

Louisiana Medicaid Administrative Simplification Committee

August 12, 2025



Agenda

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| 1. ASC Objectives..... | Brandon Bueche |
| 2. Professional Services..... | WaRene Kimball |
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| ➤ Fee Schedule Consolidation | |
| ➤ Clear Claim Connection Tool | |
| 3. Provider Enrollment Updates..... | Wendy Barber |
| ➤ Rebaseline Implementation | |
| ➤ Revalidation | |
| 4. MES Medicaid Updates..... | Jonathan Wesley |
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| ➤ Dual Special Needs Plans (D-SNP) Billing and Claims | |
| 5. LaHIPP Updates..... | Caroline Landrum |
| ➤ Program Qualifications | |
| ➤ Benefits of Enrolling | |
| ➤ How to Help | |
| ➤ Frequently Asked Questions | |
| 6. Blue Cross Blue Shield Medicare Advantage Plans..... | Heather Leschinsky |



Debra Boudreaux, MBA, LSSGB

Assistant Section Chief

Program Networks and Provider Enrollment

Debra.Boudreaux@la.gov

(225) 342-3002 (Office)

With more than 25 years of experience dedicated to improving the health outcomes for the Medicaid and Medicare populations, her focus has been on supervising and coaching, project management, quality improvements, customer service, and program integrity.

1. ASC Objectives

- Purpose
- Roles
- Responsibilities

If you have any questions following this meeting, please email Brandon Bueche at Brandon.Bueche@la.gov

2. Professional Services

- Act 306 Senate Bill 190

- All rate updates for the Professional Services, Lab & Radiology, and Immunization (administration) fee schedules are being implemented. Upon the issuance of an Informational Bulletin for providers, LDH will move these into production and beginning 8.15.25.
- Changes to the Anesthesia Fee Schedules are pending additional coding and logic changes as well as testing by Gainwell.
- All rate increases will be in production and live by the published expected completion date of 9.30.2025.

2. Professional Services Cont.

- Fee Schedule Consolidation

- As of 8.2.2025, the following fee schedules have been standardized:

- EPSDT PCS (monthly) 6.13.2025
- EPSDT Preventive Care (monthly) tentative 6.13.2025
- Home Health (monthly) 6.13.2025
- Take Charge Plus- (weekly refresh) 6.6.2025
- EPSDT-Provider Type, 70 (LEA) (monthly refresh) 6.9.2025
- DME enteral (weekly refresh) 5.23.2025
- DMEPOS (weekly) 5.23.2025
- Vision (weekly) 5.23.2025
- Professional (weekly) 5.9.2025
- Laboratory and radiology - Non-hospital 5.16.2025 (weekly)
- Portable Radiology/EKG Non-hospital 5.16.2025 (weekly)
- Ambulatory Surgical Center Non-Hospital TOS 08 5.16.2025 (weekly)
- Mary Bird Perkins (weekly) 7.11.2025
- PDHC (weekly) 7.11.2025
- Immunization children/adolescents (birth through 18) weekly 7.18.2025
- Immunization Young Adult (ages 19-20) weekly 7.18.2025
- Immunization Adult (age 21 and older) (weekly refresh) 7.18.2025
- OPH (weekly refresh) 7.25.2025
- Free-standing rehab center 8.1.2025 (weekly)

Highlights:

19 Medicaid Fee Schedules Standardized

Professional Services and Lab & Radiology Rate increases to move to production

Gainwell implements new servers needed for Clear Claim Connection (C3)

2. Professional Services Cont.

- Clear Claim Connection (C3)- Provider Access

- The implementation timeline has experienced delays due to two primary factors:

- **System Edit Descriptor Alignment:**

Minor issues have been identified related to inconsistencies between current system edit descriptors and LDH specifications, particularly regarding denial reasoning. While these inconsistencies are affecting implementation progress, they do not pose any risk to the overall functionality of the system.

