Louisiana Medicaid | Provider UPDATE

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Overuse of Short-Acting β2-Agonists (SABA)

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Facts about Asthma in the United States

- One in 13 people has asthma (more than 24 million Americans).
- Each year, asthma accounts for approximately:
  - 439,000 hospitalizations
  - 1.6 million emergency department visits
  - 10.5 million physician office visits
  - 13.8 million missed school days
  - 14.2 million missed work days
- About 10 asthma-related deaths occur each day.
- The estimated cost of treating asthma in the United States is $62.8 billion every year.
- Those disproportionately affected by asthma include black Americans, Puerto Ricans, and those with low income.
- Asthma-related deaths are about 2 times more likely to occur in black Americans than white Americans.
- **Fifty percent (50%) of adults with asthma and 40% of children with asthma do not have control of their disease.**[1]

Asthma Control

According to the *National Heart, Lung, and Blood Institute (NHLBI) Asthma Management Guidelines,* controlling asthma consists of:

- **Reducing Impairment:** preventing symptoms, reducing quick-relief (rescue) medication use, maintaining lung function, and maintaining normal physical activities and attendance at school or work.
- **Reducing Risk:** minimizing emergency room visits and hospitalizations and preventing repeated asthma attacks.[2,3]

Why do patients overuse asthma rescue medications?

Chronic overuse of short-acting β2-agonists (SABA) for quick-relief may cause a decrease in airway sensitivity primarily mediated by downregulation of beta-2 adrenergic receptors, which can lead to higher more frequent dosing and increased difficulty in achieving symptom relief.[4]

SABA As-Needed vs Regular Schedule

The current recommendation of national guidelines is to prescribe (SABAs) as needed for symptom relief rather than on a regular schedule. Loss of the bronchoprotective effect, or the ability to protect against bronchoconstriction in response to chemical stimuli, exercise, or allergen exposure, is a significant adverse outcome when patients use SABAs on a regular schedule.[5] ,

SABA Overuse Harm

Over the last few years there has been a lack of improvement in asthma control and mortality rates, which may be attributed to poor compliance of controller medications and the overuse of short-acting β2-agonists (SABA) for

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symptom relief. Chronic overuse of SABAs becomes problematic, as these agents do not address the underlying inflammatory pathology that gives rise to worsening symptoms.[6]

Heavy use of these medications should alert clinicians to reevaluate the patient's asthma control.
Observational studies have suggested that there is an association between asthma mortality and chronic overuse of SABAs.[5]

How much is too much?
Recently, a cohort study[6] including over 300-thousand asthma patients reported that increased use of SABA canisters was associated with increased risk of asthma exacerbation and increased mortality.

- Increasing number of SABA canisters was associated with increased risk of *exacerbations* compared to two or fewer canisters per year, as follows:

SABA canisters per year	Increased risk of exacerbations
3–5	26%
6-10	44%
≥11	77%

- Higher SABA use was associated with incrementally increased *mortality* risk compared to two or fewer canisters per year, as follows:

SABA canisters per year	Increased risk of mortality
3–5	26%
6-10	67%
≥11	135%

Though these observational findings do not prove causality of medication harm, they do emphasize that close monitoring of SABA usage should be key in identifying poorly controlled asthma and improving disease management. Heavy use of these medications should alert clinicians to reevaluate the patient's asthma control.

CDC's EXHALE Technical Package
The CDC's EXHALE Technical Package[1] represents a group of evidence-based strategies to reduce the burden of asthma, and is intended to promote informed decision-making in communities, organizations, and states. This document summarizes the evidence of impact on asthma in areas, including:

- Improved asthma symptoms
- Improved asthma control
- Improved quality of life
- Increased medication adherence
- Increased controller medication use
- Decreased rescue medication use

Summary of EXHALE Strategies[1]

E	Education on asthma self-management
X	Extinguishing smoking and secondhand smoke
H	Home visits for trigger reduction and self-management education
A	Achievement of guidelines-based medical management
L	Linkages and coordination of care across settings
E	Environmental policies or best practices to reduce asthma triggers from indoor, outdoor, and occupational sources

