

## Provider Enrollment Update and Requirements

Providers should expect impacts to claims processing, and risk not getting paid if enrollment is not complete. **Additionally, any providers who have not completed enrollment by June 30, 2023, will have their patients assigned to another primary care physician and will be terminated from the program.**

For providers who missed the initial deadline of September 30, 2022, the Provider Enrollment Portal at [www.lamedicaid.com](http://www.lamedicaid.com) remains open for providers required to enroll who have not yet applied. Providers with multiple provider types must complete enrollment for each type.

Providers who submit provider enrollment applications should allow several weeks for application processing.

Who is required to Enroll?

- Providers who file claims with Louisiana Medicaid (providers enrolled in Fee for Service (FFS) Medicaid before December 31, 2021, and providers enrolled with an MCO, DBPM, or Magellan before March 31, 2022.)
- Ordering, Prescribing or Referring Providers
  - Ordering, prescribing or referring (OPR) providers do not bill Medicaid for services rendered, but may order, prescribe or refer services/supplies for Medicaid beneficiaries.

### Ordering, Prescribing or Referring Providers (OPR)

For Medicaid to reimburse for services or medical supplies resulting from a practitioner's order, prescription or referral, the OPR provider must be enrolled in Medicaid.

Furthermore, if items or services are ordered, prescribed or referred by a resident or intern, the claim must identify the intern or resident's National Provider Identifier (NPI) as the ordering or referring practitioner. Interns and residents are allowed to enroll in the Medicaid program as an OPR provider only.

If you are an OPR provider, physicians, other practitioners and facilities who render services to Medicaid beneficiaries based on your order, prescription or referral, will not be paid for such items or services, beginning **July 1, 2023**, unless you enroll in Medicaid and your NPI is included on the claim submitted to Medicaid by the rendering provider (42 CFR 455.440).

Please note that this extends to pharmacy Point of Sale (POS) systems as well. The POS system will deny any claims submitted, beginning **July 1, 2023** for a Medicaid beneficiary with a prescriber, pharmacy provider, or vaccinating pharmacist who is not enrolled as a Medicaid provider.

### Critical Deadlines – Claims Adjudication

Claims processing guidelines depend on when a provider enrolls. If enrollment is not complete, claims and payments will be impacted. The following scenarios outline those impacts.

#### Table of Contents

Provider Enrollment Update and Requirements	1
Medicaid Auto-Enrollment Through March 31, 2023	3
Reminder for Medicaid Members	3
Louisiana Provider-To-Provider Consultation Line (PPCL)	4
Invest: Teaming Up for a Stronger LDH and a Healthier Louisiana	4
Supporting Your Patients with High Blood Pressure	5
Quit With Us, Louisiana	8
Influenza Vaccines: 2022-2023 Updates and Resources	9
COVID-19 Vaccine Incentive Program – Boosters Update	8
COVID-19 Testing and Treatment	12
Medicaid Coverage for COVID-19 Testing for Uninsured Patients	13
Remittance Advice Corner	14
Medicaid Public Notice and Comment Procedure	15
Manual Chapter Revision Log	15
Louisiana Medicaid Authorities	16
Useful Links	16
For Information or Assistance	17
LPHA 2023 Conference	18
Health Observance Calendar	18

**Scenario 1:** Claims for dates of service on or before December 31, 2022, will be adjudicated for providers who have and have not completed enrollment.

**Scenario 2:** Claims for dates of service on or after January 1, 2023, will be adjudicated for providers who have completed enrollment.

**Scenario 3:** Providers who have not completed enrollment on or before December 31, 2022, will have their claims denied for dates of service on or after January 1, 2023.

Providers still wishing to complete enrollment must submit an enrollment application by June 1, 2023 in order to complete the enrollment process by June 30, 2023.

Once the enrollment is completed, the provider may resubmit previously denied claims for dates of service January 1, 2023 to June 30, 2023 for payment. Providers will not receive payment until their provider enrollment is complete.

