

Welcome



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

July is the prime time for vacations and Fourth of July celebrations. This month also holds special observances that highlight important conditions, including juvenile arthritis, hemochromatosis, hepatitis, and more. Click on the links in the health observance calendar for more information. We also highlight the Department's steps to increase the availability of mental health providers with provisional licensure eligibility.

Thank you for all you do in collaboration with the Louisiana Department of Health to provide the highest quality care to enrich health and well-being across the lifespan of Louisianans and support vulnerable and underserved populations. Enhancing and maintaining our trusted partnership to improve the health outcomes for our members, your patients, is our top priority.

We hope you find this month's newsletter informational.

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Louisiana Department of Health Announces New Senior Leadership



Dr. Ralph Abraham has been named Surgeon General of LDH, a position created with the successful passage of HB 853 that Governor Jeff Landry signed into law today.

Dr. Abraham is being replaced as Secretary by **Michael Harrington**, a promotion from his previous position of Undersecretary, and **Drew Maranto** has been named Undersecretary, a promotion from his previous position of Chief of Staff.

The Surgeon General position will absorb the role of the State Health Officer and is considered co-equal with the Secretary in the Department's organizational chart. Creating the Surgeon General position gives the Department an opportunity to expand its footprint in the public health sector with a key leadership role on par with the Secretary of the Department. Dr. Abraham will oversee health policy, including healthcare workforce development; advocating for disease and wellness prevention; and coordinating with other state agencies and institutions to improve health outcomes in Louisiana.

The Secretary's role will include implementing the Surgeon General's recommendations in addition to leading the Department on all other matters.

"It is an honor to serve as Louisiana's first Surgeon General, and I am particularly excited about working closely with teams across LDH on defining a vision of a healthier Louisiana and implementing initiatives that will improve the health of all Louisianans," Dr. Abraham said. "This is the culmination of my life's work dedicated to improving the lives of patients, so I look forward to bringing a doctor's point of view to health policy and continuing to work toward Governor Landry's goal of making a stronger, healthier Louisiana."

"I want to thank Dr. Abraham for his leadership leading up to this point. He has handed me a Department that is very well-positioned to continue the critical work of protecting and promoting the health of the people of Louisiana," Secretary Harrington said. "I have already gotten to know many of you over the last five months, and I share your work ethic, your compassion and your passion for serving the people of Louisiana. I look forward to helping lead a team that is so dedicated to making Louisiana a safer, healthier place for all."

In the Spotlight: Expansion of Mental Health Provider Workforce



LDH to expand mental health provider workforce with new provisional licensure eligibility

The Louisiana Department of Health (LDH) is taking a key step to increase the availability of mental health providers in the state with a plan to expand Medicaid reimbursement eligibility to provisionally licensed mental health professionals (PLMHPs) while they are seeking full licensure.

Currently in Louisiana, PLMHPs can practice and provide mental health therapeutic services under the supervision of a fully licensed mental health professional (LMHP); however, these providers cannot receive Medicaid reimbursement. This policy change will allow PLMHPs who provide these critical services to obtain reimbursement from the Medicaid program as they are working toward full licensure. Under the state's current framework, only LMHPs — which include licensed clinical social workers (LCSWs), licensed marriage and family therapists (LMFTs) and licensed professional counselors (LPCs) — are eligible for reimbursement for these services.

Louisiana, like the rest of the U.S., is facing critical behavioral health workforce challenges, while the need for services is as great as ever. Nationally, one in three people live in areas lacking mental health providers. In Louisiana, the Health Resources and Services Administration estimates only 26% of mental health needs are being met. At the same time, the number of adults reporting symptoms of anxiety and/or depressive disorder has steadily increased over the last five years, with 32.5% of Louisiana adults reporting symptoms in 2021.

One in five Louisiana adults live with mental illness, and Louisiana ranks 35th among all states for its suicide rate. Expanding access to services by increasing the number of providers eligible for Medicaid reimbursement is a critical part of LDH's priority to address these complex behavioral health challenges. The Department estimates that over 4,000 providers in Louisiana would be newly eligible for reimbursement under this policy change as early as August 1. This includes as many as 1,796 provisionally licensed professional counselors, 137 provisionally licensed marriage and family therapists, and 2,564 licensed master social workers.

"This change is an exciting development for the thousands of Louisianans who have struggled to find providers to care for them," said LDH Secretary Dr. Ralph Abraham. "A workforce shortage is one of the biggest challenges we face here in Louisiana as we work to improve mental health outcomes. This change — led by our Medicaid and Office of Behavioral Health teams — is an important step in expanding the availability of providers and critical mental health services for Louisiana residents."

LDH is developing the change in partnership with behavioral health leaders from across the state, including the CEOs of Volunteers of America, Voris Vigee, David Kneipp and Carolyn Hammond.

