

Welcome



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

The Louisiana Medicaid program, operated under the Louisiana Department of Health, provides health care coverage to more than 1.9 million residents, most of whom are children under 19.

We hope you enjoy this issue and through reading it you learn about this fantastic agency. Please continue to visit the LDH website and social media platform so that you may stay abreast of program information and upcoming events.

In this issue, we highlight the upcoming release news regarding changes to durable medical equipment coverage and provide information on psoriasis awareness.

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. It is because of our collaborated tireless efforts and trusted partnership that the vision comes to fruition every day.

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LDH HEALTH ADVISORY: INCREASED RISK OF DENGUE VIRUS INFECTIONS IN THE UNITED STATES

This is an official

LDH HEALTH ADVISORY

This message is being sent via the Louisiana Department of Health Emergency Operations Center's (LDH EOC) Louisiana Health Alert Network (LA HAN) for LA HAN recipients. This message is from LDH regarding the **Increased Risk of Dengue Virus Infections in the United States**. Please see the message below to share and distribute with relevant stakeholders and partners through your own distribution channels.

The Louisiana Department of Health (LDH) is issuing this Health Alert Network (HAN) Health Advisory, modified from CDC HAN, to inform clinicians and the public of an increased risk of dengue virus (DENV)

infections in the United States in 2024. In 2024, [countries in the Americas](#) have reported a record-breaking number of dengue cases, exceeding the highest number ever recorded in a single year. Over 9 million cases have been reported between January 1 – June 24, 2024, twice as many as in all of 2023. In the United States, a higher-than-expected number of dengue cases have been identified among U.S. travelers (745 cases), and Puerto Rico has already declared a public health emergency (1,498 cases). On average, Louisiana identifies 3 travel-associated dengue cases per year, but LDH has already investigated 6 travel-associated cases as of July 2, 2024. Cases are expected to continue to rise in Central and North America as the Northern Hemisphere enters peak mosquito season, and the number of travel-associated dengue cases are expected to continue to increase. The introduction of travel-associated cases also increases the risk for local disease transmission in Louisiana. In the setting of increased global and domestic incidence of dengue, healthcare providers are encouraged to take steps to prepare to identify, test, and manage dengue cases.

Summary for Healthcare Providers

- Maintain a high suspicion of dengue among patients with **fever and recent travel** (within 14 days before illness onset) to [areas with dengue transmission](#) (the Caribbean, Central American, South America, Southeast Asia, and Pacific Islands).
- Consider locally acquired dengue among patients who have **signs and symptoms** highly compatible with dengue (e.g., fever, thrombocytopenia, leukopenia, aches, pains, rash).
- Order **appropriate diagnostic tests** for acute DENV infection: concurrent reverse transcription polymerase chain reaction [RT-PCR] and IgM antibody tests; or concurrent non-structural protein 1 [NS1] antigen tests and IgM antibody tests.
 - U.S. Food and Drug Administration (FDA) approved testing is available at many commercial laboratories. **Trioplex PCR testing is currently available at the State Public Health Lab and can be coordinated by contacting the Infectious Disease Epidemiology Clinician on-call line at 1-800-256-2748.** If requesting Trioplex PCR testing at the State Public Health Lab, please ensure to also collect a sample for concurrent IgM testing at a commercial or reference laboratory.
- **Do not delay treatment**, which is largely supportive, waiting for test results to confirm dengue.
- Know the warning signs for progression to severe dengue, which include abdominal pain or tenderness, persistent vomiting, clinical fluid accumulation, mucosal bleeding, lethargy or restlessness, and liver enlargement.
- **Teach patients** about the warning signs that may appear as their fever starts to decline and instruct them to seek care urgently if they experience any warning signs.
- Recognize the **critical phase** of dengue. The critical phase begins when fever starts to decline and lasts for 24–48 hours. During this phase, some patients require close monitoring and may deteriorate within hours without appropriate intravenous (IV) fluid management.
- **Hospitalize** patients with severe dengue or any warning sign of progression to severe dengue and follow CDC protocols for IV fluid management. Further information about case management: [Dengue Case Management Pocket Guide | CDC](#)
- Dengue is a **reportable disease** in Louisiana. Healthcare providers should report dengue cases to the Louisiana Department of Health – [Infectious Disease Epidemiology Section](#).
- Promote mosquito bite prevention measures among people visiting areas with dengue transmission, both while travelling and after they return to Louisiana.

Additional Information for Healthcare Providers

[Dengue](#) is the most common arboviral disease globally. It is caused by four distinct but closely related dengue viruses (DENV-1, -2, -3, and -4). DENVs are transmitted through bites of infected *Aedes* species mosquito vectors, which are present throughout Louisiana and pose the risk for local disease transmission. Infection with one DENV generally induces life-long protection against infection from that specific DENV but only protects against other DENVs for several months to years. Six U.S. territories and freely associated states are classified as

[areas with frequent or continuous dengue transmission](#): Puerto Rico, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of Marshall Islands, and the Republic of Palau. In the rest of the United States, local transmission of DENV has been limited, with sporadic cases or small outbreaks in Florida, Hawaii, and Texas. However, confirmed local DENV transmission has also been reported by Arizona and California over the past two years.

