Louisiana Medicaid | Provider UPDATE

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Naloxone for Patients Taking ≥ 50 Morphine Milligram Equivalent (MME) per Day

Compiled by:
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Morphine Milligram Equivalents (MME)

Morphine milligram equivalents (MME) is an opioid dosage's equivalency to morphine. The MME/day metric is often used as a gauge of the overdose potential of the amount of opioid that is being given at a particular time. Calculating the total daily dosage of opioids helps identify patients who may benefit from closer monitoring, reduction or tapering of opioids, prescribing of naloxone, or other measures to reduce risk of overdose. Do not use the calculated dose in MMEs to determine dosage for converting one opioid to another. Use the following method for calculating MME/day:

1) Determine the total daily amount of each opioid the patient takes.
2) Convert each opioid to MMEs by multiplying the daily dosage for each opioid by its conversion factor. [For more information, visit CMS - Opioid Oral MME Conversion Factors]
3) Add all opioid MMEs together.

The Centers for Disease Control and Prevention (CDC) offers a tool for mobile devices that can be used to calculate MMEs. Refer to the following for more information: CDC Opioid Prescribing Guideline Mobile App

Reference: CDC - About CDC's Opioid Prescribing Guideline

Opioid Overdose Risk and MME

The U.S. is in the midst of an epidemic of prescription and illicit opioid overdose deaths. Overdoses involving opioids killed almost 50,000 people in 2019 alone. On average, more than 46 Americans die every day from prescription opioid overdoses.

Higher dosages of opioids are associated with higher risk of overdose and death—even relatively low dosages (20-50 morphine milligram equivalents (MME) per day) increase risk. Higher dosages have not been shown to reduce pain over the long term. One randomized trial found no difference in pain or function between a more liberal opioid dose escalation strategy (with average final dosage 52 MME) and maintenance of current dosage (average final dosage 40 MME). Patients prescribed higher opioid dosages are at higher risk of overdose death.

According to the CDC Guideline for Prescribing Opioids for Chronic Pain, clinicians should prescribe the lowest effective dosage of opioids. Although clinicians should use caution when prescribing opioids at any dosage, evidence of individual benefits and risks should be carefully reassessed when considering increasing dosage to ≥50 morphine milligram equivalents (MME)/day. Increasing dosage to ≥90 MME/day should be avoided or carefully justified. These MME values were determined based on the most recent scientific evidence regarding the

association between opioid dosage and overdose risk. Opioid overdose risk increases in a dose-response manner. Dosages of 50–99 MME/day have been found to increase risk for opioid overdose two-fold to five-fold compared with dosages of 1–19 MME/day, and dosages ≥100 MME/day increase risk of overdose up to nine times the risk at 1–19 MME/day. Among a national sample of Veterans Health Administration (VHA) patients with chronic pain receiving opioid treatment and dying of opioid-related overdose, average prescribed dosage was 98 MME per day (compared with an average dosage of 48 MME/day among patients not experiencing fatal overdose), suggesting the need for caution before dosages approach 100 MME daily.

Prescribers should use strategies to mitigate risk of opioid-related harms. Before starting and periodically during continuation of opioid therapy, clinicians should evaluate risk factors for opioid-related harms. Clinicians should incorporate into the management plan strategies to mitigate risk, including considering offering naloxone when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages (≥50 MME/day), or concurrent benzodiazepine use, are present.

Reference: CDC - Data Overview | Drug Overdose | CDC Injury Center

Prescribers should consider prescribing naloxone to patients who are at increased risk of opioid overdose.

The U.S. Food and Drug Administration recommends that healthcare professionals do the following for all patients who are prescribed opioid pain relievers:

- Discuss the availability of naloxone.
- Consider prescribing naloxone to patients who are at increased risk of opioid overdose, such as patients who –
    - have a history of overdose;
    - have a history of opioid use disorder (OUD);
    - are taking higher opioid dosages (≥50 MME/day); and
    - are currently using a benzodiazepine, or any other medication that depresses the central nervous system.
- Consider prescribing naloxone if the patient has household members, including children, or other close contacts at risk for accidental ingestion or opioid overdose.

References:
CDC - Guidelines for Prescribing Opioids for Chronic Pain Factsheet
FDA - New Recommendations for Naloxone

Provider Resources for Hurricane Preparedness

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The following resources for healthcare professionals provide information regarding hurricane preparedness and health / safety concerns to consider when treating patients during a hurricane.

Carbon Monoxide Poisoning After a Disaster
When power outages occur during emergencies such as hurricanes or winter storms, the use of alternative sources of fuel or electricity for heating, cooling, or cooking can cause carbon monoxide (CO) to build up in a home, garage, or camper. CO can cause sudden illness and death if present in sufficient concentration in the ambient air.

