

Provider Enrollment Update and Requirements

New claims adjudication logic will be enacted on July 1, 2023. While the Provider Enrollment Portal at www.lamedicaid.com will remain open, any providers who have not completed enrollment by June 30, 2023, will be deactivated. Deactivated primary care providers will have their patients assigned to another primary care physician.

The Provider Enrollment Portal at www.lamedicaid.com remains open for providers required to enroll who have not yet applied. Providers with multiple provider types must complete enrollment for each type.

Providers who submit provider enrollment applications should allow several weeks for application processing.

Who is required to Enroll?

1. Providers who file claims with Louisiana Medicaid (providers enrolled in Fee for Service (FFS) Medicaid and providers enrolled with an MCO, DBPM, or Magellan before March 31, 2022.)
2. Ordering, Prescribing, or Referring Providers (OPR)
 - OPR providers do not bill Medicaid for services rendered but may order, prescribe or refer services/supplies for Medicaid beneficiaries.

Guidance for OPR Providers

For Medicaid to reimburse for services or medical supplies resulting from a practitioner's order, prescription, or referral, the OPR provider must be enrolled in Medicaid.

Furthermore, if items or services are ordered, prescribed, or referred by a resident or intern, the claim must identify the intern or resident's National Provider Identifier (NPI) as the ordering or referring practitioner. Interns and residents are allowed to enroll in the Medicaid program as an OPR provider only.

If you are an OPR provider, physicians, other practitioners and facilities who render services to Medicaid beneficiaries based on your order, prescription, or referral, will not be paid for such items or services, beginning July 1, 2023, unless you enroll in Medicaid and your NPI is included on the claim submitted to Medicaid by the rendering provider (42 CFR 455.440).

Please note that this extends to pharmacy Point of Sale (POS) systems as well. The POS system will deny any claims submitted, beginning July 1, 2023, for a Medicaid beneficiary with a prescriber, pharmacy provider, or vaccinating pharmacist who is not enrolled as a Medicaid provider.

Critical Deadlines – Claims Adjudication

Claims processing guidelines depend on when a provider enrolls. If enrollment is not complete, claims and payments will be impacted. The following scenarios outline those impacts.

Table of Contents

Provider Enrollment Update and Requirements	1
FDA Drug Safety Communication	3
Medicaid Annual Renewals to Restart April 2023	6
SCAM ALERT: Help Protect Members and Their Family from Medicaid Unwind Scams	7
PHE Unwind: Copayments to Resume	7
Did You Know: Medicare Savings Plan	8
Mobile Apps Now Available to Fee-For-Service Members	8
Provider-to-Provider Consultation Line	9
Men's Mental Health Symposium	9
National Maternal Mental Health Hotline	10
Remittance Advice Corner	10
Medicaid Public Notice and Comment Procedure	11
Louisiana Medicaid Updates and Authorities	11
Manual Chapter Revision Log	12
Health Observance Calendar	13
For Information or Assistance	14

Scenario 1: Claims for dates of service on or before December 31, 2022, will be adjudicated for providers who have and have not completed enrollment.

Scenario 2: Claims for dates of service on or after January 1, 2023, will be adjudicated for providers who have completed enrollment.

Scenario 3: Providers who have not completed enrollment on or before December 31, 2022, will have their claims denied for dates of service on or after January 1, 2023.

Providers still wishing to complete enrollment must submit an enrollment application by June 1, 2023, to complete the enrollment process by June 30, 2023.

Once the enrollment is completed, the provider may resubmit previously denied claims for dates of service from January 1, 2023, to June 30, 2023, for payment. Providers will not receive payment until their provider enrollment is complete.

Scenario 4: If an OPR provider is included on a claim or writes a prescription and has not completed enrollment:

1. The medical/professional claim will deny beginning July 1, 2023, if any one of the following is not enrolled:
 - a. Ordering provider
 - b. Prescribing provider
 - c. Referring provider
2. The prescription will deny beginning July 1, 2023, if any one of the following is not enrolled:
 - a. Prescribing provider
 - b. Vaccinating pharmacist, or
 - c. Pharmacy provider

Scenario 5: For providers with multiple provider types, claims for dates of service on or after January 1, 2023, will be adjudicated for providers who have completed enrollment of at least one provider type. Claims will deny beginning July 1, 2023, for any of the provider types not enrolled.

