Louisiana Medicaid

Provider UPDATE

Volume 41, Issue 10 | October 2025

Welcome

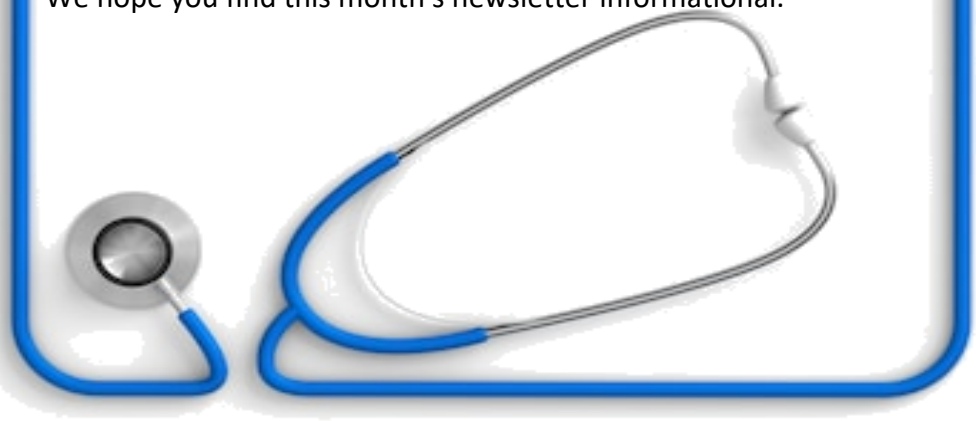
Welcome to the October edition of the Provider UPDATE newsletter. Louisiana Medicaid uses this newsletter to share upcoming information or actions that may be required by the provider community.

Please continue to visit the LDH website and social media platforms to stay informed about program updates and upcoming events.

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

We appreciate your steadfast commitment to serving the Louisiana Medicaid population and your role as a valued partner in these efforts.

We hope you find this month's newsletter informational.



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Medicaid to Continue Bimonthly Rebaseline Provider Enrollment

Jeff Landry
GOVERNOR

Michael Harrington, MBA, MA
SECRETARY

State of Louisiana
Louisiana Department of Health
Bureau of Health Services Financing

MEMORANDUM

DATE: March 12, 2025

TO: Louisiana Medicaid Providers

FROM: Louisiana Medicaid

SUBJECT: **Medicaid to Continue Bimonthly Rebaseline Provider Enrollment**

In October 2024, Louisiana Medicaid launched its Provider Enrollment Rebaseline effort, which facilitates Medicaid enrollment for newly credentialed managed care organization (MCO) providers. Enrollment with the state Medicaid agency is required, and separate and apart from the credentialing process with any MCO.

Every two months, Louisiana Medicaid will send invitation letters to new providers not yet enrolled with Louisiana Medicaid. These letters include detailed instructions and specific provider information required for enrollment. Providers must complete enrollment within 120 days of receiving the letter to avoid claim denials and potential deactivation from the Medicaid program.

For the latest rebaseline information, including details on the provider portal and contacts for additional assistance, see Informational Bulletin 24-22.

Exciting Times to Be an LaHIPP Provider

The Louisiana Health Insurance Premium Payment Program
LaHIPP

Did you know LaHIPP launched on April 1, 2017?

The Louisiana Department of Health (LDH) contracts with Health Management Systems, Inc. (HMS), a Gainwell Technologies Company, to administer the Louisiana Health Insurance Premium Payment (LaHIPP) Program. LaHIPP assists eligible Medicaid recipients by paying some or all of their share of employer-sponsored insurance (ESI) premiums, provided it is more cost-effective for the state than full Medicaid coverage.

To qualify for LaHIPP, individuals must meet the following criteria:

1. Have access to employer-sponsored insurance (ESI);
2. Have a dependent who is Medicaid-certified and enrolled in the ESI plan; and
3. Be determined cost-effective by the program.

Have you heard about the comprehensive benefits of being a LaHIPP Provider?

