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CMS-mandated off-cycle Medicaid provider revalidation initiative

Louisiana Medicaid has implemented an off-cycle provider revalidation initiative for selected enrolled providers as part of a broader effort to strengthen provider enrollment oversight and ensure the accuracy of provider enrollment information. This initiative aligns with federal requirements and recent **guidance from the Centers for Medicare & Medicaid Services (CMS)**, which directed states to enhance provider enrollment oversight and conduct additional provider revalidation activities outside of normal revalidation cycles.

Federal regulation (42 CFR §455.414) requires all Medicaid providers to undergo revalidation at least every five years. However, CMS has requested that states perform additional provider revalidations outside of the standard cycle to support program integrity efforts and maintain accurate provider enrollment records.

What this means for providers

Selected providers will receive direct notification from Louisiana Medicaid if they are required to complete an off-cycle revalidation. Providers who receive a notification must complete the revalidation process by the due date identified in their notice.

Providers who do not complete the required revalidation process by the specified due date will be deactivated from participation in the Louisiana Medicaid program.

Additionally, providers who fail to revalidate in a timely manner will not receive reimbursement for services rendered during the period between the revalidation due date and successful completion of all revalidation and screening requirements.

Providers affected

Beginning in June 2026, the Louisiana Department of Health (LDH) adopted a phased approach. The initial phase of the off-cycle revalidation initiative applies to selected providers within the following provider types:

- Durable medical equipment (DME) providers
- Mental health rehabilitation (MHR) providers
- Personal care services (PCS) providers
- Personal care attendant (PCA) providers

How to complete revalidation

Providers selected for off-cycle revalidation will receive an invitation to revalidate from Gainwell Technologies with additional instructions and required timelines for completing the revalidation process. Upon receipt of the notification letter, providers should promptly initiate the revalidation process by completing the following steps:

1. Visit **www.lamedicaid.com**.
2. Select the blue banner related to provider revalidation.
3. Authenticate your account credentials.
4. Select “Provider Enrollment or Revalidation Application” to initiate the process.

Provider assistance

Providers needing assistance with the revalidation process may contact Gainwell Technologies by phone at 1-833-641-2140 or email: **louisianaprovenroll@gainwelltechnologies.com**

Louisiana Medicaid appreciates provider cooperation in maintaining accurate provider enrollment information and supporting program integrity efforts across the Medicaid program. For full details, please see **Informational Bulletin 26-10**.



Upcoming Medicaid work requirements: what providers need to know

Beginning **January 1, 2027**, the Louisiana Department of Health will implement new federal Medicaid work requirement guidelines for certain adult members. While most Medicaid members will not be impacted, providers play an important role in helping eligible members understand these upcoming changes and take necessary steps to maintain their health coverage.

The new requirements apply to some Medicaid members aged 19 to 64 who do not have a disability or qualifying medical condition. To remain eligible for coverage, impacted members will be required to report at least 80 hours per month of qualifying activities, such as employment, school attendance, volunteering, or a combination of these activities. Medicaid eligibility checks will occur during new member applications and annual renewals.

Exempted members may include pregnant or postpartum women, caregivers of young children or disabled individuals, medically frail individuals, disabled veterans, foster youth, and others who meet exemption criteria. Louisiana Medicaid will begin notifying affected members several months before their renewal date. For example, members with a January 2027 renewal date received initial notification letters in May 2026, with renewal packets mailed later in the year. Medicaid will also utilize existing resources, such as employment and Social Security records, to automatically verify eligibility requirements for some members, reducing the need for additional paperwork.

Providers are encouraged to begin educating potentially impacted members about the importance of:

- Keeping contact information current with Louisiana Medicaid
- Responding promptly to renewal notices and requests for information
- Understanding exemption qualifications and reporting requirements
- Seeking assistance if they are unsure whether the requirements apply to them

Providers may also remind members that contact information can be updated with Louisiana Medicaid online, by phone, by text, or through their health plan.

Additional guidance and operational details are expected from the Louisiana Department of Health (LDH) as implementation approaches. Providers are encouraged to stay informed and support members through this transition to help minimize unnecessary coverage disruptions.