- **External Dependency Delay:**

The primary delay stems from pending information required from the product distributor, Lyric. Gainwell is actively awaiting this information to move forward with the next phase of implementation.

If you have any questions following this meeting, please email WaRene Kimble at WaRene.Kimble@la.gov

3. Provider Enrollment Updates

- Rebaseline Implementation

- Portal invitation letters are issued on a bi-monthly basis.
- Providers are required to complete their Louisiana Medicaid enrollment by the deadline specified in the notification letter.
- Providers who fail to complete an enrollment application by the specified deadline will be subject to deactivation.
- The enrollment application must be submitted promptly to guarantee completion by the specified deadline.
- Deactivated providers may still have the opportunity to complete an application if necessary.
- Any claims submitted between the deactivation date and the completion of enrollment will be subject to denial.

3. Provider Enrollment Updates Cont.

- Revalidation

- Louisiana Medicaid providers must revalidate their enrollment information every five years (or every three years for DMEPOS providers) to maintain their participation in the program.
- This process ensures providers are still qualified and eligible to participate in Medicaid.
- Providers will be notified by the Louisiana Medicaid Provider Enrollment web portal and via mail when it's time to revalidate.
- Failure to revalidate by the deadline can lead to claim denials and deactivation from the Medicaid program.

3. Provider Enrollment Updates Cont.

- To achieve optimal search results, it is necessary to enter an NPI in order to obtain accurate provider enrollment status.
- If no results are returned, this may indicate that an incorrect NPI was entered in the search field, or that the provider is not currently required to enroll. An invitation to enroll will be sent at a later date.
- Providers currently within their revalidation period will be indicated with a highlighted record.

Provider Enrollment record requires Revalidation.

VERIFY ENROLLMENT STATUS

<https://www.lamedicaid.com/portalenrollmentstatus/search>

| NPI | Provider Name | Address | City | State | Zip | Provider Type | Specialty | First or Revalidation Letter Date | Status | Initial EC Date | Revalidation EC Date |
|------------|---------------|------------|-------------|-------|-------|---------------|--|-----------------------------------|---|-----------------|----------------------|
| [REDACTED] | [REDACTED] | [REDACTED] | BATON ROUGE | LA | 70809 | 40 - DME | 54 - Med Supply / Not Included in 51, 52, 53 | 7/3/2025 | ! Enrollment Complete, Revalidation required by 10/3/2025 | 10/3/2022 | |
| NPI | Provider Name | Address | City | State | Zip | Provider Type | Specialty | First or Revalidation Letter Date | Status | Initial EC Date | Revalidation EC Date |
| [REDACTED] | [REDACTED] | [REDACTED] | BATON ROUGE | LA | 70809 | 40 - DME | 54 - Med Supply / Not Included in 51, 52, 53 | 4/17/2025 | Enrollment Complete | 4/8/2022 | 5/7/2025 |

4. MES Medicaid Updates

- Medicaid Eligibility (MEVS)
 - MEVS Educational Webinar
- Dual Special Needs Plans (D-SNP) Billing and Claims
 - Providers are looking for information on how D-SNP coverage affects claims billing.
 - If dual coverage applies, where is the claim sent after billing the responsible Medicare payer?
 - Does the claim go to traditional Medicaid, a Medicaid MCO, or does the carrier that handled the Managed Medicare also handle the Managed MCO portion of a dual-enrolled patient?

If you have any questions following this meeting, please email Jonathan Wesley at Jonathan.Wesley@la.gov

5. LaHIPP

Updates:

Administrative Simplification Committee (ASC)



5. LaHIPP Updates Cont.

HMS manages the LaHIPP program, determining eligibility and reimbursing premium payments for employer sponsored insurance to eligible members.

LDH Eligibility Team oversees program.
LaHIPP Unit leadership is Octavius Youngblood.

Goal is to increase participation in the program

La.HIPP@la.gov

5. LaHIPP Updates Cont.

- Who qualifies for LaHIPP?