Providers registered with LDH to bill fee-for-service (FFS) claims are already eligible to serve LaHIPP members. However, providers who do not wish to enroll in FFS may choose to register as a **LaHIPP Only Provider**, which offers additional benefits.

Enrolling as a **LaHIPP Only Provider** allows access to a LaHIPP member's third-party liability (TPL) information. This ensures providers can bill the member's commercial insurance directly and receive payment - which can be higher than the Medicaid contracted rate.

If a 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.

Participating in this program provides a financial benefit to members, expanded claims payment benefits to Providers and ensures each taxpayer dollar is maximized to cover the most vulnerable populations.

More information for Providers

Want to learn more about how to enroll as a LaHIPP Provider, furthering your patient network? Please visit: https://www.lamedicaid.com/Provweb1/Provider_Enrollment/ProviderEnrollmentIndex.htm

Already an FFS or LaHIPP Provider and have a claims question? Please 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

For more information contact HMS, Monday - Friday 8 a.m. - 4:30 p.m. at 1(877) 697-6703

HeadsUp

Coming Soon – Healthy Louisiana Open Enrollment

Open Enrollment for Louisiana Medicaid members enrolled in a health plan begins **October 15, 2025,** and ends at **6 p.m. on December 1, 2025**. Any changes made during this time will take effect on **January 1, 2026**.

📬 **What to Expect:**

- **Announcement letters** are currently being mailed to all members enrolled in a health plan.
- A second mailing—the **Open Enrollment packet**—will be sent between **August 11th and August 29th, 2025**. This packet includes:
  - A personalized letter
  - A health plan comparison guide
  - An enrollment form

This enrollment period applies **only to health plans—dental coverage is not included**.

For more details and support during Open Enrollment, visit ldh.la.gov.

Breast Cancer Awareness Month

The month is about more than pink ribbons. While some feel inspired, many people living with breast cancer feel like the month overlooks their experience with the disease.

What is Breast Cancer Awareness Month?

Breast Cancer Awareness Month is an international health campaign that's held every October. The month aims to promote screening and prevention of the disease, which affects 2.3 million women worldwide. Known best for its pink theme color, the month features a number of campaigns and programs — conducted by groups ranging from breast cancer advocacy organizations to local community organizations to major retailers — aimed at:

- Supporting people diagnosed with breast cancer, including those with metastatic breast cancer;
- Educating people about breast cancer risk factors;
- Encouraging women to go for regular breast cancer screening starting at age 40 or earlier, depending on personal breast cancer risk; and
- Fundraising for breast cancer research.

The History of Breast Cancer Awareness Month

The event began in 1985 as a week-long awareness campaign by the American Cancer Society, in partnership with Imperial Chemical Industries, a British company that made tamoxifen. The campaign eventually grew into a month-long event.

In 1992, the pink ribbon came into play after Alexandra Penney, SELF magazine's Editor-in-Chief, partnered with Evelyn Lauder, Estée Lauder's Senior Corporate Vice President and a breast cancer survivor, to distribute pink ribbons after the magazine's second annual Breast Cancer Awareness Month issue.

Other variations of the pink ribbon have emerged in recent years to raise awareness that all people with breast cancer are not the same. These include ribbons for raising awareness about metastatic breast cancer, men with breast cancer, inflammatory breast cancer, and more.

Learn More About Breast Cancer

For all its controversy, Breast Cancer Awareness Month can be a good reminder to learn more about breast cancer. Some good places to start might be examining your personal risk of developing the disease, giving yourself a breast exam, and scheduling your next breast cancer screenings.

Article Retrieved from: https://www.breastcancer.org/about-breast-cancer/breast-cancer-awareness-month

Changes to Medicaid Pharmacy Benefit Management (PBM)

🗓 Effective Date

October 1, 2025: Louisiana Medicaid will **end its single PBM model**.

What's Changing

- **Current Setup**: Prime Therapeutics serves as the **single PBM** for all Healthy Louisiana managed care organizations (MCOs).

- **New Setup**: Each MCO will use its **own designated PBM** to manage:
  - Prior authorizations
  - Claims processing
  - Prescription coverage

Who's Affected

- **Healthy Louisiana MCO members**: Yes — they'll transition to MCO-specific PBMs.

