Louisiana Medicaid

# Provider Update

**Volume 24, Issue 1** **January/February 2007**

## Update on the National Provider Identifier

**To continue to receive payments from Louisiana Medicaid, all healthcare providers must apply for a National Provider Identifier (NPI) and register their number with Louisiana Medicaid.**

The National Provider Identifier (NPI) is a ten digit number mandated by the Health Insurance Portability and Accountability Act (HIPAA) for healthcare providers. It will be required on all standard electronic transactions by **May 23, 2007**.

Providers are expected to request an NPI as soon as possible for each of their current Medicaid provider identification (ID) numbers. To request an NPI, you may contact the National Provider Plan Enumeration System (NPPES) either online through their website at https://nppes.cms.hhs.gov, or by calling their help desk at **1-800-465-3203**. Pharmacies may submit their NPI request to the National Council for Prescription Drug Program for processing (NCPDP) or register through NPPES.

Providers must register their NPI as soon as possible so that it can be cross walked to their Medicaid provider ID number. The Medicaid ID number will continue to be used for internal processing and claims payments. To register the NPI, go to the secured area of the Medicaid website, **www.LAMedicaid.com**, where you will find an application link called NPI.

The Louisiana NPI Registration application currently only allows registrations that are a one-to-one relationship; i.e., one NPI to one provider ID number. If you find that due to very specific circumstances you are unable to request an NPI for each Louisiana Medicaid provider identification number, you will be

**Continued on Page 2**

## Table of Contents

# Cover Article (Continued)

**Continued from Page 1**

asked to contact the Louisiana NPI Assistance Group to discuss your particular issue. To contact the Louisiana NPI Assistance Group, you may email **LAMedicaidNPI@Unisys.com** or call **(225) 216-6400**. Group practices must register each individual doctor's NPI as well as the group's NPI with Louisiana Medicaid.

Additional information on the NPI can be located at the following websites or telephone numbers:

- CMS HIPAA hotline — **1-866-282-0659 or www.cms.hhs.gov**
- NPI Cost Center — **1-800-465-3203 or 1-800-692-2326** (NPI TTY) www.foxsys.com/npi.htm
- NPPES — https://nppes.cms.hhs.gov
- LAMedicaid — www.LAMedicaid.com
- Washington Publishing — www.wpc-edi.com for specific information on Taxonomy Codes

# EPSDT Psychological and Behavioral Services Providers

## Reimbursement for Psychological Testing

Effective for dates of service on or after December 18, 2006, reimbursement for psychological testing (CPT code 96101) is based on a one hour unit of the psychologist's time up to a maximum of 8 units. It includes face to face time with the recipient and time interpreting test results and preparing the report.

Also effective for dates of service on or after December 18, 2006, rates for services in the EPSDT Psychological and Behavioral Services Program have been increased pending approval by the Centers for Medicare and Medicaid Services (CMS).

The new fee schedule can be found at www.lamedicaid.com (See "Fee Schedules" link). Should you have any questions related to this matter, you may contact Unisys Provider Relations by calling (800) 473-2783 or (225) 924-5040.

## Reporting Recipient Fraud or Abuse

Medicaid providers should report suspected cases of recipient fraud or abuse by calling the toll-free Medicaid Fraud Abuse Hotline at **1-800-488-2917**.

Cases involving any of the following situations constitute sufficient grounds for a recipient fraud referral:

- The misrepresentation of facts in order to become or to remain eligible to receive benefits under the Louisiana Medicaid Program or the misrepresentation of facts in order to obtain greater benefits once eligibility has been determined;
- The transferring (by a recipient) of a Medicaid Eligibility Card to a person not eligible to receive services under the Louisiana Medicaid Program or to a person whose benefits have been restricted or exhausted, thus enabling such a person to receive unauthorized medical benefits; or
- The unauthorized use of a Medicaid Eligibility Card by persons not eligible to receive medical benefits under Medicaid.

Cases involving any of the following situations constitute sufficient grounds for a recipient abuse referral:

- Unnecessary or excessive use of the prescription medication benefits available under the Louisiana Medicaid Program;
- Unnecessary or excessive use of the physician benefits of the program; or
- Unnecessary or excessive use of other medical services and/or medical supplies that are benefits of the program.

