

Medicaid Auto-Enrollment To Begin

Louisiana Medicaid has a new health plan beginning January 1, 2023. This includes the current five health plans – Aetna Better Health, AmeriHealth Caritas, Healthy Blue Louisiana, Louisiana Healthcare Connections, and UnitedHealthcare, plus a sixth health plan, Humana Healthy Horizons. Members may be assigned to a different health plan but this does not affect Medicaid coverage. Member’s dental health plans will not change.

All members will get a letter from Healthy Louisiana in November explaining any changes. Before the January 1, 2023 launch, most Medicaid members will be auto-assigned a health plan. The letter will tell members what their current health plan is and what their auto-assigned health plan is. The letter will also tell members how and when they can make changes to their health plan.

In this auto-assignment, some members may be assigned to a health plan that is different from their current health plan. The auto-assignment changes will not be effective until January 1, 2023, and the member will have an opportunity to make changes. Changes made to enrollment between November 8 and December 29, 2022, will be effective starting January 1, 2023. Members will be able to make changes to their health plan until March 31, 2023.

Health plan and dental plan changes can be made by visiting the Healthy Louisiana website (myplan.healthy.la.gov); using the Healthy Louisiana mobile app; calling 1-855-229-6848; or completing the paper enrollment form that is mailed to members and following the directions on the form to return it. For more information, visit www.healthy.la.gov and select “Medicaid Provider Updates” at the top of the page.

Table of Contents

Medicaid Auto-Enrollment to Begin	1
Provider Portal Enrollment	1
Reminder for Medicaid Members	2
Fall Focus on Asthma	3
Health Observance Calendar	7
Influenza Vaccines: 2022-2023 Updates and Resources	7
Affordable Connectivity Program to Assist with Internet Affordability	10
Monkeypox Toolkit	11
Vaccine Incentive Program Available for Medicaid Members	11
Covid-19 Testing and Treatment Coverage	12
Medicaid Coverage for Covid-19 Testing for Uninsured Patients	12
Remittance Advice Corner	13
Medicaid Public Notice and Comment Procedure	14
Manual Chapter Revision Log	14
Updated Authorities	15
Useful Links	16
For Information or Assistance	17

Provider Portal Enrollment

Federal laws enforced by the Centers for Medicare and Medicaid, including the Affordable Care Act and the 21st Century Cures Act, require providers who file claims with Louisiana Medicaid to enroll in Medicaid's web-based provider enrollment portal. Providers affected by these laws include providers enrolled in Fee for Service Medicaid before December 31, 2021, and providers enrolled with an MCO, Dental Benefit Plan Manager, or Magellan before March 31, 2022.

Despite being past the application deadline, the Provider Enrollment Portal remains open for providers required to enroll who have not yet applied. It is extremely important to act now to avoid disruption in payments.

Provider Lookup Tool:

If providers are unsure of their enrollment status, a Provider Portal Enrollment Lookup Tool is available at <https://www.lamedicaid.com/portalenrollmentstatus/search>. Results will show the provider's status as either enrollment complete, action required, application not submitted, or currently in process by Gainwell Technologies. Providers that are not shown in the results are not required to enroll at this time. Invitation letters for those providers will be sent at a later date. The Lookup Tool is updated daily.

Providers needing assistance with application and enrollment, a status update on enrollment and/or information on next steps needed to complete the process should contact Gainwell Technologies by emailing louisianaprovenroll@gainwelltechnologies.com or contacting 1-833-641-2140.

Provider Resources:

Providers needing assistance with application and enrollment should contact Gainwell Technologies by emailing louisianaprovenroll@gainwelltechnologies.com or contacting 1-833-641-2140 for a status update on enrollment and any next steps needed to complete the process.

MEDICAID MEMBERS DON'T RISK LOSING YOUR HEALTH COVERAGE.

Keep your address and phone number up to date.
You can do this:



- Online at mymedicaid.la.gov
- By email at mymedicaid@la.gov
- By calling your health plan
(the number is on your insurance card)
- Or by calling Louisiana Medicaid
toll-free at 1-888-342-6207



Don't miss important updates about your health insurance. If you do get a letter in the mail, follow the instructions and respond to Medicaid.