Enrollment Status

Providers that are unsure of their enrollment status may use the Provider Portal Enrollment Lookup Tool at <https://www.lamedicaid.com/portalenrollmentstatus/search>. Results will show the provider's status as either enrollment complete, action required, application not submitted, or currently in process by Gainwell Technologies. Providers that are not shown in the results are not required to enroll at this time. Invitation letters for those providers will be sent at a later date. The Lookup Tool is updated daily.

Provider Resources

For additional information, including frequently asked questions and recordings of provider presentations, visit www.ldh.la.gov/medicaidproviderenrollment.

Find all updates and requirements about provider enrollment in [Informational Bulletin 22-38](#). [Informational Bulletin 22-4](#) contains information relevant to provider enrollment before the September 30, 2022 deadline.

Providers needing assistance with application and enrollment should contact Gainwell Technologies by emailing louisianaprovenroll@gainwelltechnologies.com or contacting 1-833-641-2140 for a status update on enrollment and any next steps needed to complete the process.

As a part of the Affordable Care Act and later refined in the 21st Century Cures Act, federal laws enforced by CMS require that states screen and enroll providers. The Louisiana Medicaid Provider Enrollment Portal will bring Louisiana Medicaid into compliance with CMS revalidation and managed care screening requirements and federal law. The portal will be prepopulated with information that the state, MCOs, DBPMs, and Magellan already have on file so that the provider can more easily apply through the portal. This streamlined process eliminates the need to complete and mail a paper application. Also, providers will have the ability to track their applications through the portal.

FDA Drug Safety Communication: FDA Updates Prescribing Information for All Opioid Pain Medicines to Provide Additional Guidance for Safe Use

*Compiled by
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College of Pharmacy
The University of Louisiana Monroe*

On April 13, 2023, the U.S. Food and Drug Administration (FDA) issued a drug safety communication requiring several updates to the prescribing information of opioid pain medicines to provide additional guidance on the use of these powerful medicines. Opioid pain medicines are an important treatment option when used as prescribed; however, they also have serious risks, including misuse and abuse, addiction, overdose, and death.

Although there has been a substantial overall decrease in the number of dispensed prescriptions for opioid pain medicines, overdose deaths involving prescription opioids have remained steady. Data also suggest that:

- Many acute pain conditions treated in the outpatient setting require no more than a few days of an opioid pain medicine, although the dose and duration of treatment needed to adequately manage pain will vary based on the underlying cause and individual patient factors.
- Patients who use opioid pain medicines after surgery often have unused tablets, which may pose a risk of accidental use, misuse and abuse, addiction, and overdose, including by children and teenagers.
- Extended-release/long-acting (ER/LA) opioid pain medicines have unique risks and should be used only for those with severe and persistent pain.

Opioid-Induced Hyperalgesia (OIH)

Based on review of available data, the FDA has also determined that a new warning is needed about opioid-induced hyperalgesia (OIH), which:

- is when an opioid that is prescribed and taken for pain relief causes an increase in pain (hyperalgesia) or an increased sensitivity to pain (allodynia).
- can occur at any opioid dosage and may occur more often with higher doses and longer-term use.
- can be difficult to recognize and may result in increased opioid dosages that could worsen symptoms and increase the risk of respiratory depression.

What is FDA doing?

FDA is requiring several updates to the prescribing information for both immediate-release (IR) and extended release/long acting (ER/LA) opioid pain medicines. This includes:

- stating for all opioid pain that the risk of overdose increases as the dose increases.
- updates to IR opioids stating these products should not be used for an extended period unless the pain remains severe enough to require them and alternative treatments continue to be inadequate, and that many acute pain conditions treated in the outpatient setting require no more than a few days of an opioid pain medicine (may include pain occurring with a number of surgical conditions or musculoskeletal injuries).
- updating the approved use for ER/LA opioid pain medicines to recommend they be reserved for severe and persistent pain that requires an extended treatment period with a daily opioid pain medicine and for which alternative treatment options are inadequate.