- **Fee-for-Service (FFS) and Behavioral Health-only members**: **No change**.
  - FFS pharmacy services will stay with **Gainwell Technologies**.
  - Prior authorizations will still be handled by the **University of Louisiana at Monroe**.

Pharmacy Guidance

- Continue normal operations with **Prime Therapeutics** until **October 1, 2025**.
- After that, refer to the **LDH PBM transition flyer** for accurate PBM details per MCO.
- Be alert: Some patients may show **outdated PBM info** on their ID cards during the transition.

✓ **Prior Authorizations**

Existing approvals will be **transferred** to the new PBMs and **remain valid**.

FDA Drug Safety Communications: Opioids, Clozapine, and Leqembi

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

7-31-2025: The FDA requires opioid pain medicine manufacturers to update prescribing information regarding long-term use.

In May 2025, the U.S. Food and Drug Administration (FDA) convened a joint meeting of the Drug Safety and Risk Management Advisory Committee and the Anesthetic and Analgesic Drug Products Advisory Committee to discuss two recently completed observational studies examining the risks of misuse, abuse, addiction, and fatal and non-fatal overdose in patients on long-term opioid analgesic therapy. These studies (postmarketing requirements [PMR] 3033-1 and 3033-2) provided new, quantitative data on risks of these serious adverse outcomes in patients prescribed opioid pain medicines long term. After reviewing the study findings and the medical literature, as well as considering the committees' and public input, the FDA has determined that this new information should be included in drug labeling to help health care professionals and patients better understand the benefit-risk profile of opioid pain medicines when prescribed long-term and to make more informed decisions. Separately, a prospective, randomized, controlled clinical trial will address a different post-marketing requirement (PMR) to examine the risks relative to the efficacy of long-term opioid use.

The FDA is requiring safety labeling changes for opioid pain medicines to further emphasize and characterize the risks associated with long-term use. Specifically, the FDA is notifying application holders that the following labeling changes are needed:

- Remove the phrase "extended treatment period" in the *Indications and Usage* section to avoid misinterpretation that there are data to support safety and efficacy of opioid analgesics over an indefinitely long duration.
- Further emphasize that higher doses are associated with increased risk of serious harm, and that the risks of serious harm persist over the course of therapy.
- Provide a brief description of the results of studies conducted to fulfill PMR 3033-1 and 3033-2, including new quantitative estimates of the risks of addiction, abuse, misuse, and fatal and non-fatal overdose in patients taking opioid analgesics long-term.

The FDA is also requiring labeling updates to further clarify that extended-release/long-acting opioid pain medicines should only be used when alternative therapies, including immediate-release opioid pain medicines, are inadequate to manage severe and persistent pain, and to emphasize the importance of avoiding rapid dose reduction or abrupt discontinuation in patients who may be physically dependent on opioid pain medicines.

Additionally, the FDA is requiring labeling updates regarding the availability of opioid overdose reversal agents; revising drug-drug interactions with central nervous system depressants to include gabapentinoids; adding information about toxic leukoencephalopathy (a neurological disorder due to a variety of causes, including exposure to toxic substances) in the opioid overdose setting; and modifying warnings about gastrointestinal effects to include opioid-induced esophageal dysfunction.

Opioid Reminders for Health Care Professionals

- Regularly re-evaluate the benefit-risk profile for any individual taking opioid pain medication.
- Be aware that overdose risks are increased with higher opioid doses, and that the risks of serious harms persist throughout the course of therapy.
- Consider immediate-release opioid pain medicine as an as-needed, first-line treatment if an opioid pain medication is necessary.
- Avoid rapidly reducing or abruptly discontinuing opioids in patients who may be physically dependent on the medication because such changes have resulted in serious withdrawal symptoms, uncontrolled pain, and suicide.
- Prescribe the lowest effective dose of all opioid pain medications for the shortest duration consistent with a patient's individual treatment goals.
- 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. This is important because the risk of overdose increases as opioid pain medicine dose increases.
- Reassess the continued need for opioid pain medicine use regularly, 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, benzodiazepines, or other central nervous system depressants (including gabapentinoids) could increase the risk of overdose, and how to recognize the signs and symptoms of respiratory depression.
- Discuss opioid overdose reversal agents, such as naloxone and nalmefene, with patients. Naloxone is available over-the-counter and by prescription; nalmefene hydrochloride is available by prescription only.
- Encourage patients to read the patient *Medication Guide* they receive with their prescription. The *Medication Guide* explains important information for patients, such as what the medicine is used for, potential side effects, and how to take it properly.

