

Enrollment in New Provider Portal Required for All Medicaid Providers

Louisiana Medicaid recently launched its Provider Enrollment Portal. Enrollment through the portal **is required for all Medicaid providers**. Failure to do so prior to a March 31, 2022, deadline could result in **claims denial**.

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.

Any existing Medicaid provider that does not complete the enrollment and screening process through the new Louisiana Medicaid Provider Enrollment Portal by March 31, 2022 will have their claims denied. Providers whose claims are denied must complete the state's enrollment process for claims to be approved by fee-for-service Medicaid, the MCOs, the DBPMs, and/or Magellan.

All MCO-only providers and fee-for service providers should have received their invitation to use the portal by September 30, 2021. Providers who did not receive their portal invitation or encounter any issues can email LouisianaProvEnroll@gainwelltechnologies.com or call (833) 641-2140, Monday – Friday between the hours of 8 a.m. and 5 p.m. central time.

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 Medicaid Provider Enrollment Portal webpage](#).

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Topical Therapies for Atopic Dermatitis

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Atopic dermatitis (AD) is a chronic, inflammatory skin disease that typically presents with a range of severity and chronicity. The clinical presentation of AD is characterized by pruritus, eczematous lesions, xerosis, and epidermal barrier dysfunction. Other common symptoms include erythema, edema, excoriations, oozing and crusting, and lichenification.¹

AD Facts

- AD affects up to 25% of children and 2-3% of adults.²
- AD is a chronic and relapsing disease often associated with elevated serum immunoglobulin (IgE) levels and a personal/family history of allergies, allergic rhinitis, and asthma.²
- Approximately 60% of patients with AD develop symptoms in the first year of life (most commonly between 3 and 6 months of age) and 90% by 5 years of age.²
- AD resolves in most affected individuals by adulthood, but 10% to 30% of affected individuals continue to experience flare-ups throughout their lives.²

Non-Pharmacologic Topical Interventions

In addition to trigger avoidance, skin moisturizers are recommended as initial treatment and are essential to AD therapy to effectively treat and prevent xerosis, reduce transepidermal water loss, reduce symptoms, and prevent flares.¹ Maintenance therapy with moisturizers should be continued during treatment of acute flares of AD.³ Topical moisturizers are formulated with varying amounts of emollient, occlusive, and/or humectant ingredients. Emollients lubricate and soften the skin; occlusive agents serve as a barrier to help prevent water loss, while humectants attract and hold water. Moisturizers have been shown to reduce the amount of prescription anti-inflammatory treatments required to control AD and are available in a variety of formulations including creams, ointments, gels, and lotions.³

Prescription emollient devices (PEDs) are new agents designed to target specific aspects of skin barrier defects associated with AD. Moisturizer selection for AD should be based on individual preference.³

Regular bathing is suggested as a nonpharmacological intervention in patients with AD. Bathing hydrates the skin and removes scale, crust, irritants, and allergens.³

Helpful Bathing Tips³

- Generally, once-daily bathing in warm water is recommended.
- Moisturizers should be applied immediately after bathing to maintain good hydration.
- Bathing duration should be limited to short periods of time (e.g., 5-10 minutes).
- Limited use of non-soap cleansers that are neutral to low pH, hypoallergenic and fragrance free are recommended.
- Bath additives such as oils, emollients, and other related additives are not recommended due to insufficient evidence.
- The “soak and smear” technique may be helpful for significantly inflamed skin. This technique includes soaking in water for 20 minutes followed by immediate application of pharmacologic anti-inflammatory agents without towel drying.

Wet-wrap therapy (WWT) is a form of wound dressing that is often used to quickly reduce AD severity. WWT consists of applying a topical agent (e.g., moisturizer) then covering the area with a layer of wet cotton bandages or garments. This is then followed with a second dry outside layer. This technique occludes the topical agent, which leads to increased skin penetration and decreased water loss.³

Pharmacologic Topical Interventions

When AD is not sufficiently controlled with non-pharmacological interventions, pharmacologic topical interventions are recommended for all levels of disease severity from mild cases to moderate-to-severe cases.³ Pharmacologic topical interventions are the standard treatment for AD due to their efficacy and reduced risk of systemic adverse events.¹ Refer to individual prescribing information for details regarding specific agents.

