Louisiana Medicaid | Provider UPDATE

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Bayou Health Plans Earn High Marks from External Review

All Providers

External Quality Review Organization (EQRO) reports show that the Bayou Health Plans collectively earned high marks for compliance with more than 4,000 state and federal requirements. The External Quality Review (EQR) is conducted by an independent third-party to analyze and evaluate the collected information on quality, timeliness and access to health care services of a managed care organization to its Medicaid recipients. IPRO was the EQRO that conducted the review of the Bayou Health Plans.

Compliance with requirements from the Centers for Medicare and Medicaid Services (CMS) is key to demonstrating that the Bayou Health Plans are effectively managing the health care of the more than 900,000 individuals enrolled in the State's Medicaid managed care program. Since the implementation of Bayou Health in 2012, this is the first EQRO report to be issued.

The Bayou Health Plans were each reviewed separately by the EQRO, and their individual requirements and scores are as follows:

- Amerigroup – 899 requirements with a 98 percent full and substantial compliance
- LaCare – 899 requirements with a 98 percent full and substantial compliance
- Louisiana Healthcare Connections – 899 requirements with a 98 percent full and substantial compliance
- Community Health Solutions of Louisiana – 740 requirements with a 96 percent full and substantial compliance
- UnitedHealthcare Community Plan of Louisiana – 740 requirements with a 99 percent full and substantial compliance

Additional information about the reports is posted online at MakingMedicaidBetter.com.

Table of Contents

Changes Regarding Tuberculosis Testing for Nursing Facilities Reminder

Nursing Facility Providers

Nursing facilities are reminded that a final rule promulgated in the November 20, 2012 *Louisiana Register* changed the admission requirements for nursing facilities regarding tuberculosis testing. Specifically, the rule

- Removed the requirement of a test for tuberculosis **AND** a chest x-ray to detect pulmonary tuberculosis for those persons over 35 years of age admitted to nursing homes;
- Added the requirement that the physician's complete history and physical examination of persons admitted to nursing homes and residential facilities include asking about and looking for symptoms and signs of pulmonary tuberculosis. A chest x-ray to detect pulmonary tuberculosis is required for those persons of any age who have symptoms and signs of pulmonary tuberculosis and/or a positive test for tuberculosis; and
- Changed the time requirement from 30 days prior to 48 hours after admission for the complete history and physical examination to be done, to from 30 days prior to 72 hours after admission, to account for persons admitted on the weekend having the required examination done on the following Monday.

Information about these changes in the rule can be accessed online from the *Louisiana Register* at http://www.doa.louisiana.gov/osr/reg/1211/1211.pdf on page 2927.

Federally Qualified Health Centers Satellite Site Enrollment Reminder

FQHC Providers

On November 20, 2004, a rule was published in the *Louisiana Register* regarding Federally Qualified Health Center (FQHC) requirements. The rule stated that if an FQHC received approval for a satellite site, the satellite site must enter into a separate provider agreement and obtain its own Medicaid number.

Prior to this rule being published, satellite sites were enrolled under the Medicaid number of the main site and received a three digit suffix which designated them as a satellite site. It has come to the attention of Medicaid that some satellite sites failed to enroll individually as required. These sites should contact Kimberly Cezar immediately via e-mail at Kimberly.Cezar@LA.GOV as well as apply for separate enrollment at www.lamedicaid.com following the "Provider Enrollment" link.

Failure to enroll under a separate provider agreement by March 31, 2014 may result in termination of Medicaid reimbursement for those sites not enrolled as well as recoupment for incorrect reimbursement.

Update to "ClaimCheck" Product Editing

All Providers

McKesson's "ClaimCheck" product is routinely updated by the McKesson Corporation based on quarterly and annual changes made to the resources used, such as Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), provider specialty society updates, the Centers for Medicare and Medicaid Services (CMS) Physician Fee Schedule Database, and/or the National Correct Coding Initiative (NCCI).

The most recent updates to the "ClaimCheck" product are pending finalization, but are expected in the next few weeks. Once implemented, providers can expect that most claims will continue to be edited in the same manner, but when applicable, claims may now pay or deny for a different reason.

For questions related to this information as it pertains to legacy Medicaid or Bayou Health Shared Savings Plans, please contact Molina Medicaid Solutions Provider Services at (800) 473-2783 or (225) 924-5040.