More information can be found online at ldh.la.gov/Medicaid/work-requirements.

Highlights from the 2026 CAHPS survey



AmeriHealth Caritas Louisiana recently administered the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey to both adult and pediatric members. A random sample of the plan's members were surveyed, inviting them to share their health care experiences.

As part of our health plan accreditation through the National Committee for Quality Assurance (NCQA), AmeriHealth Caritas Louisiana is required to administer the CAHPS survey annually. This survey is used to assess patients' experiences with their health plan, **personal doctor, specialists**, and health care in general. Members are also asked about their experience with **how well doctors communicate**, and if they were able to **get needed care quickly**. CAHPS survey results are used to identify areas where our plan can continue improving the members' experience. Reporting year 2026 is identified as Measurement Year (MY) 2025 CAHPS.

As a network provider, you play a vital role in our members' perception of health care services. Your interactions with our members play a crucial role in their satisfaction and can significantly enhance their overall health care experience.

This year's survey showed improvement in **Getting Care Quickly**: Members say it is easier to schedule regular checkups and get care right when they need it. They are also happier with the overall quality of their **Health Care**.

The table shows a summary of CAHPS survey ratings.

Adult measures	MY 2025 results	MY 2024 results	Child measures	MY 2025 results	MY 2024 results
Rating of Personal Doctor	↓72.6%	79.4%	Rating of Personal Doctor	↓79.7%	84.3%
Rating of Specialist	↓71.6%	77.9%	Rating of Specialist	↑79.4%	72.5%
How Well Doctors Communicate	↓93.4%	93.7%	How Well Doctors Communicate	↓91.4%	93.5%
Getting Care Quickly	↑ 86.5%	84.6%	Getting Care Quickly *	↑90.5%	87.0%
Getting Needed Care	↓80.5%	81.7%	Getting Needed Care *	↑88.0%	86.0%
Customer Service	↑91.6%	91.3%	Customer Service	↓88.4%	93.3%
Coordination of Care	↑91.8%	89.2%	Coordination of Care	↑94.2%	84.2%
Rating of Health Care	↑62.0%	60.9%	Rating of Health Care*	↑80.0%	76.7%
Rating of Health Plan	64.0%	64.0%	Rating of Health Plan *	↑80.2%	79.7%
Advised to Quit Smoking	↓77.8%	73.5%			

* These composites are utilized for Health Plan Accreditation Scoring
MY=Measurement Year

Adult survey results revealed key areas for care improvement, including:

- Rating of Personal Doctor
- Rating of Specialist
- How Well Doctors Communicate
- Getting Needed Care (specifically, a doctor explaining things about health in an understandable way, the doctor listens and spends enough time with the patient)

Child survey results revealed key areas for care improvement, including:

- Rating of Personal Doctor
- How Well Doctors Communicate

How can YOU improve the patient experience?

- Demonstrate active listening by asking questions and making confirmatory statements.
- Maintain eye contact while the patient is speaking; sit down during the visit to demonstrate active listening.
- Take time to listen to questions and provide easily understood answers.
- Explain the rationale for tests, treatments, and referrals.
- Be proactive in checking with AmeriHealth Caritas Louisiana to ensure the prescribed treatment and/or test for your patient is covered before they leave the office.
- Make sure AmeriHealth Caritas Louisiana does not require any specific documentation, such as prior authorization, for treatment or test coverage.
- Obtain and review records from hospitals and other providers.
- Help ensure coordination of care between the primary care provider and specialist.
- Assist patients with scheduling appointments with specialists and other ancillary providers.
- Promote information to patients on tobacco cessation programs.

We appreciate your dedication to our members. These results highlight our strong areas of collaboration and opportunities to enhance the member experience in 2026 and beyond. The next survey will be sent to members in February 2027. Please encourage your patients to complete it if they receive one.



Preventing fraud, waste, and abuse in medical record documentation

Medical record documentation is a cornerstone of quality health care delivery. For providers, maintaining thorough, accurate, and timely records not only supports member care but also safeguards your practice from compliance risks and billing discrepancies. As the health care landscape continues to evolve, clear documentation is increasingly vital for continuity of care and organizational integrity.