## Reimbursement of Trauma Related Services

The Department of Health and Hospitals (DHH) would like to clarify some erroneous information that appeared in the January 5, 2007 Impact Weekly regarding reimbursement for trauma related services.

There are no rules or policies (old or new) which allow providers to void Medicaid claims to pursue payment from a liable third party. Current policy is that once a Medicaid provider accepts Medicaid payment for an accident-related service or illness, the Medicaid claim is considered paid in full and may not be later voided in order for the provider to pursue payment from a liable third party.

DHH has developed a new Rule regarding reimbursement for trauma-related services. Under the new Rule, providers will not be prevented from accepting Medicaid payment and then seeking payment from a liable third party for billed charges in excess of the Medicaid paid amount.

However, the Centers for Medicare and Medicaid Services (CMS) must approve the Medicaid State Plan Amendment before the provisions of the Rule can be implemented. If CMS approves the State Plan Amendment, you will be notified by a remittance advice (RA) message and a *Provider Update* article.

# All Providers

## Direct Service Worker Registry

Act 306 of the 2005 Regular Legislative Session directed the Department of Health and Hospitals to establish and maintain a registry for direct service workers. A direct service worker is an unlicensed person who provides personal care or other services and support to persons with disabilities or to the elderly to enhance their well-being and which involves face-to-face direct contact with the person.

On November 20, 2006, a final rule was published in the *Louisiana Register* which established the registry as directed by the legislation. The rule outlines the training and competency requirements necessary for placement of direct service workers on the registry. The DHH Health Standards Section, which will oversee the management of the registry, issued a letter dated December 4, 2006, informing all home and community based services providers how to access information regarding curriculum approval process and grandfathering procedures for workers with 18 months of verifiable work history, as well as memos and forms applicable to the registry. This information may be viewed on the Health Standards web site at http://www.dhh.louisiana.gov/offices/?ID=112.

To obtain a copy of the November 20, 2006 rule, you may go to the Office of the State Register's web site at www.doa.louisiana.gov/osr/ and click on *November 2006 Issues*. Questions related to the registry may be directed to the Health Standards Section at 225-342-5795.

## Changes to Criminal History Check Statute

Act 816 of the 2006 Regular Legislative Session amended LA RS 40:1300.52 which require certain healthcare providers to conduct criminal history background checks on non-licensed persons and licensed ambulance personnel. The criminal history background check must now include a security check. The security check will search the national sex offender public registry.

# CommunityCARE

## CommunityCARE Immunization Pay-for-Performance Initiative

Louisiana Medicaid will be implementing an immunization pay-for-performance initiative which includes supplemental payments to providers. This initiative is being implemented to promote up-to-date immunizations of Louisiana Medicaid eligible children and to increase the number of providers utilizing the Louisiana Immunization Network for Kids Statewide (LINKS) immunization registry.

Requirements to participate in this pay-for-performance initiative and receive supplemental payments include:

- The provider must be enrolled in Louisiana Medicaid as a CommunityCARE PCP;
- The provider must be enrolled in and utilizing the Vaccines for Children (VFC) Program *(If KIDMED services including immunizations for recipients aged 19-35 months are contracted out, then the subcontractor must too be enrolled in and utilizing VFC)*;

- The provider must be enrolled in and **utilizing** LINKS. 'Utilizing' LINKS is defined as input of recipient immunization data into LINKS in the past 30 days. *(If KIDMED services including immunizations for recipients aged 19-35 months are contracted out, then the subcontractor must too be enrolled in and utilizing LINKS)*;

- Providers must enter the social security numbers of Medicaid eligible children linked to them for CommunityCARE into the LINKS record to ensure the child is correctly identified and included in the data for payment calculations.

CommunityCARE PCPs interested in participating in the immunization pay-for-performance initiative and receiving the supplemental payments will be required to register on a secure web page at www.lamedicaid.com. Providers will be notified when this secure web page is operational.