Approximately one in four DENV infections are symptomatic and can be mild or severe. Symptoms begin after an incubation period of 5–7 days (range 3–10 days) and present as fever accompanied by [non-specific signs and symptoms](#) such as nausea, vomiting, rash, muscle aches, joint pain, bone pain, pain behind the eyes, headache, or low white blood cell counts. [Warning signs](#) are specific clinical findings that predict progression to severe disease. Warning signs include abdominal pain or tenderness, persistent vomiting, clinical fluid accumulation (e.g., ascites, pleural effusion), mucosal bleeding, lethargy or restlessness, progressive increase of hematocrit, or liver enlargement >2cm. Severe disease, with associated severe bleeding, shock or respiratory distress caused by plasma leakage, or end-organ impairment, develops in 1 in 20 people with symptomatic dengue. Infants aged ≤1 year, pregnant people, adults aged ≥65 years, and people with [certain medical conditions](#) are at increased risk of severe dengue. Although a second DENV infection (i.e., with a different DENV from the first infection) carries a higher risk of severe disease than a first, third, or fourth infection, any infection can lead to severe disease.

Patients with [symptoms](#) compatible with dengue should be [tested](#) with both molecular and serologic diagnostic tests. All patients with suspected DENV infection should be tested with RT-PCR (i.e., a nucleic acid amplification test (NAAT)) or a NS1 antigen test, and also with IgM antibody test to confirm DENV infection. These tests can be considered regardless of the symptom onset date, although the test sensitivity of RT-PCR and NS1 antigen tests decrease after the first 7 days. IgG detection by enzyme-linked immunosorbent assay (ELISA) in a single serum sample should not be used to diagnose a patient with acute dengue because it does not distinguish between current and previous DENV infection.

There are no antiviral medications approved to treat dengue. Treatment is supportive and requires careful volume management. Appropriate [triage, management, and follow-up](#) remain the most effective interventions to reduce dengue morbidity and mortality. Expectant management of patients at high risk for severe disease and rapid initiation of a standardized fluid replacement strategy recommended by the World Health Organization (WHO) can decrease mortality from 13% to <1%.

Dengue Enhanced Monitoring in Louisiana

LDH will continue to work with healthcare providers and healthcare systems to identify and detect dengue cases in Louisiana. In addition to routine activities, LDH will be performing enhanced monitoring for dengue in Louisiana, including analyzing emergency department visit reports and requesting confirmatory testing for clinically compatible cases. This enhanced monitoring is meant to assist with case detection in order to initiate mitigation efforts to prevent disease transmission within the state.

Recommendations for the Public

- Learn how to prevent [mosquito bites](#).
 - Use Environmental Protection Agency-approved repellents during travel to and after returning from areas with frequent or continuous dengue transmission.
 - Wear loose-fitting, long-sleeved pants and shirts.

- Control mosquitos at home [indoors and outdoors](#).
 - Use air conditioning and window screens, when possible, to lower risk for mosquito bites indoors.
 - Dump and drain containers that hold water to reduce mosquito egg-laying sites in your home and neighborhood.
- Seek medical care if you have a fever or have dengue symptoms and live in or traveled to an area with dengue [outbreaks](#).
- If you plan international travel to [an area with frequent or continuous dengue transmission](#), protect yourself from mosquito bites during and after your trip.

More Information

- [Clinical Testing Guidance for Dengue | Dengue | CDC](#)
- [Guidelines for Classifying Dengue | Dengue | CDC](#)
- [Clinical Features of Dengue | Dengue | CDC](#)
- [Dengue Case Management Pocket Guide | CDC](#)
- [Dengue During Pregnancy | Dengue | CDC](#)
- [Dengue Vaccine | Dengue | CDC](#)
- [Dengvaxia: What Healthcare Professionals Need to Know | Dengue | CDC](#)
- [Dengue | CDC Yellow Book 2024](#)
- [Dengue Clinical Management Course | Dengue | CDC](#)

[Webinar: What Clinicians Need to Know about Dengue in the United States | CDC](#)

Psoriasis Awareness

August Is Psoriasis Awareness Month!

Overview of Psoriasis

Psoriasis is a chronic (long-lasting) disease in which the immune system becomes overactive, causing skin cells to multiply too quickly. Patches of skin become scaly and inflamed, most often on the scalp, elbows, or knees, but other parts of the body can be affected as well. Scientists do not fully understand what causes psoriasis, but they know that it involves a mix of genetics and environmental factors.

The symptoms of psoriasis can sometimes go through cycles, flaring for a few weeks or months followed by periods when they subside or go into remission. There are many ways to treat psoriasis, and your treatment plan will depend on the type and severity of disease. Mild psoriasis can often be successfully treated with creams or ointments, while moderate and severe psoriasis may require pills, injections, or light treatments. Managing common triggers, such as stress and skin injuries, can also help keep the symptoms under control.

