspond to deficiency conditions (such as rickets), optimal bone health, or broader health outcomes.

Despite these guidelines, optimal vitamin D levels for overall health have not been firmly established. Ideal concentrations may vary depending on factors such as **age, race or ethnicity, and physiological differences**.

Recommended Vitamin D Intake

The FNB established Recommended Dietary Allowances (RDAs) for vitamin D primarily to support bone health and normal calcium metabolism in healthy individuals. (See Table 1)

The *2024 Vitamin D for the Prevention of Disease: An Endocrine Society Clinical Practice Guideline* provides guidance for the use of vitamin D to lower the risk of disease in individuals without established indications for vitamin D treatment or testing; these guidelines are based primarily on **systematic reviews of randomized clinical trials (RCTs)** evaluating vitamin D

supplementation for **disease prevention in generally healthy populations**. The Endocrine Society suggests routine vitamin D supplementation for certain groups, including children and adolescents aged 1–18 years, pregnant women, adults with prediabetes, and adults aged 75 years and older. (See Table 2) However, it does not recommend routine supplementation for healthy adults aged 19–74 years, though it advises that individuals follow the established RDAs.

Age Group	Recommended Intake
0–6 months	10 mcg (400 IU)*
7–12 months	10 mcg (400 IU)*
1–70 years	15 mcg (600 IU)
Over 70 years	20 mcg (800 IU)

*Values for infants are **Adequate Intakes (AI)** rather than RDAs. AI is a recommended intake level used when there is not enough scientific evidence to establish an RDA.

Children and Adolescents (1–18 years)	Pregnancy	Adults with High-Risk Prediabetes	Adults Aged 75 years and Older
<p>Recommended to prevent nutritional rickets and to potentially lower the risk of respiratory tract infections.</p> <p>In the clinical trials included in the systematic review evaluating respiratory tract infections in children, vitamin D doses ranged from 300 to 2000 IU (7.5–50 mcg) per day. The estimated weighted average across studies was approximately 1200 IU (30 mcg) per day.</p>	<p>Recommended due to its potential to lower risk of preeclampsia, intra-uterine mortality, preterm birth, small-for-gestational-age birth, and neonatal mortality.</p> <p>In the clinical trials included in the systematic review, vitamin D doses ranged from 600 to 5000 IU (15–125 mcg) per day, typically administered daily or weekly. The estimated weighted average was approximately 2500 IU (63 mcg) per day.</p>	<p>Recommended to reduce the risk of progression to diabetes.</p> <p>In the clinical trials included in the systematic review, vitamin D doses ranged from 842 to 7543 IU (21–189 mcg) per day. The estimated weighted average across studies was approximately 3500 IU (88 mcg) per day.</p>	<p>Recommended due to the potential to lower the risk of mortality.</p> <p>In clinical trials included in the systematic review that evaluated mortality outcomes, vitamin D doses ranged from 400 to 3333 IU (10–83 mcg) per day. The estimated weighted average was approximately 900 IU (23 mcg) per day.</p>

*Empiric vitamin D may include daily intake of fortified foods, vitamin preparations containing vitamin D, and/or daily vitamin D supplementation.

Vitamin D Deficiency

Vitamin D deficiency can occur for several reasons, including inadequate dietary intake, limited sunlight exposure, problems with vitamin D absorption in the digestive tract, or the inability of the kidneys to convert **25(OH)D** into its active form.

In **children**, vitamin D deficiency leads to **rickets**, a condition in which bones fail to mineralize properly. Infants who are **exclusively breastfed without vitamin D supplementation** are at increased risk for rickets. In **adolescents and adults**, vitamin D deficiency can cause **osteomalacia**, a condition characterized by incomplete mineralization of bone during the normal remodeling process. This leads to weak bones and symptoms similar to rickets, including bone pain, skeletal deformities, muscle spasms, seizures related to low calcium levels, and dental problems.

Sources of Vitamin D

- **Food Sources**
 - Beef liver
 - Cheese
 - Egg yolks
 - Milk (fortified)
 - Orange juice 100% (fortified)
 - Ready-to-eat cereal (fortified)
 - Some seafood, such as trout, tuna, and mackerel
 - Some types of mushrooms
- **Exposure to Sunlight**
- **Dietary Supplements**

Testing for vitamin D levels has become increasingly common in routine laboratory work ordered by primary care physicians. However, there is currently **no clear evidence that routine screening for vitamin D deficiency in people without symptoms improves health outcomes**. (See Table 3) The **U.S. Preventive Services Task Force (USPSTF)** has concluded that available evidence is insufficient to determine the benefits or harms of screening asymptomatic adults for vitamin D deficiency. As a result, no major national professional organization currently recommends population-wide screening.