**Scenario 4:** If an OPR provider is included on a claim or writes a prescription and has not completed enrollment:

- The medical/professional claim will deny beginning July 1, 2023, if any one of the following are not enrolled:
  - Ordering provider
  - Prescribing provider
  - Referring provider
- The prescription will deny beginning July 1, 2023 if any one of the following are not enrolled:
  - Prescribing provider
  - Vaccinating pharmacist, or
  - Pharmacy provider

**Scenario 5:** For providers with multiple provider types, claims for dates of service on or after January 1, 2023, will be adjudicated for providers who have completed enrollment of at least one provider type. Claims will deny beginning July 1, 2023 for any of the provider types not enrolled.

## Enrollment Status

Providers that are unsure of their enrollment status may use the Provider Portal Enrollment Lookup Tool 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.

## Provider Resources

For additional information, including frequently asked questions and recordings of provider presentations, visit [www.ldh.la.gov/medicaidproviderenrollment](http://www.ldh.la.gov/medicaidproviderenrollment).

Find all updates and requirements about provider enrollment in [Informational Bulletin 22-38](#). [Informational Bulletin 22-4](#) contains information relevant to provider enrollment prior to the September 30, 2022 deadline.

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

*As a part of the Affordable Care Act and later refined in the 21<sup>st</sup> Century Cures Act, federal laws enforced by CMS require that states screen and enroll providers. The Louisiana Medicaid Provider Enrollment Portal will bring Louisiana Medicaid into compliance with CMS revalidation and managed care screening requirements and federal law. The portal will be prepopulated with information that the state, MCOs, DBPMs and Magellan already have on file so that the provider can more easily submit an application through the portal. This streamlined process eliminates the need to complete and mail a paper application. Also, providers will have the ability to track their application through the portal.*

## Medicaid Auto-Enrollment through March 31, 2023

Louisiana Medicaid members can continue to make changes to their health plan and dental plan coverage until March 31, 2023.

In late October, letters were mailed to Medicaid members explaining possible changes to their health plan coverage and how to make changes. Health plan changes made through auto assignment or requested by members were effective on January 1, 2023.

However, members still have the opportunity to make changes to their health or dental plans **any time until 6 p.m. on March 31, 2023**. After March 31, 2023, a member may only change their health plan or dental plan if they have a special reason. They can also change their health plan or dental plan at the next Open Enrollment.

See below for deadlines to make changes and start dates:

If you change to another health plan:	Your new plan will start on:
After 6 p.m. on December 29, 2022, through 6 p.m. on January 30, 2023	February 1, 2023
After 6 p.m. on January 30, 2022, through 6 p.m. on February 27, 2023	March 1, 2023
After 6 p.m. on February 27, 2022, through 6 p.m. on March 30, 2023	April 1, 2023
After 6 p.m. on March 30, 2023, through 6 p.m. on March 31, 2023	May 1, 2023

Members **can change their health or dental plan** by visiting the Healthy Louisiana website ([myplan.healthy.la.gov](http://myplan.healthy.la.gov)); using the Healthy Louisiana mobile app; calling 1-855-229-6848; or completing the paper enrollment form that was mailed to members and following the directions on the form to return it.

For more details on each health plan, visit <https://www.myplan.healthy.la.gov/en/compare-plans>. Watch for additional member updates at [www.healthy.la.gov](http://www.healthy.la.gov).

**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](http://mymedicaid.la.gov)
- By email at [mymedicaid@la.gov](mailto: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.



