Louisiana Medicaid | Provider UPDATE

Volume 41, Issue 1 | January 2025

Welcome

Welcome to the **LOUISIANA MEDICAID PROVIDER UPDATE** newsletter.

We trust that this **JANUARY EDITION** of the Louisiana Medicaid Provider Update newsletter will offer you valuable insights regarding the Louisiana Medicaid program as we approach what promises to be an exciting and prosperous New Year.

Your efforts in enhancing healthcare for our state's residents are greatly appreciated, and we recognize your dedication to the Medicaid community. On behalf of the Department, we eagerly anticipate collaborating with you to ensure that **2025** is a remarkable year for all those we serve. Thank you for your compassion, care and ongoing commitment to Louisiana's Medicaid population.

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LDH Health Advisory – First Human Highly Pathogenic Avian Influenza A (H5N1) Virus Infection in Louisiana

This is an official
LDH HEALTH ADVISORY

The Louisiana Department of Health (LDH) is issuing this Health Alert Network (HAN) Health Advisory to inform clinicians of the **first detection of human infection with highly pathogenic avian influenza A(H5N1) virus in Louisiana**. Although human infections with HPAI A(H5N1) virus are **rare**, having **unprotected exposure to any infected animal or to an environment in which infected birds or other infected animals are or have been present increases risk of infection**.

On December 12, 2024, LDH detected the first presumptive positive human case of HPAI A(H5N1) in Louisiana. CDC subsequently confirmed the virus as H5N1 avian influenza (determination of the influenza virus neuraminidase component is pending). The individual is a resident of southwestern Louisiana and is hospitalized as a result of the infection. **According to CDC, this is the first confirmed case of H5 virus infection to experience severe illness in the United States**. LDH's epidemiologic investigation revealed that the individual had **exposure to sick and dead birds** that are suspected to have been infected with H5N1.

A sporadic severe case of H5N1 illness is not unexpected; H5N1 bird flu virus infection has previously been associated with severe illness in other countries during this outbreak and in prior outbreaks, including illness resulting in death. **No person-to-person spread of H5N1 virus in the United States has been identified to date.**

Summary for healthcare providers:

Diagnosis, consultation, and treatment

Clinicians should consider the possibility of HPAI A(H5N1) virus infection **in people showing signs or symptoms of acute respiratory illness or conjunctivitis** and who have relevant exposure history within 10 days of symptom onset.

Examples of relevant exposures include but are not limited to:

- Contact with potentially infected sick or dead birds, livestock, or other animals within 10 days before symptom onset,
- Consumption of uncooked or undercooked food or related uncooked food products, including unpasteurized (raw) milk or other unpasteurized dairy products),
- Direct contact with water or surfaces contaminated with feces, unpasteurized (raw) milk or unpasteurized dairy products, or parts (carcasses, internal organs, etc.) of potentially infected animals, or
- Prolonged exposure to potentially infected birds or other animals in a confined space.

Examples of symptoms include but are not limited to:

- Mild illness: (e.g., cough, sore throat, eye redness or eye discharge such as conjunctivitis, fever or feeling feverish, rhinorrhea, fatigue, myalgia, arthralgia, and headache)
- Moderate to severe illness: (e.g., shortness of breath or difficulty breathing, altered mental status, and seizures)
- Complications: (e.g., pneumonia, respiratory failure, acute respiratory distress syndrome, multi-organ failure (respiratory and kidney failure), sepsis, and meningoencephalitis)

If signs and symptoms compatible with avian influenza A(H5N1) virus infection are present:

- **Immediately implement infection prevention and control recommendations:** Standard, contact, and airborne precautions, including the use of eye protection, are recommended when evaluating patients for infection with novel influenza A viruses. If an airborne infection isolation room (AIIR) is not available, isolate the patient in a private room. **Health care personnel should wear recommended personal protective equipment (PPE) when providing patient care**. For more information on recommended infection prevention and control measures, please visit Infection Control Within Healthcare Settings for Patients with Novel Influenza A Viruses.
- **Contact the LDH Infectious Disease Epidemiology (IDEpi) 24/7 clinician hotline: 800-256-2748.** IDEpi epidemiologists will facilitate specimen submission to the State Public Health Laboratory (SPHL) for patients with suspected H5N1 virus infection.
- § For any patient, regardless of clinical presentation and exposure history, if an assay provides Influenza A seasonal subtyping (H1N1 or H3N2), specimens that are unsubtypable or result as

- inconclusive for these targets should be sent to the SPHL for HPAI H5 testing to determine if the unsubtypable specimen contains a novel influenza A virus.

- **Implement empiric antiviral treatment** with oral or enterically administered oseltamivir (twice daily for five days) regardless of time since onset of symptoms. Antiviral treatment should not be delayed while waiting for laboratory test results.

