

Provider Enrollment Requirements

Providers should expect impacts to claims processing, and risk not getting paid if enrollment is not complete.

For providers who missed the initial deadline of September 30, 2022, the Provider Enrollment Portal at www.lamedicaid.com remains open for providers required to enroll who have not yet applied. Providers with multiple provider types must complete enrollment for each type.

Providers who submit provider enrollment applications should allow several weeks for application processing.

Who Is Required to Enroll?

- Providers who file claims with Louisiana Medicaid (providers enrolled in Fee for Service (FFS) Medicaid before December 31, 2021, and providers enrolled with an MCO, DBPM, or Magellan before March 31, 2022.)
- Ordering, Prescribing or Referring Providers
 - Ordering, prescribing or referring (OPR) providers do not bill Medicaid for services rendered, but may order, prescribe or refer services/supplies for Medicaid beneficiaries.

Ordering, Prescribing or Referring Providers (OPR)

For Medicaid to reimburse for services or medical supplies resulting from a practitioner's order, prescription or referral, the OPR provider must be enrolled in Medicaid.

Furthermore, if items or services are ordered, prescribed or referred by a resident or intern, the claim must identify the intern or resident's National Provider Identifier (NPI) as the ordering or referring practitioner. Interns and residents are allowed to enroll in the Medicaid program as an OPR provider only.

If you are an OPR provider, physicians, other practitioners and facilities who render services to Medicaid beneficiaries based on your order, prescription or referral, will not be paid for such items or services, beginning July 1, 2023, unless you enroll in Medicaid and your NPI is included on the claim submitted to Medicaid by the rendering provider (42 CFR 455.440).

Please note that this extends to pharmacy Point of Sale (POS) systems as well. The POS system will deny any claims submitted, beginning July 1, 2023 for a Medicaid beneficiary with a prescriber, pharmacy provider, or vaccinating pharmacist who is not enrolled as a Medicaid provider.

Critical Deadlines – Claims Adjudication

Claims processing guidelines depend on when a provider enrolls. If enrollment is not complete, claims and payments will be impacted. The following scenarios outline those impacts.

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Scenario 1: Claims for dates of service on or before December 31, 2022, will be adjudicated for providers who have and have not completed enrollment.

Scenario 2: Claims for dates of service on or after January 1, 2023, will be adjudicated for providers who have completed enrollment.

Scenario 3: Providers who have not completed enrollment on or before December 31, 2022, will have their claims denied for dates of service on or after January 1, 2023.

Providers still wishing to complete enrollment must submit an enrollment application by June 1, 2023 in order to complete the enrollment process by June 30, 2023.

Once the enrollment is completed, the provider may resubmit previously denied claims for dates of service January 1, 2023 to June 30, 2023 for payment. Providers will not receive payment until their provider enrollment is complete.

Scenario 4: If an OPR provider is included on a claim or writes a prescription and has not completed enrollment:

- The medical/professional claim will deny beginning July 1, 2023, if any one of the following are not enrolled:
 - Ordering provider
 - Prescribing provider
 - Referring provider
- The prescription will deny beginning July 1, 2023 if any one of the following are not enrolled:
 - Prescribing provider
 - Vaccinating pharmacist, or
 - Pharmacy provider

Enrollment Status

Providers that are unsure of their enrollment status may use the Provider Portal Enrollment Lookup Tool at <https://www.lamedicaid.com/portalenrollmentstatus/search>. Results will show the provider's status as either enrollment complete, action required, application not submitted, or currently in process by Gainwell Technologies. Providers that are not shown in the results are not required to enroll at this time. Invitation letters for those providers will be sent at a later date. The Lookup Tool is updated daily.

Provider Resources

For additional information, including frequently asked questions and recordings of provider presentations, visit www.ldh.la.gov/medicaidproviderenrollment.

[Informational Bulletin 22-4](#) contains information relevant to provider enrollment prior to the September 30, 2022 deadline.

Providers needing assistance with application and enrollment should contact Gainwell Technologies by emailing louisianaprovenroll@gainwelltechnologies.com or contacting 1-833-641-2140 for a status update on enrollment and any next steps needed to complete the process.

As a part of the Affordable Care Act and later refined in the 21st Century Cures Act, federal laws enforced by CMS require that states screen and enroll providers. The Louisiana Medicaid Provider Enrollment Portal will bring Louisiana Medicaid into compliance with CMS revalidation and managed care screening requirements and federal law. The portal will be prepopulated with information that the state, MCOs, DBPMs and Magellan already have on file so that the provider can more easily submit an application through the portal. This streamlined process eliminates the need to complete and mail a paper application. Also, providers will have the ability to track their application through the portal.



Medicaid Members Can Now Change Health Plans through March 31, 2023

Louisiana Medicaid members can make changes to their health plan and dental plan coverage from November 8, 2022 and 6 p.m. on March 31, 2023.

In late October, letters were mailed to Medicaid members explaining possible changes to their health plan coverage and how to make changes. Most Medicaid members were auto-assigned to a health plan to be effective January 1, 2023. In this auto-assignment, some members were assigned to a health plan that is different from their current health plan, while some remain in the same plan. The letters that were mailed tells members what their current health plan is and what their auto-assigned health plan will be beginning in January 2023.