Quality member care relies heavily on clear, accurate medical record documentation. Not only does accurate documentation ensure continuity of care, but it also supports proper billing and compliance. Recently, the Special Investigations Unit (SIU) identified a steady increase in preventable documentation errors during our medical record reviews associated with an investigation. We want to highlight these common pitfalls so your practice can address them proactively.

During our reviews, we frequently encountered the following issues:

- **Missing consent forms:** Providers often fail to submit the required member consent forms with the requested medical records.
- **Unsubmitted timesheets:** We regularly see missing timesheets for specific service dates, making it difficult to verify the duration and delivery of care.
- **Credentialing oversights:** In several cases, associates provide services or review and sign documents even though they do not hold the required credentials for those services.

Accurate documentation protects your practice and helps ensure members receive the standard of care they deserve. To strengthen your documentation processes, consider implementing these proven best practices:

- **Document promptly:** Enter notes and submit timesheets immediately after seeing the member, while the details remain fresh.
- **Implement internal checklists:** Use standardized checklists to ensure all required items, like consent forms and specific signatures, are present before closing a file.
- **Conduct routine self-audits:** Regularly review a small sample of your own records to catch and correct credentialing or timesheet errors before an official review.

We understand that maintaining member records demands significant time and effort, and we are here to support your success. We encourage proactive compliance. If your administrative or clinical staff need guidance on proper documentation standards, please reach out to your Provider Network Management Account Executive. They can provide training resources to help your practice meet current regulatory requirements.

By prioritizing documentation accuracy and adopting proactive strategies, providers can improve care delivery, reduce errors, and stay compliant with evolving regulations. Together, we can ensure that every member receives the quality care they deserve, protecting your practice's reputation and operational success.



Reporting fraud, waste, and abuse

How can providers report suspected fraud, waste, or abuse (FWA)?

Maintaining a secure health care network is a shared responsibility. If you or your staff suspect inappropriate billing, credentialing issues, or other compliance violations, please report them immediately. You can submit a referral through our fraud tip email or contact our dedicated hotline. You have the option to remain completely anonymous.

- Submit a referral:
fraudtip@amerihealthcaritas.com
- Call the Fraud Tip Hotline:
1-866-833-9718

What happens after we submit an FWA referral?

The investigative staff will evaluate the information you provide to determine the next steps. If the data suggests a potential violation, we will open a formal investigation. Due to strict privacy and legal standards, we may not be able to share the outcome of the investigation with you. However, please know that we thoroughly review every referral we receive.

Thank you for your continued partnership and dedication to delivering high-quality care.

Care coordination roles and responsibilities

Strong care coordination depends on clear communication and shared understanding between our organization and our provider partners. To support collaborative care management and reduce duplication in services, gaps in care, and member confusion, we maintain a standardized process for defining and communicating care coordination roles and responsibilities.

What this means for providers

As a valued partner, providers play a key role in coordinated care delivery. Under this approach, providers are expected to:

- Deliver services within their scope of licensure and contractual requirements.
- Participate in care coordination activities as outlined in partner communications.
- Communicate changes in member status, service delivery issues, or coordination needs in a timely manner.

Our role as your partner

AmeriHealth Caritas Louisiana is responsible for establishing care coordination policies and procedures, defining internal roles related to care planning and oversight, and ensuring expectations are clearly communicated through formal partner materials such as contracts, agreements, or provider communication materials.

Shared commitment to members

Care coordination is a shared responsibility. Together, AmeriHealth Caritas Louisiana and the provider community work to ensure continuity of care, reduce service duplication, and support timely information exchange in accordance with applicable laws and agreements. This collaborative approach helps ensure members receive seamless, well coordinated care.

