

Hurricane Preparedness

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Louisiana has experienced some of the deadliest tropical storms and hurricanes to ever hit the United States. With the onset of hurricane season, which lasts from June 1st to November 30th each year, it is critical for Louisiana providers to take the necessary steps to prepare themselves and their patients.

Patients Tips for Hurricane Preparation

Patients should be educated about the importance of preparation, especially those who take prescription medication or require special medical equipment. Share the following tips with your patients to ensure that their medical and prescription needs will be met in the event of a hurricane.

- Keep an up-to-date list of medications, including dosage and indicated use.
- Keep prescriptions up-to-date and know how much of each medication is on hand.
- If a storm is developing, refill prescriptions a few days before the storm and do not wait until the last minute!
- Place medication bottles or packages in water-tight containers (such as plastic containers with lids).
- Evacuate when instructed and take:
 - All of your medicines in their original bottles
 - A back up list of all medications you take and their dosages
 - Contact information for all current providers
 - Helpful medical information, including medical conditions and allergies
 - Most recent insurance / LA Medicaid card
 - Ice if you are prescribed medications that need refrigeration
 - Picture identification, Social Security card and any important legal papers
 - A list of important phone numbers
 - Medical equipment and supplies (dentures, glucometers & strips, nebulizers, crutches, prostheses, etc.)
 - Personal hygiene items
 - Water, non-perishable food and cash

Safety Information for Healthcare Professionals in the Aftermath of a Hurricane

Healthcare professionals should be prepared to help their patients stay safe and recover quickly after a hurricane occurs.

Carbon Monoxide Poisoning After a Disaster

When power outages occur during emergencies such as hurricanes or winter storms, the use of alternative sources of fuel or electricity for heating, cooling, or cooking can cause carbon monoxide (CO) to build up in a home, garage, or camper and poison the people and animals inside. CO can cause sudden illness and death if present in sufficient concentration in the ambient air. The symptoms and signs of carbon monoxide poisoning are variable and nonspecific. The most common symptoms of CO poisoning are headache, dizziness, weakness, nausea, vomiting, chest pain, and altered mental status. The clinical presentation of CO poisoning is the result of its underlying systemic toxicity. Its effects are caused not only by impaired oxygen delivery but also by disrupting oxygen utilization and respiration at the cellular level, particularly in

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high-oxygen demand organs (i.e., heart and brain). Symptoms of severe CO poisoning include malaise, shortness of breath, headache, nausea, chest pain, irritability, ataxia, altered mental status, other neurologic symptoms, loss of consciousness, coma, and death; signs include tachycardia, tachypnea, hypotension, various neurologic findings (including impaired memory, cognitive and sensory disturbances), metabolic acidosis, arrhythmias, myocardial ischemia or infarction, and noncardiogenic pulmonary edema, although any organ system might be involved. With a focused history, exposure to a CO source may become apparent. Appropriate and prompt diagnostic testing and treatment is very important. For more information, visit the CDC [Clinical Guidance for Carbon Monoxide \(CO\) Poisoning After a Disaster](#) website.

Medical Care of Ill Disaster Evacuees: Additional Diagnoses to Consider

Common medical problems will continue to be the most prevalent conditions among hurricane evacuees. However, evacuees have been exposed to potentially contaminated flood waters and crowded living conditions, and have had many opportunities for traumatic injury. Therefore, clinicians also should consider some less common diagnoses when evaluating patients. Refer to the CDC [Medical Care of Ill Disaster Evacuees](#) website, which outlines some conditions to consider when providing healthcare to evacuees.

Diarrhea

Increased incidence of acute diarrhea may occur in post-disaster situations where access to electricity, clean water, and sanitary facilities are limited. In addition, usual hygiene practices may be disrupted and healthcare seeking behaviors may be altered. The primary goal of treating any form of diarrhea—viral, bacterial, parasitic, or non-infectious—is preventing dehydration or appropriately rehydrating persons presenting with dehydration. Refer to the CDC [Guidelines for the Management of Acute Diarrhea After a Disaster](#) for more information. These are general guidelines for healthcare providers for the evaluation and treatment of patients presenting with acute diarrhea in these situations. However, specific patient treatment should be determined on the basis of the healthcare provider's clinical judgment.

Infectious Diseases

Infectious disease outbreaks of diarrheal and respiratory illnesses can occur when access to safe water and sewage systems are disrupted, personal hygiene is difficult to maintain, and people are living in crowded conditions, such as shelters. Post-hurricane conditions may pose an increased risk for the spread of common infectious diseases, like influenza and less common illnesses, like leptospirosis, hepatitis A, and vibriosis. For more information, refer to the CDC [Infectious Disease After a Disaster](#) website.