If a member wants to keep the auto-assigned health plan, they do not have to do anything. That health plan will be their health plan starting on January 1, 2023.

If a member wants to change their health or dental plans, **they can do that any time from November 8, 2022, until 6 p.m. on March 31, 2023.**

After March 31, 2023, a member may only change their health plan or dental plan if they have a special reason. They can also change their health plan or dental plan at the next Open Enrollment.

See below for deadlines to make changes and start dates:

<u>If you change to another health plan:</u>	<u>Your new plan will start on:</u>
From November 8, 2022 through 6 p.m. on December 29, 2022	January 1, 2023
After 6 p.m. on December 29, 2022 through 6 p.m. on January 30, 2023	February 1, 2023
After 6 p.m. on January 30, 2022 through 6 p.m. on February 27, 2023	March 1, 2023
After 6 p.m. on February 27, 2022 through 6 p.m. on March 30, 2023	April 1, 2023
After 6 p.m. on March 30, 2023 through 6 p.m. March 31, 2023	May 1, 2023

Members **can change their health or dental plan** by visiting the Healthy Louisiana website (myplan.healthy.la.gov); using the Healthy Louisiana mobile app; calling 1-855-229-6848; or completing the paper enrollment form that is mailed to members and following the directions on the form to return it.

For more details on each health plan, visit <https://www.myplan.healthy.la.gov/en/compare-plans>. Watch for additional member updates at www.healthy.la.gov.



MEDICAID MEMBERS DON'T RISK LOSING YOUR HEALTH COVERAGE.

Keep your address and phone number up to date.
You can do this:

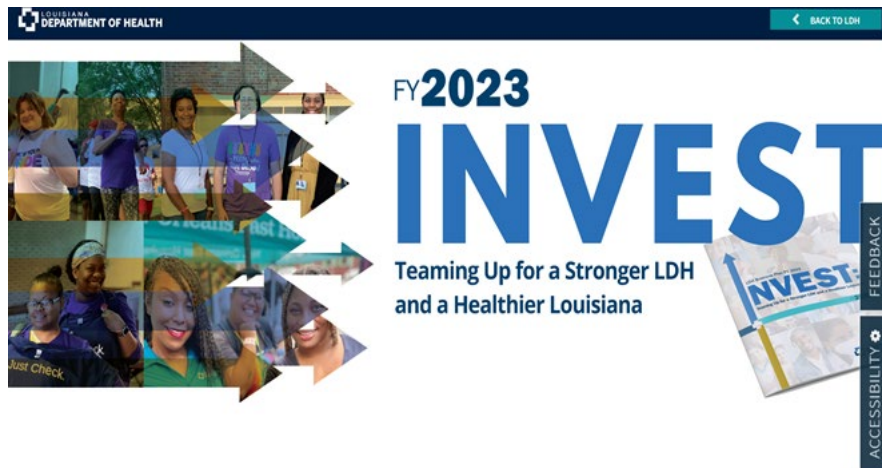


- Online at mymedicaid.la.gov
- By email at mymedicaid@la.gov
- By calling your health plan
(the number is on your insurance card)
- Or by calling Louisiana Medicaid
toll-free at 1-888-342-6207



Don't miss important updates about your health insurance. If you do get a letter in the mail, follow the instructions and respond to Medicaid.





Invest: Teaming Up for a Stronger LDH and a Healthier Louisiana is the Louisiana Department of Health’s business plan for state fiscal year (FY) 2023 (July 1, 2022-June 30, 2023). This plan builds on progress made under the FY 2022 business plan, which was reported in the [Outcomes Report](#) released with the 2023 business plan. In addition to deepening and learning from our efforts over the past year, LDH has set a new course for 2023 with ambitious initiatives and goals that will deliver results for Louisianans.

A crucial lesson from the last business plan was that our work has an exponential impact when we collaborate on the same goals with partners, stakeholders, and community leaders. Partnership is a core theme in our FY23 business plan, which focuses on shared goals, efforts, and investments to measurably improve the health of Louisiana residents.

LDH has five major categories in which we are committed to making measurable improvements:

- ✦ Improve health and well-being across the lifespan of Louisianans
- ✦ Support vulnerable and underserved populations
- ✦ Invest in and empower #TeamLDH
- ✦ Improve performance, accountability, and compliance
- ✦ Strengthen customer service, partnerships, and community relations

The health of our state is dependent upon a strong, diverse healthcare workforce. In addition to addressing Louisiana’s workforce, we will focus on strengthening the work and success in the areas of maternal and child health, behavioral health, and chronic disease, as well as improving internal LDH culture, transparency of operations, and compliance with applicable standards.

This business plan — comprising 18 initiatives, 45 goals, and 253 deliverables — includes timelines and milestones as both measures of progress and a means to increase accountability to the residents of Louisiana, our stakeholders, and LDH.

We look forward to releasing our FY23 outcomes report as well as our FY24 business plan in the first quarter of FY24, which will detail our successes and identify opportunities for further improvements as we invest in a stronger, healthier Louisiana.

