

## Food and Drug Administration (FDA) Drug Safety Communication Regarding Labeling Changes for Prescription Opioid Cough and Cold Medicines

On January 11, 2018, the U.S. Food and Drug Administration (FDA) released an FDA Drug Safety Communication stating that they are requiring safety labeling changes for prescription cough and cold medicines containing codeine or hydrocodone to limit the use of these products to adults 18 years and older because the risks of these medicines outweigh their benefits in children younger than 18. The FDA is also requiring the addition of safety information about the risks of misuse, abuse, addiction, overdose, death, and slowed or

difficult breathing to the Boxed Warning, the most prominent warning, of the drug labels for prescription cough and cold medicines containing codeine or hydrocodone.

It was determined through an extensive review and consultation with a panel of outside experts that the risks of slowed or difficult breathing, misuse, abuse, addiction, overdose, and death with these medicines outweigh their benefits in patients younger than 18.

Healthcare professionals should be aware that FDA is changing the age range for which prescription opioid cough and cold medicines are indicated. These products will no longer be indicated for use in children, and their use in this age group is not recommended. Parents and caregivers should also be informed about the risks associated with use of opioids in children. Healthcare professionals should also reassure parents that cough due to a cold or upper respiratory infection is self-limited and generally does not need to be treated. For those children in whom cough treatment is necessary, alternative medicines are available.

Other *Boxed Warnings* and *Warnings and Precautions* will also be added to the label for prescription cough and cold medicines containing codeine or hydrocodone, to be consistent with the safety issues described in the labels of prescription opioid pain medicines.

Healthcare professionals and patients should report side effects involving opioid cough and cold medicines to the FDA MedWatch program available at [www.fda.gov/safety/medwatch](http://www.fda.gov/safety/medwatch)

Reference: [www.fda.gov/Drugs/DrugSafety/ucm590435.htm](http://www.fda.gov/Drugs/DrugSafety/ucm590435.htm)

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## Applying CDC Guidelines for Prescribing Opioids: An Online Training Series for Healthcare Providers

More than 40 people die every day from prescription opioid-involved overdose. The [CDC Guideline for Prescribing Opioids for Chronic Pain](#) provides recommendations for safer and more effective prescribing of opioids for chronic pain in patients 18 and older in outpatient settings outside of active cancer treatment, palliative care, and end-of-life care.

The CDC offers an online training series to help providers apply CDC's recommendations in clinical settings. This interactive, web-based training features self-paced learning, case-based content, knowledge checks, and integrated resources to help healthcare providers gain a deeper understanding of the Guideline. Tips on implementing the Guideline into primary care practice and overcoming challenges are also included. Free continuing education credits are available for selected healthcare providers, such as physicians and nurses. See [www.cdc.gov/drugoverdose/training/online-training.html](http://www.cdc.gov/drugoverdose/training/online-training.html) for more information.

Reference: [www.cdc.gov](http://www.cdc.gov)

## Checking the Louisiana Prescription Drug Monitoring Program (PMP): An Important Step to Improving Opioid Prescribing Practices

### *What is the Louisiana PMP?*

The Louisiana PMP is a web-based system that collects prescribing and dispensing data for controlled substances and other drugs of concern **whether paid for with cash, by Medicaid or other third-party payer**. Dispensers are required to report prescribing and dispensing data to the PMP for controlled substances and other drugs of concern which are dispensed in the state or dispensed to an address within the state. Authorized users may access the program in the process of caring for their patients.

### *What are the benefits of the PMP?*

- The PMP improves patient safety by allowing clinicians to:
  - Identify patients who are obtaining opioids from multiple providers
  - Calculate the total amount of opioids prescribed per day (in MME/day)
  - Identify patients who are being prescribed other substances that may increase the risks associated with opioids, such as benzodiazepines.
- The PMP improves the state's ability to identify and inhibit the diversion of controlled substances and other drugs of concern.

