

## Welcome



Welcome to the June edition of the **Louisiana Medicaid Provider Update** newsletter and the start of summer! Summer can be a time for rest, it teaches us to be fully awake, engaged and open to everything around us.

This month we continue to join with many to recognize June as Men’s Health Month. We also are recognizing Alzheimer’s and Brain Awareness Month — an opportunity to hold a conversation about the brain, and share the fact that Alzheimer’s disease and other dementias are a major public health issue.

Thank you for all you do in collaboration with the Louisiana Department of Health to make measurable improvements to enrich health and well-being across the lifespan of Louisianans and support vulnerable and underserved populations. Enhancing and maintaining our trusted partnership to deliver quality care for our members, your patients, is our top priority. We are privileged to have your expertise, energy, and dedication to providing high-quality health care to the Louisiana Medicaid population.

We hope you find this month's newsletter helpful.

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## In the Spotlight: June Is Men’s Health Month



June is Men’s Health Month – a time to raise awareness of preventable health problems among men and encourage men and boys to seek early detection and treatment of diseases.

This year's focus is on building empathy amongst all groups of people to support the longevity, health, and well-being of men and boys. By starting with empathy, it is possible to work together on improved health outcomes for men and boys within every community.

By building knowledge and using it to shape healthier lifestyles for ourselves and future generations, together, we can make informed decisions, prioritize our mental and physical well-being, and create a lifetime of health and happiness.

For more information and to get involved, visit [www.MensHealthMonth.org](http://www.MensHealthMonth.org).

## Wage Check Resumption



Louisiana Medicaid restarted quarterly eligibility wage checks in May, using Louisiana Workforce Commission data to verify that Medicaid members continue to meet income requirements.

Letters will be mailed to members who need to verify income to continue their coverage. Individuals will have ten (10) days to respond or risk closure. Pregnant women, children, individuals in an active renewal period and members in long-term care or waiver assistance are excluded from the quarterly income checks.

**To prevent potential loss of healthcare coverage, Medicaid urges all members to respond to any mail they receive from Medicaid asking for more information.**

**Providers are asked to remind their Medicaid patients to respond to any mail from Louisiana Medicaid in the timeline provided in the letter. Failure to respond could result in loss of Medicaid coverage, even if that member is still eligible.**

Members can respond to requests for more information from Medicaid by email, mail, fax, or by using the Medicaid self-service portal at [MyMedicaid.la.gov](https://www.mymedicaid.la.gov).

Members can contact Medicaid by calling the toll-free Medicaid hotline at 1-888-342-6207. More information is also available online at [www.healthy.la.gov](https://www.healthy.la.gov).

Men's Health Month Flyer

# IMPORTANT DATES

## Men's Health Month

**June 01 - June 30, 2024**

Men's Health Month (June) is a nationally recognized period for **AWARENESS, PREVENTION, EDUCATION, and FAMILY** engagement for the health and well-being of men and boys.

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## Men's Health Week

**June 10 - June 16, 2024**

International Men's Health Week is a **GLOBAL** initiative with the goal of **INCREASED AWARENESS** of **MALE HEALTH ISSUES**, and to encourage institutions to develop **HEALTH POLICIES** and **SERVICES** that meet the specific needs of men, boys, and their families.

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## "Wear Blue" Day

**Friday, June 14, 2024**

Employees and employers can 'Wear Blue' and raise donations to support the **MENTAL HEALTH OF MEN / BOYS** through Men's Health Network. **USE HASHTAG #ShowUsYourBlue** to **ENGAGE**

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## Father's Day

**Sunday, June 16, 2024**

Father's Day serves as a way to acknowledge and appreciate the importance of fathers and father figures, fostering a sense of gratitude, love, and familial connection.



On the Calendar in...June 2024



- [Alzheimer’s and Brain Awareness Month](#)
- [Cataract Awareness Month](#)
- [Men’s Health Month](#)
- [Myasthenia Gravis Awareness Month](#)
- [National Aphasia Awareness Month](#)
- [National Congenital Cytomegalovirus Awareness Month](#)
- [National Migraine and Headache Awareness Month](#)
- [National Scleroderma Awareness Month](#)
- [PTSD Awareness Month](#)
- [Scoliosis Awareness Month](#)

