

## Medicaid Annual Renewals to Restart

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:

1. Logging on to [MyMedicaid.la.gov](https://MyMedicaid.la.gov),
2. Emailing [MyMedicaid@la.gov](mailto:MyMedicaid@la.gov),
3. Calling their health plan on the number on their member ID card; or
4. 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.
5. Filling out a [contact information update form](#) and submitting it to Medicaid by fax or email.

Although annual renewals will restart in April, not everyone will be required to complete their annual renewal in 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.

Click [here](#) for the complete Unwind Toolkit. In the toolkit, you will find key messages, talking points, and assets for use to communicate with any Medicaid member you come in contact with. You will also find suggested social media content for your use.



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## Medicaid Hosting Provider Webinars on Restarting Renewals

Louisiana Medicaid is hosting a series of webinars for providers regarding the end of continuous coverage for Medicaid members and the restart of Medicaid renewals. Starting in April, Louisiana Medicaid must re-start eligibility reviews and close anyone who is not eligible.

All providers that file claims with Louisiana Medicaid are invited to attend. The information shared will be the same for all webinars. Registration is not required, but there is limited capacity of 1,000 participants for each webinar. If that capacity is reached, no additional participants will be able to join.

There will be an opportunity for questions and answers during the webinar. The webinar slide deck has been made available online for those unable to attend.

Webinars are scheduled for the following dates and times:

### Tuesday, April 4, 6 p.m. - 7 p.m.

Webinar ID: 843 6723 1763

Please click this URL to join: <https://us06web.zoom.us/j/84367231763>

Or Telephone: Dial 602 333 0032

Conference code: 244242

### Thursday, April 6, 2:30 p.m. - 3:30 p.m.

Webinar ID: 841 5111 2025

Please click this URL to join: <https://us06web.zoom.us/j/84151112025>

Or Telephone: Dial 602 333 0032

Conference code: 244242

## Medicaid Is Sending Pink Letters To Members

Medicaid began mailing a second round of pink letters to members at the end of March 2023. The purpose of sending the pink letters is to make sure we have the correct contact info for members ahead of re-starting renewals in April. If Louisiana Medicaid does not have the current information, members could miss important letters about their health insurance coverage and risk losing health coverage, even if eligible.

If a member receives a pink letter, Medicaid has the correct mailing address.

**For members who do not get a pink letter by the first of April, Louisiana Medicaid might not have the correct mailing address** and the member must update their contact information as soon as possible. Information can be updated in the following ways:

1. Log on to: [MyMedicaid.la.gov](https://MyMedicaid.la.gov)
2. Email: [MyMedicaid@la.gov](mailto:MyMedicaid@la.gov)
3. Call your health plan at:
  - a. Aetna Better Health: 1-855-242-0802
  - b. AmeriHealth Caritas: 1-888-756-0004
  - c. Healthy Blue: 1-844-521-6941
  - d. Humana Healthy Horizons: 1-800-448-3810
  - e. Louisiana Healthcare Connections: 1-866-595-8133
  - f. UnitedHealthcare: 1-866-675-1607
  - g. Call Medicaid Customer service at 1-888-342-6207, between the hours of 8:00 a.m. and 4:30 p.m.

## Contact Information Form



© CanStockPhoto.com

The most important thing Medicaid members can do is update their contact information. This can be done in several ways including through a provider's office. Providers can have Medicaid members complete our Contact Information Update form.

### When using the form:

- ✓ Complete with as much information as possible. The member's name, date of birth and last four digits of their social are required.
- ✓ The form must be signed by hand. No digital or electronic signatures will be accepted.
- ✓ Forms can be submitted to Medicaid by email or by fax.
- ✓ Providers can give them to Medicaid members to complete and submit on their own OR providers can have the member complete the form in the office and then submit it to Medicaid on the member's behalf. Forms may be submitted to Medicaid one at a time or in batches.

## Provider Enrollment Portal

The **Provider Enrollment Portal** at [www.lamedicaid.com](http://www.lamedicaid.com) remains open for providers required to complete enrollment. Approximately 25 percent of Louisiana providers have not completed this required enrollment. Claims will be denied for providers who do not enroll.

