Louisiana Medicaid | Provider UPDATE

Volume 35, Issue 11 | November 2019

Overview of the 2019-2020 Influenza Season

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

With the flu season upon us, this article is intended to provide guidance for the use of influenza vaccines for the prevention and control of influenza in the United States for the 2019-2020 influenza season. Most people who contract influenza recover without serious complications. However, influenza can result in serious illness, hospitalization, and death, particularly among older adults, very young children, pregnant women, and people with certain chronic medical conditions.

Table of Contents

Who should be vaccinated with the influenza vaccine?

- The Advisory Committee on Immunization Practices (ACIP) recommends routine annual influenza vaccination of all persons aged ≥6 months who do not have contraindications. Any licensed, recommended, and age-appropriate vaccine should be used.
- Pregnant and postpartum women have been observed to be at higher risk for severe illness and complications from influenza, particularly during the second and third trimesters. ACIP and the American College of Obstetricians and Gynecologists recommend that all women who are pregnant or who might be pregnant or postpartum during the influenza season receive influenza vaccine.
- Vaccination to prevent influenza is particularly important for persons who are at increased risk for severe illness and complications from influenza and for influenza-related outpatient, emergency department, or hospital visits. These people include:
    - All children aged 6 through 59 months
    - All persons aged ≥50 years
    - Adults and children who have chronic pulmonary (including asthma), cardiovascular (excluding isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus)
    - Persons who are immunocompromised due to any cause (including but not limited to immunosuppression caused by medications or HIV infection)
    - Children and adolescents (aged 6 months through 18 years) who are receiving aspirin- or salicylate-containing medications and who might be at risk for experiencing Reye syndrome after influenza virus infection
    - Residents of nursing homes and other long-term care facilities
    - American Indians/Alaska Natives
    - Persons who are extremely obese (body mass index ≥40 for adults)
    - People who live with or care for people at higher risk for influenza-related complications including:
        - Healthcare personnel, including all paid and unpaid persons working in healthcare settings who have the potential for exposure to patients and/or to infectious materials. This includes all other persons not directly involved in patient care but who can potentially be exposed to infectious agents.
        - Household contacts (including children) and caregivers of children aged ≤59 months (i.e., aged <5 years) and adults aged ≥50 years, particularly contacts of children aged <6 months

- Household contacts (including children) and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza

When should influenza vaccines be given?

- Efforts should be structured to optimize vaccination coverage before influenza activity in the community begins. Because of unpredictability of timing of onset of the influenza season and concerns that vaccine-induced immunity might wane over the course of a season, ACIP recommends that vaccination should be offered by the end of October.
- Children aged 6 months through 8 years who require 2 doses should receive their first dose as soon as possible after the vaccine becomes available to allow the second dose (which must be administered ≥4 weeks later) to be received by the end of October.
- Travelers who want to reduce the risk for influenza infection should consider influenza vaccination, preferably at least 2 weeks before departure.
- Vaccination should continue to be offered as long as influenza viruses are circulating and unexpired vaccine is available.
- Providers should offer influenza vaccine routinely, and organized vaccination campaigns should continue throughout the influenza season, including after influenza activity has begun in the community.
- Although vaccination by the end of October is recommended, vaccine administered in December or later, even if influenza activity has already begun, might be beneficial in the majority of influenza seasons.

What types of influenza vaccines are available for the 2019-2020 influenza season?

Inactivated influenza vaccines (IIVs) (both quadrivalent and trivalent), quadrivalent recombinant influenza vaccine (RIV4), and quadrivalent live attenuated influenza vaccine (LAIV4) are expected to be available for the 2019–2020 season.

IIVs and RIV4

Administration

- IIVs and RIV4 are administered intramuscularly (IM).
    - In adults and older children, the deltoid is the preferred site. However, in infants and younger children, the anterolateral thigh is the preferred site.
    - RIV4 is licensed for persons aged ≥18 years and should not be used for children aged <18 years.

Contraindications and Precautions

- A previous severe allergic reaction to the flu vaccine or any of its components, is a contraindication to future receipt of the vaccine.
- Information about vaccine components is located in package inserts from each manufacturer.
- ACIP recommends that persons with a history of egg allergy of any severity should receive any licensed, recommended, and age-appropriate influenza vaccine. Those who have a history of severe allergic reaction to egg (i.e., any symptom other than hives) should be vaccinated in an inpatient or outpatient medical setting (including but not necessarily limited to hospitals, clinics, health departments, and physician offices), under the supervision of a healthcare provider who is able to recognize and manage severe allergic conditions.
- Precautions include:
    - Moderate or severe acute illness with or without fever
    - Guillain–Barré syndrome within 6 weeks following a previous dose of influenza vaccine.

LAIV4

Administration

- LAIV4 is administered intranasally using the supplied prefilled, single-use sprayer containing 0.2 mL of vaccine.
    - Half of the total sprayer contents is sprayed into the first nostril while the recipient is in the upright position.
    - The attached divider clip is removed and the second half of the dose administered into the other nostril.

