Louisiana Medicaid | Provider UPDATE

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Medication Adherence in Patients with Hypertension

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Medication adherence refers to whether a patient takes their medications as prescribed, as well as whether they continue to take a prescribed medication. (See Table 1.) Medication non-adherence is a critical issue in healthcare today, as studies have shown that it is common and is associated with adverse outcomes as well as increased healthcare costs. Around 20% to 30% of medication prescriptions are never filled, and prescriptions are not taken for the prescribed duration about 50% of the time. Each year in the United States, medication non-adherence accounts for 125,000 deaths and 11% of hospitalizations.

Table of Contents

Non-adherence can be especially harmful as it relates to the treatment of chronic conditions such as hypertension. Hypertension is one of the leading causes of heart disease and stroke. Approximately one in every three U.S. adults, about 75 million people, has hypertension, which contributes to approximately 1,000 deaths per day. Only half of those diagnosed have their hypertension under control. Although taking antihypertensive medication as prescribed increases the odds of keeping blood pressure under control by 45% as compared to not taking them as prescribed, medication non-adherence in patients with hypertension is common. The nature of hypertension presents specific challenges for medication adherence. Many patients do not fully understand the definition, the causes, or the potential results of uncontrolled hypertension. Antihypertensive therapy often includes multiple medications and may result in unpleasant side effects. Medication adherence in these patients is often challenging because of these things and because of the asymptomatic nature of the disease.

Improving medication adherence may be one of the most effective and efficient ways to improve health outcomes. Providers should recognize the problem of non-adherence and be aware of factors that have been shown to affect adherence in order to identify patients who are at risk. (See Table 2.) They should work with their patients to improve adherence through the use of several strategies, many of which focus on improved healthcare provider-patient communication. (See Table 3.) Effective two-way communication is crucial and doubles the chances that patients will take their medications properly.

Table 1. Examples of Medication Non-Adherence

Failing to initially fill a prescription
Failing to refill a prescription as directed
Omitting a dose
Taking more than the prescribed dose
Taking a medication prescribed for someone else
Improperly using medication administration devices (such as inhalers)
Taking a dose with foods, liquids, or other medications that are contraindicated with the prescribed medication

"Drugs don't work in people who don't take them."
– C. Everett Koop, Former Surgeon General

Table 2. Factors Reported to Affect Adherence

Socioeconomic-Related

- Limited English proficiency
- Low health literacy
- Lack of family or social support network
- Unstable living conditions/homelessness
- Burdensome schedule
- Inability/difficulty accessing pharmacy
- Cultural and lay beliefs about illness and treatment

Healthcare System-Related

- Provider-patient relationship
- Provider communication skills
- Disparity between health beliefs of patient and provider
- Lack of positive reinforcement from provider
- Weak system capacity for patient education and follow-up
- Lack of knowledge about adherence and interventions for improving it
- Patient information materials written at too high of a literacy level
- Poor access, missed appointments or long wait times
- Lack of continuity of care

Condition-Related

- Chronic conditions
- Lack of symptoms
- Mental health disorders, such as depression and psychotic disorders
- Developmental disability

Drug Therapy-Related

- Complexity of medication regimen, such as high number of doses or concurrent medications
- Treatment requires mastery of certain techniques, such as injections or inhalers
- Duration of therapy
- Frequent changes in medication regimen
- Lack of immediate therapeutic benefit
- Medications with associated social stigma
- Actual or perceived unpleasant side effects
- Treatment interferes with lifestyle/requires significant behavioral change

Patient-Related

- Physical factors, such as visual, hearing, or cognitive impairment, impaired mobility, and swallowing problems
- Psychological/behavioral factors
- Expectations/attitudes toward treatment and perceived benefit of treatment
- Confidence in ability to follow treatment regimen and lack of motivation
- Fear of possible adverse effects or dependence
- Frustration with health care providers
- Psychosocial stress/anxiety/anger
- Alcohol/substance abuse