## Louisiana Provider-to-Provider Consultation Line (PPCL)

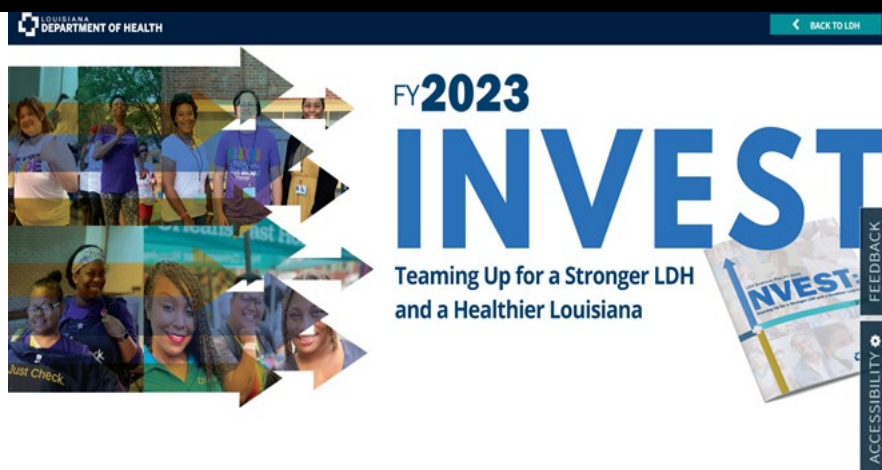


The [Louisiana Provider-to-Provider Consultation Line \(PPCL\)](#) is a no-cost consultation and education program that assists pediatric healthcare providers in addressing the behavioral and mental health needs of patients ages 0-21. PPCL services aim to increase capacity among primary care providers to screen, diagnose, treat, and refer as needed to mental health and supportive services through the following:

- **Consultation** with a psychiatrist or mental health consultants on diagnoses, medications, and psychotherapy interventions for a wide range of behavioral health needs (e.g. mental health care guides, screening forms).
- **Guidance** on pediatric behavioral health issues, autism spectrum disorders, intellectual and developmental disabilities, and more through a [TeleECHO](#) series. TeleECHO provides mentorship from mental health experts through virtual grand rounds and case presentations.
- **Resources** to connect with community partners and agencies such as intensive in-home providers and support groups.

Register and learn more at [ldh.la.gov/ppcl](http://ldh.la.gov/ppcl). Providers can contact PPCL by calling (833) 721- 2881 or emailing [ppcl@la.gov](mailto:ppcl@la.gov).

## Invest: Teaming Up for a Stronger LDH and a Healthier



**Invest: Teaming Up for a Stronger LDH and a Healthier Louisiana** is the Louisiana Department of Health’s business plan for state fiscal year (FY) 2023 (July 1, 2022-June 30, 2023). This plan builds on progress made under the FY 2022 business plan, which was reported in the [Outcomes Report](#) released with the 2023 business plan. In addition to deepening and learning from our efforts over the past year, LDH has set a new course for 2023 with ambitious initiatives and goals that will deliver results for Louisianans.

A crucial lesson from the last business plan was that our work has an exponential impact when we collaborate on the same goals with partners, stakeholders, and community leaders. Partnership is a core theme in our FY23 business plan, which focuses on shared goals, efforts, and investments to measurably improve the health of Louisiana residents.

**LDH has five major categories in which we are committed to making measurable improvements:**

- Improve health and well-being across the lifespan of Louisianans
- Support vulnerable and underserved populations
- Invest in and empower #TeamLDH
- Improve performance, accountability, and compliance
- Strengthen customer service, partnerships, and community relations

The health of our state is dependent upon a strong, diverse healthcare workforce. In addition to addressing Louisiana’s workforce, we will focus on strengthening the work and success in the areas of maternal and child health, behavioral health, and chronic disease, as well as improving internal LDH culture, transparency of operations, and compliance with applicable standards.

This business plan — comprising 18 initiatives, 45 goals, and 253 deliverables — includes timelines and milestones as both measures of progress and a means to increase accountability to the residents of Louisiana, our stakeholders, and LDH.

We look forward to releasing our FY23 outcomes report as well as our FY24 business plan in the first quarter of FY24, which will detail our successes and identify opportunities for further improvements as we invest in a stronger, healthier Louisiana.

[READ OUR FY 2022 BUSINESS PLAN OUTCOMES REPORT HERE](#)

[BUSINESS PLAN NEWS](#)

**BUSINESS PLAN RESOURCES**

- [Business Plan 2023](#)
- [Business Plan 2023 Fact Sheet](#)
- [FY 2022 Business Plan Outcomes Report](#)

Suggestions or feedback about the LDH Business Plan? Email us at [LDHBusinessPlan@la.gov](mailto:LDHBusinessPlan@la.gov)

**Supporting Your Patients with High Blood Pressure**

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

High blood pressure increases the risk for heart disease and stroke, two leading causes of death for Americans. Tens of millions of adults in the United States have high blood pressure, and many do not have it under control. Many resources are available for health professionals to support hypertension prevention and management and educate others.