Table 3. Vitamin D and Health Outcomes

The FNB determined that existing evidence was either insufficient or inconsistent to confirm that vitamin D influences many potential health outcomes, such as protection against chronic diseases or improvements in functional health measures. The only outcome with clear supporting evidence was bone health.

Bone Health and Osteoporosis	Some clinical trials suggest that vitamin D combined with calcium may improve bone mineral density in certain groups, particularly postmenopausal women and older men. However, evidence remains unclear on whether supplementation significantly reduces falls or fracture risk.
Cancer	Laboratory and some observational studies suggest that vitamin D may play a role in preventing cancer development or slowing tumor growth. However, most research has not found a consistent association between serum 25(OH)D levels and the overall risk of developing cancer.
Cardiovascular Disease	Low vitamin D levels have been associated with conditions such as vascular dysfunction, arterial stiffness, left ventricular hypertrophy, and abnormal blood lipid levels. Observational studies often show that individuals with higher 25(OH)D levels tend to have lower risks of cardiovascular disease and related mortality. However, randomized clinical trials have not supported a protective effect, as vitamin D supplementation has generally not been shown to reduce cardiovascular disease risk, even among individuals with low vitamin D levels.
Type 2 Diabetes	Some observational studies have found that higher vitamin D levels are associated with better blood glucose control. However, clinical research indicates that vitamin D supplementation does not significantly improve glucose regulation, prevent the progression from prediabetes to type 2 diabetes, or assist in managing the disease, particularly in individuals who already have sufficient vitamin D levels.

Vitamin D deficiency can occur for several reasons, including inadequate dietary intake, limited sunlight exposure, problems with vitamin D absorption in the digestive tract, or the inability of the kidneys to convert **25(OH)D** into its active form.

In **children**, vitamin D deficiency leads to **rickets**, a condition in which bones fail to mineralize properly. Infants who are **exclusively breastfed without vitamin D supplementation** are at increased risk for rickets. In **adolescents and adults**, vitamin D deficiency can cause **osteomalacia**, a condition characterized by incomplete mineralization of bone during the normal remodeling process. This leads to weak bones and symptoms similar to rickets, including bone pain, skeletal deformities, muscle spasms, seizures related to low calcium levels, and dental problems.

Testing for vitamin D levels has become increasingly common in routine laboratory work ordered by primary care physicians. However, there is currently **no clear evidence that routine screening for vitamin D deficiency in people without symptoms improves health outcomes**. (See Table 3) The **U.S. Preventive Services Task Force (USPSTF)** has concluded that available evidence is insufficient to determine the benefits or harms of screening asymptomatic adults for vitamin D deficiency. As a result, no major national professional organization currently recommends population-wide screening.

Table 3. Vitamin D and Health Outcomes	
The FNB determined that existing evidence was either insufficient or inconsistent to confirm that vitamin D influences many potential health outcomes, such as protection against chronic diseases or improvements in functional health measures. The only outcome with clear supporting evidence was bone health.	
Bone Health and Osteoporosis	Some clinical trials suggest that vitamin D combined with calcium may improve bone mineral density in certain groups, particularly postmenopausal women and older men. However, evidence remains unclear on whether supplementation significantly reduces falls or fracture risk.
Cancer	Laboratory and some observational studies suggest that vitamin D may play a role in preventing cancer development or slowing tumor growth. However, most research has not found a consistent association between serum 25(OH)D levels and the overall risk of developing cancer.
Cardiovascular Disease	Low vitamin D levels have been associated with conditions such as vascular dysfunction, arterial stiffness, left ventricular hypertrophy, and abnormal blood lipid levels. Observational studies often show that individuals with higher 25(OH)D levels tend to have lower risks of cardiovascular disease and related mortality. However, randomized clinical trials have not supported a protective effect, as vitamin D supplementation has generally not been shown to reduce cardiovascular disease risk, even among individuals with low vitamin D levels.
Type 2 Diabetes	Some observational studies have found that higher vitamin D levels are associated with better blood glucose control. However, clinical research indicates that vitamin D supplementation does not significantly improve glucose regulation, prevent the progression from prediabetes to type 2 diabetes, or assist in managing the disease, particularly in individuals who already have sufficient vitamin D levels.