"As CEOs of Volunteers of America affiliates across Louisiana, including Volunteers of America Southeast Louisiana, Volunteers of America South Central Louisiana, and Volunteers of America North Louisiana, we commend LDH for its commitment to innovation in addressing the state's behavioral health challenges," the CEOs said in a joint statement. "This new policy change will result in increased access to essential care throughout Louisiana, where a shortage of licensed mental health professionals persists. We are grateful for LDH's proactive efforts and look forward to continued collaboration in meeting the behavioral health needs of our communities."

Colette Melancon, LCSW-BACS, the CEO of Covington-based Therapeutic Partners, said, "Real-life experience with supervision is the most powerful learning environment for clinicians to grow."

"To develop a strong, clinically competent workforce, we need to allow LMSWs, PLPCs and PLMFTs to function fully in the traditional outpatient setting," Melancon said. "Allowing these clinicians to bill CPT codes will increase access to care and strengthen our clinical workforce. Access to care and attracting and retaining competent clinicians is vital to better outcomes for our clients and this change is one step closer to achieving those goals."

Before this policy is fully effective, rule changes and a state plan amendment (SPA) are required. The Notice of Intent of the proposed rule has been posted and can be accessed [here](#). LDH expects publication of the final rule on July 20. If approved by the U.S. Centers for Medicare and Medicaid Services, implementation is expected to begin on August 1.



Medicaid Is Restarting Eligibility Wage Checks



Louisiana Medicaid restarted quarterly eligibility wage checks in May, using Louisiana Workforce Commission data to verify that Medicaid members continue to meet income requirements.

Letters will be mailed to members who need to verify income to continue their coverage. Individuals will have ten (10) days to respond or risk closure. Pregnant women, children, individuals in an active renewal period and members in long-term care or waiver assistance are excluded from the quarterly income checks.

To prevent potential loss of healthcare coverage, Medicaid urges all members to respond to any mail they receive from Medicaid asking for more information.

Providers are asked to remind their Medicaid patients to respond to any mail from Louisiana Medicaid in the timeline provided in the letter. Failure to respond could result in loss of Medicaid coverage, even if that member is still eligible.

Members can respond to requests for more information from Medicaid by email, mail, fax, or by using the Medicaid self-service portal at MyMedicaid.la.gov.

Members can contact Medicaid by calling the toll-free Medicaid hotline at 1-888-342-6207. More information is also available online at www.healthy.la.gov.

Timeline and Training for Patient Liability Income (PLI) Changes



Beginning August 2024, Louisiana Medicaid will implement changes to how patient liability income (PLI) is calculated and the timeframes for applying those changes.

PLI Process Changes and Notices

Currently, Louisiana Medicaid calculates and imposes PLI in the month income was received and expenses were incurred, necessitating retroactive adjustments to PLI and the repeated adjustment of claims. In August, Louisiana Medicaid will begin imposing PLI changes (positive or negative) in future months to comply with federal advance notice requirements.

Louisiana Medicaid policy requires changes be reported within 10 days of occurrence. Nevertheless, under the new PLI process, Louisiana Medicaid will consider income received and expenses incurred in the three months prior to the month the changes are reported. For example: an ongoing, repeated expense incurred every month from January through June, but first reported in June, will only be considered for March, April, May and June.

Subject to the timelines outlined above, all income and expense changes will result in an adjustment to the member's future PLI to account for underpayments or overpayments in the prior months (up to three months prior to the reporting month). Underpayments will be added to, and overpayments will be subtracted from, a member's future PLI.

Eligibility decision notices and PLI notices will be two separate notices going forward. PLI notices will include the member's PLI for the next three months. Members will receive at least one PLI notice a quarter. Louisiana Medicaid will continue to send a copy of eligibility decision notices and PLI notices to the relevant providers.

Timeline and Training

Louisiana Medicaid is conducting a phased-in implementation of these PLI changes. Provider onboarding will be staggered in three phases across August, September and October. A complete list of providers and their designated phase can be found [here](#).