Fall Focus on Asthma

Compiled by: Office of Outcomes Research and Evaluation
College of Pharmacy
University of Louisiana at Monroe

Asthma is a chronic respiratory disease requiring ongoing medical management and is increasing each year in the United States. According to the Centers for Disease Control and Prevention (CDC), the number of people diagnosed with asthma grew by 4.3 million from 2001 to 2009. In 2020, an estimated 25.2 million people, including 4.2 million children, had asthma. More than 10.3 million people with asthma, including nearly 1.8 million children, reported having had one or more asthma exacerbations in 2020. Acute exacerbations of asthma remain a significant treatment challenge for healthcare providers. These exacerbations frequently result in hospital admissions or emergency room visits, especially in children. Acute asthma exacerbations follow a distinct pattern of seasonal variation. There is a significant increase in autumn when children return to school, with another peak in midwinter. There are a number of triggers in the fall and winter months that contribute to these peaks.

Seasonal Asthma Triggers

Viral Infections: A significant increase in asthma exacerbations occurs simultaneously with the return to school in the fall. This has been linked strongly with the presence of the rhinovirus (RV) infection, respiratory syncytial virus (RSV), and the influenza virus, with rhinovirus being implicated in most asthma exacerbations in children.

Respiratory Irritants: The Guidelines for the Diagnosis and Management of Asthma (EPR-3) recommend that patients who have asthma, with any level of severity, avoid exposure to environmental tobacco smoke and other respiratory irritants, such as candles, perfumes, and smoke from wood-burning stoves and fireplaces. With colder weather, family gatherings, and holiday events during the fall / winter months, people with asthma will have increased exposure to these types of irritants.

Dust: House-dust mites are a trigger for some people with asthma. Many people like to decorate during this time of year and have increased foot traffic in their home, both of which may lead to additional exposure to dust.

Mold: Some asthma patients experience asthma symptoms in relationship to certain molds. During the fall months, dead, wet tree leaves are a source of mold. Also, asthma symptoms may be triggered by spore and mold growth in Christmas trees, especially when trees are cut in advance and kept in a humid environment.

Temperature Changes: When temperatures start to fall, there may be more asthma symptoms. Outdoor activities, such as football games, parades, and exercising, allow for exposure to cold air during late fall and the winter months. Cold air can trigger asthma symptoms and exacerbations, especially when there is a dryness in cold air. Cold air accompanied by windy conditions can also trigger symptoms.

Indoor Pets: Some people with asthma are allergic to the flakes of skin or dried saliva from animals. When the temperature drops, many pet owners prefer to keep their pets inside. This will increase the asthma patient's exposure to the allergens.

Patient Education for Controlling Triggers

- Wash hands frequently with soap and warm water to prevent the spread of viruses. If not available, use an alcohol-based hand rub.
- Do not allow smoking in your home or car. If someone is smoking at a family gathering, stay as far away as possible.
- Keep animals with fur or hair out of the home. If not possible, bathe the pet regularly and keep the pet out of the bedroom with the bedroom door closed.
- Try to stay away from strong odors and sprays, such as perfumes, candles, etc.
- If possible, do not use a wood-burning stove, kerosene heater, fireplace, unvented gas stove, or heater.
- Cover your nose and mouth with a scarf on cold or windy days.
- If sensitive to mold, consider an artificial Christmas tree. Be sure to wipe down your artificial tree and decorations with a damp cloth to remove dust and allergens.
- Vacuum once or twice a week. Try to get someone else to vacuum for you, but, if not possible, use a dust mask (from a hardware store) or a vacuum cleaner with a HEPA filter or a double-layered bag.
- Minimize things in your house that create dust and clean regularly with a damp cloth or microfiber rags.
- Wash sheets, blankets, and pillows on your bed each week in hot water.
- Reduce indoor humidity to or below 60 percent, ideally 30–50 percent.

EXHALE: Strategies to Help People with Asthma Breathe Easier

In order to help people with asthma achieve better health and improved quality of life, the CDC's National Asthma Control Program (NACP) and its partners developed EXHALE, a set of six strategies that each contribute to better asthma control.

Each EXHALE strategy has been proven to reduce asthma-related hospitalizations, emergency department visits, and healthcare costs. These strategies can be used by healthcare professionals, healthcare system executive leaders, people with asthma, schools, public health professionals, and others. Healthcare professionals can use EXHALE strategies, individually or in combination, to help people with asthma achieve better health outcomes.

EXHALE Strategies and Some Examples for Healthcare Professionals

Education on asthma self-management

- Teach patients with asthma, their families, and their caregivers to manage asthma by using a personalized action plan.
- Utilize available educational resources to learn the basics of asthma education.

