

Medicaid's Provider Enrollment Portal Is Available for Provider Access

If you file claims with Louisiana Medicaid, **you must enroll** in the new Medicaid Provider Enrollment Portal **or you run the risk of not being reimbursed for services rendered in the near future**. All providers are encouraged to visit the portal and complete the screening and enrollment process as soon as possible. Enrollment through the portal is required for all Medicaid providers, and failure to do so could result in claims denial.

The deadline for provider enrollment is no longer March 31, 2022. The Louisiana Department of Health (LDH) has requested a deadline extension from CMS. The proposed deadline is June 30, 2022, and is currently pending approval from CMS. Any existing Medicaid provider that does not complete the enrollment and screening process through the new portal will have their claims denied.

To complete enrollment at lamedicaid.com, providers will need several data elements, including: Louisiana Provider ID, NPI, city, state and zip code. Providers can get this information from the invitation letter they received from Gainwell Technologies.

If a provider does not have this letter or this information, they can email LouisianaProvEnroll@gainwelltechnologies.com to request a reprinted letter be mailed. Email requests must include the provider Name and the NPI. Providers may send multiple provider requests in a single email. Reprinted letter requests will only be accepted by email. No other form of submission is accepted. Providers will receive a confirmation email from Gainwell when the submission is received. That email will include an anticipated turnaround time for the response.

For questions or concerns, providers can reach out to Louisiana Medicaid via the following options:

- Web site: www.ldh.la.gov/medicaidproviderenrollment
- Email: LouisianaProvEnroll@gainwelltechnologies.com
- Phone: #1-833-641-2140 (Monday – Friday, between 8 a.m. and 5 p.m. CST)

Providers also can find additional information in [IB 22 -4 Medicaid Provider Enrollment Portal](#).

Table of Contents

Medicaid's Provider Enrollment Portal Is Available for Provider Access	1
Pre-exposure Prophylaxis (PrEP) for the Prevention of HIV	2
Louisiana Medicaid Launches Phone Campaign To Encourage Members To Update Contact Information	5
Louisiana Developmental Screening Toolkit	6
New Medicaid Eligibility Group Covers COVID-19 Testing for Uninsured Patients	6
Pharmacy Facts	7
Remittance Advice Corner	8
Medicaid Public Notice and Comment Procedure	8
Manual Chapter Revision Log	9
For Information or Assistance	10

Pre-exposure Prophylaxis (PrEP) for the Prevention of HIV

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HIV remains a persistent problem for the United States. The Centers for Disease Control and Prevention (CDC) collects, analyzes, and disseminates surveillance data on HIV infection. The CDC National HIV Surveillance System is the primary source for monitoring HIV trends in the United States. The annual surveillance report, published by CDC, summarizes information about diagnosed HIV infection in the United States and dependent areas.* The most recent report includes information reported to the CDC through December 2020.

- In 2019, 36,801 people received an HIV diagnosis in the United States and dependent areas. The annual number of new diagnoses decreased 9% from 2015 to 2019.
- An estimated 1,189,700 people in the United States had HIV at the end of 2019. Of those people, about 87% knew they had HIV.
- Black/African American people are most affected by HIV. In 2019, Black/African American people accounted for 42% (15,340) of all new HIV diagnoses. Additionally, Hispanic/Latino people are also strongly affected. They accounted for 29% (10,502) of all new HIV diagnoses.
- Young people aged 13 to 24 are especially affected by HIV. In 2019, young people accounted for 21% (7,648) of all new HIV diagnoses. All young people are not equally at risk, however. Young gay and bisexual men accounted for 83% (6,385) of all new HIV diagnoses in people aged 13 to 24 in 2019. Young Black/African American gay and bisexual men are even more severely affected, as they represented 50% (3,209) of new HIV diagnoses among young gay and bisexual men.

* American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the US Virgin Islands.

The CDC reports that studies on PrEP effectiveness have shown that consistent use of PrEP reduces the risk of getting HIV from sex by about 99% and from injection drug use by at least 74%.

