Louisiana Medicaid | **Provider** UPDATE

Welcome

Welcome to the Louisiana Medicaid Provider Update newsletter.

We hope this newsletter provides you with important and beneficial information about the Louisiana Medicaid program as we all prepare for what will sure be an exciting and successful New Year.

We appreciate all you do to help provide better health care to the residents in our state and we value your commitment to serving the Medicaid population. On behalf of the Department, we look forward to working with you to make 2024 an exceptional year for all those we serve. Thank you for your continued commitment to Louisiana's Medicaid population.

Challenges Met, Progress Delivered



The Office of Governor John Bel Edwards released <u>a series of</u> <u>reports</u> prepared by cabinet and cabinet-equivalent agencies giving an overview of their most significant accomplishments under Governor Edwards from January 2016 to late 2023. Volume 40, Issue 1 | January 2024

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The reports, titled "Challenges Met, Progress Delivered," celebrate and acknowledge the extraordinary work done by public servants to move Louisiana forward in the face of unprecedented challenges.

Take a look at the LDH report to see all that has been accomplished over the past eight years.

Louisiana Celebrates New HIV Diagnoses Dropping by 11% Over Five Years

LDH recently recognized World AIDS Day (December 1) by announcing an 11% decline in new human immunodeficiency virus (HIV) diagnoses over the past five years; diagnosis of new HIV cases went from 964 diagnosed with HIV in 2018 to 860 diagnosed in 2022. As of June 2023, the number of individuals living with HIV in Louisiana stands at 22,920.

HIV spreads primarily through sexual activities, as well as through blood transfusions, shared syringes, and from parent to child during pregnancy, childbirth or breastfeeding. HIV cannot be transmitted through casual contact (kissing, touching, or sharing food or utensils) and does not spread through saliva, sweat, tears, mosquitoes or contact with toilet seats.

With access and adherence to antiretroviral medication, individuals living with HIV can achieve an undetectable viral load, reducing the amount of HIV cells in their bodies to a very low level. This scientific phenomenon, known as Undetectable=Untransmittable (U=U), ensures that individuals with an undetectable viral load cannot sexually transmit the virus to others. People living with HIV who maintain an undetectable viral load can expect to live as long as their peers who do not have HIV.

For information on HIV prevention and services in Louisiana, click here.

FDA Drug Safety Communication: FDA Warns of Rare but Serious Drug Reaction to the Antiseizure Medicines Levetiracetam and Clobazam

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

On November 28, 2023, the U.S. Food and Drug Administration (FDA) issued a drug safety communication warning that the antiseizure medicines levetiracetam (Keppra, Keppra XR, Elepsia XR, Spritam) and clobazam (Onfi, Sympazan) can cause a rare but serious reaction that can be life-threatening if not diagnosed and treated quickly. This reaction is called Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS). It may start as a rash but can quickly progress, resulting in injury to internal organs, the need for hospitalization, and even death. As a result, the FDA is requiring the addition of warnings about this risk to the prescribing information and patient Medication Guides for these medicines.

This hypersensitivity reaction to these medicines is serious but rare. DRESS can include fever, rash, swollen lymph nodes, or injury to organs including the liver, kidneys, lungs, heart, or pancreas.

What is the FDA Doing?

The FDA is requiring manufacturers of these medicines to add new warnings about DRESS to the prescribing information and the Medication Guide for patients and caregivers. For levetiracetam (Keppra, Keppra XR, Elepsia XR, and Spritam), this involves adding a new warning in the *Warnings and Precautions* section of the prescribing information, which describes the most serious and significant potential safety issues. Currently the symptoms associated with this condition are described less prominently. For clobazam (Onfi and Sympazan), the FDA is requiring a new warning specifically about DRESS to be added to the prescribing information. Symptoms related to this risk are already described more generally in other sections of the clobazam prescribing information.

The warnings for both levetiracetam and clobazam medicines will include information that early symptoms of DRESS such as fever or swollen lymph nodes can be present even when a rash cannot be seen. This is different from other serious skin-related reactions that can happen with these medicines and where a rash is present early on, including Stevens-Johnson Syndrome (SJS) and toxic epidermal necrolysis (TEN). The FDA is also requiring information on this risk to be added to the Medication Guides to help inform patients and caregivers about this risk.

