

# 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/>.*

### Trusted User Enrollment

Medicaid applicants may give an entity permission to talk to Medicaid about their application, see their information and act on their behalf, known as a Trusted User. Specifically, the Trusted User role allows nursing facilities and their staff to provide vital support to their patients in the Medicaid application process.

Medicaid has established a [website](#) and created several resources to help nursing facilities and their staff work through the Trusted User enrollment process. The nursing facility must first enroll as a Satellite Location (click [here](#) for a step-by-step guide for nursing facility enrollment), then LDH will provide each nursing facility with a Location ID. **After receipt of this Location ID, staff can enroll as Trusted Users** (click [here](#) for a step-by-step guide for Trusted User enrollment).

The phase one deadline to enroll as a Satellite Location was April 24. Enrollment will take an average of five to ten business days. After enrollment, you will receive your Location ID to proceed with Trusted User enrollment. Medicaid can still process Satellite Location enrollments after April 24, so nursing facilities should continue to enroll. However, the next processing cycle within the system will be an additional 10 days later, meaning access will be delayed beyond initial processing times.

Trusted User access is prospective only. Nursing facilities will not be able to see older applications or forms that were submitted prior to gaining Trusted User access. You will not be able to see applications submitted by paper either. Only those Medicaid applications submitted online using the Self-Service **Partner** Portal will be accessible.

If you have questions about the enrollment process, Medicaid is hosting a series of daily calls to field questions about the Trusted User enrollment process. Calls will be held every weekday from 1-1:30 p.m. April 16 through April 29. These **calls will be devoted to answering Trusted User enrollment questions and facilitating Trusted User enrollment**. To participate, call 1-605-313-4197 and use access code 130634#. Questions can also be submitted by email to [LNHATrustedUsers@la.gov](mailto:LNHATrustedUsers@la.gov).

### Long Term Care Renewals

Medicaid will begin renewals for long term care enrollees the first weekend in May (May 4-5), with renewal letters going out by mail the first full week of May. This mailing will include all enrollees who have a renewal date between November 1, 2018 and June 30, 2019, and should include roughly 75 percent of the long term care population, including some nursing facility and waiver recipients.

#### What to Expect

The process for renewals is as follows:

Step 1: LDH will check eligibility in our system for all long term care enrollees who have a renewal date between November 1, 2018 and June 30, 2019.

Step 2: Anyone that remains eligible within program limits based on data sources already available in the Medicaid system will be sent a Decision Letter noting their continued coverage.

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Step 3: Anyone for whom the system produces data indicating a discrepancy or that the person is over program limits will fall out to standard renewal and will receive a renewal letter. A sample of the letter is below.

Step 4: LDH will provide each long term care provider a list of persons in their care that received a renewal letter. Please work with these enrollees to assisting them with submitting renewal information by the deadline indicated in the letter (see red circle below for date in sample letter). **If they do not respond, they will lose coverage in June 2019.**

Nursing facility staff that register as Trusted Users will be able to complete the renewal packet online on behalf of their residents that provide consent.

## SAMPLE RENEWAL LETTER

Louisiana Medicaid/LaCHIP  
P.O. Box 91283  
Baton Rouge, LA 70821-9278

### LOUISIANA DEPARTMENT OF HEALTH Renewal Letter

Address

Case ID #: [REDACTED]  
Date: 01/08/2019

Dear [REDACTED]

It is time to renew Medicaid coverage for your household.

There are three (3) ways to renew coverage. Choose the one that is best for you. You must do one of these things by **02/08/2019** or coverage will end. If you need more time, let us know. If you no longer want Medicaid coverage, let us know.

1. Renew online at [www.healthy.la.gov](http://www.healthy.la.gov).
2. Call toll free at 1-888-342-6207.
3. Call toll free at 1-888-342-6207 to get a renewal form sent to you

Sincerely,  
Medicaid Analyst  
Email: [MyMedicaid@la.gov](mailto:MyMedicaid@la.gov)  
Fax Number: 1-877-523-2987

Phone Number: 1-888-342-6207

*NOTE: This is a sample letter only and so the dates in the sample are not applicable to the upcoming renewal cycle. You will have a different deadline date. We can provide you with a new sample letter the first week of May after the renewal job runs with the actual deadline. This will be provided in a subsequent provider bulletin.*

All renewal letters will be sent to the authorized representative on file. Providers are encouraged to reach out to all authorized representatives and have them ensure their proper address is on file with Medicaid. Address updates can be made through the [Self Service Portal](#).