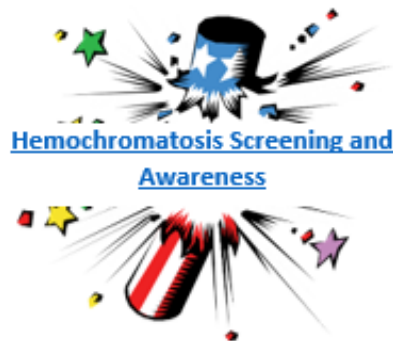
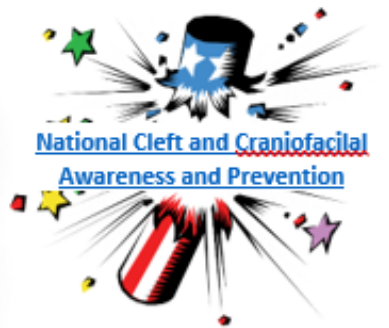
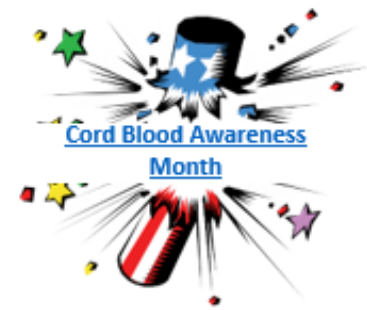
Once a member is in a facility for which the new PLI process has been implemented, that member will continue to be subject to the new PLI process even if they transition to a facility that has not yet implemented the new process. For example: a member moves from a phase 1 facility (August implementation) to a phase 3 facility (October implementation) in September. That member's PLI will continue to be calculated in accordance with the new PLI process, even though the phase 3 facility has not yet implemented the new PLI process for other Louisiana Medicaid members.

To prepare providers for these changes, Louisiana Medicaid will host live/interactive (via Zoom) training. Trainings will be held in July. Each provider will receive an invitation from laltc.processingcenter@la.gov that will include additional details and the date and time that provider is scheduled for training.

Additionally, facilities should rely on their designated Louisiana Medicaid analyst to provide one-on-one support during implementation and following onboarding. Your analyst will be available to answer questions or address any issues or concerns. You may also reach out to the long-term care unit director, Katie Andrepont, at Katie.E.Andrepont@la.gov.



On the Calendar in...July 2024



STATE OFFICE CLOSURE FOR INDEPENDENCE DAY

LDH offices will be closed on
Thursday, July 4
and
Friday, July 5



2024 Developmental Screening Summer Webinar Series

Are you involved in working with children and administering developmental screenings? Participate in the Louisiana Developmental Screening Initiative's Summer Webinar Series hosted by the Bureau of Family Health, commencing on Jun 26th.

The webinars offer complimentary continuing education credits for physicians, nurses, and social workers. To learn more about the sessions and to sign up, please [click here](#).

The Louisiana Department of Health Presents The 2024 Developmental Screening Summer Webinar Series!

No Cost CMEs and CEUs Available for Physicians, Social Workers, and Nurses!

**Developmental Screening
Quick Tips: Best Practices
to Engage Families**

Wednesday, June 26th
12:00pm - 12:30 pm

**Medicaid
Reimbursement
and Billing Updates**

Wednesday, July 10th
12:00 pm - 12:45 pm

**Autism Spectrum Disorder:
Demystifying Information,
Processes, and Screening**

Tuesday, July 16th
9:00 am - 9:30 am

**Making Connections:
Linking Families to Support
Services Through
Statewide Resources**

Wednesday, July 24th
12:30 pm - 1:15 pm

**Caregiver Perinatal Depression
Screening Pilots:
Lessons from Federally
Qualified Health Centers**

Tuesday, July 30th
9:00 am - 9:30 am

**The Keys to Unlocking
Electronic Health Record
Integration for Developmental
Screening Tools**

Wednesday, August 7th
12:00 pm - 12:30 pm

**Perinatal Depression:
What Happens
After Risk is Identified?**

Tuesday, August 13th
12:00 pm - 12:30 pm

The Bureau of Family Health is approved as a provider of nursing continuing professional development by the Louisiana State Nurses Association, LSNA Provider No. 4003257. The event planners and presenter(s) have no relevant financial disclosure. Nurses must attend the entire event and complete an evaluation to receive a continuing education (CE) award. The views and information expressed by the presenter(s) of this training/event and any supplemental information provided by the presenter(s), in print or electronic form, should not be construed as legal advice or final determinations of the Louisiana Department of Health and do not necessarily represent the opinions or policies of the Louisiana Department of Health, Office of Public Health or the Bureau of Family Health.

The activity has been submitted for approval to the LA Department of Health, Office of Public Health, Bureau of Family Health for 0.5-0.75 General contact hours of Social Work Continuing Education. The Louisiana Department of Health, Office of Public Health, Bureau of Family Health is an authorized approval organization of the Louisiana Board of Social Work Examiners. Presenters have no conflicts of interest to disclose. Social Workers must attend the entire event and complete an evaluation to receive a continuing education (CE) award. The views and information expressed by the presenter(s) of this training/event and any supplemental information provided by the presenter(s), in print or electronic form, should not be construed as legal advice or final determinations of the Louisiana Department of Health and do not necessarily represent the opinions or policies of the Louisiana Department of Health, Office of Public Health or the Bureau of Family Health.

