Louisiana Medicaid

Provider Update

Volume 27, Issue 3 **May/June 2010**

UNISYS Health Information Management Acquired by Molina Healthcare

Effective May 1, 2010, Molina Healthcare purchased the Health Information Management (HIM) Division of UNISYS Corporation. With this acquisition the Louisiana Medicaid fiscal intermediary transitions from UNISYS to Molina Medicaid Solutions.

Founded 30 years ago, Molina Healthcare is a national company based in California. They operate in 15 states providing managed care services and will now provide Medicaid Management Information Systems (MMIS) services to Louisiana and other states.

This transition will be seamless. Providers will continue to interact with the same local staff as in the past, and there will be no disruption of services. All contact telephone numbers and addresses will remain the same.

Please visit the Molina website at www.molinahealthcare.com for more detailed information.

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New Administrator for CommunityCARE, KIDMED and Hospice Announced

Effective May 1, 2010, the administrative duties of the CommunityCARE and KIDMED programs were assumed by Automated Health Systems (AHS), a contract previously held by Affiliated Computer Systems (ACS).

AHS is now responsible for a wide range of managerial duties including, but not limited to:

- Primary Care Provider Recruitment,
- CommunityCARE Provider Certification, Orientation, Education, and Training,
- Monitoring/Site Visits,
- Quality Management and Improvement,
- Member Outreach and Education,
- CommunityCARE/KIDMED Enrollee Linkages,
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Screening Administration and Coordination,
- Hospice Administration, and
- Operation of CommunityCARE/KIDMED, Specialty Care Resource, Immunization Record Retrieval and Nurse Helpline phones.

Provider certifications and enrollment for both programs, a task that was temporarily handled by the Department of Health and Hospital staff, is now being handled by AHS. Additionally, AHS field staff are resuming on-site provider certification visits and ongoing monitoring functions.

New websites, www.la-communitycare.com and www.la-kidmed.com, were launched on May 1, 2010. Additional improvements including a web-based application for provider selection and enrollment, assistance with quality initiatives and provider recruitment, and development of new outreach and educational materials are being developed.

All contact numbers will remain the same; however, there is a new e-mail address, mailing address and fax numbers for all correspondence and documentation.

E-mail	CommunityCARE-Provider@automated-health.com	
Address	Automated Health Systems ATTN: CommunityCARE/KIDMED Program 10101 Siegen Lane Building 3, Suites B & C Baton Rouge, LA 70810	Automated Health Systems ATTN: Hospice Manager 10101 Siegen Lane Building 3, Suites B & C Baton Rouge, LA 70810
Telephone/Fax	CommunityCARE/KIDMED Hotline: 800-259-4444; Fax: 225-757-8466 TTY Line: 877-544-9544 Nurse Helpline: 866-529-1681 Specialty Care Resource Hotline: 877-455-9955 Hospice Phone: 888-503-3204; Fax: 225-757-4360	

Remittance Advice Corner

The following messages were transmitted to providers through Remittance Advices (RA) during April and May 2010:

Attention KIDMED Providers

POLICY UPDATE: Claims for KIDMED (EPSDT) screening services must be submitted within one year from the date of service. This policy for the timely filing of KIDMED screening claims (electronic and paper) has changed from the previous requirement of submission of KIDMED claims within 60 days from date of service. KIDMED claims that are not received for processing within the 60 day time period will continue to receive the EOB edit 435 as a reminder to the provider that the claims should be submitted within 60 days; however, the claim will not deny for this reason. Providers should strive to continue to submit KIDMED claims within 60 days in order for the claims to be adjudicated, and paid claims to be reflected on the RS-O-07 series of reports. In addition, the periodicity rate utilized in KIDMED monitoring may be affected unfavorably if claims are not routinely submitted for processing within 60 days from date of service. Providers should contact the Provider Relations Unit at (800) 473-2783 or (225) 924-5040 with questions related to this policy change.

RHC/FQHC Providers - "Adjunct Services"

Effective with DOS 10/21/07, Louisiana Medicaid reimburses for select adjunct services (currently CPT codes 99050-99051). RHC/FQHC providers were notified through remittance advices published in July 2008 to being submitting claims to preserve timely filing, but to initially expect denials until programming was finalized.

Programming is now complete, and providers will no longer receive denials due to the adjunct services not being payable to RHC/FQHCs. Updated billing instructions can be found on the homepage of www.lamedicaid.com. Claims with proof of timely filing that previously denied due to the adjunct services not being reimbursable to RHC/FQHCs will be systematically adjusted and no action is required by providers. Providers should continue to monitor future RAs.