Appropriate and prompt diagnostic testing and treatment is very important. For more information, visit the CDC Clinical Guidance for Carbon Monoxide (CO) Poisoning After a Disaster.

Diarrhea
Increased incidence of acute diarrhea may occur in post-disaster situations where access to electricity, clean water, and sanitary facilities are limited. Refer to the CDC Guidelines for the Management of Acute Diarrhea After a Disaster for more information regarding the evaluation and treatment of patients presenting with acute diarrhea in these situations.

Enhancing Health Care Resilience
This resource provides extensive research and a tool kit for providers, primarily hospital settings, in establishing the framework for emergency preparedness and planning for severe weather incidents. The website and documents, including the toolkit, provide groundwork for common understanding of climate changes, adverse events and challenges that this poses to the health care community and provides a suite of online tools and resources that highlight emerging best practices for developing sustainable and climate-resilient health care facilities. Refer to Building Health Care Sector Resilience | U.S. Climate Resilience Toolkit for more information.

Immunizations
The CDC will work with the immunization program and other public health staff to coordinate administration of vaccines in evacuation centers. Evacuees should be up to date with a tetanus vaccine, along with routinely recommended vaccines. Refer to CDC Questions and Answers about Immunization Recommendations Following a Disaster for more information.

Infectious Diseases
Infectious disease outbreaks of diarrheal and respiratory illnesses can occur when access to safe water and sewage systems are disrupted, personal hygiene is difficult to maintain, and people are living in crowded conditions, such as shelters. For more information, refer to CDC Infectious Disease After a Disaster.

Medical Care of Ill Disaster Evacuees: Additional Diagnoses to Consider
When treating evacuees who have been exposed to potentially contaminated flood waters and crowded living conditions, clinicians should consider some less common diagnoses. Refer to CDC Medical Care of Ill Disaster Evacuees, which outlines some conditions to consider when providing healthcare to evacuees.

Medical and Public Health Readiness
The National Center for Disaster Medicine and Public Health (NCDMPH) was established under the Homeland Security Presidential Directive 21 (HSPD 21) to be "…an academic center of excellence in disaster medicine and public health…." The NCDMPH was founded as a collaboration by five federal agencies: Department of Health and Human Services (HHS), Department of Defense (DoD), Department of Homeland Security (DHS), Department of Transportation (DOT), and Department of Veterans Affairs (VA). It is both a federal organization and an academic center that acts as a bridge between agencies and the academic and government spheres. The mission of the NCDMPH is to improve disaster health readiness through education and science. Refer to NCDMPH for more information.

Mold After a Disaster
After natural disasters such as hurricanes, tornadoes, and floods, excess moisture and standing water contribute to the growth of mold in homes and other buildings. Patients with asthma, allergies, or other respiratory conditions may be more sensitive to mold. For more information, refer to CDC Information for Clinicians Helping Patients with Asthma, Other Respiratory Conditions, and/or Allergies to Mold After a Hurricane or Other Tropical Storm.

References:
CDC Natural Disasters and Severe Weather
National Center for Disaster Medicine and Public Health
US Climate Resilience Toolkit

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 Anticipated to Launch in July

Louisiana Medicaid is working to finalize the new provider enrollment portal. The anticipated launch date is **July 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.

June 1, 2021

Delivery Model Feedback
The Louisiana Department of Health (LDH) continues its commitment to transforming its Medicaid managed care program to provide better care and better health for its members. As part of this goal, LDH is reviewing the current transportation services and pharmacy benefit delivery models. LDH seeks input from the public about the key factors that must be considered when improving these models. This feedback can be provided at: https://ldh.la.gov/index.cfm/form/241. Feedback on NEMT/pharmacy benefits is due June 21, 2021.

Brand Over Generic List: PHARMACISTS -- adjust your inventory accordingly
On May 7, 2021 LDH held a virtual Pharmaceutical & Therapeutics (P&T) Committee Review webinar via Zoom. LDH's legal department authorized Pharmacy staff to host a review in lieu of an actual meeting due to the constraints of COVID and the current public meeting laws. We were unable to obtain a quorum of P&T Committee members for an in-person meeting, and the review was conducted without the P&T members voting. However, feedback from committee members, the public and drug manufacturers was allowed and taken into consideration.