On July 31, 2025, the FDA stated that opioid pain medicine manufacturers would be required to update prescribing information regarding long-term use. This new information will further emphasize and characterize risks of long-term use to help patients and health care professionals make more informed treatment decisions.

8/27/2025: The FDA removes the Risk Evaluation and Mitigation Strategies (REMS) Program for the antipsychotic drug Clozapine.

The U.S. Food and Drug Administration (FDA) removed the risk evaluation and mitigation strategy (REMS) for clozapine (currently marketed as Clozaril, Versacloz, and generics), effective June 13, 2025. Clozapine, an antipsychotic medicine, can cause severe neutropenia, which can lead to serious and fatal infections. The removed REMS required prescribers, pharmacies, and patients to enroll in a restricted distribution program, which included reporting of the level of certain white blood cells (i.e., the absolute neutrophil count (ANC)). Based on the FDA's re-evaluation of the Clozapine REMS and on the November 19, 2024, Joint Meeting of the Drug Safety and Risk Management Advisory Committee and the Psychopharmacologic Drugs Advisory Committee, the Agency determined that the REMS was no longer necessary to ensure the benefits of clozapine outweigh the risk of severe neutropenia.

Because of the REMS removal, prescribers, pharmacies, and patients are no longer required to participate in the REMS program in order for clozapine to be dispensed to the patient. Information about severe neutropenia is in the prescribing

pharmacies, and patients to enroll in a restricted distribution program, which included reporting of the level of certain white blood cells (i.e., the absolute neutrophil count (ANC)). Based on the FDA's re-evaluation of the Clozapine REMS and on the November 19, 2024, Joint Meeting of the Drug Safety and Risk Management Advisory Committee and the Psychopharmacologic Drugs Advisory Committee, the Agency determined that the REMS was no longer necessary to ensure the benefits of clozapine outweigh the risk of severe neutropenia.

Because of the REMS removal, prescribers, pharmacies, and patients are no longer required to participate in the REMS program in order for clozapine to be dispensed to the patient. Information about severe neutropenia is in the prescribing information for all clozapine medicines, including in a *Boxed Warning* and a new *Medication Guide*. Severe neutropenia remains a serious, potentially fatal risk that is greatest in the first several months of clozapine treatment. ANC monitoring can help identify neutropenia early to allow for timely intervention. Therefore, the FDA recommends that prescribers monitor patients' ANC according to the monitoring frequencies described in the prescribing information.

Although there remains a risk of severe neutropenia with clozapine use, clozapine labeling (including a new *Medication Guide*) is sufficient to mitigate this risk and maintain a positive benefit/risk profile. Eliminating the REMS is expected to improve access to clozapine and decrease

On August 27, 2025, the FDA announced the removal of the Risk Evaluation and Mitigation Strategies (REMS) Program for the antipsychotic drug Clozapine. Although the risk of neutropenia remains, clozapine labeling is sufficient to mitigate this risk and removal of the REMS Program may improve patient access to this medication.

8/28/2025: The FDA recommends additional, earlier MRI monitoring for patients with Alzheimer's disease taking Leqembi (lecanemab).