AD Severity Categories

- **Mild-to-moderate** – involving limited areas of the body affected; milder intensity of pruritus; sleep loss⁴
- **Severe** – involving widespread areas of dry skin; high frequency of pruritus; significant impact on quality of life⁴

Topical Corticosteroids

Topical corticosteroids (TCS) have been first line therapy for AD for decades and can be used in both the proactive prevention of relapse and as needed to treat flare-ups and established lesions.¹



Summary of Topical Corticosteroids by Potency Group⁵

Corticosteroid Agent*	Group # and Potency						
	Super-High	High		Medium	Lower-Mid	Low	Least
	1	2	3	4	5	6	7
Alclometasone dipropionate						X	
Amcinonide		X	X				
Betamethasone dipropionate	X [†]	X	X	X	X		
Betamethasone valerate			X		X	X	
Clobetasol propionate	X	X					
Clocortolone pivalate				X			
Desonide					X	X	
Desoximetasone		X	X				
Diflorasone diacetate		X	X				
Fluocinolone acetonide				X	X	X	
Fluocinonide	X	X	X				
Flurandrenolide	X			X	X		
Fluticasone propionate			X	X	X		
Halcinonide		X					
Halobetasol propionate	X	X					
Hydrocortisone (base)							X
Hydrocortisone acetate							X
Hydrocortisone butyrate					X		
Hydrocortisone probutate					X		
Hydrocortisone valerate				X	X		
Mometasone furoate			X	X			
Prednicarbate					X		
Triamcinolone acetonide			X	X	X	X	

* Some corticosteroid agents may fall under multiple potency groups due to variations in available concentrations and formulations. Table derived from *Treatment of atopic dermatitis (eczema) - Table 1: Comparison of representative topical corticosteroid preparations (classified according to the United States system) found in UpToDate®.*⁵

† Betamethasone dipropionate, augmented

Considerations for Topical Corticosteroid Use in AD

- Prophylactic use of low-to-moderate potency TCS can be used to control persistent refractory lesions.⁴
- Generally, low potency TCS should be used on the face and skin folds to prevent cutaneous atrophy.⁴
- Acute flares and thick/lichenified lesions on the body can be treated with high potency TCS (Groups 1,2) for up to 2 weeks but should then be tapered to a lower potency until the lesion resolves.⁴
- Due to safety concerns and phobia associated with TCS adverse effects such as steroid atrophy, many patients underapply TCS, which can lead to decreased efficacy. Patients should be counseled on adequate application for the amount and duration of TCS use. Approximately 0.5 g (1 adult fingertip) of the TCS should be applied over 2 palms worth of skin, along with a liberal application of emollient.⁴
- Uncommon side effects of TCS include telangiectasia, striae, acneiform or rosacea-like eruptions, allergic contact dermatitis, and impairment of wound healing.⁴

Topical Calcineurin Inhibitors

Topical calcineurin inhibitors (TCI) are nonsteroidal agents that are recommended as a second line treatment particularly for areas where skin atrophy is a concern such as face, eyelids, and skin folds.¹

Available Agents:

Tacrolimus 0.03% and 0.1% ointment

- Indicated in adults [both 0.03% and 0.1% strengths] and in children aged 2 to 15 years [only 0.03% strength] as second-line therapy for the short-term and non-continuous chronic treatment of moderate to severe AD in non-immunocompromised adults and children who have failed to respond adequately to other topical prescription treatments, or when those treatments are not advisable.⁶

Pimecrolimus 1% cream

- Indicated as second-line therapy for the short-term and non-continuous chronic treatment of mild to moderate AD in non-immunocompromised adults and children 2 years of age and older, who have failed to respond adequately to other topical prescription treatments, or when those treatments are not advisable.⁷

Transient localized burning and itching can occur with TCIs, which can limit their use in some individuals.¹ Black Boxed Warning: Long-term safety of topical calcineurin inhibitors has not been established. Continuous long-term use of topical calcineurin inhibitors in any age group should be avoided and application limited to areas of involvement with atopic dermatitis.^{6,7}