What should health care professionals do?

- In assessing the severity of pain:
 - discuss with the patient the impact of the pain on their ability to function and their quality of life.
 - consider both the cause of pain and individual patient factors.
 - If pain is severe enough to require an opioid pain medicine and alternative treatment options are insufficient:
- prescribe the lowest effective dose of an IR opioid for the shortest duration of time to reduce the risks associated with these products.
- reserve increasing to higher doses only when lower doses are inadequate and the benefits of using a higher dose outweigh the substantial risks (many acute pain conditions, such as pain occurring with a number of surgical procedures or musculoskeletal injuries, require no more than a few days of an IR opioid pain medicine).
- Reserve ER/LA opioid pain medicines only for severe and persistent pain that requires an extended treatment period with a daily opioid pain medicine and for which alternative treatment options are inadequate.
 - For patients currently on an ER/LA opioid who have pain severe enough to require an opioid but are not assessed as having severe and persistent pain, ensure that a multimodal approach to pain management is available, including mental health support.
 - Discuss options for optimizing their treatment, which might include moving to an IR opioid or other alternative pain treatment, with the potential to appropriately and carefully taper the opioid but avoiding any abrupt discontinuation.
 - Regularly reevaluate and discuss with your patients the optimum management of pain that appropriately balances the known benefits and risks, and frequently assess for development of addiction, misuse, or abuse.
 - Inform patients of the added risks of using opioid pain medicines with benzodiazepines and other CNS depressants and educate them on the signs and symptoms of respiratory depression.

Be aware that the symptoms of OIH are distinct from opioid tolerance and withdrawal and can be difficult to recognize.

Symptoms of OIH can include:

- *increased pain intensity despite increasing opioid pain medicine doses.*
- *decreased pain intensity in response to a decrease in opioid pain medicine doses.*
- *hypersensitivity to non-painful stimuli (in the absence of opioid tolerance or withdrawal).*

- If a patient is suspected to be experiencing OIH, carefully consider an appropriate decrease in dose of the current opioid pain medicine or safely switch them to a different opioid product, if tolerated. Advise patients about the risk of OIH and tell them to never increase the opioid dosage without first consulting a health care professional, because this could worsen the pain and increase the risk of respiratory depression.
- Prescribe the lowest effective dose for the shortest duration for all opioid pain medicines consistent with a patient's individual treatment goals. Because the risk of overdose increases as opioid pain medicine doses increase, reserve titrating to higher doses for patients who have an inadequate response to lower doses and when the benefits of a higher dose clearly outweigh the substantial risks.
- Periodically reassess the continued need for opioid pain medicine use regardless of the dose and for signs of addiction, misuse, or abuse.

- Educate patients and caregivers that taking an opioid pain medicine other than how it is prescribed or with alcohol or benzodiazepines and other CNS depressants could increase the risk of overdose, and how to recognize the signs and symptoms of respiratory depression.
- Consider co-prescribing naloxone with all opioid prescriptions for those at risk of opioid overdose. In addition to prescription formulations, in March of 2023, FDA also approved an inhaled nasal spray version of naloxone to be sold over-the-counter without a prescription.
- Encourage patients to read the patient Medication Guide they receive with their filled prescription(s). Important, new information will be included. The Medication Guide explains the important things they need to know about the medicine. These include the side effects, what the medicine is used for, how to take and store it properly, and other things to watch out for when taking the medicine.
- Report adverse events involving opioid pain medicines or other medicines to the [FDA MedWatch program](#), using the information in the “Contact FDA” box at the bottom of this page.
- Sign up for [FDA email alerts](#) about Drug Safety Communications on medicines and medical specialties of interest.

