

## 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, those 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 prior to that date 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.

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## 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.

**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 between January 1, 2023 and June 30, 2023. Providers will not receive payment until their provider enrollment is complete.

**Scenario 4:** If an attending, or OPR provider is included on a claim or writes a prescription and has not completed enrollment, it will affect claims adjudication as follows:

- Even if the billing provider is fully enrolled, the medical/professional claim will deny beginning July 1, 2023, if any one of the following are not enrolled:
  - Ordering provider
  - Prescribing provider; or
  - Referring provider.
- Even if the pharmacy is fully enrolled, the prescription will deny beginning July 1, 2023 if any one of the following are not enrolled:
  - Prescribing provider
  - Vaccinating pharmacist, or
  - Pharmacy provider.
- Even if a hospital is fully enrolled, the hospital claim will deny beginning July 1, 2023 if the attending provider is not enrolled.

**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.

**Scenario 6:** Non-Emergency Medical Transportation (NEMT) providers who were invited to enroll must submit an enrollment application by June 1, 2023 in order to complete the enrollment process by June 30, 2023. Claims will deny beginning July 1, 2023 for NEMT providers 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 Annual Renewals to Restart April 2023

At the start of the COVID-19 public health emergency (PHE), Louisiana Medicaid made numerous changes to eligibility and enrollment systems and procedures. This included stopping closures for most Medicaid members. Recent federal legislation ends this continuous Medicaid coverage and prompts the resumption of Medicaid eligibility renewals.

**This means that Medicaid renewals are no longer tied to the end of the PHE and will begin again on April 1, 2023.**

Some eligibility reviews can be completed without contacting the member by using information from electronic databases. Many, however, will require members to respond to mail. For this reason, it is vital Medicaid members make certain Medicaid has their most up-to-date contact information, including cell phone numbers and email addresses.

**Providers may assist their patients** in preparing for the beginning of the renewal period by posting this [flyer](#) in their office and encouraging members to make changes to their contact information by:

- Logging on to [MyMedicaid.la.gov](http://MyMedicaid.la.gov),
- Emailing [MyMedicaid@la.gov](mailto:MyMedicaid@la.gov),
- Calling their health plan on the number on their member ID card; or
- Calling Medicaid's Customer Service hotline at 1-888-342-6207. Hotline assistance is available Monday through Friday, 8 a.m. – 4:30 p.m.

Although annual renewals will restart in April, not everyone will be required to complete their annual renewal the same month. Mailing of renewals will be staggered across 12 months, and it will take 14 months to complete the redetermination process for all Medicaid members.

# 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](https://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.



## Medicaid Members Can Change Health Plans 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:

<b>If you change to another health plan:</b>	<b>Your new plan will start on:</b>
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](https://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](https://www.healthy.la.gov).

## Louisiana Provider-to-Provider Consultation Line



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

The [Louisiana Provider-to-Provider Consultation Line \(PPCL\)](https://www.myplan.healthy.la.gov/en/compare-plans) 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).

## 2022 CDC Clinical Practice Guideline for Prescribing Opioids: Initiating Opioids

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

The [2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain](#) (2022 Clinical Practice Guideline) is a clinical tool to help clinicians and patients work together to make informed, patient-centered decisions about pain care. These recommendations do not apply to pain management related to sickle cell disease, cancer, palliative care, or end-of-life care.

### Initiating Opioid Therapy

- Initiating opioids refers to when clinicians prescribe opioids for acute, subacute, or chronic pain to patients who have *not previously been receiving opioid therapy* for the painful condition. For clinicians who are interested in learning more about treating patients who are already taking opioids for acute, subacute, or chronic pain, please visit the [2022 Clinical Practice Guideline](#).
- Consider opioid use for acute, subacute, and chronic pain only if benefits can outweigh risks to the patient.

### Determining Whether or Not to Initiate Opioids for Pain

- Opioids can be used when benefits for pain and function are expected to outweigh the risks for opioid use. When initiating opioid use, clinicians should prescribe and advise opioid use only as needed.
- Involve patients in decisions about whether to initiate opioid use, including discussing the benefits and risks for starting or continuing opioid therapy. Whenever opioids are prescribed, clinicians and patients are encouraged to have an “exit strategy” to employ if the treatment is unsuccessful in improving pain and pain-related function or the risks for opioids outweigh the benefits.
- Helpful time-bound pain definitions include:
  - Acute Pain: Duration of less than 1 month
  - Subacute Pain: Duration of 1-3 months
  - Chronic Pain: Duration of greater than 3 months
- Before initiating opioid therapy, ensure patients are aware of the following factors:
  - Expected benefits of opioids
  - Common risks of opioids
  - Serious risks of opioids
  - Alternatives to opioids