**Fast Facts about Hypertension**

- In 2020, more than 670,000 deaths in the United States had hypertension as a primary or contributing cause.
- High blood pressure costs the United States about \$131 billion each year, averaged over 12 years from 2003 to 2014.
- A greater percentage of men (50%) have high blood pressure than women (44%).
- High blood pressure is more common in non-Hispanic black adults (56%) than in non-Hispanic white adults (48%), non-Hispanic Asian adults (46%), or Hispanic adults (39%).
- Among those recommended to take blood pressure medication, blood pressure control is higher among non-Hispanic white adults (32%) than in non-Hispanic black adults (25%), non-Hispanic Asian adults (19%), or Hispanic adults (25%).

- The National Center of Health Statistics, Center for Disease Control and Prevention, National Health and Nutrition Examination Survey (NHANES) for 2015-2018 identified the following:
  - Nearly 1 out of 2 adults in the United States has hypertension (116 million).
  - Approximately 1 in 5 adults with hypertension in the United States are recommended lifestyle modifications only (24.3 million).
  - Most adults with hypertension in the United States are recommended prescription medication with lifestyle modifications (91.7 million).
  - Most adults with hypertension in the United States do not have their hypertension under control (92.1 million). This includes all 24.3 million adults who are recommended lifestyle modifications only, and 67.8 million adults who are recommended lifestyle modifications and prescription medication.
  - Many adults in the United States who are already treated with hypertension medication may need to have their current medication dosage increased or to be prescribed additional medications to achieve blood pressure control (33.6 million). More than half of this group have a blood pressure of 140/90 mm Hg or higher (20.0 million).
  - Many adults in the United States for whom hypertension medication is recommended are untreated and may need both a prescription and to start taking it (34.1 million). Two-thirds of this group have a blood pressure of 140/90 mm Hg or higher (23.2 million).

### Visit Checklist

Effective provider-patient communication improves health and saves time. Use this checklist as a guide during visits with patients working to control high blood pressure.

- Explain the roles of each member of the health care team.
- Ask “What is most important for you to accomplish during your visit today?” The answer helps set the agenda.
- Review blood pressure goal against current reading(s).
- Have an open conversation about goals, achievements, confidence, and barriers.
- Help set small, achievable goals based on patients’ answers. For example, if the patient is working to improve diet, establish a goal to swap out favorite food items for lower sodium versions. Small changes can gradually lead to more heart-healthy meals, cooked at home.
- Use the “Ask-Tell-Ask” technique to address actions for each behavioral goal:
  - **Ask** permission to provide information on a specific topic. For example, for medication adherence, you might say, “There are several things I want to tell you about your new medication. Is that okay?”
  - **Tell** the patient what they need to know (e.g., when they should take the medication, expected side effects, importance of taking it as directed). Use simple words and diagrams or pictures.
  - **Ask** the patient to repeat the information in their own words.
- Provide the patient with the following tools:
  - Blood pressure tracker with target numbers written prominently.
  - Home blood pressure monitoring instructions.
  - Healthy diet information.
  - Community options for exercising.
  - Support groups to join.
- Remind the patient to record blood pressure readings between office visits and to share with the team by phone, fax, or e-mail as well as at the next office visit.

### Improving Medication Adherence among Patients with Hypertension

Medication adherence is critical to successful hypertension control for many patients. However, only 51% of Americans treated for hypertension follow their health care professional’s advice when it comes to their long-term medication therapy.

As a health care professional, you can empower patients to take their medications as prescribed. Effective two-way communication is critical; in fact, it doubles the odds of your patients taking their medications properly. Try to understand your patients’ barriers and address them honestly to build trust.