For all patients prescribed opioid pain medicines, discuss the availability of naloxone, and consider prescribing it to those at increased risk of overdose. This may include patients:

- *who are also using benzodiazepines or other medicines that depress the central nervous system.*
- *with a history of opioid use disorder (OUD).*
- *who have experienced a previous opioid overdose.*

Health care professionals should also consider prescribing naloxone if the patient has household

What should health care providers tell their patients about opioid medications?

- Always take your opioid medicines exactly as prescribed. Do not take more of the medicine or take it more often than prescribed without first talking to your health care professional. Talk with them if your pain increases, you feel more sensitive to pain, or if you have new pain, especially from touch or other things that are not usually painful such as combing your hair.
- Store your opioid pain medicines securely, out of sight and reach of children, and in a location not accessible by others, including visitors to the home. Do not share these medicines with anyone else.
- Immediately dispose of unused or expired opioids or take them to a drug take-back site, location, or program. See below for resources for disposal of unused or expired medicine.
- Seek emergency medical help or call 911 immediately if you or someone you are caring for experiences symptoms of respiratory problems, which can be life-threatening. Signs and symptoms include serious slowed, shallow, or difficult breathing, severe sleepiness, or not being able to respond or wake up.
- Talk to your health care professionals about the benefits of naloxone, which can reverse an opioid overdose, and how to obtain it. In March 2023, FDA approved an inhaled nasal spray version of naloxone to be sold over-the-counter without a prescription while multiple forms of naloxone remain available as prescription only. Your health care professional can give you a prescription for naloxone, or in Louisiana, you can obtain naloxone from a pharmacy under a standing order that takes the place of an individual prescription. Refer to [Louisiana Department of Health | Naloxone Availability](#) for more information.



Resources for Disposal of Unused or Expired Medicine

[Disposal of Unused Medicines: What You Should Know | FDA](#)

[Drug Disposal: Drug Take Back Locations | FDA](#)

[Drug Disposal: FDA's Flush List for Certain Medicines | FDA](#)

[National Prescription Drug Take Back Day \(usdoj.gov\)](#)

Reference:

[FDA updates prescribing information for all opioid pain medicines to provide additional guidance for safe use | FDA](#)

Medicaid Annual Renewals to Restart April 2023

At the start of the COVID-19 public health emergency (PHE), Louisiana Medicaid made numerous changes to eligibility and enrollment systems and procedures. This included stopping closures for most Medicaid members. Recent federal legislation ends this continuous Medicaid coverage and prompts the resumption of Medicaid eligibility renewals.



This means that Medicaid renewals are no longer tied to the end of the PHE and will begin again on April 1, 2023.

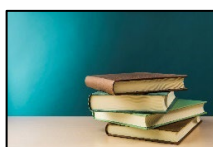
Some eligibility reviews can be completed without contacting the member by using information from electronic databases. Many, however, will require members to respond to mail. For this reason, it is vital Medicaid members make certain Medicaid has their most up-to-date contact information, including cell phone numbers and email addresses.

Providers may assist their patients in preparing for the beginning of the renewal period by posting this [flyer](#) in their office and encouraging members to make changes to their contact information by:

1. Logging on to [MyMedicaid.la.gov](#),
2. Emailing MyMedicaid@la.gov,
3. Calling their health plan on the number on their member ID card; or
4. Calling Medicaid's Customer Service hotline at 1-888-342-6207. Hotline assistance is available Monday through Friday, 8 a.m. – 4:30 p.m.
5. Filling out a [contact information update form](#) and submitting it to Medicaid by fax or email.

Although annual renewals will restart in April, not everyone will be required to complete their annual renewal in the same month. Mailing of renewals will be staggered across 12 months, and it will take 14 months to complete the redetermination process for all Medicaid members.

Click [here](#) for the complete Unwind Toolkit. In the toolkit, you will find key messages, talking points, and assets for use to communicate with any Medicaid member you come in contact with. You will also find suggested social media content for your use.