- Encourage patients who do not require hospitalization to isolate at home away from their household members and not go to work or school until it is determined they do not have avian influenza A(H5N1) virus infection.

Clinician reporting

Report all suspected HPAI A(H5N1) infections to the LDH IDEpi 24/7 clinician hotline: 800-256-2748.

H5N1 Background:

The panzootic of HPAI A(H5N1) viruses in wild birds has resulted in outbreaks among commercial poultry and backyard bird flocks and has spread to infect wild terrestrial and marine mammals, as well as domesticated animals. Sporadic human infections with HPAI A(H5N1) virus have been reported in 23 countries since 1997 with a case fatality proportion of >50%, but only a small number of H5N1 cases have been reported in humans since 2022. **Most human infections with H5N1 virus have occurred after unprotected exposures to sick or dead infected poultry**. Since the spring of 2024, sporadic human infections have been reported in the United States associated with poultry exposures or with dairy cattle exposures associated with the ongoing multi-state outbreaks of HPAI A(H5N1) virus among dairy cattle and poultry. **There is no evidence of sustained human-to-human H5N1 virus transmission in any country**, and limited, non-sustained human-to-human H5N1 virus transmission has not been reported worldwide since 2007.

Avian influenza A viruses infect the respiratory and gastrointestinal tracts of birds causing birds to shed the virus in their saliva, mucus, and feces. Influenza A viruses can also infect the respiratory tract of mammals and cause systemic infection in other organ tissues. Human infections with avian influenza A viruses can happen when enough virus gets into a person's eyes, nose, or mouth or is inhaled. People with close or prolonged unprotected contact with infected birds (e.g., sick/dead poultry) or other infected animals (e.g., dairy cows) or their contaminated environments are at greater risk of infection. **Illnesses in people from HPAI A(H5N1) virus infections have ranged from mild (e.g., upper respiratory symptoms, conjunctivitis) to severe illness (e.g., pneumonia, multi-organ failure) that can result in death**.

At this time, CDC considers the **human health risk to the U.S. public from HPAI A(H5N1) viruses to be low;** however, people with **close or prolonged, unprotected exposures to infected birds or other animals, or to environments contaminated by infected birds or other animals, are at greater risk of infection**.

For More Information

- Brief Summary for Clinicians: Evaluating and Managing Patients Exposed to Birds Infected with Avian Influenza A Viruses of Public Health Concern
- Interim Guidance on Testing and Specimen Collection for Patients with Suspected Infection with Novel Influenza A Viruses with the Potential to Cause Severe Disease in Humans
- Interim Guidance for Infection Control Within Healthcare Settings When Caring for Confirmed Cases, Probable Cases, and Cases Under Investigation for Infection with Novel Influenza A Viruses Associated with Severe Disease
- Interim Guidance on the Use of Antiviral Medications for Treatment of Human Infections with Novel Influenza A Viruses Associated with Severe Human Disease

- Interim Guidance on Influenza Antiviral Chemoprophylaxis of Persons Exposed to Birds with Avian Influenza A Viruses Associated with Severe Human Disease or with the Potential to Cause Severe Human Disease
- Interim Guidance on Follow-up of Close Contacts of Persons Infected with Novel Influenza A Viruses and Use of Antiviral Medications for Chemoprophylaxis

Antibiotic Stewardship: Improving Outpatient Antibiotic Use

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

According to a 2019 report from the Centers for Disease Control and Prevention (CDC), antibiotic resistance is among the greatest public health threats today, leading to an estimated 2.8 million antimicrobial-resistant infections resulting in more than 35,000 deaths per year in the United States. Although antibiotics are life-saving drugs that are critical to modern medicine, infections with pathogens resistant to first-line antibiotics can require treatment with alternative antibiotics that can be expensive and toxic. Antibiotic-resistant infections can lead to increased health care costs and, most importantly, to increased morbidity and mortality.

> The most important modifiable risk factor for antibiotic resistance is inappropriate prescribing of antibiotics.

- According to the CDC, approximately half of outpatient antibiotic prescribing in humans might be inappropriate, including antibiotic selection, dosing, or duration, in addition to unnecessary antibiotic prescribing.
- At least 30% of outpatient antibiotic prescriptions in the United States are unnecessary.
- During 2013 in the United States, approximately 269 million antibiotic prescriptions were dispensed from outpatient pharmacies.
- Approximately 20% of pediatric visits and 10% of adult visits in outpatient settings result in an antibiotic prescription.
- Complications from antibiotics range from common side effects such as rashes and diarrhea to less common adverse events such as severe allergic reactions. These adverse drug events lead to an estimated 143,000 emergency department visits annually and contribute to excess use of health care resources.
- Antibiotic treatment is the most important risk factor for Clostridium difficile infection.
    - In 2011, an estimated 453,000 cases of C. difficile infection occurred in the United States, approximately one third of which were community-associated infections (i.e., occurred in patients with no recent overnight stay in a health care facility).
    - As much as 35% of adult and 70% of pediatric C. difficile infections are community associated.
    - One study estimated that a 10% reduction in overall outpatient antibiotic prescribing could reduce community-associated C. difficile infections by 17%.

