

## Welcome



Welcome to the latest edition of the **Louisiana Medicaid Provider Update** newsletter.

In this issue, we spotlight the Respiratory Virus Dashboard, provide information on Measles, and updated information in the Medicaid Compliance Corner.

As the Louisiana Department of Health continues to make measurable improvements to improve health and well-being across the lifespan of Louisianans and support vulnerable and underserved populations, we thank you for your ongoing commitment to serving the Louisiana Medicaid population and for continuing to be a supportive partner.

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## In the Spotlight: Respiratory Virus Dashboard



Check out [Respiratory Home | La Dept. of Health](#) weekly to view updates to the Respiratory Virus Dashboard.

The goal of this dashboard is to allow the users to visualize the trends in Louisiana for COVID-19, influenza, and respiratory syncytial virus (RSV).

## Disease Summary

**COVID-19:** COVID-19 can be very contagious and spreads quickly. COVID-19 can result in mild symptoms, but some people become severely ill. COVID-like illness (CLI) is defined as chief complaint with fever, and cough or shortness of breath (SOB); or a COVID-19 discharge diagnosis that does not include an influenza discharge diagnosis.

**Influenza:** A contagious respiratory illness caused by influenza viruses that infect the nose, throat, and sometimes the lungs. Influenza-like illness (ILI) is defined as chief complaint with fever and cough, sore throat, or upper respiratory infection; or an influenza discharge diagnosis.

**RSV:** RSV usually causes mild, cold-like symptoms. Most people recover in a week or two, but RSV can be serious, especially for babies and older adults. RSV-like illness is defined as chief complaint or diagnosis including RSV.

## Data Summary

Below is a summary of each data source and which condition(s) will be visualized.

**Emergency Department Visits:** data comes from Louisiana emergency departments (EDs) that participate in the National Syndromic Surveillance Program (NSSP). Data are reported as a percentage of total ED visits with a chief complaint or a discharge diagnosis of ILI, CLI, and RSV-like illness.

**Hospitalization Admissions:** the number of patients admitted to the hospital by week with laboratory-confirmed COVID-19 and influenza. These data are based on hospitals reporting directly to the National Healthcare Safety Network (NHSN).

**Laboratory Surveillance:** displayed as the percent positivity of tests for COVID-19, influenza, and RSV. Percent positivity is calculated as the number of positive tests divided by the total number of tests performed.

**Death Surveillance:** this dashboard contains surveillance data from multiple sources across COVID-19, influenza, and RSV. Influenza deaths over time will be added to the dashboard at a later date. RSV-associated mortality numbers are too low to be displayed in the same manner, and will only be shown as a cumulative total.

## May 2024 – Health Observances



Arthritis Awareness	Cystic Fibrosis Awareness
Hepatitis Awareness	Lupus Awareness
Mental Health Awareness	National Asthma and Allergy Awareness
National Celiac Disease Awareness	National Osteoporosis Awareness
National Stroke Awareness	Preeclampsia Awareness
Skin Cancer Prevention and Awareness	
Ehlers-Danlos Syndromes and Hypermobility Spectrum Disorders Awareness	
Healthy Vision	
Older Americans	
National Women’s Health	

### Weeks to Note:

Event	Date
<a href="#">Children’s Mental Health Awareness Week</a>	May 5-11
<a href="#">National Nurses Week</a>	May 6-12
<a href="#">National Hospital Week</a> and <a href="#">Food Allergy Awareness Week</a>	May 12-18
<a href="#">Maternal Sepsis Week</a> and <a href="#">National Women’s Health Week</a>	May 12-18

### Days to Note:

Event	Date
<a href="#">World Asthma Day</a> and <a href="#">Children’s Mental Health Awareness Day</a>	May 7
<a href="#">National Student Nurses Day</a> and <a href="#">National School Nurse Day</a>	May 8
<a href="#">International Cornelia de Lange Syndrome (CdLS) Awareness Day</a>	May 11
<a href="#">Chronic Fatigue Syndrome Day</a>	May 12
<a href="#">National Women’s Checkup Day</a>	May 13
<a href="#">World AIDS Vaccine Day</a> and <a href="#">HIV Vaccine Awareness Day</a>	May 18
<a href="#">National Asian and Pacific Islander HIV/AIDS Awareness Day</a>	May 19
<a href="#">World Autoimmune/Auto-inflammatory Arthritis Day</a>	May 20
<a href="#">Don’t Fry Day</a>	May 24