X-tinguishing smoking and secondhand smoke

- Routinely screen:
 - patients with asthma for tobacco use and exposure to secondhand smoke.
 - family members and caregivers of patients with asthma for tobacco use.

- Provide FDA-approved cessation medications to patients with asthma, family members, and caregivers who use tobacco.
- Connect patients with asthma, family members, and caregivers who use tobacco to community tobacco cessation services.
- Encourage smoke-free policies, which can support tobacco cessation and reduce exposure to second-hand smoke.

Home visits for trigger reduction and asthma self-management education

- Encourage local home visit programs for asthma to use the *Home Characteristics and Asthma Triggers Checklist for Home Visitors*, which includes low-cost steps to reduce asthma triggers and has a related, standardized training for home visitors.

Achievement of guidelines-based medical management

- Receive training in delivering guidelines-based medical management of asthma.
- Review inhaler technique (if applicable) with patients with asthma, their families, and their caregivers.
- Use decision-support tools (such as treatment algorithms, system reminders, and pocket-sized guidelines summaries) and shared decision-making (in which healthcare professionals work with patients to decide on treatment) when caring for patients with asthma.
- Participate in quality improvement activities to improve care for patients with asthma. Some health departments have asthma control programs that can be partners in healthcare quality improvement for patients with asthma.

Linkages and coordination of care across settings

- Refer patients with asthma, their families, and their caregivers to available support services (when applicable).
- Improve communication and coordination with local schools about caring for children with asthma (for example, by creating and sharing asthma action plans).

Environmental policies or best practices to reduce asthma triggers from indoor, outdoor, and occupational sources

- Inform community leaders about successful policies or practices that help people with asthma, including:
 - Home weatherization assistance programs that provide loans or grants to low-income residents to repair or improve their homes, which can reduce asthma triggers in their homes (such as mold and pests).
 - Smoke-free policies, including:
 - Comprehensive smokefree policies that prohibit smoking in all indoor spaces of workplaces, restaurants, bars, and public and private multi-unit housing (including apartment buildings).
 - Additionally, healthcare professionals can adopt, implement, and enforce comprehensive smokefree policies that prohibit use of all tobacco products in hospital and clinic buildings, as well as on hospital and clinic property.
 - Modifying older diesel engines of school buses to run more cleanly to reduce air pollution.
 - Eliminating, when possible, or reducing exposure to asthma triggers in the workplace.

Additional asthma resources for healthcare professionals: [Healthcare Professionals | CDC](#)

References:

[Allergic to the Holidays? — The American Christmas Tree Association](#)

[Asthma | CDC](#)

[Asthma Fact Sheet.pdf \(epa.gov\)](#)

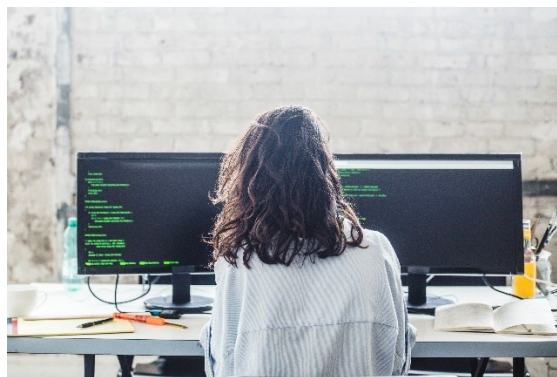
[Asthma in the US | VitalSigns | CDC](#)

[EXHALE | CDC](#)

[Guidelines for the Diagnosis and Management of Asthma 2007 \(EPR-3\) | NHLBI, NIH](#)









[Mechanisms and Management of Asthma Exacerbations | American Journal of Respiratory and Critical Care Medicine \(atsjournals.org\)](#)