### Important Notes:

- Providers with multiple provider types must complete enrollment for each type.
- Providers should expect impacts to claims processing, and risk not getting paid if enrollment is not complete.
- 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.

### Claim Denials - Ordering, Prescribing or Referring Providers (OPR)

If you are an OPR provider, physician, other practitioner, or facility who renders services to Medicaid beneficiaries based on your order, prescription, or referral, you will not be paid for such items or services, beginning July 1, 2023, unless you enroll in Medicaid 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.

### Claims Adjudication - Ordering, Prescribing or Referring Providers (OPR)

Claims processing guidelines depend on when a provider enrolls. If enrollment is not complete, claims and payments will be impacted. If an OPR provider is included on a claim or writes a prescription and has not completed enrollment:

The medical/professional claim will deny beginning July 1, 2023, if any one of the following are not enrolled:

- Ordering provider
- Prescribing provider
- Referring provider

The prescription will deny beginning July 1, 2023, if any one of the following are not enrolled:

- Prescribing provider
- Vaccinating pharmacist, or
- Pharmacy provider

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.

Providers can find additional information and submit questions on the provider enrollment webpage and in the Informational Bulletin 22-38: Provider Enrollment Requirements.

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.

## Provider-to-Provider Consultation Line



# PPCL

PROVIDER TO PROVIDER CONSULTATION LINE

Pediatric Mental Health Support

## Provider-to-Provider Consultation Line offers pediatric behavioral, mental health assistance

The [Louisiana Provider-to-Provider Consultation Line \(PPCL\)](#) is a no-cost consultation and education program that assists pediatric healthcare providers in addressing the behavioral and mental health needs of patients from birth to age 21. The consultation line allows providers to call or email with mental health consultants and on-call psychiatrists to ask questions about behavioral health, diagnostic criteria and medication management. Providers also have opportunities to earn CEUs/CMEs through PPCL's [TeleECHO](#) series.

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 Guidelines for Prescribing Opioids for Pain: Deciding Opioid Duration and Assessing Risk

Mohammad Nasir Kaker, PharmD, MSPGx

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.

## Deciding Duration of Initial Opioid Prescription and Conducting Follow-Up

*Recommendations 6 and 7 address the duration of opioid therapy and routine patient follow-up.*

### Recommendation 6

**“When opioids are needed for acute pain, clinicians should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids”** (recommendation category: A; evidence type: 4)

Additional Considerations	
Duration of Therapy	For many common causes of nonsurgical, nontraumatic pain, a few days (or less) of opioids are often sufficient.
	Shorter courses of opioids can minimize withdrawal symptoms and the need to taper.
	Clinicians should avoid the prescribing of additional opioids “just in case” pain continues to persist longer than anticipated.
Evaluation/ Follow-up	Patients should be evaluated at least every 2 weeks if they continue to utilize opioids for acute pain.
	If patients are continued on opioids for $\geq 1$ month, evaluation of potentially reversible causes for chronic pain should be addressed to prevent unintentional initiation of long-term opioid therapy.
Tapering	Brief taper should be utilized for opioids used around-the-clock for more than a few days in order to minimize withdrawal symptoms upon discontinuation.
	Tapering plans should be discussed with the patient.

Table 1. Additional considerations for recommendation 6 of CDC’s Clinical Practice Guidelines for Prescribing Opioids for Pain

### Recommendation 7

**Clinicians should evaluate benefits and risks with patients within 1–4 weeks of starting opioid therapy for subacute or chronic pain or of dosage escalation. Clinicians should regularly reevaluate benefits and risks of continued opioid therapy with patients** (recommendation category: A; evidence type: 4).

**Category A:** higher quality evidence, typically applied to all persons in the group addressed. **Category B:** lower quality of evidence, recommendation might not apply to all persons in the group addressed. **Type 1 evidence:** high confidence that the true effect is closer to estimated effect. **Type 2 evidence:** true effect likely to be close to estimate of the effect, but some uncertainty exists. **Type 3 evidence:** true effect could differ substantially from the estimate of the effect. **Type 4 estimate:** likelihood is high that true effect differs from the estimate of the effect.