Remittance Advice Corner

All Providers

The following is a compilation of messages that were recently transmitted to providers through Remittance Advices (RAs):

Attention Pharmacists

Pharmacy claims for flu vaccine require the Professional Service Code Medication Administration (MA) in NCPDP field 440-E5. Claims billed without a MA value will deny. The following fields are also required: vaccine NDC, ingredient cost, incentive amount (administration fee), DUR/PPS Code Counter (value of 1), Prescriber ID, Provider ID, and Provider ID qualifier. See www.lamedicaid.com for more information and definitions of the Point of Sale (POS) fields.

Attention Pharmacists

Prescriptions written for non-controlled medications for recipients enrolled in legacy Medicaid and Bayou Health Shared Plans will no longer expire after 6 months. Effective January 1, 2014, there will be a policy change and prescriptions for non-controlled substances shall expire after eleven authorized refills or one year after the date prescribed, whichever comes first. See www.lamedicaid.com for more information.

Attention Hospital Providers

Only one revenue code 450 or 459 may be used per emergency room visit. Providers continue to inappropriately bill multiple revenue codes 450 and 459. Programming logic is in place to deny claims billed with these multiple codes. One revenue code 450 or 459 (as appropriate) should be billed and should be accompanied by the correct, appropriate procedure code 99281-99285. Other procedure/HCPCS codes are inappropriate. Providers billing multiple codes 450 and 459 on lines displaying procedure codes other than 99281-99285 will receive denial edit 114 (invalid/ missing HCPCS). Denial edit 113 (only one ER revenue 450-459 code per visit) will appear when multiple claim lines are billed displaying the correct procedure codes 99281-99285. It is necessary for any provider billing multiple ER revenue codes and receiving these details to resubmit the single, correct revenue code line with the correct procedure/HCPCS code for consideration of payment.

Attention Providers: Non-Third Party Liability Related Credit Balance Audits

Clarification of Credit Balance Audits

Effective January 1, 2014, Myers and Stauffer, LC will assume the responsibility for performing non-TPL-related Credit Balance Audits (CBA) to identify excess Medicaid payments.

Remittance Advice Corner - *Continued*

Please contact Myers and Stauffer at LA_RAC@mslc.com to set up a secure FTP account for submitting reports.

Attention All Providers 2014 HCPCS Update

Louisiana Medicaid is currently in the process of completing the 2014 HCPCS update. The Louisiana Medicaid files have been updated to reflect the deleted HCPCS codes for 2014. It is the Department's intent to have the new codes and updates on file as soon as possible including appropriate editing and coverage determination for the new 2014 HCPCS codes.

The Professional Services Fee Schedule and Outpatient Hospital Fee Schedules on the La Medicaid website, www.lamedicaid.com will be updated in the near future to reflect these changes. Providers should monitor their RA messages for additional information.

Urgent National Correct Coding Initiative Update: Preventive Care Codes and Immunization Administration Codes

As stated in the October 2013 web notification: Effective 2014, states will no longer have CMS approval to deactivate the preventive care and immunization administration code pairs; for that reason, Louisiana Medicaid fee for service (legacy) and Bayou Health Plans must reactive these edits. CMS has provided

the following guidance which shall allow both the immunization administration and the preventive medicine evaluation and management (E/M) service to be reimbursed.

> "If a Medicaid beneficiary receives one or more immunizations and a "significant, separately identifiable" preventive-medicine evaluation and management (E/M) service from the same provider on the same date of service, the provider's Medicaid claim(s) should include both the immunization administration code . . . and the comprehensive preventive-medicine E/M code . . . with modifier 25 appended . . . .
>
> If the provider . . . bills a comprehensive preventive-medicine E/M code for the same day and does not append modifier 25, the Medicaid PTP edits will deny payment of the preventive medicine E/M code."

Louisiana Medicaid fee for service (legacy) and Bayou Health Plans will reimburse both the immunization administration and the preventive medicine E/M services when modifier 25 is properly appended to the preventive medicine E/M procedure code. Documentation in the clinical record must substantiate each service.

Remittance Advice Corner - *Continued*

For questions related to this information, please contact Molina Medicaid Solutions Provider Services at (800) 473-2783 of (225) 924-5040.