One of most significant areas of impact from the EXHALE Technical Package strategies is the achievement of guidelines-based medical management of asthma. However, evidence suggests that guidelines-based asthma management is not routine which leads to inadequate asthma control. Evidence-based recommendations for medical management of asthma are provided in the *NHLBI Asthma Management Guidelines*.[1,2,3]

Key Points of Asthma Management per the *NHLBI Asthma Management Guidelines*
The goal of asthma therapy is to achieve and maintain control of asthma symptoms with the least amount of medication and minimal adverse effects. The stepwise approach to therapy is used to achieve and maintain this control. Clinicians must decide which step of care is appropriate depending on whether the patient is newly diagnosed or whether the clinician is adjusting the patient's therapy to achieve asthma control. Clinicians must assess asthma control and escalate treatment as needed (by moving to a higher step) or, if possible, deescalate treatment (by moving to a lower step) once the patient's asthma is well controlled.

- First, check adherence, inhaler technique, environmental factors, and comorbid conditions.
- **Step up** if needed; reassess in 4-6 weeks (0-4yr) or 2-6 weeks (5yr and older).
- **Step down** if possible (if asthma is well controlled for at least 3 consecutive months).

***IMPORTANT: Increased use of SABA or use >2 days a week for symptom relief (except for prevention of exercise-induced bronchospasms) generally indicates inadequate control and may require a step up in treatment.**

Asthma Action Plan
All patients with asthma should work with their clinician to create an individualized, written asthma action plan. Asthma action plans should tell the patient how to treat their asthma on a daily basis and provide guidance on when to seek medical attention. Most asthma action plans are divided into three zones (green, yellow, and red) which are defined by symptoms and/or peak flow. The action plan tells the patient what to do in each zone.

Patient Education
Asthma care not only requires a proper diagnosis and treatment plan, but also requires proper patient education. Educating the patient and engaging them in becoming active partners in their asthma management is one of the most important components of treatment. A well-informed and motivated patient is more likely to take control of their asthma care.

Important components of asthma education include:
- Facts about asthma
- Roles of medications
- Proper use of medications, and inhaler technique
- What to do when asthma symptoms worsen
- How to reduce exposures to asthma triggers[2,3]

Other Resources
NHLBI 2020 Focused Updates to the Asthma Management Guidelines: Clinician's Guide
NHLBI 2020 Focused Updates to the Asthma Management Guidelines: At-a-Glance Guide
CDC – Asthma Action Plans
CDC – Know How to Use Your Asthma Inhaler
CDC – Asthma and COVID-19

References
1. Hsu J, Sircar K, Herman E, Garbe P. (2018). *EXHALE: A Technical Package to Control Asthma*. Atlanta, GA: National Center for Environmental Health, Centers for Disease Control and Prevention. https://www.cdc.gov/asthma/pdfs/EXHALE_technical_package-508.pdf. Accessed May 1, 2021

2. National Asthma Education and Prevention Program. Expert Panel Report 3 (EPR-3): guidelines for the diagnosis and management of asthma—Full Report 2007. NIH Publication No. 07-4051. Bethesda, MD: National Institutes of Health; 2007.

3. Expert Panel Working Group of the National Heart, Lung, and Blood Institute (NHLBI) administered and coordinated National Asthma Education and Prevention Program Coordinating Committee (NAEPPCC), Cloutier MM, Baptist AP, et al. 2020 Focused Updates to the Asthma Management Guidelines: A Report from the National Asthma Education and Prevention Program Coordinating Committee Expert Panel Working Group [published correction appears in J Allergy Clin Immunol. 2021 Apr;147(4):1528-1530]. *J Allergy Clin Immunol*. 2020;146(6):1217-1270. doi:10.1016/j.jaci.2020.10.003

4. Lemanske RF. Beta agonists in asthma: Acute administration and prophylactic use. In: UpToDate, Bochner B (Ed), UpToDate, Waltham, MA. Accessed May 1, 2021