Source: World Health Organization, 2003

Table 3. Methods to Improve Medication Adherence

Understand the predictors of non-adherence and address them as needed with patients. • Identify patients who may be at risk for non-adherence. • Ask patients specific questions about attitudes, beliefs, and cultural norms related to taking medications.
Encourage patients to use medication reminders. • Promote the use of pill boxes, alarms, and other medication reminder tools. • Work to match the action of taking medication with a patient's daily routine (such as taking medications with meals or at bedtime, etc.)
Provide all prescription instructions clearly in writing and verbally. • Limit instruction to 3–4 major points. • Use plain, culturally sensitive language. • Use written information or pamphlets and verbal education at all encounters.
Ensure patients understand the risks associated with not taking their medications as directed. • Have patients restate the risks associated with non-adherence. • Have patients restate the positive benefits of taking their medications.
Discuss potential side effects of prescribed medications. • When initially prescribed, talk to patients about their concerns or fears regarding potential side effects. • At each visit thereafter, ask patients if they are experiencing any adverse effects due to the medication.
Encourage communication between provider and patient. • Allow patients to speak freely. • Ask for input when discussing recommendations and making decisions. • Remind patients to contact the provider's office with any questions or concerns.
Provide rewards for medication adherence. • Praise adherence. • Arrange incentives, such as coupons, certificates, and reduced frequency of office visits for medication adherence.
Simplify the drug regimen. • Prescribe once-daily regimens or fixed-dose combination pills, if appropriate. • Try to adjust medications where they can all be taken at the same time of the day.
Assign one staff person the responsibility of managing medication refill requests. • Create a refill protocol. • If possible, implement a pre-visit medication adherence assessment, such as phone calls to the patient before the appointment to determine adherence.
Implement frequent follow-ups (e.g., e-mail, phone calls, text messages) to ensure patients adhere to their medication regimen. • Set up an automated telephone system for patient monitoring and counseling. • Ask patients simply and directly if they are following their drug regimen. • Use a medication adherence scale, such as: o Morisky-8 (MMAS-8) o Morisky-4 (MMAS-4 or Medication Adherence Questionnaire) o Medication Possession Ratio (MPR) o Proportion of Days Covered (PDC)

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Policy Clarification Regarding Adverse Actions List

Every provider is held responsible on the federal and state level for ensuring that their employees have not been excluded.

To determine if an employee, prospective employee, or entity is excluded on the ***state*** level, check the Louisiana Department of Health's Adverse Actions website at the link below:

https://adverseactions.dhh.la.gov/

**Please note: The website should be checked upon hire and monthly thereafter.*

The Adverse Action website has a ***state*** database that contains all individuals and providers who are excluded. Providers can search the database by name and verify with a Social Security Number (SSN). Providers are required to maintain printed confirmation of the checks from the website as verification of compliance with this mandate. If the exclusion is identified *prior* to employment, the provider should not employ the person. If the provider learns of the exclusion *after* hiring the employee, the provider must notify the Louisiana Department of Health within 10 working days of discovering the exclusion. If you have any questions or comments or need to report an issue with an excluded worker or entity, please contact the Program Integrity Section via email at DHH.Medicaid.State.Exclusions@LA.gov.

There are additional mandatory checks that should be done – refer to your policy manuals, public health L.A.C. rules, remittance advice messages and provider updates for more information on the following websites: CNA-DSW State Registry, Office of Inspector General Office (OIG) national database, System for Award Management (SAM) national database.

Louisiana Health Insurance Premium Payment (LaHIPP) Program Launch

The mission of the Louisiana Department of Health (LDH) is to protect and promote health and to ensure access to medical, preventive and rehabilitative services for all citizens of the State of Louisiana. The Louisiana Department of Health is dedicated to fulfilling its mission through direct provision of quality services, the development and stimulation of services of others, and the utilization of available resources in the most effective manner. To that end, the Louisiana Health Insurance Premium Payment (LaHIPP) program will launch April 1, 2017. The LaHIPP program may pay some or all of the employer sponsored health insurance premiums for an employee and family if insurance is available from the employer and someone in the family has Medicaid. Medicaid members who apply and are found eligible may have greater access to care, and payment for premiums and other out-of-pocket expenses will be covered by the program. Providers receive higher reimbursement rates from the private insurer and can bill LDH for the patient responsibility. Outreach activities to providers explaining the program will begin in March and continue as needed or requested. The LaHIPP website will be updated soon with information for members, employers and providers. Providers interested in receiving more information can contact Julie Smithey, Outreach Coordinator, at julie.smithey@la.gov.