For more information and to register, visit ldh.la.gov/page/DevScreenITS



988
SUICIDE
& CRISIS
LIFELINE

**AMERICAN SIGN
LANGUAGE
VIDEOPHONE
NOW AVAILABLE**

*ASL Videophone.
Text. Chat*

Overview of Otitis Externa (OE) – Swimmer's Ear

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

Otitis externa (OE) is an inflammation, which can be either infectious or non-infectious, of the external auditory canal. In some cases, inflammation can extend to the outer ear, such as the pinna or tragus. OE can be classified as acute (lasts less than 6 weeks) or chronic (lasts more than 3 months). It is also known as swimmer's ear as it often occurs during the summer and in tropical climates. Retaining water in the ears increases the risk for it. The most common cause of acute otitis externa is a bacterial infection. The most common pathogens involved in otitis externa are *Pseudomonas aeruginosa* and *Staphylococcus aureus*, often occurring as a polymicrobial infection.

Otitis externa is a common condition and can occur in all age groups, although uncommon in patients younger than 2 years old. Its incidence is unknown, but it peaks around the age of 7 to 14. Approximately 10 percent of people will develop otitis externa during their lifetime, and the majority of cases (95 percent) are acute.

DIAGNOSIS

Otitis externa is a clinical diagnosis; therefore, a complete history and physical examination are required. Physical examination should include evaluation of the auricle, assessment of surrounding skin and lymph nodes, and pneumatic otoscopy. Otoscopy will reveal an erythematous and edematous ear canal with associated debris (yellow, white, or gray). In some cases, the tympanic membrane is erythematous or partially visualized due to edema of the external auditory canal. Concomitant otitis media is suspected when there is evidence of an air-fluid level along the tympanic membrane (middle ear effusion).

Its clinical presentation may vary depending on the stage or severity of the disease. Initially, patients with OE will complain of pruritus and ear pain that is usually worse with manipulation of the tragus, pinna, or both. Ear pain is often disproportionate to physical exam findings, and it is due to irritation of the highly sensitive periosteum underneath the thin dermis of the bony ear canal. It can also present with otorrhea, fullness sensation, and hearing loss. Systemic symptoms such as fever greater than 101 F (38.3 C) and malaise suggest extension beyond the external ear canal.

Otitis externa can be classified by severity as follows:

- Mild: pruritus, mild discomfort, and ear canal edema
- Moderate: ear canal is partially occluded
- Severe: The external ear canal is completely occluded from edema. There is usually intense pain, lymphadenopathy, and fever.

Clinicians should keep a broad differential diagnosis when patients present with ear pain and/or ear discharge. In the pediatric population, it is important to consider otitis media with ear drainage from a ruptured tympanic

Risk Factors for Developing Swimmer's Ear (Otitis Externa)

- Swimming (increases the risk five times when compared to non-swimmers)
- Humidity
- Trauma or external devices (cotton swabs, earplugs, hearing aids)
- Dermatologic conditions such as eczema and psoriasis
- Narrow external ear canals
- Ear canal obstruction (cerumen obstruction, foreign body)
- Radiotherapy or chemotherapy
- Stress
- Immunocompromised patients

membrane as part of the differential diagnosis. Since it may be difficult to differentiate OE from otitis media with perforation, if differentiation is unclear, it is prudent to treat both conditions. Some other conditions that can mimic OE include acute otitis media, contact dermatitis of the ear canal, psoriasis, and temporomandibular joint (TMJ) syndrome.

TREATMENT / MANAGEMENT

Most patients diagnosed with otitis externa will receive outpatient management. The mainstay of uncomplicated otitis externa treatment usually involves topical antibiotic drops and pain control. As pain can be severe, the healthcare provider should assess the severity of pain and recommend analgesic treatment based on this severity. In general, antibiotic otic drops are safe and well-tolerated. Their safety and efficacy compared to placebo have been proven with excellent results in randomized trials and meta-analyses. Some studies have shown that topical antibiotic drops containing steroids may decrease inflammation and secretions, and hasten pain relief. Regardless of the topical antibiotic used, approximately 65% to 90% of cases will have a clinical resolution within 7 to 10 days.

Common Topical Treatments Indicated for Otitis Externa

- Polymyxin B, neomycin, and hydrocortisone 3 to 4 drops to the affected ear four times a day
- Ofloxacin 5 drops to the affected ear twice daily
- Ciprofloxacin with hydrocortisone 3 drops to the affected ear twice daily

Treatment with oral antibiotics have not been proven to be beneficial, and their inappropriate use could possibly increase the resistance among common otitis externa pathogens. Oral antibiotics are indicated for patients with the following: diabetes and increased morbidity, HIV/AIDS, suspected malignant otitis externa, and concomitant acute otitis media.

PROGNOSIS

Patients treated with antibiotic/steroid drops can expect symptoms to last for approximately 6 days after treatment begins. In many cases, OE will resolve spontaneously in the acute period. However, acute episodes may recur; the risk of recurrence is unknown.