Family must have one
qualifying active
Medicaid eligible
member

Have access to
Employer Sponsored
Insurance that covers
at least one Medicaid
member

The case must be cost
effective for the State
to reimburse the
premiums

5. LaHIPP Updates Cont.

- Benefits of Enrolling as a LaHIPP Provider



Access to patient's Third-Party Liability information



Bill commercial insurance and receive quicker payment which could be higher than the Medicaid contracted amount



Medicaid reimburses for services not covered by the commercial insurance



5. LaHIPP Updates Cont.

- How can you help with this program?

Inform Medicaid members about resources available on the LDH website

Participate in Provider educational webinars offered by LDH

Refer members with chronic or high-cost conditions to HIPP immediately after they are enrolled in Medicaid to maximize state savings

If you know of a family who may qualify for the LAHIPP Program, please provide contact information and encourage to apply online

5. LaHIPP Updates Cont.

- Frequently asked questions

Who do I contact if I have questions on a member's HIPP eligibility in MEVs?

- For questions related to a LaHIPP member's eligibility and related TPL, please contact the LaHIPP team at La.HIPP@la.gov

Where can I find more information on becoming a HIPP Only Provider?

- Navigate to the lamedicaid.com website > Provider Tools > Fee-for-service Provider enrollment, choose 'Applications for New Enrollments, Reactivations, and Change of Ownership'
- [LaHIPP Only - Entity/Business](#)

Who do I contact with claims issues?

- For questions on billing claims for LaHIPP, please contact MMISclaims@la.gov.

Does participating in LaHIPP effect a member's Medicaid eligibility?

- Participating in LaHIPP does not affect a member's Medicaid eligibility however, they can no longer receive their physical health services from a Healthy Louisiana managed care plan.

5. LaHIPP Updates Cont.

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|--------------|---|
| Website | <ul style="list-style-type: none">• https://ldh.la.gov/lahipp |
| Apply Online | <ul style="list-style-type: none">• https://hippportal.hms.com/hipp-portal-ui/PIERHIPPLA |
| Email | <ul style="list-style-type: none">• La.HIPP@la.gov |
| Phone | <ul style="list-style-type: none">• 1(877) 697-6703 |
| Fax | <ul style="list-style-type: none">• 1(888) 716-9787 |
| Mail | <ul style="list-style-type: none">• Attn: LaHIPP• 100 Crescent Centre Parkway, Ste 1000• Tucker, GA 30084 |

6. Blue Cross Blue Shield Advantage Plans Updates

- Which claims go to Healthy Blue, Commercial Blue, or Blue Medicare Advantage?
 - The claims should be sent to the address that is on the card that the member has presented, and eligibility is verified. Specifically:
 - If the member has Anthem/BCBS commercial as primary, the provider should bill the commercial plan of the State of the BCBS plan. HBL has a process that adjudicates the claim in the “home” state (of the commercial plan), and then the claim crosses over to HBL for any Medicaid responsibility.
 - If the member has Anthem/BCBS Medicare Advantage, the provider should bill the Medicare Advantage plan, and the claim will cross over to HBL for any Medicaid responsibility or LDH for any FFS responsibility. This is regardless of the State of the Medicare Advantage plan.
 - If the member has HBL primary, claims should be sent to HBL directly. The claims address for HBL is a P.O. Box in Virginia. This is the central location for all market Medicaid paper claims.
 - Providers are encouraged to register and submit claims through Availity to minimize the administrative burden of paper claims.

Third Party Liability (TPL)

- TPL items are discussed at the TPL Subcommittee Meetings
 - The next TPL subcommittee meeting will occur in October 2025, but the actual date is TBD.
 - If you would like to:
 - Join the TPL Subcommittee.
 - Join the mailing list to receive meeting minutes and other TPL-related information.

If you have any questions following this meeting, please email Sadrina Clayton at Sadrina.Clayton@la.gov

Next Meeting

- November 18, 2025
- Virtual link will be emailed.

Louisiana Department of Health

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(225) 342-9500

Questions & Answers

THANK YOU