Topical Phosphodiesterase 4 Inhibitors

Crisaborole is a relatively new nonsteroidal, phosphodiesterase 4 (PDE4) inhibitor for the treatment of mild to moderate AD.⁴

Available Agent:

Crisaborole 2% ointment

- Indicated for topical treatment of mild to moderate AD in adult and pediatric patients 3 months of age and older.⁸

The most frequently reported adverse effect with crisaborole has been burning at the application site, which typically resolves after the first day of use.⁴

Topical Janus Kinase (JAK) Inhibitors

The topical formulation of ruxolitinib, a JAK inhibitor, was approved in September 2021 by the FDA.⁵

Available Agent:

Ruxolitinib 1.5% cream

- Indicated for the topical short-term and non-continuous chronic treatment of mild to moderate AD in non-immunocompromised patients 12 years of age and older whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable.⁹

Limitation of Use: The use of topical ruxolitinib in combination with therapeutic biologics, other Janus kinase inhibitors, or potent immunosuppressants such as azathioprine or cyclosporine is not recommended.

Black Boxed Warning: Topical ruxolitinib should be avoided in patients with active, serious infections. The following has been observed with the use of JAK inhibitors for inflammatory conditions: higher rate of all-cause mortality and major adverse cardiovascular events, lymphoma and other malignancies, and potentially life-threatening thrombosis.⁹

References

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2. Eichenfield LF, Tom WL, Chamlin SL, et al. Guidelines of care for the management of atopic dermatitis: section 1. Diagnosis and assessment of atopic dermatitis. *J Am Acad Dermatol*. 2014;70(2):338-351. doi:10.1016/j.jaad.2013.10.010
3. Eichenfield LF, Tom WL, Berger TG, et al. Guidelines of care for the management of atopic dermatitis: section 2. Management and treatment of atopic dermatitis with topical therapies. *J Am Acad Dermatol*. 2014;71(1):116-132. doi:10.1016/j.jaad.2014.03.023
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7. Elidel (pimecrolimus) [prescribing information]. Bridgewater, NJ: Bausch Health US, LLC; September 2020
8. Eucrisa (crisaborole) [prescribing information]. New York, NY: Pfizer Labs; April 2020
9. Opzelura (ruxolitinib) [prescribing information]. Wilmington, DE: Incyte Corporation; September 2021

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>.

November 17, 2021

Brand Over Generic List: PHARMACISTS – adjust your inventory accordingly

On November 3, 2021, LDH held a virtual Pharmaceutical & Therapeutics (P&T) Committee review 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-19 and the current public meeting laws. Since this was a virtual review, it 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 January 1, 2022:

Brand Over Generic List for Fall 2021 Effective January 1, 2022 (highlight is new to the list)	Spring/Fall
ADDERALL XR	Fall
ADVAIR DISKUS (INHALATION)	Fall
AFINITOR (ORAL)	Fall
ALPHAGAN P 0.15% (OPHTHALMIC)	Fall
AMITIZA (ORAL)	Spring
APRISO (ORAL)	Spring
BANZEL TABLET AND SUSPENSION	Fall
BETHKIS (INHALATION)	Spring
CARBATROL (ORAL)	Fall
CATAPRES-TTS (TRANSDERM)	Fall
CIPRODEX (OTIC)	Fall
COPAXONE 20 MG/ML (SUBCUTANE.)	Spring
DEPAKOTE SPRINKLE (ORAL)	Fall
DIASTAT RECTAL	Fall
ELIDEL (TOPICAL)	Fall
FELBATOL TABLET (ORAL)	Fall
IMITREX (NASAL)	Spring
NATROBA (TOPICAL)	Spring
NEXIUM SUSPENSION (ORAL)	Spring
PROTONIX SUSPENSION (ORAL)	Spring

