

Coronavirus Disease 2019 (COVID-19)

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The Centers for Disease Control and Prevention (CDC) is currently responding to a pandemic of respiratory disease spreading from person-to-person caused by a novel coronavirus. The disease has been named “coronavirus disease 2019” (abbreviated “COVID-19”). This situation poses a serious public health risk. The federal government is working closely with state, local, tribal, and territorial partners, as well as public health partners, to respond to this situation.

Healthcare personnel (HCP) are on the front lines of caring for patients with confirmed or possible infection with COVID-19 and therefore have an increased risk of exposure to this virus. HCPs can minimize their risk of exposure when caring for confirmed or possible COVID-19 patients by following *CDC Guidelines for Infection Prevention and Control for Patients with Confirmed COVID-19 or Persons under investigation for COVID-19 in Healthcare Settings*. Based on what is currently known about COVID-19 and what is known about other coronaviruses, spread is thought to occur mostly from person-to-person via respiratory droplets among close contacts. Close contact can occur while caring for a patient, including being within approximately 6 feet of a patient with COVID-19 for a prolonged period of time or having direct contact with infectious secretions from a patient with COVID-19. Infectious secretions may include sputum, serum, blood, and respiratory droplets. If close contact occurs while not wearing all recommended personal protective equipment, healthcare personnel may be at risk of infection. Healthcare personnel caring for patients with confirmed or possible COVID-19 should adhere to CDC recommendations for infection prevention and control.

Reference:
www.cdc.gov

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COVID-19 Resources

CDC Clinical Guidance for Management of Patients with Confirmed COVID-19
CDC Coronavirus Fact Sheet
CDC COVID-19 Information for Healthcare Personnel
CDC COVID-19 Publications
CDC Guidance for Discontinuation of Home Isolation for Persons with COVID-19
CDC Guidance for Preparing for COVID-19: Long-term Care Facilities, Nursing Homes
CDC Guidelines: Infection Prevention and Control Recommendations
CDC Updates about Coronavirus 2019
Louisiana Board of Pharmacy Public Health Emergency Guidance
Louisiana Department of Health Interactive COVID-19 Tracking Dashboard
Louisiana Department of Health: Office of Public Health COVID-19 Provider Information
Louisiana Pharmacists Association COVID-19 Information and Resources
National Institute for Health and Care Excellence (NICE) COVID-19 Rapid Guidelines and Evidence Reviews
National Institute of Health COVID-19 Resources
New England Journal of Medicine
The Lancet
U.S. Food and Drug Administration (FDA) Coronavirus Disease 2019
World Health Organization

PHARMACY FACTS

Program Updates from Louisiana Medicaid

Pharmacy Facts can also be found online at: <http://ldh.la.gov/index.cfm/page/3036>.

March 16, 2020

COVID-19

As a precaution in the early stages of the current COVID-19 pandemic, the Louisiana Department of Health (LDH) intends to take measures to minimize public exposure. Select pharmacy edits will be revised to encourage recipients to get all necessary maintenance medications during one pharmacy visit.

Effective March 17, members may receive early refills and up to a 90-day supply, as appropriate, of maintenance medications that are not controlled substances. These include cardiovascular drugs (hypertension, coronary artery disease, thrombosis), diabetes drugs, respiratory drugs (inhaled and oral), contraceptives, antiretrovirals, direct-acting antivirals for hepatitis C, immunosuppressives, antipsychotics, and antidepressants, among others.

To reduce exposure, providers should consider encouraging members to use pharmacies that offer free home delivery services or drive-through pickup services. Pharmacy delivery to Medicaid recipients should be at no charge to the recipient since delivery is included in the pharmacy costs calculation of the professional dispensing fee.

Copayment requirements will not be lifted at this time, in accordance with CMS guidance. However, the provider may not deny services to any eligible individual on account of the individual's inability to pay the copayment amount (42 CFR 447.15). The beneficiary's assertion of his/her inability to pay the copayment establishes the inability. Under 42 CFR 447.15, this service statement does not apply to any individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the copayment.

March 24, 2020

COVID-19 Update

As a precaution with the current COVID-19 pandemic, the Louisiana Department of Health (LDH) intends to take measures to minimize public exposure. A few pharmacy edits will be revised to encourage recipients to get all necessary maintenance medications during one pharmacy visit.

On March 17, 2020, members were able to start receiving early refills and up to a 90-day supply, as appropriate, of maintenance medications that are not controlled substances. These include cardiovascular drugs (hypertension, coronary artery disease, thrombosis), diabetes drugs, respiratory drugs (inhaled and oral), contraceptives, antiretrovirals, direct-acting antivirals for hepatitis C, immunosuppressives, antipsychotics, and antidepressants, among others.

