Louisiana Medicaid | Provider UPDATE

Volume 38, Issue 5 | May 2022

Medicaid's Provider Enrollment Portal Deadline Is Now June 30, 2022

If you file claims with Louisiana Medicaid, **you must enroll** in the new Medicaid Provider Enrollment Portal. This includes fee-for-service, managed care organization (MCO) only, Dental Benefits Program Manager (DBPM), and Coordinated System of Care (CSoC) providers.

The deadline for provider enrollment is June 30, 2022. Any existing Medicaid provider that does not complete the enrollment and screening process through the new portal will have their claims denied.

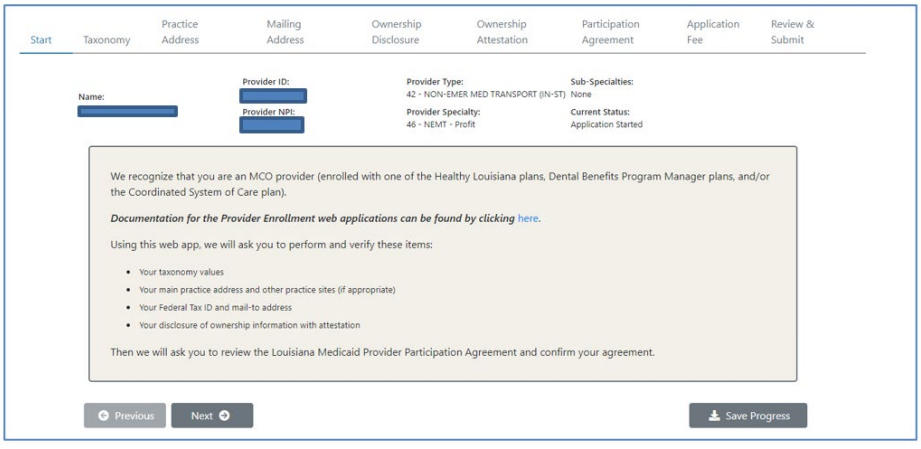
To complete enrollment at lamedicaid.com, providers will need several data elements, including: Louisiana Provider ID, NPI, city, state and zip code. Providers can get this information from the invitation letter they received from Gainwell Technologies.

If a provider does not have this letter or this information, they can email LouisianaProvEnroll@gainwelltechnologies.com to request a reprinted letter be mailed. Reprinted letter requests will only be accepted by email. No other form of submission is accepted. Providers will receive a confirmation email from Gainwell when the submission is received. That email will include an anticipated turnaround time for the response.

For questions or concerns, providers can reach out to Louisiana Medicaid via the following options:

- Web site: www.ldh.la.gov/medicaidproviderenrollment
- Email: LouisianaProvEnroll@gainwelltechnologies.com
- Phone: #1-833-641-2140 (Monday – Friday, between 8 a.m. and 5 p.m. CST)

Providers also can find additional information in IB 22 -4 Medicaid Provider Enrollment Portal.



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Encourage Medicaid members to update contact information

As part of the federal COVID-19 Public Health Emergency (PHE), Louisiana Medicaid made a number of operational changes. This included implementing flexibilities in our service delivery and ceasing Medicaid case closures beginning in March 2020. When the PHE ends, most of these PHE-related changes will also end.

In preparation for the end of the PHE, one of Louisiana Medicaid's primary focuses is on the nearly 2 million members currently receiving benefits. **When the PHE ends, ALL members must complete the renewal process.** It is imperative that members ensure their contact information is up to date, watch for mail from Louisiana Medicaid and respond to requests for information. If members do not respond to renewal letters or requests for information, they will lose their coverage when the public health emergency ends.

Providers can help by encouraging the Medicaid members they serve to ensure their contact information is up-to-date. Members must inform Medicaid any time their information changes. They can make changes to their mailing address, telephone number and email address by logging on to MyMedicaid.la.gov, by email at MyMedicaid@la.gov or by calling 1-888-342-6207.

Covid-19 Vaccine Incentive Program

On April 18, 2022, Louisiana Medicaid implemented the "Shot per 100,000" COVID vaccine incentive program as part of ongoing efforts to increase COVID vaccination rates in the state of Louisiana. The goal is to increase vaccination rates by offering $200 gift cards to the first 100,000 eligible Medicaid enrollees for a limited time, if they receive the first or second dose of the vaccine or the single-dose vaccine.