Attention all Providers: Processing Error Impacted Claims on 01/21/14 RA

An error occurred during the weekly claims processing cycle last week which had the following impact on claims processed on your 01/21/14 RA:

- Adjustments or voids on the 1/21/14 remittance may have incorrectly denied with Error Code 799.
- Claims may have paid inappropriately because most duplicate edits and service limit edits did not apply due to the error.

Impacted original claims, adjustments and voids have been identified and will be recycled and appear on the RA of 01/28/14. The inappropriately paid claims and their replacement will have the first four digits of the ICN as 4019.

We apologize for any inconvenience that this error has caused.

Attention Providers: ACA-Eligible Claims Recycle for Newly Attested Providers

On November 7, 2013, DHH notified providers of their decision to extend the deadline to submit a Medicaid Primary Care Services Designated Physician form and be eligible for enhanced reimbursement retrospective to January 1, 2013. Pursuant to this notification, providers who submitted a correct and complete Designated Physician form to Molina Provider Enrollment by December 31, 2013 will have their claims with dates of service in 2013 recycled in order to receive the correct payment. Only claims paid under legacy Medicaid or Bayou Health Shared Savings plans (Community Health Solutions of America and United Healthcare Community Plan) will be affected. The claims were recycled in the January 28, 2014 check write.

This recycle should only affect providers who did not meet the previous deadline of June 28, 2013 but whose Designated Physician form was processed prior to 2014. For more information on the enhanced reimbursement, see the "ATTENTION PRIMARY CARE PROVIDERS: Affordable Care Act Primary Care Services Enhanced Reimbursement Information" (11/18/13) bulletin posted on www.lamedicaid.com.

Online Medicaid Provider Manual Chapters

All Providers

The following Medicaid Provider Manual Chapters are available on the Louisiana Medicaid website at www.lamedicaid.com under the "Provider Manual" link. This list will be updated periodically as other Medicaid program chapters become available online.

Administrative Claiming
Adult Day Health Care Waiver
Ambulatory Surgical Centers
American Indian 638 Clinics
Case Management Services
Children's Choice Waiver
Community Choices Waiver
Hospice
Hospital Services
Independent Laboratories
ICF/DD
Medical Transportation
New Opportunities Waiver (NOW)
PACE

Online Medicaid Provider Manual Chapters - *Continued*

Dental Services
Durable Medical Equipment
EPSDT Health and IDEA-Related Services
End Stage Renal Disease
Family Planning Clinics
Family Planning Waiver (Take Charge)
Federally Qualified Health Centers
General Information and Administration
Greater New Orleans Community Health Connection
Home Health
Pediatric Day Health Care
Personal Care Services
Pharmacy
Portable X-ray
Professional Services
Residential Options Waiver
Rural Health Clinics
Supports Waiver
Vision (Eye Wear)

A recent revision has been made to the following Medicaid Provider Manual Chapters. Providers should review these revisions in their entirety at www.lamedicaid.com under the "Provider Manual" link:

Manual Chapter	Section(s)	Date of Revision
Durable Medical Equipment	Table of Contents Section 18.2 – Specific Coverage Criteria Section 18.5 – Prior Authorization Appendix E – Contact/Referral Information Appendix F – Covered Services/Codes Appendix G – Standing Frame Evaluation Form	12/05/13
Home Health Services	Appendix D – Contact/Referral Information	01/24/14
Community Choices Waiver	Table of Contents Section 7.1 – Covered Services Section 7.2 – Self-Direction Option Section 7.3 – Recipient Requirements Section 7.5 – Service Access and Authorization Section 7.6 – Provider Requirements Appendix B – Forms Appendix F – Concurrent Services	01/31/14

Online Medicaid Provider Manual Chapters - *Continued*

Medical Transportation	Section 10.3 – NEMT – Provider Requirements Section 10.6 – NEMT – Record Keeping Appendix H – Forms	01/31/14
Durable Medical Equipment	Section 18.1 – Services and Limitations Section 18.2 – Specific Coverage Criteria Section 18.4 – Provider Requirements	02/10/14
Medical Transportation	Appendix H – Forms	02/10/14

Manual chapters that have been reissued in their entirety or become obsolete remain available for reference under the "Archives" link. The following manual chapters have been moved to this link:

