

Welcome

Welcome to the **February issue** of the **Louisiana Medicaid Provider Update** newsletter. We hope this newsletter will provide you with important and beneficial information about the Louisiana Medicaid program.

As a valued provider, we appreciate your continued commitment to providing the highest quality care to the Louisiana’s Medicaid population.

Meet LDH’s New Secretary: Dr. Ralph Abraham

As LDH’s new secretary, **Ralph L. Abraham, M.D.** will continue to lead the state’s largest agency with a budget of \$19.1 billion and a team responsible for delivering services to millions of Louisianans.

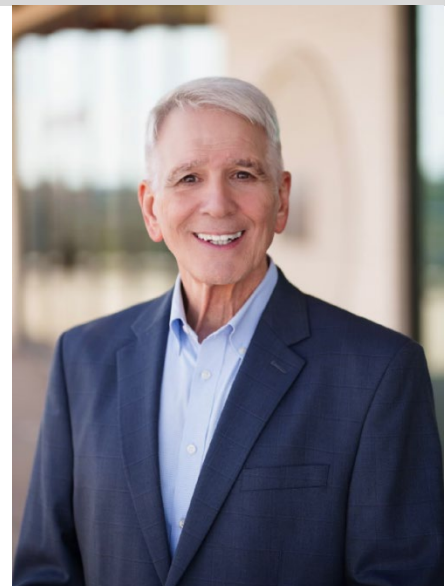
Dr. Abraham (or “Doc,” as he likes to be called) is a practicing family medicine physician in Richland Parish and a former three term Congressman for Louisiana’s 5th Congressional District. Throughout his almost 30 year career in medicine, Dr. Abraham has seen firsthand the many healthcare challenges facing Louisiana. He graduated from Mangham High School before earning his degree at Louisiana State University. He graduated from the LSU School of Veterinary Medicine and practiced for 10 years before eventually seeking his Medical Doctor degree, which he earned at the LSU School of Medicine in Shreveport.

Dr. Abraham was a First Lieutenant in the Army National Guard. He has served on humanitarian missions for Free Burma Rangers in Burma, Syria, Iraq and Ukraine. He has also volunteered on humanitarian missions in Afghanistan and the Amazon for other organizations. Additionally, he is a fixed-wing and helicopter pilot who currently flies reconnaissance missions for the Coast Guard Auxiliary, and he is a mission pilot for the Air Force’s Civil Air Patrol Green Flag Program. He’s a certified flight instructor and actively works with Pilots for Patients – an organization that provides free air transportation to patients needing treatment at medical facilities not available to them locally.

Dr. Abraham has been married to his wife Dianne for 46 years and they reside in Richland Parish. They have three children and ten grandchildren.

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FDA Drug Safety Alert: FDA Requires Updates to Labeling for Promethazine Hydrochloride Injection Products

The U.S. Food & Drug Administration (FDA) is alerting health care professionals of labeling updates intended to further reduce the risk of severe chemical irritation and damage to tissues from intravenous administration of promethazine hydrochloride injection.

Promethazine hydrochloride injection is indicated to help manage certain allergic reactions, motion sickness, post-operative nausea and vomiting, and as a sedative or adjunct to analgesics.

The FDA recommends that health care professionals administer promethazine hydrochloride injection by deep intramuscular administration instead of intravenous administration. If promethazine hydrochloride injection must be administered intravenously, health care professionals should review and follow the updated information in the labeling to dilute promethazine hydrochloride injection and administer by intravenous infusion to reduce the risk of severe tissue injury.

FDA has required that manufacturers update their prescribing information for promethazine hydrochloride injection to include new safety information and update the carton labeling and container labels with the corresponding information.

If intramuscular injection is not possible, promethazine hydrochloride injection:

- Can be administered intravenously only after dilution, as recommended, and infused through an intravenous catheter inserted in a large vein and preferably through a central venous catheter. Do not administer using intravenous catheters placed into veins in the hand or wrist.
- Should not be mixed with other drugs or diluted with solutions other than 0.9% sodium chloride injection.
- Is contraindicated for intravenous injection at concentrations greater than 1 mg/mL.