RAPAMUNE SOLUTION and TABLET (ORAL)	Spring
REVELA TABLET (ORAL)	Spring
RETIN-A CREAM (TOPICAL)	Spring
SABRIL TABLET and POWDER PACK (ORAL)	Fall
SAPHRIS	Fall
SUBOXONE FILM (SUBLINGUAL)	Spring
SUTENT	Fall
SYMBICORT (INHALATION)	Fall
TECFIDERA and TECFIDERA STARTER PACK (ORAL)	Spring
TEGRETOL XR (ORAL)	Fall
TOBRADEX SUSPENSION (OPHTHALMIC)	Fall
TRAVATAN Z (OPHTHALMIC)	Fall
TRILEPTAL SUSPENSION (ORAL)	Fall
ZAVESCA	Fall

	Brand Over Generic Products Removed - Fall 2021	Notes
1	FOCALIN XR (ORAL)	Generic will be preferred

Preferred Drug List (PDL) Updates

The new PDL will be implemented on January 1, 2022. There are two new therapeutic classes added to the PDL. Those classes include:

- Immunomodulators, Lupus.
- Ophthalmics, Cystinosis.

Chantix Brand Not Available, Only PAR Generic Company Covered

We are aware of a manufacturer issue and shortage with the brand Chantix, which is the Medicaid preferred product. During the shortage, PAs should be approved for the generic varenicline when the unavailability of Chantix is documented in the PA submission. PAR pharmaceuticals is the only manufacturer of varenicline that is currently covered by Medicaid due to rebate eligibility.

November 4, 2021

COVID-19 Vaccine Update

COVID-19 vaccine coverage was updated to include a third dose (Moderna or Pfizer) for immunocompromised recipients on September 1, 2021. The third dose is administered in people with moderately to severely compromised immune systems, to improve their response to the initial vaccine series.

Coverage for a **booster** shot of any COVID-19 vaccine (Moderna, Pfizer, or Janssen) for recipients 18 years of age and older will be implemented on **November 15, 2021 with an effective date of October 20, 2021**. A booster shot is given when a person has completed the initial vaccine series and their protection against the COVID-19 virus has decreased over time.

The Pfizer COVID vaccine was recently authorized for children 5-11 years old. We are also currently programming this addition to be implemented on **November 15, 2021 with an effective date of October 29, 2021**. Pfizer released specific NDCs for doses for children. Those NDCs should be used exclusively for children (5-11 years old) to avoid potential vaccine administration errors.

A provider notice with billing instructions will be posted soon.

Remittance Advice Corner

Changes to Durable Medical Equipment, Home Health, Pediatric Day Health Care, Rehabilitation And Personal Care Services, Pharmacy And Other Services Requiring Prior Authorization Due To Hurricane Ida – August 2021

On August 26, 2021, Governor John Bel Edwards declared a state of emergency ahead of Hurricane Ida as significant impact to the state of Louisiana was expected. The policy changes included in this bulletin are effective August 27, 2021 and shall only be applicable for the following Parishes: Ascension, Assumption, East Baton Rouge, East Feliciana, Iberia, Iberville, Jefferson, Lafourche, Livingston, Orleans, Plaquemines, Pointe Coupee, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Martin, St. Mary, St. Tammany, Tangipahoa, Terrebonne, Washington, West Baton Rouge and West Feliciana. 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).

Medicaid beneficiaries who live in one of the parishes under mandatory evacuation, and who are in need of replacement equipment or supplies previously approved by Medicaid, may contact a Medicaid-enrolled durable medical equipment (DME) provider of their choice. Medicaid-enrolled providers must make a request to Gainwell Technologies' Prior Authorization Unit; however, a new prescription and medical documentation are not required. The provider shall submit the required Prior Authorization Form (PA-01) along with a signed letter from the recipient, giving a current place of residence and stating that the original equipment or supplies were lost due to Hurricane Ida.

Beneficiaries who were approved to receive medical equipment, supplies, home health services, rehabilitation, pediatric day health care or personal care services from a provider that is no longer in business or unable to provide the approved equipment, supplies or services may obtain the approved items or services from a new provider of their choice. The provider must be enrolled in Medicaid. Gainwell Technologies shall provide any guidance to the provider on the cancelation of the original authorization and issuance of a new authorization, if applicable.

