



**Louisiana Department of Health
Informational Bulletin 20-17
Revised October 8, 2020**

Hurricanes Delta and Laura Provider Assistance FAQs

I. Expedited Provider Enrollment

1. How do I enroll as a provider in Louisiana Medicaid?

Fee-for-service: Follow this [link](#) to find the expedited provider enrollment packets and instructions for the Medicaid fee-for-service program. Pharmacy providers should use the application for entities. For questions or issues, you may call the provider enrollment hotline at **225-216-6370**. It is staffed from 8:00 a.m. – 5:00 p.m. CT.

Managed care: If providing care to a Louisiana managed care enrollee, you will need to contact the enrollee’s managed care organization (MCO) in order to be reimbursed for services provided. Each MCO has provisional credentialing processes in place that can be utilized in response to Hurricanes Laura and Delta for expedited contracting. MCOs are following the guidance issued by the National Committee for Quality Assurance for provisional credentialing during this event. Providers can choose to execute a contract, a single case agreement or be reimbursed as an out-of-network provider once provisional credentialing requirements are met.

MCO contact information is provided below:

Credentialing Information

MCO	Contact Information
Aetna Better Health	LAProvider@aetna.com
AmeriHealth Caritas Louisiana	New providers seeking provisional credentialing and who seek to be part of the ACLA provider network beyond the public health emergency should submit the required documents to ProviderEnrollment@amerihealthcaritasla.com .

	Practitioners who do not seek to be part of the ACLA provider network/practice following the public health emergency, and are providing care to members/patients as part of a federal, state or local government emergency response team should submit a non-participating provider form to network@amerihealthcaritasla.com .
Healthy Blue	LAinterPR@HealthyBlueLA.com
Louisiana Healthcare Connections	In order to apply for provisional credentialing, please complete the standard credentialing packet and label the top as “Provisional Credentialing Request.” Submit completed packets to LHC_Provider_Credent@Centene.com . If you have questions regarding the provisional credentialing process please contact Adam Frugé at AFRUGE@LOUISIANAHEALTHCONNECT.COM .
UnitedHealthcare	<ol style="list-style-type: none"> 1. Submit a completed and signed application and attestation through CAQH ProView® Opens in a new window or a state-mandated application. Please be sure to select UnitedHealthcare as an approved health plan. 2. Submit a request for participation to UnitedHealthcare so we can start the provisional credentialing process. You can submit your request for participation in one of two ways: <ul style="list-style-type: none"> • Call 877-842-3210 and enter the practitioner’s tax identification number (TIN). Then, select Credentialing > Medical > Join the Network. • Email swproviderservices@uhc.com. Include the practitioner’s full name, National Provider Identifier (NPI) number, TIN, CAQH ID and a brief description of the request.

2. Does the expedited enrollment process apply for methadone providers?

Yes, since methadone as medication assisted treatment is a Medicaid-covered service in Louisiana, methadone providers can use the same expedited application process provided in question 1 for non-pharmacy providers depending on the state of residency of the patient being treated. For Texas providers treating Louisiana residents, the Texas methadone provider should use the enrollment process outlined in question 1 above based on whether the enrollee is in fee-for-service or managed care.

Upon enrollment, methadone providers should bill either fee-for-service or managed care based on the recipient’s enrollment.

3. How can providers who are not enrolled with Medicaid or contracted with a Medicaid MCO fill prescriptions for enrollees who have been evacuated to shelters and hotels?

If a prescriber and pharmacy filling the prescription are not enrolled with Medicaid fee-for-service (FFS) or a Medicaid MCO, the claim will deny. The prescriber and pharmacy must apply for expedited provider enrollment/provisional credentialing so that claims can process properly. The provider should use the enrollment process outlined in question 1 above based on whether the enrollee is in fee-for-service or managed care.

4. What is the protocol for pharmacy overrides for prescription replacement?

Pharmacists have discretion for early refill allowances. At this time, Louisiana Medicaid is not lifting the edit, but pharmacists can use their professional judgement with existing overrides and documentation.

Healthcare Provider	Pharmacy Help Desk	Pharmacy Help Desk Phone Number
Aetna	CVS Health	(855) 364-2977
AmeriHealth Caritas	PerformRx	(800) 684-5502
Fee-for-Service	DXC Technology	(800) 648-0790
Healthy Blue	CVS	(833) 236-6194
Louisiana Healthcare Connections	CVS Caremark	(800) 311-0543
UnitedHealthcare	Optum Rx	(866) 328-3108

Feel free to reach out to help desks or pharmacy staff if you need assistance.

