Louisiana Medicaid Provider UPDATE

Volume 41, Issue 11 | November 2025

Welcome

Welcome to the November 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.

Table of Contents

LDH Acquires SNAP: What it Means?

The Louisiana Department of Health (LDH) has recently taken a significant step in consolidating the management of public assistance programs in the state. As of October 1, 2025, in a move designed to streamline services and improve access for beneficiaries, LDH officially began administering the Supplemental Nutrition Assistance Program (SNAP), as part of the Project One Door initiative.

Historically, food stamp benefits in Louisiana have been managed by the Department of Children and Family Services (DCFS). Meanwhile, Medicaid benefits, which provide healthcare coverage to low-income individuals and families, have been administered by LDH. The new initiative will align the management of both programs under the LDH umbrella. This means that Medicaid providers will now handle food stamp benefits in addition to healthcare services for eligible recipients.

The integration facilitates better alignment of nutrition assistance with other services provided by the LDH, such as Medicaid. This transition is designed to enhance staff efficiency and minimize paperwork and reduce wait times for residents. For many recipients, this will result in a more seamless experience when applying for and managing benefits.

Participants will continue to receive their benefits without any interruption, and the eligibility criteria will remain unchanged.

Individuals can still apply for and access resources through the LDH website, and any future changes will be communicated to SNAP recipients as they are implemented.
Additionally, LDH will also acquire the following services from DCFS:

- Disability Determination Services
- Electronic Healthy Incentives Project
- Family Independence Temporary Assistance Program
- Kinship Care Subsidy Program
- ‘SUN Bucks.

For any inquiries or issues regarding benefits, individuals can reach out via phone at 888-524-3578 or email at LAHelpU.dcfs@la.gov.

Accepting Medicaid Health Plan ID Cards with LA Wallet

Louisiana Medicaid members can now present their Medicaid and health plan ID cards electronically through the LA Wallet app. Available in the Apple App Store and Google Play Store at no cost to members, these digital cards are updated daily to reflect the most current coverage and eligibility.

For providers, this means:

- **Valid Proof of Coverage** – Digital Medicaid and health plan ID cards in LA Wallet are accepted the same as physical cards.
- **Accurate, Up-to-Date Information** – Coverage and eligibility are refreshed daily, reducing errors or outdated information.
- **Convenience for Families** – Heads of household can view and present cards for dependents, streamlining check-in and verification.

Members enter their driver's license number, date of birth, and social security number to access their digital ID cards.

If you would like to help spread the word about this convenient resource, download a printable flyer here.

November is National Diabetes Awareness Month

Diabetes is one of the leading causes of disability and death in the United States. It can cause blindness, nerve damage, kidney disease and other serious health problems.

There are some risk factors that we can't control, like a family history of diabetes. But other factors that put you at high risk for type 2 diabetes, including smoking or being overweight, are ones you can try to work on. Lifestyle changes like increasing physical activity, losing weight and eating healthy can make a difference.

What is Diabetes?

Diabetes is a disease that causes high blood glucose or sugar. A hormone called insulin is needed to move the sugar but diabetes limits the body's ability to make enough insulin. When the body can't make enough insulin or uses the insulin the right way, sugar builds up in the blood. This can cause harm to your eyes, kidneys, and nervous system.

Risk Factors for Diabetes

High Blood Pressure: Nearly 1 in 3 American adults has high blood pressure and 2 in 3 people with diabetes report having high blood pressure or taking prescription medications to lower their blood pressure. Your heart has to work harder when blood pressure is high, and your risk for heart disease, stroke and other problems goes up. High blood pressure won't go away without treatment. Treatment could include lifestyle changes and, if your doctor prescribes it, medicine.

High Blood Glucose: When you eat, your body breaks food down into glucose (sugar) and sends it into the bloodstream. Insulin, a hormone made by the pancreas, helps move the glucose from the blood into the cells to be used for energy. Your body usually makes just the right amount of insulin to match the food you eat. When your body does not use insulin properly, it is called insulin resistance. At first, your body produces extra insulin to compensate. But, over time, your pancreas isn't able to keep up and can't make enough insulin to keep your blood glucose at normal levels. When blood glucose levels are higher than normal, it is called high blood glucose (hyperglycemia). If your blood glucose gets too high, you will be diagnosed with prediabetes or diabetes.

