Louisiana Medicaid

Provider UPDATE

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Welcome

Welcome to the August edition of the Provider Update Newsletter.

As summer break comes to an end and the return of school looms, and we continue to power through the summer and hurricane seasons, we will continue to focus on our key priorities of ensuring that our members have access to the care and services they need, as well as ensuring we assist you to do what you do best – providing quality care to your patients and our members.

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

The Louisiana Department of Health strives to protect and promote health statewide and to ensure access to medical, preventive, and rehabilitative services for all state residents. The Louisiana Department of Health includes the Office of Public Health, Office of Aging and Adult Services, Office of Behavioral Health, Office of Intellectual and Developmental Disability Supports, Office of Economic Stability, Office of Rural Health Transformation and Sustainability, Office on Women's Health and Community Health, 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: OCDD Becomes the Office of I/DD Supports 2

Heat and Medications: Protecting Your Patients from the Dangers of Heat 2

Louisiana Material Mortality Prevention Symposium 7

August 2026 Health Observances 7

National Immunizations Awareness Month 9

Louisiana Health Alert Message 26-3: Domestically Acquired Cyclosporiasis Cases, 2026 9

Did You Know?: SNAP Hot & Prepared Foods Waiver 12

OSHA's Safe & Sound Week 13

Medicaid Policy Inbox 14

Medicaid Work Requirements Begin in 2027 14

Upcoming Changes to Medicaid Eligibility for Certain Immigrants 16

Provider Developmental Screening Survey 17

World Lung Cancer Day 18

Understanding LaHIPP – A Provider's Guide to Participation 18

Reminders

- Important Information Regarding United Healthcare closeout 19
- Revalidate Enrollment Regularly 19

Youth Health Transition (YHT) Toolkit 19

Provider-to-Provider Consultation Line 20

Medicaid Compliance Corner

- Remittance Advice Corner 21
- Provider Manual Chapter Revision Log 21
- Medicaid Public Notice and Comment Procedure 21
- Louisiana Medicaid Updates and Authorities 22

Provider FAQs 23

We are here! 24

For Information or Assistance 26

OCDD Becomes the Office of I/DD Supports

LDH's Office for Citizens with Developmental Disabilities (OCDD) has officially changed its name to the Office of Intellectual and Developmental Disability Supports (OIDD) under Act 702 (2026).

The new name more accurately reflects the office's mission of supporting people with intellectual and/or developmental disabilities in achieving their goals and living fully integrated, meaningful, and valued lives in their communities. OIDD will continue working to ensure people with disabilities have access to quality supports and services, increasing their independence in the community of their choice.

This change affects many systems, publications, and resources. Partners, providers, and stakeholders are encouraged to update any materials that reference the former name, acronym, or logo to reflect the OIDD's new name and logo. To request the new OIDD logo, email OCDDinfo@la.gov with the subject line "OIDD Logo Request." Include where the logo will be used and the file format(s) you need.

If you have questions about the name change or the transition, please email OCDDinfo@la.gov. You can also find more information here.

Heat and Medications: Protecting Your Patients from the Dangers of Heat

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

Extreme summer heat is becoming more common across the United States. Climate projections show that heat events are expected to become more frequent and more intense in the coming decades. Although improved weather forecasting, early heat warning systems, and greater access to air conditioning have reduced some heat-related illnesses and deaths, extreme heat continues to be a significant and preventable public health threat nationwide. Exposure to extreme heat can trigger life-threatening health emergencies like heat stroke, while exacerbating pre-existing conditions. High temperatures increase the likelihood of cardiovascular and respiratory distress, kidney failure, electrolyte imbalances, kidney stones, and pregnancy complications.

Research also shows that death rates increase during and immediately after heat waves, with fatalities resulting not only from heat stroke and related conditions, but also from cardiovascular disease, respiratory disease, and cerebrovascular disease. While heat affects everyone, certain groups face significantly higher risks, such as individuals with chronic heart or lung conditions, pregnant women, young children, and older adults.

Extreme heat may also interact with medications, resulting in potentially severe side effects. Medications and heat interact in three primary ways:

- Some medications interfere with thermoregulation and/or fluid balance, amplifying the risk of harm from hot weather.
- Heat can degrade some medications and damage medication delivery devices.
- Some medications can increase skin sensitivity from sun exposure.

Increased Heat Risk

Extreme heat can significantly alter how the body processes medications, often leading to dangerous side effects. Prescription and over-the-counter drugs can contribute to heat sensitivity in the following ways:

- **Reduced thirst sensation**: Diuretics, ACE inhibitors, and ARBs can suppress the sensation of thirst, leading to volume depletion.
- **Temperature regulation**: Antipsychotics, anticholinergics, and stimulants can disrupt the brain's ability to regulate internal body temperature.
- **Reduced sweating**: Many drugs, including SSRIs, SNRIs, tricyclic antidepressants, and antipsychotics, impair the sweating response, which is the body's primary cooling mechanism.
- **Sedation or cognitive impairment**: Certain drugs, such as opiates, antipsychotics, and benzodiazepines, may cause sedation or cognitive impairment, resulting in an increased risk of falls and reduce thirst sensation.
- **Reduction in dilation of superficial blood vessels**: Beta-blockers and aspirin can reduce the dilation of blood vessels near the skin, making it harder to dissipate heat.
- **Volume depletion, hypotension, or reduced cardiac output**: These may occur as a result of reduced renal blood flow and/or kidney injury from nephrotoxic drugs (such as NSAIDs, diuretics, and beta blockers).
- **Electrolyte imbalance**: Drugs such as diuretics, beta blockers, calcium channel blockers, antacids, and laxatives, may result in an electrolyte imbalance.
- **Drug toxicity risks**: In people who become dehydrated, medications with a narrow therapeutic index (such as apixaban, lithium or carbamazepine) can reach toxic levels in the blood because the body cannot clear them efficiently.

Sunlight Sensitivity

Certain medications, including specific antifungals (voriconazole) and antibiotics (fluoroquinolones, tetracyclines), increase the sensitivity of the skin to the sun. Patients on these drugs can develop severe, sunburn-like rashes very quickly. For patients on these medications, it is essential to use broad-spectrum SPF 30+ sunscreen, wear protective clothing, and limit direct sun exposure.

Heat and Medication Storage

High temperatures can degrade the quality of medications or damage delivery devices. Some examples include:

- Insulin may become less effective if left in the heat for prolonged periods.
- EpiPens may malfunction or deliver less potent doses if exposed to extreme heat.
- Inhalers can burst if left in hot environments, such as the trunk of a car.

Medication-Heat Interactions

Some commonly prescribed medications that increase risk from heat include diuretics, anticholinergic agents, and some psychotropic medications. Certain combinations of medications, such as the combined use of angiotensin converting enzyme (ACE) inhibitor or an angiotensin II receptor blocker (ARB) with a diuretic, may significantly increase risk of harm from heat exposure. For children and adolescents, medications to be aware of include non-selective antihistamines (e.g., diphenhydramine), stimulants like methylphenidate for attention-deficit/hyperactivity disorder (ADHD), SSRIs and tricyclics, and diuretics.

Table 1 lists medications, including over the counter medications, that can increase the risk of impacting a patient's health on hot days and the associated mechanism of action. This list is not comprehensive but includes many commonly used medications.

TABLE 1. MEDICATIONS THAT MAY INCREASE THE RISK OF HARM ON HOT DAYS*

Drug Class / Medication Type	Examples	Mechanisms
Diuretics	Furosemide, HCTZ, Acetazolamide	Electrolyte imbalance, volume depletion, dehydration and increased risk of fainting and falls, reduced thirst sensation
Beta Blockers	Atenolol, Metoprolol, Propranolol	Reduced superficial vasodilation, decreased sweating, reduced blood pressure, increased risk of fainting / falls
Calcium Channel Blockers	Amlodipine, Felodipine, Nifedipine	Decreased blood pressure, increased risk of fainting and falls, electrolyte imbalance
Angiotensin Converting Enzyme Inhibitor (ACEi) and Angiotensin II Receptor Blockers (ARBs)	ACEi: Enalapril, Lisinopril, Ramipril ARB: Valsartan, Losartan ARB Combination: Sacubitril/Valsartan	Decreased blood pressure, increased risk of fainting and falls, reduced thirst sensation
Anti-platelet Medications	Clopidogrel, Aspirin	Reduced superficial vasodilation
Nitrates	Glyceryl Trinitrate, Isosorbide Mononitrate	Worsened hypotension
Mood Stabilizers	Lithium	Diabetes insipidus induced water loss and risk for fainting, falls, electrolyte imbalance, risk for toxicity in setting of dehydration because of narrow therapeutic index
Antipsychotics	Haloperidol, Olanzapine, Quetiapine, Risperidone	Impaired sweating, impaired temperature

Selective Serotonin Reuptake Inhibitors (SSRI) and Serotonin and Norepinephrine Reuptake Inhibitors (SNRI)	SSRI: Fluoxetine, Sertraline SNRI: Duloxetine, Venlafaxine	Increased sweating
Tricyclic antidepressants (TCAs)	Amitriptyline, Clomipramine	Decreased sweating
Antiseizure Medications	Topiramate	Decreased sweating
	Oxcarbazepine	Increased sweating, increased urination
	Carbamazepine	Dizziness and weakness, especially after increased dose
Antihistamines	Promethazine, Doxylamine, Diphenhydramine	Decreased sweating, impaired thermoregulation
Nonsteroidal Anti-inflammatory drugs (NSAIDS)	Ibuprofen, Ketoprofen, Naproxen	Kidney injury with dehydration
	Aspirin	Increased heat production with overdose, kidney injury with dehydration
Analgesics	Acetaminophen	Heat related liver injury, increased risk for acetaminophen hepatoxicity
Antibiotics	Sulfonamides	Kidney injury risk with dehydration
Antiretrovirals	Indinavir	Kidney injury risk with dehydration
Thyroid Replacement Medications	Levothyroxine	Excessive sweating
Stimulants	Amphetamine, Methylphenidate	Increased body temperature

*Adapted from Heat and Medications - Guidance for Clinicians (cdc.gov)

Action Steps for Clinicians and Patients

To prevent heat-related medical emergencies, clinicians should integrate heat risk into routine medication reviews.