This program is available to Medicaid members who are five years of age or older. Individuals must receive their first or second dose of the COVID vaccine or the single-dose COVID vaccine on or after April 5, 2022. Booster shots are not included in the program. Medicaid members already fully vaccinated or those who already received a gift card from LDH for receiving the COVID vaccine are not eligible.

Members can choose where to receive their vaccination from any vaccine administration location. Gift card distribution will be handled by the five Medicaid MCOs. Cards are limited to one per member.
Please post or share the attached flyer with the Medicaid members you serve. Information is also available at the web site at www.ldh.la.gov/vaccinegiftcard.

Overview of Biosimilars: Focus on Filgrastim

Jessica Dotson, PharmD, MBA

What is a Biological Product?
Biological products are a diverse category of products containing generally large, complex molecules typically produced through biotechnology in a living system. The nature of these products presents challenges in characterizing and manufacturing them that are typically not seen with non-biological products. Inherent variations in biological products can result from a complex manufacturing process, and slight differences between manufactured lots of the same biological product are normal and expected.[2]

Because non-biologics are small molecule products, manufacturers are able to easily recreate generic forms that contain the same active ingredients and are bioequivalent to the brand name product. The process of creating a product similar to an original biologic (reference product) is different. When a manufacturer creates a biosimilar product that is like the reference product, demonstration of bioequivalence is not required. Rather, they must demonstrate that the biosimilar is highly similar to the reference product, except for minor differences in clinically inactive components.[2]

What is a Reference Product?
A reference product is the single biological product, already approved by the U.S. Food and Drug Administration (FDA), against which a proposed biosimilar product is compared. A reference product is approved based on, among other things, a full complement of safety and effectiveness data. A proposed biosimilar product is compared to and evaluated against a reference product to ensure that the product is highly similar and has no clinically meaningful differences.[2]

What is a Biosimilar Product?
As mentioned previously, a biosimilar is a biological product that is highly similar to and has no clinically meaningful difference from the existing FDA-approved reference product. For a biosimilar to be considered "highly similar" to the reference product, the manufacturer of the biosimilar must extensively analyze the structure and function of both the reference product and the proposed biosimilar. Using state-of-the-art technology, the manufacturer will compare the characteristics of the products, such as purity, chemical identity, and bioactivity. Minor differences between the reference product and the proposed biosimilar in clinically inactive components are acceptable and expected. Any differences are carefully evaluated by the FDA to ensure the biosimilar meets the FDA's high approval standards.[2]

Additionally, a manufacturer must also demonstrate that its proposed biosimilar has no clinically meaningful differences from the reference product in terms of safety, purity, and potency. This is generally demonstrated through human pharmacokinetic and pharmacodynamic studies, an assessment of clinical immunogenicity, and, if needed, additional clinical studies. However, even if a proposed biosimilar product meets these standards, it does not mean it is interchangeable (able to be substituted for the reference product without approval from the prescriber). For a biosimilar to be considered interchangeable, the product must meet additional requirements outlined by the Biologics Price Competition and Innovation Act. Therefore, further information is necessary to show that an interchangeable product is expected to produce the same clinical results as the reference product in any given patient. Furthermore, for products administered to a patient more than once, the risk in terms of safety and reduced efficacy of switching back and forth between an interchangeable product and a reference product will need to be evaluated.[2]
Biosimilar products are approved by the FDA through an abbreviated licensure pathway which permits the product to be licensed under section 351(k) of the Public Health Service Act (PHS Act). Applications submitted under section 351(k) must demonstrate that the proposed product is biosimilar to the reference product by relying on comparative data with the reference product, as well as publicly available information regarding the FDA's previous determination that the reference product is safe, pure, and potent. In contrast, reference products are required to undergo a much more extensive process and are licensed under section 351(a) of the PHS Act. An application submitted under section 351(a) is considered a "stand-alone" application that is required to contain all information and data necessary to demonstrate that the proposed product is safe, pure, and potent.[6]

The First Biosimilar Product Approved by the FDA
The FDA approved the first biosimilar product, Zarxio (filgrastim-sndz), in 2015. Zarxio is biosimilar to Neupogen® (filgrastim). Neupogen® is a leukocyte growth factor indicated to:

- Decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a significant incidence of severe neutropenia with fever
- Reduce the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myeloid leukemia (AML)