Key Recommendations

- Empiric vitamin D supplementation is not recommended for the general adult population younger than 50 years.
- For adults between 50 and 74 years of age, routine vitamin D supplementation is also not recommended for the general population.
- **Children, adults aged 75 and older, pregnant individuals, and people with high-risk prediabetes** are advised to take **empiric vitamin D supplementation**.
- For adults **50 years and older** who require vitamin D supplementation or treatment, **daily low-dose vitamin D** is preferred over **intermittent high-dose supplementation**.
- Routine testing of **25(OH)D levels** is **not recommended for any age group**, including pregnant individuals and adults with obesity.

References

Demay MB, et al. (2024, June 3). *J Clin Endocrinol Metab*. Vitamin D for the Prevention of Disease: An Endocrine Society Clinical Practice
[National Institutes of Health Office of Dietary Supplements: Vitamin D - Health Professional Fact Sheet](#)

2026 ASAM 4.0 Training Calendar

A standardized training regarding the new standards and criteria associated with the American Society of Addiction Medicine (ASAM) 4th Edition is available.

It is vital for providers to be informed of the updates and revisions required by the ASAM 4th Edition. To ensure this, all MCOs will be offering training sessions.

During the training sessions, participants will have the opportunity to ask questions about the updates and revisions. You do not have to be contracted with the hosting MCO to attend the training.

April 8, 2026

Time: 1:00pm-3:00pm

Who can participate: All MCOs

Provider type: All ASAM Providers

MCO registration link:

<https://events.teams.microsoft.com/event/6e9838ce-3b5d-492f-a817-d40e33cd6643@047afd16-a725-4e2f-9260-fce3985944dc> External Link

April 14, 2026

Time: 1:00pm-3:00pm

Who can participate: All MCOs

Provider type: All ASAM Providers

MCO registration link:

<https://events.teams.microsoft.com/event/016b7edd-98a5-4c98-9a62-ac3d8f0bf61a@047afd16-a725-4e2f-9260-fce3985944dc> External Link

April 23, 2026

Time: 9:00am-11:00am

Who can participate: All MCOs

Provider type: All ASAM Providers

MCO registration link:

<https://events.teams.microsoft.com/event/f1521843-d21d-4ec2-8c61-6b6dd05642ce@047afd16-a725-4e2f-9260-fce3985944dc>External Link

April 29, 2026

Time: 9:00am-11:00am

Who can participate: All MCOs

Provider type: All ASAM Providers

MCO registration link:

<https://events.teams.microsoft.com/event/98759f38-fbe4-4038-8a39-d2b1f414176b@047afd16-a725-4e2f-9260-fce3985944dc>External Link

May 5, 2026

Time: 12:00pm-2:00pm

Who can participate: All MCOs

Provider type: All ASAM Providers

MCO registration link:

<https://events.teams.microsoft.com/event/3a866f04-977a-41d8-98ce-5764f6443947@047afd16-a725-4e2f-9260-fce3985944dc>External Link

May 11, 2026

Time: 10:00am-12:00am

Who can participate: All MCOs

Provider type: All ASAM Providers

MCO registration link:

<https://events.teams.microsoft.com/event/01bff2ab-ac7c-4f6d-9245-5d7322fb9c70@047afd16-a725-4e2f-9260-fce3985944dc>

Advancing Maternal Health: Understanding Louisiana's Act 437

The Louisiana Department of Health (LDH), Office of Public Health (OPH), in conjunction with the Denver Prevention Training Center, will host a 90-minute webinar to educate maternal care providers on the clinical implications and screening requirements of the 2025 Regular Session [Act 437](#) on Wednesday, April 8, at 11 a.m.

Led by Dr. Veronica Gillispie-Bell, MAS, FACOG of LDH, OPH, Bureau of Family Health, the webinar will provide an overview of the legislation. She will also offer valuable insights on current trends in sexually transmitted infections during pregnancy, highlight changes to gonorrhea and chlamydia testing, and new substance use screening requirements for pregnant individuals for those providers working to deliver high-quality, evidence-based prenatal care.

[Registration](#) is required.