- Review your patient's medication list with them, designating medications that may need to be adjusted because of heat interactions. This is especially important for patients, including older patients, who take multiple medications that may increase risks of harm from heat through different mechanisms.
- Instruct patients not to abruptly stop taking any medications without having a plan in place.
- Consider adjusting medication dose or frequency during hot weather months based on potential medication interactions with heat and an assessment of symptom severity. Any changes in medication dose or schedule should be based on the individual needs of the patient; risks and benefits should be considered.
-

- Consider adjusting fluid restrictions during hot weather, especially for patients who take medications that may lead to dehydration or affect electrolytes.
- Talk to your patients about signs and symptoms that heat may be interacting with their medications, when to seek medical care, which symptoms are an emergency, and what to do in an emergency.
- Provide guidance on proper storage of medications. Counsel patients not to leave medications in a car or other places that can get excessively hot. Remind patients that inhalers can malfunction or burst from extreme heat and that insulin can be degraded by heat and should be refrigerated.
- Counsel patients taking medications that increase sun sensitivity to limit sun exposure and apply sunscreen when they need to be outside in the sun.
- Document any medication or fluid adjustments to be made for hot weather and when to resume their normal medication schedule.
- Encourage your patients to seek cool environments when possible.
- Ask your patient to identify a point of contact to check on them if they take medications that may increase the risk of harm from heat, especially for older patients and patients with altered cognition.

Protecting Your Patient from Hot Weather*

Assess your patient's risk factors for heat impacts on their health.
Use the **HEAT** questionnaire to ask about:

Housing and indoor environment (e.g., air conditioning, stable housing)
Emergency preparedness (e.g., someone to check on them)
Awareness of health risks (e.g., knowledge of medications and heat)
Temperature and outdoor environment (e.g., how much time spent outdoors)

Teach your patients how to know when heat is dangerous to their health.

- Teach your patients how to use the CDC's HeatRisk Tool.
- Remind your patients how to use the air quality index and explain how poor air quality can make heat risk worse.

Educate your patients on steps they can take using a Heat Action Plan.

- Review steps to stay cool, stay hydrated, and know how to recognize heat-related symptoms.
- Help your patients understand what to do when air quality is poor.
- Review medications and develop a medication plan for hot days.

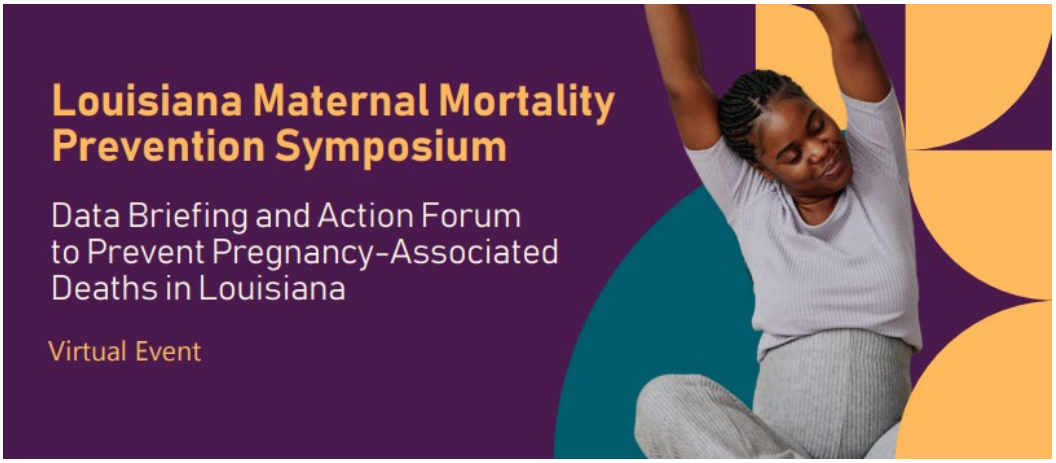
Additional Resources

Air Quality Index (AQI) | AirNow.gov
A Heat and Health Risk Factor Screening Questionnaire - CDC
Clinical Guidance for Heat and Cardiovascular Disease (cdc.gov)
Clinical Guidance for Heat and Children with Asthma (cdc.gov)
Clinical Guidance for Heat and Pregnancy (cdc.gov)
For Healthcare Professionals (cdc.gov)
HeatRisk Tool - CDC

Patient Education: Making a Heat Action Plan with Your Doctor - CDC
Patient Toolkits with Resources for Patients to Use to Help Manage Heat and Their Health - CDC

References

Heat & Health Tracker | Tracking | NCEH | CDC
Heat and Medications – Guidance for Clinicians | Heat Health | CDC



Save the date! Join the Bureau of Family Health for the virtual Louisiana Maternal Mortality Prevention Symposium on Friday, August 21.

To strengthen the conversation about improving maternal health in Louisiana, the symposium will bring together partners from across the state to examine the findings from the newly published 2020-2022 Louisiana Pregnancy-Associated Mortality Review Report, discuss the key factors contributing to pregnancy-associated deaths, and share the key recommendations for prevention of these deaths.