- Reduce the duration of neutropenia and neutropenia-related clinical sequelae, e.g., febrile neutropenia, in patients with nonmyeloid malignancies undergoing myeloablative chemotherapy followed by bone marrow transplantation (BMT)
- Mobilize autologous hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis
- Reduce the incidence and duration of sequelae of severe neutropenia (e.g., fever, infections, oropharyngeal ulcers) in symptomatic patients with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia
- Increase survival in patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Syndrome of Acute Radiation Syndrome)[1]

Neupogen is a biological product that was approved for use by the FDA in 1991 through the Biologics License Application (BLA) pathway.[1] Since its approval, two manufacturers have created biosimilar versions of Neupogen. These biosimilars, Zarxio and Nivestym, are similar to Neupogen, but they have not yet met the additional requirements necessary by the FDA to be considered interchangeable with the originator product. Granix is another filgrastim product, but is not technically considered a biosimilar to Neupogen because it was licensed under section 351(a) before a biosimilar approval pathway had been established by the FDA.[2]

Comparison of Filgrastim Products

Table 1 provides a general comparison of the currently available filgrastim products. The biosimilars of Neupogen are all very much alike, as expected; however, Granix does have differences from all other listed products that are important to note. In addition to the difference between the FDA-approved indications, Granix has some different warnings and precautions.[5]

All filgrastim products have the following warnings and precautions: [1,3,4,5]

- Fatal splenic rupture
- Acute respiratory distress syndrome (ARDS)
- Serious allergic reactions, including anaphylaxis
- Fatal sickle cell crisis (the prescribing information for Granix lists this warning as follows: "Sickle cell crisis: severe and sometimes fatal crisis can occur.")
- Glomerulonephritis

Additional warnings and precautions seen with Neupogen®, Zarxio®, and Nivestym™ that are not listed for Granix® include:[1,3,4]

- Myelodysplastic syndrome (MDS) and acute myeloid leukemia (AML)
- Thrombocytopenia

Furthermore, an additional warning is listed for Granix that is not listed for the other filgrastim products:

- Capillary leak syndrome[5]

Table 1: Comparison of Filgrastim Products[1,3,4,5]

Product Name	Neupogen®	Zarxio®	Nivestym™	Granix®
Active Ingredient	Filgrastim	Filgrastim-sndz	Filgrastim-aafi	Tbo-filgrastim
Drug Characteristic	Biologic	Biosimilar	Biosimilar	Not a biosimilar, technically characterized as a biologic

Indications	Dose*			
Decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a significant incidence of severe neutropenia with fever	5 mcg/kg/day	5 mcg/kg/day	5 mcg/kg/day	5 mcg/kg/day
Reduce the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myeloid leukemia (AML)	5 mcg/kg/day	5 mcg/kg/day	5 mcg/kg/day	Not FDA indicated
Reduce the duration of neutropenia and neutropenia-related clinical sequelae, e.g., febrile neutropenia, in patients with nonmyeloid malignancies undergoing myeloablative chemotherapy followed by bone marrow transplantation (BMT)	10 mcg/kg/day	10 mcg/kg/day	10 mcg/kg/day	Not FDA indicated
Mobilize autologous hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis	10 mcg/kg/day	10 mcg/kg/day	10 mcg/kg/day	Not FDA indicated
Reduce the incidence and duration of sequelae of severe neutropenia (e.g., fever, infections, oropharyngeal ulcers) in symptomatic patients with congenital neutropenia	6 mcg/kg twice daily	6 mcg/kg twice daily	6 mcg/kg twice daily	Not FDA indicated
Reduce the incidence and duration of sequelae of severe neutropenia (e.g., fever, infections, oropharyngeal ulcers) in symptomatic patients with cyclic neutropenia or idiopathic neutropenia	5 mcg/kg/day	5 mcg/kg/day	5 mcg/kg/day	Not FDA indicated
Increase survival in patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Syndrome of Acute Radiation Syndrome)	10 mcg/kg/day	Not FDA indicated	Not FDA indicated	Not FDA indicated
Mechanism of Action	G-CSF	G-CSF	G-CSF	G-CSF
Interchangeable	Reference agent	No	No	No

G-CSF: granulocyte colony-stimulating factor; AML: acute myeloid leukemia; BMT: bone marrow transplantation
*Some of these may be starting doses; see full prescribing information for recommended dosage adjustments and timing of administration.