Improving antibiotic prescribing and use is critical to effectively treat infections, protect patients from harms caused by unnecessary antibiotic use, and combat antibiotic resistance. This involves implementing effective strategies to modify prescribing practices to align them with evidence-based recommendations for diagnosis and management. Antibiotic stewardship is the effort to measure and improve how antibiotics are prescribed by clinicians and used by patients and is a core strategy to combat antimicrobial resistance. By reducing unnecessary antibiotic prescribing, antibiotic stewardship can prevent avoidable adverse events resulting from antibiotics.

Antibiotic stewardship is the effort to:

- Measure antibiotic prescribing;
- Improve antibiotic prescribing by clinicians and use by patients so that antibiotics are only prescribed and used when needed;
- Minimize misdiagnoses or delayed diagnoses leading to underuse of antibiotics; and
- Ensure that the right drug, dose, and duration are selected when an antibiotic is needed.

The goal of antibiotic stewardship is to maximize the benefit of antibiotic treatment while minimizing harm both to individual persons and to

CDC's *Core Elements of Antibiotic Stewardship* offer providers and facilities a set of key principles to guide efforts to improve antibiotic use and, therefore, advance patient safety and improve outcomes. The four core elements of outpatient antibiotic stewardship are commitment, action for policy and practice, tracking and reporting, and education and expertise.

Four Core Elements of Outpatient Antibiotic Stewardship

Commitment

A commitment from all health care team members to prescribe antibiotics appropriately and engage in antibiotic stewardship is critical to improving antibiotic prescribing. Each clinician can make the choice to be an effective antibiotic steward during each patient encounter.

Clinicians can demonstrate commitment to appropriate antibiotic prescribing by writing and displaying public commitments in support of antibiotic stewardship. For example, inappropriate antibiotic prescriptions for acute respiratory infections were reduced after clinicians displayed, in their examination rooms, a poster showing a letter from the clinician to their patients committing to prescribing antibiotics appropriately. This approach also might facilitate patient communication about appropriate antibiotic use.

Outpatient clinic and health care system leaders can commit to promoting appropriate antibiotic prescribing by doing any of the following:

- Identifying a single leader to direct antibiotic stewardship activities within a facility.
- Including antibiotic stewardship-related duties in position descriptions or job evaluation criteria.
- Communicating with all clinic staff members to set patient expectations. For example, patient visits for acute illnesses might or might not result in an antibiotic prescription.

Action for Policy and Practice

Outpatient clinicians and clinic leaders can implement policies and interventions to promote appropriate antibiotic prescribing practices.

Clinicians can implement at least one of the following actions to improve antibiotic prescribing:

- Use evidence-based diagnostic criteria and treatment recommendations. When possible, these criteria and recommendations should be based on national or local clinical practice guidelines informed by local pathogen susceptibilities.
- Use delayed prescribing practices or watchful waiting, when appropriate.

Outpatient clinic leaders can take at least one of the following actions to improve antibiotic prescribing based on established standards or national clinical practice guidelines:

- Provide communications skills training for clinicians.
- Require explicit written justification in the medical record for nonrecommended antibiotic prescribing.
- Provide support for clinical decisions.
- Use call centers, nurse hotlines, or pharmacist consultations as triage systems to prevent unnecessary visits.

Tracking and Reporting

Tracking and reporting clinician antibiotic prescribing, also called audit and feedback, can guide changes in practice and be used to assess progress in improving antibiotic prescribing.

Tracking and reporting for identified high-priority conditions can be used to assess whether an antibiotic was appropriate for the assigned diagnosis, whether the diagnostic criteria were met before assigning an antibiotic-appropriate diagnosis, whether the selected antibiotic was the recommended agent, and whether the dose and duration were correct.

Health care systems also can track the percentage of visits for which an individual clinician prescribes antibiotics (e.g., number of all antibiotics prescribed for all diagnoses by a clinician divided by the total number of visits for all diagnoses for that clinician). Providing clinicians with these individualized percentages and comparing these to their peers has reduced antibiotic prescribing and can help minimize the influence of differences in clinicians' diagnostic coding practices. Certain health care systems also might be able to track and report the complications of antibiotic use (e.g., C. difficile infections, drug interactions, and adverse drug events) and antibiotic resistance trends among common outpatient bacterial pathogens.

Both clinicians and clinic leaders can be involved in antibiotic stewardship. Clinicians can track and report their own antibiotic prescribing practices by doing at least one of the following:

- Self-evaluate antibiotic prescribing practices.
- Participate in continuing medical education and quality improvement activities to track and improve antibiotic prescribing.

