Louisiana Medicaid | Provider UPDATE

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Overview of 2018 Annual Surveillance Report of Drug-Related Risks and Outcomes

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On August 31, 2018, the Centers for Disease Control and Prevention (CDC) released the 2018 Annual Surveillance Report of Drug-Related Risks and Outcomes. This article is meant to be a resource summarizing the latest information from the surveillance report related to the ongoing drug overdose epidemic. Topics covered will include, but are not limited to, opioid prescribing, drug use, drug misuse, overdose hospitalizations and mortality, and the CDC's prevention efforts. The complete surveillance report as prepared by the CDC, the National Center for Injury Prevention and Control (NCIPC), and the U.S. Department of Health and Human Services in Atlanta, Georgia, can be accessed at https://www.cdc.gov/drugoverdose/pdf/pubs/2018-cdc-drug-surveillance-report.pdf.

Table of Contents

The surveillance report includes outcomes data from four different sources:

- Opioid prescribing, 2006–2017, from IQVIA™ Transactional Data Warehouse and Total Patient Tracker
- Drug use, misuse, substance use disorder, and treatment, 2016, from the National Survey on Drug Use and Health (NSDUH), a product of the Substance Abuse and Mental Health Services Administration
- Nonfatal overdose hospitalizations and emergency department (ED) visits, 2015, from the Healthcare Cost and Utilization Project (HCUP), a product of the Agency for Healthcare Research and Quality's (AHRQ) Annual Surveillance Report of Drug-Related Risks and Outcomes
- Drug overdose mortality, 1999–2016, from the National Vital Statistics System (NVSS) Mortality Component, maintained by the National Center for Health Statistics, CDC

The data from this surveillance report suggests the following summarized conclusions, as quoted:

- Opioid prescribing and high-dose prescribing (≥ 90 morphine milligram equivalent) continued to decrease through 2017. Overall, data suggest that some prescribing practices continued to improve in 2017, and sustained efforts are needed to help providers adopt and maintain safe prescribing behaviors.
- A low percentage of those needing treatment for substance abuse are able to access it. In addition to expanding treatment options and access, additional measures are needed to prevent illicit drug use and prescription drug misuse in a dynamic drug landscape.
- Drug overdose deaths in 2016 reached a new record high.
- Heroin, synthetic opioids other than methadone (mostly illicitly manufactured fentanyl), cocaine, and psychostimulants with abuse potential were driving increases in overdose deaths in 2016.

Highlighted Results from the 2018 Annual Surveillance Report

Opioid Prescribing

- In 2017, data from IQVIA™ estimated over 56 million people, or 17.4% of all ages in the United States, filled at least one opioid prescription.
- Prescribing in 2017 was highest among those aged ≥ 65 years (26.8%), followed by those 55-64 years of age (26.3%) and 45-54 years of age (23.1%). The average days of supply per opioid prescription was 18.3. States with the highest opioid prescription rates included: Alabama (107.2), Arkansas (105.4), Tennessee (94.4), Mississippi (92.9), and Louisiana (89.5).
- Since 2006, the annual prescribing rate for all opioids has decreased from 72.4 to 58.5 prescriptions per 100 persons. Between 2006 and 2017, the annual prescribing rate for <30 days of supply prescriptions decreased from 54.7 to 33.9, while the prescribing rate for ≥ 30 days of supply increased from 17.6 to 24.6 per 100 persons. The average days of supply per prescription increased from 13.3 to 18.3 days between 2006 and 2016.
- Between 2006 and 2017, the average daily morphine milligram equivalent (MME) per prescription decreased from 59.7 to 45.3 for all opioids, and the annual prescribing rate per 100 persons decreased from 11.5 to 5.0 for high-dosage opioids (≥90 MME/day).

Drug Use, Misuse, Substance Use Disorder, and Treatment

- In the 2016 National Survey on Drug Use and Health (NSDUH), an estimated 48.5 million people in the United States (18% of those aged 12 years and older) reported use of illicit drugs or misuse of prescription drugs in the past year, with prevalence of 20.7% among males and 15.5% among females.
- Prevalence was highest among ages 18-25 (37.5%) followed by ages 26-24 (28.0%).
- Reported prescription drug misuse prevalence in people 12 years of age and older was 4.4% for opioids, 2.1% for prescription stimulants, 2.2% for prescription tranquilizers, and 0.6% for prescription sedatives.
- By region of residence, prevalence for all illicit drug use and prescription drug misuse in ascending order was the South (15.7%), Midwest (17%), Northeast (19.2%), and West (21.6%).
- About 2.2 million (0.8%) people aged 12 and older reported that they received treatment to reduce or stop illicit drug use or prescription drug misuse, or for medical problems associated with illicit drug use or prescription drug misuse.