- Pre-exposure prophylaxis (PrEP) is when people who do not have HIV but are at risk of getting HIV take HIV medicine every day to prevent HIV infection. PrEP is used by people without HIV who are at risk of being exposed to HIV through sex or injection drug use.
- Two oral HIV medications are approved by the U.S. Food and Drug Administration (FDA) for use as PrEP: Truvada® and Descovy®. PrEP is most effective when taken consistently each day.

Goals of PrEP Therapy

The ultimate goal of PrEP is to prevent the acquisition of HIV infection with its resulting morbidity, mortality, and cost to individuals and society. Therefore, clinicians initiating the provision of PrEP should:

- Prescribe medication regimens that are proven safe and effective for uninfected patients who meet recommended criteria for PrEP initiation to reduce their risk of HIV acquisition;
- Educate patients about the medications and the regimen to maximize their safe use;
- Provide support for medication-adherence to help patients achieve and maintain protective levels of medication in their bodies;
- Provide HIV risk-reduction support and prevention services or service referrals to help patients minimize their exposure to HIV and other STIs;
- Provide (or refer for) effective contraception to persons with childbearing potential who are taking PrEP and who do not wish to become pregnant; and
- Monitor patients to detect HIV infection, medication toxicities, and levels of risk behavior to make indicated changes in strategies to support patients’ long-term health.

Summary of Clinician Guidance for Daily Oral PrEP Use		
	Sexually-Active Adults and Adolescents¹	Persons Who Inject Drugs²
Identifying substantial risk of acquiring HIV infection	Anal or vaginal sex in past 6 months AND any of the following: <ul style="list-style-type: none"> • HIV-positive sexual partner (especially if partner has an unknown or detectable viral load) • Bacterial STI in past 6 months³ • History of inconsistent or no condom use with sexual partner(s) 	HIV-positive injecting partner OR Sharing injection equipment
Clinically eligible	<u>ALL OF THE FOLLOWING CONDITIONS ARE MET:</u> <ul style="list-style-type: none"> • Documented negative HIV Ag/Ab test result within 1 week before initially prescribing PrEP • No signs/symptoms of acute HIV infection • Estimated creatinine clearance ≥ 30 ml/min⁴ • No contraindicated medications 	
Dosage	<ul style="list-style-type: none"> • Daily, continuing, oral doses of F/TDF (Truvada®), ≤ 90-day supply OR <ul style="list-style-type: none"> • For men and transgender women at risk for sexual acquisition of HIV; daily, continuing, oral doses of F/TAF (Descovy®), ≤ 90- day supply 	
Follow-up care	Follow-up visits at least every 3 months to provide the following: <ul style="list-style-type: none"> • HIV Ag/Ab test and HIV-1 RNA assay, medication adherence and behavioral risk reduction support • Bacterial STI screening for MSM and transgender women who have sex with men³ – oral, rectal, urine, blood • Access to clean needles/syringes and drug treatment services for PWID Follow-up visits every 6 months to provide the following: <ul style="list-style-type: none"> • Assess renal function for patients aged ≥ 50 years or who have an eCrCl < 90 ml/min at PrEP initiation • Bacterial STI screening for all sexually-active patients³ – [vaginal, oral, rectal, urine- as indicated], blood 	

Follow-up care (cont.)	<p>Follow-up visits every 12 months to provide the following:</p> <ul style="list-style-type: none"> • Assess renal function for all patients • Chlamydia screening for heterosexually active women and men – vaginal, urine • For patients on F/TAF, assess weight, triglyceride and cholesterol levels
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¹adolescents weighing at least 35 kg (77 lb)

² Because most PWID are also sexually active, they should be assessed for sexual risk and provided the option of CAB for PrEP when indicated.

³ Sexually transmitted infection (STI): Gonorrhea, chlamydia, and syphilis for MSM and transgender women who have sex with men including those who inject drugs; Gonorrhea and syphilis for heterosexual women and men including persons who inject drugs.

