Louisiana Medicaid | Provider UPDATE

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Antibiotic Resistance and the Importance of Antibiotic Stewardship

Compiled by:
Melissa Dear, RPh
Office of Outcomes Research and Evaluation
School of Pharmacy
University of Louisiana at Monroe

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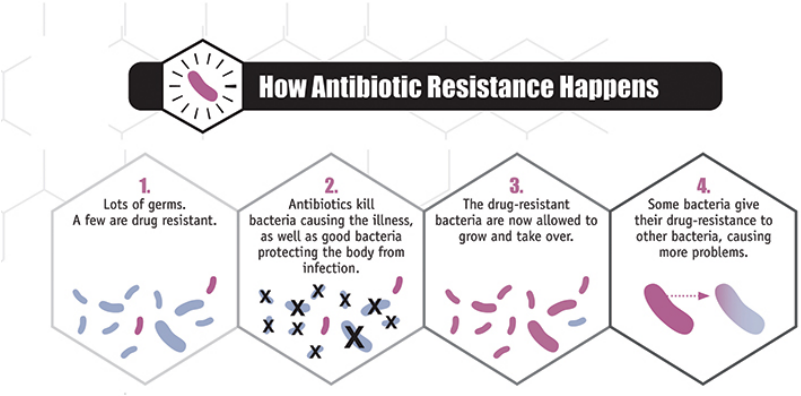
Antibiotic Resistance

- Antibiotic resistance has been called one of the world's most pressing public health problems.
- Repeated and improper uses of antibiotics are the primary causes of the increase in drug-resistant bacteria.
- Decreasing inappropriate antibiotic use is a key strategy to control antibiotic resistance.
- Antibiotic resistance in children is of particular concern because they have the highest rates of antibiotic use and often have fewer antibiotic choices since some antibiotics cannot safely be given to children.
- Antibiotic resistance can cause significant suffering for people who have common infections that once were easily treatable with antibiotics.
- When antibiotics do not work, infections often last longer, cause more severe illness, require more doctor visits or extended hospital stays, and involve more expensive and toxic medications. Some resistant infections can even cause death.
- Antibiotic resistance results in increased morbidity and mortality and leads to an estimated 2 million infections and 23,000 deaths per year in the United States.
- It is estimated that over half of antibiotics prescribed for patients in US clinics are inappropriate.
- At least 30% of outpatient antibiotic prescriptions in the US may be unnecessary.
- Antibiotics cause 1 in 5 emergency department visits for adverse drug events and are the most common cause of emergency department visits for adverse drug events in children.
- The most important modifiable risk factor for antibiotic resistance is inappropriate prescribing of antibiotics.



Antibiotic Stewardship

- Antibiotic stewardship is the effort to measure and improve how antibiotics are prescribed by clinicians and used by patients.

- Improving antibiotic prescribing involves implementing effective strategies to modify prescribing practices to align them with evidence-based recommendations for diagnosis and management.

- Establishing effective antibiotic stewardship interventions can protect patients and improve clinical outcomes in outpatient health care settings.

- The core elements of outpatient antibiotic stewardship include (See Figure 1):

    - Commitment - Demonstrate dedication to and accountability for optimizing antibiotic prescribing and patient safety.
    - Action for policy and practice - Implement at least one policy or practice to improve antibiotic prescribing, assess whether the policy is working, and modify it as needed.
    - Tracking and reporting - Monitor antibiotic prescribing practices and offer regular feedback to clinicians in your practice, or have clinicians assess their own antibiotic prescribing practices.
    - Education and expertise - Provide educational resources to clinicians and patients on antibiotic prescribing, and ensure access to needed expertise on optimizing antibiotic prescribing.

- The goal of antibiotic stewardship is to maximize the benefit of antibiotic treatment while minimizing harm both to individual persons and to communities.

For more information, visit https://www.cdc.gov/mmwr/volumes/65/rr/rr6506a1.htm

FIGURE 1. Clinician Checklist for Core Elements of Outpatient Antibiotic Stewardship