Summary

- Biologics are typically large, complex molecules produced through biotechnology in a living system making it difficult to manufacture a product that is bioequivalent to that of the reference product.[2]
- A biosimilar is a biological product that is highly similar to and has no clinically meaningful difference from the existing FDA-approved reference product.[2]
- Biosimilars are not considered to be interchangeable with their reference products, as is typically seen with brand and generic products, until the biosimilar meets the additional requirements outlined by the Biologics Price Competition and Innovation Act.[2]
- Filgrastim is a biologic agent used to decrease the risk of infection due to neutropenia, in people with certain types of cancer who receive chemotherapy that can cause neutropenia and fever.[1]
- Neupogen is the proprietary name of the first FDA-approved form of filgrastim, approved through the 351(a) BLA in 1991, making it the reference product for all other forms of filgrastim that come to market.[1]
- There are currently two approved biosimilars of Neupogen, Zarxio and Nivestym, both approved through the 351(k) BLA pathway, specifically created for biosimilars. Zarxio became the first Neupogen biosimilar in 2015, followed by Nivestym in 2018. Both drugs are highly similar to Neupogen and hold all the same FDA-approved indications except for Hematopoietic Syndrome of Acute Radiation Syndrome.[3,4]
- Granix was actually the second filgrastim product, earning FDA approval in 2012. As there was no pathway for biosimilar approval at the time, it was approved through the same 351(a) BLA pathway as Neupogen, so it is technically not characterized as a biosimilar to Neupogen. Additionally, Granix is only indicated for one of the six FDA-approved indications held by Neupogen.[5]
- None of the currently approved biosimilars of Neupogen are interchangeable with it at this time.[2]

FDA Resources for Providers and Patients on Biologics and Biosimilars

Biosimilar and Interchangeable Products | FDA
Prescribing Biosimilar and Interchangeable Products | FDA
Biosimilar Product Information | FDA
Biosimilar Development, Review, and Approval | FDA
Patient Materials | FDA
FDA Purplebook

References

1. Neupogen (filgrastim) [package insert]. Thousand Oaks, CA: Amgen, Inc; February 2021. Neupogen.pdf.
2. U.S. Food & Drug Administration (FDA). Biosimilar and Interchangeable Products. Biosimilar and Interchangeable Products | FDA. Accessed December 2, 2021.
3. Zarxio (filgrastim-sndz) [package insert]. Princeton, NJ: Sandoz, Inc; March 2021. Zarxio pdf.
4. Nivestym (filgrastim-aafi) [package insert]. Lake Forest, IL: Hospira, Inc: November 2021. Nivestym pdf.
5. Granix (tbo-filgrastim) [package insert]. North Wales, PA: Teva Pharmaceuticals USA, Inc; November 2019. Granix pdf.
6. U.S. Food & Drug Administration (FDA). Overview of the Regulatory Framework and FDA's Guidance for the Development and Approval of Biosimilar and Interchangeable Products in the U.S. [presentation]. https://www.fda.gov/media/113820/download. Accessed February 3, 2022.

Louisiana Medicaid Launches Phone Campaign To Encourage Members To Update Contact Information

Louisiana Medicaid has launched a phone campaign to encourage its members to update their contact information. Automated calls will go out to members between the hours of 3 p.m. and 8 p.m. Monday through Saturday. The calls will remind members to update their phone number, mailing address and email address.

When the federal COVID-19 public health emergency ends, Medicaid will be reaching out to our members through the mail to complete renewals and to verify eligibility. In an effort to ensure we have the most current information

possible for these critical communications, the Department of Health is preparing now by using multiple means to verify member contact information. It's critical that Medicaid has accurate information to be sure that members receive important notices related to their healthcare coverage.

We are alerting you to these calls so you know they are legitimate and not a scam. We anticipate that patients may ask you about these calls to verify the legitimacy. The calls are recorded messages only. There will not be a Medicaid representative on the phone and we will not be asking for any personal information. The calls will be spread out over the next four to eight weeks.

For members who receive a call, the caller ID will show Louisiana Department of Health.
Members can update their contact information anytime by visiting mymedicaid.la.gov or by emailing mymedicaid@la.gov.

Louisiana Developmental Screening Toolkit

As of January 1, 2021, Louisiana Medicaid providers can receive reimbursement for developmental screening, autism screening, and perinatal depression screening. **The Louisiana Department of Health's Developmental Screening Toolkit** was created to help clinics integrate these screening into their day-to-day practice. The toolkit consists of step-by-step information contained in webpages, instructional videos, and downloadable worksheets. It is designed to house all of the information and tools you will need to put the Louisiana Developmental Screening Guidelines into practice in one, convenient spot.