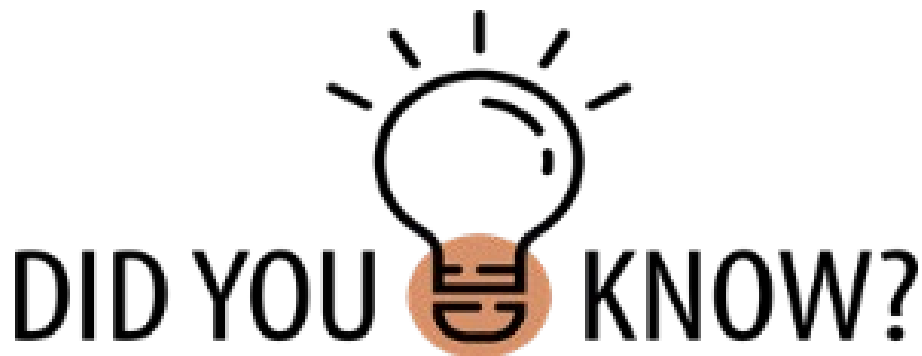
**Weeks to Note:**

<b>Date</b>	<b>Event</b>
June 10-16	<a href="#"><u>Men’s Health Week</u></a>
June 13-19	<a href="#"><u>National Nursing Assistant Week</u></a>
June 17-21	<a href="#"><u>Healthcare Risk Management Week</u></a>
June 25 – July 1	<a href="#"><u>Helen Keller Deaf-Blind Awareness Week</u></a>

**Days to Note:**

<b>Date</b>	<b>Event</b>
June 2	<a href="#"><u>National Cancer Survivors Day</u></a>
June 8	<a href="#"><u>World Brain Tumor Day</u></a>
June 8	<a href="#"><u>Family Health and Fitness Day</u></a>
June 14	<a href="#"><u>World Blood Donor Day</u></a> <a href="#"><u>Wear Blue Friday (Men’s Health Month)</u></a>
June 18	<a href="#"><u>Autistic Pride Day</u></a>
June 19	<a href="#"><u>World Sickle Cell Day</u></a>
June 25	<a href="#"><u>World Vitiligo Day</u></a>
June 27	<a href="#"><u>National HIV Testing Day</u></a>

## LDH Recognizes 32 Birthing Hospitals Achieving Louisiana Birth Ready Designation



In April 2024, the Louisiana Department of Health (LDH) and the [Louisiana Perinatal Quality Collaborative](#) (LaPQC) recognized 32 hospitals that have achieved Louisiana Birth Ready or Birth Ready+ Designation for committing to practices that improve quality and outcomes for women giving birth.

“Hospitals have a critical role to play in the health of our mothers giving birth,” said Dr. Ralph Abraham, Secretary for the Louisiana Department of Health. “I congratulate all of the hospitals who have been granted this designation, and express my thanks for the hard work being done to ensure every woman can have a safe, dignified birth in Louisiana. It is also important to acknowledge the leadership of our Bureau of Family Health, which strives every day to improve maternal health outcomes.”

The LaPQC, which is a program within the Office of Public Health’s Bureau of Family Health, began the Louisiana Birth Ready Designation in 2021. Hospitals receive this honor through a rigorous application and review process by the LaPQC Birth Ready Designation committee. Applications are reviewed and renewed annually. Many of the hospitals awarded designation have been working with the LaPQC over the last several years to improve outcomes for mothers and their newborns in the state of Louisiana.

“Birthing hospitals across Louisiana are working hard to ensure the safe and equitable delivery of care to Louisiana families,” said Dr. Veronica Gillispie-Bell, medical director of the LaPQC. “Quality improvement teams in birthing hospitals are persevering through the current challenges in healthcare, including staff shortages, to make sure their processes are resilient and consistent in order to see improved outcomes.”

The work of the LaPQC, an initiative of the Louisiana Commission on Perinatal Care and Prevention of Infant Mortality, is dedicated to improving perinatal and neonatal outcomes across Louisiana. The LaPQC was created to promote the implementation of evidence-based practices to reduce significant factors that contribute to poor birth outcomes. The Collaborative also focuses on promoting health equity and reducing racial and ethnic disparities.

To learn more about the LaPQC, please contact [lapqc@la.gov](mailto:lapqc@la.gov). For more information on Birth Ready Designation and a full list of hospitals, visit [lapqc.org](http://lapqc.org).

## Heat and Medications: Protecting Your Patients from the Hazards of Heat

*Compiled by  
Office of Outcomes Research and Evaluation  
College of Pharmacy  
The University of Louisiana Monroe*

In recent years, health emergencies caused by heat exposure have become more frequent and widespread in the United States. According to a recent report from the Centers for Disease Control and Prevention (CDC), the severity, frequency, and duration of heat waves in 2023 in some regions of the U.S. resulted in record-high rates of heat-related emergency department (ED) visits during the year. During the 2023 warm-season months (May–September), rates of emergency department visits for heat-related illness substantially increased across several U.S. regions compared with previous years, especially among males and adults aged 18–64 years. The CDC said the highest risk for heat-related illnesses in 2023 was in certain Southern states, such as Arkansas, Louisiana, New Mexico, Oklahoma and Texas.

Hot weather can harm both physical and mental health. Hot days have been associated with worse pregnancy and birth outcomes and more ED visits / hospitalization for various reasons, including heat-illness, cardiovascular and respiratory diseases, asthma, diabetes, kidney diseases, mental health conditions, and injuries (including work-related). Some patients are more susceptible to the risk of heat-related illness. Populations at highest risk usually include older people, children and adolescents, pregnant women, outdoor workers, those with limited access to cooling resources, and people living in low-income communities. Those with preexisting health conditions, such as heart disease, mental illness, poor blood circulation, and obesity, are also at a high risk of adverse effects related to heat. Many of those with chronic health conditions take medications that may make the effect of extreme heat worse.

