

Referral to LDH PAL for Legacy Medicaid Member

EPSDT - Targeted Population

Date:

TO: LDH Prior Authorization Liaison (PAL) · P.O. Box 91030 · Baton Rouge, LA · 70821-9030

Attn: Danielle Boykin

Fax 225-389-2749

FROM: Provider #:	Support Coordinator's Name:	Support Coordinator's Phone#: Fax#:
RE: Legacy Medicaid Provider:	Provider #:	Phone #:
Address:	City:	State/Zip:
Service Type (if DME be specific):	Service Name: () Initial () Renewal	Amount/# of Hours of Service:
Beneficiary Name:	MID#:	Phone#:
Responsible Party:		
Address:	City:	State/Zip:

This is to inform you that this individual is receiving EPSDT Support Coordination Services and we are having/had the following problem with the Medicaid State Plan Provider identified above (only for services that require Prior Authorization):

	1. The provider has not submitted the PA packet within 35 calendar days of the Referral to Provider date (untimely PA packet submission).
	2. We have not received a decision within 60 calendar days of the Choice of Provider date (untimely PA notice).
	3. We have not received a notice of approval from Gainwell Technologies for the renewal and the previous PA expired on ___ / ___ / ___.
	4. The beneficiary has been unable to locate a provider that is willing to submit a request for prior authorization. (SC must call the LDH Program Staff Line at 1-888-758-2220.)
	5. The beneficiary was placed on a waitlist. (SC must confirm waitlist placement with provider and offer beneficiary alternative providers. SC must follow up with the provider at least quarterly to ensure they move up the waitlist.)
	6. The provider is not providing services at the times the beneficiary requested and we have been unable to resolve the problem.
	7. The provider is not providing the amount of services prior authorized and we have been unable to resolve the problem.
	8. Other:

____ I certify that I have attached the EPSDT Prior Authorization Tracking Log and the supporting service logs that document the contacts made regarding the issues identified above to this form.

Support Coordinator's Signature

Date