Fee for Service Electronic Drug Prior Authorization (E-PA)	
<p>On October 19, 2022, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program implemented an electronic drug prior authorization (E-PA) application. This application was developed in an effort to achieve a more streamlined prior authorization process. Louisiana Medicaid providers are able to log into their account at Louisiana Medicaid (lamedicaid.com) and submit electronic drug prior authorization (PA) requests for Fee for Service (FFS) recipients. The application not only streamlines the submission and processing of requests, but it also displays the request status at each point in the process. As requests are processed, the status is updated in real time in the application. The electronic drug prior authorization is an additional mechanism to submit a PA request. A prior authorization request can still be submitted by fax, phone and mail, if desired. The four mechanisms to submit a PA request are listed below.</p>	
Route	Submit To:
Electronic Prior Authorization (E-PA)	Louisiana Medicaid Provider Login (lamedicaid.com)
Phone	1-866-730-4357
Fax	1-866-797-2329
Mail	ULM College of Pharmacy – RxPA Program 1800 Bienville Drive Monroe, LA 71201-3765
<p>Refer to the Preferred Drug List (la.gov) for more information regarding drugs requiring prior authorization.</p>	



Health Observance Calendar

November Health Observances 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Month						
American Diabetes Bladder Health COPD Awareness Diabetic Eye Disease Awareness Lung Cancer Awareness National Alzheimer's Disease Awareness National Epilepsy Awareness			National Family Caregivers National Healthy Skin National Hospice and Palliative Care National Stomach Cancer Awareness National Veterans and Military Families Pancreatic Cancer Awareness Prematurity Awareness			
National Patient Transport Week						
30	31	1	2 • National Stress Awareness Day	3	4 Check Your Blood Pressure Day	5 
National Diabetes Education Week; November 6 – 12/ National Radiologic Technology Week; November 7-13						
6 Daylight savings time ends	7 	8 Election Day	9	10	11 Veterans' Day	12 ; 
National Nurse Practitioner Week; November 13 – 19						
13 	14	15	16	17	18	19 Great American Stroke out 
Gastroesophageal Reflux Disease (GERD) Awareness Week; November 23 – 29						
20 	21	22	23	24 Thanksgiving Day 	25 Acadian Day	26 
27 	28	29	30			

Influenza Vaccines: 2022-2023 Updates and Resources

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

Centers for Disease Control and Prevention (CDC) Influenza Season 2022–2023 Vaccine Recommendations

Annual flu vaccination is recommended for everyone 6 months and older, with few exceptions as has been the case since 2010. New this season, however, is a preferential recommendation for the use of higher dose and adjuvanted flu vaccines in people 65 and older over standard dose, unadjuvanted flu vaccines.

Differences in the 2022-2023 Influenza Season

- The composition of flu vaccines has been updated.
- For the 2022-2023 flu season, there are three flu vaccines that are preferentially recommended for people 65 years and older. These are *Fluzone High-Dose Quadrivalent* vaccine, *Flublok Quadrivalent* recombinant flu vaccine and *Fluad Quadrivalent* adjuvanted flu vaccine.
- The recommended timing of vaccination is similar to last season.
 - For most people who need only one dose for the season, September and October are generally good times to get vaccinated. Vaccination in July and August is not recommended for most adults but can be considered for some groups. While ideally it’s recommended to get vaccinated by the end of October, it’s important to know that vaccination after October can still provide protection during the peak of flu season.
 - Adults, especially those 65 years and older, should generally not get vaccinated early (in July or August) because protection may decrease over time, but early vaccination can be considered for any person who is unable to return at a later time to be vaccinated.
 - Some children need two doses of flu vaccine. For those children it is recommended to get the first dose as soon as the vaccine is available, because the second dose needs to be given at least four weeks after the first. Vaccination during July and August also can be considered for children who need only one dose. However, getting vaccinated later can still be protective, as long as flu viruses are spreading—even into January or later.

Available Influenza Vaccines	
<ul style="list-style-type: none"> • All influenza vaccines expected to be available this season are quadrivalent (4-component) vaccines, designed to protect against four different influenza viruses, including two influenza A viruses and two influenza B viruses. • There are many different influenza vaccine options with varying indications, including egg-free and thimerosal-free influenza vaccines, high dose and adjuvanted vaccines for older patients, and a nasal spray vaccine. 	
<u>Standard-dose Quadrivalent (Flu Shot)</u>	<ul style="list-style-type: none"> • Approved for people 6 months of age and older • Usually given in an arm muscle with a needle, although one can also be given with a jet injector (only for people 18 through 64 years old)
Live Attenuated Influenza Vaccine (Nasal Spray Vaccine)	<ul style="list-style-type: none"> • Approved for people between 2 and 49 years old • Not recommended for pregnant people, immunocompromised people, or people with certain medical conditions • Good option for healthy people in this age group who are not pregnant and who do not like needles
Recombinant	<ul style="list-style-type: none"> • Approved for adults 18 years and older • Produced using a method that does not require an egg-grown virus • Egg-free
Adjuvanted	<ul style="list-style-type: none"> • Made with an ingredient that helps create a stronger immune response • Approved for adults 65 years and older
High-Dose	<ul style="list-style-type: none"> • Contains four times the amount of antigen as a regular flu shot to create a stronger immune response • Approved for adults 65 years and older
Cell-Based	<ul style="list-style-type: none"> • Produced by growing virus in cultured cells of mammalian origin instead of in eggs • Egg-free • Approved for people 6 months and older