5. Can a Texas NEMT provider transport Louisiana Medicaid evacuees to doctor’s appointments while they are in the state?

NEMT providers in Texas will need to enroll with the transportation broker for fee-for-service Medicaid or the appropriate MCO contracted broker listed below. In addition, they must meet all Texas NEMT provider requirements.

Healthcare Provider	Transportation Broker	Contact Information
Aetna	One Call	(314) 708-8307 Grouphealth_providerrelations@onecallcm.com
AmeriHealth Caritas	Southeastrans	(225) 726-2794
Healthy Blue	MediTrans	(337) 534-4484 providers@callmeditrans.com
Louisiana Healthcare Connections	Logisticare	(512) 939-3841
UnitedHealthcare	Logisticare	(512) 939-3841
Fee For Service	Southeastrans	(225) 726-2794

II. Out of State and Other Billing Processes

6. *What information should Texas providers collect from Louisiana evacuees in order to bill Louisiana Medicaid?*

For Medicaid recipients in managed care, providers should call the member’s MCO to coordinate services and ensure proper billing. The MCOs will pay according to the arrangement reached with the provider (contract, single case agreement, or out of network). To contact the MCOs regarding benefits/services, use the MCO call center contact information [here](#). For contacts and information on contracting, see question 1.

For fee-for-service recipients, you can sign up to submit claims electronically by following guidance from DXC published [here](#). For paper claims, follow CMS-1500 [instructions](#) and UB-40 [instructions](#). For billing questions, you should contact the DXC Provider Relations Department, which is available to help providers with all of their billing and training questions. To contact the Provider Relations Department, call **800-473-2783 or 225-924-5040**.

7. *How should Louisiana Medicaid enrolled nursing facilities treat out of state transfers/evacuees seeking admission and vice versa?*

Nursing facilities should first refer to the [published memorandum](#) regarding licensed bed capacity during the declared event for Hurricanes Laura and Delta and [all admissions and eligibility guidance posted here](#). Below are scenarios for which nursing facilities may be receiving evacuees and expectations for billing. These examples assume the evacuee is from Louisiana and transferring to a Texas nursing facility. In the opposite scenario of a Texas

evacuee transferring to a Louisiana nursing facility, the same guidance applies by switching the state names in the scenarios below.

Scenario 1: Louisiana evacuating nursing facility transfers residents to Texas host/receiving nursing facility:

1.1 A Louisiana evacuating nursing facility may temporarily transfer nursing home residents to a Texas host nursing facility for up to thirty (30) days under the following provisions:

- a. There is a written transfer agreement/contract between the evacuating nursing facility and the host/receiving nursing facility, wherein payment/reimbursement to the Texas host nursing facility is arranged;
- b. The individual is transferred with documentation of a complete and valid Preadmission Screening and Resident Review (PASRR);
- c. The Louisiana evacuating nursing facility bills Louisiana Medicaid up to 30 days;
- d. The host/receiving nursing facility has sufficient licensed and certified bed capacity for the resident or the host/receiving nursing facility has received departmental and/or CMS approval to exceed the licensed and certified bed capacity for a specified period; and
- e. The host/receiving nursing facility is subject to surveys by the Texas Department of Health and Human Services, encompassing all residents sheltered or admitted to the host/receiving nursing facility and all staff/personnel working at the host/receiving nursing facility.

1.2 Should the placement/stay exceed longer than thirty (30) days, then the following shall occur:

- a. The Louisiana evacuating nursing facility must discharge the resident;
- b. The Texas host nursing facility enrolls in Louisiana Medicaid, via the expedited enrollment process;
- c. The Texas host nursing facility admits (via temporary admission) the evacuated resident, subject to licensed and certified bed capacity; and
- d. The Texas host nursing facility is subject to the regular survey processes.

1.3 Should there be no written transfer agreement/contract between the evacuating nursing facility and the host/receiving nursing facility, then the following shall occur:

- a. The Louisiana evacuating nursing facility must discharge the resident;

- b. The Texas host nursing facility enrolls in Louisiana Medicaid, via expedited enrollment process;
- c. The Texas host nursing facility admits (via temporary admission) the evacuated resident, subject to licensed and certified bed capacity (or properly approved exception/extension);
- d. The individual is transferred with documentation of a complete and valid PASRR; and
- e. The Texas host nursing facility is subject to the regular survey processes.