Overweight: Being overweight increases your risk for type 2 diabetes, heart disease and stroke. It can also increase your risk of high blood pressure, unhealthy cholesterol levels and high blood glucose (sugar). If you are overweight, losing weight may help you prevent and manage these conditions. You don't have to lose a lot of weight to improve your health; losing 10-15 pounds can make a big difference.

Smoking: It is no secret that smoking is bad for your health. Smoking hurts your lungs and your heart. It reduces the amount of oxygen that reaches your organs, raises your bad cholesterol levels, and raises your blood pressure. All of these can increase your risk of a heart attack or stroke.

Article Source: https://lacare.org/healthy-living/library/american-diabetes-month

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

Clinical Considerations for Food-Drug Interactions

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

Over time, the healthcare model has shifted toward a patient-centered approach, emphasizing the consideration of all aspects of a patient's life when designing therapeutic plans. This approach should include a thorough evaluation of the patient's medications to identify any aspect that could lead to adverse effects or therapeutic failure. Not only does this include potential drug-drug interactions but also food-drug interactions. Despite their importance, few studies have assessed the prevalence of food-drug interactions. Reported rates among adults vary widely, from 6.3% in ICU patients receiving enteral nutrition to 58.5% among elderly patients using public primary care services. Despite growing

awareness, food-drug interactions remain an under-recognized cause of medication errors and adverse events; therefore, identifying and preventing potential food-drug interactions is crucial for enhancing patient counseling and optimizing treatment outcomes.

Food-drug interactions should be considered when treatment appears to be suboptimal, manifested as increased side effects, reduced efficacy, or the emergence of new adverse reactions, even though the patient is taking their medications as prescribed and at optimized doses. Food-drug interactions are classified into three categories:

- **Pharmaceutical interactions**: Occur with drug delivery systems or enteral nutrition products, potentially affecting drug absorption.
- **Pharmacokinetic interactions**: Involve alterations in drug absorption, distribution, metabolism, and/or excretion, impacting drug bioavailability and clearance.
- **Pharmacodynamic interactions**: Result when food influences the drug's clinical effect on the body.

Food-drug interactions can lead to either enhanced adverse effects (a "positive effect") or reduced therapeutic efficacy (a "negative effect"). Positive effects occur when food increases a drug's bioavailability, often by enhancing the dissolution and solubilization of poorly water-soluble drugs in the fed state. This enhancement is largely due to gastrointestinal fluids—particularly bile salts—that act as solubilizing agents. In contrast, negative effects arise when food decreases drug bioavailability. This can happen if food delays the disintegration of immediate-release formulations or binds to the drug itself. The increased viscosity of contents in the upper gastrointestinal tract can hinder the disintegration of drug formulations, slowing their release and limiting absorption across the GI membrane. Certain formulations, such as delayed-release, enteric-coated, and modified-release, are used to help lessen negative effects, while other types of formulations, such as nano-sized and lipid-based, work to decrease positive effects.

Common culprits of food-drug interactions include certain fruits (especially grapefruit), dairy products, vitamin K-rich foods, tyramine-containing items, and alcohol. For individuals suspected of experiencing food-drug interactions, a thorough assessment is recommended. This includes reviewing dietary habits, baseline laboratory values, drug concentrations, and prescription history to identify potential interactions. This evaluation helps identify potential food-drug interactions that may be compromising therapeutic goals.

Food-drug interactions can be prevented through the use of several strategies, such as avoiding certain foods or rescheduling the administration of medications either before or after eating certain foods. Healthcare professionals should work together to prevent food-drug interactions through patient education, precise timing of meals and medications, and collaboration with other healthcare providers. Food-drug interactions can significantly impact the effectiveness and safety of pharmacotherapy. These interactions can manifest in various ways, making it essential for clinicians to be knowledgeable about them and to provide appropriate patient counseling to ensure optimized medication therapy and minimized adverse effects.