In addition, the Pharmacy Advisory Council (PAC) members reviewed the Brand over Generic list and provided feedback as well. There are times when brand products are preferred over generics because the net price to the state is less expensive after rebate. After considering the financial and clinical impacts as well as the feedback on the proposed recommendations, the Brand over Generic List will be as follows effective July 1, 2021:

	Brand over Generic List for Spring 2021 – Effective July 1, 2021 (highlight is new to the list)	Spring/Fall	Unit of Use/Bulk
1	ADVAIR DISKUS (INHALATION)	Fall	UU
2	AFINITOR (ORAL)	Fall	UU
3	ALPHAGAN P 0.15% (OPHTHALMIC)	Fall	UU
4	AMITIZA (ORAL)	Spring	UU
5	APRISO (ORAL)	Spring	UU
6	BETHKIS (INHALATION)	Spring	UU
7	CARBATROL (ORAL)	Fall	Bulk
8	CATAPRES-TTS (TRANSDERM)	Fall	UU
9	CIPRODEX (OTIC)	Fall	UU
10	COPAXONE 20 MG/ML (SUBCUTANE.)	Spring	UU
11	DEPAKOTE SPRINKLE (ORAL)	Fall	Bulk
12	ELIDEL (TOPICAL)	Fall	UU

	Brand over Generic List for Spring 2021 – Effective July 1, 2021 (highlight is new to the list)	Spring/Fall	Unit of Use/Bulk
13	FELBATOL TABLET (ORAL)	Fall	Bulk
14	FOCALIN XR (ORAL)	Fall	Bulk
15	IMITREX (NASAL)	Spring	UU
16	NATROBA (TOPICAL)	Spring	UU
17	NEXIUM SUSPENSION (ORAL)	Spring	UU
18	PROTONIX SUSPENSION (ORAL)	Spring	UU
19	RAPAMUNE SOLUTION and TABLET (ORAL)	Spring	UU/Bulk
20	RENVELA TABLET (ORAL)	Spring	Bulk
21	RETIN-A CREAM (TOPICAL)	Spring	UU
22	SABRIL TABLET and POWDER PACK (ORAL)	Fall	Bulk/UU
23	SUBOXONE FILM (SUBLINGUAL)	Spring	Bulk
24	SYMBICORT (INHALATION)	Fall	UU
25	TECFIDERA and TECFIDERA STARTER PACK (ORAL)	Spring	UU/UU
26	TEGRETOL XR (ORAL)	Fall	Bulk
27	TOBRADEX SUSPENSION (OPHTHALMIC)	Fall	UU
28	TRAVATAN Z (OPHTHALMIC)	Fall	UU
29	TRILEPTAL SUSPENSION (ORAL)	Fall	UU

	Brand Over Generic Products Removed - Spring 2021	Notes
1	TRANSDERM-SCOP (TRANSDERM)	Generic will be preferred
2	HUMALOG VIAL (SUBCUTANE.)	Both brands and generics will be preferred
3	HUMALOG PEN (SUBCUTANE.)	
4	NOVOLOG MIX VIAL (SUBCUTANE.)	
5	NOVOLOG MIX PEN (SUBCUTANE.)	
6	NOVOLOG PEN (SUBCUTANE.)	
7	NOVOLOG VIAL (SUBCUTANE.)	
8	NOVOLOG CARTRIDGE (SUBCUTANE.)	
9	REVATIO SUSPENSION (ORAL)	Generic will be preferred

Preferred Drug List (PDL) Updates

The new PDL will be implemented on July 1, 2021.

There are six new therapeutic classes added to the PDL. Those classes include:

- Glucagon Agents.
- Growth Factors–previously on the back page with clinical criteria applied.
- Hereditary Angioedema.
- HIV/AIDS – all agents will have a preferred status with no prior authorization.
- Infectious Disorders – Pleuromutilins – previously on the back page with clinical criteria applied.
- Potassium Binders – previously on the back page with clinical criteria applied.

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	Revision Detail Log Link	06/23/21

Manual Chapter Revision Log, cont.

Manual Chapter	Section(s)	Date of Revision(s)
Durable Medical Equipment DME	Table of Contents 18.2 Specific Coverage Criteria	06/09/21
Hospice Hospice	24.2 Election of Hospice 24.3 Covered Services	06/10/21
Program of All-Inclusive Care for the Elderly (PACE) PACE	Table of Contents 35.0 Overview 35.6 Record Keeping 35.9 Program Quality and Oversight 35.10 Grievances-Complaints	06/04/21
Pharmacy Benefits Management Services Pharmacy Benefits Management Services	37.5.2 Claims Related Information 37.5.11 Medication Administration	05/28/21 06/24/21
Residential Options Waiver (ROW) ROW	Appendix E Billing Codes	06/22/21

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