### *When should I check the PMP?*

**Effective August 1, 2014, prescribers licensed in the State of Louisiana are required to access the PMP prior to initially prescribing any Schedule II controlled dangerous substance to a patient for the treatment of non-cancer-related chronic or intractable pain.** For more information regarding creating a PMP account, prescribers, pharmacists and/or their delegates may visit <http://www.pharmacy.la.gov/index.cfm?md=pagebuilder&tmp=home&pid=5>

### *What should I consider as I review my patient's profile on the PMP?*

- **High dosage:** Talk to your patients about the risks for respiratory depression and overdose. Consider offering to taper opioids as well as prescribing naloxone for patients taking 50 MME/day or more.
- **Multiple Providers:** Counsel your patient and coordinate care with their other prescribers to improve safety and discuss the need to obtain opioids from a single provider. Check the PMP regularly and consider tapering or discontinuation of opioids if pattern of multiple opioid prescribers continues.
- **Drug Interactions:** Whenever possible, avoid prescribing opioids and benzodiazepines concurrently. Communicate with other prescribers to prioritize patient goals and weigh risks of concurrent opioids and benzodiazepine use.

*What should I do if I find information about a patient in the PMP that concerns me?*

Use the opportunity to provide potentially life-saving information and interventions.

- **Confirm that the information in the PMP is correct.** Check for potential data entry errors, use of a nickname or maiden name, or possible identity theft to obtain prescriptions.
- **Assess for possible misuse or abuse.** Offer or arrange evidence-based treatment (usually medication-assisted treatment in combination with behavioral therapies) for patients who meet criteria for opioid use disorder. If you suspect diversion, urine drug testing can assist in determining whether opioids can be discontinued without causing withdrawal.
- **Discuss any areas of concern with your patient and emphasize your interest in their safety.**



References:

- [www.cdc.gov/drugoverdose/pdmp/providers.html](http://www.cdc.gov/drugoverdose/pdmp/providers.html)
- [www.cdc.gov/drugoverdose/pdf/PDMP\\_Factsheet-a.pdf](http://www.cdc.gov/drugoverdose/pdf/PDMP_Factsheet-a.pdf)
- [www.pharmacy.la.gov](http://www.pharmacy.la.gov)

## ATTENTION PROVIDERS: PAYMENT ERROR RATE MEASUREMENT (PERM) FFY17 Currently Underway

Louisiana Medicaid is mandated to participate in the Centers for Medicare and Medicaid (CMS) **Payment Error Rate Measurement (PERM)** program which will assess our payment accuracy rate for the Medicaid and CHIP programs. If chosen in a random sample, your organization will soon receive a *Medical Records Request* from the CMS review contractor, CNI Advantage.

**Please be advised that sampled providers who fail to cooperate with the CMS contractor by established deadlines may be subject to sanctioning by Louisiana Medicaid Program Integrity through the imposition of a payment recovery by means of a withholding of payment until the overpayment is satisfied, and/or a fine.**

**Please be reminded that providers who are no longer doing business with Louisiana Medicaid are obligated to retain recipient records for 5 years, under the terms of the Provider Enrollment Agreement.**

For more information about PERM and your role as a provider, please visit the [Provider link](http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/PERM/Providers.html) on the CMS PERM website: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/PERM/Providers.html>

**If you have any questions, please call Catherine Altazan at 225-342-2612.**

## Online Medicaid Provider Manual Chapter Revisions as of February 1, 2018

Manual Chapter	Section(s)	Date of Revision(s)
Adult Day Health Care Waiver	Table of Contents	01/10/18
	9.0 Overview	01/19/18
	9.1 Covered Services	
	9.2 Recipient Requirements	
	9.3 Recipient Rights and Responsibilities	
	9.4 Service Access and Authorization	
	9.5 Provider Requirements	
	9.6 Record Keeping	
	9.7 Reimbursement	
	9.8 Program Oversight and Review	
	9.9 Incident, Accident and Complaints	
	9.10 Support Coordination	
	Appendix A Contact Information	
	Appendix B Forms/Links	
Appendix C Billing Codes		
Appendix D Glossary		
Appendix E Claims Filing		
Appendix F Concurrent Services		
Applied Behavior Analysis	Table of Contents	
	4.0 Overview	
	4.1 Covered Services	
	4.2 Recipient Requirements	
	4.3 Service Authorization Process	02/01/18
	4.4 Provider Requirements	
	4.5 Reimbursement	
	4.6 Coordination of Care	
	Appendix A Contact Information	
Appendix C Reserved		
Behavioral Health Services	2.3 Addiction Services	01/08/18
Community Choices Waiver s	7.1 Covered Services	
	7.5 Service Access and Authorization	12/22/17
	7.6 Provider Requirements	
	Appendix B Forms/Links	
	Appendix F Concurrent Services	
Professional Services	5.1 Covered Services – Laboratory and Radiology Services	02/01/18