Who Gets Psoriasis?

Anyone can get psoriasis, but it is more common in adults than in children. It affects men and women equally.

Types of Psoriasis

There are different types of psoriasis, including:

1. Plaque psoriasis. This is the most common kind, and it appears as raised, red patches of skin that are covered by silvery-white scales. The patches usually develop in a symmetrical pattern on the body and tend to appear on the scalp, trunk, and limbs, especially the elbows and knees;
2. Guttate psoriasis. This type usually appears in children or young adults, and looks like small, red dots, typically on the torso or limbs. Outbreaks are often triggered by an upper respiratory tract infection, such as strep throat;
3. Pustular psoriasis. In this type, pus-filled bumps called pustules surrounded by red skin appear. It usually affects the hands and feet, but there is a form that covers most of the body. Symptoms can be triggered by medications, infections, stress, or certain chemicals;
4. Inverse psoriasis. This form appears as smooth, red patches in folds of skin, such as beneath the breasts or in the groin or armpits. Rubbing and sweating can make it worse;
5. Erythrodermic psoriasis. This is a rare but severe form of psoriasis characterized by red, scaly skin over most of the body. It can be triggered by a bad sunburn or taking certain medications, such as corticosteroids. Erythrodermic psoriasis often develops in people who have a different type of psoriasis that is not well controlled, and it can be very serious.

Symptoms of Psoriasis

Symptoms of psoriasis vary from person to person, but some common ones are:

1. Patches of thick, red skin with silvery-white scales that itch or burn, typically on the elbows, knees, scalp, trunk, palms, and soles of the feet;
2. Dry, cracked skin that itches or bleeds;
3. Thick, ridged, pitted nails; and/or
4. Poor sleep quality.

Some patients have a related condition called psoriatic arthritis, which can be characterized by stiff, swollen, or painful joints; neck or back pain; or Achilles heel pain. If you have symptoms of psoriatic arthritis, it is important to see your doctor soon because untreated psoriatic arthritis can lead to irreversible damage.

The symptoms of psoriasis can come and go. You may find that there are times when your symptoms get worse, called flares, followed by times when you feel better.

Causes of Psoriasis

Psoriasis is an immune-mediated disease, which means that your body's immune system starts overacting and causing problems. If you have psoriasis, immune cells become active and produce molecules that set off the rapid production of skin cells. This is why skin in people with the disease is inflamed and scaly. Scientists do not fully understand what triggers the faulty immune cell activation, but they know that it involves a combination of genetics and environmental factors. Many people with psoriasis have a family history of the disease, and researchers have pinpointed some of the genes that may contribute to its development. Many of them play a role in the function of the immune system.

Some external factors that may increase the chances of developing psoriasis include:

1. Infections, especially streptococcal and HIV infections;
2. Certain medicines, such as drugs for treating heart disease, malaria, or mental health problems;
3. Smoking; and/or
4. Obesity.

Resources: [https://www.niams.nih.gov/health-topics/psoriasis#:~:text=Psoriasis%20is%20a%20chronic%20\(long,can%20be%20affected%20as%20well.](https://www.niams.nih.gov/health-topics/psoriasis#:~:text=Psoriasis%20is%20a%20chronic%20(long,can%20be%20affected%20as%20well.)

In the Spotlight: Changes to the Electrical Breast Pump Coverage



Effective for dates of service on or after March 1, 2024, Louisiana Medicaid introduced modifications to the coverage of breast pumps, which included the implementation of a new Electric Breast Pump Request Form that functions as both a prescription and an attestation.

Expectant mothers who meet the criteria and plan to breastfeed their infant at 32 weeks gestational age are now eligible to receive electric breast pumps through the updated coverage criteria.

- Prescription from the prescribing physician for the electric pump;
- **Documentation of education/training on breastfeeding by the prescribing physician, licensed breastfeeding practitioner, or healthcare professional;**
- Documentation that Louisiana Medicaid has not purchased a breast pump within the past three years for the same delivery; and
- Completed Electric Breast Pump Request Form **signed by the prescribing physician** and the mother or her authorized representative.

NOTE: Breast pumps that are designed for single use, operated manually, and hospital-grade are still not eligible for coverage.

The Electric Breast Pump Request Form can be easily filled out by downloading the PDF from www.lamedicaid.com, specifically under “Forms, Files, and User Manuals.” Once completed, DME providers are required to submit the form along with the claim for medical review.