Medications and heat interact in three primary ways:

- Some medications interfere with thermoregulation and/or fluid balance, amplifying the risk of harm from hot weather (e.g., diuretics, some antipsychotic medications, some antidepressants, some antihypertensive agents).
- Heat can degrade or damage some medications, and patients can be counseled on how to best store their medications when temperatures are high (e.g., inhalers, EpiPens, insulin).
- Some medications can increase skin sensitivity from sun exposure, and counseling on skin protection can help protect patients (e.g., some antifungals, some antibiotics).

### The Role of the Clinician

Medication regimens can be reviewed with your patients, with consideration to their risk profiles related to heat. A plan can be made in advance of hot weather to adjust medication regimens as needed on hot days and for when to seek medical care. Patients can be reminded to avoid abruptly stopping any medications without having a plan in place. Plans can include the following:

- Potential adjustments to medication doses or frequency based on an assessment of medication interactions with heat, with particular attention to medications most likely to interact with heat. This is especially important for patients, including older patients, who take multiple medications that may amplify risk of harm from heat via different mechanisms.
- Potential adjustment to fluid restrictions on hot days, especially for patients who take medications that may lead to dehydration or affect electrolytes.
- Identification by your patient of a point of contact to check on them if they take medications that may increase the risk of harm from heat, especially for older patients and patients with altered cognition.
- A clear list of symptoms that may indicate drug interactions with heat, symptoms that constitute an emergency, and a clear plan for when a patient should seek care.

### Protecting Your Patient from Hot Weather\*

#### Assess your patient’s risk factors for heat impacts on their health.

Use the [CHILL’D-OUT](#) questionnaire to ask about:

- Cooling (e.g., air conditioning)
- Housing (e.g., stable housing)
- Isolation and mobility (e.g., someone to check on them)
- Electricity (e.g., plan for refrigerated meds if heat causes a power outage)
- Learning (e.g., know how to use the HeatRisk Tool)
- Drugs (e.g., medications that might make heat riskier for your patient)
- OUTside (e.g., amount of time spent outside)

#### Teach your patients how to know when heat is dangerous to their health.

- Teach your patients how to use the CDC’s HeatRisk Tool.
- Remind your patients how to use the air quality index and explain how poor air quality can make heat risk worse.

#### Educate your patients on steps they can take using a Heat Action Plan.

- Review steps to stay cool, stay hydrated, and know how to recognize heat-related symptoms.
- Help your patients understand what to do when air quality is poor.
- Review medications and develop a medication plan for hot days.

\*See ‘Additional Resources’ for further information.

### Medication-Heat Interactions

Table 1 lists medications, including over the counter medications that can affect a patient’s risk of health impacts of heat and the associated mechanism of action. This list is not comprehensive but includes many commonly used medications.

Some commonly prescribed medications that increase risk from heat include diuretics, anticholinergic agents, and psychotropic medications. Certain combinations of medications, such as the combined use of angiotensin converting enzyme (ACE) inhibitor or an angiotensin II receptor blocker (ARB) with a diuretic, may significantly increase risk of harm from heat exposure. Angiotensin Receptor-Nepriylsin Inhibitors (ARNIs) may carry the same additive risk. For children and adolescents, medications to be aware of include non-selective antihistamines (e.g., diphenhydramine), stimulants like methylphenidate for attention-deficit/hyperactivity disorder (ADHD), SSRIs and tricyclics, and diuretics.

**TABLE 1. MEDICATIONS THAT MAY INCREASE THE RISK OF HARM ON HOT DAYS\***

Drug Class / Medication Type	Examples	Mechanisms
Diuretics	Furosemide, HCTZ, Acetazolamide	Electrolyte imbalance, volume depletion, dehydration and increased risk of fainting and falls, reduced thirst sensation
Beta Blockers	Atenolol, Metoprolol, Propranolol	Reduced superficial vasodilation, decreased sweating, reduced blood pressure & increased risk of fainting / falls
Calcium Channel Blockers	Amlodipine, Felodipine, Nifedipine	Decreased blood pressure, increased risk of fainting and falls, electrolyte imbalance