Outpatient clinic leaders can do at least one of the following:

- Implement at least one antibiotic prescribing tracking and reporting system.
- Assess and share performance on quality measures and established reduction goals addressing appropriate antibiotic prescribing from health care plans and payers.

Education and Expertise

Education on appropriate antibiotic use can involve patients and clinicians. Education for patients and family members can improve health literacy and augment efforts to improve antibiotic use. Education for clinicians and clinic staff members can reinforce appropriate antibiotic prescribing and improve the quality of care.

Clinicians can educate patients and families about appropriate antibiotic use by doing at least one of the following:

- Use effective communications strategies to educate patients about when antibiotics are and are not needed. For example, patients should be informed that antibiotic treatment for viral infections provides no benefit and thus should not be used for viral infections.
- Educate patients about the potential harms of antibiotic treatment. Potential harms might include common and sometimes serious side effects of antibiotics, including nausea, abdominal pain, diarrhea, C. difficile infection, allergic reactions, and other serious reactions.
- Provide patient education materials. These materials might include information on appropriate antibiotic use, potential adverse drug events from antibiotics, and available resources regarding symptomatic relief for common infections. Educational materials on management of common infections are available online from CDC.

Outpatient clinic leaders can provide education to clinicians and ensure access to expertise by doing at least one of the following:

- Provide face-to-face educational training (academic detailing).
- Provide continuing education activities for clinicians.
- Ensure timely access to persons with expertise. Persons with expertise might include pharmacists or medical and surgical consultants who can assist clinicians in improving antibiotic prescribing for patients with conditions requiring specialty care.

Although the core elements provide a framework for outpatient antibiotic stewardship, implementing the elements requires a thoughtful and consistent effort to achieve desired outcomes. Outpatient settings remain a crucial component of antibiotic stewardship in the United States. Establishing effective antibiotic stewardship interventions can protect patients and optimize clinical outcomes in outpatient health care settings.

Additional Provider Resources

5 Ways Community Pharmacists Can Be Antibiotics Aware

Core Elements of Antibiotic Stewardship | Antibiotic Prescribing and Use | CDC

Core Elements of Outpatient Antibiotic Stewardship | Antibiotic Prescribing and Use | CDC

Implementation Resources: Outpatient Antibiotic Stewardship | CDC

MITIGATE antimicrobial stewardship toolkit: a guide for practical implementation in adult and pediatric emergency department and urgent care settings

References:

Antimicrobial Resistance Facts and Stats | Antimicrobial Resistance | CDC

Core Elements of Antibiotic Stewardship | Antibiotic Prescribing and Use | CDC

Core Elements of Outpatient Antibiotic Stewardship | Antibiotic Prescribing and Use | CDC

In the Spotlight: Primary Care Population-Based Payment

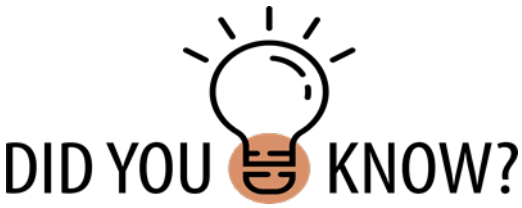
Louisiana was one of six states chosen by the Center for Healthcare Strategies to join the second cohort of the Medicaid Primary Care Population-Based Payment Learning Collaborative.

This initiative aims to assist Medicaid agencies in moving away from a fee-for-service model in primary care, facilitating more adaptable and sustainable financial arrangements for physicians. The states involved are participating in peer-to-peer learning and gaining expert guidance to develop a primary care population-based payment model that enhances the quality of care.

The other participating states include Colorado, Hawaii, Montana, New York and Washington.

Center for Health Care Strategies
Better care where it's needed most

CHCS.org



2023-2024 Louisiana Medicaid Accomplishments

The Annual Management and Program Analysis Report (AMPAR) report, published on December 5, 2024, provides a comprehensive overview of the activities undertaken by the Louisiana Department of Health (LDH) concerning management and program analysis. It highlights notable achievements, areas of considerable advancement, and specific management or operational challenges faced by each agency.

2023-2024 Louisiana Medicaid Highlights

09-305 Medical Vendor Administration
09-306 Medical Vendor Payments

#1

Implementation of Electronic Verification Visits for Home Health Care Services

To comply with federal legislation (21st Century Cures Act, signed into law on December 13, 2016), the Louisiana Department of Health has effectively established an electronic visit verification (EVV) system throughout all regions of the State for home health, in-home and center-based waiver services, as well as long-term personal care services. This web-based system electronically confirms the occurrence of service visits and accurately records the start and end times of services using smart devices. The EVV system enables the Department to ensure that individuals receive the services specified in their care plans in real time, minimizes improper billing and payments, protects against fraud, and enhances program oversight. A key advantage of this EVV solution is its seamless integration with the current service reporting and prior authorization system, allowing providers to operate within a unified framework. Additional advantages include improved oversight and validation of services, leading to fewer audit discrepancies and recoupments, access to complimentary personnel management reports for providers, decreased reliance on manual data entry, and shorter turnaround times for billing reports.