- Early vaccination can also be considered for people who are in the third trimester of pregnancy, because this can help protect their infants during the first months of life (when they are too young to be vaccinated).
- The age indication for the cell culture-based inactivated flu vaccine, *Flucelvax Quadrivalent (ccIV4)*, changed from 2 years and older to 6 months and older.
- Pre-filled *Afluria Quadrivalent* flu shots for children are not expected to be available this season. However, children can receive this vaccine from a multidose vial at the recommended dose.

CDC Health Care Professionals *Fight Flu* Toolkit

Whether you are a primary care physician, nurse, pharmacist, or other health care professional (HCP), you play a significant role in helping protect your patients against influenza. The best available protection is annual influenza vaccination for all patients ages 6 months and older. Your strong influenza vaccine recommendation is one of the most important factors in patients accepting the vaccine.

The CDC provides tools to prepare your practice to fight flu. The materials will:

- Equip you to make strong influenza vaccine recommendations
- Facilitate productive conversations with your patients
- Improve your influenza vaccination rates

The [CDC Health Care Professional \(HCP\) Fight Flu Toolkit](#) provides information on the timing and types of influenza vaccinations as well as methods to provide a strong influenza vaccine recommendation to parents, adults ages 50-64, adults ages 65+, and the general public.

As a health care professional, your strong recommendation is a critical factor in whether your patients get an influenza vaccine. Most adults believe vaccines are important, but they need a reminder from you to get vaccinated. After making your recommendation, follow up with each patient during subsequent appointments to ensure the patient received an influenza vaccine. If the patient still is unvaccinated, repeat the recommendation and try to identify and address any questions or concerns.

Make a Strong Influenza Vaccine Recommendation (SHARE)

It is important for all patients to receive a strong recommendation for vaccination from their provider. CDC suggests using the SHARE method to make a strong vaccine recommendation and provide important information to help patients make informed decisions about vaccinations:



SHARE the reasons why an influenza vaccine is right for the patient given his or her age, health status, lifestyle, occupation, or other risk factors.

HIGHLIGHT positive experiences with influenza vaccines (personal or in your practice), as appropriate, to reinforce the benefits and strengthen confidence in influenza vaccination.

ADDRESS patient questions and any concerns about influenza vaccines, including side effects, safety, and vaccine effectiveness in plain and understandable language. Acknowledge that while people who get an influenza vaccine may still get sick, there are studies that show that illness may be less severe.

REMIND patients that influenza vaccines help protect them and their loved ones from serious influenza illness and complications that can result in hospitalization or even death for some people.

EXPLAIN the potential costs of getting influenza, including potential serious health effects for the patient, time lost (such as missing work or family obligations), financial costs, and potentially spreading influenza to more vulnerable family or friends.

Share this [CDC Flu Vaccine: Get the Facts](#) informational handout with your patients who want additional information, have questions, or decline influenza vaccination at first recommendation. This resource will provide context to the efficacy of the influenza vaccine and highlight its safety.

Help parents understand the risks of flu and what they can do to protect their children by sharing the CDC flyer: [The Flu: A Guide for Parents](#). This educational resource provides clear answers to common questions about flu symptoms, flu vaccine safety, and flu treatment.

Additional CDC Resources for Providers

[Seasonal Influenza Vaccination Resources for Health Professionals](#)

[Summary of Recommendations for the 2022- 2023 Influenza Season](#)

[Table: Influenza vaccines — United States, 2022–23 influenza season](#)

[Flu Vaccine Appointment Reminder Template](#)

[Pharmacist Flu Talking Points 2022](#)

Additional CDC Resources for Patients

[Influenza Preventive Steps](#)

[What to Do if Your Child Gets the Flu](#)

[Pregnant Women Need a Flu Shot](#)

[For Patients over the Age of 65](#)

Reference: [Influenza \(Flu\) | CDC](#)

Affordable Connectivity Program Available to Assist with Internet Affordability

The Federal Communications Commission (FCC) launched the Affordable Connectivity Program (ACP) on December 31, 2022. The ACP is a new federal program that helps low-income households pay for internet services and connected devices like a laptop or tablet.