Information required to complete this registration includes:

- CommunityCARE PCP Medicaid Billing Provider ID Number
- National Provider Identifier (NPI) if the provider has one
- VFC PIN Number
- LINKS Provider ID (IRMS Number)
- LINKS Facility Name

All of the above information will also be required for any subcontractor of KIDMED services that provides immunizations (including the subcontractor's Medicaid billing provider ID number). The PCP will be responsible for obtaining this information from the subcontractor and completing the information required on the secure web page mentioned earlier. This information is to be completed at the time the PCP registers to participate in the pay-for-performance supplemental payments.

**NOTE:** The enrollment and utilization status of VFC and LINKS will be validated monthly with the Office of Public Health Immunization Program for all CommunityCARE PCPs registered to participate in the immunization pay-for-performance initiative.

Supplemental payments will be dependent on:

- The CommunityCARE PCP (or subcontractor of KIDMED services) being enrolled in and utilizing VFC and LINKS;

- The percentage of 24 month old Medicaid enrolled children linked to the PCP practice that are up-to-date with all childhood immunizations in the 4:3:1:3:3:1 vaccine series and these immunizations must be entered into LINKS; and

- The number of CommunityCARE linkages to the PCP for recipients under 21 years of age.

# **** ATTENTION MEDICAID PROVIDERS ****

## IMMEDIATE ACTION NEEDED

National Provider Identifier (NPI)

May 23, 2007 is the implementation date of the NPI. In order to be sure there is no interruption in your Medicaid payments the following two tasks must be completed:

1. **If you are eligible for an NPI, you must apply online at: https://www.nppes.cms.hhs.gov/NPPES**
   **Or request a paper application by calling: 1-800-465-3203; and**

"Please disregard this notice if CMS does not consider you a Health Care Provider (called "atypical provider"). Atypical providers are not eligible to receive an NPI (ex. non-emergency medical transportation, environmental modifications). For more information on who is considered atypical, go to the CMS website at www.cms.hhs.gov/nationalprovidentstand/."

2. **Register your NPI online at www.lamedicaid.com (under NPI on the secured provider site).**

**Louisiana Medicaid encourages providers to get one NPI for each Medicaid provider number. If you have any problems with the registration process, please contact the LA NPI Assistance line at 225-216-6400 or e-mail at LAMedicaidNPI@Unisys.com.**

Failure to comply with this requirement could result in disruption of payments by the Louisiana Medicaid Program. We request that you send your NPI to LA Medicaid by April 30, 2007.

**Time is running out!**

Payment calculations will be done on a monthly basis and payments of these monthly calculations will be made on a quarterly basis to the registered CommunityCARE PCPs. **Only** data that is in the LINKS immunization registry at the time of the monthly calculation for payments will be used.

The supplemental payment tiers or levels for payment are as follows:

- $0.25 per Medicaid recipient under the age of 21 linked to the CommunityCARE PCP **if** the PCP or subcontractor of KIDMED services is enrolled in and utilizing VFC and LINKS **AND** < 75%† of the recipients aged 24 months old with CommunityCARE linkages to the PCP are up-to-date with the vaccine series 4:3:1:3:3:1*; or

- $0.50 per Medicaid recipient under the age of 21 linked to the CommunityCARE PCP **if** the PCP or subcontractor of KIDMED services is enrolled in and utilizing VFC and LINKS **AND** 75% † to 89%† of the recipients aged 24 months old with CommunityCARE linkages to the PCP are-up to-date with vaccine series 4:3:1:3:3:1; or

- $1.00 per Medicaid recipient under the age of 21 linked to the CommunityCARE PCP **if** the PCP or subcontractor of KIDMED services is enrolled in and utilizing VFC and LINKS **AND** 90%† or more of the recipients aged 24 months old with CommunityCARE linkages to the PCP are up-to-date with vaccine series 4:3:1:3:3:1.

**NOTE:** Providers participating in this initiative will only qualify for a single level of payment (e.g. Providers with an immunization rate of 82% will only qualify for the second level or tier payment - not both the first and second tier).