#2

Medicaid Automated Responses Chatbot (MARC) - Louisiana

Medicaid introduced a virtual assistant on its website to address common inquiries from the public. The Medicaid Automated Response Chatbot (MARC) offers round-the-clock access to information and services for Medicaid beneficiaries. Since its launch in November 2023, MARC has been utilized over 35,000 times, streamlining routine questions, minimizing wait times for human representatives, and enhancing overall operational efficiency. As a result, Medicaid beneficiaries enjoy greater access to information, shorter wait times, and an enhanced experience overall.

#3

LA Wallet Digital Medicaid Cards

Medicaid and Fee for Service members can now conveniently download their Medicaid MCE card and Fee for Service Medicaid card images into LA Wallet for immediate access. This digital management of Medicaid member information enhances the portability and accessibility of essential data, facilitating easier access to healthcare in a progressively digital environment.

#4

Implementation of the Single Pharmacy Benefit Manager

The Single Pharmacy Benefit Manager (SPBM) was established to handle pharmacy claims for all managed care organizations (MCOs). It acts as a unified contact point for both providers and beneficiaries regarding MCO pharmacy claims, thereby streamlining the claims processing and billing procedures. The criteria for prior authorization and claims processing edits are standardized across all six MCOs.

#5

Medicaid Unwind

At the onset of the Public Health Emergency (PHE), Medicaid implemented system programming to halt closures and renewals. The continuous coverage requirement was terminated by the 2023 Consolidated Appropriations Act, which triggered the Medicaid "Unwind" process in April 2023. Following the conclusion of the PHE and in accordance with guidance from CMS, Louisiana Medicaid finalized system programming to carry out redeterminations and renewals as necessary. The Unwind campaign informed members to monitor their mail and update their contact details for renewal purposes. Louisiana successfully completed this process while adhering to the guidelines set forth by the Centers for Medicare and Medicaid Services (CMS).

Durable Medical Equipment (DMI) Ordering and Referring Provider Requirements

This applies to the following ordering and referring provider types:
70, 72, 79, 87, and 95.

Louisiana Medicaid will implement system edits to ensure that the ordering and referring providers for claim type 09 [(Durable Medical Equipment (DME)] are registered as individual practitioners, not as groups or clinics. Claims or encounters must exclude any group or clinic as the ordering or referring provider. For example, ordering and referring providers cannot be physician clinics, Federally Qualified Health Clinics, Rural Health Clinics, and American Indian Clinics.

IB24-49.pdf is available shortly on www.ldh.la.gov, providing further details.

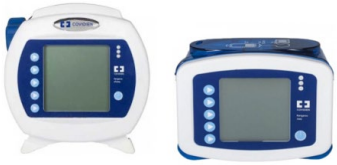
2025 Healthcare Common Procedure Coding System (HCPCS) Update

Louisiana Medicaid is updating the Medicaid fee-for-service (FFS) files to reflect new and deleted procedure codes for 2025.

For more information, refer to IB24-48.pdf

Discontinuance of Kangaroo Joey e-Pumps, Feeding Sets, and Supplies

REMINDER…



Cardinal Health has discontinued the supply and distribution of the Kangaroo e-Pump and Kangaroo Joey capital equipment, as well as the associated feeding sets. The revised timeline is provided below.

	Schedule	
☒	End of Service Support Date Out of Warranty	December 31, 2024
☐	End of Service Support Date Within Warranty	Through Warranty End Date
☐	Kangaroo™ ePump Feeding Sets and Accessories Anticipated End of Supply Date	June 30, 2025
☐	Kangaroo™ Joey Feeding Sets and Accessories Anticipated End of Supply Date	September 30, 2027

All DME providers **must** take essential steps to guarantee continued access to care for beneficiaries who rely on the Kangaroo Joey e-Pump.

For additional information on this discontinuance, contact Cardinal Health Sales Representatives or Cardinal Health Customer Service at (800) 964-5227.

Maternal Mental Health

The Health Resources and Services Administration (HRSA), part of the U.S. Department of Health and Human Services (HHS), has launched a nationwide initiative aimed at increasing public awareness of the **National Maternal Mental Health Hotline (1-833-TLC-MAMA | 1-833-852-6262)**. Maternal mental health encompasses the emotional, social, and psychological well-being of individuals during and after pregnancy. It is common for new parents to experience depression and anxiety, regardless of their cultural, age, gender, racial, or economic backgrounds, but these conditions are treatable. The hotline offers free, confidential support, providing a safe environment for pregnant individuals, new mothers, and their families to access the emotional and mental health assistance they require. It operates 24/7, allowing users to either text or call for help.