The toolkit uses a quality improvement framework, which allows providers to systematically improve the way health care is delivered to the families they serve. The information and QI framework for this toolkit is based on clinical guidelines from the American Academy of Pediatrics (AAP), other national toolkits, and lessons learned from the field. It is designed to improve efficiency, patient safety, and clinical outcomes. It can be used as an **American Board of Pediatrics MOC-4** project for providers who are leading the QI efforts.

Check out the Developmental Screening Toolkit at **ldh.la.gov/DevScreenToolkit** to learn more.

New Medicaid Eligibility Group Covers COVID-19 Testing for Uninsured Patients

Per the Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Security Act, Louisiana Medicaid has expanded coverage to include COVID-19 testing for uninsured individuals for the duration of the federally declared public health emergency. Coverage is limited to COVID-19 testing and related office visits for uninsured Louisiana residents. No treatment costs are covered under this program.

The new benefit is provided through Medicaid fee-for-service and not Healthy Louisiana through a managed care organization. Providers must be a Medicaid enrolled provider and must be enrolled before services are provided. Providers not enrolled as a Medicaid provider with Gainwell Technologies will need to complete a temporary emergency application with Medicaid's fiscal intermediary, Gainwell Technologies, to be paid for testing and testing related services for the uninsured. Providers will be required to self-attest on the uninsured individual's application to Medicaid that they are not also billing the Department of Health and Human Services (HHS) or the Health Resources and Services Administration (HRSA) for the same services. You also may not bill on any contract with the Louisiana Department of Health to provide COVID-19 testing for these patients. If Medicaid identifies other third party coverage is available (e.g., Medicare, private insurance), Medicaid will not cover the services.

For additional guidance, visit Medicaid's provider web page for COVID-19 testing coverage for uninsured individuals. The site contains billing information, a detailed provider guide, frequently asked questions for providers, and the simplified application patients can fill out to determine if they are eligible for coverage.

PHARMACY FACTS

Program Updates from Louisiana Medicaid

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

April 22, 2022

Age Limits for Vaccines

In July of 2021, the indication of Shingrix was expanded to include the prevention of herpes zoster (HZ) (shingles) in adults 18 years of age or older who are or will be at increased risk of HZ due to immunodeficiency or immunosuppression caused by known disease or therapy.

Vaccines	Brand Name Examples	Age Limit
COVID-19 Vaccines	Pfizer, Moderna, J&J	*
Hepatitis A Adult	Vaqta®, Havrix®	≥ 19 years
Hepatitis A – Hepatitis B Adult	Twinrix®	≥ 19 years
Hepatitis B Adult	Heplisav-B®, Engerix-B®	≥ 19 years
HPV-Human Papillomavirus 9 Valent	Gardasil ® 9	19-45 years
Influenza Vaccine	Various Brands	**
Measles, Mumps & Rubella	M-M-R®II	≥ 19 years
Meningococcal Conjugate (Groups A, C, Y and W-135)	Menveo®, Menactra®	≥ 19 years
MENB – Meningococcal Group B	Trumenba®, Bexsero®	≥ 19 years
Pneumococcal 13-valent	Prevnar 13™	≥ 19 years
Pneumococcal Polysaccharide (23 Valent)	Pneumovax®23	≥ 19 years
Tetanus and Diphtheria Toxoids	TDVAX®	≥ 19 years
Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis	Adacel®, Boostrix®	≥ 19 years
Varicella	Varivax®	≥ 19 years
Zoster Vaccine Recombinant, Adjuvanted	Shingrix®	≥ 18 years
Zoster Vaccine Live	Zostavax®	≥ 60 years

* COVID-19 vaccines are covered for adults and children of select ages. Age limits and age ranges for COVID-19 vaccines are based on Emergency Use Authorization (EUA) and FDA approval. Refer to the pharmacy page on www.LaMedicaid.com for the COVID-19 vaccine policy.

**Age limits and age ranges for influenza vaccines are based on prescribing information.

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Please post or share the attached flyer with the Medicaid members you serve. Information is also available at the web site at www.ldh.la.gov/vaccinegiftcard.