Table 1. Common Food-Drug Interactions*

Food	Medication	Type of Effect	Clinical Advice for Patients
Alcohol	Barbiturates, diazepam	Increases sedation and CNS depressant effects	Avoid alcohol altogether.
	Acetaminophen, ketoconazole	Increases hepatotoxicity	
	Metronidazole	Causes the disulfiram reaction	Avoid alcohol for 3 or more days following completion of therapy.

Broccoli, and kale (Vitamin K)	Warfarin	Additional vitamin K decreases INR and inhibits anticoagulant effect	Ingest a consistent amount of vitamin K daily. Be aware of fruits that contain vitamin K.
Dairy	Levothyroxine	Decreases absorption	Take 30 min before the first meal of the day or 4 hours after the last meal of the day.
	Tetracyclines, fluoroquinolones, and bisphosphonates	Decreases absorption	Take 2 hours before or after ingesting dairy products.
Grapefruit	Selected statins (such as atorvastatin and simvastatin)	Increases the toxicity of statins, causing muscle pain, increase of the creatine phosphokinase level, or, in some cases, rhabdomyolysis	Avoid concurrent intake of large quantities of grapefruit juice (> 1.2L daily).
	Selected calcium channel blockers (such as nicardipine and felodipine)	Clearance decreases and bioavailability increases	Avoid consuming grapefruit juice.
	Amiodarone, carbamazepine, cyclosporine, and oxycodone	Increases area under the curve (increases the body's total exposure over time to these drugs)	Avoid all whole fruits and grapefruit juice.
Tyramine (found in pickled, cured, and fermented foods such as salami and aged cheeses)	Monoamine oxidase inhibitors (MAO inhibitors)	Increases risk of hypertensive crisis	Avoid tyramine-containing foods altogether.
*Not an all-inclusive list of food-drug interactions			

Not all medications are affected by specific foods, many are affected by the time of day in which the medication is taken (before meals, after meals, etc.). While many medications can be taken without regard to meals, some require careful timing with food for optimal effectiveness. Certain drugs must be taken with food to prevent side effects or enhance absorption, while others should be taken on an empty stomach to avoid reduced efficacy. Food can sometimes interfere with drug absorption—either enhancing or diminishing its presence in the bloodstream—leading to toxicity or subtherapeutic levels. Healthcare providers should not only discuss specific food-drug interactions with their patients but should also provide instructions on when to take their medication in regards to meals.

See Table 2 for medications where food interactions are important and should be considered when counseling patients.

Table 2. Timing of Meals with Administration of Selected Medications	
Bethanechol	Bethanechol should be taken on an empty stomach, either 1 hour before or 2 hours after meals, to reduce the risk of side effects like nausea and vomiting.
Bisphosphonates	Bisphosphonates should be taken 30 to 60 minutes before any food, drink, or medication, with a full glass of water. Patient should not lie down for at least 30

	to 60 minutes after taking and not until after food. This helps protect the esophagus from irritation. Providers should check each medication's prescribing information for more specific administration instructions.
Captopril	Captopril should be taken 1 hour before meals, as food can reduce absorption.
Digoxin	Food—especially high-fiber foods and pectin—can lower the absorption of digoxin. Ideally, it should be taken on an empty stomach for consistent blood levels.
Iron	Iron supplements are absorbed best on an empty stomach, and therefore, should be taken with water or juice on an empty stomach prior to breakfast and/or between meals. However, if stomach upset occurs, they may be taken with food to minimize discomfort.
Proton Pump Inhibitors	PPIs (e.g., omeprazole) are most effective when taken 1 hour before meals, as food can stimulate acid production. The exception is pantoprazole, which is effective with or without food. Providers should check each medication's prescribing information for more specific administration instructions.
Semaglutide (oral)	Semaglutide should be taken on an empty stomach in the morning with water (up to 4 ounces of water). After taking, the patient should wait at least 30 minutes before eating food, drinking beverages or taking other oral medications. Food can significantly lower the absorption.
Sildenafil	Sildenafil doesn't have to be taken on an empty stomach, but high-fat meals can delay its onset of action. For faster results, it should be taken without food.
Sucralfate	Sucralfate must be taken at least 1 hour before or 2 hours after meals to achieve proper effects.
Zafirlukast	Zafirlukast should be taken on an empty stomach, at least 1 hour before or 2 hours after meals. Researchers found that food lowered the amount of zafirlukast absorbed into the body by 40%.