Households are eligible to enroll if their income is below 200% of Federal Poverty Guidelines, or if someone in their household currently receives a government benefit, such as SNAP, Medicaid, WIC, SSI, FPHA, Veterans Pension and Survivor Benefit, Free and Reduced-Price School Lunch Program or School Breakfast Program, USDA Community Eligibility Provision school, or received a Federal Pell Grant in the current award year.

Eligible households receive up to a \$30 per month discount on internet service, including associated equipment rentals such as modems; up to a \$75 per month discount if their household is on qualifying Tribal lands; and a one-time discount of up to \$100 for a laptop, tablet, or desktop computer if you pay a \$10 to \$50 co-pay. Some low-cost service plans may be fully covered.

To apply, visit affordableconnectivity.gov or call 1-877-384-2575 to request an application. Once the application is complete, contact a participating internet service provider to start receiving the monthly discount.

Monkeypox Toolkit

LDH has created a toolkit to support monkeypox communications. The toolkit includes FAQs, social graphics, sample social posts, a fact sheet, and posters for providers. [Click here for the monkeypox communications toolkit.](#)

For general monkeypox questions or questions about the vaccine visit <https://www.ldh.la.gov/page/monkeypox> or call 211.



Vaccine Incentive Program Available for Medicaid Members



Louisiana Medicaid’s “Shot per 100,000” COVID vaccine incentive program is an ongoing effort to increase COVID vaccination rates in the state of Louisiana. The goal is to increase vaccination rates by offering \$200 gift cards to the first 100,000 eligible Medicaid enrollees for a limited time, if they receive the first or second dose of the vaccine or the single-dose vaccine.

This program includes Medicaid members who are **six months of age or older**. Individuals must receive their first or second dose of the COVID vaccine or the single-dose COVID vaccine on or after April 5, 2022 for those ages five and older, and on or after July 5, 2022 for those six months to four years old. Booster shots are not included in the program. Medicaid members already fully vaccinated or those who already received a gift card from LDH for receiving the COVID vaccine are not eligible.

Members can choose where to receive their vaccination from any vaccine administration location. Gift card distribution will be handled by the Medicaid's managed care organizations. Cards are limited to one per member. Please post or share the attached flyer with the Medicaid members you serve. Information is also available at the web site at www.ldh.la.gov/vaccinegiftcard.

COVID-19 Testing and Treatment Coverage

For all Medicaid members, testing is covered with no copay. In addition, clinic visits, emergency department visits, and hospitalizations related to COVID-19 testing and treatment are covered without copays.

Medicaid covers all COVID-19 treatments for which the FDA has issued an Emergency Use Authorization (EUA). Treatment coverage is provided with no cost sharing for Medicaid beneficiaries.

The relevant procedure codes for treatments and treatment administration are listed on the "COVID-19 Vaccine/Treatment Fee Schedule" which will be updated as new information becomes available. See IB 21-11 for Reimbursement Updates – 2021. Coverage is provided according to the clinical criteria listed in the EUA and is effective on the date listed on the fee schedule. Reimbursement is available for COVID-19 treatments administered in the member's home or residence according to the fee schedule. MCOs have been instructed to recycle claims and notify impacted providers as needed when the fee schedule is updated.

Currently, many treatment medications are provided at no cost to providers by the federal government and therefore those medication codes shall be reimbursed at \$0. Treatment medications purchased from the

commercial marketplace may be reimbursed if appended with the appropriate modifier, as listed in the COVID-19 Vaccine and Treatment Fee Schedule. Reimbursement is made for treatment administration when performed appropriately, defined as:

1. The beneficiary meets the age requirement on the date of service
2. The medication code matches the administration code

This policy will be updated as needed for changes in medication availability and eligibility criteria. Abuse or overuse is subject to review and recoupment.

Medicaid Coverage for COVID-19 Testing for Uninsured Patients

Per the Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Security Act, Louisiana Medicaid provides 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 benefit is provided through Medicaid fee-for-service and not through the managed care program or 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 Gainwell Technologies will need to complete a [temporary emergency application](#) with Medicaid's fiscal intermediary, Gainwell Technologies, 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.