The U.S. Food and Drug Administration (FDA) is recommending an additional, earlier magnetic resonance imaging (MRI) monitoring prior to the 3rd infusion for patients with Alzheimer's disease taking Leqembi (lecanemab). Earlier monitoring can identify individuals with amyloid-related imaging abnormalities with edema (ARIA-E), which is characterized by brain swelling or fluid buildup. ARIA-E is usually asymptomatic, although serious and life-threatening events, including seizure and status epilepticus, can occur and there have been deaths. Current prescribing information recommends MRI imaging before the 5th, 7th, and 14th infusions. However, after an in-depth analysis of this safety issue, the Agency has determined that an additional monitoring MRI prior to the 3rd infusion can potentially help identify ARIA-E events earlier. ARIA-E can progress after initial detection on MRI. Identifying patients with ARIA-E can lead health care professionals, patients, and their families to delay or discontinue Leqembi treatment to potentially mitigate these serious and, in some cases, fatal events.

Facts about Leqembi

- Leqembi (lecanemab) is an amyloid beta-directed antibody that the FDA approved in 2023 to slow disease progression in patients with Alzheimer's disease. It is indicated for patients with mild cognitive impairment or mild dementia stage of disease. It is an antibody infusion that removes beta-amyloid from the brain.
- Leqembi can lead to serious and potentially fatal symptoms of amyloid related imaging abnormalities with edema (ARIA-E) (i.e., brain swelling or fluid buildup).
- ARIA-E may present as headache, confusion, dizziness, vision changes, nausea, aphasia, weakness, or seizure. However, many patients do not have symptoms.
- To identify patients experiencing ARIA-E, the FDA now recommends MRI imaging before the 3rd, 5th, 7th, and 14th infusions. Patients should also obtain a recent MRI (within one year before starting treatment) for a baseline comparison.

Health care professionals should be aware of the new recommendations and perform MRIs on patients between the second and third Leqembi infusions. Patients should be advised to contact the prescribing physician if they experience ARIA-E symptoms, such as headache, confusion, dizziness, vision changes, nausea, aphasia, weakness or seizure. If symptoms occur, an urgent MRI should be ordered. If ARIA-E is diagnosed, health care professionals should discuss with patients and caregivers the potential need to delay or discontinue Leqembi treatment. Please refer to the prescribing information for further details. Patients with ARIA-E can have symptom or imaging progression after initial detection on MRI. As such, it is important to detect these patients early, both with clinical assessment and MRI imaging, to determine whose treatment may need to be delayed or discontinued.

On August 28, 2025, the FDA announced the recommendation of an additional, earlier MRI for monitoring of patients with Alzheimer's disease taking Leqembi. Earlier monitoring can potentially identify patients experiencing brain swelling or fluid buildup and help improve informed decision-making regarding treatment.

References

FDA is requiring opioid pain medicine manufacturers to update prescribing information regarding long-term use
FDA removes risk evaluation and mitigation strategy (REMS) program for the antipsychotic drug Clozapine
FDA to recommend additional, earlier MRI monitoring for patients with Alzheimer's disease taking Leqembi (lecanemab)

Place of Service 27

Outreach Site/Street for Federally Qualified Health Centers, Rural Health Clinics and American Indian Clinics

Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and American Indian Clinics (AICs) are permitted to use Place of Service (POS) 27 in accordance with Informational Bulletin 24-44 and the guidance available on the Health Resources and Services Administration (HRSA) website. It is essential for FQHCs and RHCs to verify their eligibility with HRSA for providing outreach site/street medicine services, as well as to ensure that they maintain appropriate case record documentation.

Per HRSA,

"Health centers can provide services to their patients and other residents of their service area at locations outside the health center, such as homeless encampments, parks, and under bridges. Providing care in this way enables individuals experiencing homelessness and others who may avoid medical treatment or face barriers to accessing medical treatment in traditional care settings to access care. We consider these activities to be in your scope of project if:

1. You provide services documented on your Form 5A: Services Provided;
2. Your health center providers (employees, volunteers, or contractors) deliver the services; and
3. You document the services you provide in a health center patient record."

For additional information, refer to Informational Bulletin 25-3, Informational 24-44 and HRSA guidance provided on their website.