When diluting and administering promethazine hydrochloride injection by intravenous infusion, infuse over 20 to 40 minutes and follow the below preparation and infusion instructions in adult and pediatric patients (see the first and second tables below, respectively):

Table 1: Preparation and Infusion Information by Adult Dose of Promethazine Hydrochloride Injection

Dose of Promethazine Hydrochloride Injection	Volume of 0.9% Sodium Chloride Injection for Dilution	Maximum Concentration of the Diluted Promethazine Hydrochloride Injection Solution	Maximum Rate of Infusion
12.5 mg	50 mL	1 mg/mL	2.5 mL/minute
25 mg	50 mL		2.5 mL/minute
50 mg	50 mL		2.5 mL/minute
75 mg	100 mL		5 mL/minute

Table 2: Preparation and Infusion Information by Pediatric Dose of Promethazine Hydrochloride Injection

Dose of Promethazine Hydrochloride Injection	Volume of 0.9% Sodium Chloride Injection for Dilution	Maximum Concentration of the Diluted Promethazine Hydrochloride Injection Solution	Maximum Rate of Infusion
Up to 25 mg	25 mL	1 mg/mL	1.25 mL/minute
25 mg to 50 mg	50 mL		

Health care professionals, caregivers, and patients should report adverse events or side effects related to the use of this product to [FDA’s MedWatch Online Voluntary Reporting Form](#) or download and complete the [form](#), then submit it via fax at 1-800-FDA-0178.

Reference: [FDA Drug Alert 12/27/2023](#)

Increasing Naloxone Prescribing in Your Healthcare Practice

Naloxone is a life-saving medication that can temporarily reverse the effects of an opioid overdose, whether from prescription or illicit opioids including heroin and fentanyl. It is available in three forms: nasal spray, injection, and auto-injection. When sprayed into the nose or injected into the muscle, it quickly reverses the harmful effects of opioids during an overdose. *However, only 1 naloxone prescription is dispensed for every 70 high-dose opioid prescriptions.*

As a healthcare prescriber, you play a critical role in supporting naloxone and opioid use disorder training and education for clinicians.

Here are some tips for increasing naloxone prescribing in your health system for patients at risk for opioid overdose:

1. Support education for healthcare clinicians and pharmacists related to the benefits of naloxone, when to prescribe it, and how to talk to patients and families about naloxone in a non-judgmental manner.
2. Establish practice-wide quality improvement measures assess electronic health record data and track the percentage of patients on long-term opioid therapy who were counseled on the purpose and use of naloxone, and either prescribed or referred to obtain naloxone. Learn more: [Quality Improvement \(QI\) and Care Coordination | Opioids | CDC](#)
3. Build in electronic health records clinical reminders at the point of care to increase naloxone prescribing. Consider proactive approaches such as integrating clinical decision support tools into your electronic health records system. For more information and resources on naloxone, visit [Naloxone | Opioids | CDC](#), and for drug overdose prevention, visit [Drug Overdose Injury Center | CDC](#).

Reference: [Increase Naloxone Prescribing in Your Health System \(cdc.gov\)](#)

Did you know?

Far too little naloxone is being dispensed in the United States.

- In 2018, rural counties had the lowest naloxone dispensing rates and were nearly 3 times more likely to be low-dispensing counties compared to metropolitan counties.
- Primary care clinicians wrote only 1.5 naloxone prescriptions per 100 high-dose opioid prescriptions—a marker for opioid overdose risk.

Dr. Shantel Hebert-Magee, Louisiana Medicaid Chief Medical Officer, has signed the 2024 [naloxone standing order](#). To ensure LA Medicaid recipients have access to naloxone, pharmacy providers can utilize either the standing order or a prescription written by their prescribing provider.

Did You Know: Children's Sinuses?

Did you know children's sinuses are not fully developed until late in their teen years?




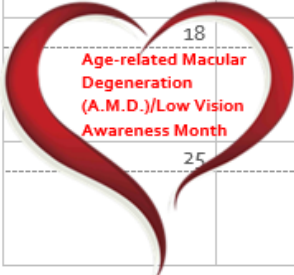


Sinusitis in children can look different than in adults.