On March 24, 2020, existing approved prior authorizations on prescribed drugs and physician-administered drugs (drugs included as a medical benefit) will be extended through June 30, 2020, with no action needed by the prescriber. This will not affect the number of refills originally authorized by the prescriber. Member copays for prescribed drugs are waived, effective March 24, 2020.

To reduce exposure, providers should consider encouraging members to use pharmacies that offer free home delivery services or drive-through pickup services. To reduce contact, member signatures are no longer required.

Eligibility and Enrollment System Provider Bulletins

Louisiana Medicaid is publishing bi-weekly provider bulletins to address provider questions and concerns around the new eligibility and enrollment system. The information in these bulletins covers a wide range of provider issues and provider types. This and other news can be found on the web site dedicated to the new system, found here: <http://ldh.la.gov/index.cfm/page/3497>.

If there are topics you feel need to be covered in these public communications, please let us know by sending an email to Healthy@la.gov.

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.

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

PAYMENT ERROR RATE MEASUREMENT (PERM) Reporting Year (RY) 2021 Cycle Currently Underway

Louisiana Medicaid is mandated to participate in the Centers for Medicare and Medicaid (CMS) **Payment Error Rate Measurement (PERM)** program which will assess our payment accuracy rate for the Medicaid and CHIP programs. If chosen in a random sample, your organization will soon receive a *Medical Records Request* from the CMS review contractor, AdvanceMed. This cycle measurement will review Medicaid and CHIP payments made in Reporting Year (RY) 2021: July 1, 2019 through June 30, 2020.

Please be advised that sampled providers who fail to cooperate with the CMS Review Contractor by established deadlines may be subject to sanctioning by Louisiana Medicaid Program Integrity section through the imposition of a payment recovery by means of a withholding of payment until the overpayment is satisfied, and/or a fine.

Please be reminded that providers who are no longer doing business with Louisiana Medicaid are obligated to retain recipient records for 5 years, under the terms of the Provider Enrollment Agreement.

For more information about PERM and your role as a provider, please visit the [Provider link](#) on the CMS PERM website:

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/PERM/Providers.html>

If you have any questions, please call Program Integrity at 225-219-4149.

Remittance Advice Corner

Attention Louisiana Medicaid Providers

Effective March 2, 2020, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs) will implement updated or new clinical policy at Point of Sale (POS) for select drugs. Please refer to lamedicaid.com for more information.

2020 HCPCS and Physician-Administered Drug Reimbursement Updates

The Louisiana Medicaid fee-for-service (FFS) 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, 2020. Providers will begin to see these changes on the remittance advice of March 10, 2020. Claims that have been denied due to use of the new 2020 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, 2020, Louisiana Medicaid updated the reimbursement rates on the FFS file for physician-administered drugs and payable vaccines in the physician office setting to align with the Medicare 2020 Average Sale Price (ASP) drug rate or wholesale acquisition cost. Claims previously submitted for these drugs or vaccines with dates of service on or after January 1, 2020 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 DXC Technology Provider Services at (800) 473-2783 or (225) 924-5040.

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

2020 Assistant Surgeon and Assistant at Surgery Services

Louisiana Medicaid has published the 2020 fee-for-service (FFS) list of allowed procedures for assistant surgeon and assistant at surgery providers. The list has been posted to the LA Medicaid website (www.lamedicaid.com) under the ClaimCheck icon.

The list is based on updates made by Change Healthcare to their 'ClaimCheck' product. Change Healthcare uses the American College of Surgeons as its primary source for determining assistant surgery designations.

This list does not ensure payment but provides a comprehensive list of codes that may be allowed when billed by an assistant surgeon or by an assistant at surgery.

For questions related to this information as it pertains to FFS Medicaid claims processing, please contact DXC Technology Provider Services at (800) 473-2783 or (225) 924-5040.

Please contact the appropriate managed care organization with any questions concerning their 2020 HCPCS updates.



Manual Chapter Revision Log

Manual Chapter	Section(s)	Date of Revision(s)
Adult Day Health Care https://www.lamedicaid.com/providermanuals/ADHC/ADHC.pdf	9.1 – Covered Services 9.3 – Recipient Rights and Responsibilities 9.4 – Service Access and Authorization 9.8 – Program Oversight and Review 9.9 – Incident, Accident and Complaints Appendix A – Contact Information Appendix B – Forms/Links Appendix D – Glossary	03/02/2020
Behavioral Health Services https://www.lamedicaid.com/providermanuals/BHS/BHS.pdf	2.0 – Overview 2.3 – Outpatient Services	03/30/2020
Community Choice Waiver https://www.lamedicaid.com/providermanuals/CCW2/CCW.pdf	7.1 – Covered Services 7.2 – Self-Direction Option 7.5 – Service Access Authorization 7.6 – Provider Requirements 7.8 – Reimbursement	03/02/2020
Hospice https://www.lamedicaid.com/providermanuals/Hospice/Hospice.pdf	24.2 – Election of Hospice Care Appendix B – Certification of Terminal Illness	03/09/2020
LTC – PCS Services https://www.lamedicaid.com/providermanuals/PCS/pcs.pdf	Table of Contents 30.5 – Service Access Authorization Appendix A – Forms and Links Appendix B – Contact Information Appendix G - Glossary	03/03/2020