Archived Manual Chapters	
Adult Day Health Care Waiver	Entire manual reissued October 18, 2013
Dental Services	Entire manual reissued March 15, 2012
Elderly and Disabled Adult Waiver	Waiver program ended
EPSDT Health Services for Children with Disabilities	Entire manual reissued March 1, 2013 and renamed EPSDT Health and IDEA-Related Services
Mental Health Clinics	Services that were provided under these programs are now provided through the Louisiana Behavioral Health Partnership.
Mental Health Rehabilitation	
Multi-Systemic Therapy	
Psychological and Behavioral Health	

Preventing Toxicities in Patients Receiving Endocrine Therapy for Breast Cancer

Louisiana Drug Utilization Review (LADUR) Education

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Introduction

In 2013, approximately 234,580 people will be diagnosed with breast cancer in the United States, with 3,630 of those cases occurring in Louisiana women. Breast cancer, the most common occurring cancer in women, accounts for 29% of all cancer diagnoses. With the current screening and treatment practices, the 5-year overall survival rate is 90%.[1] The National Comprehensive Cancer Network (NCCN) recommends the use of adjuvant endocrine therapy in patients with estrogen receptor-positive (ER+) and progesterone receptor-positive (PR+) invasive breast cancer. Seventy-eight percent of tumors are found to be ER+ and 67.7% are found to be PR+.[2] Therefore, the majority of patients with breast cancer are candidates for hormone or endocrine therapy.[3] This article will focus on the management of clinically pertinent adverse events, monitoring parameters, drug-drug interactions, drug-disease interactions, and suggested alternative therapies in patients receiving tamoxifen or aromatase inhibitors (AI).

Tamoxifen

Tamoxifen, a selective estrogen receptor modulator that inhibits the effects of estrogen on breast tissue, is the most firmly established adjuvant endocrine therapy for both premenopausal and postmenopausal women. Previous studies indicated that five years of tamoxifen therapy substantially reduce recurrence rates throughout the first ten years following diagnosis. However, more recently, the Adjuvant Tamoxifen: Longer Against Shorter (ATLAS) trial indicated that taking tamoxifen for 10 years, rather than 5, provided even greater protection against recurrence and breast cancer mortality.[3-5] The most common adverse effects reported with tamoxifen are vasomotor symptoms, such as hot flashes, and gynecologic symptoms, such as vaginal dryness and vaginal discharge.[5-7] In a prospective observational study conducted by Love, et al, prolonged vasomotor symptoms were reported in approximately 48.5% of patients receiving tamoxifen at 12 months after the start of administration compared to 21.2% of those who received placebo.[6,8] In those who experienced hot flashes while on tamoxifen, only 15% of women reported the need for treatment with medication to control their symptoms.[8] Hormone Replacement Therapy (HRT), standard treatment for hot flashes in post-menopausal women, must be avoided in patients who have been diagnosed with breast cancer as well as those who are at high risk for breast cancer.[9] Therefore, small trials have been conducted to evaluate the use of other classes of medications, including selective serotonin reuptake inhibitors (SSRIs) and serotonin-norephinephrine reuptake inhibitors (SSNRIs) for the treatment of hot flashes in women being treated for or with a history of breast cancer.[10] The main concern with these classes of agents is the drug-drug interaction with tamoxifen and moderate or strong CYP450 2D6 inhibitors, such as fluoxetine and paroxetine. Tamoxifen is metabolized by CYP450 2D6 into an active metabolite, endoxifen, which is thought to be pivotal in the efficacy of tamoxifen due to its high affinity for estrogen receptors.[11] Studies have shown that patients who are poor metabolizers of tamoxifen, due to genetic polymorphisms or medication coadministration, have an increased risk of relapse. One retrospective cohort study associated concomitant use of paroxetine with an increase in breast cancer-related mortality.[12,13] SSRIs or SNRIs with minimal 2D6 inhibition are preferred, such as venlafaxine, or if necessary weak-to-moderate inhibitors, such as citalopram.[14] Clonidine, gabapentin, and pregabalin have also shown to be beneficial for treating hot flashes in this population. Phytoestrogens and black cohosh have not shown a consistent benefit in clinical trials to recommend their use in the treatment of hot flashes.[10] Phytoestrogens, being weak estrogen agonists, should be avoided in patients who have had breast cancer; however, a meta-analysis including 9,629 healthy patients from 174 trials showed no increase in the rates of breast cancer.[10,15]