Health care professionals, health care systems, social and local community organizations, policy makers, insurance payors, government and public health agencies, maternal health advocates, families, and other community members are all welcome to attend.

Learn more and register for the 2026 Louisiana Maternal Mortality Prevention Symposium at partnersforfamilyhealth.org/2026-maternal-mortality-prevention-symposium.

For more information about the Louisiana Pregnancy-Associated Mortality Review and to view the latest report and fact sheets, visit partnersforfamilyhealth.org/maternalmortality.

August 2026 Health Observances

Month-Long (August 1-31)

- **National Immunization Awareness Month:** Highlights the importance of vaccines for all ages.
- **National Breastfeeding Month:** Promotes and supports breastfeeding benefits.
- **Children's Eye Health and Safety Month:** Focuses on kids' vision care.
- **National Minority Donor Awareness Month:** Brings focus to organ donation in minority communities.
- **Gastroparesis Awareness Month:** Spreads facts about digestive tract paralysis.

- **Psoriasis Action Month:** Educates on skin health and psoriatic diseases.
- **Autoinflammatory Awareness Month:** Educates on autoinflammatory diseases that affect the innate immune system.

Weekly Observances

- **World Breast Feeding Week (August 1-7:** Early push for infant feeding education.
- **National Health Center Week (August 2-8):** Celebrates local community health services.
- **OSHA's Safe and Sound Week (August 10-16):** Promotes workplace safety programs.
- **Contact Lens Health Week (August 17-21):** Shares safe contact lens wear habits.

Key Days

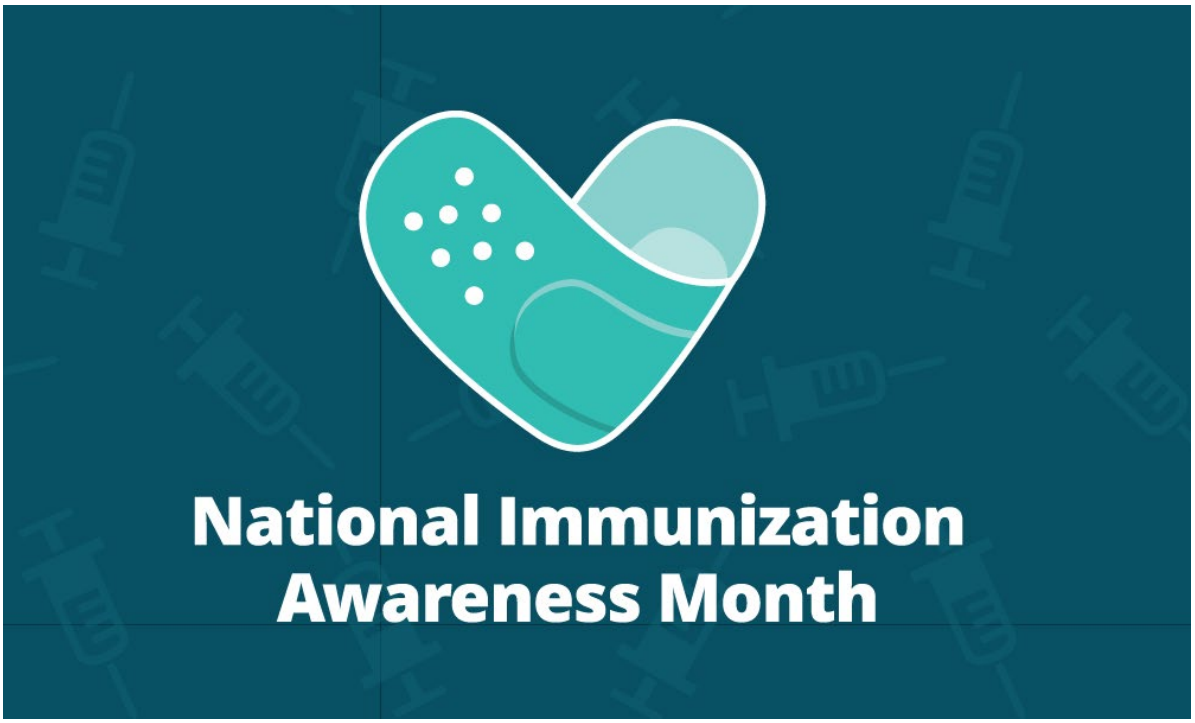
- **World Lung Cancer Day (August 1):** Raises lung health awareness.
- **National Minority Donor Awareness Day (August 1):** Focuses on minority donor needs.
- **World Breast Cancer Research Day (August 18):** Supports ongoing research efforts.
- **Health Unit Coordinator Appreciation Day (August 23):** Celebrates Health Unit Coordinators.
- **National Greif Awareness Day (August 30):** Supports mental wellness and processing loss.
- **International Overdose Awareness Day (August 31):** Educates on overdose prevention and support.

National Immunization Awareness Month

August is National Immunization Awareness Month (NIAM). This is a time to raise awareness and educate people on the benefits that getting immunized offers. It also serves as a reminder for individuals to stay up to date on their immunizations and schedule them if they've fallen behind.