Ongoing communication

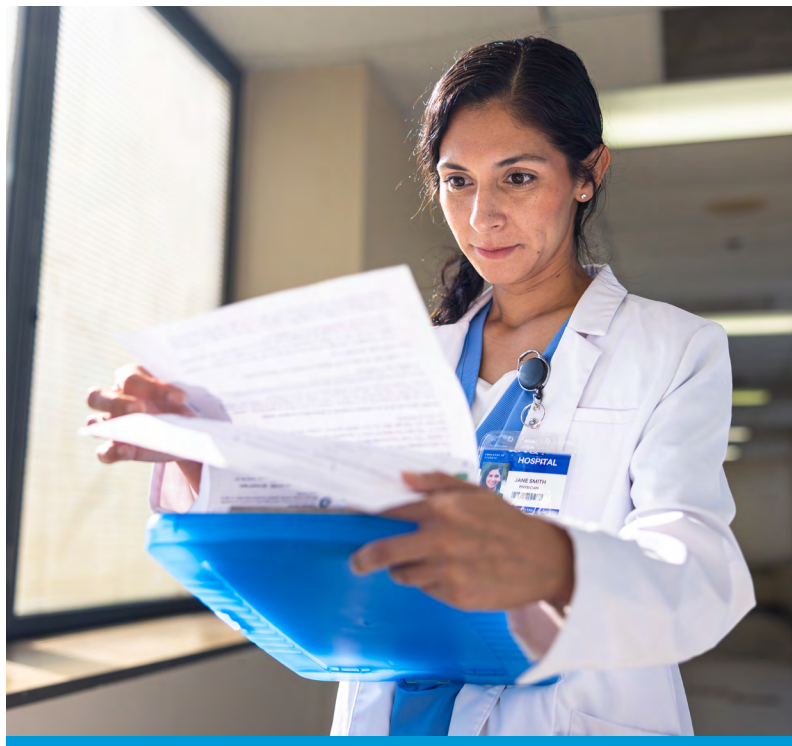
Roles and responsibilities between AmeriHealth Caritas Louisiana and providers are reviewed periodically and updated as care coordination practices or partner relationships evolve. Providers will continue to receive formal communications when updates occur to ensure clarity and alignment.



Practitioner and facility credentialing rights

After the submission of a credentialing application (**Practitioner** or **Facility**), health care providers have the following rights:

- To review information submitted to support their credentialing application, with the exception of references, recommendations, and peer-protected information obtained by the plan.
- To correct erroneous information. When information obtained by the Credentialing department varies substantially from information provided by the provider, the Credentialing department will notify the provider to correct the discrepancy.
- To be informed, upon request, of the status of their credentialing or recredentialing application.
- To be notified within 14 calendar days of the Credentialing committee/Medical Director review decision.
- To appeal any recredentialing denial or network termination within 30 calendar days of receiving written notification of the decision.
- To know that all documentation and other information received for the purpose of credentialing and recredentialing is considered confidential and is stored in a secure location that is only accessed by authorized plan associates.
- To receive notification of these rights.



To request any of the above, the provider should contact the AmeriHealth Caritas Corporate Credentialing department at the following address:

AmeriHealth Caritas
Attn: Credentialing Department
200 Stevens Drive
Philadelphia, PA 19113



Member rights and responsibilities

AmeriHealth Caritas Louisiana members have rights that must be honored by all AmeriHealth Caritas Louisiana associates and affiliated providers. AmeriHealth Caritas Louisiana members also have responsibilities.

Member rights and responsibilities are outlined in the Member Rights and Responsibilities section in the **AmeriHealth Caritas Louisiana Member Handbook (PDF)**.

Providers are encouraged to familiarize themselves with these rights and responsibilities to better support members when needed, and to let their Provider Account Executive know if they have any questions or concerns regarding the member's rights and responsibilities.

Let Us Know - Member Intervention Request Form

AmeriHealth Caritas Louisiana is committed to assisting health plan providers in engaging members and supporting their health and well-being. If you identify members who need help managing their health, please notify us through our Let Us Know Program so we can offer timely assistance.

When to Let Us Know

Providers can let us know if a member requires support by completing the Let Us Know — Member Intervention Request form (PDF) available on our plan website and faxing it to our Rapid Response Outreach Team (RROT). The form can be used to assist members with issues such as:

1. Missed appointments
2. Behavioral health needs
3. Medication noncompliance
4. Care management engagement
5. Developmental screening concerns
6. Emergency room misutilization
7. Understanding plan benefits
8. Social determinants of health
9. Tobacco cessation referrals

Providers can also now submit the Member Intervention Request form via the NaviNet provider portal.