Table 2. Additional considerations for recommendation 7 of CDC’s Clinical Practice Guidelines for Prescribing Opioids for Pain

<b>Additional Considerations</b>	
<b>Evaluation/Follow-up</b>	When starting immediate-release opioids at a dosage of <50 MME/day, initial follow-up intervals closer to 4 weeks can be considered.
	Follow-up intervals on the lower end of 1-4 week range should be considered when initiating/increasing doses of ER/LA opioids (or when total opioid dose is ≥50 MME/day) due to the increased risk of unintentional overdose.
	Patients receiving long-term opioid therapy should be regularly reassessed with a suggested frequency of every 3 months (or more frequently for most patients).
	For methadone, shorter follow-up intervals (every 2-3 days for the first week) should be strongly considered due to the drug’s variable half-life and the potential for drug accumulation.
	Re-evaluate patients at higher risk for overdose or opioid use disorder more frequently than every 3 months, as many important factors can change during the course of treatment.
<b>Include the Patient</b>	Review the goals and perspectives of patients and determine if opioids continue to meet treatment goals.
	Ask patients their preferences about continuing opioids, considering their effects on pain / function and potential adverse effects.
	Help ensure patients have access to follow-up evaluations.

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

*Assessing risk and addressing potential harms of opioid use are addressed by recommendations 8, 9, 10, 11, 12.*

**Recommendation 8**

**Before starting and periodically during continuation of opioid therapy, clinicians should evaluate risk for opioid-related harms and discuss risk with patients. Clinicians should work with patients to incorporate into the management plan strategies to mitigate risk, including offering naloxone** (recommendation category: A; evidence type: 4).

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Table 3. Additional considerations for recommendation 8 of CDC’s Clinical Practice Guidelines for Prescribing Opioids for Pain

<b>Additional Considerations</b>	
<b>Comorbidities/ Risk Factors</b>	Ensure treatment of mental health conditions (such as depression) are optimized when initiating long-term opioid therapy and consult with behavioral health specialists when needed.
	Ask patients about their drug and alcohol use and use validated tools or consult with behavioral specialists to screen for and assess mental health and substance use disorders.
	Avoid prescribing opioids, when possible, in patients with moderate to severe sleep disordered breathing to avoid respiratory depression (monitor these patients more frequently).
	Patients with jobs requiring hazardous tasks should be assessed to ensure opioid therapy does not interfere with the safety of completing these tasks.
	Clinicians should use additional caution and increased monitoring to minimize risks of opioids prescribed for patients $\geq 65$ years old or patients with renal/hepatic insufficiency.
	Clinicians should provide specific counseling on increased risks for overdose when opioids are combined with other drugs or alcohol and ensure patients are provided or receive effective treatment for substance use disorders when needed.
<b>Naloxone</b>	Naloxone should be offered to patients initiating/continuing opioid therapy and those at increased risk for overdose (history of overdose or substance use disorder, concurrent use of opioids and benzodiazepines, sleep/breathing problems, and higher doses $\geq 50$ MME/day).
	Educate patients on overdose prevention and naloxone use.
<b>Pregnancy</b>	Buprenorphine or methadone are the recommended therapies for pregnant women with opioid use disorder.

**Recommendation 9**

**When prescribing initial opioid therapy for acute, subacute, or chronic pain, and periodically during opioid therapy for chronic pain, clinicians should review the patient’s history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid dosages or combinations that put the patient at high risk for overdose (recommendation category: B; evidence type: 4).**

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Table 4. Additional considerations for recommendation 9 of CDC’s Clinical Practice Guidelines for Prescribing Opioids for Pain

Additional Considerations	
<b>Prescription Drug Monitoring Program (PDMP) Review</b>	Ideally, the PDMP should be reviewed before every opioid prescription is prescribed (acute, subacute, and chronic pain).
	At a minimum, during long-term opioid therapy, PDMP data should be reviewed before an initial opioid prescription and then every 3 months or more frequently.
	Review for opioids prescribed by other providers to ensure total combined opioid use does not put patient at a risk for an overdose.
<b>Safety Concerns</b>	Consider the total MME/day for concurrent opioid prescriptions to help assess the patient’s overdose risk.
	Buprenorphine should not be included when calculating total opioid MME due to its partial agonist activity.
	Screen for potential substance use/misuse in a nonjudgmental manner.
	Discuss safety concerns (respiratory depression/overdose) with patients receiving opioids from multiple providers.
	Patients should not be dismissed on the basis of their PDMP results.