There is evidence of an increased

Preventing Toxicities in Patients Receiving Endocrine Therapy for Breast Cancer - *Continued*

incidence of thromboembolic events (TEs), including deep vein thrombosis and pulmonary embolism, during tamoxifen treatment. Therefore, patients who have a history of TEs should avoid tamoxifen, and all patients taking tamoxifen should be counseled about the signs and symptoms of TEs.[5] Venous thromboembolism (VTE) has been reported in patients receiving tamoxifen with a RR (relative risk) of 1.9 (95% CI 1.4-2.6) in a meta-analysis of 4 breast cancer prevention trials.[16] Tamoxifen-induced TE has also been linked to Factor V Leiden.[17]

Tamoxifen use has also been associated with an increased risk of endometrial cancer. According to a summary of tamoxifen prevention trials published in 2003, rates of endometrial cancer were increased with tamoxifen in all prevention trials (consensus RR of 2.4). However, most of the excess risk was seen in patients ≥ 50 years old. Cases reported in the literature are rarely fatal. Results of the ATLAS trial indicated an absolute mortality increase of 0.2% in those women who developed endometrial cancer.[4,16,18] Women taking tamoxifen should be counseled to immediately report abnormal vaginal bleeding or discharge, and annual routine gynecological examinations are recommended in those who have not had a hysterectomy.[2,19]

Aromatase Inhibitors

Aromatase inhibitors decrease estrogen levels by inhibiting the peripheral conversion of androgen, specifically androstenedione, to estradiol. There are three AI medications available on the market: anastrozole, letrozole, and exemestane. Anastrozole and letrozole cause reversible inhibition of the aromatase enzyme while exemestane, a steroidal inhibitor, exhibits irreversible inhibition.[20] Postmenopausal women with ER+/PR+ breast cancer should receive an AI for up to 5 years. Currently AIs are contraindicated in premenopausal women, due to the fact that AIs cause an increase in estrogen levels in women with functioning ovaries.[2,21] Compared to tamoxifen, aromatase inhibitors have a higher incidence of arthralgias, bone fractures, and cardiovascular disease.[21,22]

In a study conducted by Crew et al, 47% of participants reported AI-associated joint pain and 44% reported stiffness; these side effects were a main reason for discontinuation.[23,24] Treatment of symptoms follows recommendations similar to those for osteoarthritis with utilization of acetaminophen, NSAIDs, and COX-2 inhibitors.[25] A small, phase II study showed duloxetine decreased the mean pain severity by 60.9%.[26] Lastly, changing to another AI has shown some benefit, or switching to tamoxifen may also be an option.[24,25]

Preventing Toxicities in Patients Receiving Endocrine Therapy for Breast Cancer - *Continued*

In a meta-analysis conducted by Amir et al, the incidence of bone fractures in patients receiving AIs is 7.5% and increases with prolonged use.[22] A baseline dual energy x-ray absorptiometry bone scan (DEXA) is recommended for all women receiving AIs and scans should be repeated periodically thereafter.[2,27] Exercise and a daily calcium intake of 1200 mg and vitamin D of 400-800 units are recommended in all patients. Currently, ASCO (American Society of Clinical Oncology) does not recommend pharmacologic therapy unless the patient has a bone mineral density t-score ≤ -2.5. Oral and IV bisphosphonates as well as denosumab have been used in clinical trials, with the decision of the agent being patient specific.[27,28]

Also reported in the meta-analysis, a cardiovascular event, defined as angina, an acute myocardial infarction, or heart failure, occurred in 4.2% taking an AI. An increased risk of hypercholesterolemia has been reported as well.[22] No specific monitoring recommendations have been made for patients receiving AI with no other known risk factors for a cardiovascular event.[2]

Conclusion

Even though tamoxifen and AIs are thought to be less toxic than traditional chemotherapy, they have significant and sometimes severe adverse effects. Since patients on endocrine therapy will be taking these medications for 5 to10 years, it is imperative that all healthcare professionals, oncology and non-oncology alike, are aware of pertinent adverse effects, monitoring parameters, and drug-drug interactions to allow for optimal patient care.

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Preventing Toxicities in Patients Receiving Endocrine Therapy for Breast Cancer - *Continued*

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