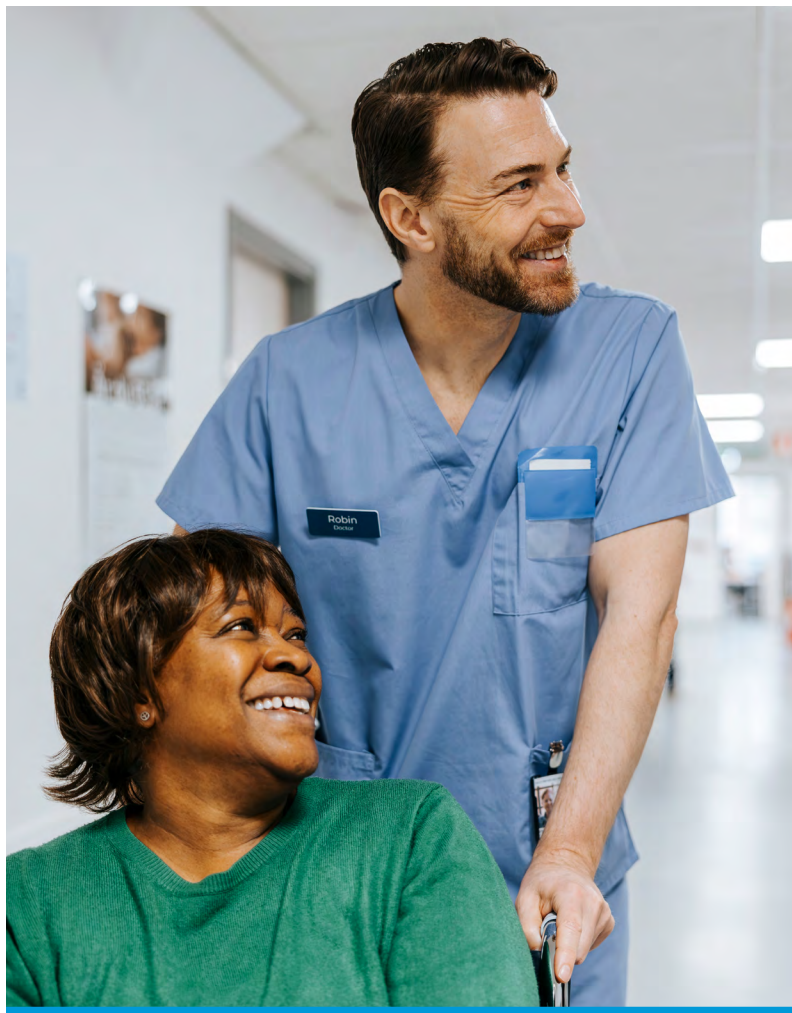
To submit the Member Intervention Request form in NaviNet:

1. Log in to the NaviNet provider portal.
2. Go to the Forms and Dashboards section under Workflows for AmeriHealth Caritas Louisiana.
3. Select the Member Intervention form link.
4. Fill out all relevant fields on the form.
5. Click “Submit.”
6. After submission, a confirmation message will appear: Member intervention form submitted.

Routing and support

Once submitted, the Member Intervention Request form is routed directly to the RROT to address any identified concerns.

- A Care Connector from the RROT will contact the provider within 48 to 72 hours to confirm receipt and to ensure understanding of the request.



- Outreach will then be made to the member, and upon successful contact, all requested interventions will be completed.

For questions or help with completing the form, contact the RROT at 1-888-643-0005.

Multiple ways you can refer members to our case management services

AmeriHealth Caritas Louisiana provides multiple pathways to help members get prompt access to case management services, including:

- Member Services: 1-888-756-0004
- Health Information 24-hour Nurse Call Line: 1-888-632-0009
- Hospital Discharge Planner referrals
- Health Plan Activity (Utilization Management, Rapid Response, inbound calls, outbound campaigns, and Member service calls)

- Member/Caregiver Requests
- Provider referrals (*Let us Know* form – see link below)
- Data mining: Members with multiple comorbid conditions, high predictive risk scores, and high levels of emergency room and inpatient utilization are referred for complex case management services with the Member Intervention Request form (PDF).