Additional information regarding this immunization pay-for-performance initiative will be provided through RA messages, *Louisiana Medicaid Provider Update* articles and provider notices posted on the www.lamedicaid.com website. Please watch these information sources for the most up-to-date information on the immunization pay-for-performance initiative.

For more information regarding the VFC Program or LINKS, contact the Office of Public Health Immunization Program at (504)838-5300.

---

* ≥ 4 doses of DTaP; ≥ 3 doses of poliovirus vaccine; ≥ 1 dose of MMR vaccine; ≥ 3 doses of Haemophilus infuenzae type b vaccine; ≥ 3 doses of hepatitis B vaccine; and ≥ 1 dose of varicella vaccine.

† Percentages of up-to-date 24 month old recipients are determined solely by data from the LINKS immunization registry and the use of CoCASA software.

# Update on New Drugs of 2005-2006

**By: Blair P. Wilbert Pharm. D.**
**Assistant Professor and**
**Clinical Pharmacist**
**ULM College of Pharmacy**

***Issues***

- Ranolazine was approved in January 2006 to treat chronic angina for patients not responding to other anti-anginals.
- In clinical trials, Exubera® was found to be as effective as short-acting insulin to improve blood glucose levels and had higher patient satisfaction secondary to decreased frequency of injections.
- Rozerem® is a melatonin receptor MT1 and MT2 agonist, and helps maintain circadian rhythms that underlie a normal sleep-wake cycle.

The past two years have brought some interesting new medications. These are just a few of the new agents a physician might see in his or her practice.

**Ranexa®** (ranolazine)-CV Therapeutics

Ranolazine was approved in January 2006 to treat chronic angina for patients not responding to other anti-anginals. The mechanism of action is not known, but its anti-anginal and anti-ischemic effects are not dependent on heart rate or blood pressure reduction. Common side effects include dizziness, headache, nausea, and constipation. Ranolazine is contraindicated in patients with pre-existing QTC prolongation, hepatic impairment (Child Pugh A, B, and C), and in patients taking potent CYP3A inhibitors. Ranexa® has a few clinically significant drug interactions; it has been shown to increase digoxin concentrations 1.5-fold and can inhibit the metabolism of medications that are metabolized by CYP2D6, notably some tricyclic anti-depressants. Steady-state concentrations are usually seen after three days of twice daily dosing. It is initiated at 500 mg orally twice daily without regard to meals, and increased to 1000 mg twice daily as needed/tolerated. Doses higher than 1000 mg twice daily have shown greater propensity for QTC prolongation and increased risk of torsades de pointes. Patients should be counseled to avoid any medication known to prolong the QTC interval, as well as grapefruit juice, throughout the duration of therapy.

**Exubera®** (human rDNA insulin)-inhaled-Pfizer

Exubera® was approved in January 2006 for treatment of adults with Type 1 and Type 2 diabetes. Exubera® is inhaled into the lungs where the insulin is absorbed quickly to decrease blood glucose levels. In clinical trials, Exubera® was found to be as effective as short-acting insulin to improve blood glucose levels and had higher patient satisfaction secondary to decreased frequency of injections. Common side effects include hypoglycemia, cough, dry mouth, and chest-pain. Exubera® is available in 1 mg and 3 mg blister packs. The dose is to be determined by the prescriber, and can be calculated

by using the following formula: patient's weight in kilograms x 0.05 mg per kg equals the pre-meal dose (in milligrams) rounded down to the nearest whole milligram. The 1 mg blister pack is roughly equivalent to 3 international units of subcutaneously injected regular insulin, and the 3 mg pack is roughly equivalent to 8 international units. Patients should be counseled to take Exubera® ten minutes before meals and can be used with other oral hypoglycemics. It is important to note that Exubera® does not replace long-acting insulin products and should not be used in patients with lung disease or who smoke or have stopped smoking within six months prior to initiation of therapy.

