

Welcome

Welcome to the **Louisiana Medicaid Provider Update** newsletter.

We hope this newsletter provides you with important and beneficial information about the Louisiana Medicaid program.

Both leaves and temperatures have fallen bringing winter and a new year fast on their heels. A sincere thank you to each and every one of you for being a LA Medicaid provider and serving Medicaid beneficiaries.

Meet MARC: Louisiana Medicaid's New Virtual Assistant

Medicaid Automated Response ChatBot (MARC) Launch

Have questions about Medicaid, **MARC** is here to help! Louisiana Medicaid has launched a virtual assistant named **MARC**, short for Medicaid Automated Response Chatbot, on its web pages as a fast, convenient way to answer frequently asked questions from the public. Users can type in Medicaid-related questions or choose from a list of topics and responses related to their questions. Users can choose to interact with **MARC** in English, Spanish, or Vietnamese. **MARC** is available 24 hours a day, seven days a week on Medicaid.la.gov, Healthy.la.gov, and the Medicaid's provider and plan resources site. If **MARC** is unable to answer a question, it

will offer the user other resources, including contacting Medicaid's customer service hotline at 1-888-342-6207. **MARC** was a collaborative effort among the Louisiana Department of Health, Google, and Quantiphi.

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Extended Post-Partum Coverage



[One in three pregnancy-related deaths occur](#) between six weeks and one year after childbirth. The postpartum period is critical for recovering from childbirth, addressing complications of delivery, ensuring mental health, managing infant care, and transitioning from obstetric to primary care.



Louisiana was the **first** state to be approved for the extended postpartum coverage to 12 months for pregnant adults covered in Medicaid and for children under age 19 who become pregnant while enrolled in the state’s separate CHIP program. In both amendments, Louisiana affirmed to provide full-benefit, continuous eligibility to pregnant people who were eligible and enrolled while pregnant—including during periods of retroactive eligibility—through the last day of their 12-month postpartum period.

This means that people will remain eligible for coverage even if they have a change in circumstances, such as an income fluctuation or household size change, during the postpartum period, and they will not need to renew their coverage until their coverage period ends as specified in accordance with Section 9812 of the American Rescue Plan Act of 2021.

New Single PBM and DME PDL

Single Pharmacy Benefits Manager (SPBM) for all Louisiana Medicaid Recipients in Managed Care & Single Preferred Drug List (PDL) Now Includes a PDL for Diabetic Supplies

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Good News – Louisiana now has a Single Pharmacy Benefits Manager (SPBM) for all managed care organization (MCO) Louisiana Medicaid recipients!

Effective October 28, 2023, all Louisiana Medicaid recipients enrolled in an MCO (Aetna, AmeriHealth Caritas LA, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, or UnitedHealthcare) have the same PBM.*

Not only are prescribers using one Pharmacy Preferred Drug List for all Louisiana Medicaid recipients, but now prescribers can request pharmacy prior authorizations for members of all six LA Medicaid MCOs through Magellan Medicaid Administration.

Requests for pharmacy prior authorizations:
Magellan Medicaid Administration / Pharmacy Prior Authorization Department
Phone: 1-800-424-1664
Fax: 1-800-424-7402

Requests for medication prior authorizations through the MCO medical benefit:

Health Plan	Medical Benefit Contact Information	
Aetna Better Health of Louisiana – Medical Benefit	Phone: 1-855-242-0802	Fax: 1-844-227-9205
	TTY: 1-855-242-0802, 711	
AmeriHealth Caritas Louisiana	Phone: 1-800-684-5502	Fax: 1-855-452-9131
	http://www.amerihealthcaritasla.com/pharmacy/priorauth.aspx	

*Some Medicaid recipients have their Behavioral Health coverage provided through an MCO, but their pharmacy benefits are provided through Fee for Service (FFS) Medicaid. [MEMO](#)