Prevention Steps and Strategies to Share with Patients

In order to prevent otitis externa, advise patients to do the following:

- Keep ears as dry as possible. Use a bathing cap, ear plugs, or custom-fitted swim molds when swimming.
- Dry ears thoroughly after swimming or showering -
 - Tilt head back and forth so that each ear faces down to allow water to drain out of the ear canal.
 - Use a towel to dry ears well.
 - Pull earlobe in different directions when ear faces down to help water drain out.
 - If water remains, use a hair dryer on the lowest heat and speed/fan setting. Hold the hair dryer several inches from ear.
 - Check with a healthcare provider before using ear-drying drops after swimming. These drops should not be used if the patient has tympanostomy tubes, punctured ear drums, swimmer's ear, or ear drainage.
- Refrain from putting objects in the ear canal, including cotton-tip swabs, pencils, paperclips, or keys, and from trying to remove ear wax, which helps protect the ear canal from infection.

In addition, educate patients about the importance of the following:

- Properly administering otic drops and the significance of adherence to treatment. [The patient should lie down with their affected side facing upward, apply two to five drops depending on the prescribed drug, and remain in that position for about 3 to 5 minutes.]
- Visiting a healthcare provider if experiencing ear pain, itchiness inside the ear, ear drainage, and/or redness or swelling in the ear.

References

Centers for Disease Control and Prevention. (2024, May 8) *Preventing Swimmer's Ear*. Retrieved June 21, 2024, from [Preventing Swimmer's Ear | Healthy Swimming | CDC](#)

Medina-Blasini Y, Sharman T. Otitis Externa. [Updated 2023 Jul 31]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK556055/>

Rosenfeld RM, Schwartz SR, Cannon CR, Roland PS, Simon GR, Kumar KA, Huang WW, Haskell HW, Robertson PJ. Clinical practice guideline: acute otitis externa. *Otolaryngol Head Neck Surg*. 2014 Feb;150(1 Suppl):S1-S24.



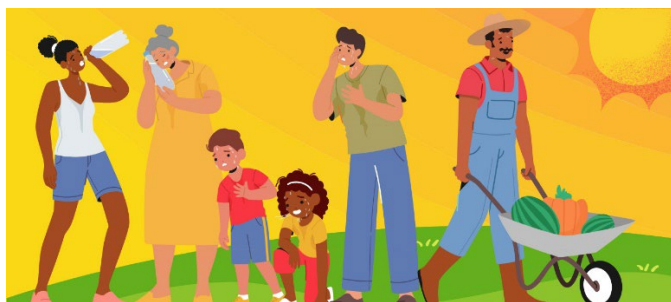
Firing Up the Grill



Grilling can be a fun weekend activity, but it's crucial to be mindful of its potential health risks. The smoke and chemicals from grilling can contribute to health problems, such as cancer. However, there are ways to grill safely and minimize these risks. Read on for doctors' advice on safe grilling practices.

[Doctors Share the 5 Healthy Grilling Tips Everyone Needs To Know to Ward off Harmful Compounds \(yahoo.com\)](#)

Dashboard Offers Statewide View of Emergency Department Visits for Heat-Related Illness



The Louisiana Department of Health is launching a suite of new resources today to help Louisianans stay safe during the hot summer months. These resources include an [expanded public-facing heat-related illness dashboard](#) and a collection of new heat-related health guidance documents.

Heat-related illness, also known as HRI or hyperthermia, happens when the body is unable to maintain a normal body temperature, resulting in heat exhaustion or life-threatening heat stroke.

The summer of 2023 marked the hottest on record for Louisiana, with the statewide maximum temperature exceeding 95°F on 56 days. This resulted in an unprecedented number of heat-related emergency department (ED) visits and fatalities. LDH tracked 88 heat-related deaths and 6,142 emergency department (ED) visits for heat-related illness in 2023.

The dashboard offers Louisianans a comprehensive view of ED visits for HRI across the state. Updated weekly, the dashboard provides detailed breakdowns by day, parish, LDH region, age, sex and race. It also allows users to explore potential connections between daily HRI counts and statewide maximum temperatures. This data is captured through a syndromic surveillance system that automatically identifies heat-related ED visits based on diagnoses and mentions of heat exposure in patient records.

Enhancements for the 2024 version of the dashboard include:

- Adding temperature (daily max) to the display of ED visits by date
- A visualization for ED visits by time of day
- Interactive data visualizations for ED visits by demographic stratification
- Additional technical information (e.g., case definitions)

Study Identifies a New Biomarker for Alzheimer's Disease in Asymptomatic Stages

A recent study led by the Molecular and Cellular Neurobiotechnology group at the Institute for Bioengineering of Catalonia (IBEC) and the University of Barcelona has identified a new biomarker for Alzheimer's disease in asymptomatic stages of the disease. The molecule is miR-519a-3p, a microRNA directly linked to the expression of the cellular prion protein (PrPC), which is deregulated in people suffering from some neurodegenerative diseases such as Alzheimer's.