Attention Local Educational Agency (LEA) Providers: Correction to the Exclusions for the Ordering, Prescribing, Rendering NPI Requirement and Claim Cycle

Informational Bulletin 24-47

Louisiana Medicaid has corrected published guidance related to the federal regulations requiring states to screen and enroll all Medicaid providers that order, prescribe, or refer (OPR) items or services to Medicaid beneficiaries, even when the provider does not submit claims to Medicaid. The publication has been revised to expand the exclusions to this requirement.

New Year, New goals: Achieving Wellness in 2025

As you welcome the New Year, it can be tempting to create an ambitious New Year's resolution accompanied by a life-changing schedule. Common declarations might include:

- "I'm going to stop eating all carbs."
- "I'm going to eliminate all fat from my diet."
- "I'm going to go to the gym every day at 5 a.m. and run five miles."
- "I'm going to climb Mt. Everest."

These are all admirable plans, and the motivation is strong in early January. However, sustaining such resolutions can be challenging, and many people find themselves abandoning their goals before Valentine's Day. If you fall into this category, know that you are not alone.

According to U.S. News & World Report, 80 percent of people fail to keep their New Year's resolutions. There are many factors contributing to this disappointing statistic, but it often starts with our unreasonable expectations regarding lifestyle changes. It's not easy to suddenly eliminate habits that we have followed for years.

The good news is that adjusting those expectations can significantly improve your chances of success and contribute to your long-term health. Making small changes and sticking with them can have a more lasting positive impact on wellness than attempting too many changes at once and failing at all of them.

A new trend in resolutions is to replace them with achievable goals. Like anything else, determining your desired end result first, and then outlining measurable steps to achieve it, can enhance your likelihood of success.

Here are five ways to be successful with your wellness goals for 2025:

1. Focus Factor: Avoid trying to change everything at once. Completely overhauling your habits in one day rarely works. Instead, choose a single objective to focus on. If you can successfully achieve that goal every day for seven days, your chances of long-term success are significantly increased.

2. Make a Plan: While it's exciting to purchase new running shoes in January, that alone does not create a plan to complete a marathon. Develop a realistic activity schedule that you can follow without major lifestyle changes, and concentrate on checking off those tasks every week. If you aim to run a big race but haven't exercised since 2022, start with something manageable, like walking three times a week for 30 minutes.

3. The Power of Recalibration: Sometimes, unexpected events may hinder your progress toward your goal. Whether you sprain your ankle or catch a cold, find a way to overcome these setbacks. Instead of letting these challenges derail your efforts, simply recalibrate and get back on track. Just as a GPS recalculates a route when you miss a turn, you can do the same when life throws you off course.

4. Celebrate Little Wins: If your goal is to lose 50 pounds, losing just one pound in the first week can feel discouraging. Rather than being hard on yourself, celebrate the small victories. Each step you take toward your goal is a success, so acknowledge those achievements and keep moving forward.

5. Team Up: Engaging with a community, friends, and healthcare professionals can provide support in achieving your goals. If you aim to manage your diabetes better in 2025, consider attending North Oaks Diabetes Education classes and connecting with others who share the same objective. Additionally, schedule your annual physical exam and discuss your goals with your primary care provider—they can offer valuable guidance.

Resource: https://www.northoaks.org/blog/2024/december/2025-health-and-wellness-success-tips/

On the Calendar in . . . January 2025

January 2025

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
		1	2	3 International Mind-Body Wellness Day	4	5
6	7	8	9	10	11 National Human Trafficking Awareness Day	12
13	14	15	16	17	18	19
20	21	22 Celebration of Life Day	23 Maternal Health Awareness Day	24 National Compliment Day	25 IV Nurse Day	26 World Leprosy Day
27	28	29	30	31 National Fun at Work Day		

Months						
	Integrative Health Month Medical Travel Month	Medical Payment Integrity Month Cervical Health Awareness Month	Cervical Cancer Screening Month National Glaucoma Awareness Month	National Human Trafficking Prevention Month National Blood Donor Month	Radon Action Month National Birth Defects Prevention Month	Thyroid Awareness Month

Provider to Provider Consultation Line

PPCL

PROVIDER TO PROVIDER CONSULTATION LINE

Pediatric and Perinatal Mental Health Support

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

How Does PPCL Work?

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

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

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

Missed our presentations? Click on the links to view our Perinatal Mental Health webinars or the Pediatric Mental Health TeleECHO recordings.

Website and Resources:
Check out our Web site here and share with colleagues. We look forward to hearing from you soon!

Provider Developmental Screening Survey

Take our survey! Help make the Louisiana developmental health system work for all!

Do you work with children or pregnant and parenting families in Louisiana? Tell us about your experiences!
Our survey will collect information from health care providers across the state about the developmental screening process.