SCAM ALERT: Help Protect Members and Their Families from Medicaid Unwind Scams



Medicaid renewals restarted in April and we will be reaching out to some members about their health coverage. We are working with community organizations and others to reach as many members as possible to update their contact information and complete renewals. Some ways that we are reaching out to members include:

1. By mail, email, text message and phone calls.
2. Door-to-door outreach to help members update contact information and complete renewal forms.
3. Hosting and attending events in your community to share Medicaid information and assist members.

Healthcare providers, including pharmacists, and Medicaid's health plans may also share Medicaid information or offer to assist members.

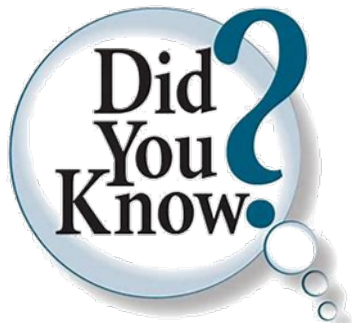
Ensure that members know that they should never share their bank or credit card information with anyone that claims to be from Louisiana Medicaid or the Louisiana Department of Health. Medicaid will never request personal information by phone, only through a form sent by mail. If members are uncomfortable sharing this information, they can call or email Louisiana Medicaid directly at 1-888-342-6207 or MyMedicaid@la.gov.

PHE Unwind: Copayments to Resume

The U.S. Department of Health and Human Services will end the Public Health Emergency (PHE) for COVID-19 declared under Section 319 of the Public Health Service Act at the end of the day on May 11, 2023. During the pandemic, co-pays were suspended under the PHE. Copayments will resume on May 12 with a few exceptions. Medicaid programs will continue to cover COVID-19 Treatments and COVID-19 testing through September 30, 2024. All vaccines, including those that prevent COVID-19, are exempt from copayment at all times.



Did You Know: Medicare Savings Program



Medicare Savings Program

The Medicare Saving Program (MSP) helps people with limited income pay for their Medicare premium(s). Medicare provides access to health care for millions of senior citizens and people with disabilities. Congress started the Medicare Savings Program to protect low-income seniors and people with disabilities from the significant and growing costs to maintain Medicare coverage.

Individuals who are enrolled in Medicare Hospital Insurance (Part A) may be placed in one of four groups if they meet the program eligibility requirements. Eligible individuals receive help with the payment of their Medicare premiums (Part B) and all or part of their Medicare Prescription Drug Plan (Part D). In some cases, the Medicare Part A premium, deductibles and co-payments are covered.

Click [here](#) for more information on the different Medicare Savings Program groups, their eligibility rules and the answers to frequently asked questions.

Mobile Apps Now Available to Fee-For-Service Members



Starting April 1, 2023, Louisiana Medicaid fee-for-service members have more control and greater access to their health information through their mobile devices. Members can request Medicaid share their medical records with a mobile app of their choosing. It can take up to four weeks from the time of the request for information to be available on the mobile app.

If members choose, they will be able to see their medical claims, test results, and appointments; the cost of care; and their healthcare providers right on their phones. This can be shared through any mobile app currently designed and approved to display Louisiana Medicaid data. Not all apps will display all data available; it is up to the member to select the app that best suits their needs.

Currently, b.Well is the only mobile app approved for fee-for-service members. Visit <https://www.icanbwell.com/> to learn more about the app. Check back for additional apps in the future.

This is not to manage your Louisiana Medicaid eligibility and it will not allow you to change your health plan. You will continue to use the MyMedicaid.la.gov website to apply for Medicaid or manage your Medicaid account. You will continue to use your health plan’s website or mobile app for information about your benefits and services through your health plan.



Provider-to-Provider Consultation Line offers pediatric behavioral, mental health assistance

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 from birth to age 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.

Men’s Mental Health Symposium: Listening Through The Silence

On Thursday, June 15, 2023, from 1:00PM-5:00 PM ET you’re invited to the “*Men’s Mental Health Symposium: Listening Through the Silence*” hosted by the Center for Faith-based and Neighborhood Partnerships at the U.S. Department of Health and Human Services (HHS). The event will include remarks and panel discussions featuring prominent voices from around our nation on the role of faith in supporting men’s mental health and its challenges, as well as discussion around paternal mental health inclusive of fathers who lost their wives due to maternal health complications.