Who Should Attend:

This webinar is designed for clinicians providing prenatal care, including OB/GYNs, family medicine physicians, nurse practitioners, and certified nurse midwives. Managed care organizations (MCOs) and insurance providers are also encouraged to participate.

Webinar Details:

- **Date:** Wednesday, April 8, 2026
- **Time:** 11:00 AM – 12:30 PM (CST) / 10:00 AM – 11:30 AM (MST)
- **Location:** Zoom (link will be provided upon registration)
- **Continuing Education:** 1.5 CE/CNE credits available

A flyer with additional details is available for download.

Sharon Yeske joins Louisiana Medicaid as Pharmacy Director

Sharon Yeske joined Louisiana Medicaid as Pharmacy Director on February 23, bringing nearly 30 years of experience across government and the private sector. In this role, she provides strategic and clinical oversight of the Medicaid pharmacy benefit, including drug utilization, prior authorizations, regulatory compliance, and pharmacy expenditure management, while advising leadership on pharmaceutical policy.

Sharon most recently served as Vice President for Payer and Pharma Business Development and Health Policy at Lyfegen HealthTech AG and previously held a leadership role at The MITRE Corporation. She also serves as an Adjunct Professor at George Washington University's Milken Institute of Public Health.

She holds a Bachelor's degree in Pharmacy from the Philadelphia College of Pharmacy and Science and a Master's degree in Pharmaceutical Outcomes and Policy from the University of Florida.

Eternal Nutrition Coverage Expanded

Amino acid-based elemental formula coverage is available to eligible beneficiaries who meet the established medical criteria, regardless of the method of administration, with prior authorization required. Providers and caregivers are encouraged to review the qualifying conditions and ensure all necessary documentation is complete to prevent approval delays. [Click here to see the conditions warranting coverage and prior authorization criteria.](#)

For additional information, LDH can be reached at (225) 342-5691. Fee-for-service claim inquiries should be directed to Gainwell Technology Provider Relations at (800) 473-2783 or (225) 924-5040. Questions regarding managed care claims should be addressed to the appropriate managed care organization.



Coding forward: What’s new in HCPCS 2026?

Please continue to monitor the Louisiana Medicaid website for updates concerning implementation timelines or potential delays to the fee-for-service (FFS) file updates regarding the new and discontinued Healthcare Common Procedure Coding System (HCPCS) codes for 2026.

Managed care organizations (MCOs) are encouraged to proactively incorporate all HCPCS additions, changes, and deletions to their claims processing systems in order to minimize claim-processing delays.

Direct questions related to FFS claims, Gainwell Technologies Provider Services.

Direct MCO claim inquiries to the appropriate managed care organization.

Click on the [links](#) for existing, new, revised and discontinued HCPCS codes in the table below to access the current program fee schedule.

Ambulance Fee Schedule	Anesthesia Fee Schedules
Applied Behavior Analysis Fee Schedule	Dental Fee Schedules
Durable Medical Equipment (DME) Fee Schedule	EPSDT Fee Schedule Early Preventative (EPSDT) Health Services
Free Standing Birthing Centers Fee Schedule	Home Health Services Fee Schedule
Hospice Fee Schedules	Immunization Fee Schedules
Inpatient Hospital Per Diems	LSU Enhanced Professional Services Fee Schedules

Mary Bird Perkins Fee Schedule	Non-Emergency Medical Transportation (NEMT) Fee Schedules
OAAS Services Fee Schedules Adult Day Health Care Waiver (ADHC) Services Community Choices Waiver (CCW) Services	OCDD Services Fee Schedules Supports Waiver
Other Fee Schedules American Indians 638 Facilities (Provider Type 95) OPH – Family Planning Clinic (Provider Type 71)	Outpatient Hospital Ambulatory Surgery
Outpatient Hospital Services	Pediatric Day Health Care Services Fee Schedule
Professional Services, Lab, X-Ray, Radiology and ASC	Rehabilitation Services Reimbursement Fee Schedule Free Standing Rehabilitation Centers
Specialized Behavioral Health Fee Schedule	Take Charge Plus Fee Schedule
TPN Fee Schedule	Vision (Eye-wear) Fee Schedule

April 2026 Health Observances

Month-Long (April 1-30)