**Acute Pain**

- Opioid medications can play an important role in treating acute pain related to:
  - Severe traumatic injuries (including crush injuries and burns).
  - Invasive surgeries typically associated with moderate to severe postoperative pain.
  - Other severe acute pain when nonsteroidal anti-inflammatory drugs (NSAIDs) and other therapies are contraindicated or likely to be ineffective.
- Clinicians should evaluate patients to assess the benefits and risks for opioids **at least every 2 weeks**.
- When diagnosis and severity of acute pain warrant the use of opioids, clinicians should:
  - Prescribe immediate-release opioids
  - At the lowest effective dose for patients, and
  - For no greater quantity than needed for the expected duration of pain severe enough to require opioids.
- If opioids will be taken continuously (around the clock) for more than a few days, clinicians should create and discuss an opioid tapering plan with their patient.

**Subacute and Chronic Pain**

- Opioids should not be considered first-line or routine therapy for subacute or chronic pain.
- However, in some clinical contexts, opioids might be appropriate regardless of previous nonpharmacologic and nonopioid pharmacologic therapies used. For example, a patient with a serious illness that has a poor prognosis for return to their previous level of function. In other situations (e.g., headache or fibromyalgia) the expected benefits of initiating opioids are unlikely to outweigh risks regardless of previous therapies.

Upon initiating opioid use for subacute and chronic pain, clinicians should:

- Evaluate patients and establish or confirm the diagnosis to guide patient-specific selection of opioid therapy.
- Work with patients to establish treatment goals for pain and function.
- Recognize that patient education and discussion before starting opioid therapy are critical so that patient preferences and values can be understood and used to inform clinical decisions.
- Consider how opioid therapy will be discontinued if benefits do not outweigh risks.

**Nonopioid and Nonpharmacologic Therapies**

- Nonopioid therapies are preferred for subacute and chronic pain and are at least as effective as opioids for many common types of acute pain.
- Clinicians should maximize the use of nonpharmacologic and nonopioid pharmacologic therapies as appropriate for the patient and specific condition.

Nonopioid Pharmacologic Treatment Examples	Nonpharmacologic Intervention Examples
<ul style="list-style-type: none"> <li>• Topical nonsteroidal anti-inflammatory drugs (NSAIDs)</li> <li>• Oral NSAIDs</li> <li>• Tricyclic and tetracyclic antidepressants</li> <li>• Serotonin and norepinephrine reuptake inhibitor (SNRI) antidepressants</li> <li>• Anticonvulsants such as pregabalin/gabapentin</li> <li>• Acetaminophen</li> </ul>	<ul style="list-style-type: none"> <li>• Ice</li> <li>• Heat</li> <li>• Elevation</li> <li>• Rest</li> <li>• Immobilization</li> <li>• Exercise therapy</li> </ul>

**Selecting Opioids and Determining Opioid Dosages**

When initiating opioids for patients with acute, subacute, or chronic pain, clinicians should:

- Prescribe the lowest effective dosage for opioid-naïve patients.
- Prescribe immediate-release opioids instead of extended-release/long-acting (ER/LA) opioids.
- Reserve ER/LA opioids for severe, continuous pain and only consider for patients who have received certain dosages of immediate-release opioids for at least one week.

For more information on dosages, please review the [2022 Clinical Practice Guideline](#).

The [2022 Clinical Practice Guideline](#) recommendations, including those related to opioid dosages, are not intended to be used as an inflexible, rigid standard of care; rather, they are intended to be guideposts to help inform clinician-patient decision making.

### Assessing Risk and Addressing Potential Harms of Opioid Use



- Before starting and periodically during continuation of opioid therapy, clinicians should evaluate risk for opioid-related harms and discuss with patients. Clinicians should work with patients to create a management plan that incorporates strategies to mitigate risk, including offering naloxone.
- For more information and resources about talking with patients, family members, friends, and caregivers about naloxone, visit [Naloxone Can Save Lives](#).
- When initiating opioids for **chronic pain for patients with a substance use disorder**, clinicians should:
  - Discuss increased risks for opioid use disorder and overdose.
  - Consider whether the benefits of opioids outweigh increased risks.
  - Incorporate strategies to mitigate risk into the management plan, such as offering naloxone and increasing the frequency of monitoring.
- For more information on opioid use disorder, visit: [Opioid Use Disorder: Preventing and Treating](#).
- Clinicians and their teams can provide education on overdose prevention and naloxone use to patients and offer education to members of patients' households. For more information, visit [CDC Naloxone Fact Sheets](#).
- The State of Louisiana currently has a [standing order](#) for naloxone. Therefore, Louisiana Medicaid recipients can get naloxone without a prescription at their local pharmacy.

