

Key Points from the 2018 Global Initiative for Chronic Obstructive Lung Disease (GOLD) Guidelines

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The Global Initiative for Chronic Obstructive Lung Disease (GOLD) works with experts from around the world to develop evidence-based guidelines for the prevention and treatment of Chronic Obstructive Lung Disease (COPD). The following key points have been summarized from the 2018 GOLD Report.

Definition and Overview

- Chronic Obstructive Pulmonary Disease (COPD) is a chronic, progressive lung disease characterized by persistent respiratory symptoms, some of which include dyspnea, cough and sputum production. Many patients under-report their symptoms.
- COPD is a common, preventable and treatable disease due to either the effects of noxious particles / gases or genetic abnormalities which cause destruction of lung parenchyma, resulting in small airway inflammation and limited respiratory airflow.
- Tobacco smoking is the main risk factor for COPD; other risk factors which may contribute to COPD development include biomass fuel exposure, air pollution, genetic abnormalities, abnormal lung development, accelerated aging, occupational exposure to fumes /dust, and exposure to secondhand smoke.
- Patients with COPD may experience exacerbations, which are periods of acute worsening of respiratory symptoms.
- Many concomitant chronic diseases may increase the morbidity and mortality associated with COPD.

Diagnosis and Assessment of COPD

- A diagnosis of COPD should be considered in any patient, with or without a history of exposure to risk factors, with symptoms of dyspnea, chronic cough and/or sputum production.
- A spirometry test, a requirement for diagnosing COPD, resulting in a post-bronchodilator FEV₁/FVC score of < 0.70 confirms persistent limitation of airflow, which is indicative of COPD.
- The severity of airflow limitation, the impact on the patient's overall health status and the risk of exacerbations should be assessed to guide treatment-specific therapy for each individual patient with COPD.

Prevention and Maintenance Therapy

- The goal of COPD treatment is to improve the patient's overall health status by reducing symptoms and frequency of exacerbations. Treatment regimens should include a combination of pharmacologic and non-pharmacologic treatments individualized to each patient.
- Treatment regimens should be based on a number of factors, such as the severity of symptoms, risk of exacerbations, comorbidities, side effects, therapeutic response to different medications, and the patient's ability to use various delivery devices.
- Due to multiple complex inhaler delivery devices used to treat COPD, an assessment of the patient's inhaler technique should be conducted routinely.

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- Tobacco smoking is the main risk factor for COPD. Smoking cessation rates can be reliably increased using pharmacotherapy and nicotine replacement. However, the effectiveness and safety of e-cigarettes as a cessation aid is presently uncertain.
- Pharmacologic treatment regimens may include, but are not limited to, beta₂ agonists (both short- and long-acting), anticholinergics, steroids (both oral and inhaled), antibiotics, and mucolytic agents. Many of these agents are available in combination products.
- One of the non-pharmacologic treatment options is pulmonary rehabilitation, which includes exercise training, education, and self-management interventions aimed at changing patient behavior.
- Palliative care is effective for controlling symptoms in advanced COPD.
- Long-term administration of oxygen has been shown to improve survival in COPD patients with severe resting chronic hypoxemia. Oxygen should not be used long term in patients with stable COPD and moderate resting or exercise-induced desaturation because no sustained benefits have been shown in health status or lung function.
- COPD patients with advanced emphysema not controlled by optimized medical care may benefit from bronchoscopic or surgical interventional treatments.
- Influenza and pneumococcal vaccinations decrease the rate of lower respiratory tract infections, which are the most common cause of COPD exacerbations.

Management of Exacerbations

- COPD exacerbations should be treated in order to reduce the negative effects of the current exacerbation and to prevent future negative events.
- Respiratory tract infections are the most common cause of COPD exacerbations; however, other circumstances, such as environmental factors, can influence exacerbations as well.
- Short-acting bronchodilators are recommended as initial acute exacerbation treatment while long-acting bronchodilators are recommended for maintenance therapy and should be initiated before hospital discharge.
- Systemic corticosteroids and antibiotics, when indicated, can shorten recovery time and length of hospitalization. The duration of treatment should not exceed 5 to 7 days.
- Due to potential side effects, methylxanthines are not recommended for acute COPD exacerbations.
- After an acute exacerbation, steps should be taken to prevent future exacerbations.

COPD and Comorbidities

- Concomitant chronic disease states often exist with COPD and may have a substantial negative impact on the course of the disease.
- Cardiovascular diseases, osteoporosis, depression, anxiety, lung cancer, obstructive sleep apnea and gastroesophageal reflux disease (GERD) are all frequently occurring comorbidities associated with COPD patients. These conditions can negatively affect the health status and prognosis of the patient and increase morbidity, mortality, and hospitalization rates.
- One of the main causes of death in COPD patients is lung cancer, which frequently occurs in these patients.
- In general, COPD treatment should not be modified in patients with comorbidities. Likewise, appropriate treatment guidelines should be used to treat the comorbid conditions.
- When treating COPD and comorbid conditions, it is important to consider simplicity of treatment in an effort to minimize polypharmacy.