Nonopioid Therapies for Pain Management: Focus on NSAIDs

Compiled by
Office of Outcomes Research and Evaluation
College of Pharmacy
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Pain is one of the most common reasons adults seek medical care in the United States. Acute pain, a nearly universal experience, is a physiologic response to noxious stimuli that can become pathologic. Acute pain is usually sudden in onset and time limited (duration of <1 month) and often is caused by injury, trauma, or medical treatments such as surgery. Unresolved acute pain or subacute pain (duration of 1–3 months) can evolve into chronic pain. Chronic pain typically lasts >3 months and can be the result of an underlying medical disease or condition, injury, medical treatment, inflammation, or unknown cause. Approximately one in five U.S. adults had chronic pain in 2019 and approximately one in 14 adults experienced “high-impact” chronic pain, defined as having pain on most days or every day during the past 3 months that limited life or work activities. Pain, especially chronic pain, can affect almost every aspect of a person’s life, leading to impaired physical functioning, poor mental health, and reduced quality of life, and contributes to substantial morbidity each year.

A number of nonpharmacologic treatments and nonopioid medications are associated with improvements in pain, function, or both that are reportedly comparable to improvements associated with opioid use. However, providers should be aware that nonopioid pharmacologic therapies are associated with risks, particularly in older adults, pregnant patients, and patients with certain comorbidities such as cardiovascular, renal, gastrointestinal, and liver disease.

According to the *2022 Clinical Practice Guideline for Prescribing Opioids for Pain...*

- All patients should receive treatment for pain that provides the greatest benefits relative to risks.
- Use of nonpharmacologic and nonopioid pharmacologic therapies should be maximized as appropriate because they do not carry the same risks as opioids.

Clinicians should maximize use of nonpharmacologic and nonopioid therapies as appropriate for the specific condition and patient and only consider opioid therapy for acute pain if benefits are anticipated to outweigh risks to the patient. The *2022 Centers for Disease Control and Prevention (CDC) Clinical Practice Guideline for Prescribing Opioids for Pain* provides recommendations for clinicians providing pain care for patients ≥18 years of age and has expanded guidance on evidence-based nonopioid options for pain.

Nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended as primary care for pain for many conditions. These agents have antipyretic, anti-inflammatory, and analgesic properties and are effective for treating muscle pain, dysmenorrhea, arthritic conditions, pyrexia, gout, migraines, and certain acute trauma cases.

The table below provides some examples of FDA-approved NSAIDs.

Nonselective NSAIDs		
<ul style="list-style-type: none"> • Diclofenac • Diflunisal • Etodolac • Fenoprofen • Flurbiprofen • Ibuprofen 	<ul style="list-style-type: none"> • Indomethacin • Ketoprofen • Ketorolac • Mefenamic acid • Meloxicam • Nabumetone 	<ul style="list-style-type: none"> • Naproxen • Oxaprozin • Piroxicam • Sulindac • Tolmetin
Selective NSAIDs		
<ul style="list-style-type: none"> • Celecoxib 		

According to the 2022 Clinical Practice Guideline, many acute pain conditions often can be managed most effectively with nonopioid medications.

Nonopioid therapies are at least as effective as opioids for many common acute pain conditions, including low back pain, neck pain, pain related to other musculoskeletal injuries (e.g., sprains, strains, tendonitis, and bursitis), pain related to minor surgeries typically associated with minimal tissue injury and mild postoperative pain (e.g., simple dental extraction), dental pain, kidney stone pain, and headaches including episodic migraine.

Clinicians should maximize use of nonopioid pharmacologic therapy, such as NSAIDs, when appropriate for the specific condition.

Use of NSAIDs for Acute Pain in Specific Conditions	
Dental pain	<ul style="list-style-type: none"> • NSAIDs have been found to be more effective than opioids for surgical dental pain. • The American Dental Association (ADA) recommends NSAIDs as first-line treatment for acute dental pain management.
Kidney stone pain	<ul style="list-style-type: none"> • For acute kidney stone pain, NSAIDs are at least as effective as opioids, can decrease the ureteral smooth muscle tone and ureteral spasm causing kidney stone pain, and are preferred for kidney stone pain if not contraindicated.
Low back pain	<ul style="list-style-type: none"> • NSAIDs have been found to be similarly effective to opioids for low back pain. • The American College of Physicians (ACP) recommends NSAIDs as one of the therapeutic categories to utilize if pharmacologic treatment is desired to treat low back pain.
Migraines	<ul style="list-style-type: none"> • For episodic migraine, NSAIDs are one of the nonopioid pharmacologic treatments associated with improved pain and function with usually mild and transient adverse events. • NSAIDs are one of the established acute treatments for migraine.
Musculoskeletal Injuries	<ul style="list-style-type: none"> • A systematic review found that for musculoskeletal injuries such as sprains, whiplash, and muscle strains, topical NSAIDs provided the greatest benefit-harm ratio, followed by oral NSAIDs or acetaminophen with or without diclofenac. • For acute musculoskeletal injuries other than low back pain, the ACP and American Academy of Family Physicians (AAFP) recommend topical NSAIDs with or without menthol gel as first-line therapy and suggest oral NSAIDs to relieve pain or improve function or oral acetaminophen to reduce pain.

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| Postoperative pain | <ul style="list-style-type: none"> When not contraindicated, NSAIDs should be used for postoperative pain. |
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Nonopioid therapies are preferred for subacute and chronic pain.