**TABLE 1. MEDICATIONS THAT MAY INCREASE THE RISK OF HARM ON HOT DAYS\***  
(continued)

Angiotensin Converting Enzyme Inhibitor (ACEi) and Angiotensin II Receptor Blockers (ARBs)	ACEi: Enalapril, Lisinopril, Ramipril ARB: Valsartan, Losartan ARB Combination: Sacubitril/Valsartan	Decreased blood pressure, increased risk of fainting and falls, reduced thirst sensation
Anti-platelet Medications	Clopidogrel, Aspirin	Reduced superficial vasodilation
Nitrates	Glyceryl Trinitrate, Isosorbide Mononitrate	Worsened hypotension
Mood Stabilizers	Lithium	Diabetes insipidus induced water loss and risk for fainting, falls, electrolyte imbalance, risk for toxicity in setting of dehydration because of narrow therapeutic index
Antipsychotics	Haloperidol, Olanzapine, Quetiapine, Risperidone	Impaired sweating, impaired temperature
Selective Serotonin Reuptake Inhibitors (SSRI) and Serotonin and Norepinephrine Reuptake Inhibitors (SNRI)	SSRI: Fluoxetine, Sertraline SNRI: Duloxetine, Venlafaxine	Increased sweating
Tricyclic antidepressants (TCAs)	Amitriptyline, Clomipramine	Decreased sweating
Antiseizure Medications	Topiramate	Decreased sweating
	Oxcarbazepine	Increased sweating, increased urination
	Carbamazepine	Dizziness and weakness, especially after increased dose
Antihistamines	Promethazine, Doxylamine, Diphenhydramine	Decreased sweating, impaired thermoregulation
Nonsteroidal Anti-inflammatory drugs (NSAIDs)	Ibuprofen, Ketoprofen, Naproxen	Kidney injury with dehydration
	Aspirin	Increased heat production with overdose, kidney injury with dehydration
Analgesics	Acetaminophen	Heat related liver injury, increased risk for acetaminophen hepatotoxicity
Antibiotics	Sulfonamides	Kidney injury risk with dehydration
Antiretrovirals	Indinavir	Kidney injury risk with dehydration
Thyroid Replacement Medications	Levothyroxine	Excessive sweating
Stimulants	Amphetamine, Methylphenidate	Increased body temperature

\*Adapted from [Heat and Medications - Guidance for Clinicians \(cdc.gov\)](https://www.cdc.gov/heatandmedications/)



Medications can contribute to heat sensitivity in the following ways:

- Reduced thirst sensation (e.g., diuretics, ACE inhibitors, ARBS).
- Interference with central thermoregulation (e.g., antipsychotics, anticholinergics, stimulants).
- Impaired sweating and therefore impaired cooling (increased with Selective Serotonin Reuptake Inhibitors (SSRIs), Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs), decreased with Tricyclic Antidepressants (TCAs), typical and atypical antipsychotics, anticholinergic agents).
- Volume depletion, hypotension, and/or reduced cardiac output with increased risk of fainting and falls, and potentially reduced renal blood flow and renal injury from nephrotoxic drugs, as can happen with non-steroidal anti-inflammatory drugs (NSAIDs) (e.g., diuretics, beta blockers, TCAs, laxatives).
- Reduced blood vessel dilation and impaired ability to dissipate heat (e.g., aspirin, beta-blockers, and clopidogrel).
- Drug toxicity from reduced clearance of medications in people who are dehydrated, especially for medications with a narrow therapeutic index (e.g., apixaban, carbamazepine, and lithium).
- Electrolyte imbalance (e.g., diuretics, beta blockers, calcium channel blockers, antacids, laxatives, lithium, and trimethoprim-sulfamethoxazole).
- Sedation or cognitive impairment with increased risk of falls and reduced thirst sensation (e.g., opiates, benzodiazepines, typical and atypical antipsychotic medications, antidepressants, anticonvulsants).

In addition, heat exposure may damage medication delivery devices and may degrade medications. Inhalers, for example, can burst in hot environments. EpiPens may malfunction or deliver less epinephrine when exposed to heat. Insulin, which should be stored in a refrigerator, may become less effective if left in the heat.

Some medications can increase the sensitivity of the skin to the sun. Antifungal medications like flucytosine, griseofulvin, and voriconazole and antibiotics like metronidazole, tetracyclines and fluoroquinolones can increase sun sensitivity and lead to a sunburn-like rash. For patients on these medications, sun avoidance, protective clothing and hats, and broad-spectrum sunscreen that filters out UVA and UVB rays, with an SPF of 30 or higher, are recommended.

Because deaths and illnesses associated with heat exposure are a continuing public health concern as climate change results in longer, hotter, and more frequent episodes of extreme heat, it is important for practitioners to stay informed by monitoring weather conditions and associated adverse health outcomes. It is also imperative that clinicians educate their patients about how to recognize when heat is dangerous to their health and how to develop a medication plan for hot days.