Healthy Blue Community Care Health Plan of Louisiana – Medical Injectables	Phone: 1-844-521-6942	Fax: 1-844-487-9291
	CenterX®: Submit through EPIC EMR	
Humana Healthy Horizons – Professionally Administered Drugs	Phone: 1-866-461-7273	Fax: 1-844-447-3430
	Availity.com (registration required)	
	Request Form at Humana.com/medPA	
Louisiana Healthcare Connections – Physician Administered Medication (Buy and Bill)	Phone: 1-866-595-8133	Fax: 1-866-925-3006
UnitedHealthcare Community Plan – Medical Benefit	Phone: 1-888-397-8129	Fax: 1-877-271-6290
	http://www.uhcprovider.com/	

On October 28, 2023, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs) updated reimbursement for diabetic supplies as an outpatient pharmacy benefit. **Effective December 1, 2023, the diabetic supplies listed on the Diabetic Supplies PDL will be limited to pharmacy claims only and will no longer be reimbursed as Durable Medical Equipment (DME) benefits.** The diabetic supply PDL is linked on the first page of the Louisiana Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL).

- This PDL/NPDL applies only to medications dispensed in the outpatient retail pharmacy setting.
- Requests for overrides to use a medication outside of established limits, such as diagnosis or quantity limits, can be made according to the: [Medically Necessary Policy](#)
- Any statement highlighted and underlined in blue is a hyperlink to more information.

DIABETIC SUPPLY LIST Effective 10/28/2023	Pharmacy Prior Authorization Information Phone Numbers for MCOs and FFS
Click this Link for Diabetic Supplies Preferred Drug List	MCOs: <i>Aetna Better Health of Louisiana, AmeriHealth Caritas Louisiana, Healthy Blue, Humana, LA Healthcare Connections, United Healthcare</i> : contact Magellan Medication Administration 1-800-424-1664 Fee-for-Service (FFS) Louisiana Legacy Medicaid 1-866-730-4357

Diabetic supplies reimbursement moved to the pharmacy program in accordance with La. R.S. 46:450.8.

Effective with dates of service on or after December 1, 2023, the following diabetic supplies will be reimbursed as a **pharmacy benefit only**. Durable Medical Equipment (DME) claims will deny.

- Blood Glucose Meters
- Blood Glucose Test Strips
- Continuous Glucose Meters/Transmitters/Sensors
- External Insulin Pumps
- Blood Glucose Meter Control Solution
- Ketone Test Strips
- Lancets/Lancing Devices
- Pen Needles
- Reusable Insulin Pens
- Insulin Syringes

Diabetic Supplies That Have Point-of-Sale (POS) Requirement(s)

Since November 1, 2020, a diagnosis code has been required on pharmacy claims for blood glucose test strips and lancets. Quantity limits apply to blood glucose test strips and lancets based on the diagnosis code submitted on the pharmacy claim.

The quantity limit is 200 (or 204 depending on package size) blood glucose test strips and/or lancets for recipients with diabetes who use insulin, recipients with gestational diabetes, and recipients with diabetes who are pregnant. The quantity limit is 100 (or 102 depending on package size) blood glucose test strips and/or lancets for recipients with diabetes who do not use insulin.

Effective October 28, 2023, quantity limits apply to pharmacy claims for blood glucose meters and continuous glucose monitoring systems (readers / receivers / sensors / transmitters). The quantity limit for blood glucose meters is one (1) meter per year. Quantity limits for continuous glucose monitoring systems are listed in the chart below. In addition, continuous glucose monitoring systems also require a clinical prior authorization.

	Quantity Limits	
	Product/Product Line	Quantity Limit
QL – These products have quantity limits as listed in the chart to the right.	Dexcom® Receivers	1 receiver per year*
	Dexcom® Transmitters	1 transmitter per 90 days
	Dexcom® Sensors	3 sensors per 30 days
	Eversense® Sensor (<i>implanted by healthcare professional</i>)	1 sensor per 180 days
	Eversense® Smart Transmitter	1 transmitter per year*
	Freestyle Libre® Readers	1 reader per year*
	Freestyle Libre® Sensors	2 sensors per 28 days
	Guardian™ Transmitter	1 transmitter per year*
	Guardian™ Sensors	5 sensors per 30 days
	<i>*based on manufacturer warranty</i>	

To access the Louisiana Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL):

LOOK

The most current Louisiana Medicaid PDL is found at <http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf>.