Several nonopioid pharmacologic therapies, including NSAIDs, are used for painful symptoms in chronic pain conditions.

Use of NSAIDs for Subacute and Chronic Pain in Specific Conditions	
Chronic Back Pain – Moderate to Severe	<ul style="list-style-type: none"> For moderate to severe chronic back pain, a nonopioid strategy beginning with acetaminophen or NSAIDs results in improved pain intensity with fewer side effects compared with a strategy starting with opioids. When patients with chronic low back pain have had an insufficient response to nonpharmacologic approaches such as exercise, NSAIDs are one of the nonopioid pharmacologic treatments clinicians can consider for patients without contraindications.
Osteoarthritis	<ul style="list-style-type: none"> When patients have an insufficient response to nonpharmacologic interventions (e.g., exercise for arthritis pain), and if a single or a few joints near the surface of the skin (e.g., knee) are affected by osteoarthritis, use of topical NSAIDs is recommended. In patients with osteoarthritis pain in multiple joints or pain that is incompletely controlled with topical NSAIDs, systemic NSAIDs is one option that can be used. Some guidelines recommend topical NSAIDs for localized osteoarthritis (e.g., knee osteoarthritis) over oral NSAIDs in patients aged ≥ 75 years to minimize systemic effects. For hip or knee osteoarthritis pain, a nonopioid strategy starting with acetaminophen or NSAIDs results in improved pain intensity with fewer side effects compared with a strategy starting with opioids.
Temporo-mandibular Disorder	<ul style="list-style-type: none"> For temporomandibular disorder pain that is not sufficiently improved with nonpharmacologic interventions, NSAIDs can be effective.

Review of the patient's history and context beyond the presenting pain syndrome is helpful in selection of pain treatments. In particular, medications should be used only after assessment and determination that expected benefits outweigh risks, considering patient-specific factors. Clinicians should weigh benefits and risks of use, dosage, and duration of NSAIDs when treating older adults and patients with hypertension, renal insufficiency, heart failure, or those with risk for peptic ulcer disease or cardiovascular disease. In patients with gastrointestinal comorbidities but without current or previous gastrointestinal bleeding, COX-2 inhibitors or NSAIDs with proton pump inhibitors can be used to minimize risk compared with risk with use of NSAIDs alone.



Points to Consider When Prescribing NSAIDs

- NSAIDs should be used at the lowest effective dose and shortest duration needed and should be used with caution, particularly in older adults and in patients with cardiovascular comorbidities, chronic renal failure, or previous gastrointestinal bleeding.
- NSAID use has been associated with serious gastrointestinal events and major coronary events.
- NSAIDs cause an increased risk of serious cardiovascular thrombotic events, including myocardial infarction and stroke, which can be fatal. This risk may occur early in treatment and may increase with duration of use.
- Because serious GI bleeding, hepatotoxicity, and renal injury can occur without warning symptoms or signs, consider monitoring patients on long-term NSAID treatment with a CBC and a chemistry profile checked periodically.
- If clinical signs and symptoms consistent with liver disease develop, or if systemic manifestations occur (e.g., eosinophilia, rash, etc.), the NSAID should be discontinued, and a clinical evaluation of the patient should be performed.
- Because serious GI ulcerations and bleeding can occur without warning symptoms, providers should monitor for signs and symptoms of GI bleeding.
- Patients with initial hemoglobin values of 10g or less who are to receive long-term treatment with NSAIDs should have hemoglobin values determined periodically.
- NSAIDs are potentially inappropriate for use in older adults with chronic pain because of higher risk for adverse effects with prolonged use.
- Contraindications include hypersensitivity to the drug or any components of the drug product, history of asthma, urticaria, or allergic-type reactions after taking aspirin or other NSAIDs, and use in the setting of coronary artery bypass graft (CABG) surgery.

Providers should ensure that patients are educated on the use of NSAIDs and their potential adverse effects on multiple organ systems. Because these adverse effects occur at a much higher rate in patients with specific comorbidities, it is crucial for physicians, nurses, and pharmacists to closely review each patient's history and educate the patient accordingly on risks and dosing. With any pharmacologic therapy, clinicians should review FDA-approved labeling, including boxed warnings, before initiating treatment.

For Louisiana Medicaid recipients, NSAIDs are available with limited restrictions. Many are preferred with no prior authorization required and those that are non-preferred can be obtained through the prior authorization process if criteria is met. The recipient either must have tried and failed a preferred product (treatment failure or experienced intolerable side effects), must have contraindications to all of the preferred products, or there is no preferred product that is appropriate for the condition being treated.

LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)

[This version implemented July 1, 2024]

LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)

Effective Date: July 1, 2024

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (47)	Celecoxib (AG; Generic)	Celecoxib (Celebrex®)
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) *Request Form *Criteria *POS Edits	Diclofenac Sodium Tablet (Generic)	Diclofenac Epolamine Patch (AG; Flector®)
	Diclofenac Sodium Transdermal Gel (Generic)	Diclofenac Epolamine Patch (Licart™)
	Ibuprofen Suspension Rx (Generic)	Diclofenac Potassium Capsule (AG; Generic; Zipsor®)
	Ibuprofen Tablet Rx (Generic)	Diclofenac Potassium Tablet (Generic; Lofena®)
	Indomethacin Capsule (Generic)	Diclofenac Sodium 1.5% Topical Solution (Generic)
	Ketorolac Tablet (Generic)	Diclofenac Sodium 2% Topical Solution (AG; Generic; Pennsaid® Pump)
	Meloxicam Tablet (Generic)	Diclofenac SR Tablet (Generic)
	Nabumetone Tablet (Generic)	Diclofenac/Misoprostol Tablet (Generic; Arthrotec®)
	Naproxen Suspension (AG; Generic)	Diffunisal Tablet (Generic)
	Naproxen Tablet (Generic)	Etodolac Capsule, SR Tablet, Tablet (Generic)
	Sulindac Tablet (Generic)	Fenoprofen Capsule (AG; Nalfon®)
		Fenoprofen Tablet (Generic; Nalfon®)
		Flurbiprofen Tablet (Generic)
		Ibuprofen/Famotidine Tablet (AG; Generic; Duexis®)
		Indomethacin ER Capsule (Generic)
		Ketoprofen Capsule, ER Capsule (Generic)
		Ketorolac Nasal Spray (AG)
		Meclofenamate Sodium Capsule (Generic)
		Mefenamic Acid Capsule (Generic)
		Meloxicam, Submicronized Capsule (Generic)
		Nabumetone Tablet (Relafen DS™)
		Naproxen EC Tablet (AG; Generic)
		Naproxen Sodium CR Tablet (AG; Generic; Naprelan®)
		Naproxen Sodium Tablet (Generic)
		Naproxen/Esomeprazole Tablet (AG; Generic; Vimovo®)
		Oxaprozin Tablet (Generic)
		Piroxicam Capsule (Generic)
		Tolmetin Sodium Capsule, Tablet (Generic)

Please note: This list of preferred and non-preferred NSAIDs is current as of July 1, 2024. For the most recently updated version, visit [PDL.pdf \(la.gov\)](#)

NSAIDs are also subject to various point of sale (POS) edits. Selected agents have specific POS edits, such as age restrictions, concurrent use requirements, days' supply limits, quantity limits, and therapeutic duplication.

NSAID POS edits as of July 1, 2024

Pain Management – Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

POS Edits
AL – Pharmacy claims for celecoxib are limited to use in recipients who are 60 years of age or older on the date of service OR recipients who meet ONE of the concurrent use requirements (see below for details related to the concurrent use edit).
CU – Pharmacy claims for celecoxib will pay if the age requirement is met (see above for details related to the age requirement) OR if there is an active prescription(s) on file for any ONE of the following medications: <ul style="list-style-type: none"> • H2 antagonists • Proton pump inhibitors • Oral or injectable anticoagulants (except oral Factor Xa Inhibitors) • Oral steroid (at least a 30-day supply indicating chronic use)
DS – Pharmacy claims for oral ketorolac are limited to a maximum five-day supply.
QL – Pharmacy claims for oral ketorolac are limited to a maximum quantity of 20 tablets per 30 days.
TD – These agents are monitored at the pharmacy POS for duplication of therapy with each other.

Please note: These POS edits are current as of July 1, 2024. For the most recently updated version, visit the NSAID therapeutic category on the most recently updated version, found here [PDL.pdf \(la.gov\)](#).

References

[CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022 | MMWR](#)

Diclofenac Potassium [package insert]. Vapi, Gujarat, India: Umedica Laboratories Pvt. Ltd.; November 2023. [Diclofenac Potassium Tablets, USP Rx only Prescribing Information \(nih.gov\)](#)

Indomethacin [package insert]. Congers, NY: Chartwell RX, LLC; October 2022. [Indomethacin Capsules, USP Prescribing Information](#)

Naprosyn, EC-Naprosyn, Anaprox DS (naproxen) [package insert]. Alpharetta, GA: Canton Laboratories, LLC; April 2021. [Naproxen Prescribing Information](#)

[Nonopioid Therapies for Pain Management | Overdose Prevention | CDC](#)

[Nonsteroidal Anti-Inflammatory Drugs \(NSAIDs\) - StatPearls - NCBI Bookshelf \(nih.gov\)](#)

[Patient education: Nonsteroidal antiinflammatory drugs \(NSAIDs\) \(Beyond the Basics\) - UpToDate](#)

[PDL.pdf \(la.gov\)](#)

Discontinuance of Kangaroos Joey e-Pumps, Feeding Sets, and Supplies



The Louisiana Department of Health (LDH) has been informed that Cardinal Health will cease the supply and distribution of the Kangaroo e-Pump and Kangaroo Joey capital equipment, along with the related feeding sets, following the timeline outlined below.