The search for biomarkers that are stable and easily detectable in biofluids, such as microRNAs, offers hope for detecting Alzheimer's disease in its early, asymptomatic stages. Early detection could significantly improve the diagnosis and treatment of this disease, which affects more than 35 million people worldwide.

First link between miR-519a-3p and PrPC in Alzheimer's disease

The expression of some microRNAs is known to be deregulated in Alzheimer's patients. However, this is the first time that this microRNA has been specifically linked to the decrease in cellular prion protein production during disease progression.

The study also comparatively analyses the presence of the biomarker in samples from other neurodegenerative diseases:

"If our goal is to use miR-519a-3p as a biomarker to detect Alzheimer's dementia in hypothetically healthy people, it is essential to ensure that its levels are not altered in other neurodegenerative diseases. In our study, we compared the levels of this biomarker in samples from other tauopathies and Parkinson's disease, confirming that the changes in miR-519a-3p are specific to Alzheimer's disease," said IBEC senior researcher Rosalina Gavín, UB associate professor and co-leader of the study.

Dayaneth Jácome, a researcher in del Río's group and first author of the study, says that the team is making progress: The next step is to validate miR-519a-3p as a biomarker in blood samples from different cohorts of patients, in order to start using it in the clinical diagnosis of Alzheimer's disease in peripheral samples.

The researchers are members of the Center for Networked Biomedical Research in Neurodegenerative Diseases, CIBERNED.

MicroRNAs: gene silencers

The amount of cellular prion protein changes over the course of Alzheimer's disease, with higher levels in the early stages of the disease and lower levels as the disease progresses. Although the mechanism responsible for these changes is not known in detail, it has been observed that certain microRNAs bind to a specific region of the PRNP gene that controls PrPC expression, reducing it. For this reason, and based on comparisons of previous studies and computational analyses in various genomic databases, the researchers selected the microRNA miR-519a-3p for their study.

Source: <https://www.news-medical.net/news/20240515/Study-identifies-a-new-biomarker-for-Alzheimers-disease-in-asymptomatic-stages.aspx>

Early Childhood Developmental Screening Provider Survey

The Bureau of Family Health (BFH) at the Louisiana Department of Health is excited to offer an opportunity for you to provide feedback on developmental screenings, perinatal depression screenings, and well-child visit follow-ups for families with children aged birth to 3 through the Early Childhood Developmental Screening Provider Survey.

Your feedback will help pinpoint necessary resources for screening services and identify any gaps in provider and family resources, ultimately enhancing screening and follow-up services for children, families, and providers in Louisiana. Your input will also give BFH valuable insights into current practices, challenges, and opportunities for enhancing family and child health outcomes.

Please take the survey by July 26th using the link or QR code. Thank you for your time and thank you for your participation in helping us improve health outcomes for children and families in Louisiana.

Original URL to survey: <https://laredcap.oph.dhh.la.gov/surveys/?s=DKPYN3AXA7YYPE87>

Shortened URL to survey: bit.ly/4cc6zZ5





Do you provide healthcare services to children and families?

We want to hear from you!

Take our survey! Help make the Louisiana developmental health system work for all!

Do you work with children or pregnant and parenting families in Louisiana? Tell us about your experiences! Our survey will collect information from health care providers across the state about the developmental screening process.

As integral decision-makers in the healthcare system and the lives of your patients, your input on this 10-15-minute survey will help inform the resources we create to address your needs and improve screening and follow-up services for all Louisiana health care providers, children, and families.

Your participation will provide valuable insights about current screening practices, challenges, and opportunities for collaboration related to the system of care that supports children's health and development.




You will answer questions about:

- Pediatric developmental screening at well-child visits
- Caregiver depression screening at well-visits
- Care coordination practices with families during and after well-child visits

Take the survey by July 26th!

- Use your phone to scan the QR code.
- Or complete the survey online at bit.ly/4cc6zZ5

Want more information? Email DevScreen@la.gov with any questions.


Emergency Department Pain Management for Sickle Cell Disease

EMERGENCY DEPARTMENT PAIN MANAGEMENT FOR SICKLE CELL DISEASE



COMMUNICATION

Believe the patient is in pain.

- Pain (both chronic and acute) is the most common symptom of SCD. Test results and vital signs can not be used to rule out a sickle cell pain crisis.

Trust the patient to know how to manage their pain.

- Talk to patients about past reactions to pain medications. Patient knowledge of negative side effects or drugs prescribed in the past should not be mistaken for drug-seeking behavior.

Build trust with the patient.

- Negative emergency department experiences may make a patient mistrustful. Have patience when asking questions, use empathetic nonverbal communication, and respect caregivers who may accompany patients.



TRIAGE

Treat pain immediately.