Immunizations

The CDC will work with the immunization program and other public health staff to coordinate administration of vaccines in the evacuation centers. The major concern for evacuees of a disaster is the possibility of being exposed to unsanitary conditions. These patients should be up to date with tetanus-containing vaccine, because if they are injured (as is common in disaster settings) the injury is likely to be contaminated. Routinely recommended vaccines are recommended for evacuees as well. Refer to the [CDC recommendations for vaccines for evacuees](#) website for more information. For those who are returning to their home in the disaster area, there are no special vaccination recommendations. However, patients should get a booster dose of a tetanus vaccine if they have not had a booster dose within the last 10 years. Tetanus-diphtheria (Td) boosters are routinely recommended every 10 years for all adults; the concern in this setting is that clean-up and repairs present an increased risk of injury and tetanus from such injuries is preventable by vaccination. Adults should receive the pertussis-containing Tdap vaccine rather than Td if this is available and has not been previously received. Children and adolescents 11 through 18 years should receive the pertussis-containing Tdap vaccine rather than Td if this is available. Persons who did not receive DTP or DTaP as a child, or whose tetanus vaccination history is not known should receive a primary series of three doses of adult Td. The first two doses should be separated by 4 weeks and the third dose should follow the second by at least 6 months. For persons 11 years and older Tdap should be substituted for ONE of these doses, preferably the first dose.

Mold After a Disaster

After natural disasters such as hurricanes, tornadoes, and floods, excess moisture and standing water contribute to the growth of mold in homes and other buildings. Patients with asthma, allergies, or other respiratory conditions may be

more sensitive to mold. Also, people with immune suppression (such as people with HIV infection, cancer patients taking chemotherapy, and people who have received an organ transplant) are more susceptible to mold infections. People with weakened immune systems can develop invasive mold infections days to weeks after exposure to fungi that live in the environment. For more information, refer to the CDC [Information for Clinicians Helping Patients with Asthma, Other Respiratory Conditions, and/or Allergies to Mold After a Hurricane or Other Tropical Storm](#) website.

Pregnant Women

For women and health care professionals who need additional information about the effects of exposures related to hurricanes on pregnancy or breastfeeding. Contact the OTIS – Organization of Teratology Information Specialists at 1-866-626-OTIS (1-866-626-6847).

Wound Management

The risk for injury during and after a natural disaster is high. Any wound or rash has the potential to become infected. Healthcare providers should assess any wounds or rashes as soon as possible and refer to the CDC [Emergency Wound Management for Healthcare Professionals](#) website for more information.

References

Centers for Disease Control and Prevention (CDC) (2020). Hurricanes. Information for Professionals and Response Workers. Retrieved from <https://www.cdc.gov/disasters/hurricanes/info-hcp-workers.html>

Louisiana Department of Health (LDH) (2020). Hurricane Preparedness for Consumers. Retrieved from <http://ldh.la.gov/index.cfm/page/1106>



New Medicaid Eligibility Group Covers COVID-19 Testing for Uninsured Patients

Per the Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Security Act, Louisiana Medicaid has expanded coverage to include COVID-19 testing for uninsured individuals for the duration of the federally declared public health emergency. Coverage is limited to COVID-19 testing and related office visits for uninsured Louisiana residents. No treatment costs are covered under this program.

The new benefit is provided through Medicaid fee-for-service and not Healthy Louisiana through a managed care organization. Providers must be a Medicaid enrolled provider and must be enrolled before services are provided. Providers not enrolled as a Medicaid provider with DXC will need to complete a [temporary emergency application](#) with Medicaid’s fiscal intermediary, DXC, to be paid for testing and testing related services for the uninsured. Providers will be required to self-attest on the uninsured individual’s application to Medicaid that they are not also [billing the Department of Health and Human Services \(HHS\) or the Health Resources and Services Administration \(HRSA\)](#) for the same services. You also may not bill on any contract with the Louisiana Department of Health to provide COVID-19

testing for these patients. If Medicaid identifies other third party coverage is available (e.g., Medicare, private insurance), Medicaid will not cover the services.

For additional guidance, visit [Medicaid’s provider web page for COVID-19 testing coverage for uninsured individuals](#). The site contains billing information, a [detailed provider guide](#), frequently asked questions for providers, and the [simplified application](#) patients can fill out to determine if they are eligible for coverage.

PHARMACY FACTS

Program Updates from Louisiana Medicaid

Pharmacy Facts can also be found online at: <http://ldh.la.gov/index.cfm/page/3036>.

May 29, 2020

Albuterol Inhalers

Louisiana Department of Health allows the Managed Care Organizations (MCO) to implement safety edits on prescription drugs when appropriate. Quantity limits that are implemented in accordance with Food and Drug Administration guidelines are allowed. In response to this measure, some of the MCOs have instituted quantity limits on albuterol inhalers.