[READ OUR FY 2022 BUSINESS PLAN OUTCOMES REPORT HERE](#)

[BUSINESS PLAN NEWS](#)

BUSINESS PLAN RESOURCES

- [Business Plan 2023](#)
- [Business Plan 2023 Fact Sheet](#)
- [FY 2022 Business Plan Outcomes Report](#)

Suggestions or feedback about the LDH Business Plan? Email us at LDHBusinessPlan@la.gov

2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain: What's New? What's Changed?

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

The [2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain](#) provides recommendations for clinicians providing pain care, including those prescribing opioids for outpatients aged ≥ 18 years. It updates the *2016 CDC Guideline for Prescribing Opioids for Chronic Pain* and includes recommendations for managing acute, subacute, and chronic pain. The guideline addresses the following four areas: 1) determining whether or not to initiate opioids for pain, 2) selecting opioids and determining opioid dosages, 3) deciding duration of initial opioid prescription and conducting follow-up, and 4) assessing risk and addressing potential harms of opioid use.

Clinicians should use the *2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain* recommendations to work with patients to assess the benefits and risks of initiating or continuing opioid therapy for pain management. The guideline provides recommendations to clinicians providing pain care, including those prescribing opioids, for outpatients 18 years or older, to equip them with the information they need to discuss pain care options with their patients and to work with patients to help them achieve their personal goals for pain care, function, and quality of life. More specifically, its purpose is to help clinicians:

- Improve communication between clinicians and patients about the benefits and risks of pain treatments, including opioid therapy for pain.
- Improve the safety and effectiveness of pain treatment.
- Mitigate pain.
- Improve function and quality of life for patients with pain.
- Reduce the risks associated with opioid pain therapy (including opioid use disorder, overdose, and death).

The recommendations **exclude** pain management related to sickle cell disease, cancer-related pain treatment, palliative care, and end-of-life care.

What's new in the updated guidelines?

The [2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain](#) (2022 Clinical Practice Guideline) includes information that updates and replaces the *2016 CDC Guideline for Prescribing Opioids for Chronic Pain*, such as:

- Guiding principles for implementing recommendations.
- New data to expand content on prescription opioids for acute pain.
- New guidance on subacute pain.
- Health equity and disparities in the treatment of pain.

Five Guiding Principles for Implementing Recommendations

These five guiding principles are intended to inform the implementation of the [2022 Clinical Practice Guideline](#) recommendations:

- 1) Acute, subacute, and chronic pain needs to be appropriately assessed and treated independent of whether opioids are part of a treatment regimen.
- 2) Recommendations are voluntary and are intended to support, not supplant, individualized, person-centered care. Flexibility to meet the care needs and the clinical circumstances of a specific patient is paramount.
- 3) A multimodal and multidisciplinary approach to pain management attending to the physical health, behavioral health, long-term services and supports, and expected health outcomes and well-being of each person is critical.

- 4) Special attention should be given to avoid misapplying this clinical practice guideline beyond its intended use or implementing policies purportedly derived from it that might lead to unintended and potentially harmful consequences for patients.
- 5) Clinicians, practices, health systems, and payers should vigilantly attend to health inequities; provide culturally and linguistically appropriate communication, including communication that is accessible to persons with disabilities; and ensure access to an appropriate, affordable, diversified, coordinated, and effective nonpharmacologic and pharmacologic pain management regimen for all persons.

Acute Pain

The [2022 Clinical Practice Guideline](#) leverages new data to include recommendations on prescription opioids for acute pain (duration less than 1 month). Nonopioid therapies are at least as effective as opioids for many common types of acute pain, including but not limited to low back pain, neck pain, pain related to other musculoskeletal injuries (such as sprains, strains, tendonitis, bursitis), and pain related to minor surgeries. Clinicians should ensure that patients are aware of expected benefits of, common risks of, serious risks of, and alternatives to opioids before starting or continuing opioid therapy and should involve patients meaningfully in decisions about whether to start opioid therapy.

There is an important role for opioid therapy for acute pain related to severe traumatic injuries (including crush injuries and burns), invasive surgeries typically associated with moderate to severe postoperative pain, and other severe acute pain when non-steroidal anti-inflammatory drugs (NSAIDs) and other therapies are contraindicated or likely to be ineffective.

Subacute Pain

The [2022 Clinical Practice Guideline](#) includes content on management of subacute pain. This refers to pain that lasts between 1-3 months, or pain that occurs in between what is typically considered acute and chronic. Critical opportunities to reassess a patient's prescriptions during the subacute time frame are highlighted within the 2022 Clinical Practice Guideline to ensure that opioid prescribing for acute pain does not unintentionally become long-term opioid therapy.

For patients with subacute pain who started opioid therapy for acute pain and have been treated with opioid therapy for 30 days or longer, clinicians should ensure that potentially reversible causes of chronic pain are addressed.

Health Equity and Disparities in the Treatment of Pain

The [2022 Clinical Practice Guideline](#) describes evidence about long-standing health disparities that exist in the treatment of pain, such as geographic disparities and disparities in treatment due to access and affordability. It also highlights the importance of attention to health inequities related to race and ethnicity, as a guiding principle for implementation.

What's changed in the updated guidelines?