As integral decision-makers in the healthcare system and the lives of your patients, your input on this 10-15-minute survey will help inform the resources we create to address your needs and improve screening and follow-up services for all Louisiana health care providers, children, and families.

Your participation will provide valuable insights about current screening practices, challenges, and opportunities for collaboration related to the system of care that supports children's health and development.

You will answer questions about:

- **Pediatric developmental screening at well-child visits**
- **Caregiver depression screening at well-visits**
- **Care coordination practices with families during and after well-child visits**

You can complete the survey by:

- **Using your phone to scan the QR code**
- **Accessing the survey online at bit.ly/4cc6zZ5**

Want more information? Email DevScreen@la.gov with any questions.

Louisiana Chapter American Academy of Pediatrics | Partners for Family Health Louisiana | Louisiana Department of Health

Louisiana Compliance Corner Medicaid

Remittance Advice Corner

Attention Durable Medical Equipment (DME) Providers

Louisiana Medicaid will implement system edits to ensure that the ordering and rendering providers for claim type 09 enroll in Louisiana Medicaid as individual practitioners and not as a group or clinic. A group or clinic must not be listed as the ordering or referring provider on claims or encounters. This includes, for example, ordering and referring provider types 70, 72, 79, 87, and 95.

Edit (047) will be educational for 30 days from the date of the pending informational bulletin. The edit will then be set to deny claims and encounters with a group or clinic NPI listed as the ordering or referring provider.
Each managed care organization (MCO) shall update its claims processing system to reflect this change within 30 calendar days of the published update.

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 MCO claims should be directed to the appropriate MCO.

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 – Individual Placement and Support (IPS) • Section 2.3 – Outpatient Services – Peer Support Services (PSS)	12/02/24 12/16/24
Applied Behavior Analysis (ABA)	• Section 4.1 – Covered Services • Section 4.3 – Service Access Authorization • Section 4.6 – Coordination of Care	12/20/24
Federally Qualified Health Centers (FQHC)	• Appendix D – Claims Related Information	12/02/24
Home Health	• Section 23.6 – Claims Related Information	12/02/24

Manual Chapter	Section(s)	Date of Revision(s)
Hospice	• Section 24.10 – Claims Related Information	12/03/24
Hospital Services	• Section 25.8 – Claims Related Information	12/03/24
Free-Standing Birthing Centers (FSBCs)	• Appendix B – Claims Filing	12/04/24
Ambulatory Surgical Centers (ASCs)	• Appendix B – Claims Filing	12/09/24
Personal Care Services (PCS)	• Appendix C – Billing Codes • Appendix J – Claims Related Information	12/16/24
New Opportunities Waiver (NOW)	• Appendix E – Billing Codes • Appendix F – Claims Filing	12/10/24
Family Planning Clinics (FPCs)	• Section 33.4 – Claims Filing	12/09/24
Pharmacy Benefits Management Services	• Section 37.5.2 – Claims Related Information	12/10/24
Residential Options Waiver (ROW)	• Appendix F – Claims Filing	12/10/24
Rural Health Clinics (RHC)	• Appendix D – Claims Related Information	12/11/24
Supports Waiver (SW)	• Appendix E – Claims Filing	12/11/24
Pediatric Day Health Care (PDHC)	• Appendix B – Procedure Codes	12/12/24
Vision (Eye-wear)	• Appendix C – Claims Filing	12/12/24

Manual Chapter	Section(s)	Date of Revision(s)
EPSDT Health and IDEA, Part C – EarlySteps	• Table of Contents • Section 47.0 – Overview • Section 47.1 – Covered Services • Section 47.2 – Eligibility Criteria • Section 47.3 – Provider Requirements • Section 47.4 – Program Requirements • Section 47.5.1 – Procedure Codes and Rates • Section 47.5.2 – Definitions and Acronyms • Section 47.5.3 – Contact Referral Information	12/20/24
Family Planning Services – Take Charge Plus (TCP)	• Section 48.1 – Covered Services • Section 48.4 – Reimbursement • Section 48.5 – Record Keeping • Appendix B – Frequent Contact Information	12/13/24

Medicaid Public Notice and Comment Procedure

In accordance with La. R.S. 46:460.51, *et seq.*, prior to adopting, approving, amending, or implementing certain policies or procedures, the Department will publish the proposed policy or procedure for public comment. This requirement applies to managed care policies and procedures, systems guidance impacting edits and payment, and Medicaid provider manuals.

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

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

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

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

Louisiana Medicaid Updates and Authorities

Keeping you informed

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

Pharmacy Facts Newsletter
https://ldh.la.gov/page/3036

Louisiana Medicaid Fee Schedules
https://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm

The mission of the Louisiana Department of Health is to protect and promote health and to ensure access to medical, preventive and rehabilitative services for all residents of the state of Louisiana.