#KidsENT

Did you know children's sinuses are not fully developed until late in their teen years? #Sinusitis in children can look different than in adults. Learn more about pediatric sinusitis. #KidsENT Health Month <https://www.enthealth.org/conditions/pediatric-sinusitis/>

Health Observance Calendar – February 2024

February							2024
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
					1 2	3 National Wear Red Day	
4 World Cancer Day		6	7 National Black HIV/AIDS Awareness Day	8	9 Toothache Day	10 	
11	12	13	14	15	16	17	
Cardiovascular Professionals Week 2/11–2/17/2024 Cardiac Rehabilitation Week 2/11–2/17/2024 Heart Failure Awareness Week 2/11–2/17/2024 Sepsis Alliance Sepsis Survivor Week 2/11–2/17/2024		National Donor Day		National Council of Certified Dementia Practitioners NCCDP Alzheimer's Disease and Dementia Care Staff Education Week 2/14–2/21/2024			
Phlebotomist Recognition Week 2/12–2/16/2024							
	18	19	20	21	22 National Heart Valve Disease Awareness Day	23	
			27	28	29	24 	
	25				Rare Disease Day		

Project Firstline Trains 355 Healthcare Workers

Infectious Disease Epidemiology Program’s Project Firstline (PFL) team recently hosted its final quarterly webinar of 2023, “Injection Safety and Multi-Dose Vial Usage.” Through the PFL 2023 Quarterly Webinar Series, 355 participants received training on topics including hand hygiene, cleaning and disinfection, and respiratory droplet transmission. The series may be viewed [here](#).

Louisiana’s Project Firstline team offers infection control training and education for healthcare workers in all settings at all levels through in-person trainings, webinars and seminars. Seven nurses across the state implement trainings and conduct outbreak investigations with the Healthcare-Associated Infections and Antibiotic Resistance Program to mitigate the spread of infectious diseases.



Behavioral Health Symposium

Join the next virtual Behavioral Health Symposium on **Thursday, February 1 from 11 a.m. to 12:30 p.m.** to learn more about the expansion of the Louisiana Crisis Response System to youth.



The speakers are:

- **Ann Darling, LCSW**, program manager for OBH
 - Darling has led the implementation of numerous evidence-based practices for adults with serious mental illness living in the community. She also oversees the Pre-Admission Screening and Resident Review Level II operations as well as a newly-formed Community Integration/Transition Coordination program, which works to move individuals into the community from institutional settings.
- **Kristin Savicki, Ph.D.**, team lead for OBH’s Child Clinical Systems team
 - As a psychologist, Dr. Savicki conducts analysis and quality improvement activities related to behavioral health services for youth. Her expertise includes evidence-based practices and system of care approaches for youth.

The symposium is sponsored by OBH, Foundation for Wellness and Acadiana Area Human Services District.

Register [here](#).

Public University Partnership Program Awards

LDH announced the 2024 Public University Partnership Program (PUPP) awards to researchers at the University of Louisiana at Lafayette (ULL), Southeastern Louisiana University (SELU), Louisiana State University – Shreveport (LSUS) and McNeese State University (MSU).

A total of \$922,097 was awarded to four university researchers. Since its inception in 2021, over \$2.5 million has been committed to advancing innovation in Medicaid care delivery.

The four 2024 research projects are:

1. ULL – “RENEW (Redetermination and Enrollment: Evidence at Work) Trial.” Principal Investigator: Stephen Barnes, Ph.D.

1099. SELU – “Population Health and Promoting Positive Health Outcomes with Medicaid: Evaluation Study.” Principal Investigator: Linda Collins, Ph.D.

1099. LSUS – “IMPACT-IBD: Improving Cost-Control and Treatment for IBD.” Principal Investigator: Urska Cvek, Sc.D.

1099. MSU – “Meeting Technology Needs to Improve Access to High-Value Behavioral Healthcare” (continuation award). Principal Investigator: Joanna B. Thompson, Ph.D., BCBA-D.

The next Notice of Funding Opportunity is anticipated for April 2024.

For more information, contact PUPP@la.gov.

Remittance Advice Corner

SFY23 Voids of NCCI MUE OPH and DME Claims in December 19, 2023 Claim Cycle

Louisiana Medicaid has processed administrative voids in the December 19, 2023 payment cycle for fee-for-service outpatient hospital (OPH) and DME claims that originally paid from July 1, 2022 through March 31, 2023 because they were not edited with the National Correct Coding Initiative (NCCI) Medically Unlikely Edits (MUE).

The voided OPH and DME claims were included in the June 27, 2023 recycle where they were reprocessed with EOB 809 (CCI: Units of service exceeds medically unlikely edit). However, the recycle did not correctly offset the original payment.

Questions regarding this message and fee-for-service claims are to be directed to Gainwell Technologies Provider Relations at (800) 473-2783 or (225) 924-5040.