Remittance Advice Corner

Attention Louisiana Medicaid Providers:

It has been determined that certain paid FFS pharmacy claims (Flu vaccinations and Prevnar 20) in 2021-2022 were incorrectly reimbursed by Louisiana Medicaid. Therefore Manual Adjustments are being processed and will appear on the 5/10 RA. The ICN range is 2121288000001 thru 2121288000140.

2022 HCPCS and Physician-Administered Drug Reimbursement Updates

The Louisiana Medicaid fee-for-service (FFS) professional services files have been updated to reflect the new and deleted Healthcare Common Procedure Coding System (HCPCS) codes effective for dates of service beginning on January 1, 2022. Providers will begin to see these changes on the remittance advice of April 19, 2022. Claims that have been denied due to use of the new 2022 codes prior to their addition to the claims processing system will be systematically recycled with no action required by providers.

Effective for dates of service beginning on January 1, 2022, Louisiana Medicaid updated the reimbursement rates on the FFS file for physician-administered drugs and payable vaccines for professional services. Claims previously submitted for these drugs or vaccines with dates of service on or after January 1, 2022 will be systematically adjusted to ensure proper payment. No action is required by the provider.

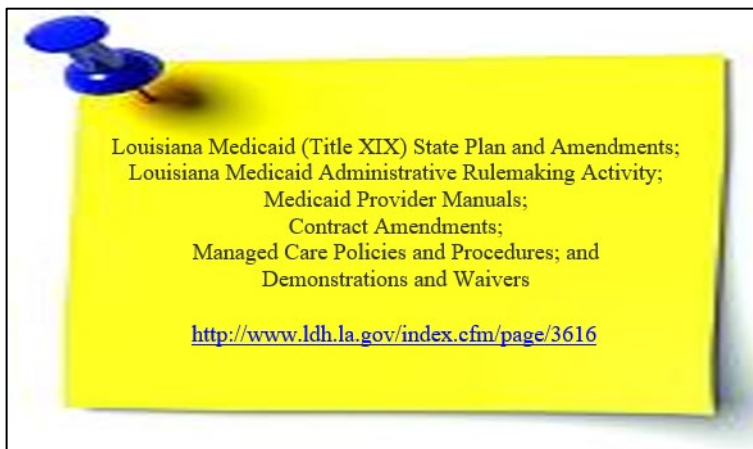
For questions related to this information as it pertains to fee-for-service Medicaid claims processing, please contact Gainwell Technologies Provider Services at (800) 473-2783 or (225) 924-5040.

Questions regarding managed care claims should be directed to the appropriate managed care organization.

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 listed policies and procedures can be left at the link below.



Manual Chapter Revision Log

Manual Chapter	Section(s)	Date of Revision(s)
Behavioral Health	<ul style="list-style-type: none"> • Section 2.3 – Outpatient Services – Peer Support Services • Section 2.5 – Coordinated System of Care (CSoC) • Appendix A – Forms and Links Appendix F – CSoC Wraparound Model	10/04/22
Hospital Services	<ul style="list-style-type: none"> • Section 25.7 – Hospital Reimbursement Appendix A – Forms and Links	10/17/22
ICF-IID	Section 26.12 – Cost Reports	10/07/22
Pediatric Day Health Care (PDHC)	<ul style="list-style-type: none"> • Section 45.0 - Overview • Section 45.1 – Covered Services • Section 45.2 – Beneficiary Requirements • Section 45.5 – Record Keeping • Section 45.6 – Reimbursement • Section 45.7 – Plan of Care • Section 45.8 – Quality Assurance • Appendix A – Definitions • Appendix B – Procedure Codes • Appendix C – PDHC Services Fee Schedule Appendix E – Forms and Links	10/13/22
Professional Services	<ul style="list-style-type: none"> • Section 5.1 – Covered Services – Anesthesia Section 5.1 – Covered Services – Gynecology	10/07/22

Updated Authorities

BHSF develops policy for the Louisiana Medicaid program to convey provider requirements and reimbursement methodology for covering services to beneficiaries. Louisiana Medicaid continuously revises and updates existing policies and creates new policies when required.