Obtaining Utilization Management (UM) criteria

AmeriHealth Caritas Louisiana provides its Utilization Management (UM) criteria to network providers upon request. To obtain a copy:

- Call the UM Department at **1-888-913-0350**.
- Identify the specific criteria you are requesting.
- Provide a fax number or mailing address.
- Visit our **Clinical Policies webpage**. You will receive a faxed copy of the requested criteria within 24 hours or a written copy by mail within five business days of the request. Providers may also request prior authorization requirements used to make a medical necessity determination by sending an email to: **HB424Request@amerihealthcaritas.com**.



Please remember that AmeriHealth Caritas Louisiana has Medical Directors and Physician Advisors available to address UM issues or answer your questions about prior authorization, DME, home health care, and concurrent review. To contact these resources, call the Peer-to-Peer hotline at **1-866-935-0251**.

Stay in touch with us as a partner in care!



As an AmeriHealth Caritas Louisiana provider, you're our partner in member care. **Our goal is to help you** operate effectively and efficiently. Working with providers like you, we can deliver quality, cost-effective care and improve health outcomes for our members.

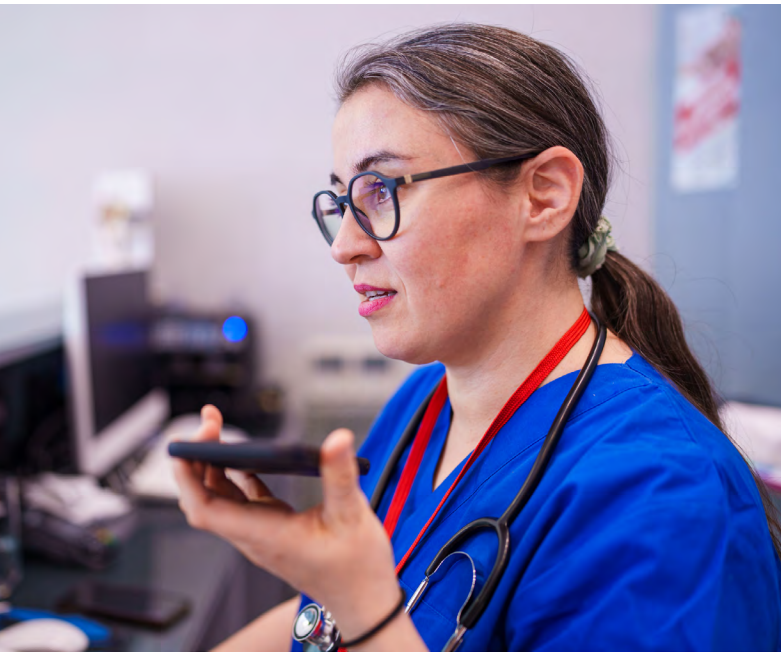
We're here to answer your questions or address any concerns at the numbers below:

- Provider Services: **1-888-922-0007**
- Provider Network Management: **1-877-588-2248**
- Credentialing: **1-888-913-0349**

Sign up for Network News

Stay on top of health plan news and updates via email. Sign up for our **free Network News service** at <https://identity.navinet.net/> to receive important health plan communications from AmeriHealth Caritas Louisiana.

Or, visit our website and sign up at Newsletters and Updates. Once you have registered, you will receive a confirmation email. If you feel you registered previously, but did not receive a confirmation email, please try registering again and be sure to check your spam or junk mailbox.



AmeriHealth Caritas Louisiana offers no-cost language interpretation services for our members

Members should be advised that interpretation services from AmeriHealth Caritas Louisiana are available at no cost. When a member uses AmeriHealth Caritas Louisiana interpretation services, the provider must sign, date, and document the services provided in the medical record in a timely manner.

How to use our interpretation services

- Inform the member of his or her right to no-cost interpretation services.
- Make sure a working phone is in the patient room.
- Call Member Services at 1-888-756-0004, 24 hours a day, seven days a week, with the member ID number, and Member Services will connect you to the necessary interpreter.
- Conduct an exam with an interpreter over the phone.