**Byetta®** (exenatide)-Amylin Pharmaceuticals

Byetta® was approved in April 2005 as adjunctive therapy to improve glycemic control for Type 2 diabetics who are taking metformin, a sulfonylurea, or a combination of the two and have not achieved adequate glucose control. Exenatide is an incretin mimetic agent which mimics the enhancement of glucose-dependent insulin secretion, thereby reducing both fasting and post-prandial glucose. Typical adverse events consist of primarily GI disturbances, such as nausea, vomiting, diarrhea, and dyspepsia. Peak plasma concentrations occur around two hours post-dose. Notable drug interactions include antibiotics and oral contraceptives, which should be taken one hour prior to exanatide. Byetta® is initiated at 5 mcg subcutaneously twice daily within sixty minutes prior to morning and evening meals; do not give after meals. After one month of therapy the dose may be increased to 10 mcg twice daily. Patients should be counseled that Byetta® is not a replacement for insulin, and is not approved for Type 1 diabetics. Byetta® has been associated with weight loss in many patients, but should be avoided in any diabetic with severe gastroparesis. The medication is available in a pre-filled syringe containing sixty doses of the medication or a one-month supply.

**Januvia®** (sitagliptin phosphate)-Merck

Januvia® was approved in October 2006 for treating patients with Type 2 diabetes to improve glycemic control as monotherapy or in combination with metformin or thiazolidinediones when the single agent alone with diet and exercise does not provide adequate control. It should not be used in Type 1 diabetics or to treat diabetic ketoacidosis as the medication would not be effective for these conditions. Januvia® is a DDP-4 inhibitor which slows the inactivation of incretin hormones. It increases insulin release and decreases glucagon levels in the circulation in a glucose-dependent manner. Peak concentrations are seen between 1 to 4 hours post-dose. The recommended dose is 100 mg once daily without regard to meals. Dosage adjustments are required for moderate and severe renal insufficiency. Common side effects of Januvia® include headache, nasopharyngitis, and upper respiratory tract infection. There are no known clinically significant drug interactions or contraindications to sitagliptin therapy. The rates of hypoglycemia with Januvia® used in combination with sulfonylureas or insulin have not been studied. The medication is available in 25 mg, 50 mg, and 100 mg tablets.

**Rozerem®** (ramelteon)-Takeda

Rozerem® was approved in July 2005 for treatment of insomnia characterized by difficulty with sleep onset. Rozerem® is a melatonin receptor MT1 and MT2 agonist, and helps maintain circadian rhythms that underlie a normal sleep-wake cycle. Unlike other sleep agents, ramelteon has not been shown to be habit forming. Peak concentrations occur around 0.75 hours after the oral dose. The dose is 8 mg orally to be taken thirty minutes prior to bedtime. Common side effects include headache, somnolence, and diarrhea. Ramelteon should be avoided in patients with severe hepatic disease or patients currently taking fluvoxamine. Patients should be counseled not to take Rozerem® after high-fat meals, and to contact the prescriber if any sexual side effects occur, as ramelteon has been shown to affect reproductive hormones in adults, specifically decreasing testosterone and increasing prolactin levels.

**Bidil®** (isosorbide dinitrate [ISDN]/ hydralazine)-NitroMed Inc.

Bidil® was approved in June 2005 for treatment of heart failure as an adjunct to standard therapy (beta blockers & ACE-inhibitors) in self-identified black patients to improve survival, to prolong time until hospitalization for heart failure, and improve functional status. There is little experience with its use in New York Heart Association Class IV heart failure. Bidil® is a combination of ISDN and hydralazine which act as arterial and venous vasodilators. The pharmacokinetic properties of this medication are similar to the individual ingredients. Common adverse events include headache, dizziness, flushing, and hypotension. Bidil® is contraindicated in anyone with a known allergy to nitrates and with current use of phosphodiesterase-5 inhibitors such as sildenafil (Viagra®), vardenafil (Levitra®), and tadalafil (Cialis®). It is available as a fixed-dose of 37.5 mg hydralazine and 20 mg ISDN and should be started at one tablet orally three times a day titrated to a maximum tolerated dose not to exceed two tablets three times a day. If side effects become intolerable, the dose may be decreased to one-half tablet three times a day.