### Additional Resources

[Air Quality Index \(AQI\) | AirNow.gov](#)

[CHILL'D-Out: A Heat and Health Risk Factor Screening Questionnaire - CDC](#)

[Clinical Guidance for Heat and Cardiovascular Disease \(cdc.gov\)](#)

[Clinical Guidance for Heat and Children with Asthma \(cdc.gov\)](#)

[Clinical Guidance for Heat and Pregnancy \(cdc.gov\)](#)

[For Healthcare Professionals \(cdc.gov\)](#)

[HeatRisk Tool - CDC](#)

[Patient Education: Making a Heat Action Plan with Your Doctor - CDC](#)

[Patient Toolkits with Resources for Patients to Use to Help Manage Heat and Their Health - CDC](#)

### References

[Heat-Related Emergency Department Visits — United States, May–September 2023 | MMWR \(cdc.gov\)](#)

[Heat and Medications - Guidance for Clinicians \(cdc.gov\)](#)

[Quick Start Guide for Clinicians on Heat and Health \(cdc.gov\)](#)

[For Healthcare Professionals \(cdc.gov\)](#)

## Postpartum Mental Health Flyer

# Mental Health

## Caring for Moms

1 in 7 moms have  
**POSTPARTUM DEPRESSION**

**Common symptoms include:**

- Feeling down, depressed or hopeless, or having low self-esteem
- Feeling tired or having little energy
- Moving or speaking slowly (or being very fidgety or restless)
- Thoughts of suicide or self-harm

**Promote positive mental health by:**

- Reaching out to your social circle to talk or get help
- Engaging in self-care
- Maintaining a healthy sleep schedule
- Seeking out support groups

**Know when to reach out in crisis:**

- Postpartum Support International Helpline: Call/text "Help" to **1-800-944-4773**
- National Maternal Health Hotline: Call/text **1-833-852-6262**



## Mental Health Services Milestones In Louisiana

Secretary Abraham [visited the Louisiana 988 call center in Bossier City](#) on Monday, May 13 to spotlight LDH's ongoing efforts to improve mental health in Louisiana, which ranks 35th among all states for its suicide rate and where one in five adults live with mental illness. The Health Resources and Services Administration estimates only 26% of Louisiana's mental health needs are being met.

The [988](#) call centers in Bossier City and New Orleans have answered nearly 55,000 calls, texts and chats from Louisianans experiencing emotional distress since Louisiana 988's launch in 2022. The average speed to answer a call is 20 seconds. And, nearly 7,000 callers have received referrals to meet their needs, ranging from mental health to housing, financial and rent assistance, transportation and food.

Secretary Abraham also announced a collaboration between the Office of Behavioral Health (OBH) and Medicaid to expand the number of providers eligible to offer mental health services in Louisiana. The plan will allow over 4,000 provisionally licensed providers working toward full licensure to bill Medicaid for their services. Pending approval from the U.S. Centers for Medicare and Medicaid services, LDH expects the rule to take effect on August 1. Read more [here](#).

"Together, I know that we can build a future where needing mental health is no longer seen as a stigma, and care for behavioral health is seen as just as important as physical health," Secretary Abraham said.

## Provider to Provider Consultation Line



The Louisiana Provider-to-Provider Consultation Line (PPCL) is a no-cost provider-to-provider telephone consultation and education program to help pediatric and perinatal health care providers address their patients' behavioral and mental health needs.

### How Does PPCL Work?

- Mental Health Consultants are available 8:00 am to 4:30 PM, Monday through Friday.
- Speak to a Resource Specialist for resource and referral information.
- For clinical questions, including questions regarding psychiatric medications, you will be connected with a psychiatrist.
- Receive a written summary of your consultation.
- We can also connect with you via telehealth, e-mail, or submitted [requests by clicking here](#)

Call us at (833)721-2881 or email us at [ppcl@la.gov](mailto:ppcl@la.gov).

**Stay connected!** It takes about 2 minutes to [enroll in PPCL](#). Enrolling helps us contact you, ensures we have the data our funder (HRSA) needs, and gives us information about what our partners need.

**Missed our presentations?** Click on the links to view our [Perinatal Mental Health webinars](#) or the [Pediatric Mental Health TeleECHO recordings](#).

### Website and Resources:

Check out our Web site [here](#) and share with colleagues. We look forward to hearing from you soon!

## Highly Pathogenic Avian Influenza (HPAI) FAQs

Updated May 23, 2024

- H5 bird flu is widespread in wild birds worldwide and is causing outbreaks in poultry and U.S. dairy cows with two cases of H5 in U.S. dairy workers.
- While the current public health risk is low, CDC is watching the situation carefully and working with states to monitor people with animal exposures.
- CDC is using its flu surveillance systems to [monitor for H5N1 activity](#) in people.

### [More on CDC activities](#)

#### What is highly pathogenic avian influenza (HPAI) A(H5N1) virus and what are the symptoms?

The highly pathogenic avian influenza (HPAI) A(H5N1) virus, a strain of avian influenza or bird flu, is a viral disease that primarily infects poultry (e.g., chickens, turkey, ducks) and other wild birds. HPAI A(H5N1) virus is particularly contagious in bird populations and has resulted in the deaths of millions of birds in the United States. There have been two cases of HPAI A(H5N1) virus reported in humans in the United States since 2022.