⁴ estimated creatine clearance (eCrCl) by Cockcroft Gault formula ≥ 60 ml/min for F/TDF use, ≥ 30 ml/min for F/TAF us

Recommended Oral PrEP Medications

Generic Name	Trade Name	Dose	Frequency	Most Common Side Effects
Emtricitabine and tenofovir disoproxil fumarate (F/TDF)	Truvada®	200mg / 300mg	Once a day	Headache, abdominal pain, weight loss
Emtricitabine and tenofovir alafenamide (F/TAF)	Descovy®	200 mg / 25 mg	Once a day	Diarrhea

Data from the published clinical trials and observational studies of daily oral PrEP indicate that medication adherence is critical to achieving the maximum prevention benefit and reduce the risk of selecting for a drug-resistant virus if HIV infection occurs.

A brief medication adherence question
“Many people find it difficult to take a medicine every day. Thinking about the last week; on how many days have you not taken your medicine?”

Key Points of Oral Medication Adherence Counseling

- Establish trust and bidirectional communication
- Provide simple explanations and education
 - Medication dosage and schedule
 - Management of common side effects
 - Relationship of adherence to the efficacy of PrEP
 - Signs and symptoms of acute HIV infection and recommended actions
- Support adherence
 - Tailor daily dose to patient’s daily routine
 - Identify reminders and devices to minimize forgetting doses
 - Identify and address barriers to adherence
 - Reinforce benefit relative to uncommon harms

- Monitor medication adherence in a non-judgmental manner
 - Normalize occasional missed doses, while ensuring patient understands importance of daily dosing for optimal protection
 - Reinforce success
 - Identify factors interfering with adherence and plan with patient to address them
 - Assess side effects and plan how to manage them

Clinicians' Quick Guide: Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2021 Update – A Clinical Practice Guideline

The Centers for Disease Control and Prevention (CDC) has released the *Preexposure Prophylaxis for the Prevention of HIV Infection in the United States—2021 Update—A Clinical Practice Guideline*. The updates in this version of the guideline give healthcare providers the latest information on prescribing pre-exposure prophylaxis (PrEP) for HIV prevention to their patients and increasing PrEP use by people who could benefit from it. To access the updated PrEP guideline, visit:

[US Public Health Service: PREEXPOSURE PROPHYLAXIS FOR THE PREVENTION OF HIV INFECTION IN THE UNITED STATES – 2021 UPDATE, A CLINICAL PRACTICE GUIDELINE \(cdc.gov\)](https://www.cdc.gov/hiv/clinicians/index.html)

For More Clinical Advice About PrEP Guidelines:

- Call the National Clinicians Consultation Center PrEPline at 855-448-7737
- Go to the National Clinicians Consultation Center PrEPline website at <http://nccc.ucsf.edu/clinician-consultation/prep-pre-exposure-prophylaxis/>
- Go to the CDC HIV website for clinician resources at <https://www.cdc.gov/hiv/clinicians/index.html>.

Attention: Louisiana Medicaid Providers

On November 1, 2019, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs) in collaboration with the Louisiana Medicaid Drug Utilization review (LADUR) Board implemented diagnosis code requirements at point-of-sale (POS) for HIV agents. As of April 1, 2022, the two oral agents that are currently FDA-approved to be used for PrEP will no longer require a diagnosis code when processing a pharmacy claim at POS.

References

Centers for Disease Control and Prevention. *HIV Surveillance Report, 2019*; vol.32. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2021.

Centers for Disease Control and Prevention. (2022, March). *Pre-Exposure Prophylaxis (PrEP)*. Retrieved from [Learn About PrEP | Preventing New HIV Infections | Clinicians | HIV | CDC](#)

Centers for Disease Control and Prevention: US Public Health Service: *Preexposure prophylaxis for the prevention of HIV infection in the United States—2021 Update: a clinical practice guideline*. December 2021.

Louisiana Medicaid Launches Phone Campaign To Encourage Members To Update Contact Information

Louisiana Medicaid has launched a phone campaign to encourage its members to update their contact information. Automated calls will go out to members between the hours of [3 p.m. and 8 p.m. Monday through Saturday](#). The calls will remind members to update their phone number, mailing address and email address.