**Exjade®** (deferasirox)-Novartis Pharmaceuticals

Exjade® was approved in November 2005 for the treatment of chronic iron overload due to blood transfusions in patients two years of age and older. Deferasirox is an iron chelator that binds to Fe3+ and forms a stable complex with iron. It is a highly selective binder; some in-vitro studies suggest four to five times the potency of deferoxamine. The normal starting dose is 20 mg per kg orally daily and can be increased to a maximum dose of 30 mg per kg daily. Dosage adjustments can be made every three to six months in 5 to 10 mg per kg increments. Serum ferritin levels should be monitored monthly, and dosage adjustments may be made every three to six months based upon the ferritin trends. Common side effects include GI symptoms, rash, itching, as well as auditory or visual disturbances. Use with caution in patients with hepatic or renal disease as the medication can produce a dose-dependent increase in serum creatinine. Exjade® is available in 125 mg, 250 mg, and 500 mg tablets for oral suspension, and the tablets may be mixed with water, orange juice, or apple juice. Patients should be counseled to take Exjade® on an empty stomach and avoid aluminum-containing antacids as Exjade® can potentially bind to the aluminum instead of iron.

**Tygacil®** (tigecycline)-Wyeth Pharmaceuticals

Tygacil® was approved in June 2005 for the treatment of bacterial infections in patients eighteen years of age and older caused by susceptible organisms. Tygacil® is specifically indicated for complicated skin and skin structure infections as well as complicated intra-abdominal infections. This is a new class of antimicrobial called glycylcycline which inhibit bacterial protein translation. Tigecycline has extensive anti-microbial coverage: gram-positives including MRSA, multiple gram-negatives including those that produce ESBL's (extended spectrum beta-lactamases), anaerobes and atypical organisms. However, Tygacil® does not provide coverage against Pseudomonas species. The most common adverse event is nausea, but patients may experience typical tetracycline-like adverse effects, such as photosensitivity, pseudotumor cerebri, and pancreatitis. The initial dose is 100 mg IV followed by 50 mg IV every twelve hours given as a thirty to sixty minute infusion. There is no dosage adjustment necessary in renal impairment, but in severe hepatic impairment the initial dose remains the same, while the maintenance dose is decreased to 25 mg IV every twelve hours. Average duration of therapy is five to fourteen days, depending on the severity of the infection.

**Chantix®** (varenicline tartrate)-Pfizer

Chantix® was approved in May 2006 as a new therapeutic agent for smoking cessation. Varenicline binds to alpha-4-beta-2 neuronal nicotinic acetycholine receptors, acting as a nicotine agonist also while blocking nicotine from binding to the alpha-4-beta-2 receptor. Common side effects include nausea (which appears to be dose-dependent), sleep disturbances, constipation, vomiting, and flatulence. Patients should select a date to stop smoking and begin Chantix® one week prior to that date. The dose titration is as follows: an initial dose of 0.5 mg by mouth once daily on days one through three, then increase to twice daily on days four through seven, then 1 mg twice daily from day eight until twelve weeks of therapy have been completed. The use of Chantix® with bupropion (Wellbutrin®) has not been established, but patients should be counseled on other methods of smoking cessation. Advise patients to take the medication after a meal and with a full glass of water. There are no known contraindications to Chantix® therapy.

## References Available Upon Request

UNISYS

Provider Relations
P.O. Box 91024
Baton Rouge, LA 70821

PRSRT STD
U.S. POSTAGE PAID
BATON ROUGE, LA
PERMIT NO. 1037

## *FOR INFORMATION OR ASSISTANCE, CALL US!*

| | |
|---|---|
| **Provider Enrollment** | **(225) 216-6370** |
| **Prior Authorization** | |
| **Home Health/EPSDT - PCS** | **1-800-807-1320** |
| **Dental** | **1-504-619-8589** |
| **DME & All Other** | **1-800-488-6334** |
| | **(225) 928-5263** |
| **Hospital Pre-Certification** | **1-800-877-0666** |
| **Provider Relations** | **1-800-473-2783** |
| | **(225) 924-5040** |
| **REVS Line** | **1-800-776-6323** |
| | **(225) 216-REVS(7387)** |
| **Point of Sale Help Desk** | **1-800-648-0790** |
| | **(225) 216-6381** |