- If the vaccine recipient sneezes immediately after administration, the dose should not be repeated.
- If nasal congestion is present that might interfere with delivery of the vaccine to the nasopharyngeal mucosa, deferral should be considered, or another age appropriate vaccine should be administered.

Contraindications and Precautions

- Contraindications include the following:
  - A previous severe allergic reaction to the flu vaccine or any of its components
  - Concomitant aspirin or salicylate-containing therapy in children and adolescents
  - Children aged 2 through 4 years who have received a diagnosis of asthma or whose parents or caregivers report that a healthcare provider has told them during the preceding 12 months that their child had wheezing or asthma or whose medical record indicates a wheezing episode has occurred during the preceding 12 months
  - Children and adults who are immunocompromised due to any cause (including immunosuppression caused by medications or by HIV infection)
  - Close contacts and caregivers of severely immunosuppressed persons who require a protected environment
  - Pregnancy
  - Receipt of influenza antiviral medication within the previous 48 hours

- Precautions include the following:
    - Moderate or severe acute illness with or without fever
  - History of Guillain-Barré syndrome within 6 weeks of receipt of influenza vaccine
  - Asthma in persons aged ≥5 years
  - Other underlying medical conditions that might predispose to complications attributable to severe influenza (e.g., chronic pulmonary, cardiovascular [excluding isolated hypertension], renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus).

What antiviral medications are available to treat the influenza virus?

There are four FDA-approved antiviral drugs recommended by the CDC to treat flu this season. When indicated, antiviral therapy should be initiated as soon as possible since antiviral therapy is most likely to provide benefit when initiated within the first 48 hours of flu symptoms.

- Oseltamivir phosphate (Tamiflu®)
  - Oseltamivir is available as a pill or liquid suspension and is recommended by the CDC and the American Academy of Pediatrics (AAP) for early treatment of flu in people of any age, and for the prevention of flu (i.e., prophylaxis) in people 3 months and older.
  - For uncomplicated influenza, the recommended treatment course of oral oseltamivir is two doses per day for 5 days.

- Zanamivir (Relenza®)
  - Zanamivir is available as an inhaled powder and is recommended for early treatment of flu in people 7 years and older, and for the prevention of flu in people 5 years and older. It is not recommended for people with asthma or COPD.
  - For uncomplicated influenza, the recommended treatment course of inhaled zanamivir is two doses per day for 5 days.

- Peramivir (Rapivab®)
  - Peramivir is available in an intravenous formulation which should be given intravenously over a period of 15 to 30 minutes.
  - Peramivir should be given as a single dose to treat flu in people 2 years and older with uncomplicated influenza.

- Baloxavir marboxil (Xofluza®)
  - Baloxavir should be given as a single dose by mouth and is approved for early treatment of flu in people 12 years and older.
  - Baloxavir is not recommended for pregnant women, breastfeeding mothers, outpatients with complicated or progressive illness, or hospitalized patients because there is no information about the use of baloxavir in these patients.

Reference

Centers for Disease Control and Prevention (CDC). (2019, Oct 26). *Information for Health Professionals.* Retrieved from https://www.cdc.gov/flu/professionals/index.htm

Pharmacy Facts can also be found online at: http://ldh.la.gov/index.cfm/page/3036.

September 23, 2019

Single PDL change
On October 1, 2019, Medicaid will have a Single Preferred Drug List (PDL) change. Advair Diskus® will move from preferred to non-preferred status and Advair® HFA will move from non-preferred to preferred status.

Medicaid MCO contracts and Open Enrollment
In August, the Louisiana Department of Health announced it is moving to implement emergency contracts with the five health plans that are currently under contract to serve the state's 1.5 million Medicaid recipients.

This will ensure that Medicaid enrollees and the providers who serve them have continuity when the current contracts expire at the end of the year.

The Department is in discussions with CMS about plans for open enrollment. We will alert Medicaid enrollees once a timeline for open enrollment is established. Go to http://www.healthy.la.gov/ for updates.

Influenza vaccines
On September 15, 2019, influenza vaccines were made payable as a pharmacy benefit. Please contact us if you have any problems processing claims. See https://www.lamedicaid.com/provweb1/Pharmacy/Vaccine_Reimbursement_19-20.pdf for details.

Eligibility and Enrollment System Provider Bulletins

Louisiana Medicaid is publishing bi-weekly provider bulletins to address provider questions and concerns around the new eligibility and enrollment system. The information in these bulletins covers a wide range of provider issues and provider types. This and other news can be found on the web site dedicated to the new system, found here: http://ldh.la.gov/index.cfm/page/3497.

If there are topics you feel need to be covered in these public communications, please let us know by sending an email to Healthy@la.gov.

Medicaid Public Notice and Comment Procedure

As of Aug. 1, 2019, a public notice and comment period is required before certain policies and procedures are adopted. Drafts will be published on LDH's website to allow for public comment, as per HB 434 of the 2019 Regular Legislative Session. This requirement applies to managed care policies and procedures, systems guidance impacting edits and payment, and Medicaid provider manuals.