1099 Notice

Louisiana Medicaid 2023 1099's will be distributed by U.S. Mail on or before January 31, 2024. Electronic copies are now available for download by going to the Louisiana Medicaid website, www.lamedicaid.com, Secure Portal, application link, Online 1099. If replacement copies or additional copies are needed, providers must print them from the website. If you feel there is an error on your 1099, please contact Gainwell Provider Enrollment at 225-216-6370. Prior year 1099's will be stored in the archive on www.lamedicaid.com.



Louisiana Medicaid Updates and Authorities



Keep up to date with all provider news and updates on the Louisiana Department of Health website:
[Health Plan Advisories](#) | [La Dept. of Health Informational Bulletins](#) | [La Dept. of Health](#)

Louisiana Medicaid State Plan amendments and Rules are available at
[Medicaid Policy Gateway](#) | [La Dept. of Health](#)



Manual Chapter Revision Log

A recent revision has been made to the following Medicaid Provider Manual chapters. Providers should review the revisions in their entirety at www.lamedicaid.com under the “Provider Manual” link:

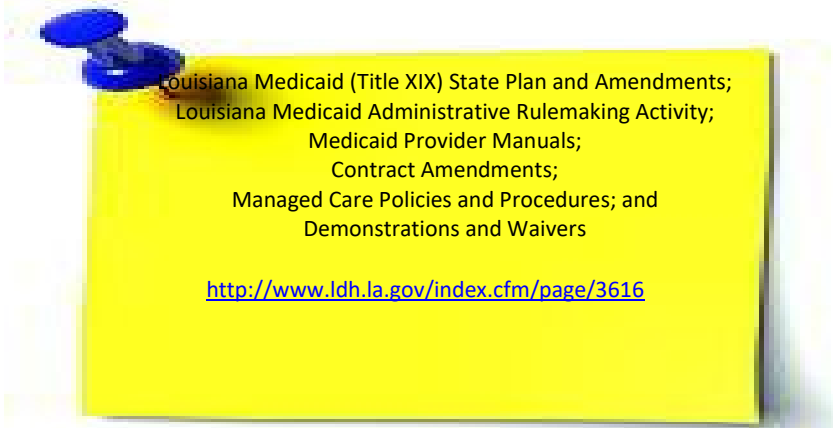
Manual Chapter	Section(s)	Date of Revision(s)
General Information and Administration	<ul style="list-style-type: none"> • Section 1.1 – Provider Requirements Section 1.4 – General Claims Filing	01/04/24
Behavioral Health	<ul style="list-style-type: none"> • Section 2.2 – Bed Based Services – Crisis Stabilization for Youth • Section 2.2 – Bed Based Services – Psychiatric Residential Treatment Facilities (PRTF) • Section 2.2 – Bed Based Services – Therapeutic Group Homes (TGH) • Section 2.3 – Outpatient Services – Mental Health Rehabilitation (MHR) Services • Section 2.3 – Outpatient Services – Personal Care Services (PCS) • Section 2.3 – Outpatient Services – Outpatient Therapy by Licensed Practitioners • Section 2.4 – Addiction Services • Section 2.4 – Addiction Services – Opioid Treatment Program (OTP) • Appendix B – Glossary/Acronyms • Appendix C – Medical Necessity and EPSDT Exceptions • Appendix D – Approved Curriculum/Equivalency Standards • Appendix E-1 – Evidence Based Practices – Assertive Community Treatment (ACT) • Appendix E-2 – Evidence Based Practices – Functional Family Therapy (FFT) and Functional Therapy – Child Welfare (FFT-CW) • Appendix E-4 – Evidence Based Practices – Multi-Systemic Therapy Appendix E-5 – Evidence Based Practices – Child Parent Psychotherapy	01/12/24
Fiscal/Employer Agent (F/EA)	<ul style="list-style-type: none"> • Section 3.0 – Overview • Section 3.1 – Financial Management Services • Section 3.2 – Beneficiary Requirements • Section 3.3 – Service Access and Authorization Process • Section 3.4 – Provider Requirements • Section 3.7 – Program Monitoring/Quality Assurance and Improvement Appendix E – Glossary/Acronyms	01/19/24

Manual Chapter	Section(s)	Date of Revision(s)
Applied Behavior Analysis (ABA)	<ul style="list-style-type: none"> • Table of Contents • Section 4.0 – Overview • Section 4.1 – Covered Services • Section 4.3 – Service Authorization Process • Section 4.5 – Reimbursement • Section 4.6 – Coordination of Care Appendix D – Plan of Care Instructions and Forms	01/26/24
Durable Medical Equipment (DME)	Section 18.2.12 - Specific Coverage Criteria – Total Parenteral Nutrition (TPN) Equipment and Supplies	01/09/24

Medicaid Public Notice and Comment Procedure

As of Aug. 1, 2019, a public notice and comment period is required before certain policies and procedures are adopted. Drafts will be published on LDH's website to allow for public comment, as per HB 434 of the 2019 Regular Legislative Session. This requirement applies to managed care policies and procedures, systems guidance impacting edits and payment, and Medicaid provider manuals.