While immunizations are a fairly standard part of our lives, not everyone takes them seriously or believes in their effectiveness. That's why it's crucial to educate and spread awareness about the usefulness of immunizations, and NIAM offers the perfect opportunity to do just that.

For more information and resources regarding NIAM please visit: https://myallyhealth.org/about/blog/national-immunization-awareness-month/?gad_source=1&gad_campaignid=13815194855&gbraid=0AAAABm1fi8Yh0MMNyZ9pq0-AoiU3h6Dq&gclid=EAIaIQobChMIvryfpczmlQMVlS6tBh3jiymREAMYAiAAEgI1v_D_BwE



LOUISIANA DEPARTMENT OF HEALTH Public Health	**Louisiana Health Alert Message 26-3**
Origination Date: July 15, 2026	**Revision Dates (List All Revision Dates):**

Louisiana Health Alert Message 26-3

Domestically Acquired Cyclosporiasis Cases, 2026

Multiple states are investigating cases of domestically acquired cyclosporiasis. Since May 1, 2026, the Centers for Disease Control and Prevention (CDC) has received reports of 1,645 confirmed domestic cases of cyclosporiasis and is aware of more than 5,100 cases that require further analysis to confirm the illness as domestically acquired cyclosporiasis. This is substantially higher than the 249 cases reported nationally by this same time last year. Of the 1,645 case-patients with available information, 141 (9%) were hospitalized, and none have died. CDC, the U.S. Food and Drug Administration (FDA), and state and local health departments are working together to investigate multistate outbreaks of *Cyclospora* infections and to

identify the sources of illness. Because cyclosporiasis is often underdiagnosed and underreported, the true number of illnesses is likely higher than what has been reported to CDC. This Health Advisory provides background information about cyclosporiasis, current U.S. surveillance data, and recommendations for clinicians, laboratorians, and public health departments to support recognition, diagnosis, and reporting.

Symptoms and Complications What is

cyclosporiasis?

Cyclosporiasis is a gastrointestinal illness caused by the microscopic parasite Cyclospora. People can become infected by consuming food or water contaminated with the parasite. This illness is not usually spread directly from person to person. Case counts typically rise during spring and summer months, and CDC considers May 1-August 31 the annual cyclosporiasis season. Previous outbreaks have been linked to consuming contaminated fresh produce.

Symptoms

Symptoms of cyclosporiasis typically begin about 1 week after exposure. Onset of symptoms can occur 2-14 days after being exposed. The most common symptoms include watery diarrhea, which can be frequent, along with loss of appetite, weight loss, bloating, nausea, and fatigue. Less common symptoms include low-grade fever and vomiting. Without treatment, symptoms can follow a remitting-relapsing course that can last from a few days to a month or longer. Illness can be severe, but is not usually life-threatening. Complications can include malabsorption, cholecystitis, and reactive arthritis.

Louisiana Cases

As of July 14, 43 cases of cyclosporiasis have been reported in Louisiana during 2026. By comparison, over the past five years, Louisiana confirmed an average of 30 cases during the same time period.

Cyclosporiasis cases have been reported among Louisiana residents in nearly every region of the state. The parishes with the highest number of reported cases are East Baton Rouge and Lafayette. Five patients have been hospitalized, and none have died. Eighty percent of the cases were domestically acquired.

Recommendations for Healthcare Professionals Diagnosis

Consider cyclosporiasis in patients presenting with prolonged or relapsing watery diarrhea, particularly during the May–August cyclosporiasis season, even without a history of international travel.

Ask patients with suspected or confirmed cyclosporiasis about their recent food and travel history to assist local investigations.

Testing

Laboratory detection of Cyclospora in stool can be challenging even in symptomatic patients, and standard ova and parasite exams might not detect it reliably. Clinicians should specifically request diagnostic testing for Cyclospora when it is clinically suspected. Consider molecular (PCR-based) diagnostic testing where available, because it can improve detection.

Clinical Management

Treat confirmed cases of cyclosporiasis with 7-10 days of trimethoprim-sulfamethoxazole (TMP-SMX) for immunocompetent adults and children over age 2 months; consider longer courses for patients with immunocompromising conditions. Consult current CDC clinical guidance for recommended dosing.

Advise patients to stay well hydrated, especially if diarrhea is frequent or severe.

Clinician Reporting

Cyclosporiasis is a Class B reportable condition in Louisiana, which requires public health reporting within one business day. Cases can be reported electronically, via fax (504-568-8290), or reported to the respective LDH regional surveillance epidemiologist. To reach LDH's on-call epidemiologist, call 800-256-2748.
Cyclosporiasis cases can sometimes be identified in clusters due to common exposures. Outbreaks or clusters of any infectious disease are considered Class A Conditions in the State Sanitary Code, which require immediate reporting by phone to LDH's clinician hotline: 800-256-2748.

Recommendations for Disinfecting Cyclospora in Healthcare Settings

Given the typical lifecycle of Cyclospora, person-to-person transmission is unlikely, even within healthcare settings. If an affected patient is continent of stool, the level of environmental contamination is probably small.