What Should Healthcare Professionals Do?

Healthcare professionals should be aware that prompt recognition and early treatment is important for improving DRESS outcomes and decreasing mortality. Diagnosis is often difficult because early signs and symptoms such as fever and swollen lymph nodes may be present without evidence of a rash. DRESS can develop 2 weeks to 8 weeks after starting the medicines, and symptoms and intensity can vary widely. DRESS can also be confused with other serious skin reactions such as SJS and TEN. Advise patients of the signs and symptoms of DRESS and to stop taking their medicine and seek immediate medical attention if DRESS is suspected during treatment with levetiracetam or clobazam.

Additional Information for Healthcare Professionals

- DRESS consists of a combination of the following:
 - Cutaneous reaction (such as generalized rash or exfoliative dermatitis, which may or may not be present)
 - Eosinophilia
 - Fever
 - Lymphadenopathy
 - One or more systemic complications such as hepatitis, myocarditis, pericarditis, pancreatitis, nephritis, and pneumonitis
- DRESS can cause severe inflammation and organ injury throughout the body that may require hospitalization or lead to death, particularly if diagnosis and treatment are delayed. Eosinophilia is often but not always present.
- The FDA is requiring that the risk of DRESS be added to the *Warnings and Precautions* sections of the prescribing information and to the Medication Guides. The risk of DRESS is currently in the Adverse Reactions; Postmarketing Experience section of the levetiracetam prescribing information, and symptoms related to this risk are already described more generally in other sections of the clobazam prescribing information.
- When prescribing levetiracetam or clobazam, inform patients about the risk of DRESS.
- Explain the signs and symptoms of DRESS and tell patients when to seek immediate medical care if any of these occur.
- If DRESS is suspected, discontinue levetiracetam or clobazam immediately if an alternative etiology for the signs or symptoms cannot be established.
- Important ways to manage DRESS are early recognition, discontinuation of the offending agent as soon as possible, supportive care, and/or other interventions commonly used to treat DRESS such as systemic corticosteroids.
- Encourage patients to read the Medication Guide they receive with their prescriptions because there may be new or important additional information about the medicine.

What should healthcare professionals tell their patients?

- Do not stop taking levetiracetam or clobazam without talking with their healthcare professional. Stopping these medicines suddenly can lead to uncontrolled seizures.
- It is important to seek immediate medical attention for DRESS.
- If any unusual symptoms or reactions develop, including a rash, at any time while taking levetiracetam or clobazam, the patient should go to an emergency room immediately.
- Fever with a rash and swollen lymph nodes or swelling in the face are common with DRESS, but some patients may not develop a rash.
- Symptoms of DRESS generally start 2 weeks to 8 weeks after starting on the medicine, but these symptoms may occur earlier or later.
- A physical examination, laboratory blood tests, and other evaluations are used to diagnose DRESS.

 XR, Elepsia XR, Spritam) Levetiracetam is an antiseizure medicine indicated for use alone or together with other medicines to control certain types of seizures in adults and children such as partial seizures, myoclonic seizures, or tonic-clonic seizures. Levetiracetam is available as a liquid solution, immediate- and extended-release tablets, and a tablet that must be dissolved in a small amount of water on the tongue. Common side effects of levetiracetam include unusual irritability or aggression, confusion, loss of balance or coordination, and extreme drowsiness. In 2022, an estimated 12 million levetiracetam prescriptions were dispensed from U.S. outpatient pharmacies. 	 Clobazam is a benzodiazepine indicated for use in combination with other medicines to control seizures in adults and children 2 years and older who have a specific severe form of epilepsy called Lennox-Gastaut syndrome. Clobazam is available as a tablet and a liquid suspension (a powder mixed in a liquid) taken by mouth, and as a film applied on the tongue to dissolve. Common side effects of clobazam include difficulty speaking or swallowing, tiredness, change in appetite, and problems with muscle control or coordination. In 2022, an estimated 779,000 clobazam prescriptions were dispensed from U.S. outpatient pharmacies.
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Reference: FDA warns of rare but serious drug reaction to the antiseizure medicines levetiracetam (Keppra, Keppra XR, Elepsia XR, Spritam) and clobazam (Onfi, Sympazan)

Medicaid Compliance Corner: Health Standards Section

The <u>Health Standards Section (HSS)</u> of the Louisiana Department of Health (LDH) has responsibility for the licensing all healthcare facilities in the state of Louisiana that are subject to licensing statutes and the licensing and certification of providers for participation in the Medicare and Medicaid programs.