## DID YOU KNOW?

### Standing Order for the Distribution or Dispensing of Naloxone or Other Opioid Antagonists

**Naloxone**, and other opioid antagonists, is a prescription medication indicated for the reversal of respiratory depression or unresponsiveness due to opioid overdose. Given the current public health emergency relative to the misuse and abuse of opioid derivatives, it has been determined that widespread availability of opioid antagonists to addicts and their caregivers, as well as first responders in the community, would serve the public interest. For as long as naloxone, and other such opioid antagonists, remain classified as prescription drugs by the federal Food and Drug Administration, pharmacists must secure a prescription or order from a prescriber with the legal authority to prescribe said drug products in order to dispense or distribute the drug product. Thus, the Louisiana Legislature has adopted a number of laws designed to facilitate the distribution and dispensing of naloxone, or other opioid antagonists, beyond the person who would need the medication on an emergent basis to manage an opioid-related drug overdose; specifically first responders, caregivers and family/ friends of potential patients.

According to La R.S. 40:978.2, a licensed medical practitioner may, directly or by standing order (emphasis added), prescribe or dispense the drug naloxone or another opioid antagonist without having examined the individual to whom it may be administered if two conditions are met. First, the licensed medical practitioner must provide the individual receiving and administering the naloxone or other opioid antagonist all training requirements for the safe and proper administration of naloxone or another opioid antagonist to individuals who are undergoing, or who are believed to be undergoing, an opioid-related drug overdose. According to the statute, the training, at a minimum, shall address (1) techniques on how to recognize signs of opioid-related overdose, (2) standards and procedures for the storage and administration of naloxone or another opioid antagonist and (3) emergency follow-up procedures including the requirement to summon emergency services either immediately before or immediately after administering the naloxone or other opioid antagonist to an individual apparently experiencing an opioid-related overdose. Second, the naloxone, or other opioid antagonist, must be prescribed or dispensed in such a manner that it shall be administered through a device approved for this purpose by the United States Food and Drug Administration.

#### Authorization

The standing order is issued in compliance with, and under the authority of, La. R.S. 40:978.2 and shall be deemed as a medical order for naloxone, or other opioid antagonist, as long as the conditions of the statute are met. This standing order shall be valid for one year from the date of issue of January 1, 2024.



## Measles: A Preventable Disease

*Compiled by  
Office of Outcomes Research and Evaluation  
College of Pharmacy  
The University of Louisiana Monroe*

Measles is one of the most contagious respiratory diseases in the world that has the potential to be life-threatening. Vaccines approved by the U.S. Food and Drug Administration (FDA) for the prevention of measles are proven both safe and effective. However, outbreaks in the U.S. continue to occur. One main reason is an increase in measles incidence globally, resulting in unvaccinated people abroad being exposed to the virus and bringing it to the U.S. Another is because of the spread of measles in communities that include unvaccinated people.

It is critical for all international travelers to be protected against measles, regardless of their destination.

This FDA-approved vaccine also prevents chickenpox. All these vaccines are safe and highly effective. According to the [Centers for Disease Control and Prevention](#) (CDC), before the U.S. measles vaccination program started in 1963, about 3 million to 4 million people nationwide got measles each year. Of those, 400 to 500 people died, 48,000 were hospitalized, and 1,000 developed encephalitis (swelling of the brain) because of measles yearly. In the U.S., widespread use of the vaccine has led to a 99% reduction in measles cases compared with before the vaccination program began.

Since 2000, when measles was declared eliminated from the U.S., the annual number of cases has ranged from a low of 37 in 2004 to a high of 1,282 in 2019. Most cases in the United States have been among people who are not vaccinated against measles. Those who are particularly at risk for measles are people who cannot be vaccinated because they are too young or have certain health conditions. After an infected person leaves a location, the virus can remain in the air and on surfaces for up to two hours and infect other people. Measles spreads so easily that if one person has it, 90% of the people close to that person who are not vaccinated or otherwise immune will also become infected.