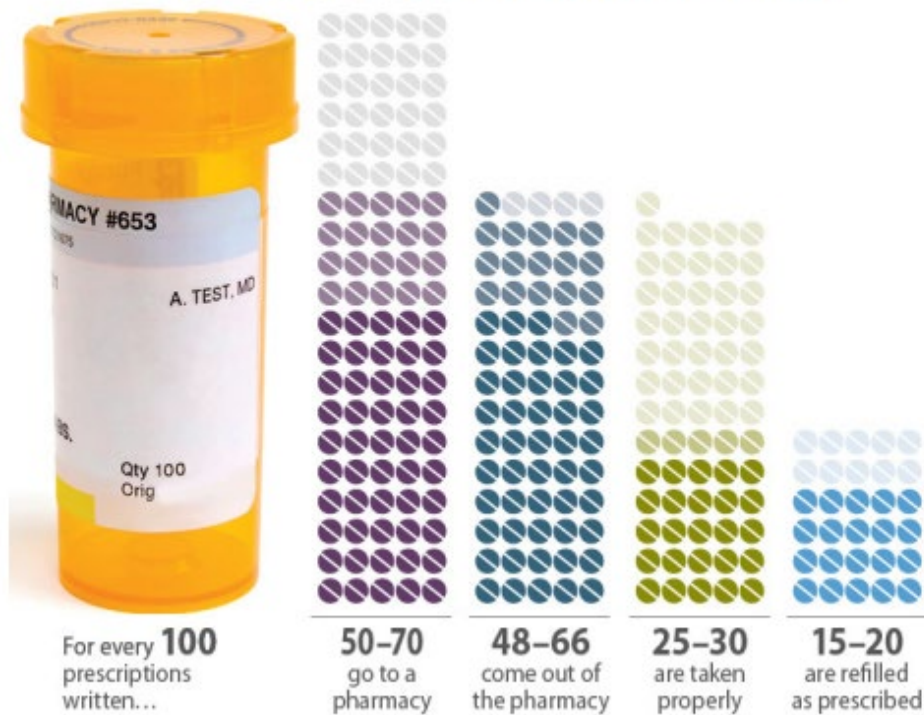
Adherence matters. High adherence to antihypertensive medication is associated with higher odds of blood pressure control, but non-adherence to cardioprotective medications increases a patient’s risk of death from 50% to 80%.

**Adherence by the Numbers**

Out of every 100 prescriptions written....

- 50 to 70 go to a pharmacy
- 48 to 66 come out of the pharmacy
- 25 to 30 are taken properly
- 15 to 20 are refilled as prescribed

**Medication Adherence by the Numbers\***



\*This data applies to all medication types, not only hypertension medication.

**Predictors of Non-Adherence**

Patients who struggle with adherence to medication may provide predictors of non-adherence. When discussing medications, be aware if your patient:

- Demonstrates limited English language proficiency or low literacy.
- Has a history of mental health issues like depression, anxiety, or addiction.
- Does not believe in the benefits of treatment.
- Believes medications are unnecessary or harmful.
- Has a concern about medication side effects.
- Expresses concern over the cost of medications.
- Says he or she is tired of taking medications.

**Use the SIMPLE Method to Help Improve Medication Adherence among Your Patients**

**S**implify the regimen.

- Encourage patients to use adherence tools like day-of-the-week pillboxes or mobile apps.
- Work to match the action of taking medication with a patient’s daily routine (e.g., at mealtime or bedtime, with other medications they already take properly, etc.).

**I**mpart knowledge.

- Write down prescription instructions clearly, and reinforce them verbally.
- Provide websites for additional reading and information.

Modify patients' beliefs and behavior.

- Provide positive reinforcement when patients take their medication successfully, and offer incentives if possible.
- Talk to patients to understand and address their concerns or fears.

Provide communication and trust.

- Allow patients to speak freely. Time is of the essence, but research shows that most patients will talk no longer than 2 minutes when given the opportunity.
- Use plain language when speaking with patients. Say, “Did you take all of your pills?” instead of using the word “adherence.”
- Ask for patients' input when discussing recommendations and making decisions.
- Remind patients to contact your office with any questions.

Leave the bias.

- Understand the predictors of non-adherence and address them as needed with patients.
- Ask patients specific questions about attitudes, beliefs, and cultural norms related to taking medications.

Evaluate adherence.

- Ask patients simply and directly whether they are sticking to their drug regimen.
- Use a medication adherence scale, such as the Medication Possession Ratio (MPR) or the Proportion of Days Covered (PDC).