Date: June 15, 2023
Time: 1:00 - 5:00 PM ET
Please register [using this link](#).



National Maternal Mental Health Hotline

Are you a new parent - or about to be - and feeling sad, worried, overwhelmed, or concerned that you aren't good enough?

For emotional support and resources
CALL OR TEXT 1-833-TLC-MAMA (1-833-852-6262)

Free – Confidential – 24/7
60+ Languages

<https://mchb.hrsa.gov/national-maternal-mental-health-hotline>

HRSA launched the first-ever [National Maternal Mental Health Hotline](https://mchb.hrsa.gov/national-maternal-mental-health-hotline) on Mother’s Day in 2022 authorized in the Consolidated Appropriations Act of 2021.

- **So, what does the hotline offer?** The 24/7, 365 days a year hotline service provides free, confidential emotional support, information, and referrals to any pregnant and postpartum mothers facing mental health challenges and their loved ones.
- Professional counselors staff the hotline and provide support in English and Spanish via voice and text, so people can get the help they need, when they need it.
- Interpreter services are available in 60 additional languages, and a relay service for people who are deaf or hard-of-hearing – which really expands access for diverse populations who need this support.
- Of note, while the hotline is available 24/7 and staffed by professional counselors, it is NOT a “crisis line” for individuals in imminent danger of harm to self or others. The Maternal Mental Health Hotline Counselors can make a warm-line transfer to [988 Suicide and Crisis Lifeline](#), as well as to the [National Domestic Violence Hotline](#) and the [Disaster Distress Hotline](#), when needed. If an individual is in immediate crisis, e.g., in imminent danger of harm to self or others, they should call **911**. If they have an immediate behavioral health crisis, they should contact **988**.

Remittance Advice Corner

Attention Providers: New Editing Product - ClaimsXten Coming March 2023

Louisiana Medicaid will launch a new editing product in late March 2023. ClaimsXten Portfolio’s (formerly Change Healthcare) ClaimCheck editing product is being retired and will be replaced with the ClaimsXten (CXT) editing software. Claims on remittance advice dated March 28, 2023 will be the first cycle of claims processed using CXT.

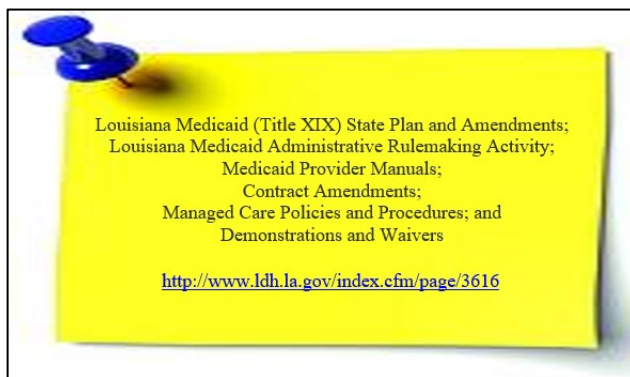
LDH will publish updated information related to CXT notifications, issues, etc., via the Louisiana Medicaid website, www.lamedicaid.com. Providers are encouraged to closely monitor the homepage and the 'ClaimCheck/ClaimsXten' subsection under the 'Claims and Billing' link for the most up-to-date information.

Questions regarding this message and fee-for-service claims are to be directed to Gainwell Technologies Provider Relations at (800) 473-2783 or (225) 924-5040.

Medicaid Public Notice and Comment Procedure

As of Aug. 1, 2019, a public notice and comment period is required before certain policies and procedures are adopted. Drafts will be published on LDH's website to allow for public comment, as per HB 434 of the 2019 Regular Legislative Session. This requirement applies to managed care policies and procedures, systems guidance impacting edits and payment, and Medicaid provider manuals.

In compliance with R.S. 46:460.51(15), 460.53, and 460.54, this procedure provides for a defined term, a public notice requirement, implementation of a policy for the adoption of policies and procedures, and for related matters. Public Comments for the listed policies and procedures can be left at the link below.