All existing prior authorizations for the services listed below should be extended through October 31, 2021:

- Any necessary medical and surgical procedures
- Applied Behavior Analysis (ABA)
- Assertive Community Treatment (ACT)
- Community Psychiatric Support and Treatment (CPST)
- EPSDT personal care services (PCS)
- Functional Family Therapy – Child Welfare (FFT-CW)
- Functional Family Therapy (FFT)
- Home Health Services (EHH)
- Homebuilders
- Hospice Services
- Multi-Systemic Therapy (MST)
- Pediatric Day Health Care
- Permanent Supportive Housing (PSH)
- Pharmacy (for non- controlled, non-specialty drugs)
- Psychiatric Outpatient by Licensed Mental Health Professionals (LMHPs)
- Psychosocial Rehabilitation (PSR)
- Substance Use Outpatient and Intensive Outpatient
- Therapies (PT/OT/SLT)

Questions concerning Healthy Louisiana managed care organization processes are to be directed to the appropriate MCO. Those questions related to Medicaid fee-for-service claims should be directed to Gainwell Technologies Provider Relations at (800) 473-2783 or (225) 924-5040.

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)
Children’s Choice Waiver (CC) Children’s Choice Waiver (CC)	<ul style="list-style-type: none"> • Appendix E – Billing Codes 	10/28/21
EPSDT Health and IDEA, Part C - EarlySteps EPSDT Health and IDEA, Part C – Early Steps	<ul style="list-style-type: none"> • Section 47.0 – Overview • Section 47.1 – Covered Services • Section 47.4 – Program Requirements • Section 47.5.1 – Procedure Codes • Section 47.5.2 – Definitions and Acronyms 	11/04/21
ICF-IID Services ICF-IID Services	<ul style="list-style-type: none"> • Table of Contents • Section 26.0 – Overview • Section 26.1 – Admission Process • Section 26.2 – Covered Services • Section 26.3 – Beneficiary Behavior • Section 26.4 – Beneficiary Rights • Section 26.5 – Transfers and Discharges • Section 26.6 – Complaints • Section 26.7 – Record Keeping • Section 26.8 – Income Consideration in Determining Payment • Section 26.9 – Emergency Awareness • Section 26.10 – Decertification • Section 26.12 – Cost Reports • Section 26.13 – Audits and Desk Reviews • Section 26.14 – Sanctions and Appeals • Appendix A – Glossary • Appendix B – Developmental Disability Law • Appendix C – Contact Information 	11/18/21

Manual Chapter Revision Log, cont.

Manual Chapter	Section(s)	Date of Revision(s)
Independent Laboratories Independent Laboratories	<ul style="list-style-type: none"> • Section 27.0 – Overview • Section 27.2 – Provider Requirements • Section 27.3 – Reimbursement Appendix B – Contact Information	11/16/21
Medical Transportation Medical Transportation	<ul style="list-style-type: none"> • Section 10.8 – Ambulance – Emergency Ambulance Transportation • Section 10.13 – Ambulance – Claims and Encounters <ul style="list-style-type: none"> • Section 10.1 – Covered Services • Section 10.2 – Scheduling and Authorization • Section 10.3 – Provider Requirements • Section 10.4 – Provider Responsibilities Section 10.6 – NEMT – Claims and Encounters	11/09/21 11/16/21
Rural Health Clinics (RHC) Rural Health Clinics (RHC)	<ul style="list-style-type: none"> • Section 40.2 – Provider Requirements • Section 40.3 – Record Keeping • Appendix A – Contact/Referral Information • Appendix C – Glossary Appendix D – Claims Related Information	11/05/21



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: Home Health/EPSDT – PCS Dental	1-800-807-1320 1-855-702-6262 MCNA Provider Portal	MMIS Claims Processing Resolution Unit MMIS Claims Reimbursement	(225) 342-3855
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		MMIS Claims Reimbursement
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 Pharmacy Hotline	1-877-544-9544 1-800-437-9101 Medicaid Pharmacy Benefits
		Medicaid Fraud Hotline	1-800-488-2917 Report Medicaid Fraud