Interpretation tips

- Speak directly to the patient, not the interpreter.
- Do not rush. Pause every sentence or two for interpretation.
- Use plain language. Avoid slang and sayings. Jokes do not always translate well.
- Check for understanding occasionally by asking the patient to repeat what you said. This is better than asking, “Do you understand?”

In addition, translation services must be provided to ensure adherence to delivering services in a culturally competent manner. Please review additional details about Cultural Competency and Language Services on our website.



Threshold/Emerging languages disclosure

If you do not speak English, AmeriHealth Caritas Louisiana provides representatives and interpreters who speak other languages. Interpreter services are available in any language at no cost to you. AmeriHealth Caritas Louisiana also offers written member materials in other languages and in alternative formats for individuals who are visually impaired.

Provider trainings

ASAM 6 Dimension Criteria training

AmeriHealth Caritas Louisiana is facilitating an American Society of Addiction Medicine (ASAM) 6 Dimension Criteria training** at no cost for psychiatrists, psychologists, advanced practice registered nurses (APRNs) who are clinical nurse specialists in psychiatry or nurse practitioners (NPs) certified in psychiatry or mental health nursing, licensed professional counselors (LPCs), and licensed clinical social workers (LCSWs).

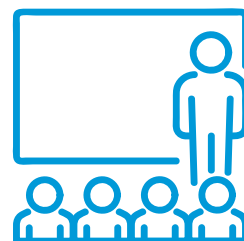
- Define ASAM Terminology.
- Review the ASAM Levels of Care.
- Explain the ASAM Multidimensional Assessment.
- Demonstrate how to use the ASAM Assessment in addressing a member's identified needs.

Upcoming AmeriHealth Caritas Louisiana ASAM 6 Dimension Criteria Training dates and registration links are listed below.

Date	Time (CST)	Registration link
December 9, 2026	9 a.m. to noon	December training registration

Registration is required. Please register in advance for your desired training.

**No continuing education credits (CEUs) will be given for this training. AmeriHealth Caritas Louisiana will provide Certificates of Attendance to verify completion of the training, which attendees may submit to their licensing board for post-approval consideration.



Upcoming Integrated Health ECHO program

AmeriHealth Caritas Louisiana is excited to host an Integrated Health ECHO Series — an emerging case-based learning model for practitioners. Continuing Education Credits will be offered for Licensed Professional Counselors (LPCs) through the Louisiana Counseling Association. This opportunity doesn't cost anything for participating AmeriHealth Caritas Louisiana practitioners. Please read on for more information and register to join an ECHO program. All dates are Wednesdays.

Date	Focus	Registration link
September 30, 2026	Telehealth Regulatory Considerations for Clinical Practice	Request a registration link by emailing projectecho@amerihealthcaritas.com Please use the iECHO link that will be emailed to you via the iECHO platform.
October 14, 2026	Hidden in Plain Sight: Eating Disorders in the GLP-1 Era	
October 28, 2026	Optimizing Medication Use Through Deprescribing	
November 11, 2026	Emerging Therapies in Mental Health: Ketamine and Psychedelics	
December 9, 2026	The Intersection of Substance Use Disorder and Sexually Transmitted Infections in Louisiana	

Upcoming Screening, Brief Intervention, and Referral to Treatment (SBIRT) training

Training dates and registration links are listed below:

AmeriHealth Caritas Louisiana is facilitating SBIRT training** for physical health providers. The goal of this training is to help participants develop their knowledge, skills, and abilities as SBIRT practitioners.

- Identify SBIRT as a system change initiative.
- Compare and contrast the current system with SBIRT.
- Introduce the public health approach.
- Discuss the need to change how we think about substance use behaviors, problems, and interventions.
- Understand what screening does and does not provide.

Date	Time (CST)	Registration link
December 9, 2026	9 a.m. to noon	December training registration

**No continuing education credits (CEUs) will be given for this training. AmeriHealth Caritas Louisiana will provide Certificates of Attendance to verify completion of the training, which attendees may submit to their licensing board for post-approval consideration.



Questions?

If you have questions about any content in this provider update, please get in touch with your Provider Account Executive or call Provider Services at 1-888-922-0007.





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Louisiana

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