Louisiana Medicaid | Provider UPDATE

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Antibiotic Resistance

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Table of Contents

Fast Facts About Inappropriate Antibiotic Prescribing

- At least 30% of outpatient antibiotic prescriptions in the United States are unnecessary.
- Antibiotics are responsible for almost 1 out of 5 emergency department visits for adverse drug events and are the most common cause of emergency department visits for adverse drug events in children under 18 years of age.
- The use of antibiotics is a major contributing factor leading to *Clostridium difficile (C. difficile),* resulting in over 200,000 hospitalizations and approximately 12,000 deaths each year.
- According to a 2018 study, the national treatment cost of antibiotic-resistant infections is approximately $2.2 billion per year.
- Almost 70% of antibiotic prescriptions for sinus infections are for 10 days, although guidelines recommend five to seven days of antibiotic treatment for most sinus infections in adults.
- The presence of antibiotic-resistant bacteria is greatest during the month following a patient's antibiotic use and may persist for up to 12 months.
- The Centers for Disease Control and Prevention (CDC) estimates about 47 million antibiotic courses each year are prescribed in U.S. doctors' offices and emergency departments for infections that do not need antibiotics.

Scope of the Problem

Antibiotic resistance is a critical public health problem that is responsible for over 2.8 million infections and more than 35,000 deaths annually in the United States. Antibiotic-resistant infections can lead to increased healthcare costs and, most importantly, to increased morbidity and mortality.

Throughout the years, pathogens that resist multiple antibiotics have become increasingly widespread. According to the CDC, virtually all significant bacterial infections in the world are becoming resistant to the antibiotic treatment of choice. Of the nearly 2 million people in the United States who acquire an infection while in a hospital, more than 70 percent of the bacteria causing these infections are resistant to at least one of the antibiotics commonly used to treat them. For patients, this could lead to additional doctor visits, longer illnesses, lengthier hospital stays, potentially more toxic antibiotic choices, and increased mortality risk.
Although antibiotic resistance has been around since the first antibiotic, penicillin, became widely used in the late 1940s, the problem is only growing worse. The number of bacteria resistant to multiple antibiotics has increased dramatically in recent years. A small amount of resistance has even occurred with new drugs entering the market, increasing the risk of early ineffectiveness for these agents.

Antibiotic Stewardship

The most important modifiable risk factor for antibiotic resistance is inappropriate prescribing of antibiotics. At least 30% of outpatient antibiotic prescriptions in the United States are unnecessary and approximately 50% of outpatient antibiotic prescribing may be considered inappropriate due to incorrect antibiotic selection, dosing, or duration.

Antibiotic stewardship refers to coordinated interventions designed to improve the use of antibiotics. Antibiotic stewardship can be used in all healthcare settings in which antibiotics are prescribed and remains a cornerstone of efforts aimed at improving antibiotic-related patient safety and slowing the spread of antibiotic resistance. The goal of antibiotic stewardship is to maximize the benefit of antibiotic treatment while minimizing harm both to individual persons and to communities.

The CDC's *Core Elements of Outpatient Antibiotic Stewardship* provides healthcare professionals with a set of key principles to guide efforts to improve antibiotic use, thereby advancing patient safety and improving outcomes. The *Core Elements of Outpatient Antibiotic Stewardship* include the following:

- **Commitment**: Demonstrate dedication to and accountability for optimizing antibiotic prescribing and patient safety. All healthcare team members should commit to prescribing antibiotics appropriately and engaging in antibiotic stewardship.
- **Action for policy and practice**: Implement at least one policy or practice to improve antibiotic prescribing, assess whether it is working, and modify as needed. Examples of these include using evidence-based diagnostic criteria and treatment recommendations and using delayed prescribing practices or watchful waiting, when appropriate.
- **Tracking and reporting**: Monitor and assess antibiotic prescribing practices. Clinicians can track and report their own antibiotic prescribing practices through self-evaluation of antibiotic prescribing practices and participation in continuing medical education and quality improvement activities to monitor and improve antibiotic prescribing.
- **Education**: Provide educational resources to both clinicians and patients on antibiotic prescribing. Effective clinician education often includes reviewing guidelines for appropriate antibiotic prescribing. Patients should be educated about the importance of appropriate antibiotic use through patient educational materials and discussions with their healthcare provider. Providers should use effective communication strategies to educate patients about when antibiotics are and are not needed and about the potential harms of antibiotic treatment, including nausea, abdominal pain, diarrhea, *C. difficile* infection, allergic reactions, and other serious adverse drug events.