HPAI A(H5N1) symptoms are similar to the seasonal influenza virus. Possible symptoms include fever, cough, sore throat, muscle aches, nausea, abdominal pain, vomiting, diarrhea, eye infections, difficulty breathing, pneumonia, and severe respiratory disease. If you have had close and/or sustained unprotected contact with infected birds or animals or their contaminated environments, monitor for these symptoms for 10 days after your last exposure. If you have these symptoms, speak with your healthcare provider about the length of your at-home isolation before returning to your normal activities. The same diagnostic tools that are used to detect seasonal influenza viruses like the flu can also detect HPAI A(H5N1) viruses.

#### How does highly pathogenic avian influenza (HPAI) A(H5N1) virus spread? What should I do to protect myself from HPAI A(H5N1) virus?

The highly pathogenic avian influenza (HPAI) A(H5N1) virus spreads to humans when enough virus gets into a person's eyes, nose, or mouth or is inhaled from an infected bird or animal. There is no evidence of sustained person-to-person spread of HPAI A(H5N1).

While the risk of HPAI A(H5N1) is low, everyone should take the following precautions:

- Avoid contact with poultry, wild birds, and other animals that appear ill or are dead, as well as contact with surfaces that may have been contaminated with their feces.
- Avoid uncooked or undercooked poultry, meat, and eggs.
- Drink pasteurized milk that has been treated to kill harmful bacteria.
- Cook poultry, meat, and eggs to the right internal temperature to kill bacteria and viruses, including HPAI A(H5N1) viruses.
- Wash your hands and surfaces thoroughly before and after handling poultry, meat, and eggs.

People with close and/or sustained unprotected contact with infected birds or animals or their contaminated environments are at a greater risk of infection. To reduce the spread, those with known exposure to HPAI A(H5N1) virus-infected birds or other animals should isolate themselves away from others and seek medical attention if symptoms worsen. People who work with or have recreational exposures to infected animal populations, maintain backyard birds/poultry, and engage in hunting should consider taking these additional protections:

- Avoid contact with poultry, wild birds, and other animals that appear ill or are dead, as well as contact with surfaces that may have been contaminated with their feces.
- Wear personal protective equipment (PPE):
  - Disposable outer garments with long sleeves and a sealed apron
  - Disposable gloves or heavier work gloves that can be disinfected



- Properly-fitted high filtration masks such as N95s, KN95s, and KF94s
- Safety goggles and disposable head coverings
- Disposable shoe covers or boots that can be cleaned and disinfected.
- Wash hands thoroughly with soap and water or an alcohol-based hand rub after contact with birds and mammals.
- Avoid touching your skin with gloved hands.

### Talking Points

As with any developing health-related issue, the situation on the ground can evolve quickly. We encourage public health professionals to check for regular updates on the latest information available.

### Current Situation

- On April 1, 2024, a Texas resident with exposure to dairy cattle tested positive for highly pathogenic avian influenza (HPAI) A(H5N1), also known as bird flu and avian influenza. The person has been treated and is currently recovering.
- This incident is separate from the March 2024 report confirming this year's first U.S. human infected with an influenza (flu) virus that normally spreads in pigs and not people. This person was treated and has recovered, and no person-to-person spread has been reported in connection to this infection.
- Despite this recent human case of HPAI A(H5N1), the current outbreak is considered an animal health issue at this time, primarily affecting wild birds, poultry, and some mammals.
- While the HPAI A(H5N1) outbreak is considered an animal health issue at this time, the Centers for Disease Control and Prevention (CDC) is working with other state public health agencies to minimize risk of human exposure for the general population.
- Individuals with close and/or sustained unprotected contact with infected or dead birds, animals, or their contaminated environments are at a greater risk of HPAI A(H5N1) infection and can help reduce potential spread by wearing [personal protective equipment \(PPE\)](#).
- Avoid contact with poultry, wild birds, and other animals that appear ill or are dead, as well as contact with surfaces that may have been contaminated with their feces.
- Take [proper safety precautions](#) when handling poultry, meat, and eggs. Wash your hands for at least 20 seconds before and after touching poultry, meat, and eggs, and keep your cooking surfaces clean.
- Common treatments for seasonal influenza, including Tamiflu® or other commercially available FDA-approved prescription treatment drugs, are also effective against HPAI A(H5N1).
- The CDC, in collaboration with the U.S. Department of the Interior (DOI), the U.S. Food and Drug Administration (FDA), and the U.S. Department of Agriculture (USDA), is closely monitoring instances of HPAI A(H5N1) spread between animals and humans. If the number of infections from animals to people increases, health officials will alert the public and may change the level of risk assessment.
- The CDC has encouraged state public health agencies to work with agriculture officials and veterinarians to ensure response planning, including being able to quickly provide testing and treatment if HPAI A(H5N1) is suspected.