**Recommendation 10**

**When prescribing opioids for subacute or chronic pain, clinicians should consider the benefits and risks of toxicology testing to assess for prescribed medications as well as other prescribed and nonprescribed controlled substances** (recommendation category: B; evidence type: 4).

Table 5. Additional considerations for recommendation 10 of CDC’s Clinical Practice Guidelines for Prescribing Opioids for Pain

Additional Considerations	
<b>Utilizing Toxicology Testing</b>	Toxicology testing should not be utilized in a punitive manner but used in the context of other clinical information to inform and improve patient care.
	Toxicology testing should be utilized in a manner that minimizes bias.
	Explain to patients that results will be used to improve safety and will not be used as a means to dismiss patients from care.
	Providers should familiarize themselves with the drugs included in the toxicology screening.
<b>When to Use Confirmatory Testing</b>	Confirmatory testing should be used: To confirm unexpected/irregular toxicology results; If need occurs requiring detecting of specific opioids/drugs or ones that are not identified with standard immunoassays/tests; or When results will be used for major clinical or nonclinical implications to drive decision making.

**Recommendation 11**

**Clinicians should use particular caution when prescribing opioid pain medication and benzodiazepines concurrently and consider whether benefits outweigh risks of concurrent prescribing of opioids and other central nervous system depressants** (recommendation category: B; evidence type: 3).

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Table 6. Additional considerations for recommendation 11 of CDC’s Clinical Practice Guidelines for Prescribing Opioids for Pain

Additional Considerations	
<b>Benzodiazepine + Opioid Considerations</b>	In patients using this combination long-term, carefully weigh benefit versus risks of continuing therapy and discuss with patients and other members of the patient’s care team.
	Do not withhold methadone or buprenorphine for opioid use disorder from patients on benzodiazepines (and other medications that may depress the central nervous system).
	If discontinuing benzodiazepines, clinicians should taper gradually.
	Benzodiazepines may be beneficial in certain situations (stopping use can be destabilizing).

**Recommendation 12**

**Clinicians should offer or arrange treatment with evidence-based medications to treat patients with opioid use disorder. Detoxification on its own, without medications for opioid use disorder, is not recommended for opioid use disorder because of increased risks for resuming drug use, overdose, and overdose death (recommendation category: A; evidence type: 1).**

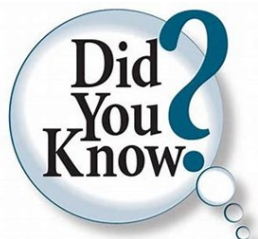
Table 7. Additional considerations for recommendation 12 of CDC’s Clinical Practice Guidelines for Prescribing Opioids for Pain

Additional Considerations	
<b>Treatment Considerations</b>	FDA-approved medications that are indicated for the treatment of opioid use disorder include naltrexone, buprenorphine, and methadone.
	DSM-5 criteria should be utilized to assess the presence of potential opioid use disorder.
<b>Patient Considerations</b>	If opioid use disorder is suspected, clinicians should discuss concerns with patients in a nonjudgmental manner.
	Patients should not be dismissed from the clinicians practice due to a diagnosis of opioid use disorder.

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**Reference**

Dowell D, Ragan K, Jones C, et al. CDC clinical practice guidelines for prescribing opioids for pain – United States, 2022. *Centers for Disease Control and Prevention.* 2022;3;1-95



## Medicaid Awareness Month

April is Medicaid Awareness Month and Medicaid is an essential pillar in providing coverage:



### Seniors and older Americans

Medicaid remains a [critical source of coverage](#) as Americans age, with Medicaid serving as a primary funder for long-term care and filling many of the gaps in Medicare coverage, such as transportation to medical appointments and medical equipment.