Fighting Antibiotic Resistance and Protecting Your Patient

To protect patients from antibiotic-related adverse drug events and to help fight antibiotic resistance and the spread of superbugs, the CDC urges healthcare professionals to prescribe antibiotics only when necessary.

Healthcare professionals are encouraged to do the following:

- Only prescribe antibiotics when they are clinically indicated. Antibiotics are only needed to treat certain infections caused by bacteria, not viruses. Healthcare providers can do harm by prescribing antibiotics when they are not needed.
- Follow clinical guidelines on how best to evaluate and treat infections.
- Always prescribe the right antibiotic, at the right dose, for the right duration, and at the right time. Using the shortest effective duration of antibiotic therapy is a key antibiotic stewardship strategy in all healthcare settings.

- Tell patients why they do not need antibiotics for a viral respiratory infection, what to do to feel better, and when to seek care again if they do not feel better.
- Talk to patients and their families about possible harms from antibiotics, such as allergic reactions, *C. difficile*, and antibiotic-resistant infections.
- Educate patients and their families to recognize the signs and symptoms of worsening infection and sepsis, and to know when to seek medical care.

CDC Resources for Providers and Patients on Antibiotic Prescribing and Use

Adult Outpatient Treatment Recommendations

Antibiotic Resistance Threats in the United States - 2019

Be Antibiotics Aware - Smart Use, Best Care

Core Elements of Antibiotic Stewardship

Healthcare Professionals Continuing Education and Informational Resources

Patient Education and Promotional Resources

Pediatric Outpatient Treatment Recommendations

Additional Resources

Appropriate Use of Short-Course Antibiotics in Common Infections: Best Practice Advice From the American College of Physicians | Annals of Internal Medicine (acpjournals.org)

National Institute of Allergy and Infectious Diseases - Antimicrobial Resistance Threats

U.S. Department of Health and Human Services National Action Plan for Combating Antibiotic-Resistant Bacteria, 2020 - 2025

References

Centers for Disease Control and Prevention (2021). Antibiotic Prescribing and Use. https://www.cdc.gov/antibiotic-use/index.html

Centers for Disease Control and Prevention (2019). Antibiotic Resistance Threats in the United States, 2019. https://www.cdc.gov/drugresistance/pdf/threats-report/2019-ar-threats-report-508.pdf

Centers for Disease Control and Prevention (2011). World Health Day: Media Fact Sheet. World Health Day: Media Fact Sheet (cdc.gov)

Sanchez GV, Fleming-Dutra KE, Roberts RM, Hicks LA. Core Elements of Outpatient Antibiotic Stewardship. MMWR Recomm Rep 2016:65(No. RR-6): 1-12. DOI: http://dx.doi.org/10.15585/mmwr.rr6506a1

Thorpe KE, Joski P, Johnston KJ. Antibiotic-Resistant Infection Treatment Costs Have Doubled Since 2002, Now Exceeding $2 Billion Annually. Health Affairs 2018; 37(4). DOI: https://doi.org/10.1377/hlthaff.2017.1153

U.S. Food and Drug Administration (FDA) (2016). Battle of the Bugs: Fighting Antibiotic Resistance. www.fda.gov/drugs/information-consumers-and-patients-drugs/battle-bugs-fighting-antibiotic-resistance

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.