Electronic Health Record (EHR) Incentive Payment Program

Deadline for $63,750 Incentive Payment Approaching Quickly

The ability to attest for 2016 will continue through **March 31, 2017**, assuming you have met all criteria for Medicaid patient volume, and adoption and/or meaningful use, including purchasing or signing up for an EHR, by December 31, 2016.

- First, register with CMS (https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html)
- Then after three business days, attest through our state attestation repository (https://laconnect.thinkhts.com/)

Should you need more information about the program or the LAConnect system please visit our site: http://dhh.louisiana.gov/index.cfm/page/1159

Meaningful Use - Security Risk Analysis

When preparing your Meaningful Use Attestation please utilize the CMS Tool found at the link below. The use of other tools could compromise your eligibility to receive incentive payments.

The tool is 156 questions in length, you may utilize the same tool for all applicable providers when utilizing group proxy. You will need to export the report, save, and upload it as an attachment when attesting in LAConnect.

https://www.healthit.gov/sites/default/files/sra_release-2.0-4-8-16.exe

Our HIT staff is eager to help, please feel free to contact us.

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Remittance Advice Corner

2017 Assistant Surgeon and Assistant at Surgery Covered Procedures

Louisiana Medicaid has published the 2017 fee-for-service list of allowed procedures for assistant surgeons and assistant at surgery providers. The list titled, "2017 Assistant Surgeon and Assistant at Surgery List of Covered Procedure Codes" has been posted to the LA Medicaid website (www.lamedicaid.com) under the ClaimCheck icon.

The changes are based on updates made by the McKesson Corporation to their 'ClaimCheck' product. McKesson uses the American College of Surgeons (ACS) as its primary source for determining assistant surgery designations.

This list does not ensure payment but provides a comprehensive list of codes that may be allowed when billed by an assistant surgeon or by an assistant at surgery.

Please contact the appropriate Managed Care Organization with any questions concerning their 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.

Attention Professional Services Providers: ACA Requirement to Enter Ordering Provider on Medicaid Claims

Effective for claims with dates of services on or after April 1, 2017, the **NPI** of the ordering provider must be entered in the appropriate location on Professional claims submitted to Louisiana Medicaid, and that provider must be enrolled with Louisiana Medicaid. Claim records where the ordering provider **NPI** is missing; is inaccurate; is not enrolled; or is not on file as of the date of service will **deny**. If a referring provider NPI is submitted on a claim, they also must be enrolled with Louisiana Medicaid or the claim will deny.

The **NPI** of the billing provider and the ordering provider may not be the same **NPI**, except in cases where an independently practicing professional provider (physician, APRN, optometrist, podiatrist, etc.) is the billing provider and the ordering provider.

Claims editing related to the above changes will be reflected as educational on RA's prior to the April 1, 2017 implementation date.

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

Updates to Healthy Louisiana related systems and claims processing changes are plan specific and are the responsibility of each health plan. For questions regarding Healthy Louisiana updates, please contact the appropriate health plan.

Attention Louisiana Medicaid Providers

Effective February 14, 2017, Fee-for-Service (FFS) Medicaid will have Point of Sale (POS) edits for cariprazine (Vraylar®) pharmacy claims.

Please refer to www.lamedicaid.com for more information.

Attention Louisiana Medicaid Providers

Effective February 14, 2017, Fee-for-Service (FFS) Medicaid updated the ICD-10-CM diagnosis code requirements for adalimumab (Humira®) and abobotulinumtoxinA (Dysport®) pharmacy claims.

Please refer to www.lamedicaid.com for more information.

Attention Louisiana Medicaid Providers

Effective February 14, 2017, Fee-for-Service (FFS) pharmacy claims for perampanel (Fycompa®) will have Point of Sale (POS) edits and FFS pharmacy claims for sacubitril/vasartan (Entresto®) will require clinical pre-authorization.

Please refer to www.lamedicaid.com for more information.

Online Medicaid Provider Manual Chapter Revisions as of February 1, 2017

Manual Chapter	Section(s)	Date of Revision(s)
Applied Behavior Analysis	Appendix B – Billing Codes 4.1 Covered Services	02/24/17

Archived Online Medicaid Provider Manual Chapter Revisions as of February 1, 2017

Manual Chapter	Section(s)	Date of Omission (s)
Applied Behavior Analysis	Appendix B – Billing Codes 4.1 Covered Services	02/24/17

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