SEARCH

The PDL is searchable online. Depending on your operating system, press Ctrl + F, or Command + F, to open the *Find Tool*. Type in the name of the medication or the therapeutic class of the medication. If the medication, or class of medication, is not found, call 800-437-9101 to check the payable status of the medication.

VIEW

For each therapeutic class of medications listed on the PDL, in the Descriptive Therapeutic Class column on the left, the following three links can be found:

Request Form – Utilized to request prior authorization.

Criteria – May include approval criteria for clinical authorizations (“CL” on the POS Edits document) and/or criteria for approval of a non-preferred medication.

References

<https://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf>

<https://www.ldh.la.gov/assets/docs/BayouHealth/Pharmacy/PDL.Diabetic.Supplies.pdf>

Respiratory Syncytial Virus (RSV) – Questions and Answers

What is respiratory syncytial virus (RSV)?

Respiratory syncytial virus, or RSV, is a common respiratory virus. It usually causes mild, cold-like symptoms. But it can cause serious lung infections, especially in infants, older adults, and people with serious medical problems.

How is respiratory syncytial virus (RSV) spread?

RSV spreads from person to person through:

- The air by coughing and sneezing;
- Direct contact, such as kissing the face of a child who has RSV; and/or
- Touching an object or surface with the virus on it, then touching your mouth, nose, or eyes before washing your hands.

People who have an RSV infection are usually contagious for 3 to 8 days. But sometimes infants and people with weakened immune systems can continue to spread the virus for as long as 4 weeks.

Who is at risk for respiratory syncytial virus (RSV) infections?

RSV can affect people of all ages. But it is very common in small children; nearly all children become infected with RSV by age 2. In the United States, RSV infections usually occur during RSV season, which is usually fall through spring.

Certain people are at higher risk of having a severe RSV infection:

- Infants;
- Older adults, especially those ages 65 and older;
- People with chronic medical conditions such as heart or lung disease; and
- People with weakened immune systems.

What are the symptoms of respiratory syncytial virus (RSV) infections?

The symptoms of RSV infection usually start about 4 to 6 days after infection. They include:

- Runny nose;
- Decrease in appetite;
- Cough;
- Sneezing;
- Fever; and/or
- Wheezing.

These symptoms usually appear in stages instead of all at once. In very young infants, the only symptoms may be irritability, decreased activity, and trouble breathing.

RSV can also cause more severe infections, especially in people at high risk. These infections include bronchiolitis, an inflammation of the small airways in the lung, and pneumonia, an infection of the lungs.

Source: <https://medlineplus.gov/respiratorysyncytialvirusinfections.html>

FY 2023 Business Plan Outcomes Report

The Louisiana Department of Health has released its annual Outcomes Report detailing the results of key initiatives and policy goals for FY2023. LDH was successful in completing **91.1%** of its 45 goals and **92.5%** of its 253 deliverables outlined in the FY 2023 LDH business plan titled "[Invest: Teaming Up for a Stronger LDH and a Healthier Louisiana](#)".

In the Spotlight: Louisiana Breast & Cervical Health Program



Louisiana Breast & Cervical Health Program

Through the Louisiana Breast and Cervical Health Program (LBCHP), women receive no-cost breast and cervical cancer screenings and patient navigation services. Women screened through LBCHP who are in need of treatment for breast or cervical cancer, or a pre-cancerous condition, have access to no-cost healthcare coverage, known as BCC Medicaid.

In order to receive BCC Medicaid, the initial screening must have occurred through LBCHP for a woman without existing Medicaid or insurance coverage. Women with income up to 250% of the Federal Poverty Level are eligible for LBCHP – to learn more about eligibility, screening locations, or to begin the screening process, call the LBCHP toll free hotline at 1-888-599-1073 or visit the website at www.lbchp.org.