CDC recommends that outpatient clinicians take steps to implement antibiotic stewardship activities. Use this checklist as a baseline assessment of policies and practices that are in place. Then use the checklist to review progress in expanding stewardship activities on a regular basis (e.g., annually).
Commitment
1. Can you demonstrate dedication to and accountability for optimizing antibiotic prescribing and patient safety related to antibiotics? ❑ Yes ❑ No
If yes, indicate which of the following are in place. ❑ Write and display public commitments in support of antibiotic stewardship.
Action
2. Have you implemented at least one practice to improve antibiotic prescribing? ❑ Yes ❑ No
If yes, indicate which practices which you use. (Select all that apply.) ❑ Use evidence-based diagnostic criteria and treatment recommendations. ❑ Use delayed prescribing practices or watchful waiting, when appropriate.
Tracking and Reporting
3. Do you monitor at least one aspect of antibiotic prescribing? ❑ Yes ❑ No
If yes, indicate which of the following are being tracked. (Select all that apply.) ❑ Self-evaluate antibiotic prescribing practices. ❑ Participate in continuing medical education and quality improvement activities to track and improve antibiotic prescribing.
Education and Expertise
4. Do you provide education to patients and seek out continuing education on antibiotic prescribing? ❑ Yes ❑ No
If yes, indicate how you provide antibiotic stewardship education. (Select all that apply.) ❑ Use effective communications strategies to educate patients about when antibiotics are and are not needed. ❑ Educate about the potential harms of antibiotic treatment. ❑ Provide patient education materials.

Reprinted from Sanchez GV, Fleming-Dutra KE, Roberts RM, Hicks LA. Core Elements of Outpatient Antibiotic Stewardship. MMWR Recomm Rep 2016;65(No. RR-6):1-12. http://dx.doi.org/10.15585/mmwr.rr6506a1

Preserving the Power of Antibiotics

Antibiotic-resistant bacteria cause more than 2 million illnesses and at least 23,000 deaths each year in the United States. Antibiotic resistance occurs when germs no longer respond to the drugs designed to kill them. Inappropriate prescribing of antibiotics contributes to antibiotic resistance and is a threat to patient safety.

Healthcare providers can:

- Prescribe correctly
    - Avoid treating viral syndromes with antibiotics, even when patients ask for them.
    - Pay attention to dose and duration: The right antibiotic needs to be prescribed at the right dose for the right duration.
    - Be aware of antibiotic-resistance patterns in your area so that you can always choose the right antibiotic.
    - Hospital and nursing home providers should reassess within 48 hours of starting the antibiotic. When the patient's culture results come back, either adjust the prescription, if necessary or stop the prescription, if indicated.
- Collaborate with each other and with patients
    - Talk to your patients about appropriate use of antibiotics.
    - Consider microbiology cultures, when possible, when ordering antibiotics.
    - Work with pharmacists to ensure appropriate antibiotic use and prevent resistance and adverse events.
    - Use patient and provider resources offered by the Centers for Disease Control and Prevention (CDC) and professional organizations such as the Society for Healthcare Epidemiology.
        - Provider Resources: http://www.cdc.gov/getsmart/
        - Patient Resources: http://www.cdc.gov/getsmart/community/for-patients/index.html
        - General Information: http://www.cdc.gov/drugresistance/protecting_yourself_family.html
- Stop the spread
    - Follow hand hygiene and other infection control measures with every patient.
- Embrace antibiotic stewardship
    - Improve antibiotic use in all facilities—regardless of size—through stewardship interventions and programs, which will improve individual patient outcomes, reduce the overall burden of antibiotic resistance, and save healthcare dollars.

For more information, visit
https://www.cdc.gov/getsmart/week/downloads/gsw-factsheet-providers.pdf

FDA Issues Final Rule on Safety and Effectiveness of Antibacterial Soaps

Rule removes triclosan and triclocarban from the over-the-counter antibacterial hand and body washes

On September 2, 2016, the U.S. Food and Drug Administration issued a final rule establishing that over-the-counter (OTC) consumer antiseptic wash products containing certain active ingredients can no longer be marketed. Companies will no longer be able to market antibacterial washes with these ingredients because manufacturers did not demonstrate that the ingredients are both safe for long-term daily use and more effective than plain soap and water in preventing illness and the spread of certain infections. Some manufacturers have already started removing these ingredients from their products.

This final rule applies to consumer antiseptic wash products containing one or more of 19 specific active ingredients, including the most commonly used ingredients – triclosan and triclocarban. These products are intended for use with water, and are rinsed off after use. This rule does not affect consumer hand "sanitizers" or wipes, or antibacterial products used in health care settings.

"Consumers may think antibacterial washes are more effective at preventing the spread of germs, but we have no scientific evidence that they are any better than plain soap and water," said Janet Woodcock, M.D., director of the FDA's Center for Drug Evaluation and Research (CDER). "In fact, some data suggests that antibacterial ingredients may do more harm than good over the long-term."

Washing with plain soap and running water remains one of the most important steps consumers can take to avoid getting sick and to prevent spreading germs to others. If soap and water are not available and a consumer uses hand sanitizer instead, the U.S. Centers for Disease Control and Prevention (CDC) recommends that it be an alcohol-based hand sanitizer that contains at least 60 percent alcohol.