**Tools and Resources**

[American Medical Group Foundation's Provider Toolkit to Improve Hypertension Control](#)

[Hypertension Control Change Package \(hhs.gov\)](#)

[Hypertension Resources for Health Professionals | cdc.gov](#)

[Hypertension Tools and Training | cdc.gov](#)

[Million Hearts®: National Initiative with CDC and CMS \(hhs.gov\)](#)

**References**

[CDC Facts About Hypertension | cdc.gov](#)

[Estimated Hypertension Prevalence, Treatment, and Control Among U.S. Adults | Million Hearts® \(hhs.gov\)](#)

[High Blood Pressure | cdc.gov](#)

[Improving Medication Adherence Among Patients with Hypertension \(hhs.gov\)](#)

[Supporting Your Patients with High Blood Pressure Visit Checklist \(hhs.gov\)](#)

## Quit With Us, Louisiana

### Help Your Patients Ring in a Healthier New Year

Quitting tobacco isn't just a New Year's resolution — it's a New Year's revolution!

Tobacco users are statistically more likely to quit tobacco when they are encouraged by health care providers. See different ways to help your patients quit tobacco below!

**Practice the 5 A's**

- **Ask About Tobacco Use:** Use a non-judgmental voice to ask about current or past tobacco use while taking vitals.
- **Advise Quitting:** Be clear but sensitive. Let them know about FREE services provided by the Oklahoma tobacco helpline.
- **Assess Interest in Quitting:** On a scale of 1-10, assess how ready your patients are to quit. Patients who are reluctant should still receive non-judgmental advice.
- **Assist With Quitting:** Work with patients to establish a quit plan and set a quit date. Talk about the free support on the helpline.
- **Arrange Follow-up:** During their first few weeks of quitting, follow up with them. Praise their successes and compliment their progress.

[Home – Quit With Us, Louisiana \(quitwithusla.org\)](#)

[Provider Resources](#)



# 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.
  - 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.

### Available Influenza Vaccines

- 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.

<b>Available Influenza Vaccines, cont.</b>	
<b><u>Standard-dose Quadrivalent (Flu Shot)</u></b>	<ul style="list-style-type: none"> <li>• Approved for people 6 months of age and older</li> <li>• 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)</li> </ul>
<b>Live Attenuated Influenza Vaccine (Nasal Spray Vaccine)</b>	<ul style="list-style-type: none"> <li>• Approved for people between 2 and 49 years old</li> <li>• Not recommended for pregnant people, immunocompromised people, or people with certain medical conditions</li> <li>• Good option for healthy people in this age group who are not pregnant and who do not like needles</li> </ul>
<b>Recombinant</b>	<ul style="list-style-type: none"> <li>• Approved for adults 18 years and older</li> <li>• Produced using a method that does not require an egg-grown virus</li> <li>• Egg-free</li> </ul>
<b>Adjuvanted</b>	<ul style="list-style-type: none"> <li>• Made with an ingredient that helps create a stronger immune response</li> <li>• Approved for adults 65 years and older</li> </ul>
<b>High-Dose</b>	<ul style="list-style-type: none"> <li>• Contains four times the amount of antigen as a regular flu shot to create a stronger immune response</li> <li>• Approved for adults 65 years and older</li> </ul>
<b>Cell-Based</b>	<ul style="list-style-type: none"> <li>• Produced by growing virus in cultured cells of mammalian origin instead of in eggs</li> <li>• Egg-free</li> <li>• Approved for people 6 months and older</li> </ul>

**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](#)

## COVID-19 Vaccine Incentive Program – Boosters Update



**Updated: November 16, 2022**

In April, Louisiana Medicaid implemented the “Shot per 100,000” COVID vaccine incentive program as part of ongoing efforts to increase COVID vaccination rates in the state of Louisiana. To continue this effort, Medicaid has expanded the program to include booster shots.

This program is available to the following Medicaid members:

- Age 5 and older who were vaccinated with their first or second dose of the COVID-19 vaccine on or after April 5, 2022.
- Age 6 months to age 4 who were vaccinated with their first or second dose of the COVID-19 vaccine on or after July 5, 2022.
- Age 6 months and older who received a vaccine booster dose on or after October 1, 2022.

Members are eligible for only one gift card for the first or second dose of the vaccine and only one gift card for receiving a booster shot.