Nonfatal Overdose Hospitalizations and Emergency Department Visits

- In 2015, about 316,900 hospitalizations for nonfatal drug-related poisonings occurred. The age-adjusted rates of hospitalizations per 100,000 were 23.2 for all opioids, 5.3 for heroin, 1.7 for methadone, 5.8 for cocaine, and 4.7 for methamphetamines.
- An estimated 547,543 emergency department (ED) visits occurred for all drug-related poisonings in the United States. Age-adjusted rates of ED visits per 100,000 were 44.0 for all opioids, 25.9 for heroin, 1.1 for methadone, 3.0 for cocaine, and 5.2 for methamphetamines.

Drug Overdose Mortality

- Based on data presented from the National Vital Statistics System, a record total of 63,632 drug overdose deaths occurred in 2016. Of the 42,249 drug overdose deaths involving opioids, prescription opioids were involved in 17,087 of those deaths.
- The rate of drug overdose deaths in 2016 by state ranged from 6.4 per 100,000 in Nebraska to 52.0 in West Virginia.
- The rate of drug overdose deaths in 2016 for Louisiana was 21.8. Drug overdose death rates for surrounding states included 10.1 for Texas, 14.0 for Arkansas, and 12.1 for Mississippi.

CDC's Opioid Overdose Surveillance and Prevention Efforts

The mission of the CDC in the opioid epidemic is to prevent opioid-related harm and overdose deaths by: conducting surveillance and research; building state, local and tribal capacity to inform and enhance prevention activities; supporting providers, health systems, and payers by providing tools and resources; partnering with public safety to

respond more quickly and effectively; and empowering consumers to make safe choices. The CDC funds several programs to help integrate and align public health strategies to address the opioid epidemic at the state and local level. These programs include:

- Enhanced State Opioid Overdose Surveillance (ESOOS) - funds 32 states and Washington, D.C. to provide timely and comprehensive data on fatal and nonfatal opioid overdoses and risk factors associated with fatal overdoses.
- Prevention for States (PfS) – funds 29 states to enhance and maximize prescription drug monitoring programs (PDMPs), and evaluate the impact of prescription opioid-related state policies.
- Data-Driven Prevention Initiative (DDPI) - funds 13 states and Washington, D.C. to improve data collection and analysis around opioid use, develop strategies that impact behavior driving prescription opioid abuse, and work with communities to develop more comprehensive opioid overdose prevention programs.

CDC Opioid Prescribing Resources

Useful tools and resources, such as the Opioid Guideline App, which contains a morphine milligram equivalent calculator, can help guide physicians to make more informed decisions about prescribing. More resources and tools can be found below.

Guidelines for Prescribing Opioids for Chronic Pain
https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm
CDC Opioid Prescribing Resources Home Page
https://www.cdc.gov/drugoverdose/prescribing/resources.html
CDC Opioid Guideline Mobile App
https://www.cdc.gov/drugoverdose/prescribing/app.html
Assessing Benefits and Harms of Opioid Therapy
http://www.cdc.gov/drugoverdose/pdf/assessing_benefits_harms_of_opioid_therapy-a.pdf
Calculating Total Daily Dose of Opioids for Safer Dosage
http://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf
Checklist for Prescribing Opioids for Chronic Pain
http://www.cdc.gov/drugoverdose/pdf/pdo_checklist-a.pdf
Guidelines for Prescribing Opioids for Chronic Pain – Quick Reference
http://www.cdc.gov/drugoverdose/pdf/guidelines_factsheet-a.pdf
Non-opioid Treatment for Chronic Pain
http://www.cdc.gov/drugoverdose/pdf/alternative_treatments-a.pdf
Pocket Guide: Tapering Opioids for Chronic Pain
http://www.cdc.gov/drugoverdose/pdf/clinical_pocket_guide_tapering-a.pdf

Prescription Drug Monitoring Programs (PDMPs)
http://www.cdc.gov/drugoverdose/pdf/pdmp_factsheet-a.pdf
Turn the Tide Pocket Guide: Prescribing Opioids for Chronic Pain
http://www.cdc.gov/drugoverdose/pdf/turnthetide_pocketguide-a.pdf
Why Guidelines for Primary Care Providers?
http://www.cdc.gov/drugoverdose/pdf/guideline_infographic-a.pdf

Reference

Centers for Disease Control and Prevention. 2018 Annual Surveillance Report of Drug-Related Risks and Outcomes — United States. Surveillance Special Report. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. Published August 31, 2018. Accessed December 11, 2019 from https://www.cdc.gov/drugoverdose/pdf/pubs/2018-cdc-drug-surveillance-report.pdf.