## Update on Avian Flu and the Milk Supply (April 29 2024)

- On April 24, the Food and Drug Administration (FDA) announced that traces of H5N1 avian influenza had been detected in about 20 percent of milk samples from U.S. grocery stores, and reemphasized that the commercial milk supply of pasteurized milk is still safe for consumption.

The pasteurization process inactivates harmful bacteria and viruses, which means that the found traces of H5N1 avian influenza are not live or infectious virus. Many studies have shown that pasteurization is effective at inactivating similar influenza viruses.

According to experts, finding traces of the virus in this percentage indicates that the avian flu outbreak in cows is larger than originally thought. USDA has announced mandatory testing for avian flu for any dairy cows moving across state lines. Only milk from healthy animals is authorized to be sold, and pasteurization is required for any milk entering interstate commerce.

FDA will continue to monitor the milk supply and has cautioned against the consumption of raw or unpasteurized milk or milk products.

***Note: when communicating with the public about the avian flu outbreak and the safety of the milk supply public health officials should emphasize that their information is based on what is known to date, and that health guidance could change as more information becomes available. Continued monitoring for any further circulation of the virus by federal, state, and local officials is critical to protecting the public's health.***

## General Background

- Humans and animals are susceptible to influenza, commonly known as the flu. Influenza viruses can cause contagious respiratory illness in humans and animals. There are several different types or strains of the influenza virus. These influenza strains evolve over time and may impact humans and animals differently.
- The highly pathogenic avian influenza HPAI A(H5N1) virus is a strain of avian influenza, also known as bird flu. HPAI A(H5N1) spreads more rapidly than other virus strains and is highly infectious in bird populations. Bird flu and avian influenza are general terms that may encompass different strains.
- While HPAI A(H5N1) outbreaks have increased in wild bird populations, and infections have been reported in some mammals including dairy cows, there have only been sporadic human infections since 1997. To date, there is no evidence of sustained human-to-human transmission.
- Past human infections resulted from close contact with infected birds, and to a lesser extent with other infected animals. Based on earlier HPAI A(H5N1) viruses and the recent circulating viruses, the current risk of infection for the general public is low.

## Sources

- <https://www.cdc.gov/flu/avianflu/avian-flu-summary.htm>
- <https://www.cdc.gov/flu/avianflu/hpai/hpai-interim-recommendations.html>
- <https://www.cdc.gov/flu/avianflu/h5/worker-protection-ppe.htm>
- [Highly Pathogenic Avian Influenza A \(H5N1\) Virus Infection Reported in a Person in the U.S. | CDC Online Newsroom | CDC](#)

## Preferred Drug List Update for July 1, 2024



Beginning July 1, 2024, Louisiana Medicaid is implementing changes to the Single Preferred Drug List (PDL). The revised PDL will shift **both brand and generic** versions of these drugs to preferred status.

For more information on the upcoming change and list of drugs transitioning to ‘brand and generic preferred’, [click here](#).

## Be Ready – Get a Game Plan

Be ready for hurricane season! By the books, hurricane season kicks off June 1.

Take action TODAY to be better prepared for when the worst happens. Visit [Home - Get a Game Plan](#), the official emergency preparedness information provided by the Louisiana Governor’s Office of Homeland Security and Emergency Preparedness (GOHSEP).

To help individuals and families prepare for hurricane season, there are also resources available on the Federal Emergency Management Agency’s (FEMA) websites in English at [www.Ready.gov](http://www.Ready.gov) and in Spanish at [www.Listo.gov](http://www.Listo.gov).



## 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](http://www.lamedicaid.com) under the “Provider Manual” link:

Manual Chapter	Section(s)	Date of Revision(s)
<a href="#">General Information and Administration</a>	Title Page	05/01/24



Manual Chapter	Section(s)	Date of Revision(s)
<a href="#">Behavioral Health</a>	<ul style="list-style-type: none"> <li>• Table of Contents</li> <li>• Section 2.3 – Outpatient Services – Therapy by Licensed Practitioners</li> <li>• Appendix E-11 – Evidence Based Practices (EBPs) – Dialectical Behavioral Therapy (DBT)</li> </ul>	04/30/24  05/13/24
<a href="#">Fiscal/Employer Agent (F/EA)</a>	Title Page	05/06/24
<a href="#">Professional Services</a>	Section 5.1 – Covered Services – Gynecology	05/21/24
<a href="#">Community Choices Waiver (CCW)</a>	Title Page	05/07/24
<a href="#">Adult Day Health Care (ADHC)</a>	Title Page	05/07/24
<a href="#">Medical Transportation</a>	Title Page	05/09/24
<a href="#">Dental Services</a>	<ul style="list-style-type: none"> <li>• Title Page</li> <li>• Table of Contents</li> </ul> Section 16.0 – Overview	05/16/24
<a href="#">End Stage Renal Disease (ESRD)</a>	Title Page	05/10/24
<a href="#">Federally Qualified Health Centers (FOHCs)</a>	Title Page	05/10/24
<a href="#">Home Health</a>	Title Page	05/13/24
<a href="#">Hospice</a>	Title Page	05/14/24
<a href="#">Independent Laboratories</a>	Title Page	05/14/24
<a href="#">Free-Standing Birthing Centers (FSBCs)</a>	Title Page	05/15/24
<a href="#">Ambulatory Surgical Centers (ASCs)</a>	Title Page	05/15/24
<a href="#">New Opportunities Waiver (NOW)</a>	Title Page	05/16/24
<a href="#">Family Planning Clinics (FPCs)</a>	Title Page	05/17/24