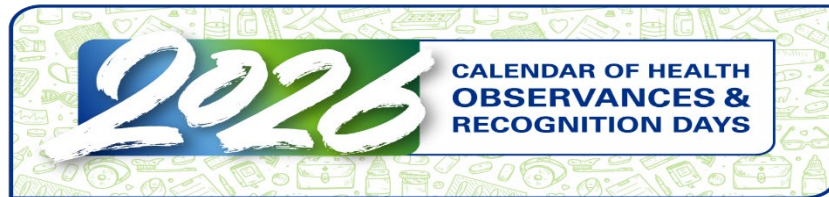
- **Stress Awareness Month:** Promotes awareness of the negative impact of stress.
- **Sexual Assault Awareness Month:** Highlights resources for support and prevention.
- **National Donate Life Month:** Encourages organ donation registration.
- **National Cancer Prevention and Early Detection Month:** Reminder of the importance of routine cancer screenings.
- **Alcohol Awareness Month:** Raises awareness on addiction.
- **Move More Month:** Encourage physical activity.
- **National Child Abuse Prevention Month:** Recognizes the importance of families and communities working together to prevent child abuse and neglect.
- **STI Awareness Month:** Providing information and services that help individuals achieve optimum sexual health.
- **Testicular Cancer Awareness Month:** Dedicated to raising awareness about the most common cancer in men ages 15-44.
- **Autism Awareness Month:** Raises awareness and promotes autism acceptance.
- **Parkinson’s Disease Month:** Dedicated to increasing awareness about the disease and supporting those living with Parkinson’s and their families.

Weeks

- **National Public Health Week:** April 6-12
- **National Infertility Awareness Week and National Pediatric Transplant Week:** April 19-25
- **World Immunization Week:** April 24-30

Key Days

- **World Autism Awareness Day:** April 2
- **World Health Day:** April 7
- **World Parkinson’s Day:** April 11
- **National Healthcare Decisions Day:** April 16
- **World Malaria Day:** April 25
- **World Day for Safety and Health at Work:** April 28

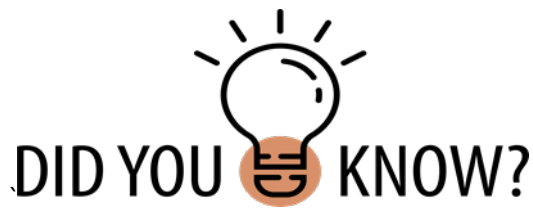


Upcoming Holiday Observances

State offices will be closed for the following:

- Good Friday – April 3





Medicaid Work Requirements

July 2025, Congress passed legislation that changes Medicaid rules nationwide.

Starting **January 1, 2027**:

- Certain adults on Medicaid in Louisiana must **report monthly activities** to stay eligible.
- They need to average **at least 80 hours per month** of:
 - Work (including self-employment)
 - School or job training
 - Volunteer/community engagement activities

Who does it apply to?

Typically applies to:

- Adults **ages 19–64**
- **Without disabilities**
- **Without qualifying medical conditions**
- **Without dependent children (especially young children)**

Who is exempt?

The majority of Louisiana Medicaid's 1.5 million members will not be affected by these changes.

- Foster care youth under the age of 26
- Medically frail individuals
- Pregnant and postpartum women
- Indian Health Service members
- Individuals already meeting Temporary Assistance for Needy Families (TANF) or Supplemental Nutrition Assistance Program (SNAP) work requirements
- Caregivers of children 13 years old and younger, or an individual with a disability
- Participants in a qualifying substance use disorder (SUD) treatment program
- Disabled veterans
- Incarcerated individuals or those released in the past three months



Don't Wait, Enroll Today as a LaHIPP Provider!




The LaHIPP program assists eligible Medicaid recipients by paying some or all of their portion of employer-sponsored insurance (ESI) or Individual health insurance (IHI) premiums, as long as it is more cost-effective for the state than full Medicaid coverage.

To qualify for the LaHIPP program, individuals must have access to ESI, have a dependent that is certified to receive Medicaid and is enrolled in ESI or IHI, and have their case determined as cost effective.



Providers can benefit from this program by receiving a higher reimbursement rate from the employer-sponsored insurance and by billing Medicaid secondary for patient out-of-pocket costs such as copays and deductibles.

Providers can increase LaHIPP enrollment by telling their Medicaid patients about the program. Applications and brochures that can be displayed in the provider's office are available for download on the LDH LaHIPP [website](#).