Attention Behavioral Health Services Providers

Louisiana Medicaid has implemented changes required by Senate Bill No. 564 for behavioral health services providers (BHSPs) of Community Psychiatric Support and Treatment (CPST) or Psychosocial Rehabilitation (PSR) Services. Changes include CPST and PSR requirements related to:

- Member Choice Forms;
- Staff educational requirements;
- Staffing;
- Supervision;
- Accreditation;
- Credentialing; and
- Claims payment.

BHSPs must meet all qualifications and requirements in statute, rule and the Medicaid Behavioral Health Services Provider Manual prior to rendering services.

Providers can review Informational Bulletin 18-14 for additional details. Updates to the provider manual inclusive of effective dates are forthcoming and will be found at www.lamedicaid.com under the Provider Manuals link within the Behavioral Health Services Manual.

Questions related to managed care should be directed to the appropriate Managed Care Organization (MCO).

PHARMACY FACTS

Program Updates from Louisiana Medicaid

Pharmacy Facts can also be found online at: http://ldh.la.gov/index.cfm/page/3036.

December 3, 2018

Medicaid resumes planning for 2019 implementation of single preferred drug list
Having secured broad support from the prescriber and pharmacy provider communities, Louisiana Medicaid is resuming planning for 2019 implementation of a single preferred drug list (PDL).

"We are so appreciative of all the dialogue that led us to this point," Jen Steele, Medicaid director, said. "Our conversations with stakeholders have been tremendously productive, helping us to reach mutual understanding and arrive at a set of programmatic changes that will meet everyone's needs."

The shift from six separate PDLs to one list for both managed care organizations (MCOs) and fee-for-service Medicaid is an important administrative simplification for the prescribers and pharmacists who care for Medicaid members. This change will streamline the provision of care, with the ultimate goal of improved health outcomes for members and a better experience for providers who work with the Medicaid program.

This week, aiming for a May 1, 2019 implementation date, Medicaid will begin preparing for the submission of state plan amendments to the Centers for Medicare and Medicaid Services (CMS) and amendments to its MCO contracts. Throughout this planning phase, Medicaid will continue to dialogue with stakeholders to address any questions or concerns that may arise.

Steele noted that Medicaid continues to receive support for the single PDL decision from diverse interests. This includes letters of support from the Louisiana Independent Pharmacies Association, the Advocacy Center, the Louisiana Academy of Family Physicians and the Louisiana Association of Nurse Practitioners.

For additional background on Medicaid's path to single PDL implementation, including details on prior stakeholder meetings and presentations, please see prior issues of Pharmacy Facts.

Information needed for fall 2018 provider survey
Louisiana Medicaid contractor Myers and Stauffer is collecting invoice information as part of the fall 2018 provider survey through December 7, 2018. They are requesting providers submit their pharmacy's invoices or purchase records reflective of all brand and generic drug purchases made in October 2018. This information may be submitted to Myers and Stauffer by e-mail, fax or mail.

- E-mail: pharmacy@mslc.com
- Fax: (317) 566-3203
- Mail directly to: Myers and Stauffer LC
  Attention: Louisiana Pharmacy Study
  9265 Counselors Row, Suite 100
  Indianapolis, IN 46240

Please contact please contact the Myers and Stauffer Pharmacy Help Desk at (800) 591-1183 if you have any questions.

December 7, 2018

Medicaid plans for 2019 single preferred drug list, dispensing fee and ingredient cost changes
Louisiana Medicaid has established a May 2019 timeline for implementation of a single preferred drug list (PDL) across all managed care organizations (MCOs) and Medicaid fee-for-service. To address concerns expressed in recent stakeholder discussions, Medicaid will also make changes to the pharmacy program's dispensing fee and ingredient cost methodology at the same time.

"Medicaid will use data from our most recent Cost of Dispensing (COD) survey to establish a uniform dispensing fee for all pharmacy providers," Jen Steele, Medicaid director, said. "We are committed to seeking approval from the Centers for Medicare and Medicaid Services (CMS) for an increase in the dispensing fee amount from $10.41 to $10.99 for both chain and independent pharmacies."