When prescribing these medications, timing with food can be just as critical as the dose itself. Always refer to each medication's individual prescribing information for specific administration instructions.

References

Common Food and Drug Interactions | Pediatrics In Review | American Academy of Pediatrics
Drug Facts and Comparisons. Drug Facts and Comparisons [online]. 2025. Available from Wolters Kluwer Health, Inc. Accessed October 15,2025.
Food–drug interactions risk management: An emergent piece of pharmacovigilance systems - PMC
What medications can be taken with and without food? Pharmacy Today Vol 29 Issue 1 I January 2023

Retirement of TOS 21 and EPSDT Preventive Services Fee Schedule

In an effort to streamline reimbursement structures and eliminate duplication within current fee schedule categories, Louisiana Medicaid will retire Type of Service (TOS) 21 and the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Preventive Services Fee Schedule effective October 20, 2025.

Click here for more information.

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.

The Louisiana Health Insurance Premium Payment Program
aHIPP

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

November 2025 Health Observance

National Diabetes Awareness Month
COPD Awareness Month
Lung Cancer Awareness Month
National Epilepsy Awareness Month
National Healthy Skin Month
National Pancreatic Cancer Awareness Month
Prematurity Awareness Month
Bladder Health Month
Diabetic Eye Disease Awareness Month
National Alzheimer's Disease Awareness Month
National Family Caregivers Month
National Home Care and Hospice Month
Stomach Cancer Awareness Month
Pulmonary Hypertension Awareness Month

November 2 – 8
Allied Health Professions Week
Medical-Surgical Nurses Week
National Diabetes Education Week
National Radiologic Technology Week
National Patient Transport Week (2-8)
International Stress Awareness Week (3-7)
Daylight Savings Time ends (2)
National Stress Awareness Day (5)
International Day of Radiography (8)

November 9 - 15
National Nurse Practitioner Week
National Diabetes Heart Connection Day (9)
World Keratoconus Day (10)
Veterans Day (state offices closed) (11)
Chronic Thromboembolic Pulmonary Hypertension (CTEPH) Awareness Day (12)
World Pneumonia Day (12)
World Diabetes Day (14)

November 16 –22
National Hunger and Homelessness Awareness Week (16-20)
World Prematurity Day (17)
World COPD Awareness Day (19)
World Pancreatic Cancer Day (20)
Great American Smoke-Out (20)
National Rural Health Day (20)
U.S. Antibiotic Awareness Week (18-24)

November 23 - 29
Gastroesophageal Reflux Disease (GERD) Awareness Week (24-30)
Thanksgiving Day (state offices closed) (27)
National Family Health History Day (27)
Acadian Day (state offices closed) (28)

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.

Louisiana Medicaid Simplifies Coverage Termination Process

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

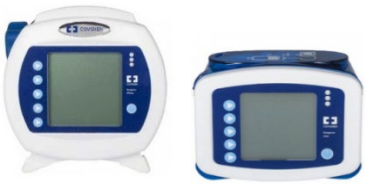
The revalidation process involves a full screening based on the provider's designated risk level. This may include site visits, fingerprint-based criminal background checks, and disclosure of specific information, similar to the process for newly enrolling or reenrolling providers.

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

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

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

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



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

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

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

Youth Health Transition (YHT) Toolkit

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

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

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

Provider-to-Provider Consultation Line

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!

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 | Partnership 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)
General Information and Administration	• Table of Contents • Section 1.0 – Overview • Section 1.1 – Provider Requirements • Section 1.2 – Beneficiary Eligibility • Section 1.3 – Program Integrity • Section 1.4 – General Claims Filing • Section 1.5 – Benefits for Children and Youth • Appendix A – Acronyms/Definitions • Appendix B – Contact/Referral Information	10/02/25
Professional Services	• Section 5.1 – Covered Services – Community Health Workers	10/24/25