For more information, visit
http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm517478.htm

References

Centers for Disease Control and Prevention. (2016). Get Smart: Know When Antibiotics Work. Retrieved from *https://www.cdc.gov/getsmart/week/downloads/gsw-factsheet-providers.pdf*

Sanchez GV, Fleming-Dutra KE, Roberts RM, Hicks LA. Core Elements of Outpatient Antibiotic Stewardship. MMWR Recomm Rep 2016;65(No. RR-6):1-12. DOI:http://dx.doi.org/10.15585/mmwr.rr6506a1

U.S. Food and Drug Administration. (2016). FDA News Release. Retrieved from *http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm517478.htm*

Remittance Advice Corner

Attention Professional Providers, Independent Laboratory Providers, Take Charge Plus Providers and Outpatient Hospital Providers

Papanicolaou test (Pap Test)

The American Congress of Obstetricians and Gynecologists guidelines (ACOG) does not recommend cervical cancer screening of women younger than 21 years of age. Effective with dates of service January 1, 2017 and forward, Medicaid will no longer reimburse for routine cervical cancer screening for recipients under the age of 21 years.

However, Medicaid considers cervical cancer screening medically necessary for recipients under age 21 who were exposed to diethylstilbestrol before birth, have human immunodeficiency virus, a weakened immune system, a history of cervical cancer, or other criteria subsequently published by ACOG.

Providers of these laboratory services must submit supporting documentation to the fiscal intermediary to have the age restriction bypassed for a specific clinical situation. It is the responsibility of the treating provider to provide the required documentation needed for billing purposes to the laboratory provider upon request.

Further instructions will follow for Medicaid fee for service claims submission when recipients are younger than age 21 and meet the criteria for coverage.

Updates to Healthy Louisiana related systems and claims processing are plan specific and are the responsibility of each health plan. For questions regarding Healthy Louisiana updates, please contact the appropriate health plan. In addition, questions regarding legacy Medicaid should be directed to Molina Provider Relations at 1(800) 473-2783 or
(225) 924-5040.

Attention All Providers - 2017 HCPCS Update

Louisiana Medicaid is currently in the process of completing the 2017 Healthcare Common Procedure Coding System (HCPCS) update. Part of the update includes changing Louisiana Medicaid files to reflect the **deleted** HCPCS codes for 2017. It is the Department's intent to have the **new** 2017 codes and updates on file as soon as possible including the appropriate editing and coverage determination for the new 2017 HCPCS codes.
Providers should submit claims for the appropriate HCPCS code to preserve timely filing. Claims denied due to the use of the new 2017 HCPCS codes not on file as of January 1, 2017, will be recycled once the fee schedule updates are complete.
Applicable Fee Schedules on the Louisiana Medicaid website, www.lamedicaid.com, will be updated in the near future to reflect coverage of the new 2017 codes. Providers should monitor their RA messages for additional information.
Please contact the appropriate Managed Care Organization with any questions concerning their 2017 HCPCS updates. For questions related to this information as it pertains to fee-for-service Medicaid claims processing, please contact Molina Medicaid Solutions Provider Services at (800) 473-2783 or (225) 924-5040.

Online Medicaid Provider Manual Chapter Revisions as of December 1, 2016

Manual Chapter	Section(s)	Date of Revision(s)
Adult Day Health Care Waiver	9.1 Covered Services 9.1 Covered Services 9.5 Provider Requirements 9.6 Record Keeping Appendix B - Forms	12/08/16
Community Choices Waiver	7.1 Covered Services 7.6 Provider Requirements 7.7 Record Keeping Appendix B - Forms	12/08/16
Hospice	Title Page 24.1 Recipient Requirements 24.2 Election of Hospice Care 24.3 Covered Services 24.4 Service Limitations 24.5 Provider Requirements 24.6 Prior Authorization 24.7 Hospice Revocation and Discharge 24.8 Record Keeping 24.9 Reimbursement 24.10 Claims Related Information 24.11 Program Monitoring 24.12 Appeals 24.13 Administrative Sanctions 24.14 Acronyms/ Definitions/Terms Appendix A Recipient Notice of Election/ Revocation/ Discharge/ Transfer Appendix B Certification of Terminal Illness Appendix C Diagnosis Code Criteria Appendix D Contact/Referral Information	12/20/16 12/21/16
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Archived Online Medicaid Provider Manual Chapter Revisions

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Durable Medical Equipment	18.2 Specific Coverage Criteria	12/09/16
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For Information or Assistance, Call Us!

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