Attention Professional Services Anesthesia Providers
Implementation of Reimbursement Changes to Formula Based Anesthesia Services

Effective with dates of service on and after January 22, 2010, the reimbursement for formula based anesthesia services performed by physicians and CRNAs is 75% of the 2009 Louisiana Medicare Region 99 allowable for services rendered to Medicaid recipients ages 16 and older and 90% of the 2009 Louisiana Medicare Region 99 allowable for services rendered to Medicaid recipients under the age of 16. For further details, refer to the Office of the State Register's website (http://doa.louisiana.gov/osr/) for the Emergency Rule published on January 22, 2010. Providers began seeing these reimbursement changes on the RA of February 2, 2010 and are responsible for adherence to the policy entitled "Reimbursement for Formula Based Anesthesia Services" located on the home page of www.lamedicaid.com. This reimbursement change was implemented in a timely fashion and a systematic adjustment of claims was not necessary.

Attention Independent Laboratory Providers: Specimen Collection Policy

With the implementation of ClaimCheck claims editing planned for date of processing May 17, 2010, specimen collection (routine venipuncture) will be considered integral/incidental to the laboratory procedure(s) performed on the same date and not separately reimbursable. This policy update provides consistency in Medicaid policy among provider types. Questions concerning this notice may be directed to Provider Relations at (800) 473-2783 or (225) 924-5040.

Assistant Surgeon/Assistant at Surgery Covered Procedures

Effective with date of service May 10, 2010, Louisiana Medicaid has updated the claims processing system related to procedure codes allowed to be billed with either the "80" or "AS" modifier. This update was part of the preparation for the implementation of ClaimCheck editing which uses the American College of Surgeons as its primary source for determining if an assistant surgeon is clinically valid for a surgical procedure. Some procedures not previously allowed may now be reimbursable and some procedures that were allowed will no longer be reimbursed to the assistant surgeon or assistant at surgery. The list of covered procedures can be found on the Medicaid website, www.lamedicaid.com, and then using the ClaimCheck icon. Questions concerning this notice may be directed to Molina Medicaid Solutions Provider Relations at (800) 473-2783 or (225) 924-5040.

Attention Professional Services Providers
Implementation of August 4, 2009 Rate Reductions

The reimbursement rate reductions for professional services effective with dates of service August 4, 2009 - January 21, 2010 have been implemented. Providers will begin seeing these reductions on the RA of May 25, 2010. Refer to the Office of the State Register's website at http://doa.louisiana.gov/osr/ for published rules detailing these reductions. Providers should monitor the Louisiana Medicaid website (www.lamedicaid.com) for updates to the Professional Services Fee Schedule to occur in the near future. A supplement to the fee schedule will also be posted detailing the procedure codes affected by the reductions.

Claims for dates of service August 4, 2009 - January 21, 2010 that were adjudicated prior to May 25, 2010 are currently being assessed to determine an approach to systematic adjustment. No action is required by providers. Continue to monitor future RAs for details regarding these adjustments. Contact the Provider Relations unit at (800) 473-2783 or (225) 924-5040 with questions related to the implementation of the rate reductions.

Online Medicaid Provider Manual Chapters

The following Medicaid Provider Manual Chapters are available on the Louisiana Medicaid website at www.lamedicaid.com under the "Provider Manual" link.

- American Indian 638 Clinics
- Dental
- Mental Health Clinics
- Mental Health Rehabilitation
- Multi-Systemic Therapy
- Personal Care Services
- Pharmacy

This list will be updated periodically as other Medicaid program chapters become available online.

Long-Acting Beta-Agonist (LABA) Use in Asthma Is Focus of FDA's Concern

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Office of Outcomes Research and Evaluation

FDA Drug Safety Communication: New Safe Use Requirements for Inhaled LABAs[1]

- In February 2010, the FDA announced that based on its analyses of clinical trials the use of LABAs was associated with an increased risk for asthma exacerbations leading to hospitalization in pediatric and adult patients as well as death in some patients. (See table at conclusion of article for a description of available LABAs.)

- Even though the FDA had considered limiting the indications for LABAs, a risk-benefit review demonstrated that the benefits of LABAs continued to outweigh the risks when the drugs were used appropriately. The FDA concluded that the agents should remain available for use in the treatment of asthma.

- To ensure that the risk-benefit ratio remains acceptable, the FDA required manufacturers of LABA products to revise the prescribing information for all LABAs and to develop a risk evaluation and mitigation strategy (REMS).

    - The specific drug-label revisions included four recommendations which the FDA asserted were necessary for the safe use of these products. These recommendations only apply to the use of LABAs in the treatment of asthma. (See Recommendations to Ensure Safe LABA Use.)