A federal contract with the Centers for Medicare and Medicaid Services (CMS) authorizes HSS to conduct certification surveys and complaint surveys in programs that are Medicare and/or Medicaid certified. Since 1985, through an agreement between LDH and the federal Department of Health and Human Services (DHHS), HSS has been the designated "State Survey Agency" which operates under Section 1864 of the Social Security Act.

The mission of HSS is to enforce regulatory compliance of health care facilities and provider types within the state of Louisiana. This is accomplished through periodic surveys/inspections of the providers which are licensed and/or certified to operate in Louisiana.

HSS also:

- Investigates complaints received regarding allegations of abuse, neglect, exploitation, and extortion, and noncompliance with federal and/or state regulations which fall under the purview of the state survey agency.
- Administers the Facility Need Review process, Informal Dispute Resolutions, the Certified Nurse Aide Registry, the Direct Service Worker Registry, oversight of collected civil money penalty funds, and the CLIA program.

Pursuant to R.S. 49:950 et seq., the Louisiana Administrative Procedure Act, public notice is required by the Department when the agency is intending to take a particular action, adopt policy, or establish regulations through the administrative rulemaking process prior to taking the action.

The <u>HSS web page</u> now contains administrative rulemaking documents promulgated by LDH, HSS and published in the Louisiana Register by the Division of Administration (DOA), Office of State Register. Title 48 of the Louisiana Administrative Code (LAC) contains the Rules governing the licensing and/or certification of health care facilities/programs. All Rules promulgated by the LDH/HSS can be found on the DOA, Office of State Register's <u>website</u>.

Prior to November 10, 2023, all HSS rulemaking activity was published on the Bureau of Health Services Financing (Medicaid) rulemaking website. To access postings prior to November 10, 2023, please click <u>here</u>.

Questions regarding HSS administrative rulemaking activity may be directed to Dr. Cynthia York at <u>Cynthia.york@la.gov.</u>

Napping?



Napping is *okay* **if it doesn't interfere with nighttime sleep.** If you nap longer than 20-30 minutes you risk falling into a deep sleep. The issue with napping for more than 20-30 minutes is that your brain has more of a chance to fall into a deep sleep which may interfere with nighttime sleep. When you wake up from deep sleep versus light sleep you are more likely to feel groggy or disoriented¹.

- Naps should last 20-30 minutes.
- Naps should be taken in a dark, quiet environment.
- Nap before 3 pm–an early nap adds to the previous night of sleep but a late nap subtracts from the upcoming night of sleep.
- For an extra wakefulness boost post-nap, get some sunlight and exercise.

Ultimately, the most appropriate approach to napping will vary from person to person and depend on individual sleep needs and patterns. By being mindful of the potential impact of napping on nighttime sleep, individuals can make informed decisions about when and how to nap. This will enable optimal sleep and wellness.

1. Winter WC. The sleep solution: Why your sleep is broken and how to fix it. 1st ed. Berkley; 2017.



Health Observance Calendar January 2024



January 2024

Bath Safety Month Cervical Health Awareness Month Eye Care Month Glaucoma Awareness Month Integrative Health Month National Birth Defects Prevention Month National Blood Donor Month Radon Action Month Stalking Awareness Month Thyroid Awareness Month

