

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,
2. Emailing 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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SCAM ALERT: Help Protect Members and Their Families from Medicaid Unwind Scams



Medicaid renewals restarted in April and we will be reaching out to some members about their health coverage. We are working with community organizations and others to reach as many members as possible to update their contact information and complete renewals. Some ways that we are reaching out to members include:

1. By mail, email, text message and phone calls.
2. Door-to-door outreach to help members update contact information and complete renewal forms.
3. Hosting and attending events in your community to share Medicaid information and assist members.

Healthcare providers, including pharmacists, and Medicaid's health plans may also share Medicaid information or offer to assist members.

Ensure that members know that they should never share their bank or credit card information with anyone that claims to be from Louisiana Medicaid or the Louisiana Department of Health. Medicaid will never request personal information by phone, only through a form sent by mail. If members are uncomfortable sharing this information, they can call or email Louisiana Medicaid directly at 1-888-342-6207 or MyMedicaid@la.gov.

Provider Enrollment Update and Requirements

The **Provider Enrollment Portal** at 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

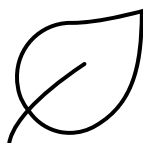
The prescription will deny beginning July 1, 2023, if any one of the following are not enrolled:

- 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.

PHE Unwind: Copayments to Resume

The U.S. Department of Health and Human Services will end the Public Health Emergency (PHE) for COVID-19 declared under Section 319 of the Public Health Service Act at the end of the day on May 11, 2023. During the pandemic, co-pays were suspended under the PHE. Copayments will resume on May 12 with a few exceptions. Medicaid programs will continue to cover COVID-19 Treatments and COVID-19 testing through September 30, 2024. All vaccines, including those that prevent COVID-19, are exempt from copayment at all times.



Highlights of the Louisiana Revised Statutes Concerning the Prescription Monitoring Program

Compiled by:
Office of Outcomes Research and Evaluation
College of Pharmacy
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The [2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain](#) recommends that clinicians who are prescribing initial opioid therapy should first review a patient's history of controlled substance prescriptions using a state prescription drug monitoring program (PDMP). A PDMP is an electronic database that tracks controlled substance prescriptions. PDMPs can help identify patients who may be at risk for overdose. PDMP data also can be helpful when patient medication history is unavailable and when care transitions to a new clinician.

The name of the Louisiana PDMP is the Louisiana Prescription Monitoring Program (PMP) and is administered by the Louisiana Board of Pharmacy. On June 12, 2017, Louisiana legislation was signed mandating the use of the PMP for opioid prescribers.

What Does the Law Say?

According to Louisiana Revised Statutes 40:973, prescribers of controlled dangerous substances in Louisiana who obtain a controlled dangerous substance license from the Louisiana Board of Pharmacy shall automatically be registered as a participant in the Prescription Monitoring Program (PMP). For complete statute, see [RS 40:973](#).

The law says a prescriber with a controlled dangerous substance license from the LA Board of Pharmacy is automatically registered as a participant in the PMP.

According to Louisiana Revised Statutes 40:978, a prescriber or his delegate shall access and review the patient's record in the Prescription Monitoring Program prior to initially prescribing any opioid to a patient and shall access the Prescription Monitoring Program and review the patient's record at least every ninety days if the patient's course of treatment continues for more than ninety days. For complete statute, see [RS 40:978](#).

The law says a prescriber or delegate shall access and review the patient's PMP record:
✓ before initially prescribing any opioid to a patient
✓ at least every ninety days if treatment continues for that long

Some Situations are Exempt from PMP Review

The law says that the requirement shall not apply in the following instances:

- a) The drug is prescribed or administered to a hospice patient or to any other patient who has been diagnosed as terminally ill.
- b) The drug is prescribed or administered for the treatment of cancer-related chronic or intractable pain.
- c) The drug is ordered or administered to a patient being treated in a hospital.
- d) The Prescription Monitoring Program is inaccessible or not functioning properly due to an internal or external electronic issue. However, the prescriber or his delegate shall check the Prescription Monitoring Program once electronic accessibility has been restored and note the cause for the delay in the patient's chart.
- e) No more than a single seven-day supply of the drug is prescribed or administered to a patient.

Accessing the PMP is not required for:

- *Hospice patients or others diagnosed as terminally ill*
- *Treatment of cancer-related chronic or intractable pain*
- *Patients treated in a hospital setting*
- *Short periods of time that the PMP may be inaccessible, but the delay must be noted in the patient's chart and the PMP must be accessed once accessibility has been restored.*
- *Prescribing of no more than a single seven-day supply*

How Should Prescribers Use the Information from the PMP?

- Confirm PMP information with your patient.
- Provide potentially life-saving information and interventions.
 - Talk with your patient about the findings and any safety concerns, including increased risk for respiratory depression and overdose.
 - Offer naloxone as part of your patient's management plan to mitigate risk.
- Discuss safety concerns with other clinicians who are prescribing controlled substances for your patient.
- Do not dismiss patients from care based on PMP information.
- PMP information can be most helpful when results are unexpected, and clinicians should minimize bias in application.
- Screen for substance use when appropriate and discuss with your patient in a non-judgmental manner.