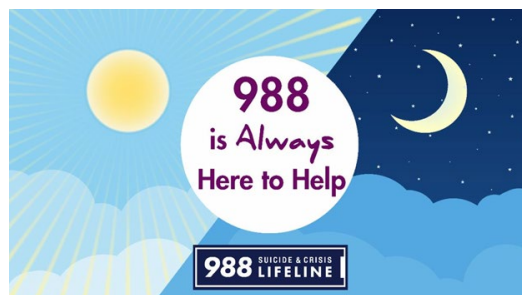
Louisiana Medicaid Updates and Authorities



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](#)

Louisiana Medicaid State Plan amendments and Rules are available at [Medicaid Policy Gateway | La Dept. of Health](#)



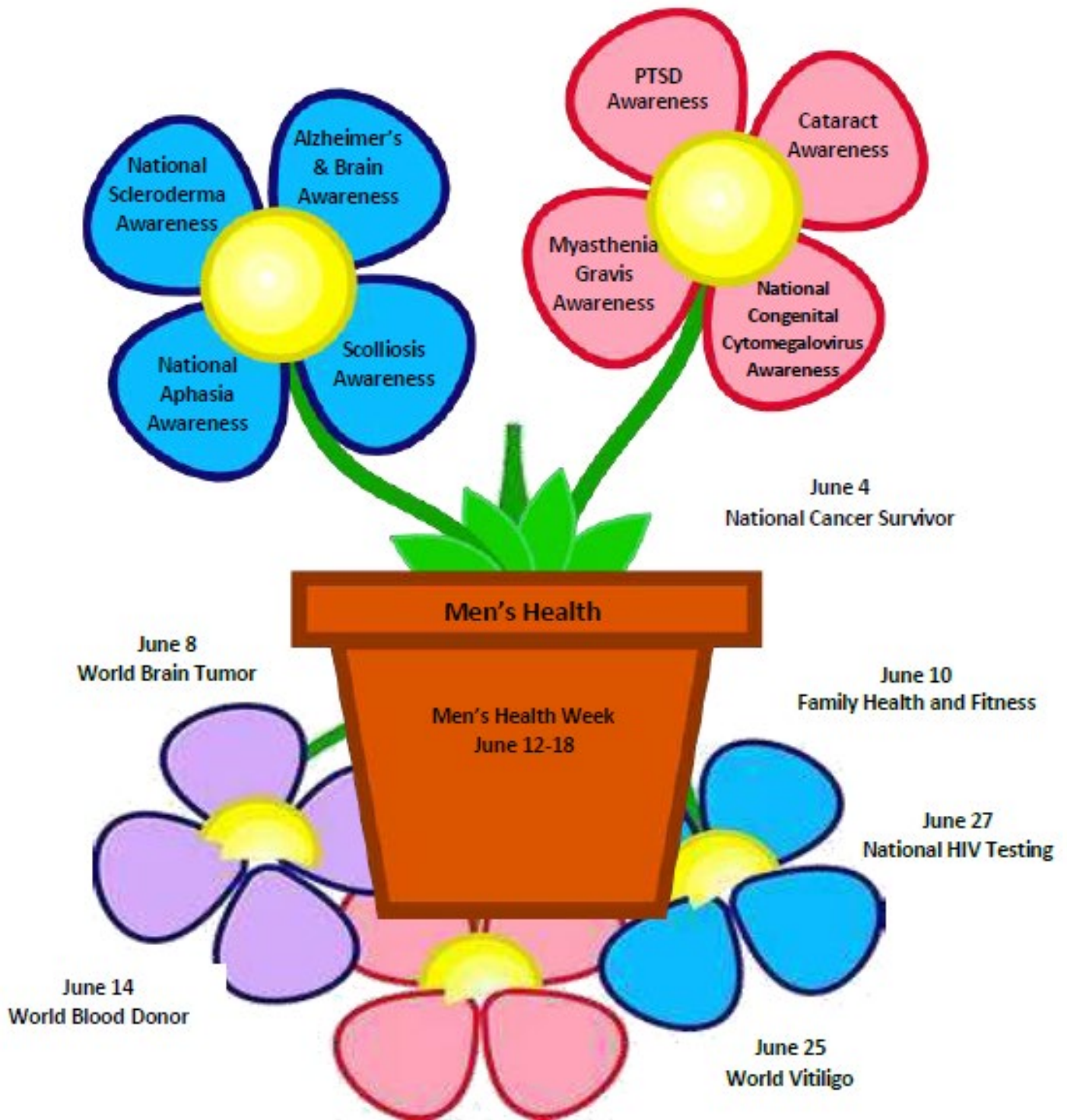
Manual Chapter Revision Log

A recent revision has been made to the following Medicaid Provider Manual chapters. Providers should review the revisions in their entirety at www.lamedicaid.com under the “Provider Manual” link:

Manual Chapter	Section(s)	Date of Revision(s)
Behavioral Health Behavioral Health	<ul style="list-style-type: none"> • Section 2.3 – Outpatient Services – Outpatient Therapy by Licensed Practitioners • Section 2.3 – Outpatient Services – Mental Health Rehabilitation Services Section 2.4 – Addiction Services 	05/12/23
Applied Behavior Analysis (ABA) Applied Behavior Analysis (ABA)	<ul style="list-style-type: none"> • Section 4.1 – Covered Services Section 4.5 – Reimbursement 	05/22/23
Hospitals Services Hospital Services	Section 25.2 – Inpatient Services	05/16/23
Pharmacy Pharmacy	<ul style="list-style-type: none"> • Section 37.1 – Covered Services, Limitations, and Exclusions 	04/28/23
Supports Waiver Supports Waiver	<ul style="list-style-type: none"> • Section 43.0 – Overview • Section 43.1 – Beneficiary Requirements • Section 43.2 – Rights and Responsibilities • Section 43.3 – Service Access and Authorization • Section 43.4 – Covered Services • Section 43.5 – Program Monitoring • Section 43.6 – Incidents, Accidents, and Complaints • Appendix A – Developmental Disability Law • Appendix C – Contact Referral Information • Appendix D – Forms and Links • Appendix E – Claims Filing 	05/26/23