Clinical Audience

The 2022 Clinical Practice Guideline broadens the scope from primary care physicians to include additional clinicians whose practice areas include prescribing opioids in outpatient settings (upon discharge from hospital, emergency departments, and other facilities) for patients 18 years or older. Some of these additional clinicians include family physicians, nurse practitioners, dentists, emergency department clinicians, surgeons, and gynecologists.

The 2022 Clinical Practice Guideline refers to and promotes integrated pain management and collaborative working relationships among clinicians, including, for example, behavioral health specialists such as social workers or psychologists, pharmacists, and registered nurses.

Initial and Ongoing Opioid Therapy

The guidance aims to clearly delineate recommendations that apply to patients who are being considered for initial treatment with prescription opioids or already receiving opioids as part of their ongoing pain management.

Opioid Tapering

The benefits and the risks of opioid therapy change over time and should be re-evaluated periodically. Recommendation #5 in the 2022 Clinical Practice Guideline outlines situations when clinicians should consider tapering to a reduced opioid dosage or tapering and discontinuing opioid therapy and that these approaches should be discussed with patients prior to initiating changes. Recommendation #5 also includes revised and expanded guidance on the following key topics to support opioid tapering when indicated:

- Determining whether, when, and how to taper opioids
- Providing advice to patients prior to tapering
- Pain management during tapering
- Behavioral health support during tapering
- Tapering rate
- Management of opioid withdrawal during tapering
- Challenges to tapering
- Continuing high-dosage opioids

Considerations for Opioid Dosages

Opioid dosage guidance was updated regarding:

- Suggestions for the lowest starting dose for opioid-naïve patients.
- Morphine milligram equivalent doses for commonly prescribed opioids.
- The approach to potential dosage increases, emphasizing principles of safe and effective pain treatment that allow for individual circumstances and flexibility in care.

The recommendations related to opioid dosages are not intended to be used as an inflexible, rigid standard of care; rather, they are intended to be guideposts to help inform clinician-patient decision-making.

Guidance on opioid pain medication dosage thresholds was updated in the 2022 Clinical Practice Guideline. Recommendation #4 states that if opioids are continued for subacute or chronic pain, clinicians should:

- Use caution when prescribing opioids at any dosage.
- Carefully evaluate individual benefits and risks when considering increasing dosage.
- Avoid increasing dosage above levels likely to yield diminishing returns in benefits relative to risks to patients.

These recommendations apply specifically to starting opioids or to increasing opioid dosages, and a different set of benefits and risks applies to reducing opioid dosage. Specific considerations to inform clinical decision-making and individualized patient care can be found in the supporting text of the recommendations.

Nonopioid Therapies

All patients with pain should receive treatment that provides the greatest benefits relative to risks. This includes consideration of nonopioid therapies. The [2022 CDC Clinical Practice Guideline](#) has expanded guidance on nonopioid options for pain such as topical or oral non-steroidal anti-inflammatory drugs, ice, heat, elevation, and rest.

All patients should receive safe and effective pain treatment options. The CDC recommends that persons with pain receive appropriate pain treatment, with careful consideration of the benefits and risks of all treatment options in the context of the patient's circumstances. The 2022 CDC Clinical Practice Guideline was developed as voluntary guidance for clinicians for informed decision-making, and should not be applied as inflexible standards of care across patient populations. For more information, visit the [CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022 | MMWR](#).

Reference: [CDC Clinical Practice Guideline for Prescribing Opioids for Pain](#)

Fee for Service Electronic Drug Prior Authorization (E-PA)	
<p>The Louisiana Medicaid Fee for Service (FFS) Pharmacy Program implemented an electronic drug prior authorization (E-PA) application on October 19, 2022. Louisiana Medicaid providers are able to log into their account at Louisiana Medicaid (lamedicaid.com) and submit electronic drug prior authorization (PA) requests for Fee for Service (FFS) recipients. With the addition of the electronic drug prior authorization application, FFS prior authorization requests can now be submitted via the E-PA program, fax, phone or mail. The four mechanisms to submit a PA request are listed below.</p>	
Route	Submit To:
Electronic Prior Authorization (E-PA)	Louisiana Medicaid Provider Login (lamedicaid.com)
Phone	1-866-730-4357
Fax	1-866-797-2329
Mail	ULM College of Pharmacy – RxPA Program 1800 Bienville Drive Monroe, LA 71201-3765
Refer to the Preferred Drug List (la.gov) for more information regarding drugs requiring prior authorization.	

Health Observance Calendar

December Health Observances 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Month						
Colorectal Cancer Education and Awareness Month International AIDS Awareness Month National Drunk and Drugged Driving Prevention Month Safe Toys and Gifts Month Seasonal Depression Awareness Month Give the Gift of Sight Month			Tie One on for Safety Campaign Universal Human Rights Month World AIDS Month Worldwide Food Service Safety Month Take a New Year's Resolution to Stop Smoking (TANYRSS) - December 17 - February 5			
27	28	29	30	1 World AIDS Day	2	3 International Day of Persons with Disabilities
National Hand Washing Awareness Week National Influenza Vaccination Week National Older Driver Safety Awareness Week						
4	5 International Volunteers Day - (United Nations Volunteers)	6	7	8	9	10 Human Rights Day - (United Nations Human Rights)
11	12 National 12 Hour Fresh Breath Day Green Monday	13	14	15	16	17 National Ugly Christmas Sweater Day
18 Hanukkah starts	19	20	21 Winter Solstice	22	23	24
25 Christmas Day	26 Boxing Day Hanukkah ends Kwanzaa starts	27	28	29	30	31 New Year's Eve