- Sickle cell pain is usually severe and requires immediate treatment. Evidence-based guidelines recommend administering pain medication within 60 minutes of arrival.



HISTORY AND TREATMENT

Use a standardized pain plan or protocol to treat acute sickle cell disease pain.

- Check the electronic health records for an existing patient-specific pain plan and talk to the patient about past treatment experiences.
- Reassess after pain medication and follow up with hematologist or primary care.

ABOUT SCD PAIN



Image credit: Chidiabene Ibe

People with sickle cell disease (SCD) visit the emergency department (ED) to seek care and manage debilitating symptoms related to their disease. Many people with SCD have reported unique barriers and challenges, such as long wait times and lack of provider knowledge related to SCD when seeking treatment in emergency care settings.

Sickled cells traveling through small blood vessels can get stuck and block blood flow throughout the body, causing pain. A pain crisis (vaso-occlusive episode or VOE) can start suddenly, be mild to severe, and can last for any length of time. Pain can occur in any part of the body, but commonly occurs in the hands, feet, chest, and back.

Find resources for Louisiana providers here:
ldh.la.gov/SickleCell



Information adapted from:

- a.cop.org/patient-care/sickle-cell
- cdc.gov/nccdd/sicklecell/complications.html
- cdc.gov/nccdd/sicklecell/care-in-the-ed/index.html

Hurricane Season is Here... Are You Prepared?

Hurricane season officially began on June 1. Don't wait until a storm threatens — take action and be prepared! Now is the time to review your personal and family preparedness plan. Make sure everyone knows what to do and where to go. Don't forget to include plans for pets and/or service animals.

Here are some tips for creating your emergency kit:

- Include essential supplies such as:
 - Water (one gallon per person per day for several days, for drinking and sanitation)
 - Food (at least a several-day supply of non-perishable food)
 - Manual can opener
 - Wrench or pliers (to turn off utilities)
 - Battery-powered or hand-crank radio and a NOAA Weather Radio with tone alert
 - Flashlight
 - First aid kit
 - Extra batteries
 - Cellphone chargers and backup battery
 - Clothing and sturdy shoes
 - Blankets
 - Soap, hand sanitizer and disinfecting wipes
 - Garbage bags and plastic ties
 - Infant formula, bottles, diapers, wipes and diaper rash cream
 - Pet food and extra water for your pet
 - Matches in a waterproof container
 - Cash
- Check and keep prescription and non-prescription medicines for at least three days. This goes for any oxygen supplies that you and your family may need.
- Place important papers in a portable, waterproof container/storage bag to carry with you. These may include:
 - Driver's license or personal identification
 - Social Security card
 - Proof of residence (deed or lease)
 - Insurance policies
 - Birth and marriage certificates
 - Stocks, bonds and other negotiable certificates
 - Wills, deeds and copies of recent tax returns



Stay informed throughout hurricane season! Tune in to trusted weather sources like your local news and the National Weather Service for real-time updates and follow instructions from your local officials.

Need more help? Visit [GetAGamePlan.org](https://www.getagameplan.org) for comprehensive hurricane preparedness resources.

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.

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!



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 under the “Provider Manual” link:

Manual Chapter	Section(s)	Date of Revision(s)
Behavioral Health	Section 2.3 – Outpatient Services – Crisis Response Services	06/17/24
Hospital Services	<ul style="list-style-type: none"> Title Page Section 25.2 – Inpatient Services Section 25.3 – Outpatient Services Section 25.6 – Prior Authorization Section 25.7 – Reimbursement Appendix B – Contact Referral Information 	06/17/24
Personal Care Survives (PCS)	<ul style="list-style-type: none"> Section 30.8 – Record Keeping 	06/25/24
New Opportunities Waiver (NOW)	<ul style="list-style-type: none"> Appendix C – Contact/Referral Information 	06/20/24
Program of All-Inclusive Care for the Elderly (PACE)	<ul style="list-style-type: none"> Title Page Table of Contents Section 35.0 – Overview Section 35.1 – Services Section 35.2 – Beneficiary Requirements Section 35.3 – Beneficiary Rights and Responsibilities Section 35.4 – Service Access and Authorization Section 35.5 – Provider Requirements Section 35.6 – Staffing and Training Section 35.7 – Record Keeping Section 35.8 – Reimbursement Section 35.9 – Claims Filing Section 35.10 – Program Quality and Oversight Section 35.11 – Grievances and Complaints Section 35.12 – Administrative Sanctions Appendix A – Glossary Appendix B – Contact Information Appendix C – Forms/Links 	06/10/24
Pharmacy Benefits Management Services	<ul style="list-style-type: none"> Section 37.5.12 - Patient Counseling and Drug Utilization Review 	06/17/24
Supports Waiver	<ul style="list-style-type: none"> Appendix C – Contact Information 	06/20/24

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

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

Louisiana Medicaid Updates and Authorities

Keeping you **informed**

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](#)

The mission of the Louisiana Department of Health is to protect and promote health and to ensure access to medical, preventive and rehabilitative services for all residents of the state of Louisiana.