Through LBCHP, women who have been screened and are in need of treatment for breast or cervical cancer, or a pre-cancerous condition, have access to no-cost health care coverage. Uninsured women will be automatically eligible for BCC Medicaid, which provides full coverage for all treatment expenses, including doctor and hospital visits, lab work, and prescriptions.

What Services are Covered and For How Long?

If diagnosed with cancer through the LBCHP, uninsured women are automatically eligible for BCC Medicaid, which provides full coverage for all treatment expenses, including doctor and hospital visits, lab work, and prescriptions. Eligibility may begin up to three (3) months prior to the date of application if program requirements are met. Eligibility for coverage ends when the beneficiary's course of treatment is complete or the state has determined the enrollee no longer meets the eligibility criteria for the program.

Single Pharmacy Benefits Manager – Magellan Medicaid Administration, Inc.

The Single Pharmacy Benefits Manager (PBM) for managed care organizations (MCOs) was implemented on October 28, 2023.

Magellan Medicaid Administration Inc. is now processing Medicaid MCO pharmacy claims for all six MCOs (Aetna Better Health, AmeriHealth Caritas Louisiana, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, and UnitedHealthcare Community Plan). Please note that all six MCOs will utilize the same BIN, PCN, and Group number.

The Magellan Medicaid Administration portal is live with helpful information:

<https://www.lamcopbmpharmacy.com>.

Happy 5th Anniversary, LaMEDS!

The Louisiana Medicaid Eligibility Determination System (**LaMEDS**) is vital to the Louisiana Department of Health.



Here are just a few highlights of what we've accomplished together in the last five years:

- **Real-time Eligibility Verification:** Real-time eligibility checks have meaningfully improved the ability to verify customer eligibility instantly. This has not only reduced errors but also sped up decision-making processes, resulting in faster access to healthcare for those who need it.
- **Accurate and Automated Eligibility Determination:** LaMEDS has improved the accuracy and efficiency of eligibility determination. Automation has reduced errors and ensured that our clients receive the benefits they are entitled to promptly.
- **Enhanced Communication Channels:** LaMEDS has revolutionized communication with our Medicaid recipients. Text messaging and email capabilities have been successfully integrated, allowing LDH to engage with our citizens more effectively and keep them informed.
- **Robotic Automation:** The implementation of robotic automation (bots) has streamlined repetitive tasks. Bots have been instrumental in reducing manual effort, minimizing errors, and increasing operational efficiency.
- **Expanded Eligibility Verification Sources:** We have broadened our eligibility verification capabilities by integrating with more data sources, ensuring even more accurate and comprehensive eligibility checks.
- **Automation of Renewal Processes:** LaMEDS has automated renewal processes, improving ex-parte renewals rates, automating closures when appropriate, and reducing the administrative burden on both the Department and Medicaid recipients.
- **Compliance with CMS Regulations and COVID-19 Requirements:** We successfully enabled compliance with complex CMS regulations and COVID-19 requirements, ensuring that our organization operated within the bounds of these critical standards.
- **Successful Unwinding of PHE Measures:** Equally important, we have demonstrated agility in “unwinding” the COVID19 regulations, allowing us to adapt swiftly to changing circumstances while maintaining our commitment to compliance.
- **Improved Provider Portal for Long-term Care Community:** Our commitment to serving the long-term care community has led to the development of an enhanced provider portal. This portal has simplified interactions with our valued partners, making it easier for them to access critical information and collaborate seamlessly.
- **Dashboards and Advanced Analytics:** We have harnessed the power of access to data to create dynamic and insightful dashboards, providing us with enhanced metrics and analytics. This has empowered the Department to make data-driven decisions, identify trends, and uncover opportunities for improvement.



Health Observance Calendar – December 2023

Give the Gift of Sight Month
International AIDS Awareness Month
National Impaired Driving Prevention Month
Safe Toys and Gifts Month

WEEK

December 3 – 9

National Handwashing Awareness Week
National Influenza Vaccination Week

December 7 - 15

Hanukkah

December 26 – January 1

Kwanzaa



Upcoming Holiday Observance

LDH offices will be closed on
December 25, December 26, January 1, and January 2.