Cyclospora is unlikely to be killed or inactivated by routine chemical disinfection. No EPA-registered disinfectant products have been demonstrated to be effective against Cyclospora. When affected patients are incontinent or diapered, the risk of contamination of healthcare surfaces might be higher. Facilities should clean surfaces initially with a detergent to remove any visible soil and scrub the surfaces thoroughly. After this cleaning, an EPA-registered hospital disinfectant should be used. Immediately after cleaning, healthcare personnel (HCP) should remove gloves used during cleaning and clean their hands.

HCP should always use Standard Precautions, including wearing gloves when there might be direct contact with feces. A gown, facemask, and eye protection, or face shield should be used if splashing might occur.Hand hygiene should be performed before and after every patient contact. If hands are visibly soiled, HCP should wash them with soap and water, scrubbing vigorously for 15-20 seconds. If hands are not visibly soiled, alcohol-based hand sanitizer may be used. For patients with gastroenteritis who are diapered or incontinent of stool, HCP should use Contact Precautions when providing direct patient care in healthcare settings.

For More Information

- Cyclosporiasis | CDC
- Surveillance of Cyclosporiasis | CDC
- Clinical Care of Cyclosporiasis | CDC
- Preventing Cyclosporiasis | CDC

DID YOU KNOW?

SNAP Hot & Prepared Foods Waiver

The U.S. Department of Agriculture's Food and Nutrition Administration has approved a temporary waiver allowing all Louisiana Supplemental Nutrition Assistance Program (SNAP) participants to purchase hot or prepared foods with their SNAP benefits through August 13, 2026, following Tropical Storm Arthur.

Under normal SNAP rules, benefits cannot be used to purchase hot foods or foods prepared for immediate consumption. This waiver temporarily lifts that restriction, allowing SNAP participants to purchase eligible hot and prepared foods at authorized Louisiana SNAP retailers.

The hot food waiver is effective immediately through August 13, 2026. SNAP benefits still cannot be used to purchase meals from restaurants.

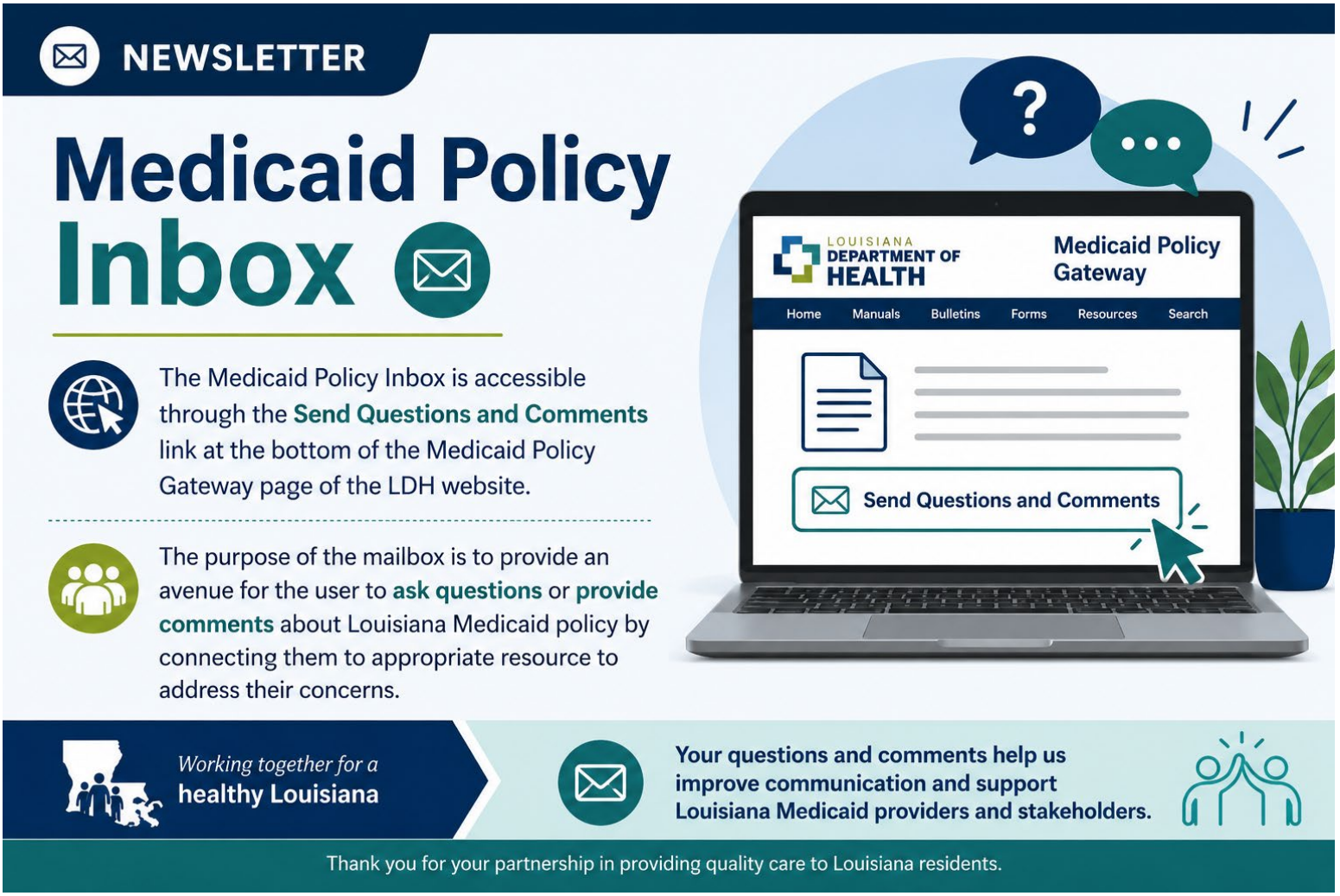
To learn more about the SNAP program, visit https://ldh.la.gov/supplemental-nutrition-assistance-program.