In compliance with R.S. 46:460.51(15), 460.53, and 460.54, this procedure provides for a defined term, a public notice requirement, implementation of a policy for the adoption of policies and procedures, and for related matters.

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

Remittance Advice Corner

Attention Federally Qualified Health Centers (FQHC) and Rural Health Clinic (RHC) Providers

LDH has received confirmation from the Centers of Medicaid and Medicare Services that state Medicaid programs can consider behavioral health services provided by Licensed Professional Counselors and Licensed Marriage and Family Therapist as “other” ambulatory services in a RHC or FQHC facility. Provider manual and systems changes will be published to allow reimbursement to these providers in a RHC or FQHC setting. This change will be retroactively effective 4/1/2019.

All FQHC and RHC providers should review the Informational Bulletin at http://www.ldh.la.gov/index.cfm/page/1198 for additional information regarding this change.

Information regarding this change is forthcoming and will be located on www.lamedicaid.com under the Provider Manuals link, within the FQHC and RHC Provider manual.

Questions regarding this notice and fee for service claims should be directed to DXC Technology ProviderRelations at (800) 473-2783 or (225) 924-5040.

Attention All EPSDT PCS Providers

Electronic Visit Verification for Early and Periodic Screening, Diagnosis and Treatment Personal Care Services

The Louisiana Department of Health (LDH) is implementing an electronic visit verification (EVV) system for providers of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) personal care services (PCS). This is a federal requirement that applies to all managed care EPSDT PCS providers.

EVV is a web-based system that electronically verifies service visit occurrences and documents the precise time services begin and end via smart devices. The purpose of an EVV system is to verify that individuals are receiving the services authorized in their plans of care, reduce inappropriate billing/payment, safeguard against fraud and improve program oversight. The implementation date will be Jan. 1, 2020.

Agencies shall use the EVV system designed by LDH, the Louisiana Service Reporting System (LaSRS), to electronically report begin and end times (i.e. clock-in and clock-out) for EPSDT PCS. Providers will have access to this system at no cost and should schedule training for the EVV system through the Department's EVV contractor, Statistical Resources Inc. Providers may call (225) 767-0501 to schedule training.

Managed care organizations or LDH may withhold or deny reimbursement for services if an EPSDT PCS provider fails to use the EVV system.

Attention All Managed Care Entities

End-Of-Time Date Conversion From 12/31/2020 To 12/31/2050

LDH Medicaid and DXC would like to announce that file end-of time dates will be converting from 12/31/2020 to 12/31/2050. DXC will convert end-of-time date on recipient eligibility and TPL data. DXC is working with Maximus to test these changes in their processes, including the 834 file process. DXC will alter the TPL file to use an end-of-time date of 12/31/2050 and will send test files to the plans. For Provider registry, DXC will convert 12/31/2020 to 12/31/2050 as an end-of-time date and will test with the plans.

If there are any questions regarding this message, please contact DXC Provider Relations at (800) 473-2783.

Attention Louisiana Medicaid Providers

Effective October 1, 2019, Fee for Service (FFS) Medicaid and Managed Care Organizations (MCOs) will implement updated clinical edits for opioids and antipsychotic agents. Please refer to www.lamedicaid.com under pharmacy and prescribing providers to access the document.

Attention Providers of Laboratory Services

Severe Combined Immunodeficiency (SCID) Testing

Effective for dates of service on or after Nov. 1, 2019, Louisiana Medicaid will cover testing for Severe Combined Immunodeficiency (SCID). This will be part of the required newborn screening and will as such follow the newborn screening restrictions as indicated in policy. This test will be reimbursable under the CPT code 81479. This code is only to be used for this purpose and until such a time as a permanent procedure code is in place.

Questions regarding this message and fee for service claims should be directed to DXC Technology Provider Relations at (800) 473-2783 or (225) 924-5040. Questions regarding managed care claims should be directed to the appropriate Managed Care Organization.

For Information or Assistance, Call Us!

Provider Enrollment	(225)216-6370	General Medicaid Eligibility Hotline	1-888-342-6207
Prior Authorization:		MMIS Claims Processing Resolution Unit	(225) 342-3855
Home Health/EPSDT – PCS	1-800-807-1320		
Dental	1-866-263-6534 1-504-941-8206		
DME & All Other	1-800-488-6334 (225) 928-5263	MMIS/Recipient Retroactive Reimbursement	(225) 342-1739 1-866-640-3905
Hospital Pre-Certification	1-800-877-0666		
Provider Relations	1-800-473-2783 (225) 924-5040	Medicare Savings Program and Medicaid Purchase Hotline	1-888-544-7996
REVS Line	1-800-776-6323 (225) 216-(REVS)7387		
Point of Sale Help Desk	1-800-648-0790 (225) 216-6381	For Hearing Impaired	1-877-544-9544
		Pharmacy Hotline	1-800-437-9101
		Medicaid Fraud Hotline	1-800-488-2917