In compliance with R.S. 46:460.51(15), 460.53, and 460.54, this procedure provides for a defined term, a public notice requirement, implementation of a policy for the adoption of policies and procedures, and for related matters. Public Comments for the following policies and procedures may be submitted at the link below.

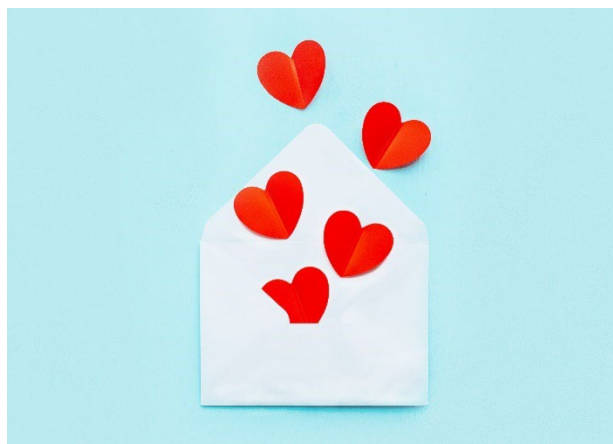


Useful Links

- Louisiana Medicaid Informational Bulletins – <https://ldh.la.gov/page/1198>
- Subscribe to Informational Bulletin Updates by Email - <https://ldh.la.gov/index.cfm/communication/signup/3>
- Pharmacy Facts Newsletter– <https://ldh.la.gov/page/3036>
- Louisiana Medicaid COVID-19 Provider Guidance - <https://ldh.la.gov/page/3872>

Provider FAQs

1. [Where is there a listing of Parish Office phone numbers?](#)
2. [If a recipient comes back with a retroactive Medicaid card, is the provider required to accept the card?](#)
3. [Does a recipient's 13-digit Medicaid number change if the CCN changes?](#)
4. [Are State Medicaid cards interchangeable? If a recipient has a Louisiana Medicaid card, can it be used in other states?](#)
5. [Can providers request a face-to-face visit when we have a problem?](#)
6. [For recipients in Medicare HMOs that receive pharmacy services, can providers collect the Medicaid pharmacy co-payment?](#)
7. [Do providers have to accept the Medicaid card for prior services if the recipient did not inform us of their Medicaid coverage at the time of services?](#)
8. [Who should be contacted if a provider is retiring?](#)
9. [If providers bill Medicaid for accident-related services, do they have to use the annotation stamp on our documentation?](#)
10. [What if a Lock-In recipient tries to circumvent the program by going to the ER for services?](#)
11. [Does the State print a complete list of error codes for provider use?](#)
12. [If providers do not want to continue accepting Medicaid from an existing patient, can they stop seeing the patient?](#)



For Information or Assistance, Call Us!



General Medicaid Eligibility Hotline

1-888-342-6207

Provider Relations

1-800-473-2783

(225) 294-5040

[Medicaid Provider Website](#)

Point of Sale Help Desk

1-800-648-0790

(225) 216-6381

MMIS Claims Processing Resolution Unit

(225) 342-3855

[MMIS Claims Reimbursement](#)

Prior Authorization:

Home Health/EPSDT – PCS - Dental

1-800-807-1320

1-855-702-6262

[MCNA Provider Portal](#)

MMIS/Recipient Retroactive Reimbursement

(225) 342-1739

1-866-640-3905

[MMIS Claims Reimbursement](#)

DME and All Other

1-800-488-6334

(225) 928-5263

Medicare Savings

1-888-544-7996

[Medicare Provider Website](#)

Hospital Pre-Certification

1-800-877-0666

For Hearing Impaired

1-877-544-9544

REVS Line

1-800-776-6323

(225) 216-(REVS)7387

[REVS Website](#)

Pharmacy Hotline

1-800-437-9101

[Medicaid Pharmacy Benefits](#)

Medicaid Fraud Hotline

1-800-488-2917

[Report Medicaid Fraud](#)