### Review Patient Medication History

- When prescribing initial opioid therapy, clinicians should review the state prescription drug monitoring program (PDMP) data for prescription opioids and other controlled medications patients have received from additional prescribers to determine the total amount of morphine milligram equivalents (MME) prescribed and to assess if the total dosage or combinations (e.g., opioids combined with benzodiazepines) put the patient at high risk for overdose.
- Clinicians should use specific PDMP information about medications prescribed to their patient in the context of other clinical information, including patient history, physical findings, and other relevant testing, to help them communicate with and protect their patient.



**Conduct Toxicology Testing**

- When prescribing opioids for subacute or chronic pain, clinicians should consider the benefits and risks for toxicology testing, such as urine drug screening, to assess for prescribed medications as well as other prescribed and non-prescribed controlled substances that increase risk for overdose when combined with opioids, including nonprescribed and illicit opioids and benzodiazepines.
- Before ordering toxicology testing, clinicians should have a plan for responding to unexpected results. Clinicians should explain to patients that the results will not be used punitively (e.g., to dismiss patients from care) and that testing is intended to improve their safety.

**Use Caution When Prescribing Concurrent Opioid Medications and Other Central Nervous System Depressants**

- Clinicians should use particular caution when prescribing opioid medications and benzodiazepines concurrently. Clinicians should also consider whether the benefits outweigh the risks for concurrent opioid prescriptions and other central nervous system depressants such as muscle relaxants, non-benzodiazepine sedative hypnotics, and potentially sedating anticonvulsant medications such as gabapentin and pregabalin.
- Clinicians should check the PDMP for concurrent controlled medications prescribed by other clinicians and consider involving pharmacists as part of the management team when opioids are co-prescribed with other central nervous system depressants.

Reference: [CDC Clinical Practice Guideline for Prescribing Opioids for Pain - 2022](#)

<b>Fee for Service Electronic Drug Prior Authorization (E-PA)</b>	
The Louisiana Medicaid Fee for Service (FFS) Pharmacy Program implemented an electronic drug prior authorization (E-PA) application on October 19, 2022. Louisiana Medicaid providers are able to log into their account at <a href="https://lamedicaid.com">Louisiana Medicaid (lamedicaid.com)</a> and submit electronic drug prior authorization (PA) requests for Fee for Service (FFS) recipients. With the addition of the electronic drug prior authorization application, FFS prior authorization requests can now be submitted via the E-PA program, fax, phone or mail. The four mechanisms to submit a PA request are listed below.	
Route:	Submit To:
Electronic Prior Authorization (E-PA)	<a href="https://lamedicaid.com">Louisiana Medicaid Provider Login (lamedicaid.com)</a>
Phone	1-866-730-4357
Fax	1-866-797-2329
Mail	ULM College of Pharmacy – RxPA Program 1800 Bienville Drive Monroe, LA 71201-3765
Refer to the <a href="https://la.gov">Preferred Drug List (la.gov)</a> for more information regarding drugs requiring prior authorization.	

## Health Observance Calendar

February 2023

National Health Observances (Month)

AMD/Low Vision Awareness  
National Children Dental Health  
American Heart  
National Cancer Prevention  
Teen Dating Violence Awareness

National Health Observances (Week)

February 5-11, 2023	Burn Awareness Week
February 7-14, 2023	Congenital Heart Defect Awareness
February 12-18, 2023	Heart Failure Awareness
February 12-18, 2023	Sepsis Survivor Week

# Medicaid Expansion Saves Lives

Seven years ago, Governor John Bel Edwards signed an Executive Order expanding Medicaid for working families throughout the state. The uninsured rate went from 22.7% to 9.4% and hundreds of thousands have accessed critical healthcare services.

Visit the Medicaid expansion dashboard [here](#).