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 New Year's Day	2 Motivation and Inspiration Day	3 Festival of Sleep Day International Mind Body Wellness Day	4 <u>World Braille Day</u>	5	6
7	8	9	10 <u>National Take the Stairs</u> <u>Day</u>	11 Intl. Thank You Day National Human Trafficking Awareness Day	12 <u>National Pharmacist</u> <u>Day</u>	13
14	15 Martin Luther King Day	16	17	18	19	20
21	22	23 National CRNA Week 23-29 Maternal Health Awareness Day	24	25 <u>National IV Nurse Day</u>	26	27 <u>World Breast</u> <u>Pumping Day</u>
28 <u>World</u> <u>Leprosy</u> <u>Day</u> <u>National</u> <u>Pediatricia</u> <u>n Day</u>	29	30	31	145,01314		
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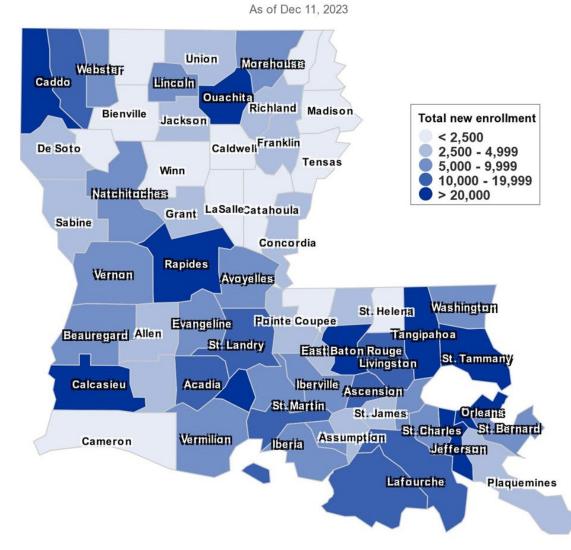
LDH Medicaid Expansion Dashboard

	<u>Q</u>	Healthy Louisiana DASHBOARD
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Want	to view	details on each topic? Click <u>here</u> .
0	701,938	Health Insurance Adults enrolled in Medicaid Expansion as of Dec 11, 2023
		Doctor Visits
	69.65%	Percentage of adults who had a doctor's office visit during the year*,**
	713,409	Adults who visited a doctor and received new patient or preventive healthcare services*
		Breast Cancer
	153,673	Women who've gotten screening or diagnostic breast imaging*
	2,323	Women diagnosed with breast cancer as a result of this imaging*
		Colon Cancer
	105,425	Adults who received colon cancer screening*
P	32,135	Adults with colon polyps removed, which can prevent colon cancer in the future*
	1,452	Adults diagnosed with colon cancer as a result of this screening*

	Newly Diagnosed Diabetes
52,036	Adults newly diagnosed and now treated for Diabetes*
	Newly Diagnosed Hypertension
131,36	Adults newly diagnosed and now treated for Hypertension*
	Mental Health
216,23	 Adults receiving specialized outpatient mental health services*
62,006	Adults receiving inpatient mental health services at a psychiatric facility*
	Substance Use
42,218	Adults receiving specialized substance use outpatient services*
48,501	Adults receiving specialized substance use residential services*
45,019	Adults receiving medication-assisted treatment (MAT) for opioid use disorder*

*Statistics as of December 04, 2023

**Reported as a modified version of the Adults' Access to Ambulatory or Preventive Care (AAP) HEDIS[®] measure which includes the percentage of Medicaid Expansion eligibles enrolled at least 11 of 12 months of the year ending 4 months prior to report date who had an ambulatory or preventive care visit during the year.



Expansion Enrollment by Parish

Patient-Centered Messaging for Clinical Offices and Health Care Settings

CMS posted a toolkit entitled <u>Patient-Centered Messaging for Clinical Offices and Health Care Settings</u> for clinical offices and health care settings. This toolkit is a one stop shop to find and share the information about Medicaid and CHIP renewals with patients.

You'll find a number of ready-to-use tools, such as:

- Frequently Asked Questions
- Recorded phone/hold messages
- No reply text messages & push notifications for patient portals
- E-newsletter & patient portal messages.

Click <u>here</u> to get these resources for offices' front desks, lobby/waiting areas, billing departments, patient portals, and other places.

Have You Met MARC: Louisiana Medicaid's New Virtual Assistant Medicaid Automated Response ChatBot (MARC) Launch

Have questions about Medicaid, MARC is here to help! Louisiana Medicaid has launched a virtual assistant named MARC, short for Medicaid Automated Response Chatbot, on its web pages as a fast, convenient way to answer frequently asked questions from the public. Users can type in Medicaid-related questions or choose from a list of topics and responses related to their questions. Users can choose to interact with MARC in English, Spanish, or Vietnamese. MARC is available 24 hours a day, seven days a week on Medicaid.la.gov, Healthy.la.gov, and the Medicaid's provider and plan resources site. If MARC is unable to answer a question, it will offer the user other resources, including contacting Medicaid's customer service hotline at 1-888-342-6207. MARC was a collaborative effort among the Louisiana Department of Health, Google, and Quantiphi.