LDH is committed to the highest standards of conducting its affairs in full compliance with state and federal laws, regulations and policies. To report fraud, or other violations of federal and state laws and regulations or violations of LDH policies, send an email to LDHreportfraud@la.gov or call the Internal Audit Unit at (225) 342-7498. When making a report, particularly if you choose to remain anonymous, please provide as much information about the alleged activity as possible. Try to answer the questions of Who, What, When, Where and How.

LOUISIANA DEPARTMENT OF HEALTH

ldh.la.gov

1. Where is there a listing of Parish Office phone numbers?
2. If a recipient comes back with a retroactive Medicaid card, is the provider required to accept the card?
3. Does a recipient's 13-digit Medicaid number change if the CCN changes?
4. Are State Medicaid cards interchangeable? If a recipient has a Louisiana Medicaid card, can it be used in other states?
5. Can providers request a face-to-face visit when we have a problem?

6. For recipients in Medicare HMOs that receive pharmacy services, can providers collect the Medicaid pharmacy co-payment?
7. Do providers have to accept the Medicaid card for prior services if the recipient did not inform us of their Medicaid coverage at the time of services?
8. Who should be contacted if a provider is retiring?
9. If providers bill Medicaid for accident-related services, do they have to use the annotation stamp on our documentation?
10. What if a Lock-In recipient tries to circumvent the program by going to the ER for services?
11. Does the State print a complete list of error codes for provider use?
12. If providers do not want to continue accepting Medicaid from an existing patient, can they stop seeing the patient?

We are here! Directions, map, and parking information

Directions, Map, and Instructions

Louisiana Department of Health
Bienville Building
628 North 4th Street
Baton Rouge, LA 70802

Directions From Lafayette

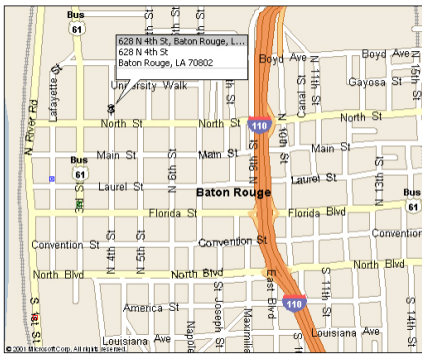
Take I-10 East to Baton Rouge.
At I-10 Exit 155B turn onto the ramp that merges onto I-110 North.
Take the North Street exit on your left.
Continue down North Street to the Bienville Building at the corner of North and 4th Streets.

Directions From New Orleans

Take I-10 West from New Orleans to Baton Rouge.
At I-10/I-110 Exit, merge onto I-110 North.
Take the North Street exit on your left.
Continue down North Street to the Bienville Building at the corner of North and 4th Streets.

Directions From North Baton Rouge

Take I-110 South.
After passing Capitol Access Road exit, take North 9th Street exit.
Follow service road alongside interstate.
Turn right onto North Street.
Continue down North Street to the Bienville Building at the corner of North and 4th Streets.



Parking Options:

Option 1
Galvez Parking Garage
504 North 5th Street (Located at the corner of North and 5th Streets)
Baton Rouge, LA 70802
[Know your license plate number for validation purposes]

Option 2
Street parking around the Bienville Building is available at a cost of $0.25 every 15 minutes. This can be paid several ways:

1. Flowbird USA app,
2. Kiosks located on every block, and
3. Signs with QR codes and texting options throughout the downtown area.

[There is a maximum limit of 2 hours daily to park on the street.]

Checking In and Parking Validation Procedures:

Proceed to the Bienville Building Front Security Desk to:

1. Check In and Receive Visitor Identification Badge
   a) You are required to provide official government-issued identification to obtain a visitor identification badge.
   b) Inform the security guard of the meeting name and the phone number associated with your scheduled visit. The security guard will contact someone to escort you up to the designated area.
   c) Please wait in the main lobby for your escort.

2. Validate your Parking in the Galvez Parking Garage
   Note: You have a limited timeframe of 30 minutes from the moment you park to complete the validation process; otherwise, a citation will be issued.
   Use your cellular phone and scan the QR code by the Front Security Desk in the Bienville Building.
   a) Retrieve the passcode from the security guard.
   b) Enter the passcode.
   c) Enter your license plate number.
   d) A green check will show on your screen to confirm validation for 12 hours.

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

Medicare Savings
1-888-544-7996
Medicare Provider Website

Point of Sale Help Desk
1-800-648-0790
(225) 216-6381

MMIS Claims Processing Resolution Unit
(225) 342-3855
MMISClaims@la.gov
MMIS Claims Reimbursement

MMIS/Recipient Retroactive Reimbursement
(225) 342-1739
1-866-640-3905
Medicaid.RecipientReimbursement@LA.gov
MMIS Claims Reimbursement

MES Long Term Care Claims Resolution Unit
MESLTCClaims@LA.gov
(225)342-3855

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