Checking the PMP is an important step to improve opioid prescribing practices. Information from the PMP can alert prescribers to opportunities to provide potentially lifesaving information and interventions and can help inform point-of-care clinical decision-making to improve patient care and safety.

The Prescription Monitoring Program is implementing a statewide comprehensive platform for healthcare professionals to review patients' controlled substance prescription history more quickly and efficiently. The goal of the integration project is to minimize any workflow disruption by providing near-instant and seamless access to critical controlled substance prescription history information to both prescribers and pharmacists. This platform utilizes current PMP prescription data and transfers it into electronic health records (EHR) and pharmacy management systems. This statewide integration is a key component of Louisiana's ongoing efforts to address the opioid crisis.

Accessing and viewing a patient's PMP report obtained through the integration platform complies with Louisiana's PMP Mandatory Use Law (R.S. 40:978)



According to Louisiana Revised Statutes 40:978.3, each licensing board that regulates practitioners with prescriptive authority in Louisiana shall establish continuing education requirements as a prerequisite to license renewal. Each board shall develop continuing education criteria, to include drug diversion training, best practice prescribing of controlled substances, appropriate treatment for addiction, and any other matters regarding the prescribing of controlled dangerous substances that are deemed appropriate by the board. Each practitioner with prescriptive authority in Louisiana who holds a controlled dangerous substance license shall obtain three credit hours of continuing education as a prerequisite to license renewal with their professional licensing board. For complete statute, see [RS 40:978.3](#).

Prescribers with a controlled dangerous substance license shall obtain three credit hours of continuing education related to controlled dangerous substances – including drug diversion training, best practice prescribing of controlled substances, appropriate treatment for addiction, and others deemed appropriate by the practitioner’s licensing board.

Prescription Monitoring Program (PMP) Information for Prescribers and Pharmacists

For more information about Louisiana’s PMP, refer to the [Louisiana Board of Pharmacy PMP Program](#).

Registrants who wish to obtain access to the PMP must visit the [LA PMP Login Page](#) and select the Create an Account link to begin the process. During the registration process, the applicant will be required to provide specific information unique to them in addition to the Individual Access Code provided by the Board in order to gain immediate access.

Any registrant who has not received an Individual Access Code or is unable to complete the online registration process should contact the PMP office for assistance, at (225) 925-6496, selecting Option "4".

Once the PMP account has been established, the user will receive an approval email, along with an email verification request. These emails will come from **no-reply@louisiana.PMPAWARE.net**. Please adjust any email filters in place to recognize that address as a valid email address.

User Support Resources

For detailed assistance, please refer to the [User Registration Process Tutorial](#).

For more detailed assistance for the AWARe program, please consult the [AWARe User Support Manual](#) [v3.1 - November 2022]

For your convenience, the Louisiana Board of Pharmacy has constructed a [Quick Reference Guide for Patient Data Search](#).

NarxCare User Tutorials: PMP users can learn how to navigate and better understand the NarxCare platform with interactive tutorials from Bamboo Health. Follow along with [NarxCare Navigation](#) or [NarxCare Interpretation](#) to become familiar with Louisiana's NarxCare platform.

References

[Louisiana Prescription Monitoring Program](#)
[Prescription Drug Monitoring Programs \(PDMPs\) | Healthcare Professionals | Opioids | CDC](#)
[Revised Statutes Title 40](#)
[RS 40:973](#)
[RS 40:978](#)
[RS 40:978.3](#)



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. Providers can contact PPCL by calling 833-721-2881 or emailing ppcl@la.gov.

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.

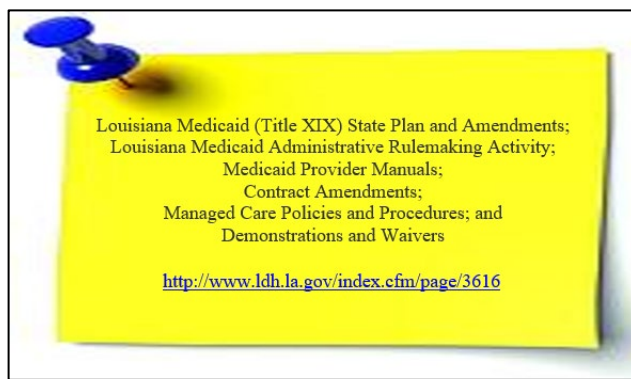
LDH will publish updated information related to CXT notifications, issues, etc., via the Louisiana Medicaid website, www.lamedicaid.com. Providers are encouraged to closely monitor the homepage and the 'ClaimCheck/ClaimsXten' subsection under the 'Claims and Billing' link for the most up-to-date information.

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.