Remittance Advice Corner

Attention Local Education Agency (LEA) Providers

Federal regulations require states to screen and enroll all Medicaid providers that order, prescribe, or refer items or services for Medicaid beneficiaries. Participating LEAs should expect claim denials on interim claims submitted for reimbursement if ordering provider enrollment requirements are not complete by December 30, 2023. To fulfill requirements, physicians and non-physician practitioners whose order results in health care services being provided by an LEA must enroll as a fully participating fee-for-service provider or an Ordering, Prescribing, Referring (OPR) provider type. The ordering provider's name, their Type 1 (individual) NPI and DK qualifier must be on all claims, with exception of nursing evaluations and preventative screenings. The ordering provider may be an individual physician or other licensed practitioner associated with the student's plan of care or may be the actual provider services. LEA employees and contracted practitioners currently enrolled as participating LA Medicaid fee-for-service provider. Please refer to the home page of www.lamedicaid.com to review policy notice: 'School-Based Provider Enrollment Requirements' for additional details. Providers who are unsure of their fee-for-service enrollment status or require enrollment assistance should contact Gainwell Technologies at 225-216-6370 or email louisianaprovenroll@gainwelltechnologies.com.

Louisiana Medicaid Updates and Authorities



Keep up to date with all provider news and updates on the Louisiana Department of Health website: <u>Health Plan Advisories | La Dept. of Health</u> <u>Informational Bulletins | La Dept. of Health</u>

Louisiana Medicaid State Plan amendments and Rules are available at Medicaid Policy Gateway | La Dept. of Health



Manual Chapter Revision Log

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

Manual Chapter	Section(s)	Date of Revision(s)
Behavioral Health	Section 2.3 – Outpatient Services – Crisis Response Services	12/14/23
<u>Children's Choice Waiver (CC)</u>	 Section 14.1 – Covered Services Section 14.2 – Beneficiary Requirements Section 14.6 – Staffing Requirements Section 14.8 – Reimbursement Section 14.10 – Incidents, Accidents, and Complaints Section 14.11 – Support Coordination Section 14.12 – Self-Direction Option Appendix B - Glossary 	12/27/23
<u>Home Health</u>	 Table of Contents Section 23.0 – Overview Section 23.1 – Description of Services Section 23.4 – Provider Requirements Section 23.7 – Acronyms 	12/12/23
Personal Care Services (PCS)	 Table of Contents Section 30.1 – Overview Section 30.2 – Covered Services Section 30.3 – Beneficiary Requirements Section 30.4 – Beneficiary Rights and Responsibilities Section 30.5 – Service Access and Authorization Section 30.6 – Provider Requirements Section 30.7 – Service Delivery Section 30.8 – Record Keeping Section 30.9 – Incidents, Accidents, and Complaints Section 30.10 – Reimbursement Section 30.12 – Program Oversight and Review Section 30.15 – EPSDT-PCS – Covered Services Section 30.17 – EPSDT-PCS – Prior Authorization Section 30.18 – EPSDT-PCS – Prior Authorization 	12/21/23

Manual Chapter	Section(s)	Date of Revision(s)
	 Section 30.20 – EPSDT-PCS – Record Keeping Appendix B – Contact Information Appendix C – Billing Codes Appendix D – Reserved Appendix E – Reserved Appendix F – Reserved Appendix G – Glossary Appendix I – EPSDT-PCS – Forms and Links Appendix J – Claims Related Information 	
American Indian 638 Clinics	Section 39.3 – Provider Requirements	12/18/23

Medicaid Public Notice and Comment Procedure

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

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



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

Provider FAQs

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



For Information or Assistance, Call Us!



General Medicaid Eligibility Hotline 1-888-342-6207 **Point of Sale Help Desk** 1-800-648-0790 (225) 216-6381

Provider Relations 1-800-473-2783 (225) 294-5040 <u>Medicaid Provider Website</u>

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 <u>REVS Website</u> 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