 <p>Expanded Patient Network</p> <p><i>Gain access to more Medicaid-eligible patients</i></p>	 <p>Improved Continuity of Care</p> <p><i>Helping families to maintain private health insurance and ensure coverage for services that may not be covered</i></p>	 <p>Reimbursements</p> <p><i>Higher reimbursement rates</i></p>
---	--	---

Provider Enrollment

☎ (833)641-2140

✉ louisianaprovenroll@gainwelltechnologies.com

Provider Relations

☎ (225) 924-5040 or

☎ 1-800-473-2783

Claims

☎ (225) 342-3855 (Option 2)

✉ MMISClaims@la.gov



LaHIPP Provider Q&A

What is the difference between a Basic Medicaid Provider and a LaHIPP Only Provider?

A sub-specialty group has been created to enroll Medicaid providers to service only Louisiana Health Insurance Premium Payment (LaHIPP) recipients. The creation of this group will ensure that LaHIPP recipients will have access to their commercial health care provider network and Medicaid enrolled providers. Please note that the panel of providers servicing only LaHIPP recipients will only be accessible to LaHIPP recipients. The provider locator tool (PLT) has been updated with the service type *Providers Servicing Only LaHIPP*.

What are the benefits of enrolling as a LaHIPP Provider?

Enrolling as a 'LaHIPP Only' Provider allow providers access a LaHIPP member's TPL, ensuring you can bill claims directly to the appropriate commercial insurer and receive the commercial insurance payments, which can be higher than the Medicaid contracted rate.

If the LaHIPP member's commercial insurer deny claims, LDH will pay for the claim and any other patient liability related expenses when the member follows the policies of the primary plan.

How do I apply to become a LaHIPP Only Provider?

You must fully complete the [LaHIPP Only - Entity/Business Provider Enrollment Form](#) or [LaHIPP Only - Individual Provider Enrollment Form](#) and agree to the Medicaid terms and conditions which include the Provider Agreement Addendum.

Who do I contact for more information?

- For information on how to enroll as a LaHIPP Provider, visit [https://www.lamedicaid.com/Provweb1/Provider Enrollment/ProviderEnrollmentIndex.htm](https://www.lamedicaid.com/Provweb1/Provider%20Enrollment/ProviderEnrollmentIndex.htm)
- Already an FFS or LaHIPP Provider and have a claims question? Contact: MMISClaims@la.gov
- To learn more about this program or to refer a member to apply to LaHIPP go to: <https://www.ldh.la.gov/lahipp>



Understanding LaHIPP – A Provider’s Guide to Participation



[Understanding LaHIPP: A Provider’s Guide to Participation](#) video is now available in the Provider section. Watch to learn key program details, requirements, and how to successfully support eligible members through the Louisiana



Health Insurance Premium Payment Program (LaHIPP).

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.

Your **Medicaid & Health Plan ID** is now in

LA Wallet

Keep your health coverage information right at your fingertips with the LA Wallet app.

Why You Should Use **LA Wallet**

All-in-One Access:
View your Medicaid ID and all MCO/Health Plan IDs electronically.

Always Up to Date:
Cards refresh daily to show your most current health plan coverage and eligibility.

Family Coverage:
If you’re the head of household, you can also access the digital health cards of everyone in your household.

Easy Proof of Coverage:
Show providers your digital ID anytime; no need to carry a physical card.

GET STARTED TODAY!
Download LA Wallet for **FREE** on your mobile device!

REMINDER: Revalidate Enrollment Regularly

*Under federal and state regulations, **ALL** Medicaid-enrolled providers 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 comprehensive evaluation based on the provider's assigned 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 about revalidation via email from the Provider Enrollment web portal and by letter via the U.S. Postal Service. Additionally, providers can check their revalidation due date or monitor their revalidation status using the [Provider Lookup Tool](#).

If a provider suspects they are within the revalidation period but have not received any notification, officials recommend reaching out to Gainwell Technologies. This can be done via email at louisianaprovenroll@gainwelltechnologies.com or by calling **1 (833) 641-2140**.

Failure to complete revalidation by the deadline may result in 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.

Important Information Regarding UnitedHealthcare Transition

UnitedHealthcare's (UHC) participation in the Louisiana Medicaid program ended 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.

Click [here](#) to access Informational Bulletin 26-3.