Remittance Advice Corner

Louisiana Medicaid 2021 1099's

Louisiana Medicaid 2021 1099's will be distributed by U.S. Mail on or before January 31, 2022. Electronic copies are now available for download by going to the Louisiana Medicaid website, www.lamedicaid.com, Secure Portal, application link, Online 1099. If replacement copies or additional copies are needed, providers must print them from tl website. If you feel there is an error on your 1099, please contact Gainwell Provider Enrollment at 225-216-6370. Prio year 1099's will be stored in the archive on www.lamedicaid.com.

Medicaid Public Notice and Comment Procedure

As of Aug. 1, 2019, a public notice and comment period is required before certain policies and procedures are adopted. Drafts will be published on LDH's website to allow for public comment, as per HB 434 of the 2019 Regular Legislative Session. This requirement applies to managed care policies and procedures, systems guidance impacting edits and payment, and Medicaid provider manuals.

In compliance with R.S. 46:460.51(15), 460.53, and 460.54, this procedure provides for a defined term, a public notice requirement, implementation of a policy for the adoption of policies and procedures, and for related matters. Public Comments for the listed policies and procedures can be left at the link below.

- Louisiana Medicaid (Title XIX) State Plan and Amendments;
- Louisiana Medicaid Administrative Rulemaking Activity;
- Medicaid Provider Manuals;
- Contract Amendments;
- Managed Care Policies & Procedures; and
- Demonstrations and Waivers.

http://www.ldh.la.gov/index.cfm/page/3616

Manual Chapter Revision Log

Manual Chapter	Section(s)	Date of Revision(s)
American Indian 638 Clinics American Indian 638 Clinics	• Section 39.0 - Overview • Section 39.1 – Covered Services • Section 39.2 – Beneficiary Requirements • Section 39.3 – Provider Requirements • Section 39.4 - Reimbursement Appendix A – Message for EPSDT Eligibles and their Parents	04/27/22
Behavioral Health Behavioral Health	• Section 2.3 – Outpatient Services – Personal Care Services (PCS)	04/05/22
Children's Choice Waiver (CC) Children's Choice Waiver (CC)	Appendix E – Billing Codes	04/14/22

Manual Chapter Revision Log, cont.

Manual Chapter	Section(s)	Date of Revision(s)
Community Choice Waiver (CCW) Community Choice Waiver (CCW)	• Section 7.1 – Covered Services • Section 7.2 – Self-Direction Option • Section 7.3 – Beneficiary Requirements • Section 7.4 – Beneficiary Rights and Responsibilities • Section 7.5 – Service Access Authorization • Section 7.6 – Provider Requirements • Section 7.7 – Record Keeping • Section 7.8 – Reimbursement • Section 7.9 – Program Oversight and Review • Section 7.10 – Incidents, Accidents, and Complaints • Section 7.11 – Support Coordination • Section 7.12 – Organized Health Care Delivery System • Appendix D – Claims Related Information Appendix F – Concurrent Services	04/13/22
Long Term – Personal Care Services (LT-PCS) Long Term – Personal Care Services (LT-PCS)	Appendix C - Billing	04/05/22
New Opportunities Waiver (NOW) New Opportunities Waiver (NOW)	Appendix E – Billing Codes	04/14/22
Portable X-Ray Portable X-Ray	• Section 36.0 – Overview • Section 36.1 – Covered Services • Section 36.3 – Provider Requirements • Section 36.4 – Reimbursement • Appendix A – Fee Schedule Appendix B – Contact Information	04/27/22
Residential Options Waiver (ROW) Residential Options Waiver (ROW)	Appendix E – Billing Codes	04/14/22
Supports Waiver Supports Waiver	Appendix B – Service Procedure Codes	04/14/22

For Information or Assistance, Call Us!

Provider Relations	1-800-473-2783 (225) 294-5040 Medicaid Provider Website	General Medicaid Eligibility Hotline	1-888-342-6207
Prior Authorization:		MMIS Claims Processing Resolution Unit MMIS Claims Reimbursement	(225) 342-3855
Home Health/EPSDT – PCS	1-800-807-1320		
Dental	1-855-702-6262 MCNA Provider Portal		
DME & All Other	1-800-488-6334 (225) 928-5263	MMIS/Recipient Retroactive Reimbursement	(225) 342-1739 1-866-640-3905 MMIS Claims Reimbursement
Hospital Pre-Certification	1-800-877-0666		
REVS Line	1-800-776-6323 (225) 216-(REVS)7387 REVS Website	Medicare Savings	1-888-544-7996 Medicare Provider Website
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 Pharmacy Benefits
		Medicaid Fraud Hotline	1-800-488-2917 Report Medicaid Fraud