### Children

Medicaid and the Children's Health Insurance Program (CHIP) have been crucial sources of coverage for America's children. The Medicaid program remains [widely popular](#) as it has served as a lifeline for children and families during the coronavirus pandemic. As millions of families have lost their jobs and health care, Medicaid and the ACA have given them a place to turn to for comprehensive, affordable coverage.



### Individuals with Disabilities

Research has shown the people with disabilities covered by Medicaid are [more likely](#) to receive comprehensive and consistent care than those who are either privately insured or uninsured. The Medicaid program also provides half of all long-term care in the United States, which includes essential home- and community-based services for people with disabilities.

## 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.

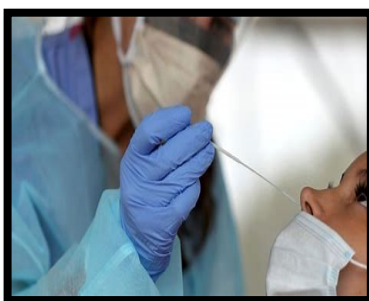
## Medicaid Coverage for COVID-19 Testing for Uninsured Patients

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 Providers: New Editing Product - ClaimsXten Coming March 2023

Louisiana Medicaid will launch a new editing product in late March 2023. ClaimsXten Portfolio's (formerly Change Healthcare) ClaimCheck editing product is being retired and will be replaced with the ClaimsXten (CXT) editing software. Claims on remittance advice dated March 28, 2023 will be the first cycle of claims processed using CXT.

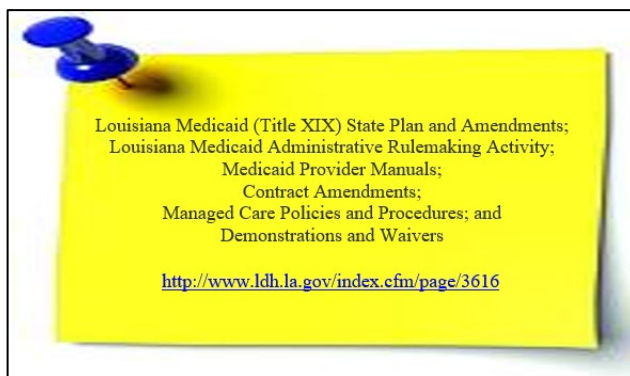
LDH will publish updated information related to CXT notifications, issues, etc., via the Louisiana Medicaid website, [www.lamedicaid.com](http://www.lamedicaid.com). Providers are encouraged to closely monitor the homepage and the 'ClaimCheck/ClaimsXten' subsection under the 'Claims and Billing' link for the most up-to-date information.

Questions regarding this message and fee-for-service claims are to be directed to Gainwell Technologies Provider Relations at (800) 473-2783 or (225) 924-5040.

## 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](https://lpha.org/2023-annual-conference).

## Manual Chapter Revision Log

Recent revisions have been made to the following Medicaid Provider Manual chapters. Providers should review the revisions in their entirety at [www.lamedicaid.com](http://www.lamedicaid.com) under the “Provider Manual” link:

Manual Chapter	Section(s)	Date of Revision(s)
Behavioral Health <a href="#">Behavioral Health</a>	<ul style="list-style-type: none"> <li>Section 2.3 – Outpatient Services – Mental Health Rehabilitation Services</li> <li>Section 2.4 – Addiction Services</li> <li>Section 2.4 – Addiction Services – Opioid Treatment Programs (OTPs)</li> </ul>	03/07/23
	Appendix B – Glossary	03/27/23