<p>Pediatric Day Health https://www.lamedicaid.com/providermanuals/PDHC/PDHC.pdf</p>	<p>Table of Contents 45.0 – Overview 45.1 – Covered Services 45.2 – Recipient Criteria 45.3 – Provider Requirements 45.4 – Staffing Requirements 45.5 – Record Keeping 45.6 – Reimbursement 45.7 – Plan of Care 45.8 – Quality Assurance Appendix A – Definitions Appendix B – Procedure Codes Appendix C – PDHC Services and Fees Appendix D – Contact Referral Information</p>	<p>03/02/2020</p>
<p>Supports Waiver https://www.lamedicaid.com/providermanuals/SW/SW.pdf</p>	<p>Table of Contents 43.0 – Overview 43.1 – Beneficiary Requirements 43.2 – Rights and Responsibilities 43.3 – Service Access Authorization 43.4 – Covered Services 43.5 – Program Monitoring</p>	<p>03/23/2020</p>

Archived Manual Chapter Revision Log

Manual Chapter	Section(s)	Date of Omission(s)
<p>American Indian 638 Clinics https://www.lamedicaid.com/providermanuals/AI638C/American_Indian.pdf</p>	<p>39.0 – Overview 39.4 – Reimbursement Appendix A Message For All EPSDT Eligibles And Their Parents</p>	<p>02/06/20</p>
<p>Applied Behavior Analysis https://www.lamedicaid.com/providermanuals/ABA/ABA.pdf</p>	<p>4.3 – Service Authorization Process</p>	<p>02/11/20</p>

<p>Children’s Choice Waiver</p> <p>https://www.lamedicaid.com/providermanuals/CCW/CCW.pdf</p>	<p>14.0 – Overview 14.1 – Covered Services 14.2 – Beneficiary Requirements 14.3 – Rights and Responsibilities 14.4 – Service Access and Authorization 14.5 – Provider Requirements 14.6 – Staffing Requirements 14.7 – Record Keeping 14.9 – Program Monitoring 14.11– Support Coordination 14.12 – Self-Direction Service Option Appendix B Glossary Appendix D Forms</p>	<p>02/26/20</p>
<p>Hospital Services</p> <p>https://www.lamedicaid.com/providermanuals/CCW/CCW.pdf</p>	<p>25.3 – Outpatient Services</p>	<p>02/05/20</p>
<p>Pharmacy Management Benefits</p> <p>https://www.lamedicaid.com/providermanuals/CCW/CCW.pdf</p>	<p>37.3 – Reimbursement 37.1 – Covered Services</p>	<p>02/06/20</p>
<p>Rural Health Clinics</p> <p>https://www.lamedicaid.com/providermanuals/CCW/CCW.pdf</p>	<p>Table of Contents</p> <p>40.0 – Overview 40.1 – Covered Services 40.2 – Provider Requirements 40.3 – Record Keeping 40.4 – Reimbursement Appendix A Contact Information Appendix B Forms Appendix C Glossary Appendix D Claims Related Information</p>	<p>02/27/20</p>
<p>Supports Waiver</p> <p>https://www.lamedicaid.com/providermanuals/SW/SW.pdf</p>	<p>Appendix C Contact Referral Information Appendix D Forms and Links</p>	<p>02/05/20</p>

For Information or Assistance, Call Us!

Provider Enrollment	(225)216-6370	General Medicaid Eligibility Hotline	1-888-342-6207
Prior Authorization:		MMIS Claims Processing Resolution Unit	(225) 342-3855
Home Health/EPSTD – PCS	1-800-807-1320		
Dental	1-866-263-6534 1-504-941-8206		
DME & All Other	1-800-488-6334 (225) 928-5263	MMIS/Recipient Retroactive Reimbursement	(225) 342-1739 1-866-640-3905
Hospital Pre-Certification	1-800-877-0666		
Provider Relations	1-800-473-2783 (225) 924-5040	Medicare Savings Program and Medicaid Purchase Hotline	1-888-544-7996
REVS Line	1-800-776-6323 (225) 216-(REVS)7387		
Point of Sale Help Desk	1-800-648-0790 (225) 216-6381	For Hearing Impaired	1-877-544-9544
		Pharmacy Hotline	1-800-437-9101
		Medicaid Fraud Hotline	1-800-488-2917