Louisiana Medicaid Provider Enrollment Portal Update

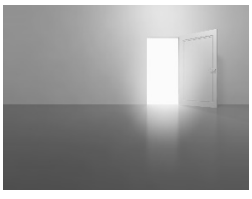
Louisiana Medicaid Provider Enrollment Portal Launched July 26, 2021

Louisiana Medicaid launched the new Provider Enrollment Portal on July 26, 2021. The enrollment portal was 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. MCO-only providers should receive their invitation to use the portal between August 2, 2021 and September 6, 2021. Providers that only participate in fee-for-service should receive their invitation between September 1, 2021 and September 30, 2021. Providers should wait until they receive their invitation to access the portal.

If providers encounter any issues or do not receive their portal invitation within the specified timeframe, they should contact the call center at (833) 641-2140, Monday – Friday between the hours of 8 a.m. and 5 p.m. CST.

Providers can find additional information in Informational Bulletin 21-5: New Louisiana Provider Enrollment Portal and on the provider enrollment web page. Providers can also submit questions through the web page.



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

Attention Louisiana Medicaid Providers

Due to a Pharmacy POS systems space failure, it has been determined that certain pharmacy claims submitted on 9/9/2020 were duplicate paid. Systems created manual voids to correct this condition and these manual claims can be identified by EOB 999 (Administrative Correction).

All Providers on Medicare Crossover Claims Receiving 444 Invalid Service Provider Denials

For a portion of claims receiving error code 444, the denial was erroneous due to the system evaluating the provider type and specialty on the crossover claim instead of just the enrollment status. Additionally, claims that were submitted with a blank provider field were also denied with error code 444 on Medicare crossovers in error. Gainwell has adjusted the application of the 444 error code and all claims originally erroneously denying will be systematically recycled and paid the week of July 12, 2021. Providers with denied claims for error code 444 do not need to resubmit the claim for payment, payment will be automatically issued for those eligible. Medicare crossover claims will continue to be denied if any of the providers listed on the claim, including the attending provider, are not enrolled. Further information can be found at 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)
Applied Behavior Analysis Applied Behavior Analysis	• 4.0 – Overview Section • 4.1 – Covered Services • 4.2 – Beneficiary Requirements • 4.3 – Services Authorization Process • 4.5 – Reimbursement • 4.6 – Coordination of Care	07/16/21

Manual Chapter Revision Log, cont.

Manual Chapter	Section(s)	Date of Revision(s)
Community Choices Waiver Community Choices Waiver	• Table of Contents • Section 7.0 – Overview • Section 7.1 – Covered Services • Section 7.2 – Self-Direction Option • Section 7.3 – Recipient Requirements • Section 7.4 – Recipient Rights and Responsibilities • Section 7.5 – Service Access and 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 • Appendix A – Contact Information • Appendix D – Claims Filing • Appendix E – Glossary • Appendix F – Concurrent Services	07/16/21
Dental Services Dental Services	• 16. - Table of Contents • Appendix G – Prior Authorization Checklist • Appendix H – Prior Authorization Sample Letter	07/16/21
Durable Medical Equipment Durable Medical Equipment	• Table of Contents • 18.0 – Overview • 18.1 – Services and Limitations • 18.2 – Specific Coverage Criteria • 18.3 – Beneficiary Requirements • 18.4 - Provider Requirements • 18.5 – Prior Authorization • 18.6 – Claims Related Information • Appendix A – Prior Authorization Forms and Instructions • Appendix B – Claims Filing • Appendix D – Prescription Request Form • Appendix E – Contact/Referral Information	07/20/21
Free Standing Birthing Centers Free Standing Birthing Centers	• 28.0 – Overview • 28.1 - Covered Services • 28.2 – Provider Requirements • 28.3 – Reimbursements • Appendix A - Contact Information Appendix B – Claims Filing	07/19/21
Medical Transportation Medical Transportation	• 10.9 – Non Emergency Ambulance	07/08/21

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 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