Measles, along with mumps and rubella (German measles), can be prevented with the Measles, Mumps, and Rubella Virus Vaccine Live (MMR). The FDA has approved two vaccines, M-M-R II and Priorix, for use in people ages 12 months and older. Children ages 12 months through 12 years may also get the Measles, Mumps, Rubella and Varicella Virus Vaccine Live (ProQuad, also called MMRV). One dose of Measles, Mumps, and Rubella Virus Vaccine Live (MMR) is approximately 93% effective at preventing measles; two doses are approximately 97% effective.

The [CDC recommends](#) that children get two doses of the MMR vaccine, starting with the first dose at age 12 through 15 months and the second dose at ages 4 to 6 years. Alternatively, for those who receive ProQuad instead of MMR, the CDC recommends that children get one dose of ProQuad vaccine at 12 to 15 months of age, and the second dose at ages 4 to 6 years.

## Measles Rubeola Diagnosis Considerations

### Disease Course

- The incubation period is typically 11–12 days from exposure to measles virus until the first symptoms appear (prodromal symptoms).
- A rash follows the prodromal symptoms 2–4 days later and usually lasts 5–6 days.
- Measles is infectious 4 days before and 4 days after rash onset.

### Symptoms

- Prodromal: Fever, cough, rhinitis, or conjunctivitis. Koplik spots (tiny white spots inside the mouth) may also appear 2–3 days after symptoms first appear.
- Rash: A maculopapular rash (rash of both flat and raised skin lesions) begins on the head and face and then spreads downward to the neck, trunk, arms, legs, and feet. The spots may become joined together as they spread from the head to the body. Fever may spike to more than 104° F when rash appears.

### Complications

- Most common complications: Diarrhea and otitis media.
- Most severe complications: Pneumonia, encephalitis, and death. Patients may require hospitalization. Children younger than 5, adults older than 20, pregnant women, and immunocompromised persons are at most risk of serious complications.

### What To Do If You Have a Suspected Case

- Immediately mask and isolate the patient in a room with a closed door (negative pressure room if available). Follow standard and airborne precautions.
- Only allow health care workers with presumptive evidence of measles immunity\* to attend the patient; they must use N-95 masks.
- Evaluate the patient and order measles confirmatory testing (collect a throat or nasopharyngeal swab for RT-PCR and serum for IgM measles testing).
- Contact infection control if available at your facility.
- Immediately report this suspected case to your local and/or state health department. For questions regarding specimen collection, storage, and shipment, please visit [Measles Specimen Collection, Storage, and Shipment | CDC](#).

\*Presumptive evidence of measles immunity for healthcare workers (one of the following): documentation of two doses of measles-containing vaccine, laboratory evidence of immunity (positive IgG), laboratory evidence of disease, or birth before 1957. Self-reported doses and a history of vaccination provided by a parent or other caregiver, or a clinical diagnosis of measles, should not be accepted.

There is no specific treatment for measles. Health care providers can help measles patients by relieving their symptoms and addressing complications, such as bacterial infections.

The most effective measure against measles is prevention through vaccination. For additional information about measles vaccines, visit [CDC - Measles, Mumps, and Rubella \(MMR\) Vaccination: What Everyone Should Know](#).

### Resources

- [For Healthcare Professionals - Diagnosing and Treating Measles | CDC](#)
- [Measles, Mumps, and Rubella \(MMR\) Vaccination | CDC](#)
- [Interim Measles Infection Prevention Recommendations in Healthcare Settings | CDC](#)
- [Measles - Vaccine Preventable Diseases Surveillance Manual | CDC](#)

### References

[About MMR and MMRV Vaccines: For Providers | CDC](#)  
[For Healthcare Professionals - Diagnosing and Treating Measles | CDC](#)  
[Measles \(Rubeola\) \(cdc.gov\)](#)  
[Vaccination Is the Best Protection Against Measles | FDA](#)

## Louisiana Medicaid Contributes to Report to Congress



The Medicaid and CHIP Payment and Access Commission (MACPAC) recently released its [March 2024 Report to Congress on Medicaid and CHIP](#). Louisiana Medicaid contributed to discussions on Medicaid and CHIP policy and their input was included in the report.

In the report, the Congressional advisory panel proposed recommendations to improve Medicaid beneficiary engagement and increase transparency in the denials and appeals process in Medicaid managed care.

MACPAC is a non-partisan legislative branch agency that provides policy and data analysis and makes recommendations to Congress, the secretary of the Department of Health and Human Services, and the states on a wide array of issues affecting Medicaid and CHIP.