Recommendations to Ensure Safe LABA Use	
1.	**The use of LABAs is contraindicated without the use of an asthma controller medication such as an inhaled corticosteroid. Single-ingredient LABAs should only be used in combination with an asthma controller medication; they should not be used alone.**
2.	**LABAs should only be used long-term in patients whose asthma cannot be adequately controlled on asthma controller medications.**
3.	**LABAs should be used for the shortest duration of time required to achieve control of asthma symptoms and discontinued, if possible, once asthma control is achieved. Patients should then be maintained on an asthma controller medication.**
4.	**Pediatric and adolescent patients who require the addition of a LABA to an inhaled corticosteroid should use a combination product containing both an inhaled corticosteroid and a LABA, to ensure compliance with both medications.**

- As a part of the REMS requirement, manufacturers of LABAs developed new Medication Guides and implemented plans to educate healthcare providers regarding the appropriate use of LABAs.
    - Medication Guides must be issued when LABAs are dispensed (new prescription or refill). Medication Guides approved by the FDA are available for download at http://www.fda.gov/Drugs/DrugSafety/ucm085729.htm

- More information regarding LABAs, including the complete FDA safety communication, is available at http://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm199565.htm

One Big Question Left Unanswered

- The FDA based the LABA recommendations on the Serevent Nationwide Surveillance (SNS) Study, the Salmeterol Multicenter Asthma Research Trial (SMART), and a FDA-conducted meta-analysis of 110 studies which evaluated LABA use in asthma treatment. Each of these studies showed a higher risk of death in patients diagnosed with asthma who used a LABA compared to patients diagnosed with asthma who did not use a LABA.[1]

- These studies did not, however, answer one important question:

  Does the concurrent use of a LABA with an inhaled corticosteroid mitigate the LABA risk? [1,2]

- To answer this question, the FDA is requiring manufacturers of LABAs to initiate post-marketing safety trials to determine whether the addition of a LABA to an inhaled corticosteroid regimen increases the risk for negative outcomes.[1,2]

- In March 2010, manufacturers of LABAs and FDA officials discussed research requirements and methodological strategies to provide a definitive answer to this question.[3]

Asthma Experts Question FDA's LABA Recommendations

- According to a leading asthma expert, **"Everyone is in total agreement with the FDA's recommendation that LABAs should not be used as the sole therapy for anyone with persistent asthma."**[4,5]

- Three experts, who were members of the panel that developed the NAEPP 2007 Expert Panel Report (EPR-3), are concerned about the FDA recommendation to discontinue LABAs, if possible, once asthma control is achieved.[4,5] (See recommendation number 3.)

    - These experts argue that this recommendation runs counter to the EPR-3 and that no new data are available subsequent to the release of the EPR-3 to support the recommendation.

    - They further contend that while existing data support step-up therapy to gain asthma control no data are currently available to support discontinuation of LABAs as the first rung in step-down therapy. (As a point of information, the EPR-3 recommends titrating down the dose of inhaled corticosteroid once control is reached and maintained for three months in patients who require concurrent LABA and steroid therapy.[2,6])

    - The danger, according to these experts, is that stepping down too soon once asthma control is achieved could possibly lead to a return to loss of control. One of these experts contended that prescribers should continue to monitor patients on LABAs because those who had an exacerbation in the past year are at risk for an exacerbation in the coming year.

- Two FDA officials who helped craft the new LABA recommendations understand that the new recommendations may cause "consternation among prescribers."[2] However, these FDA officials make the following points:

    - There are no studies showing that LABAs (alone or concurrently with inhaled corticosteroids) increase survival or reduce severe asthma exacerbations.

    - Inhaled corticosteroids provide clear benefits and have not been linked to serious adverse effects; therefore, the FDA believes that the use of inhaled corticosteroids should be promoted and the use of LABAs for long-term management of asthma should be limited.