## 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 \(quitwithusla.org\)](http://quitwithusla.org)  
[Provider Resources](#)

## COVID-19 Vaccine Incentive Program – Boosters Update Updated November 16, 2022

### 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.

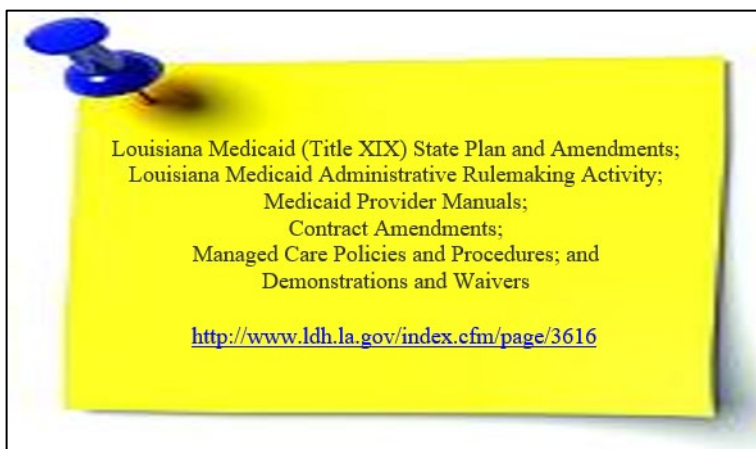
For questions related to this information as it pertains to fee-for-service Medicaid claims processing, please contact Gainwell Technologies Provider Services at (800) 473-2783 or (225) 924-5040.

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.



## LPHA 2023 Conference



Register online [here](http://lpha.org/2023-annual-conference).

## Manual Chapter Revision Log

Manual Chapter	Section(s)	Date of Revision(s)
Behavioral Health Services	Section 2.4 Addiction Services – Opioid Treatment Programs (OTPs)	1/10/23
EarlySteps	Section 47.5.1 Procedure Codes and Rates	01/11/23
Hospice	Section 24.9 Reimbursement	01/11/23
Home Health	<ul style="list-style-type: none"> <li>• Section 23.3 Service Limitation</li> </ul> Section 23.5 Prior Authorization	01/17/23
Hospice	<ul style="list-style-type: none"> <li>• Section 24.7 Hospice Revocation Discharge</li> </ul> Appendix A – Beneficiary Notice of Election/Revocation/Discharge/Transfer	01/19/23
PACE	<ul style="list-style-type: none"> <li>• Section 35.0 - Overview</li> <li>• Section 35.1 - Services</li> <li>• Section 35.2 - Beneficiary Requirements</li> <li>• Section 35.3 - Beneficiary Rights and Responsibilities</li> <li>• Section 35.4 - Service Access and Authorization</li> <li>• Section 35.5 - Provider Requirements</li> <li>• Section 35.6 - Staffing and Training</li> <li>• Section 35.7 - Record Keeping</li> <li>• Section 35.8 - Reimbursement</li> <li>• Section 35.9 - Claims Filing</li> <li>• Section 35.10 - Program Quality and Oversight</li> <li>• Section 35.11 - Grievances/Complaints</li> <li>• Section 35.23 - Administrative Sanctions</li> </ul> Appendix A – Acronyms/Definitions/Terms	01/20/23
Pharmacy Services	<ul style="list-style-type: none"> <li>• Section 37.2 – Provider Requirements</li> <li>• Section 37.5.15 - Third Party Liability/Coordination of Benefits</li> </ul>	01/26/23
Durable Medical Equipment (DME)	Section 18.2 (Restructured)	01/27/23

## 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

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

**Provider Relations**  
1-800-473-2783  
(225) 294-5040  
[Medicaid Provider Website](#)

**MMIS Claims Processing Resolution Unit**  
(225) 342-3855  
[MMIS Claims Reimbursement](#)

**Prior Authorization:**  
**Home Health/EPSDT – PCS - Dental**  
1-800-807-1320  
1-855-702-6262  
[MCNA Provider Portal](#)

**MMIS/Recipient Retroactive Reimbursement**  
(225) 342-1739  
1-866-640-3905  
[MMIS Claims Reimbursement](#)

**DME and All Other**  
1-800-488-6334  
(225) 928-5263

**Medicare Savings**  
1-888-544-7996  
[Medicare Provider Website](#)

**Hospital Pre-Certification**  
1-800-877-0666

**For Hearing Impaired**  
1-877-544-9544

**REVS Line**  
1-800-776-6323  
(225) 216-(REVS)7387  
[REVS Website](#)

**Pharmacy Hotline**  
1-800-437-9101  
[Medicaid Pharmacy Benefits](#)

**Medicaid Fraud Hotline**  
1-800-488-2917  
[Report Medicaid Fraud](#)