OSHA's Safe & Sound Week

Safe & Sound Week is a nationwide event held each August that recognizes the successes of workplace safety and health programs and offers information and ideas on how to keep America's workers safe. This year Safe & Sound Week will provide resources and activities for businesses on safety and health recognition.

Successful safety and health programs can proactively identify and manage workplace hazards before they cause injury of illness, improving sustainability and the bottom line. Participating in Safe & Sound Week can help get your program started, energize an existing one, or provide a chance to recognize your safety and health accomplishments.

All organizations looking for an opportunity to recognize their commitment to safety and health are welcome to participate! For more information regarding Safe & Sound Week or to sign up to participate in this year's Safe & Sound Week activities/learning opportunities please visit: https://www.osha.gov/safeandsoundweek



Medicaid Work Requirements Begin in 2027

The Centers for Medicare & Medicaid Services (CMS) released an Interim Final Rule (IFR) requiring that certain adult Medicaid applicants and enrollees must, as a condition of Medicaid eligibility, meet an 80 hours per month work requirement, through employment, education, work programs, or community service. This rule governs Louisiana Medicaid's implementation of work requirements.

Starting **January 1, 2027**, adults between the ages of 19 and 64 who do not have a disability or a **qualifying medical condition** will have to report community engagement activities, commonly known as **work requirements**, to keep their health coverage. Members will need to show participation in at least 80 hours of community engagement activities or earning at least $580 each month. Community engagement activities can include work, job training, education and volunteering.

A new interactive screening tool is available online to help Medicaid members determine if they will be affected by work and community engagement reporting requirements. The tool includes a short series of questions regarding age, possible exemptions, income and current community engagement activities (working, training, volunteering or going

to school) to determine if they should expect to be excused from work requirements or if they may need to take action to prepare for reporting.

Most people are exempt from these rules, meaning they do not have to participate. This includes pregnant or postpartum women, caregivers of young children or a disabled individual, medically frail people, disabled veterans, foster youth, and others.

Find the latest on this project at www.ldh.la.gov/Medicaid/work-requirements.

Upcoming Changes to Medicaid Eligibility for Certain Immigrants

Effective October 1, 2026, changes to federal law will redefine which immigration statuses qualify for full-scope Medicaid and CHIP coverage. Under the new rules, only Lawful Permanent Residents (green card holders), Cuban and Haitian entrants, and COFA migrants will remain eligible for full benefits. Many lawfully residing immigrants who currently qualify for Medicaid or CHIP, including some asylees, refugees, and victims of trafficking, may no longer be eligible.

Medicaid will use federal databases to verify the citizenship and immigration status of current members. If a member's status can be confirmed, no action will be needed. Members whose status cannot be verified, or whose status appears ineligible, will receive a request for information letter by mail beginning May 14.

Closures for individuals no longer eligible will begin on September 30, 2026. Members who believe they qualify for an exemption or may be eligible for Medicaid through another category may file an appeal.

The Louisiana Health Insurance Premium Payment Program

aHIPP

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.

Expanded Patient Network

Gain access to more Medicaid-eligible patients

Improved Continuity of Care

Helping families to maintain private health insurance and ensure coverage for services that may not be covered

Reimbursements

Higher reimbursement rates

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
- 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

LOUISIANA DEPARTMENT OF HEALTH Medicaid

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).

World Lung Cancer Day

World Lung Cancer Day occurs each year on August 1 as a day to participate and take an opportunity to bring awareness about lung cancer causes and prevention. According to the American Lung Association, lung cancer is the leading cause of death among cancer patients. Luckily, when diagnosed early enough, lung cancer survival rates increase five or more years by almost 56 percent. However, prevention is necessary in order to detect and treat lung cancer before it spreads.

Lung cancer can affect anyone. Because the disease doesn't discriminate, it's important for everyone to review their risk factors. While several high-risk factors attribute to lung cancer a few include air pollution, smoking, exposure to secondhand smoke, and exposure to dangerous chemicals like radon gas.

One of the first steps to protecting your health is talking to your health care provider. Review your family medical history. Furthermore, your medical provider can help you decide your risk levels and schedule any necessary screening. Although a health screening does not prevent disease, it does help combat the spread of disease through early detection.