Reference:

Global Strategy for the Diagnosis, Management and Prevention of COPD, Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2018. Available from: <https://goldcopd.org>.



Pharmacy Facts Program Updates from Louisiana Medicaid

Pharmacy facts, which includes program updates from Louisiana Medicaid can be found online at:
<http://ldh.la.gov/index.cfm/page/3036>.



Implementation of New Medicaid Eligibility System Delayed

The implementation of LaMEDS, the state's new Medicaid eligibility and enrollment system, is being delayed with a tentative target date of November. LaMEDS includes a Provider Portal, which replaces the current Facility Notification System (FNS) and allows provider representatives, hospital representatives, and Support Coordination Agency (SCA) reps to submit forms for Medicaid to process. All current representatives authorized to submit forms in FNS will be required to reregister in the new system. Announcements will be posted on the current FNS site in advance of Go Live. Please send all questions to MSMcomm@la.gov

Healthy Louisiana Open Enrollment Closed

The Healthy Louisiana open enrollment period closed July 31, 2018. Changes will become effective Sept. 1, 2018. The MCO Continuity of Care provisions remain applicable, and the MCO shall provide continuation of such services for up to 90 calendar days or until the member is reasonably transferred without interruption of care, whichever is less, including specialized behavioral health.



Home Health Program Changes

CMS has mandated significant changes for the Medicaid Home Health Services program as outlined below:

- Beneficiaries ages 21 and older are no longer limited to 50 visits per year, but prior authorization is now required for this age group. Providers should submit the new PA-18 form.
- Home health services may be provided in any residential setting in which a beneficiary's normal life activities take place. Exceptions include hospitals, nursing facilities, ICF-IIDs, or any setting in which Medicaid may pay room and board charges.
- A face-to-face (F2F) encounter with the beneficiary is required for all ages and must meet the following requirements:
 - Must be conducted no more than 90 days before, or 30 days after, the start of services.
 - For beneficiaries under the age of 21, the F2F encounter can be documented in the letter of medical necessity or a progress note in the medical chart.
 - For beneficiaries ages 21 and older, the F2F form is required and must be included with the prior authorization request.

- The F2F encounter can be conducted by the prescribing/certifying physician or an allowed Non-Physician Provider (NPP) for all age groups. If conducted by an NPP, the certifying physician must sign off or attest to the encounter.
- Medical supplies, equipment and appliances are to be provided in accordance with physician review and other requirements as specified in 42 CFR 440.70(b)(3).
- All required forms will be located on www.lamedicaid.com.

These changes will take effective 9/01/18. Questions may be directed to Michelle Renee at (225) 342-6888.

Provider Management System



The Louisiana Department of Health is pleased to announce the upcoming Provider Management System, an online tool that will allow providers to apply for enrollment with fee-for-service Medicaid and/or the Medicaid managed care health plans at the same time and with a single online application. Providers will also be able to easily update their demographic, practice, and billing information through the website for distribution to all enrolled Medicaid plans.

The Provider Management System will also allow providers to check the status of their enrollment application, including effective dates once enrollment is approved. If a provider prefers to utilize the CAQH application, data already entered into CAQH can be easily imported into the Provider Management application. Online application completion may also be delegated to

office managers, with the provider submitting the final electronic signature.

The launch of the Provider Management System will coincide with implementation of the Affordable Care Act's new screening requirements for managed care providers. At that time, providers will need to be enrolled with the state to be eligible for reimbursement by the managed care health plans. The single online application will allow providers to meet this requirement at the same time that they apply to the managed care health plans. Providers that are already enrolled with the managed care health plans but not yet with the state will be asked to do so when the Provider Management System is launched. Data entered by providers will be retained in the system so that it can also be used for future recredentialing and revalidation purposes.

Please look forward to future communications as we provide more details about the system. In the meantime, questions may be submitted to Kate Stewart at (225) 219-4146 or katherine.stewart@la.gov.

Louisiana Department of Health Recoupment Efforts of Delinquent Debt

The Program Integrity Section at the Louisiana Department of Health is attempting to recoup outstanding fee-for-service Medicaid overpayments owed by providers. Overpayments to a provider may result after adjustments are made to paid fee-for-service claims, and a smaller number of overpayments are identified following a post-payment audit performed by the department. Overpayments are typically recouped from providers by offsetting future submitted claims, but this recoupment method is not possible if the provider no longer submits fee-for-service claims.

Providers that owe a fee-for-service overpayment that cannot be recouped by offsetting claims will receive

notification letters at their last mailing address in their enrollment file. The letters detail a specific amount owed and instructions on how to pay. Debts not paid following a second notification from the Louisiana Department of Health will be transferred for final collection to the Office of Debt Recovery, an office of the Louisiana Department of Revenue that was created by state law in 2013.

As part of these recent recoupment efforts, letters are being mailed out to providers. If you receive a letter or have any questions about the process, please call (225) 219-2575 or email PI.ARC@la.gov.