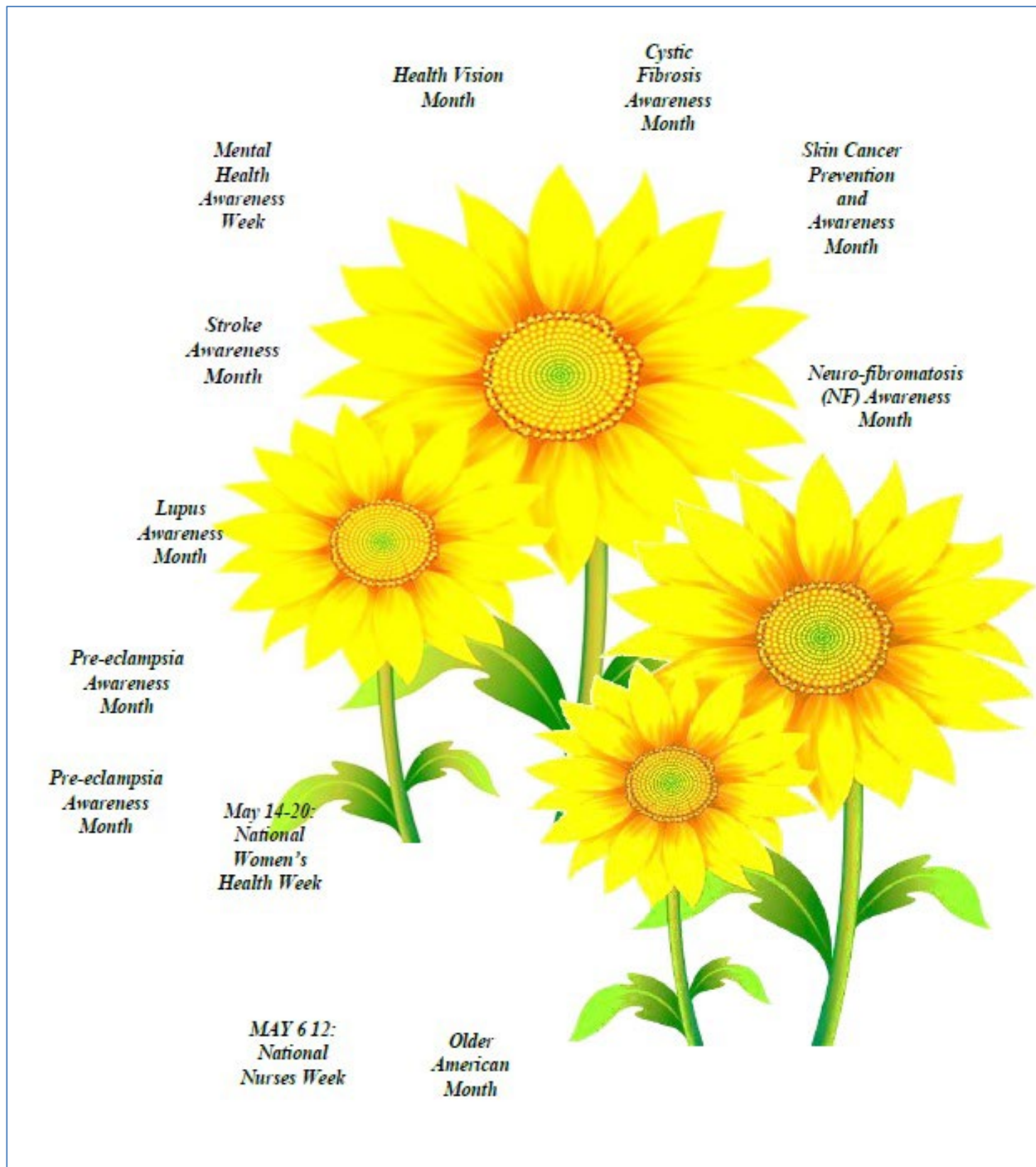


Manual Chapter Revision Log

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

Manual Chapter	Section(s)	Date of Revision(s)
Durable Medical Equipment (DME)	<ul style="list-style-type: none"> • Section 18.2.20 – Diabetic Supplies and Equipment 	04/13/23
Durable Medical Equipment (DME)	Section 18.2.19 – Ambulatory Equipment	04/14/23
New Opportunities Waiver (NOW)	<ul style="list-style-type: none"> • Table of Contents • Section 32.0 – Overview • Section 32.1 – Covered Services • Section 32.2 – Self-Direction Option • Section 32.3 – Beneficiary Requirements • Section 32.4 – Rights and Responsibilities • Section 32.5 – Service Access and Authorization • Section 32.6 – Provider Requirements • Section 32.7 – Staffing Requirements • Section 32.8 – Record Keeping • Section 32.9 – Reimbursement • Section 32.10 – Program Monitoring • Section 32.11 – Incidents, Accidents, and Complaints • Section 32.12 – Support Coordination • Appendix A – Developmental Disability Law • Appendix B – Glossary • Appendix C – Contact Information • Appendix D – Forms/Websites • Appendix E – Billing Codes 1. Appendix F – Claims Filing 	04/10/23
New Opportunities Waiver (NOW)		

Health Observance Calendar - May 2023



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/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](#)

Useful Links

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>