Schedule	
Kangaroo™ ePump and Kangaroo™ Joey Capital Equipment End of Sale Date	September 30, 2024
End of Service Support Date Out of Warranty	December 31, 2024
End of Service Support Date Within Warranty	Through Warranty End Date
Kangaroo™ ePump Feeding Sets and Accessories Anticipated End of Supply Date	June 30, 2025
Kangaroo™ Joey Feeding Sets and Accessories Anticipated End of Supply Date	September 30, 2027

LDH is disseminating this information to alert all DME providers and prompt them to take essential steps to guarantee continued access to care for beneficiaries who rely on the Kangaroo Joey e-Pump.

For additional information on this discontinuance, contact Cardinal Health Sales Representatives or Cardinal Health Customer Service at (800) 964-5227.

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 latc.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...August 2024

Month

Children's Eye Health and Safety

National Minority Donor Awareness

National Immunization Awareness

Neurosurgical Awareness

Psoriasis Awareness Month

Spinal Muscular Atrophy Awareness

August 2024



Week

World Breastfeeding Week

August 1 – 7

National Health Center Week

August 4 – 10

Health Unit Coordinator Recognition

Week

August 23 - 29

Day

International Overdose Awareness Day

August 31

World Lung Cancer Day

August 1

National Wellness Month

In August, we celebrate National Wellness Month, prioritizing your self-care, managing stress, and promoting healthy routines. Create wholesome habits in your lifestyle and focus on self-care to feel like your best self!

NATIONAL WELLNESS MONTH ACTIVITIES

1. Take the Pledge!

Take the “I choose wellness” pledge to prioritize your wellness and self-care this month and post to social to inspire others. Download your free copy at [WellnessMonth.com](https://www.WellnessMonth.com) or create your own!

2. Take the 31-day Wellness Month Challenge Calendar!

Incorporate wellness into your daily life with Live Love Spa’s 31-day Wellness Month challenge calendar. Each day is a prompt and idea to take care of yourself! Download it for free and jump right in!

3. Try new wellness treatments and activities

Visit a spa and enjoy a treatment or massage. Try a new fitness class or a new beauty product. Incorporate healthy habits into your everyday life like walks, drinking lots of water and physical activity.

4. Sharing wellness

Share your wellness journey and habits with others to inspire everyone in person and on social media. Hashtag [#nationalwellnessmonth](#) and [#livelovespa](#). Tag [@livelovespa](#) and [@nationalwellnessmonth](#) for a chance to be featured!

5 HABITS FOR SELF-CARE

1. Drinking lots of water

The smallest act of self-care that can make a great impact is drinking lots of water every day. Stay hydrated and your body will feel better.

2. Get your sleep

Lack of sleep can lead to a decline in mental and physical health, commit to getting a full 8 hours of sleep every night as part of self-care.

3. Exercise

Just 30 minutes of walking every day can help boost your mood and improve your health. Commit to exercising every day for better wellness.

4. Try a relaxing activity

Activities like yoga, hiking, reading books, listening to music or painting can improve your mood and are a great commitment to improving your health and wellness.

5. Practice gratitude and positivity

You are what you think. Take time to practice gratitude and positivity when reflecting on life.

WHY WE LOVE NATIONAL WELLNESS MONTH

1. It reminds us to care for ourselves

Often we get carried away with the hustle and bustle of life and work, forgetting to take care of ourselves. National Wellness Month is a reminder to take care of physical and mental wellbeing. Let's prioritize our health!

2. It empowers us to achieve more

National Wellness Month was born out of the idea that when you feel better you can achieve more, if we are going to do big things in the world— build our careers, raise a family, further our education, create new ideas, and nurture our bodies — we need to take care of ourselves. Feel good, do good!

3. Special offers at spas and wellness companies!

Discover new ways to care for yourself with special offers from spas and wellness companies to try something new!



Recourses: <https://nationaltoday.com/national-wellness-month/>

Home Health – Recruitment and Retention Bonuses

Effective September 1, 2024, the Louisiana Department of Health (LDH) has been granted approval by the Centers for Medicare and Medicaid Services (CMS) to initiate the provision of recruitment and retention bonuses for extended home health nurses.

How do nurses qualify?

Nurses are eligible to receive compensation by committing to deliver a minimum of 120 hours of extended home health (EHH) services to individuals under 21 years old each month.

Who submits the invoice so the nurse receives their bonus?

The home health agency that employs the nurse must submit a monthly invoice to LDH for payment each month. Additionally, home health agencies will be compensated for the increased administrative responsibilities.

How long will this program last?

The program's anticipated end date is December 2025.

Need more information?

Priscilla.Stevens@la.gov or Justin.Owens@la.gov.



988

**SUICIDE
& CRISIS
LIFELINE**

**AMERICAN SIGN
LANGUAGE
VIDEOPHONE
NOW AVAILABLE**

*ASL Videophone.
Text. Chat*

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



Extended Coverage of Mammogram Screenings



Effective June 1, 2024, Louisiana Medicaid made revisions to the coverage of screening mammograms. Coverage has been extended to include beneficiaries age 30-39. [Click here](#) for additional information on the screening mammography coverage update.