Influenza Vaccines: 2022-2023 Updates and Resources

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

Centers for Disease Control and Prevention (CDC) Influenza Season 2022–2023 Vaccine Recommendations

Annual flu vaccination is recommended for everyone 6 months and older, with few exceptions as has been the case since 2010. New this season, however, is a preferential recommendation for the use of higher dose and adjuvanted flu vaccines in people 65 and older over standard dose, unadjuvanted flu vaccines.

Differences in the 2022-2023 Influenza Season

- The composition of flu vaccines has been updated.
- For the 2022-2023 flu season, there are three flu vaccines that are preferentially recommended for people 65 years and older. These are *Fluzone High-Dose Quadrivalent* vaccine, *Flublok Quadrivalent* recombinant flu vaccine and *Fluad Quadrivalent* adjuvanted flu vaccine.
- The recommended timing of vaccination is similar to last season.
 - For most people who need only one dose for the season, September and October are generally good times to get vaccinated. Vaccination in July and August is not recommended for most adults but can be considered for some groups. While ideally it’s recommended to get vaccinated by the end of October, it’s important to know that vaccination after October can still provide protection during the peak of flu season.
 - Adults, especially those 65 years and older, should generally not get vaccinated early (in July or August) because protection may decrease over time, but early vaccination can be considered for any person who is unable to return at a later time to be vaccinated.
 - Some children need two doses of flu vaccine. For those children it is recommended to get the first dose as soon as the vaccine is available, because the second dose needs to be given at least four weeks after the first. Vaccination during July and August also can be considered for children who need only one dose. However, getting vaccinated later can still be protective, as long as flu viruses are spreading—even into January or later.
 - Early vaccination can also be considered for people who are in the third trimester of pregnancy, because this can help protect their infants during the first months of life (when they are too young to be vaccinated).
- The age indication for the cell culture-based inactivated flu vaccine, *Flucelvax Quadrivalent (ccIV4)*, changed from 2 years and older to 6 months and older.
- Pre-filled *Afluria Quadrivalent* flu shots for children are not expected to be available this season. However, children can receive this vaccine from a multidose vial at the recommended dose.

Available Influenza Vaccines

- All influenza vaccines expected to be available this season are quadrivalent (4-component) vaccines, designed to protect against four different influenza viruses, including two influenza A viruses and two influenza B viruses.
- There are many different influenza vaccine options with varying indications, including egg-free and thimerosal-free influenza vaccines, high dose and adjuvanted vaccines for older patients, and a nasal spray vaccine.

Available Influenza Vaccines, cont.	
<u>Standard-dose Quadrivalent (Flu Shot)</u>	<ul style="list-style-type: none"> • Approved for people 6 months of age and older • Usually given in an arm muscle with a needle, although one can also be given with a jet injector (only for people 18 through 64 years old)
Live Attenuated Influenza Vaccine (Nasal Spray Vaccine)	<ul style="list-style-type: none"> • Approved for people between 2 and 49 years old • Not recommended for pregnant people, immunocompromised people, or people with certain medical conditions • Good option for healthy people in this age group who are not pregnant and who do not like needles
Recombinant	<ul style="list-style-type: none"> • Approved for adults 18 years and older • Produced using a method that does not require an egg-grown virus • Egg-free
Adjuvanted	<ul style="list-style-type: none"> • Made with an ingredient that helps create a stronger immune response • Approved for adults 65 years and older
High-Dose	<ul style="list-style-type: none"> • Contains four times the amount of antigen as a regular flu shot to create a stronger immune response • Approved for adults 65 years and older
Cell-Based	<ul style="list-style-type: none"> • Produced by growing virus in cultured cells of mammalian origin instead of in eggs • Egg-free • Approved for people 6 months and older

CDC Health Care Professionals *Fight Flu* Toolkit

Whether you are a primary care physician, nurse, pharmacist, or other health care professional (HCP), you play a significant role in helping protect your patients against influenza. The best available protection is annual influenza vaccination for all patients ages 6 months and older. Your strong influenza vaccine recommendation is one of the most important factors in patients accepting the vaccine.

The CDC provides tools to prepare your practice to fight flu. The materials will:

- Equip you to make strong influenza vaccine recommendations
- Facilitate productive conversations with your patients
- Improve your influenza vaccination rates

The [CDC Health Care Professional \(HCP\) Fight Flu Toolkit](#) provides information on the timing and types of influenza vaccinations as well as methods to provide a strong influenza vaccine recommendation to parents, adults ages 50-64, adults ages 65+, and the general public.

As a health care professional, your strong recommendation is a critical factor in whether your patients get an influenza vaccine. Most adults believe vaccines are important, but they need a reminder from you to get vaccinated. After making your recommendation, follow up with each patient during subsequent appointments to ensure the patient received an influenza vaccine. If the patient still is unvaccinated, repeat the recommendation and try to identify and address any questions or concerns.