In October 2022, Louisiana Medicaid the following activity was conducted concerning the Medicaid State Plan and administrative rulemaking:

Approved State Plan Amendment			
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID)			
LA SPA TN 22- 0016	Complex Care	Amends the provisions governing reimbursement to private non-state intermediate care facilities for individuals with intellectual disabilities (ICFs/IID) in order to revise and streamline the process by which ICFs/IID can request add-on rates for medically qualified beneficiaries receiving above routine care and whose staffing levels exceed the required minimum	10/4/22
LA SPA TN 22- 0018	Reimburse- ment Methodolog y (HCR 4)	Amends the provisions governing intermediate care facilities for individuals with intellectual disabilities (ICF-IID) in order to increase the reimbursement rate for leave of absence days	10/4/22
Rulemaking Activity			
Emergency Rules			
Managed Care for Physical and Behavioral Health – Hospital Directed Payments:		Adopts provisions governing directed payments to qualifying hospitals that participate in the Healthy Louisiana Program and contract with the Medicaid managed care organizations (MCOs) to provide inpatient and outpatient services to MCO enrollees.	
Inpatient Hospital Services – Urban Metropolitan Statistical Area Facility—New Orleans Area		Adopts provisions to establish the criteria for an acute care hospital to qualify as an Urban Metropolitan Statistical Area (MSA) Facility—New Orleans Area and the reimbursement methodology for the provision of inpatient services.	
Healthcare Services Provider Fees – Hospital Fee Assessments		Amends the provisions governing healthcare services provider fees in order to revise the assessment methodology for hospital services providers in compliance with article VII, section 10.13 of the Louisiana Constitution and the Louisiana legislature concurrent resolution.	
Outpatient Hospital Services – Urban Metropolitan Statistical Area Facility—New Orleans Area		Adopts provisions to establish the criteria for an acute care hospital to qualify as an Urban Metropolitan Statistical Area (MSA) Facility—New Orleans Area and the reimbursement methodology for the provision of outpatient services.	
Redeclared Emergency Rules			
Programs and Services Amendments Due to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency		Continues the provisions of the Emergency Rule adopted on March 19, 2020 which amended the provisions of Title 50 of the <i>Louisiana Administrative Code</i> in order to adopt temporary measures to provide for the continuation of essential programs and services to ensure the health and welfare of the citizens of Louisiana.	

Notices of Intent	
Adult Residential Care Providers – Licensing Standards	Amends the provisions governing the licensing of adult residential care providers in order to update the definitions and requirements for medication administration, and to remove the facility need review requirement, in compliance with Acts 112 and 531 of the 2022 Regular Session of the Louisiana Legislature.
Inpatient Hospital Services – Teaching Classification Qualifications	Amends the provisions governing inpatient hospital services in order to expand the qualifications for classification as a teaching hospital to include facilities that have documented affiliation agreements with Louisiana medical schools accredited by the Commission of Osteopathic College Accreditation, in compliance with Act 152 of the 2022 Regular Session of the Louisiana Legislature.
Nurse Aide Training and Competency Evaluation Program – Medication Attendant Certified – Licensing Standards	Amends the provisions governing the Nursing Aide Training and Competency Evaluation Program in order to update the licensing requirements for medication attendants certified that provide services in licensed long-term care facilities, in compliance with Act 112 of the 2022 Regular Session of the Louisiana Legislature.
Final Rule	
Hospital Licensing Standards – Obstetrical and Newborn Services	Amends the provisions governing the licensing of hospitals in order to update the standards for obstetrical and newborn services and relocate the existing provisions of LAC 48:I.9511-9515 to LAC 48:I.9519-9523 to ensure that the administrative Rule reflects current requirements for staffing and levels of care units.

Additional information about Louisiana Medicaid State Plan amendments and rules is available at [Medicaid Policy Gateway | La Dept. of Health](#)



Please see below a list of 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>

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](#)

Prior Authorization:

Home Health/E PSDT – PCS - Dental

1-800-807-1320

1-855-702-6262

[MCNA Provider Portal](#)

DME and All Other

1-800-488-6334

(225) 928-5263

Hospital Pre-Certification

1-800-877-0666

REVS Line

1-800-776-6323

(225) 216-(REVS)7387

[REVS Website](#)

Point of Sale Help Desk

1-800-648-0790

(225) 216-6381

MMIS Claims Processing Resolution Unit

(225) 342-3855

[MMIS Claims Reimbursement](#)

MMIS/Recipient Retroactive Reimbursement

(225) 342-1739

1-866-640-3905

[MMIS Claims Reimbursement](#)

Medicare Savings

1-888-544-7996

[Medicare Provider Website](#)

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](#)