Health Observance Calendar - June 2023



For Information or Assistance, Call Us!



General Medicaid Eligibility Hotline

1-888-342-6207

Point of Sale Help Desk

1-800-648-0790

(225) 216-6381

Provider Relations

1-800-473-2783

(225) 294-5040

[Medicaid Provider Website](#)

MMIS Claims Processing Resolution Unit

(225) 342-3855

[MMIS Claims Reimbursement](#)

Prior Authorization:

Home Health/EPSDT – PCS - Dental

1-800-807-1320

1-855-702-6262

[MCNA Provider Portal](#)

MMIS/Recipient Retroactive Reimbursement

(225) 342-1739

1-866-640-3905

[MMIS Claims Reimbursement](#)

DME and All Other

1-800-488-6334

(225) 928-5263

Medicare Savings

1-888-544-7996

[Medicare Provider Website](#)

Hospital Pre-Certification

1-800-877-0666

For Hearing Impaired

1-877-544-9544

REVS Line

1-800-776-6323

(225) 216-(REVS)7387

[REVS Website](#)

Pharmacy Hotline

1-800-437-9101

[Medicaid Pharmacy Benefits](#)

Medicaid Fraud Hotline

1-800-488-2917

[Report Medicaid Fraud](#)



Please see below a list of useful links:

- Louisiana Medicaid Informational Bulletins – <https://ldh.la.gov/page/1198>
- Subscribe to Informational Bulletin Updates by Email - <https://ldh.la.gov/index.cfm/communication/signup/3>
- Pharmacy Facts Newsletter– <https://ldh.la.gov/page/3036>
- Louisiana Medicaid COVID-19 Provider Guidance - <https://ldh.la.gov/page/3872>
-