Louisiana State Health Improvement Plan (SHIP)



The Louisiana Department of Health launched the Louisiana State Health Improvement Plan (SHIP), a roadmap that outlines four priority areas for improving the health of all Louisianans.

The SHIP is the result of several years of work that included creating a State Health Assessment (SHA) with the input of more than 6,000 Louisiana residents and a comprehensive analysis of current health data and trends. The SHA was used to create four priority areas and key goals within those areas. The SHIP will continue to foster collaboration between the Department and stakeholders to develop strategies to meet these goals and address health disparities and inequities.

The four priority areas and key goals in the SHIP are:

- **Behavioral Health**
- **Community Safety**
- **Maternal and Child Health**
- **Chronic Disease**

The SHIP also outlines a framework for realizing the goals of the plan as various initiatives and programs roll out through 2024.

For more information or to get involved, visit www.LouisianaSHIP.com.

Project ECHO Programs for Providers (CEUs available)



Project ECHO programs for providers – CEUs available

Well-Ahead Louisiana, within the Office of Public Health (OPH), encourages healthcare providers to participate in its **Project ECHO (Extension for Community Healthcare Outcomes)** programs. Providers at Rural Health Centers and Federally Qualified Health Centers are especially encouraged to join.

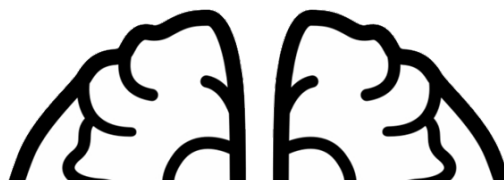
All programs are held from noon to 1 p.m. and offer Continuing Education Units (CEUs). Click through the program titles for details.

- **Diabetes ECHO:** Care and management of diabetes and related conditions; date currently being rescheduled; CEUs for physicians, nurses and pharmacists
- **Dental ECHO:** A supportive oral health provider network; date currently being rescheduled; CEUs for dentists, dental hygienists and physicians
- **Hep C/HHARM ECHO:** Hepatitis C topics with a focus on people who inject drugs and Housing Security, Hepatitis, Addiction and Stigma Reduction in Medicine (HHARM); date currently being rescheduled; CEUs for physicians and nurses
- **Healthy Aging and ADRD ECHO:** Awareness and understanding of Alzheimer's disease and related dementias; every third Tuesday of the month; CEUs for physicians, nurses and social workers

Project ECHO is a movement to increase knowledge and amplify the capacity to provide best-practice care for underserved people. The model connects primary care providers and specialists on a live, virtual platform to share knowledge and expand treatment capacity in rural communities.

For more information, email Chrissey.smith@la.gov or Terrilyn.Roberts@la.gov.

LDH Guidance on Brain Death Determination for Providers



Effective March 1, 2024, Louisiana Medicaid adopted the [2023 American Academy of Neurology \(AAN\) Criteria Consensus Practice Guidelines](#) as the accepted medical standard for the determination of Pediatric and Adult Brain Death/Death by Neurologic (BD/DNC) Criteria. [Click here](#) for additional information on LDH guidance on brain death determination for providers.



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!



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	<ul style="list-style-type: none"> Section 2.2 – Bed Based Services (BBS) – Psychiatric Residential Treatment Facilities (PRTF) Section 2.2 – Bed Based Services (BBS) – Therapeutic Group Homes (TGH) 	07/08/24
Durable Medical Equipment (DME)	<ul style="list-style-type: none"> Section 18.2.11 – Specific Coverage Criteria – Enteral Nutrition Section 18.2.26 – Specific Coverage Criteria - Intravenous (IV) Therapy and Administrative Supplies Section 18.2.26.1 – Specific Coverage Criteria - Syringes and Needles 	07/16/24 07/26/24

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 **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](#)

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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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?](#)



- 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>

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

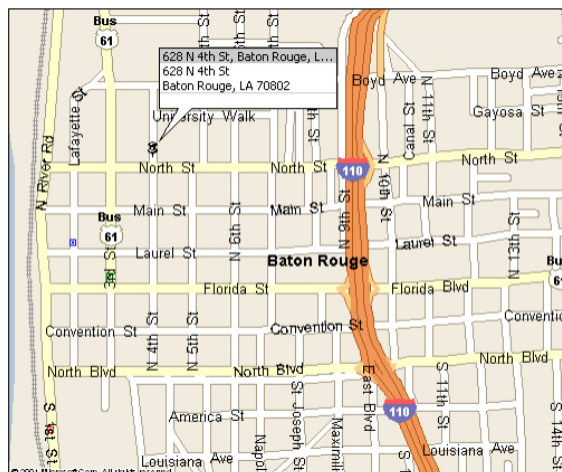
Take I-10 East to Baton Rouge.
At I-10 Exit 155B turn onto ramp that merges onto I-110 North.
Take the North Street exit on your left.
Continue down North Street to Bienville Building at the corner of North and 4th Streets.

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

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](#)