Online Medicaid Provider Manual Chapter Revisions as of July, 2018

Manual Chapter	Section(s)	Date of Revision(s)
Behavioral Health Services	2.1 Provider Requirements	06/29/18
	2.6 Record Keeping	06/29/18
	Appendix A Forms and Links	06/29/18
	2.3 Outpatient Services – Rehabilitation Services for Children, Adolescents, and Adults	07/24/18
	2.5 Coordinated System of Care (CSoC)	07/25/18
	Appendix F CSoC Wraparound Model	07/25/18
Pharmacy Benefits Management Services	37.5 Covered Services, Limitations, and Exclusions	07/19/18

Archived Online Medicaid Provider Manual Chapter Revisions as of July, 2018

Manual Chapter	Section(s)	Date of Omission(s)
Behavioral Health Services	2.1 Provider Requirements	06/29/18
	2.6 Record Keeping	06/29/18
	Appendix A Forms and Links	06/29/18
	2.3 Outpatient Services – Rehabilitation Services for Children, Adolescents, and Adults	06/29/18 07/24/18
	2.5 Coordinated System of Care (CSoC)	07/25/18
	Appendix F CSoC Wraparound Model	07/25/18
Pharmacy Benefits Management Services	37.5 Covered Services, Limitations, and Exclusions	07/19/18

Remittance Advice Corner

Attention Louisiana Fee for Service (FFS) Medicaid Providers:

Effective August 1, 2018, Fee for Service (FFS) Medicaid and Managed Care Organizations (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and United Healthcare) will have diagnosis code requirements at Point of Sale (POS) for eculizumab (Soliris®) and paroxetine mesylate (Brisdelle®). Please refer to www.lamedicaid.com for more information.



Attention Louisiana Fee for Service (FFS) Medicaid Providers:

Effective June 26, 2018, pharmacy claims submitted to Fee for Service (FFS) Medicaid for codeine and tramadol containing products will have an age requirement at Point of Sale (POS). Please refer to www.lamedicaid.com for more information.



Attention Louisiana Fee for Service (FFS) Medicaid Providers:

Effective June 26, 2018, pharmacy claims submitted to Fee for Service (FFS) Medicaid for nusinersen sodium/PF (Spinraza®) and eteplirsen (Exondys 51®) will have a clinical pre-authorization and diagnosis code requirement at Point of Sale (POS). Please refer to www.lamedicaid.com for more information.



Attention Louisiana Fee for Service (FFS) Medicaid Providers:

Effective July 1, 2018, pharmacy claims submitted to Fee for Service (FFS) Medicaid for sacubitril/valsartan (Entresto®) will no longer have a clinical pre-authorization requirement at Point of Sale (POS). Please refer to www.lamedicaid.com for more information.



Attention Louisiana Fee for Service (FFS) Medicaid Providers:

Effective July 2, 2018, pharmacy claims submitted to Fee for Service (FFS) Medicaid for Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors: deutetrabenazine (Austedo®), tetrabenazine (Xenazine®), and valbenazine (Ingrezza®) will have a clinical pre-authorization requirement at Point of Sale (POS). Please refer to www.lamedicaid.com for more information.



Attention Louisiana Fee for Service (FFS) Medicaid Providers:

Effective immediately, prescribing providers should use the revised (July 2018) Healthy Louisiana Prior Authorization (PA) Form when requesting a prior authorization for a recipient enrolled in Fee for Service (FFS) Medicaid or a Managed Care Organization (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and United Healthcare). Prior authorizations for select specialty drugs must be submitted as usual on designated specialty PA forms. Please refer to www.lamedicaid.com for more information.



Attention Louisiana Fee for Service (FFS) Medicaid Providers:

Effective July 1, 2018, for Fee for Service (FFS) Medicaid, over-the-counter (OTC) pharmacy claims submitted at Point of Sale (POS) for Long Term Care recipients will deny since coverage of OTC drugs are part of the per diem. Please refer to www.lamedicaid.com for more information.



Attention All Providers:

Incorrect Use Of ICD-10 Codes Will Result In Claim Denials

Louisiana Medicaid will be completing the final transition from the ICD-9 Crosswalk to the ICD-10 Code set with date of processing September 4, 2018 forward. Once implemented, ICD-9 codes will no longer be accepted on claims with dates of service 10/1/2015 and after. Below are common provider errors identified during testing that will result in future claim denials.

- Invalid ICD-10 codes
- Header codes sent as ICD-10 codes are non-payable
- ICD-9 codes in ICD-10 fields

Effective September 4th, 2018, Medicaid will implement edits requiring a valid ICD-10 diagnosis code to be reported in the principal diagnosis field. Claims submitted without a valid principal diagnosis code will be denied. The edits will include:

- 433 – Missing/Invalid Diagnosis
- 131 – Primary Diagnosis Not on File
- 132 – Secondary Diagnosis Not on File
- 151 – Mixed ICD Code Sets
- 152 – Invalid ICD Code on Date of Service

When determining diagnoses, please ensure the diagnosis is applicable for the age and gender of the patient on the billed claim. The age and gender restrictions on the ICD-10 code set are from CMS guidelines and are tighter than currently in the system for the ICD-9 code set.

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