If your family history includes lung cancer, encourage a family member to get screened. Make a day of it by scheduling the screening for both of you and having lunch afterward. By using #WorldLungCancerDay on social media, you will show support. Also, educate others on lung cancer prevention and treatment.

For more information and helpful tips visit the American Lung Association at: https://www.lung.org/

Article Retrieved from: https://nationaldaycalendar.com/celebrations/world-lung-cancer-day-august-1

Important information regarding UnitedHealthcare closeout

As of March 31, 2026, LDH's contract with UnitedHealthcare has ended. As part of this transition to ensure uninterrupted access to care, Medicaid members previously enrolled with UnitedHealthcare were moved to other participating managed care organizations (MCOs). You can read more here.

REMINDER: Stay Compliant: Don't Miss Your Medicaid Revalidation Deadline

*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.*

Louisiana Medicaid requires providers to complete periodic evaluations. This process includes a comprehensive review based on your assigned risk level and may involve site visits, fingerprint-based criminal background checks, and updated disclosures—similar to what's required for new enrollments or reenrollments.

How you will be notified:
Providers will receive notification when it is time to revalidate through:

- Email from the Provider Enrollment Portal; and
- A letter sent via the U.S. Postal Service.

You can also stay ahead by checking your revalidation due date and status anytime using the ***Provider Lookup Tool.***

Did not receive a notice?
If you believe your revalidation is due but have not received a notification, contact Gainwell Technologies for assistance:

- Email: mailto:louisianaprovenroll@gainwelltechnologies.com
- Phone: (833) 641-2140.

Avoid Disruptions to Your Payments
***Failure to complete revalidation by the deadline may result in claim denials and the deactivation of Medicaid billing privileges*.** If this occurs, you will need to submit a full re-enrollment application—and Medicaid will not reimburse services provided during any period of deactivation.

Stay proactive to ensure uninterrupted participation in the Medicaid program.

Youth Health Transition (YHT) Toolkit

Healthcare teams can now access a web-based resource designed to support youth as they transition to adult care. Featuring step-by-step guidance and practical tools, the platform helps providers strengthen care coordination while equipping young people with essential self-management skills for greater independence.

🔗 Explore the toolkit: 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

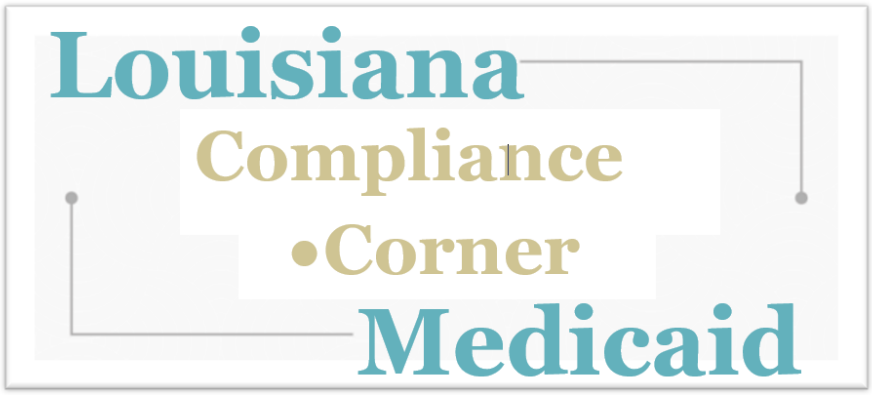
Need Behavioral Health Support for Your Pediatric Patients?

The Louisiana Provider-to-Provider Consultation Line (PPCL) offers free, expert support to help you manage behavioral and mental health concerns for patients ages 0–21. Connect directly with Mental Health Consultants and on-call psychiatrists for real-time guidance on diagnosis, treatment and medication management.

Plus, expand your expertise and earn CEUs/CMEs through PPCL's TeleECHO sessions.

Get started today and learn more at ldh.la.gov/ppcl.

Call: (833) 721-2881 | Email: ppcl@la.gov



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)
Personal Care Services	• Section 30.18 – EPSDT – Provider Requirements	07/01/26

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 jyXIX) 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

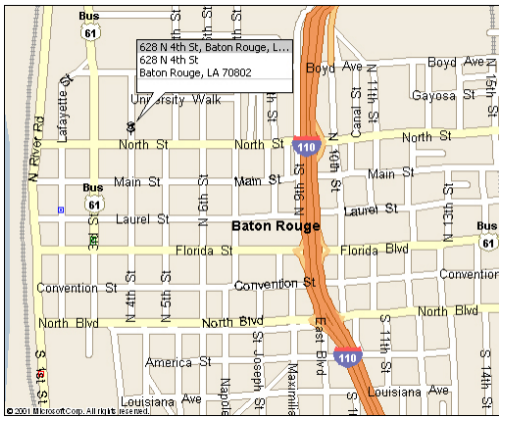
Take I-10 East to Baton Rouge.
At I-10 Exit 155B turn onto the ramp that merges onto I-110 North.
Take the North Street exit on your left.
Continue down North Street to the Bienville Building at the corner of North and 4th Streets.

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/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