When the federal COVID-19 public health emergency ends, Medicaid will be reaching out to our members through the mail to complete renewals and to verify eligibility. In an effort to ensure we have the most current information possible for these critical communications, the Department of Health is preparing now by using multiple means to verify member contact information. It's critical that Medicaid has accurate information to be sure that members receive important notices related to their healthcare coverage.

We are alerting you to these calls so you know they are legitimate and not a scam. We anticipate that patients may ask you about these calls to verify the legitimacy. The calls are recorded messages only. There will not be a Medicaid representative on the phone and we will not be asking for any personal information. The calls will be spread out over the next four to eight weeks.

For members who receive a call, the caller ID will show Louisiana Department of Health. Members can update their contact information anytime by visiting mymedicaid.la.gov or by emailing mymedicaid@la.gov.

Louisiana Developmental Screening Toolkit

As of January 1, 2021, Louisiana Medicaid providers can receive reimbursement for developmental screening, autism screening, and perinatal depression screening. [The Louisiana Department of Health's Developmental Screening Toolkit](#) was created to help clinics integrate these screening into their day-to-day practice. The toolkit consists of step-by-step information contained in webpages, instructional videos, and downloadable worksheets. It is designed to house all of the information and tools you will need to put the Louisiana Developmental Screening Guidelines into practice in one, convenient spot.

The toolkit uses a quality improvement framework, which allows providers to systematically improve the way health care is delivered to the families they serve. The information and QI framework for this toolkit is based on clinical guidelines from the American Academy of Pediatrics (AAP), other national toolkits, and lessons learned from the field. It is designed to improve efficiency, patient safety, and clinical outcomes. It can be used as an [American Board of Pediatrics MOC-4](#) project for providers who are leading the QI efforts.

Check out the Developmental Screening Toolkit at ldh.la.gov/DevScreenToolkit to learn more.

New Medicaid Eligibility Group Covers COVID-19 Testing for Uninsured Patients

Per the Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Security Act, Louisiana Medicaid has expanded 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 new benefit is provided through Medicaid fee-for-service and not Healthy Louisiana through 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.

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, 2022

Provider Enrollment Portal

All providers who file claims with Louisiana Medicaid, including pharmacy providers and immunizing pharmacists, must enroll in the new Medicaid Provider Enrollment Portal **to continue being reimbursed**.

Enrollment is mandated by CMS and applies to any provider that provides care to Medicaid members, which includes current managed care organization (MCO) only providers, Dental Benefits Program Manager (DBPM) providers, Coordinated System of Care (CSoC) providers and existing fee-for-service (FFS) providers. All existing providers must log in and submit an enrollment through the portal at www.lamedicaid.com.

The deadline for provider enrollment is not March 31, 2022. LDH has requested a deadline extension from CMS. The proposed deadline is June 30, 2022 and pending approval from CMS. Louisiana Department of Health, Healthy Louisiana providers are encouraged to take action to complete enrollment. Any existing Medicaid provider that does not complete the enrollment and screening process through the new portal will have their claims denied.

More information is available at www.ldh.la.gov/medicaidproviderenrollment, including previously recorded webinars, a provider manual and frequently asked questions about the portal. If you have further questions about the portal, do not know your Medicaid ID, or do not have your enrollment letter, please email LouisianaProvEnroll@gainwelltechnologies.com or call 833-641-2140, Monday – Friday between the hours of 8 a.m. and 5 p.m. CST.

Fee for Service Dispensing Fee Edit

Effective April 1, 2022, FFS will limit one professional dispensing fee per month per maintenance medication. The maintenance medication list is posted here: <https://ldh.la.gov/assets/docs/BayouHealth/Pharmacy/MaintenanceMedications.pdf>.

Upon consultation with the prescriber to verify the necessity of the short fill (quantity less than 30 days' supply), the pharmacist may override the denial by submitting the following override at point of sale (POS): NCPDP field 420-DK: Submission Clarification Code (SCC) value of 47 – Shortened Days' Supply Fill.