- Professional organizations and experts are in agreement with the FDA that new studies are required to "truly ascertain any potential adverse consequences of LABAs."[4,5,7]

Some Prescribing Considerations for LABA Use in Asthma Treatment[1,6]

- Consider carefully the need to add a LABA to asthma therapy.
    - LABAs should not be started in patients with acutely deteriorating asthma.
    - LABAs are not considered first-line therapy in the treatment of asthma. LABAs are not for use in patients whose asthma can be controlled with inhaled corticosteroids and occasional use of short-acting beta agonist inhalers, such as albuterol.
- Ensure patients have a prescription for a controller medication, preferably an inhaled corticosteroid, once a decision is made to prescribe a LABA.
    - **LABAs should never be used alone in the treatment of asthma.**
- Encourage compliance with the LABA and, especially, the controller medication. When possible, prescribe a combination product.
- Inform patients of the benefits and risks of LABAs. Encourage patients/caregivers to read the Medication Guide and to ask questions, if needed.
- Educate patients/caregivers on how to identify and handle signs of worsening asthma.
    - Indicators of worsening asthma may include: decrease in FEV_1 or peak expiratory flow, increase in frequency/severity of asthma symptoms, increase in rescue inhaler use, and nighttime or early morning awakenings due to asthma.
- Remind patients/caregivers that LABAs do not replace fact-acting inhalers, such as albuterol.

Conclusion

- The risks of LABAs in the management of asthma are known. However, the FDA determined the benefits of LABAs in improving asthma symptoms outweigh the risks when used appropriately with an asthma controller medication in patients who need the addition of LABAs to achieve control.

- To ensure the risk-benefit ratio is acceptable, the FDA required manufacturers to revise prescribing information and to develop strategies to mitigate risks.

- There is complete agreement that LABAs should NEVER be used as monotherapy to treat asthma. Controller medications, preferably inhaled corticosteroids, should be prescribed concurrently.

- The decision to prescribe a LABA for asthma should be carefully considered. Such factors as appropriate patient selection, open communication with patients/caregivers concerning the benefits and risks of LABA therapy, suitable self-management education, and scheduled follow-ups are necessary to ensure safe use.

FDA-Approved Medications Containing a LABA[1]

Brand Name	LABA Active Ingredient	Corticosteroid Active Ingredient	FDA Approved Indications
Foradil Aerolizer	formoterol	None	Asthma, COPD, EIB
Foradil Certihaler*	formoterol	None	Asthma
Serevent Diskus	salmeterol	None	Asthma, COPD, EIB
Advair Diskus	salmeterol	fluticasone	Asthma, COPD
Advair HFA	salmeterol	fluticasone	Asthma
Symbicort	formoterol	budesonide	Asthma, COPD
Brovana	arformoterol	None	COPD
Perforomist	formoterol	None	COPD

*approved, but not currently marketed in the U.S.
COPD = chronic obstructive pulmonary disease; EIB = exercise-induced bronchospasm

References

1. Food and Drug Administration. FDA Drug Safety Communication: New Safety Requirements for Long-Acting Inhaled Asthma Medications Called Long-Acting Beta-Agonists (LABAs). Posted February 18, 2010; Available at http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm200776.htm (Accessed May 2, 2010)

2. Chowdhury BA and Pan GD. The FDA and Safe Use of Long-Acting Beta-Agonists in the Treatment of Asthma. *N Engl J Med* 2010; 362(13):1169-71.

3. Slides for the March 10-11, 2010, Joint Meeting of the Pulmonary-Allergy Drugs Advisory Committee and Drug Safety and Risk Management Committee. Available at http://www.fda.gov/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/Pulmonary-AllergyDrugsAdvisoryCommittee/ucm206720.htm#main (Accessed May 2, 2010)

4. Brauser D. New FDA Recommendations for Discontinuation of Long-Acting Beta-Agonists Run Counter to Asthma Management Guidelines. *Medscape Medical News*. Posted March 2, 2010; http://www.medscape.com/viewarticle/717782 (Accessed May 2, 2010)

5. American Academy of Allergy, Asthma, and Immunology 2010 Annual Meeting. Video of late-breaking press conference on LABA use after the recent FDA decision: What Do You Do Now? (Parts I-IV). Posted March 1, 2010. Available at http://www.aaaai.org/members/annual_meeting/am2010/press/video.asp (Accessed May 2, 2010)

6. National Asthma Education and Prevention Program. Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma. Bethesda, MD: National Heart, Lung, and Blood Institute, August 2007. (NIH publication no. 07-4051.) Available at http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm (Accessed May 2, 2010)

7. American Academy of Allergy, Asthma, and Immunology Statement to the FDA's Pulmonary-Allergy Drugs and Safety and Risk Management Advisory Panels: Special Hearing on Safety Studies of LABAs. Presented by R. Lemanske on March 10, 2010. Statement available at http://www.aaaai.org/patients/resources/statement_on_labas.pdf (Accessed May 2, 2010)

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Prior Authorization	
Home Health/EPSDT - PCS	**1-800-807-1320**
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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)**
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General Medicaid Eligibility Hotline	**1-888-342-6207**
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MMIS/Recipient Retroactive Reimbursement	**(225) 342-1739** **1-866-640-3905**
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