Medicaid pharmacy reimbursement for ingredient cost is currently determined using the average acquisition cost (AAC), which relies on localized invoices from Louisiana-based prescribers. Stakeholders expressed an interest in shifting to the national average drug acquisition cost (NADAC), and Medicaid has committed to also pursuing CMS approval for this change.

Input from a wide range of stakeholders – including prescribers, independent and chain pharmacies, and others – was considered when drafting the program changes. "We made every effort to accommodate everyone's interests and concerns," Steele said, "and we appreciate the willingness of everyone to come to the table and compromise."

Additional background on the single PDL discussions and the COD survey can be found in previous editions of Pharmacy Facts.

December 21, 2018

New uniform prior authorization form requirements for 2019
Effective January 1, 2019, the Louisiana Medicaid fee-for-service (FFS) pharmacy program and Medicaid's five managed care organizations (MCOs) will require prescribers to use the Louisiana Uniform Prescription Drug Prior Authorization Form.

Use of the form is mandated through Act 423 of the 2018 Louisiana Legislative Regular Session and impacts all insurance payors in the state, including Medicaid. According to the Act, "a prescriber or pharmacy required to obtain prior authorization from a third party payor shall complete the Louisiana Uniform Prescription Drug Prior Authorization Form." Prior authorization of specialty drugs could require use of a different form in order to obtain the necessary clinical information.

The following guidance applies to use of the uniform prior authorization form:

- Prescribers shall complete the form in full and fax to the appropriate Medicaid MCO or the FFS pharmacy prior authorization provider. Fax numbers listed below, and on the form.
- Use of the form is a legal requirement and a prior authorization request could be denied if not submitted on the proper form.
- To obtain necessary prior authorization processing, the following therapeutic classes shall be considered specialty drugs for Medicaid, but ONLY for prior authorization purposes. This list is subject to change:
    - Hepatitis C Virus (HCV) Direct-Acting Antiviral (DAA) agents
    - Palivizumab (Synagis®)
    - Multiple sclerosis agents
    - Respiratory monoclonal antibody agents: benralizumab (Fasenra®), dupilumab (Dupixent®), mepolizumab (Nucala®), omalizumab (Xolair®), and reslizumab (Cinqair®)
    - Growth Hormones

Questions about pharmacy claims billing should be routed to the appropriate pharmacy helpdesk, as noted below.

Health Plan	Pharmacy Benefits Manager	Phone Number	Fax Number
Aetna Better Health of Louisiana	CVS Health	(855) 242-0802	(844) 699-2889
AmeriHealth Caritas of Louisiana	PerformRx	(800) 684-5502	(855) 452-9131
Fee-for-Service Louisiana Legacy Medicaid	DXC Technology	(800) 730-4357	(866) 797-2329
Healthy Blue	Express Scripts	(844) 521-6942	(844) 864-7865
Louisiana Healthcare Connections	CVS Caremark	(888) 929-3790	(866) 399-0929
UnitedHealthCare	Optum Rx	(800) 310-6826	(866) 940-7328

Clarification of federal accreditation standard for durable medical equipment suppliers
Pharmacies that provide medical equipment, supplies and appliances for fee-for-service Medicaid will not be required to meet accreditation standards set by the federal government for supplies or durable medical equipment (DME). Any questions or additional clarifications can be directed to the provider enrollment section with DXC Technology (formerly Molina). They can be reached at (225) 216-6370.

ATTENTION PROVIDERS/SUBMITTERS
Medicare and Medicaid Advantage Filing Guidelines

A recent review of claims for either dual eligible Medicare Medicaid recipients and/or QMB only recipients revealed many claim filing errors. To help reduce the number of denied claims or rejected claim files, you should follow the guidelines listed below:

- Some claims for dual eligible recipients are being submitted electronically as fee for service Medicaid claims. Submitters must not add claims with Medicare Coverage indicated into an 837P file with a file extension of **.PHY.**

- Claims for dual eligible recipients for coinsurance/deductible consideration should not be sent to DXC **UNLESS** the claim has failed to crossover from Medicare. If that is the situation, then the claim **MUST** be filed HARDCOPY with Medicare EOBs and not submitted electronically. Same guidelines apply when adjusting Medicare claims.