The original claim should be reversed and resubmitted with the SCC override to receive a dispensing fee on the short fill claim. These FFS claims will be subject to audit.

Epogen®/Retacrit®

Pfizer has notified the state of a supply disruption for Retacrit® (EPOETIN ALFA-EPBX), the current preferred product on the Single Preferred Drug List (PDL). Therefore, the Louisiana Department of Health is changing the prior authorization status of Epogen® (EPOETIN ALFA), from non-preferred to preferred status to ensure recipient access. The PDL document will be posted on April 1, 2022 to reflect this change in PA status. Retacrit® will also remain a preferred product.

Remittance Advice Corner

Louisiana Medicaid 2021 1099's

Louisiana Medicaid 2021 1099's will be distributed by U.S. Mail on or before January 31, 2022. Electronic copies are now available for download by going to the Louisiana Medicaid website, www.lamedicaid.com, Secure Portal, application link, Online 1099. If replacement copies or additional copies are needed, providers must print them from the website. If you feel there is an error on your 1099, please contact Gainwell Provider Enrollment at 225-216-6370. Prior year 1099's will be stored in the archive on www.lamedicaid.com.

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.

- Louisiana Medicaid (Title XIX) State Plan and Amendments;
- Louisiana Medicaid Administrative Rulemaking Activity;
- Medicaid Provider Manuals;
- Contract Amendments;
- Managed Care Policies & Procedures; and
- Demonstrations and Waivers.

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



Manual Chapter Revision Log

Manual Chapter	Section(s)	Date of Revision(s)
Durable Medical Equipment (DME) Durable Medical Equipment (DME)	<ul style="list-style-type: none"> • Table of Contents • Section 18.2 – Specific Coverage Criteria 	03/02/22
Federally Qualified Health Centers (FQHC) Federally Qualified Health Centers (FQHC)	<ul style="list-style-type: none"> • Section 22.0 – Overview • Section 22.1 – Covered Services • Section 22.2 – Provider Requirements • Section 22.3 – Record Keeping • Section 22.4 – Reimbursement • Appendix A – Contact Information • Appendix B – Forms and Links • Appendix C – Glossary • Appendix D – Claims Related Information • Appendix E – FQHC Services Facility Survey • Appendix F - Reserved 	03/10/22
Hospitals Hospitals	<ul style="list-style-type: none"> • Section 25.0 – Overview • Section 25.1 – Provider Requirements • Section 25.2 – Inpatient Services • Section 25.3 – Outpatient Services • Section 25.4 – Hospital Based Physicians • Section 25.5 – Reserved • Section 25.6 – Prior Authorization • Section 25.7 – Reimbursement • Section 25.8 – Claims Related Information • Appendix A – Forms and Links 	03/09/22
Rural Health Clinics (RHC) Rural Health Clinics (RHC)	<ul style="list-style-type: none"> • Section 40.0 – Overview • Section 40.1 – Covered Services • Section 40.2 – Provider Requirements • Section 40.3 – Record Keeping • Section 40.4 - Reimbursement • Appendix A – Contact/Referral Information • Appendix B – Forms and Links • Appendix C – Glossary • Appendix D – Claims Related Information • Appendix E – RHC Services Facility Survey • Appendix F - Reserved 	03/17/22

For Information or Assistance, Call Us!

Provider Relations	1-800-473-2783 (225) 294-5040 Medicaid Provider Website	General Medicaid Eligibility Hotline	1-888-342-6207
Prior Authorization: Home Health/EPSDT – PCS Dental	1-800-807-1320 1-855-702-6262 MCNA Provider Portal	MMIS Claims Processing Resolution Unit MMIS Claims Reimbursement	(225) 342-3855
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		MMIS Claims Reimbursement
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	For Hearing Impaired Pharmacy Hotline	1-877-544-9544 1-800-437-9101 Medicaid Pharmacy Benefits
		Medicaid Fraud Hotline	1-800-488-2917 Report Medicaid Fraud