Scenario 2: Louisiana Medicaid eligible evacuee (general community/shelter evacuee) needs services in/admission to a Texas nursing home:

2.1 If a Louisiana evacuee with Louisiana Medicaid coverage requests services from/placement in a Texas nursing home, the following steps shall be taken:

- a. The Texas nursing facility enrolls in Louisiana Medicaid (via expedited enrollment process);
- b. The Texas nursing facility follows Texas level of care and nursing home admissions process, including PASRR process;
NOTE: For Texas evacuees seeking admission into a Louisiana nursing facility, a PASRR Level I must be completed for all evacuees. However, the PASRR Level II is waived for 30 days from the date of admission.
- c. The Texas nursing facility admits the evacuee, subject to licensed and certified bed capacity (or properly approved exception/extension);
- d. Texas nursing facility bills Louisiana Medicaid; and
- e. The Texas nursing facility is subject to regular survey process.

2.2 If an evacuee without Medicaid coverage requests services from/placement in a nursing facility of another/host state, the host nursing facility follows the host state's level of care and nursing home admissions process, including the PASRR Level I, which is required, however, the PASRR level II evaluation is waived for 30 days from the date of admission. Louisiana is currently seeking a waiver from the Centers for Medicare and Medicaid Services (CMS) of the 30-day institutional requirement for nursing facility admission for this population. As a resident of the evacuating state, the evacuating state is the payor. Medicaid financial eligibility for the payor state's Medicaid program will be determined according to the payor state's application procedures.

In Texas, the five STAR+PLUS MCOs, which provide nursing facility and community-based services in addition to acute care services for Texas Medicaid recipients, are Amerigroup, Cigna, Molina, Superior and United Health Care. In Louisiana, all nursing facility services, except for behavioral health treatment, are in fee-for-service.

8. What are expectations or directions for provision of home and community-based service providers?

Home and community-based providers should first refer to the published memorandum regarding out of region service provision during the declared event for Hurricane Laura published [here](#). If an evacuee [who has been receiving home and community-based services (HCBS) in their home state] needs HCBS in the host state where they have evacuated, and such evacuee brings their direct care worker when evacuating, then the home state provider continues to provide the services through the direct care worker and bills the recipient's home state Medicaid program. The home state HCBS provider should contact the host state's licensing and certification department to obtain and ensure compliance with any licensing and certification rules of the host state.

If an evacuee (who has been receiving HCBS in their home state) needs HCBS in their host state where they have evacuated, and such evacuee does NOT bring their direct care worker when evacuating, then the evacuee shall select an HCBS provider of the host state; such provider shall enroll with the home state's Medicaid program and shall bill the home state Medicaid program (the Medicaid program in which the evacuee is enrolled with) for such services provided. The host state HCBS provider will be subject to host state licensing rules and the Direct Service Worker rules.

Please note that this temporary allowance of services will expire on September 30, 2020.

9. What are the changes to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Personal Care Services (PCS)?

EPSDT-PCS providers should first refer to the published memorandum regarding out-of-region service provision during the declared event for Hurricane Laura published [here](#). The Louisiana Department of Health is temporarily changing the EPSDT-PCS program policies to allow services to be provided outside of a person's geographic region or out of state.

The following circumstances must apply:

- The recipient has evacuated or temporarily relocated to a location outside of the provider's licensed region due to ~~Tropical Storm Marco~~, Hurricane Laura or Hurricane Delta;
- The recipient must have been a client of the home and community-based services provider (HCBS) as of August 27, 2020, with an approved plan of care;
- The recipient's existing caregiver(s) go with the recipient or provide services to the recipient at the recipient's temporary location;

- The HCBSP is responsible for ensuring that all essential care and services (as identified on the plan of care) are provided to the recipient (including having sufficient staff and back-up caregivers available to provide services); and
- The HCBSP does not interfere with a recipient's right to select a provider of his/her choice (that is, if a recipient wants to elect a new HCBSP in the area where the recipient relocates, then the HCBSP will facilitate that selection).

Please note that this temporary allowance of services will expire on September 30, 2020.

10. How should providers handle requests for lost durable medical equipment?

Enrollees in one of the declared parishes, who are in need of replacement durable medical equipment (DME) or supplies previously approved by the Louisiana MCO, may contact any durable medical equipment provider contracted with the MCO to obtain a replacement. Enrollees are not required to have a new prescription and medical documentation for the replacement equipment or supplies. Guidance to MCOs is posted [here](#).

11. How should providers handle prior authorizations for home health, rehabilitation and Pediatric Day Health Care services?

Enrollees who were approved to receive home health services, rehabilitation, pediatric day health care or personal care services from a provider in a parish with a mandatory evacuation that is no longer in business or unable to provide the approved services may obtain the approved services from a new provider of their choice. The provider must be enrolled in Medicaid or contracted with an MCO. The provider should contact the MCO about cancellation of the original authorization and issuance of a new authorization, if applicable.