5. Lemanske RF. Beta agonists in asthma: Controversy regarding chronic use. In: UpToDate, Bochner B (Ed), UpToDate, Waltham, MA. Accessed May 1, 2021

6. Nwaru BI, Ekström M, Hasvold P, Wiklund F, Telg G, Janson C. Overuse of short-acting β_2-agonists in asthma is associated with increased risk of exacerbation and mortality: a nationwide cohort study of the global SABINA programme. *Eur Respir J*. 2020;55(4):1901872. doi:10.1183/13993003.01872-2019

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 will need to complete a temporary emergency application with Medicaid's fiscal intermediary, Gainwell, 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.

Louisiana Medicaid Provider Enrollment Portal Launches in June

Louisiana Medicaid is launching a new provider enrollment portal in **June 2021**. The enrollment portal is being designed to meet a Centers for Medicare and Medicaid Services (CMS) requirement and must be used by all Medicaid providers. This includes current managed care organization (MCO) providers, Dental Benefits Program Manager (DBPM) providers, Coordinated System of Care (CSoC) providers and fee-for-service providers.

The state's fiscal intermediary and current provider enrollment vendor, Gainwell Technologies, will send providers an invitation to the mailing address on file when it is time for them to visit the portal and complete the enrollment process. Not all invitations will be mailed at the same time. Due to the large volume of enrollments, LDH plans to stagger invitations to avoid overwhelming the system. Providers should wait until they receive their invitation to access the portal.

Informational Bulletin 21-5 has additional details about the portal and important information about what providers can do to prepare before the launch.

Information about the portal, including frequently asked questions, can also be found on the Medicaid Provider Enrollment Portal webpage. The webpage includes a form for providers and stakeholders to submit questions and feedback.

PHARMACY FACTS

Program Updates from Louisiana Medicaid

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

May 25, 2021

Fee-for-Service (FFS) Point of Sale (POS) Downtime

This is to alert all Louisiana Medicaid pharmacies that the FFS POS mainframe system will have downtime today, May 25, 2021, starting at 6 p.m. for approximately one hour. Claims should be submitted when the FFS POS system is back online.

Remittance Advice Corner

2021 Assistant Surgeon and Assistant at Surgery Services

Louisiana Medicaid has published the 2021 fee-for-service (FFS) list of allowed procedures for assistant surgeon and assistant at surgery providers. The list has been posted to the LA Medicaid website (www.lamedicaid.com) under the ClaimCheck icon.

The list is based on updates made by Change Healthcare to their 'ClaimCheck' product. Change Healthcare uses the American College of Surgeons 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.

For questions related to this information as it pertains to FFS Medicaid claims processing, please contact Gainwell Technologies Provider Services at (800) 473-2783 or (225) 924-5040.

Please contact the appropriate managed care organization with any questions concerning their 2021 HCPCS updates.

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)
Behavioral Health Services Behavioral Health Services	2.5 – Coordinated System of Care Appendix D – Approved Curriculum Equivalency Standards	05/27/21
Dental Services Dental Services	16.0 Overview 16.1 Provider Requirements 16.2 Claims Related Information 16.3 EPSDT – Beneficiary Eligibility 16.4 EPSDT – Securing Services 16.5 EPSDT – Covered Services 16.7 EPSDT Prior Authorization 16.8 Adult Denture – Beneficiary Eligibility 16.9 Adult Denture Covered Services 16.11 Adult Denture Prior Authorization Appendix A EPSDT Fee Schedule Appendix B Adult Denture Fee Schedule Appendix C Dental Claim Form Instructions Appendix D Adjustment-Void Forms and Instructions Appendix F Claim Denial Simplification Process Appendix J Contact Referral Information	05/19/21 05/26/21
Professional Services Professional Services	5.1 - Covered Services – Obstetrics	04/30/21

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	(225) 342-3855
Home Health/EPSDT – PCS	1-800-807-1320		
Dental	1-855-702-6262 MCNA Provider Portal	Resolution Unit MMIS Claims Reimbursement	
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