Make a Strong Influenza Vaccine Recommendation (SHARE)

It is important for all patients to receive a strong recommendation for vaccination from their provider. CDC suggests using the SHARE method to make a strong vaccine recommendation and provide important information to help patients make informed decisions about vaccinations:



SHARE the reasons why an influenza vaccine is right for the patient given his or her age, health status, lifestyle, occupation, or other risk factors.

HIGHLIGHT positive experiences with influenza vaccines (personal or in your practice), as appropriate, to reinforce the benefits and strengthen confidence in influenza vaccination.

ADDRESS patient questions and any concerns about influenza vaccines, including side effects, safety, and vaccine effectiveness in plain and understandable language. Acknowledge that while people who get an influenza vaccine may still get sick, there are studies that show that illness may be less severe.

REMIND patients that influenza vaccines help protect them and their loved ones from serious influenza illness and complications that can result in hospitalization or even death for some people.

EXPLAIN the potential costs of getting influenza, including potential serious health effects for the patient, time lost (such as missing work or family obligations), financial costs, and potentially spreading influenza to more vulnerable family or friends.

Share this [CDC Flu Vaccine: Get the Facts](#) informational handout with your patients who want additional information, have questions, or decline influenza vaccination at first recommendation. This resource will provide context to the efficacy of the influenza vaccine and highlight its safety.

Help parents understand the risks of flu and what they can do to protect their children by sharing the CDC flyer: [The Flu: A Guide for Parents](#). This educational resource provides clear answers to common questions about flu symptoms, flu vaccine safety, and flu treatment.

Additional CDC Resources for Providers

[Seasonal Influenza Vaccination Resources for Health Professionals](#)

[Summary of Recommendations for the 2022- 2023 Influenza Season](#)

[Table: Influenza vaccines — United States, 2022–23 influenza season](#)

[Flu Vaccine Appointment Reminder Template](#)

[Pharmacist Flu Talking Points 2022](#)

Additional CDC Resources for Patients

[Influenza Preventive Steps](#)

[What to Do if Your Child Gets the Flu](#)

[Pregnant Women Need a Flu Shot](#)

[For Patients over the Age of 65](#)

Reference: [Influenza \(Flu\) | CDC](#)

COVID-19 Vaccine Incentive Program – Boosters Update



Updated: November 16, 2022

In April, Louisiana Medicaid implemented the “Shot per 100,000” COVID vaccine incentive program as part of ongoing efforts to increase COVID vaccination rates in the state of Louisiana. To continue this effort, Medicaid has expanded the program to include booster shots.

This program is available to the following Medicaid members:

- Age 5 and older who were vaccinated with their first or second dose of the COVID-19 vaccine on or after April 5, 2022.
- Age 6 months to age 4 who were vaccinated with their first or second dose of the COVID-19 vaccine on or after July 5, 2022.
- Age 6 months and older who received a vaccine booster dose on or after October 1, 2022.

Members are eligible for only one gift card for the first or second dose of the vaccine and only one gift card for receiving a booster shot.

Members can choose any vaccine administration location to receive their shot. Each Medicaid managed care organization (MCO) will handle distribution of the gift cards.

Please post or share the attached flyer with the Medicaid members you serve. Information is also available at the web site at www.ldh.la.gov/vaccinegiftcard.

COVID-19 Testing and Treatment Coverage

For all Medicaid members, testing is covered with no copay. In addition, clinic visits, emergency department visits, and hospitalizations related to COVID-19 testing and treatment are covered without copays.

Medicaid covers all COVID-19 treatments for which the FDA has issued an Emergency Use Authorization (EUA). Treatment coverage is provided with no cost sharing for Medicaid beneficiaries.

The relevant procedure codes for treatments and treatment administration are listed on the “COVID-19 Vaccine/Treatment Fee Schedule” which will be updated as new information becomes available. See IB 21-11 for Reimbursement Updates – 2021. Coverage is provided according to the clinical criteria listed in the EUA and is effective on the date listed on the fee schedule. Reimbursement is available for COVID-19 treatments administered in the member’s home or residence according to the fee schedule. MCOs have been instructed to recycle claims and notify impacted providers as needed when the fee schedule is updated.

Currently, many treatment medications are provided at no cost to providers by the federal government and therefore those medication codes shall be reimbursed at \$0. Treatment medications purchased from the commercial marketplace may be reimbursed if appended with the appropriate modifier, as listed in the COVID-19 Vaccine and Treatment Fee Schedule. Reimbursement is made for treatment administration when performed appropriately, defined as:

1. The beneficiary meets the age requirement on the date of service
2. The medication code matches the administration code

This policy will be updated as needed for changes in medication availability and eligibility criteria. Abuse or overuse is subject to review and recoupment.

Medicaid Coverage for COVID-19 Testing for Uninsured Patients

Per the Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Security Act, Louisiana Medicaid provides coverage to include COVID-19 testing for uninsured individuals for the duration of the federally declared public health emergency. Coverage is limited to COVID-19 testing and related office visits for uninsured Louisiana residents. No treatment costs are covered under this program.