LDH is committed to the highest standards of conducting its affairs in full compliance with state and federal laws, regulations and policies. To report fraud, or other violations of federal and state laws and regulations or violations of LDH policies, send an email to **LDHreportfraud@la.gov** or call the Internal Audit Unit at (225) 342-7498. When making a report, particularly if you choose to remain anonymous, please provide as much information about the alleged activity as possible. Try to answer the questions of Who, What, When, Where and How.

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- 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?](#)

We Are Here! Directions, Map, and Parking Information



Directions, Map, and Instructions
Louisiana Department of Health and Hospitals
Bienville Building
628 North 4th Street
Baton Rouge, LA 70802

Directions From Lafayette

Take I-10 East to Baton Rouge.

At I-10 Exit 155B turn onto ramp that merges onto I-110 North.

Take the North Street exit on your left.

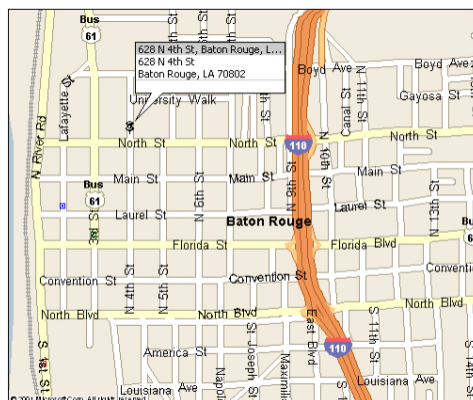
Continue down North Street to Bienville Building at the corner of North and 4th Streets.

Directions From New Orleans

Take I-10 West from New Orleans to Baton Rouge.
 At I-10/I-110 Exit, merge onto I-110 North.
 Take the North Street exit on your left.
 Continue down North Street to Bienville Building at the corner of North and 4th Streets.

Directions From North Baton Rouge

Take I-110 South.
 After passing Capitol Access Road exit, take North 9th Street exit.
 Follow service road alongside interstate.
 Turn right on North Street.
 Continue down North Street to Bienville Building at the corner of North and 4th Streets.



Parking Options:

Galvez Parking Garage
 504 North 5th Street
 Baton Rouge, LA 70802
 Located at the corner of North and 5th Streets.
 (Know your License Plate Number for Validation purposes)
 Do not back into parking spaces and do not park in any of the reserved spaces.

Other Parking Options:

There is street parking around the Bienville Building available and costs \$0.25 every 15 minutes and can be paid several ways, including the [Flowbird USA app](#), kiosks located on every block, and signs with QR codes and texting options throughout the downtown area. Please note that there is a maximum limit of 2 hours daily to park on the street.

Checking In and Parking Validation Procedures:

You will need to proceed to the Bienville Building Front Security Desk to:

Check In and Receive Visitor Identification Badge

- Once at the desk, please let the security guard know you are here to attend a meeting with **<name and phone #>** and the security guard will contact **<me/us>** to come down to escort you up to the meeting.
- You are then required to provide official government issued identification to obtain a visitor identification badge.
- Once the above has been completed please wait in the main lobby for your escort.

Validate your Parking in the Galvez Parking Garage

- ***Please note that you only have 30 minutes from parking to validate or a citation will be issued.***
- You will need to use your cellular phone and scan the QR code by the Bienville Building Front Security Desk.
- Enter the passcode (ask the security guard for the password).
- Enter your license plate number.
- Once complete a green check will show on your screen to confirm validation for 12 hours.

For Information or Assistance, Call Us!



General Medicaid Eligibility Hotline
1-888-342-6207

Provider Relations
1-800-473-2783

(225) 294-5040
[Medicaid Provider Website](#)

Prior Authorization:
Home Health/EPSTD – PCS – Dental
1-800-807-1320
1-855-702-6262
[MCNA Provider Portal](#)

DME and All Other
1-800-488-6334
(225) 928-5263

Hospital Pre-Certification
1-800-877-0666

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

MMIS Claims Processing Resolution Unit
(225) 342-3855
MMISClaims@la.gov
[MMIS Claims Reimbursement](#)

MMIS/Recipient Retroactive Reimbursement
(225) 342-1739
1-866-640-3905
Medicaid.RecipientReimbursement@LA.gov
[MMIS Claims Reimbursement](#)

MES Long Term Care Claims Resolution Unit
[MESLTCClaims@LA.gov](#)
(225)342-3855

For Hearing Impaired
1-877-544-9544

Pharmacy Hotline
1-800-437-9101
[Medicaid Pharmacy Benefits](#)

Medicaid Fraud Hotline
1-800-488-2917
[Report Medicaid Fraud](#)