Members can choose any vaccine administration location to receive their shot. Each Medicaid managed care organization (MCO) will handle distribution of the gift cards.

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](http://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.

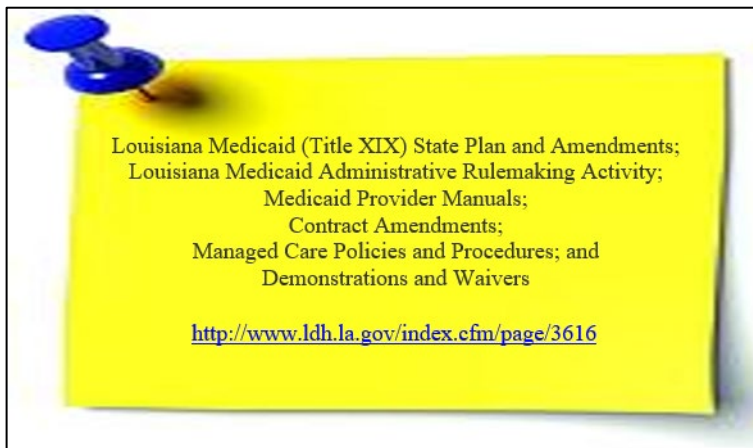
For questions related to this information as it pertains to fee-for-service Medicaid claims processing, please contact Gainwell Technologies Provider Services at (800) 473-2783 or (225) 924-5040.

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

## Medicaid Public Notice and Comment Procedure

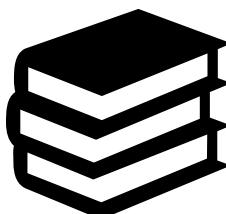
As of Aug. 1, 2019, a public notice and comment period is required before certain policies and procedures are adopted. Drafts will be published on LDH's website to allow for public comment, as per HB 434 of the 2019 Regular Legislative Session. This requirement applies to managed care policies and procedures, 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)
	<a href="#">Adult Dental Waiver Fee Schedule</a>	12/01/22
<a href="#">Durable Medical Equipment</a>	<ul style="list-style-type: none"> <li>• Table of Contents</li> </ul> Section 18.2 – Donor Human Milk	12/16/22
<a href="#">Behavioral Health Services</a>	Section 2.4 Addiction Services	12/27/22
<a href="#">Behavioral Health Services</a>	<ul style="list-style-type: none"> <li>• Table of Contents</li> <li>• Section 2.2 - Bed Based Services – Crisis Stabilization for Youth</li> <li>• Section 2.3 – Outpatient Services – Rehabilitation Services</li> <li>• Appendix A – Forms and Links</li> <li>• Appendix D – Curriculum/Equivalency Standards</li> <li>• Appendix G-1 – Standardized Assessment for Members Receiving CPST and PSR</li> </ul> Appendix G-2 Supported Employment.	12/29/22 (Effective 01/01/23)



## Louisiana Medicaid Updates and Authorities



Keep up to date with all provider news and updates on the Louisiana Department of Health website:

[Health Plan Advisories | La Dept. of Health](#)  
[Informational Bulletins | La Dept. of Health](#)

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



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/EPSDT – 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](#)

# Save the date: LPHA 2023 Conference

The Louisiana Public Health Association (LPHA) is thrilled to announce that the 2023 [LPHA Annual Conference](#) will be held April 5-6 at the Crowne Plaza Hotel in Baton Rouge.



## Health Observance Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
<b>MONTH</b>						
Cervical Health Awareness National Glaucoma Awareness National Birth Defect Prevention National Blood Donor			Thyroid Awareness Poverty Awareness National Eye Care Mental Wellness			
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b> World Braille Day	<b>5</b>	<b>6</b>	<b>7</b>
<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b> <a href="#">Paquet Awareness Day</a>  National Human Trafficking Awareness Day	<b>12</b>	<b>13</b>	<b>14</b>
<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>
<b>22</b>	<b>23</b>	<b>24</b> <a href="#">Moebius Syndrome Awareness Day</a>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>
<b>29</b> World Leprosy Day	<b>30</b>	<b>31</b> Intl. Zebra Day <a href="#">(Ehlers-Danlos)</a>				