The benefit is provided through Medicaid fee-for-service and not through the managed care program or a managed care organization. Providers must be a Medicaid enrolled provider and must be enrolled before services are provided. Providers not enrolled as a Medicaid provider with Gainwell Technologies will need to complete a [temporary emergency application](#) with Medicaid’s fiscal intermediary, Gainwell Technologies, to be paid for testing and testing related services for the uninsured. Providers will be required to self-attest on the uninsured individual’s application to Medicaid that they are not also [billing the Department of Health and Human Services \(HHS\) or the Health Resources and Services Administration \(HRSA\)](#) for the same services. You also may not bill on any contract with the Louisiana Department of Health to provide COVID-19 testing for these patients. If Medicaid identifies other third party coverage is available (e.g., Medicare, private insurance), Medicaid will not cover the services.

For additional guidance, visit [Medicaid's provider web page for COVID-19 testing coverage for uninsured individuals](#). The site contains billing information, a [detailed provider guide](#), frequently asked questions for providers, and the [simplified application](#) patients can fill out to determine if they are eligible for coverage.



Remittance Advice Corner

Attention Louisiana Medicaid Providers:

It has been determined that certain paid FFS pharmacy claims (Flu vaccinations and Prevnar 20) in 2021-2022 were incorrectly reimbursed by Louisiana Medicaid. Therefore Manual Adjustments are being processed and will appear on the 5/10 RA. The ICN range is 2121288000001 thru 2121288000140.

2022 HCPCS and Physician-Administered Drug Reimbursement Updates

The Louisiana Medicaid fee-for-service (FFS) professional services files have been updated to reflect the new and deleted Healthcare Common Procedure Coding System (HCPCS) codes effective for dates of service beginning on January 1, 2022. Providers will begin to see these changes on the remittance advice of April 19, 2022. Claims that have been denied due to use of the new 2022 codes prior to their addition to the claims processing system will be systematically recycled with no action required by providers.

Effective for dates of service beginning on January 1, 2022, Louisiana Medicaid updated the reimbursement rates on the FFS file for physician-administered drugs and payable vaccines for professional services. Claims previously submitted for these drugs or vaccines with dates of service on or after January 1, 2022 will be systematically adjusted to ensure proper payment. No action is required by the provider.

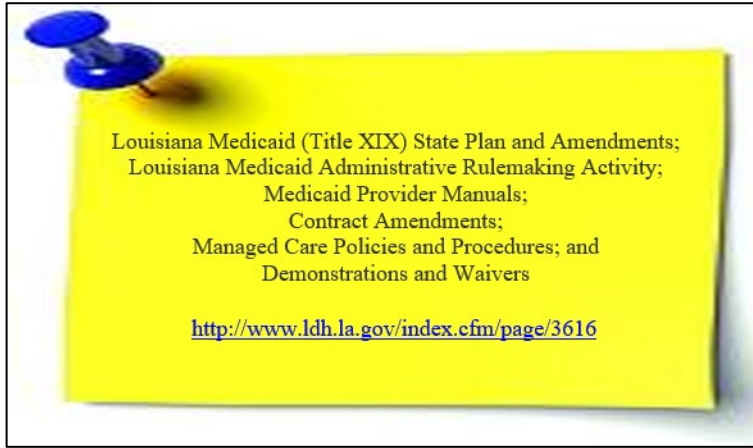
For questions related to this information as it pertains to fee-for-service Medicaid claims processing, please contact Gainwell Technologies Provider Services at (800) 473-2783 or (225) 924-5040.

Questions regarding managed care claims should be directed to the appropriate managed care organization.

Medicaid Public Notice and Comment Procedure

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

In compliance with R.S. 46:460.51(15), 460.53, and 460.54, this procedure provides for a defined term, a public notice requirement, implementation of a policy for the adoption of policies and procedures, and for related matters. Public Comments for the listed policies and procedures can be left at the link below.



Manual Chapter Revision Log

Manual Chapter	Section(s)	Date of Revision(s)
Personal Care Services	<ul style="list-style-type: none"> • Section 30.13 – EPSDT – PCS Overview • Section 30.14 – EPSDT - PCS Covered Services • Section 30.15 – EPSDT - PCS Beneficiary Criteria • Section 30.16 – EPSDT – PCS Rights and Responsibilities • Section 30.17 – EPSDT- PCS Prior Authorization • Section 30.18 – EPSDT - PCS Provider Requirements • Section 30.19 – EPSDT – PCS Service Delivery • Section 30.20 – EPSDT – PCS Record Keeping • Section 30.21 - EPSDT – PCS Reimbursement • Appendix H – EPSDT – PCS - Contact Information 	11/01/22
Vision (Eyewear)	Section 46.1 Covered Services	11/01/22
Pediatric Day Health Care (PDHC)	<ul style="list-style-type: none"> • Section 45.3 – Provider Requirements Section 45.4 – Staffing Requirements	11/14/22
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)	Section 26.11 Rate Determination	11/27/22

Louisiana Medicaid Authorities

The Bureau of Health Services Financing (BHSF) methodology for covering services to beneficiaries. Louisiana Medicaid continuously revises and updates existing policies and creates new policies when required.