On the Calendar in...October 2025

American Pharmacist Month
Breast Cancer Awareness Month
National ADHD Awareness Month
National Chiropractic Health Month
Domestic Violence Awareness Month
Eye Injury Prevention Month
Healthy Lung Month
Health Literacy Month
Liver Awareness Month
Medical Ultrasound Awareness Month
National Dental Hygiene Month
National Down Syndrome Awareness Month
National Physical Therapy Month
National Sudden Cardiac Arrest Awareness Month
Prenatal Oocyobernset GBS disease recognition month
Spina Bifida Awareness Month
Sudden Infant Death Syndrome (SIDs) Awareness Month

World Meningitis Day (10/5)
World Cerebral Palsy Day (10/6)
World Mental Health Day (10/10)
World Sight Day (10/10)
Metastatic Breast Cancer Awareness Day (10/13)
Global Handwashing Day (10/15)Healthcare Security and Safety Officer Appreciation Day (10/15)
National Mammography Day (10/17)
World Pediatric Bone and Joint Day (10/19)
World Osteoporosis Day (10/20)
National Check Your Meds Day (10/21)
National Prescription Drug Take Back Day (10/27)
National Internal Medicine Day (10/28)
World Psoriasis Day (10/29)
World Hypophosphatasia Day (10/30)

Pregnancy Checkbox Correction on Death Certificates

Hospital-based providers, we need your help to ensure the accurate completion of the pregnancy checkbox on death certificates.

The Louisiana Pregnancy-Associated Mortality Review program reviews all pregnancy-associated deaths in the state to identify trends and opportunities for prevention. Pregnancy-associated deaths are identified first through Vital Records by using death certificates with the pregnancy checkbox. Through the pregnancy-associated death identification and verification process, discrepancies are identified when the pregnancy checkbox does not align with the pregnancy history identified in the patient's clinical record. Between 2022 and 2023, the Louisiana Pregnancy-Associated Mortality Review team identified 113 errors in the pregnancy checkbox, with 27% occurring on death certificates signed by a certifying physician.

To ensure accuracy, confirm the decedent's pregnancy status by reviewing the medical and social history before making a selection for the pregnancy checkbox. The "Not Applicable" checkbox should never be selected for women of childbearing age, and while "Unknown" is an option, every effort should be made to determine the decedent's true pregnancy status. **An incorrectly marked pregnancy checkbox can result in misclassification of maternal deaths and inaccurate statistics that impact the ability to improve maternal healthcare, allocate resources appropriately, and evaluate the effectiveness of maternal health programs.**

Accurate maternal mortality data is crucial for shaping public health initiatives, guiding policy decisions, and reducing maternal mortality rates. Your diligence ensures that individuals receive accurate classification and can help improve maternal health outcomes in Louisiana and nationwide.

If you have any questions about this process, please contact the Pregnancy-Associated Mortality Review medical director, Dr. Veronica Gillispie-Bell, at Veronica.Gillispie@la.gov or the Pregnancy-Associated Mortality Review coordinator, Anjell DeGruy, at Anjell.DeGruy@la.gov.

Youth Health Transition (YHT) Toolkit

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

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

Learn more and access the toolkit at ldh.la.gov/page/youth-health-transition-toolkit.

Louisiana Medicaid Simplifies Coverage Termination Process

Louisiana Medicaid has made it easier for members to end their coverage when their circumstances change—such as a shift in household size or income, obtaining other health insurance, or moving out of state.

Members can request to close their Medicaid coverage using any of the following methods:

1. **Online** via the Self-Service Portal at MyMedicaid.la.gov
2. **By phone**
3. **In person** at a regional Medicaid office
4. **By mail, fax, or email** using a simple one-page form

Once the request is submitted, a Medicaid analyst will review and process it. Members will receive a notification letter confirming the end of their coverage.

For full instructions and access to the closure form, visit ldh.la.gov/close-your-medicaid.

Reminder: Revalidate Enrollment Regularly

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

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

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

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

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

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

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

	Schedule	
☒	~~End of Service Support Date Out of Warranty~~	~~December 31, 2024~~
☐	End of Service Support Date Within Warranty	Through Warranty End Date
☒	~~Kangaroo™ ePump Feeding Sets and Accessories Anticipated End of Supply Date~~	~~June 30, 2025~~
☐	Kangaroo™ Joey Feeding Sets and Accessories Anticipated End of Supply Date	September 30, 2027

*All DME providers **must** take essential steps to guarantee continued access to care for beneficiaries who rely on the Kangaroo Joey e-Pump.