All other prior authorization requests shall continue to be subject to the applicable requirements to establish medical necessity. Guidance to MCOs is posted [here](#).

III. Eligibility Verification

12. How can out-of-state providers verify a client is eligible for Louisiana Medicaid?

Louisiana has created a temporary login in our eMEVS systems for out-of-state providers serving Louisiana Medicaid enrollees to verify their eligibility and confirm whether they are fee-for-service or managed care enrollees. A sample of an eMEVS lookup screen is located [here](#).

To login, providers can access eMEVS directly by following the link [here](#), or alternatively, providers can go to www.lamedicaid.com, then click the link for Provider Tools, then Provider Login on the left side menu bar.

1. Enter your Provider ID: 1209996
2. Enter Login ID = LDHtemp1
3. Enter Password = Laura2020!

There are four temporary IDs available for use in case of a lock out. More than one provider can use a single ID at a given time.

ProviderID Logon Password

1209996 LDHtemp1 Laura2020!

1209996 LDHtemp2 Laura2020!

1209996 LDHtemp3 Laura2020!

1209996 LDHtemp4 Laura2020!

eMEVs will allow you access to verify recipient eligibility one day at a time. For instance, to determine a recipient's eligibility on August 31, 2017, enter 8/31/2017 in PLAN DATE. For more instructions on how to navigate to eMEVS, click [here](#). For the eMEVS user manual, click [here](#).

As a general practice, eMEVS should be reviewed during every member visit to ensure that providers are billing correctly.

For troubleshooting or additional assistance, please call DXC Technology **Technical Support Desk at 1-877-598-8753**, Monday – Friday 8:00 a.m. – 5:00 p.m. CT or request support by e-mailing lasupport@molinahealthcare.com.

13. Can Louisiana Medicaid enrollees receive services if they don't have their Medicaid cards or health plan cards?

Yes, they can still receive services. See question 12 for information on how to verify eligibility.

IV. Provider Relations

14. How can out-of-state providers get assistance from Louisiana Medicaid if needed?

For additional guidance, please contact the provider relations support lines at the managed care organization for the Louisiana Medicaid enrollee. Contact information for each MCO for medical and behavioral health providers is located [here](#). If you cannot obtain the information you need, you may escalate your request to ProviderRelations@la.gov.

For fee-for-service inquiries, the DXC Provider Relations Department is available to help providers with all of their billing and training questions. To contact the Provider Relations Department, call **800-473-2783 or 225-924-5040**.

For pharmacy provider inquiries for managed care recipients, please use the following information:

Aetna

- Aetna Member with Issues – Have the Member Call Member Services – 1-855-242-0802
- Claims/Billing Issues – Call CVS Health – 1-855-364-2977
- Pharmacy Billing Information
 - BIN: 610591
 - PCN: ADV
 - Group: RX8834

AmeriHealth Caritas

- AmeriHealth Caritas Member with Issues – Have the Member Call Perform Rx Member Services – 1-866-452-1040
- Claims/Billing Issues – Call PerformRx – 1-800-684-5502
- Pharmacy Billing Information
 - BIN: 019595
 - PCN: 06030000

Healthy Blue

- Member Pharmacy Services – 1-833-207-3114
- Pharmacy provider help desk for claim processing: 1-833-236-6194
- Pharmacy Billing Information
 - BIN: 020107
 - PCN: FG
 - Group: WKLA

Louisiana Healthcare Connections

- Louisiana Healthcare Connections Member with Issues – Have the Member Call Member Services – 1-866-595-8133
- Claims/Billing Issues – Call CVS Caremark Pharmacy Help Desk – 1-800-311-0543
- Pharmacy Prior Authorization – Call Envolve Pharmacy Solutions – 1-888-929-3790
- Pharmacy Billing Information
 - BIN: 004336

- RXPCN: MCAIDADV
- RXGRP: RX5444
- Member ID Format: 13 digit

United Healthcare

- General Provider Issues – Call Provider Relations – 1-866-675-1607
- Pharmacy Contracting Issues – Call OptumRx – 1-800-797-9798
- United Healthcare Member with Issues – Have the Member Call Member Services – 1-866-675-1607
- Claims/Billing Issues – Call OptumRx – 1-866-328-3108
- Pharmacy Billing Information
 - BIN: 610494
 - PCN: 9999
 - Group: ACULA

For fee-for-service pharmacy inquiries, please call the pharmacy benefit manager help desk at 1-800-648-0790.

Any other pharmacy-related questions can be directed to the Medicaid Pharmacy Program at 1-800-437-9101.