- [Member Assignment/Special Enrollment Period](#)
- [Providers Contracted With UHC Only](#)
- [Medicaid Eligibility Verification System \(MEVS\)](#)
- [Timely Filing of Claims](#)
- [Prior Authorizations](#)
- [Hospitalizations](#)
- [Non-Emergency Medical Transportation \(NEMT\)](#)
- [UHC Provider Advocates](#)
 - **Operational Support**
 - **Escalation Guidance**
 - **State Resources**

Youth Health Transition (YHT) Toolkit

A web-based resource designed for healthcare teams to support youth transitioning to adult care. Access step-by-step guides and tools to enhance care and empower young people with essential self-management skills.

🔗 Learn more and access the toolkit at <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 consultation and education program that assists pediatric healthcare providers in addressing the behavioral and mental health needs of patients ages 0-21. The consultation line allows providers to call or email with Mental Health Consultants and on-call psychiatrists to ask questions about behavioral health, diagnostic criteria, and medication management. Providers also have opportunities to earn CEUs/CMEs through PPCL's [TeleECHO](#) series.

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

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:

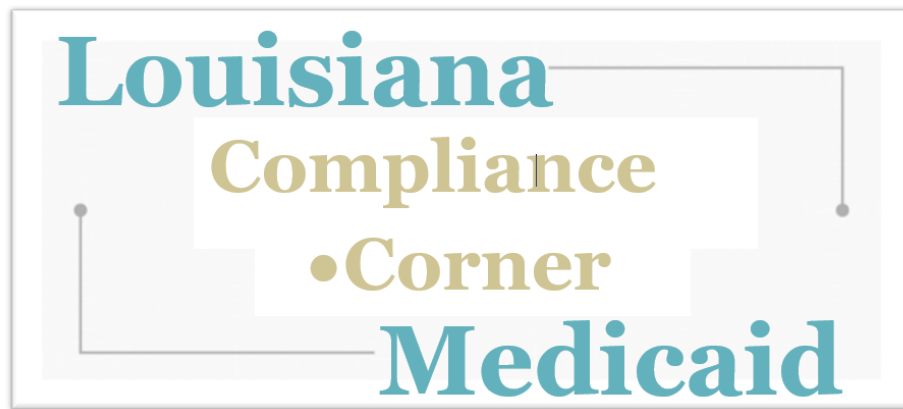
- Using your phone to scan the QR code
- Accessing the survey online at bit.ly/4cc6zZ5

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



American Academy of Pediatrics
ASSOCIATED WITH 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, 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)	• Table of Contents	03/10/26
	• Appendix F – Coordinated System of Care (CSoC) Wraparound Model	03/17/26
Professional Services	• Section 5.1 – Covered Services – Telemedicine/Telehealth	03/13/26
Durable Medical Equipment (DME)	• Section 18.2.11 – Specific Coverage Criteria (SCC) – Enteral Nutrition	03/17/26
Pharmacy Benefits Management Services	• Section 37.1 – Covered Services, Limitations, and Exclusions	03/30/26

Medicaid Public Notice and Comment Procedure

In accordance with La. R.S. 46:460.51, et seq., before adopting, approving, amending, or implementing certain policies or procedures, the Louisiana Department of Health (LDH) will make the proposed policy or procedure available on the LDH website for 45 days for the purpose of gathering public feedback.

In cases where there is an urgent threat to public health, safety, or welfare that necessitates immediate implementation of the proposed change, the Department may proceed to adopt the change prior to the public comment period or its expiration. A statement explaining the determination of imminent peril to public safety or welfare will be provided.

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:

[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 Benefits Management (PBM) Program Information:
<https://www.lamedicaid.com/provweb1/Pharmacy/pharmacyindex.htm>

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

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 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

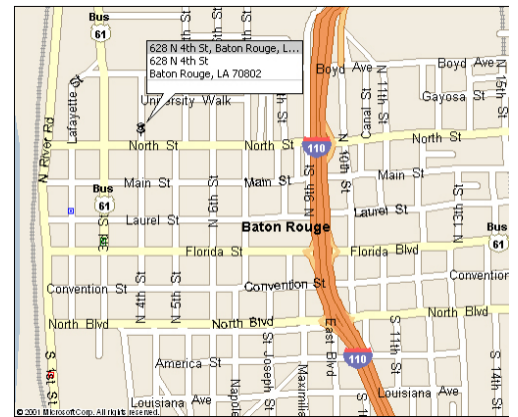
Take I-110 South.

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/EPSTDT – 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](#)