Provider-to-Provider Consultation Line

PPCL
PROVIDER TO PROVIDER CONSULTATION LINE
Pediatric and Perinatal Mental Health Support

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

How Does PPCL Work?

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

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

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

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

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

Provider Developmental Screening

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

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

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

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

You will answer questions about:

- Pediatric developmental screening at well-child visits
- Caregiver depression screening at well-visits
- Care coordination practices with families during and after well-child visits

You can complete the survey by:

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

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

Louisiana Chapter
American Academy of Pediatrics
Partners for Family Health Louisiana
Louisiana Department of Health

Remittance Advice Corner

ATTENTION PROVIDERS:

LDH has updated its payment processing method to "Same Day ACH" as of March 18, 2025. For Same Day ACH payments, processing may occur at different times throughout the business day due to bank processing windows. Be aware that payment may be delayed if federal funds are not received by distribution date/time.

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)
Fiscal/Employer Agent (F/EA)	• Table of Contents • Section 3.0 – Overview • Section 3.1 – Financial Management Services (FMS) • Section 3.2 – Beneficiary Requirements • Section 3.3 – Service Access and Authorization • Section 3.4 – Provider Requirements • Section 3.5 – Staffing and Training • Section 3.6 – Record Keeping • Section 3.7 – Program Monitoring/Quality Assurance and Improvement • Section 3.8 – Reimbursement • Appendix A – Developmental Disability Law • Appendix B – Emergency Preparedness • Appendix C – Claims Filing • Appendix D – Contact Information • Appendix E – Glossary/Acronyms	09/02/25
Personal Care Services (PCS)	• Appendix D – Database Checks	09/10/25

Medicaid Public Notice and Comment Procedure

In accordance with La. R.S. 46:460.51, *et seq.*, prior to adopting, approving, amending, or implementing certain policies or procedures, the Department will publish the proposed policy or procedure for public comment. This requirement applies to managed care policies and procedures, systems guidance impacting edits and payment, and Medicaid provider manuals.

Proposed policy or procedure will be published on the LDH website for the purpose of soliciting public comments for a period of 45 days, unless the change(s) are deemed of imminent peril to the public health, safety, or welfare and requires immediate approval.

Refer to the link below the table containing changes to the provider services manual that are open for public comment.

1. Louisiana Medicaid (Title XIX) State Plan and amendments
2. Louisiana Medicaid Administrative Rulemaking activity
3. Medicaid provider manuals (Medicaid Services Manual)
4. Contract amendments
5. Managed care policies and procedures
6. Demonstrations and waivers

http://www.ldh.la.gov/index.cfm/page/3616

Updated Authorities

Keeping you informed

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

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

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

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

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

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

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

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

LOUISIANA DEPARTMENT OF HEALTH

ldh.la.gov

Provider FAQs

We Are Here!

Directions, Map, and Instructions

Louisiana Department of Health
Bienville Building
628 North 4th Street
Baton Rouge, LA 70802

Directions from Lafayette

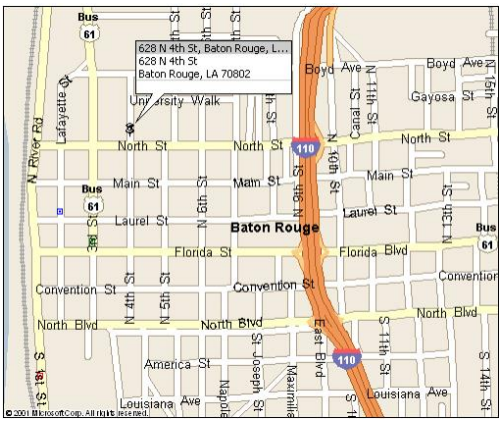
Take I-10 East to Baton Rouge.
At I-10 Exit 155B turn onto the ramp that merges onto I-110 North.
Take the North Street exit on your left.
Continue down North Street to the Bienville Building at the corner of North and 4th Streets.

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