Manual Chapter	Section(s)	Date of Revision(s)
<a href="#">Portable X-Ray</a>	Title Page	05/17/24
<a href="#">Pharmacy Benefits Management Services</a>	<ul style="list-style-type: none"> <li>• Title Page</li> <li>• Section 37.1 – Covered Services, Exclusions, and Limitations</li> <li>• Section 37.2 – Provider Requirements and Participation Guidelines</li> <li>• Section 37.3 – Reimbursement</li> <li>• Section 37.5.6 – Prescribers</li> <li>• Section 37.5.8 – Claims Submissions and Processing Payments</li> <li>• Section 37.5.10 – Total Parenteral Nutrition</li> <li>• Section 37.5.11 – Medication Administration</li> <li>• Section 37.5.13 – Lock-In Program</li> </ul>	05/06/24
<a href="#">Residential Options Waiver (ROW)</a>	<ul style="list-style-type: none"> <li>• Title Page</li> <li>• Section 38.1 – Covered Services</li> <li>• Section 38.2 – Self-Direction Option</li> <li>• Section 38.3 – Beneficiary Requirements</li> <li>• Section 38.4 – Rights and Responsibilities</li> <li>• Section 38.5 – Service Access and Authorization</li> <li>• Section 38.6 – Provider Requirements</li> <li>• Section 38.8 – Record Keeping</li> <li>• Section 38.11 – Incidents, Accidents, and Complaints</li> <li>• Section 38.12 – Support Coordination</li> <li>• Appendix B - Glossary</li> </ul>	05/09/24
<a href="#">Supports Waiver (SW)</a>	<ul style="list-style-type: none"> <li>• Title Page</li> <li>• Section 43.0 – Overview</li> <li>• Section 43.1 – Beneficiary Requirements</li> <li>• Section 43.2 – Rights and Responsibilities</li> <li>• Section 43.3 – Service Access Authorization</li> <li>• Section 43.4 – Covered Services</li> <li>• Section 43.6 – Incidents, Accidents, and Complaints</li> <li>• Section 43.7 – Provider Requirements</li> <li>• Section 43.8 – Support Coordination</li> </ul>	05/16/24
<a href="#">Pediatric Day Health Care (PDHC)</a>	<ul style="list-style-type: none"> <li>• Title Page</li> <li>• Section 45.1 – Covered Services</li> <li>• Section 45.3 – Provider Requirements</li> <li>• Section 45.4 – Staffing Requirements</li> <li>• Section 45.7 – Plan of Care</li> </ul>	05/17/24
<a href="#">Vision (Eyewear)</a>	<ul style="list-style-type: none"> <li>• Title Page</li> <li>• Section 46.1 – Covered Services</li> </ul>	05/21/24
<a href="#">Take Charge Plus (Family Planning Services)</a>	Title Page	05/23/24

## Medicaid Public Notice and Comment Procedure

In accordance with La. R.S. 46:460.51, *et seq.*, prior to adopting, approving, amending, or implementing certain policies or procedures. This requirement applies to managed care policies and procedures, systems guidance impacting edits and payment, and Medicaid provider manuals.

Proposed policy or procedure will be published on the LDH website for the purpose of soliciting public comments for a period of 45 days, unless the change(s) are deemed of imminent peril to the public health, safety, or welfare and requires immediate approval.

Refer to the link below the table containing changes to the provider services manual that are open for public comment.

1. Louisiana Medicaid (Title XIX) State Plan and Amendments
2. Louisiana Medicaid Administrative Rulemaking Activity
3. Medicaid Provider Manuals
4. Contract Amendments
5. Managed Care Policies and Procedures
6. Demonstrations and Waivers

<http://www.ldh.la.gov/index.cfm/page/3616>

## Louisiana Medicaid Updates and Authorities

### Keeping you **in**formed

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](#)



## 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>



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

### Point of Sale Help Desk

1-800-648-0790

(225) 216-6381

### Provider Relations

1-800-473-2783

(225) 294-5040

[Medicaid Provider Website](#)

### 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

### MES Long Term Care Claims Resolution Unit

[MESLTCClaims@LA.gov](mailto:MESLTCClaims@LA.gov)

225)342-3855

### 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](#)

### Medicare Savings

1-888-544-7996

[Medicare Provider Website](#)

### Medicaid Fraud Hotline

1-800-488-2917

[Report Medicaid Fraud](#)