The following MCOs have quantity limits on albuterol inhalers: AmeriHealth Caritas, Healthy Blue, and UnitedHealthcare. A prior authorization may be submitted if an override is needed on the quantity limit. If you have questions regarding this process, please call the help desk numbers below:

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

Eligibility and Enrollment System Provider Bulletins

Louisiana Medicaid is publishing bi-weekly provider bulletins to address provider questions and concerns around the new eligibility and enrollment system. The information in these bulletins covers a wide range of provider issues and provider types. This and other news can be found on the web site dedicated to the new system, found here: <http://ldh.la.gov/index.cfm/page/3497>.

If there are topics you feel need to be covered in these public communications, please let us know by sending an email to Healthy@la.gov.



PAYMENT ERROR RATE MEASUREMENT (PERM) Reporting Year (RY) 2021 Cycle Currently Underway

Louisiana Medicaid is mandated to participate in the Centers for Medicare and Medicaid (CMS) **Payment Error Rate Measurement (PERM)** program which will assess our payment accuracy rate for the Medicaid and CHIP programs. If chosen in a random sample, your organization will soon receive a *Medical Records Request* from the CMS review contractor, AdvanceMed. This cycle measurement will review Medicaid and CHIP payments made in Reporting Year (RY) 2021: July 1, 2019 through June 30, 2020.

Please be advised that sampled providers who fail to cooperate with the CMS Review Contractor by established deadlines may be subject to sanctioning by Louisiana Medicaid Program Integrity section through the imposition of a payment recovery by means of a withholding of payment until the overpayment is satisfied, and/or a fine.

Please be reminded that providers who are no longer doing business with Louisiana Medicaid are obligated to retain recipient records for 5 years, under the terms of the Provider Enrollment Agreement.

For more information about PERM and your role as a provider, please visit the [Provider link](#) on the CMS PERM website:

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/PERM/Providers.html>

If you have any questions, please call Program Integrity at 225-219-4149.

Remittance Advice Corner

Attention Physicians and Independent Laboratories 2020 Clinical Laboratory Services - Reimbursement Changes

Federal regulations prohibit state Medicaid agencies from reimbursing providers of clinical laboratory services at a higher rate than the Medicare allowable rate. In accordance with this regulation, clinical laboratory reimbursement rates have been updated on the fee-for-service Medicaid file effective for dates of service January 1, 2020 and forward. The Laboratory and Radiology fee schedule has been updated to reflect those changes.

Clinical laboratory claims for dates of service on or after January 1, 2020, where the previous reimbursement exceeded the Louisiana Medicare allowable rate will be systematically recycled on the remittance of May 19, 2020 without any action required by the provider.

Please contact DXC Technology Provider Relations at (800) 473-2783 or (225) 924-5040 if there are questions related to this matter for fee-for-service claims.

Manual Chapter Revision Log

Manual Chapter	Section(s)	Date of Revision(s)
Behavioral Health Behavioral Health Services Manual Chapter	2.3 Outpatient Services – Rehabilitation Services	6/20/20
Professional Services Professional Services Manual Chapter	5.1 – Early and Periodic Screening, Diagnosis and Treatment Table of Contents 5.1 – Covered Services – Adjunct Services 5.1 – Covered Services – ACA Enhanced Reimbursement 5.1 – Covered Services – Acute Hospital Pre Certification	06/01/20 06/12/20

Archived Manual Chapter Revision Log

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For Information or Assistance, Call Us!

Provider Relations	1-800-473-2783 (225) 294-5040 Medicaid Provider Website	General Medicaid Eligibility Hotline	1-888-342-6207
Prior Authorization: Home Health/EPSDT – PCS	1-800-807-1320	MMIS Claims Processing	(225) 342-3855
Dental	1-855-702-6262 MCNA Provider Portal	Resolution Unit MMIS Claims Reimbursement	
DME & All Other	1-800-488-6334 (225) 928-5263	MMIS/Recipient Retroactive Reimbursement	(225) 342-1739 1-866-640-3905 MMIS Claims Reimbursement
Hospital Pre-Certification	1-800-877-0666		
REVS Line	1-800-776-6323 (225) 216-(REVS)7387 REVS Website	Medicare Savings	1-888-544-7996 Medicare Provider Website
Point of Sale Help Desk	1-800-648-0790 (225) 216-6381	For Hearing Impaired	1-877-544-9544
		Pharmacy Hotline	1-800-437-9101 Medicaid Pharmacy Benefits
		Medicaid Fraud Hotline	1-800-488-2917 Report Medicaid Fraud

