

PROVIDER BULLETIN

News and Updates on the Louisiana Medicaid Provider Portal

This Provider Bulletin was developed to answer questions and address concerns providers may have regarding Medicaid's new enrollment and eligibility system. Launched on November 13, 2018, the new system includes a new Provider Portal that replaces the former Facility Notification System (FNS) as **the primary way providers manage documentation requirements**. The Self-Service Portal can be accessed at <https://sspweb.lameds.ldh.la.gov/selfservice/>.

Member Outreach for Provider-based Medicaid Application Centers

As with any technological upgrade of this magnitude, there is a learning curve for end users. This period of transition includes some anticipated and temporary slowdowns in processing and longer wait times on our customer service lines. Medicaid has identified three areas where some targeted outreach to applicants and enrollees could help improve overall processing times:

- **Encourage clients to create an account.** The new web-based application includes new features that require applicants to create an account to be able to use these features. Establishing an account is not a requirement to apply, but it is necessary to make updates and changes quickly and easily through the web system. This includes everything from requesting a new Medicaid card to reporting if someone's marital status changed.
- **Continuing education on case changes.** Not all updates to a Medicaid case require a new application. In fact, many of the processing slowdowns are caused by unnecessary tasks being generated in the system via duplicate applications that should have been a simple change to a specific area in the case. The new system allows enrollees to report a multitude of changes to their account. See the screen shot below for the options available to recipients.

The screenshot shows a web form titled "What Would You Like to Do in This Change Report". It contains three main sections:

- What Would You Like to Do in This Change Report:** Includes radio buttons for "Report changes to your case information" and "Request closure of your case". A note states: "Please note, changing your information with this agency will not change your information with other agencies."
- Confirm Case Closure:** Includes a warning: "Please note that this action will end health coverage benefits for ALL members in your household. If you only want one individual on this case to stop receiving benefits, please select 'Report changes to your case information' above and tell us what changed about their situation." It also has a dropdown menu for "Are you sure you want to close your case?".
- Types of Changes to Report:** Includes a note: "Please check the boxes for all of the changes you want to report. Please call 1-855-229-6848 to request a change to your Health Plan." It features a grid of checkboxes for various change types, such as "You moved, or get your mail at a new address...", "Someone became disabled...", "Someone had a change in employment income...", "Someone is deceased...", and "Change in someone's name, SSN, or marital status".

At the bottom of the form are two buttons: "Back to MyAccount" and "NEXT".

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- **Avoid submitting applications that are not necessary.** Application centers should receive prompts when processing an application that warns them of a potential conflict with payment. This should include an application that is pending or an individual who already has coverage. Additional information on the case is available in the online Medicaid Eligibility Verification System (MEVS). Staff should be advised that ignoring the prompts can impact application center payment and may lead to additional and unnecessary processing efforts by Medicaid staff.

Additionally, we would remind all application centers to make frequent checks to the [online application center resource library](#). This dynamic site includes the latest news related to applications centers, including systems updates on the new eligibility and enrollment system.

Issues Submitting Provider Form for PLI Corrections

Medicaid is aware of provider submission issues when using the provider form for PLI corrections (148PLI, Nursing Home Submissions) in the new [Provider Portal](#). Electronic submissions, including corrections, can only be accepted for billing periods dated Nov. 1, 2018 and after. If a provider needs to submit a correction prior to Nov. 1, 2018, this must be done using the [148PLI paper form](#). Medicaid is requesting that forms be submitted to the Medicaid Long Term Care (LTC) unit for confirmation prior to sending to DXC Technology (Medicaid's fiscal intermediary, previously Molina). Medicaid will make any required adjustments to the recipient's income. Both the recipient and the provider would receive notice of the adjustment. Forms may be submitted to Medicaid LTC by fax to (225) 389-8019.

Important Notices

Important notices about the new system and training on how to navigate the provider portal, can be found at our website dedicated to Medicaid system changes [here](#).

IMPORTANT LINKS

Self-Service Portal – <https://sspweb.lameds.ldh.la.gov/selfservice/>
Provider Portal Assistance – MedicaidEligibilitySystemsHelp@la.gov
Medicaid Eligibility and Enrollment Web – <http://ldh.la.gov/index.cfm/page/3497>
Medicaid Customer Service – **1-888-342-6207** | medweb@la.gov
Provider forms – <https://www.lamedicaid.com/provweb1/Forms/forms.htm>
& <http://ldh.la.gov/index.cfm/page/1278>