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

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

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

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

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

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

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

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

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

LOUISIANA DEPARTMENT OF HEALTH

ldh.la.gov

Provider FAQs

- Where is there a listing of Parish Office phone numbers?
- If a recipient comes back with a retroactive Medicaid card, is the provider required to accept the card?
- Does a recipient's 13-digit Medicaid number change if the CCN changes?
- Are State Medicaid cards interchangeable? If a recipient has a Louisiana Medicaid card, can it be used in other states?
- Can providers request a face-to-face visit when we have a problem?
- For recipients in Medicare HMOs that receive pharmacy services, can providers collect the Medicaid pharmacy co-payment?
- Do providers have to accept the Medicaid card for prior services if the recipient did not inform us of their Medicaid coverage at the time of services?
- Who should be contacted if a provider is retiring?
- If providers bill Medicaid for accident-related services, do they have to use the annotation stamp on our documentation?
- What if a Lock-In recipient tries to circumvent the program by going to the ER for services?
- Does the State print a complete list of error codes for provider use?

- If providers do not want to continue accepting Medicaid from an existing patient, can they stop seeing the patient?

We Are Here!

Directions, Map, and Instructions

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

Directions from Lafayette

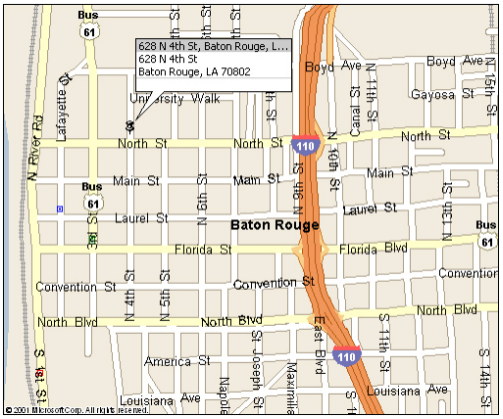
Take I-10 East to Baton Rouge.
At I-10 Exit 155B turn onto the ramp that merges onto I-110 North.
Take the North Street exit on your left.
Continue down North Street to the Bienville Building at the corner of North and 4th Streets.

Directions from New Orleans

Take I-10 West from New Orleans to Baton Rouge.
At I-10/I-110 Exit, merge onto I-110 North.
Take the North Street exit on your left.
Continue down North Street to the Bienville Building at the corner of North and 4th Streets.

Directions from North Baton Rouge

Take I-110 South.
After passing Capitol Access Road exit, take North 9th Street exit.
Follow service road alongside interstate.
Turn right onto North Street.
Continue down North Street to the Bienville Building at the corner of North and 4th Streets.



Parking Options:

Option 1

Galvez Parking Garage
504 North 5th Street (Located at the corner of North and 5th Streets)
Baton Rouge, LA 70802
[Know your license plate number for validation purposes]

Option 2

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

1. Flowbird USA app,
2. Kiosks located on every block, and
3. Signs with QR codes and texting options throughout the downtown area.
   [There is a maximum limit of two hours daily to park on the street.]

Checking In and Parking Validation Procedures:

Proceed to the Bienville Building Front Security Desk to:

1. Check In and Receive Visitor Identification Badge
   a) You are required to provide official government-issued identification to obtain a visitor identification badge.
   b) Inform the security guard of the meeting name and the phone number associated with your scheduled visit. The security guard will contact someone to escort you up to the designated area.
   c) Please wait in the main lobby for your escort.

2. Validate your Parking in the Galvez Parking Garage
   Note: You have a limited timeframe of 30 minutes from the moment you park to complete the validation process; otherwise, a citation will be issued.

   Use your cellular phone and scan the QR code by the Front Security Desk in the Bienville Building.
   a) Retrieve the passcode from the security guard.
   b) Enter the passcode.
   c) Enter your license plate number.
   d) A green check will show on your screen to confirm validation for 12 hours.

For Information or Assistance, Call Us!

General Medicaid Eligibility Hotline
1-888-342-6207

Provider Relations
1-800-473-2783

(225) 294-5040
Medicaid Provider Website

Prior Authorization:

Home Health/EPSDT – PCS - Dental
1-800-807-1320
1-855-702-6262
MCNA Provider Portal

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

Hospital Pre-Certification
1-800-877-0666

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

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

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

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

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

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

For Hearing Impaired
1-877-544-9544

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

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