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## Long Term Care Renewals in April

Nursing facilities may have noticed some long term care enrollees were subject to renewal in April. These renewal requests were not sent in error. This renewal was focused on individuals who were dually enrolled in the Medicare Buy-In Program. The buy-in program pays Medicare premiums for eligible individuals, which reduces Medicaid expenditures by shifting those expenditures to Medicare. These renewals were for continuation in the buy-in program. If you have not already, **please be sure to complete their renewal packet** or assist members with completing their renewal packet.

## Long Term Care Communications

Medicaid is continuing efforts to streamline communications between the agency and long term care providers, organizations and facilities as it relates to eligibility and enrollment challenges. Several new processes and resources have been implemented in recent weeks. They include:

- **A dedicated contact for case and payment inquiries.** A new email account – [LTContactUS@la.gov](mailto:LTContactUS@la.gov) – is monitored by a triage team of experienced long term care employees who can research and assist with payment issues, application and renewal concerns for escalation, and eligibility questions. This team can be reached by directly emailing the account above or by using the [Contact Us – Long Term Care](#) web form. Responses will be provided as soon as possible, with a maximum 10-day turnaround for the more complex inquiries. All Medicaid staff and sister agencies (Office of Aging and Adult Services and Office for Citizens with Developmental Disabilities) have been instructed to reroute all Medicaid long term care inquiries to the email account, so we ask you not duplicate requests to avoid slowing down response time.
- **Medicaid-led provider call series.** Medicaid is hosting weekly calls for nursing facilities and bi-weekly calls for support coordinators. Medicaid staff will share announcements and answer questions from callers. Nursing facilities and support coordinators are encouraged to take an active role in each call agenda by submitting topics for discussion through an [online submission form](#).
  - Please share specific examples for the Medicaid team to research prior to the call in order to make the discussion as productive as possible. If your example contains protected health information, please send it securely by separate email [here](#), preferably by Friday before the following week's call to allow Medicaid staff time to research and find answers.
  - If no agenda items are received by the close of business on Monday prior to each call, that week's call will be cancelled.
  - Call information, including agendas, minutes and any announcements of call cancellations, can all be found online [here](#).
- **Provider-focused Resource Page** – All Provider Bulletins as well as trainings, announcements and other resources specific to provider issues and concerns will now be posted on a [provider page](#) within Medicaid's eligibility and enrollment system website. There is also a direct link to [Trusted User resources](#) on this page.

## Patient Liability

Nursing facilities may have noticed some differences in the way PLI (patient liability) is documented and reported. You may be seeing mail from authorized representatives that includes multiple PLI amounts. This is not an error.

In the design stages of Medicaid's new eligibility and enrollment system, changes were made to assure PLI is automatically pro-rated by days of coverage, to ensure payment accuracy. Whenever there are gaps in coverage, such as times when a resident enters acute care or an individual has passed away, those days are not considered in the PLI. The legacy system provided PLI on a monthly basis without taking into account any gaps in care.

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For example, with the new system, if a resident has coverage through the month of April, but they have a gap in care from April 4 through April 14 for acute care, the authorized representative will receive a letter with two PLI amounts. One for April 1 through April 3 and one from April 15 through April 30, which excludes the days where there was a coverage gap. If you wish to know PLI for the month, the facility will need to calculate the prorated daily amount and apply it to the month.

The new system is more precise than the legacy system, and it requires even greater billing accuracy. If there are gaps in coverage, like the example above, there cannot be nursing facility per diem claims made for those days. The system will not accept bills for any days that were not covered and the entire claim will be denied. It is vital that you bill only for dates of service while the patient is in the nursing facility to ensure payment.

## Claims Cycle Changes

Medicaid is altering the frequency of claims recycles for nursing facilities, shifting from biweekly to weekly.

## Newborn Eligibility

A reminder for providers that **not all babies are deemed eligible. The mother must be Medicaid eligible first.** Providers should check the electronic verification system (eMEVS, found at [www.lamedicaid.com](http://www.lamedicaid.com)) to verify the mother is enrolled in Medicaid. If she is not, the provider should submit an application for the mother with the newborn form. Please note: if the mother is not found eligible, the newborn will not qualify for Medicaid either.

### IMPORTANT LINKS

Self-Service Portal – <https://sspweb.lameds.lah.gov/selfservice/>

Provider Portal Assistance – [MedicaidEligibilitySystemsHelp@la.gov](mailto: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](mailto:medweb@la.gov)

Provider forms – <https://www.lamedicaid.com/provweb1/Forms/forms.htm>  
& <http://ldh.la.gov/index.cfm/page/1278>