Manual Chapter	Section(s)	Date of Revision(s)
Applied Behavior Analysis (ABA)  <a href="#">Applied Behavior Analysis (ABA)</a>	Section 4.1 – Covered Services	03/17/23
Durable Medical Equipment (DME)  <a href="#">Durable Medical Equipment (DME)</a>	<ul style="list-style-type: none"> <li>• Section 18.2.1.2 – Oxygen Concentrators</li> <li>• Section 18.2.10 – Breast Milk and Supplies</li> <li>• Section 18.2.19 – Ambulatory Equipment</li> <li>• Custom Wheelchair Form</li> </ul> Custom Wheelchair Repair Form	03/13/23  03/22/23
Residential Options Waiver (ROW)  <a href="#">Residential Options Waiver (ROW)</a>	<ul style="list-style-type: none"> <li>• Section 38.0 – Overview</li> <li>• Section 38.1 – Covered Services</li> <li>• Section 38.2 – Self-Direction Option</li> <li>• Section 38.3 – Beneficiary Requirements</li> <li>• Section 38.4 – Rights and Responsibilities</li> <li>• Section 38.5 – Service Access and Authorization</li> <li>• Section 38.6 – Provider Requirements</li> <li>• Section 38.7 – Staffing Requirements</li> <li>• Section 38.8 – Record Keeping</li> <li>• Section 38.9 – Reimbursement</li> <li>• Section 38.10 – Program Monitoring</li> <li>• Section 38.11 – Incidents, Accidents, and Complaints</li> <li>• Section 38.12 – Support Coordination</li> <li>• Appendix A – Developmental Disability Law</li> <li>• Appendix B – Glossary</li> <li>• Appendix C – Contact Information</li> <li>• Appendix D – Forms/Websites</li> <li>• Appendix E – Billing Codes</li> </ul> Appendix F – Claims Filing	03/27/23

## Health Observance Calendar - April 2023



- [Alcohol Awareness Month](#)
- [Irritable Bowel Syndrome Awareness Month](#)
- [Medicaid Awareness Month](#)
- [National Autism Awareness Month](#)
- [National Cancer Control Month](#)
- [National Donate Life Month](#)
- [National Facial Protection Month](#)
- [National Interprofessional Healthcare Month](#)
- [National Minority Health Month](#)
- [National Sarcoidosis Awareness Month](#)
- [Occupational Therapy Month](#)
- [Oral Cancer Awareness Month](#)
- [Parkinson's Awareness Month](#)
- [Sexual Assault Awareness & Prevention Month](#)
- [STI Awareness Month](#)
- [Stress Awareness Month](#)
- [Testicular Cancer Awareness Month](#)
- [National Child Abuse Prevention Month](#)

Event	Date
<a href="#"><u>National Public Health Week – Healthiest Nation 2023</u></a>	<i>April 3-9</i>
<a href="#"><u>Oral, Head, and Neck Cancer Awareness Week</u></a>	<i>April 16-22</i>
<a href="#"><u>Pediatric Sepsis Week</u></a>	<i>April 16-22</i>
<a href="#"><u>National Infertility Awareness Week</u></a>	<i>April 23 – 29</i>
<a href="#"><u>World Immunization Week</u></a>	<i>April 24 – 30</i>
<a href="#"><u>Patient Experience Week</u></a>	<i>April 23 – 29</i>
<a href="#"><u>National Infant Immunization Week</u></a>	<i>April 24 – 30</i>

Event	Date
<a href="#"><u>World Autism Awareness Day</u></a>	<i>April 2</i>
<a href="#"><u>World Health Day 2023</u></a>	<i>April 7</i>
<a href="#"><u>National Youth HIV and AIDS Awareness Day</u></a>	<i>April 10</i>
<a href="#"><u>National Prescription Drug Take Back Day</u></a>	<i>April 15</i>
<a href="#"><u>Annual National Healthcare Decisions Day</u></a>	<i>April 16</i>
<a href="#"><u>World Hemophilia Day</u></a>	<i>April 17</i>
<a href="#"><u>World Meningitis Day</u></a>	<i>April 24</i>
<a href="#"><u>DNA Day 2023</u></a>	<i>April 25</i>
<a href="#"><u>World Malaria Day 2023</u></a>	<i>April 25</i>
<a href="#"><u>World Day for Safety and Health at Work</u></a>	<i>April 28</i>

## 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](#)

### 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/EPSTD – 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](#)





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>