**Archived Online Medicaid Provider Manual Chapter Revisions as of February 1, 2018**

<b>Manual Chapter</b>	<b>Section(s)</b>	<b>Date of Omission(s)</b>
Adult Day Health Care Waiver	Table of Contents 9.0 Overview 9.1 Covered Services 9.2 Recipient Requirements 9.3 Recipient Rights and Responsibilities 9.4 Service Access and Authorization 9.5 Provider Requirements 9.6 Record Keeping 9.7 Reimbursement 9.8 Program Oversight and Review 9.9 Incident, Accident and Complaints 9.10 Support Coordination Appendix A Contact Information Appendix B Forms/Links Appendix C Billing Codes Appendix D Glossary Appendix E Claims Filing Appendix F Concurrent Services	01/10/18 01/19/18
Applied Behavior Analysis	Table of Contents 4.0 Overview 4.1 Covered Services 4.2 Recipient Requirements 4.3 Service Authorization Process 4.4 Provider Requirements 4.5 Reimbursement 4.6 Coordination of Care Appendix A Contact Information Appendix C Reserved	02/01/18
Behavioral Health Services	2.3 Addiction Services	01/08/18
Community Choices Waiver s	7.1 Covered Services 7.5 Service Access and Authorization 7.6 Provider Requirements Appendix B Forms/Links Appendix F Concurrent Services	12/22/17
Professional Services	5.1 Covered Services – Laboratory and Radiology Services	02/01/18



## Remittance Advice Corner

### Attention Medicaid Providers

Louisiana Medicaid 2017 1099s will be distributed by U.S. Mail on or before January 31, 2018. Electronic copies are now available for download by going to the Louisiana Medicaid web site, [www.lamedicaid.com](http://www.lamedicaid.com), Secure Portal, application link, Online 1099. If replacement copies or additional copies are needed, providers must print them from the web site. If you feel there is an error on your 1099, please contact Molina Provider Enrollment at 225-216-6370. Prior year 1099's will be stored in the archive on [www.LaMedicaid.com](http://www.LaMedicaid.com).



### Attention Fee for Service (FFS) Louisiana Medicaid Providers

Some Brand Fee for Service (FFS) Average Acquisition Cost (AAC) rates that should have implemented on January 8<sup>th</sup> were instead implemented on January 13<sup>th</sup> due to a glitch in the Molina system. The rates are retroactive back to the rate effective date. Please check your Brand FFS pharmacy claims for proper reimbursement and resubmit if necessary. Current rates are posted at: <http://www.mslc.com/Louisiana/AACLlist.aspx>.



### ATTENTION: Electronic Health Records Participants

Have you participated in the EHR Incentive Program in the past? You could be missing out on your remaining incentive money. We are currently accepting 2017 EHR attestations for returning providers. Please attest at <https://LAConnect.ThinkHTS.com>. You can contact Gary Dillon at 225-342-4810 or Kelli Douglas at 225-342-7742 for more information.



### ATTENTION: Providers and Submitters of Electronic Claims—Urgent Message

The deadline for receiving the 2018 Annual EDI Certification Forms was December 31, 2017. If you have not submitted a Certification Form for your submitter number (beginning with 450), immediate action is required.

Submitters who do not submit the required form will be deactivated on February 1, 2018.

Emails have been sent to those Submitters whose 2018 Certification forms have not been received by the Molina EDI Department. Please have your signed original form submitted as quickly as possible to ensure no delays in claim payment.

If you have not yet submitted your 2018 Certification Form and did not receive a reminder email, you may need to update your email contact information with the EDI Department.

**Please return completed signed original form to this address as soon as possible**

**DO NOT FAX OR EMAIL**

**Molina - EDI Department**

**P O Box 91025**

**Baton Rouge, LA 70821-9025**

## For Information or Assistance, Call Us!

Provider Enrollment	(225)216-6370	General Medicaid Eligibility Hotline	1-888-342-6207
<b>Prior Authorization:</b>		MMIS Claims Processing Resolution Unit	(225) 342-3855
Home Health/EPSTD – 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