DAYS

World AIDS Day	December 1
International Day of Persons with Disabilities	December 3
International Volunteer Day	December 5
Human Rights Day	December 10
Winter Solstice	December 21
Christmas Day (State Office Closure)	December 25

[Calendar-Health-Observances-and-Recognition-Days-2023.pdf \(shsmc.org\)](https://shsmc.org/Calendar-Health-Observances-and-Recognition-Days-2023.pdf)
[2023 Health Observances Calendar | Healthgrades Partner Solutions](#)

Podcast Information



Both "Vax Matters" and "More That Matters" are available for download on all major podcast platforms, including Apple Podcasts, Google Podcasts, Spotify and Audible. Episodes can also be accessed via the [@MyHealthLa YouTube channel](#) and at immunizations.la.gov.

Remittance Advice Corner

2023 Physician-Administered Drug Reimbursement Update

Effective for dates of service beginning on January 1, 2023, Louisiana Medicaid updated the reimbursement rates on the fee-for-service file for physician-administered drugs and covered vaccines for professional services.

Claims previously submitted for these drugs or vaccines with dates of service on or after January 1, 2023, 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.



Louisiana Medicaid Updates and Authorities



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](#)



Manual Chapter Revision Log

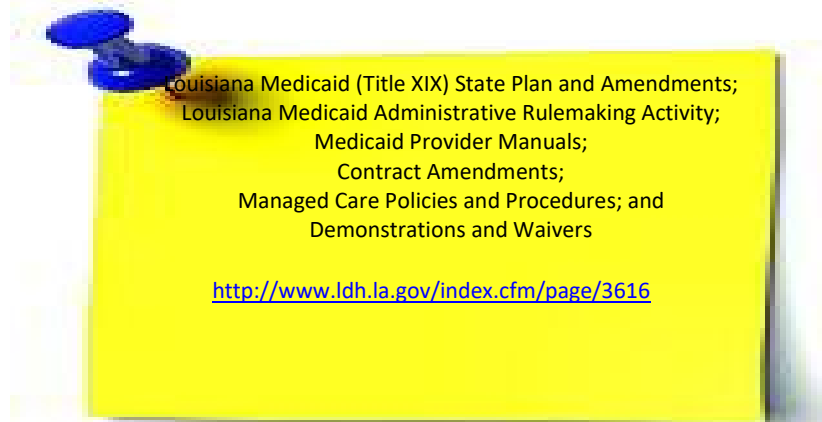
A recent revision has been made to the following Medicaid Provider Manual chapters. Providers should review the revisions in their entirety at www.lamedicaid.com under the “Provider Manual” link:

Manual Chapter	Section(s)	Date of Revision(s)
Behavioral Health Behavioral Health	<ul style="list-style-type: none"> Appendix D – Approved Curriculum and Equivalency Standards Appendix F – CSoc Wraparound Model 	11/13/23
Durable Medical Equipment (DME) Durable Medical Equipment (DME)	<ul style="list-style-type: none"> Table of Contents Section 18.2.1.2 – Specific Coverage Criteria – Oxygen Concentrators 	11/27/23
Personal Care Services (PCS) Personal Care Services (PCS)	Appendix A – Forms and Links	11/13/23

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 following policies and procedures may be submitted at the link below.



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>

Provider FAQs

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

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

For Information or Assistance, Call Us!



General Medicaid Eligibility Hotline
1-888-342-6207

Point of Sale Help Desk
1-800-648-0790
(225) 216-6381

Provider Relations
1-800-473-2783
(225) 294-5040
[Medicaid Provider Website](#)

MMIS Claims Processing Resolution Unit
(225) 342-3855
[MMIS Claims Reimbursement](#)

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

MMIS/Recipient Retroactive Reimbursement
(225) 342-1739
1-866-640-3905
[MMIS Claims Reimbursement](#)

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

Medicare Savings
1-888-544-7996
[Medicare Provider Website](#)

Hospital Pre-Certification
1-800-877-0666

For Hearing Impaired
1-877-544-9544

REVS Line
1-800-776-6323
(225) 216-(REVS)7387
[REVS Website](#)

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

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