## Provider to Provider Consultation Line



The Louisiana Provider-to-Provider Consultation Line (PPCL) is a no-cost provider-to-provider telephone consultation and education program to help pediatric and perinatal health care providers address their patients' behavioral and mental health needs.

### How Does PPCL Work?

- Mental Health Consultants are available 8:00 am to 4:30 PM, Monday through Friday.
- Speak to a Resource Specialist for resource and referral information.
- For clinical questions, including questions regarding psychiatric medications, you will be connected with a psychiatrist.
- Receive a written summary of your consultation.
- We can also connect with you via telehealth, e-mail, or submitted [requests by clicking here](#)

Call us at (833)721-2881 or email us at [ppcl@la.gov](mailto:ppcl@la.gov).

**Stay connected!** It takes about 2 minutes to [enroll in PPCL](#). Enrolling helps us contact you, ensures we have the data our funder (HRSA) needs, and gives us information about what our partners need.

**Missed our presentations?** Click on the links to view our [Perinatal Mental Health webinars](#) or the [Pediatric Mental Health TeleECHO recordings](#).

### Website and Resources:

Check out our Web site [here](#) and share with colleagues. We look forward to hearing from you soon!

## Fee-for-Service Vision (Eyewear) Claims Billing Guidance

Billing guidance for fee-for-service vision (eyewear) claims is now available on [www.lamedicaid.com](http://www.lamedicaid.com). Providers may locate the document from the home page via Claims and Billing, Billing Information, and selecting the link under the Billing Index for Vision (Eyewear).

For additional assistance with billing fee-for-service vision (eyewear) claims, providers must contact Gainwell Technologies' Provider Relations staff at



## Manual Chapter Revision Log

A recent revision has 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)
<a href="#">Behavioral Health</a>	<ul style="list-style-type: none"> <li>Title Page</li> <li>Section 2.3 – Outpatient Services – Personal Care Services (PCS)</li> </ul>	04/15/24
	<ul style="list-style-type: none"> <li>Section 2.3 – Outpatient Services – Personal Care Services (PCS)</li> </ul>	04/25/24
<a href="#">Applied Behavior Analysis (ABA)</a>	<ul style="list-style-type: none"> <li>Title Page</li> <li>Section 4.1 – Covered Services</li> </ul>	04/22/24
<a href="#">Professional Services</a>	<ul style="list-style-type: none"> <li>Section 5.1 – Covered Services – Laboratory and Radiology Services</li> </ul>	04/02/24
<a href="#">Children’s Choice Waiver (CC)</a>	<ul style="list-style-type: none"> <li>Appendix E – Billing Codes</li> </ul>	04/02/24
<a href="#">Durable Medical Equipment (DME)</a>	<ul style="list-style-type: none"> <li>Title Page</li> <li>Custom Wheelchair Form</li> </ul>	04/24/24



Manual Chapter	Section(s)	Section(s)
<a href="#">Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)</a>	<ul style="list-style-type: none"> <li>• Title Page</li> <li>• Section 26.1 – Admission Process</li> <li>• Section 26.2 – Covered Services</li> <li>• Section 26.8 – Income Consideration in Determining Payment</li> <li>• Section 26.9 – Emergency Awareness</li> <li>• Section 26.11 – Rate Determination</li> </ul>	04/02/24
<a href="#">Independent Laboratories</a>	<ul style="list-style-type: none"> <li>• Title Page</li> </ul>	04/04/24
<a href="#">Free Standing Birthing Centers (FSBCs)</a>	<ul style="list-style-type: none"> <li>• Title Page</li> </ul>	04/05/24
<a href="#">Ambulatory Surgical Centers (ASCs)</a>	<ul style="list-style-type: none"> <li>• Title Page</li> </ul>	04/05/24
<a href="#">Personal Care Services (LT-PCS)</a>	<ul style="list-style-type: none"> <li>• Title Page</li> <li>• Section 30.4 – Beneficiary Rights and Responsibilities</li> <li>• Section 30.9 – Incidents, Accidents, and Complaints</li> <li>• Section 30.10 – Reimbursement</li> <li>• Section 30.14 – EPSDT-PCS – Covered Services</li> <li>• Section 30.16 – EPSDT-PCS – Rights and Responsibilities</li> <li>• Section 30.18 – EPSDT-PCS – Provider Requirements</li> <li>• Appendix H – Contact Information</li> </ul>	04/12/24
<a href="#">New Opportunities Waiver (NOW)</a>	<ul style="list-style-type: none"> <li>• Title Page</li> <li>• Section 32.0 – Overview</li> <li>• Section 32.2 – Self-Direction Option</li> <li>• Section 32.3 – Beneficiary Requirements</li> <li>• Section 32.4 – Rights and Responsibilities</li> <li>• Section 32.5 – Service Access and Authorization</li> <li>• Section 32.6 – Provider Requirements</li> <li>• Section 32.7 – Staffing Requirements</li> <li>• Section 32.8 – Record Keeping</li> <li>• Section 32.11 – Incidents, Accidents, and Complaints</li> <li>• Section 32.12 – Support Coordination</li> <li>• Appendix B – Glossary</li> </ul>	04/19/24
<a href="#">Family Planning Clinics (FPCs)</a>	<ul style="list-style-type: none"> <li>• Title Page</li> </ul>	04/19/24