- Claims for dual eligible recipients with Medicare Advantage coverage can be filed electronically; however, there are special requirements for the layout of these files. Providers must work with their clearinghouse or submitter to ensure that the correct procedures are being followed. Submitters should contact DXC EDI and arrange for testing prior to sending such claims to Production. Refer to articles on lamedicaid.com dated 1/31/18 and 4/24/18 for additional details. The 837 Companion Guides have Medicare Advantage claim examples included.

- Claims for dual eligible recipients with **denials** for certain services not covered under traditional Medicare Part B coverage may be filed electronically as fee for service claims. The Medicare denial reason(s) must meet criteria established by the Louisiana Department of Health (LDH) as there are some exceptions. Refer to previous articles on lamedicaid.com dated 5/16/17 and 1/31/18 for details on how to file this claim type.

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    - Multiple sclerosis agents
    - Respiratory monoclonal antibody agents: benralizumab (Fasenra®), dupilumab (Dupixent®), mepolizumab (Nucala®), omalizumab (Xolair®), and reslizumab (Cinqair®)
    - Growth Hormones

Louisiana Medicaid's New Modernized Eligibility and Enrollment System

The Medicaid Customer Service Hotline receives a large number of application status checks daily from providers. Due to the expected increase in call volume and wait times with the implementation of the new Medicaid eligibility system, LaMEDS, on November 13, 2018, CSU will begin **directing you to the MEVS system for verifying Medicaid Eligibility effective immediately.** For multiple status checks, you may complete the Provider Status Request Form located at http://dhhnet/dept/mva/MasterDocs/Provider%20Request%20Form.pdf .

If you have any problems with MEVS please contact Provider Relations at 1-800-473-2783 or providerrelations@la.gov for assistance.

Other helpful numbers:
Provider Enrollment @ 1-225-216-6370
Claims – 1-800-473-2783
Website Issues – 1-877-598-8753

Online Medicaid Provider Manual Chapter Revisions as of December 2018

Manual Chapter	Section(s)	Date of Revision(s)
Family Planning – Take Charge Plus	Title Page Table of Contents 48.0 Overview 48.1 Covered Services 48.2 Recipient Requirements 48.4 Reimbursement 48.5 Record Keeping Appendix A Reserved Appendix B Contact/Referral Information	12/18/18
General Information and Administration	1.2 Recipient Eligibility	12/18/18
Professional Services	5.1 Covered Services – Preventative Medicine 5.1 Covered Services – Take Charge Plus	12/01/18 12/18/18

Archived Online Medicaid Provider Manual Chapter Revisions as of December 2018

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Professional Services	5.1 Covered Services – Preventative Medicine 5.1 Covered Services – Take Charge Plus	12/01/18 12/18/18

Remittance Advice Corner

Attention Louisiana Medicaid Providers

On December 19, 2018, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program implemented Point of Sale (POS) edits with prior use of metformin required for Sodium Glucose Co-Transporter 2 Inhibitors. Please refer to www.lamedicaid.com for more information.

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Attention Obstetricians and Providers of Prenatal and Laboratory Services

Effective for dates of service on or after February 1, 2019, Louisiana Medicaid will cover Non Invasive Prenatal Testing (NIPT) for the detection of fetal chromosomal abnormalities in pregnant women.

This test will be offered as a service to pregnant women over the age of 35, and for women of all ages meeting specified high-risk criteria.

This service is subject to medical review. Providers must submit all required documentation to support the documented high-risk criteria along with a hard copy claim to the department's fiscal intermediary. Failure to provide the required documentation, or if the documentation submitted fails to meet the above listed criteria, will result in denial of payment for this service.

Information regarding this policy is forthcoming and will be found on www.lamedicaid.com under the Provider Manuals link, within the Professional Services manual.

Questions regarding this message and fee-for-service claims should be directed to Molina Provider Relations at (800) 473-2783 or (225) 924-5040.

Questions related to managed care claims should be directed to the appropriate Managed Care Organization (MCO).

For Information or Assistance, Call Us!

Provider Enrollment	(225)216-6370
Prior Authorization:	
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
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

General Medicaid Eligibility Hotline	1-888-342-6207
MMIS Claims Processing Resolution Unit	(225) 342-3855
MMIS/Recipient Retroactive Reimbursement	(225) 342-1739 1-866-640-3905
Medicare Savings Program and Medicaid Purchase Hotline	1-888-544-7996
For Hearing Impaired	1-877-544-9544
Pharmacy Hotline	1-800-437-9101
Medicaid Fraud Hotline	1-800-488-2917