In November 2022, Louisiana Medicaid the following activity was conducted concerning the Medicaid State Plan and administrative rulemaking:

Approved State Plan Amendment			
LA SPA TN 22-0017	American Rescue Plan Act	Demonstrates compliance with the American Rescue Plan Act provisions that require states to cover COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) definitions of diagnostic and screening testing for COVID-19	11/2/22
LA SPA TN 22-0023	Home Health DME-Enteral Formula Reimbursement	Amends the provisions governing reimbursement for durable medical equipment in the Home Health Program in order to revise the methodology used to set the rates for enteral formulas and allow reimbursement under the standard procedure codes	11/4/22
LA SPA TN 22-0026	Behavioral Health Services	Amends the provisions governing behavioral health rehabilitation services in order to update Community Psychiatric Support and Treatment (CPST) and Psychosocial Rehabilitation (PSR) services	11/10/22
LA SPA TN 22-0027	Outpatient Hospital Services Reimbursement Methodology	Amends the provisions governing outpatient hospitals in order to update reimbursement to out-of-state hospitals for consistency with in-state rates	11/4/22
Rulemaking Activity			
Notices of Intent			
Early and Periodic Screening, Diagnosis and Treatment – Personal Care Services – Personal Care Workers Wage Enhancement		Amends the provisions governing reimbursement for personal care services (PCS) provided to beneficiaries in the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program in order to remove outdated language regarding a wage enhancement that is not applicable to the current EPSDT-PCS program.	
Health Care Facility Sanctions		Amends the provisions governing health care facility sanctions in order to establish duties and requirements addressing workplace violence and to add and update definitions in compliance with Act 461 of the 2022 Regular Session of the Louisiana Legislature.	
Healthcare Services Provider Fees – Hospital Fee Assessments		Continues the provisions of the September 21, 2022 Emergency Rule which amended the provisions governing healthcare services provider fees in order to revise the assessment methodology for hospital services providers in compliance with article VII, section 10.13 of the Constitution of Louisiana.	
Inpatient Hospital Services – Urban Metropolitan Statistical Area Facility–New Orleans Area		Continues the provisions of the October 5, 2022 Emergency Rule which established criteria for an acute care hospital to qualify as an urban metropolitan statistical area facility-New Orleans area and the reimbursement methodology for the provision of inpatient services.	

Managed Care for Physical and Behavioral Health – Hospital Directed Payments	Continues the provisions of the September 21, 2022 Emergency Rule which adopted provisions governing directed payments to qualifying hospitals that participated in the Healthy Louisiana Program and contract with the Medicaid managed care organizations (MCOs) to provide inpatient and outpatient services to MCO employees.
Outpatient Hospital Services – Urban Metropolitan Statistical Area Facility–New Orleans Area	Continues the provisions of the October 5, 2022 Emergency Rule which established criteria for an acute care hospital to qualify as an urban metropolitan statistical area facility-New Orleans area and the reimbursement methodology for the provision of outpatient services.
Final Rule	
Applied Behavior Analysis-Based Therapy Services - Place of Services Limitations	Continues the provisions of the July 15, 2022 Emergency Rule which amended the provisions governing applied behavior analysis-based (ABA) therapy services in order to remove non-conventional place of service limitations to ensure ABA services can be delivered in a community setting.
Behavioral Health Service Providers – Licensing Standards	Amends the provisions governing the licensing of behavioral health service (BHS) providers regarding employment of peer support specialists, geographic service locations, specialized behavioral health rehabilitation services and establishes requirements for the treatment of opioid use disorder in pregnant women by licensed BHS providers, in compliance with Acts 151, 344, 390, 503 and 309 of the 2022 Regular Session of the Louisiana Legislature.
Inpatient Hospital Services – Urban Metropolitan Statistical Area Facility	Continues the provisions of the July 1, 2022 Emergency Rule which established the criteria for an acute care hospital to qualify as an urban metropolitan statistical area facility and the reimbursement methodology for the provision of inpatient services.
Outpatient Hospital Services – Urban Metropolitan Statistical Area Facility	Continues the provisions of the July 1, 2022 Emergency Rule which established the criteria for an acute care hospital to qualify as an urban metropolitan statistical area facility and the reimbursement methodology for the provision of outpatient services.

Additional information about Louisiana Medicaid State Plan amendments and Rules is available at [Medicaid Policy Gateway | La Dept. of Health](#)



Please see below a list of useful links:

- Louisiana Medicaid Informational Bulletins – <https://ldh.la.gov/page/1198>
- Subscribe to Informational Bulletin Updates by Email - <https://ldh.la.gov/index.cfm/communication/signup/3>
- Pharmacy Facts Newsletter– <https://ldh.la.gov/page/3036>
- Louisiana Medicaid COVID-19 Provider Guidance - <https://ldh.la.gov/page/3872>

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](#)

Point of Sale Help Desk

1-800-648-0790

(225) 216-6381

MMIS Claims Processing Resolution Unit

(225) 342-3855

[MMIS Claims Reimbursement](#)

MMIS/Recipient Retroactive Reimbursement

(225) 342-1739

1-866-640-3905

[MMIS Claims Reimbursement](#)

Medicare Savings

1-888-544-7996

[Medicare Provider Website](#)

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](#)