Manual Chapter	Section
<a href="#">Portable X-Ray</a>	<ul style="list-style-type: none"> <li>Title Page</li> </ul> 04/23/24
<a href="#">American Indian 638 Clinics</a>	<ul style="list-style-type: none"> <li>Title Page</li> <li>Section 39.2 – Beneficiary Requirements</li> </ul> 04/25/24
<a href="#">Rural Health Clinics (RHC)</a>	<ul style="list-style-type: none"> <li>Title Page</li> <li>Section 40.1 – Covered Services</li> </ul> 04/26/24
<a href="#">EPSDT Health and IDEA, Part C – EarlySteps</a>	<ul style="list-style-type: none"> <li>Title Page</li> </ul> 04/23/24

## Medicaid Public Notice and Comment Procedure



In accordance with La. R.S. 46:460.51, *et seq.*, prior to adopting, approving, amending, or implementing certain policies or procedures. This requirement applies to managed care policies and procedures, systems guidance impacting edits and payment, and Medicaid provider manuals.

Proposed policy or procedure will be published on the LDH website for the purpose of soliciting public comments for a period of 45 days, unless the change(s) are deemed of imminent peril to the public health, safety, or welfare and requires immediate approval.

Refer to the link below the table containing changes to the provider services manual that are open for public comment.

1. Louisiana Medicaid (Title XIX) State Plan and Amendments
2. Louisiana Medicaid Administrative Rulemaking Activity
3. Medicaid Provider Manuals
4. Contract Amendments
5. Managed Care Policies and Procedures
6. Demonstrations and Waivers

## Louisiana Medicaid Updates and Authorities

# Keeping you **in**formed

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](#)





- 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>



1. [Where is there a listing of Parish Office phone numbers?](#)
2. [If a recipient comes back with a retroactive Medicaid card, is the provider required to accept the card?](#)
3. [Does a recipient's 13-digit Medicaid number change if the CCN changes?](#)
4. [Are State Medicaid cards interchangeable? If a recipient has a Louisiana Medicaid card, can it be used in other states?](#)
5. [Can providers request a face-to-face visit when we have a problem?](#)
6. [For recipients in Medicare HMOs that receive pharmacy services, can providers collect the Medicaid pharmacy co-payment?](#)

7. [Do providers have to accept the Medicaid card for prior services if the recipient did not inform us of their Medicaid coverage at the time of services?](#)
8. [Who should be contacted if a provider is retiring?](#)
9. [If providers bill Medicaid for accident-related services, do they have to use the annotation stamp on our documentation?](#)
10. [What if a Lock-In recipient tries to circumvent the program by going to the ER for services?](#)
11. [Does the State print a complete list of error codes for provider use?](#)
12. [If providers do not want to continue accepting Medicaid from an existing patient, can they stop seeing the patient?](#)

## 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

### MES Long Term Care Claims Resolution Unit

[MESLTCClaims@LA.gov](mailto:MESLTCClaims@LA.gov)

225)342-3855

### 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](#)

### Medicare Savings

1-888-544-7996

[Medicare Provider Website](#)

### Medicaid Fraud Hotline

1-800-488-2917

[Report Medicaid Fraud](#)

