Louisiana Medicaid | Provider UPDATE

Volume 30, Issue 5 | September/October 2012

Pharmacy Program Benefit Added to Some Bayou Health Plans

All Providers

The Louisiana Department of Health and Hospitals (DHH) is undergoing a significant transformation to enhance and modernize the Medicaid Pharmacy Benefits program. Effective November 1, 2012, Louisiana Medicaid and LaCHIP recipients enrolled in the three prepaid Bayou Health Plans, **Amerigroup**, **LaCare** or **Louisiana Healthcare Connections**, will have their prescription drugs and pharmacy services managed through their Bayou Health Plans.

As Bayou Health was implemented earlier this year, pharmacy was one of several "carved out" services, meaning Medicaid recipients in a Bayou Health Plan received their pharmacy services through the legacy Medicaid fee-for-service program. Now, DHH is moving forward with adding pharmacy as a benefit for recipients in the three prepaid Bayou Health plans.

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In June, Secretary Greenstein and DHH Medicaid leadership released an initial concept paper outlining their plan to include pharmacy as a benefit of the Bayou Health prepaid plans. Additionally, DHH sought public input through seven regional forums, four of which took place after business hours so pharmacists and other providers could attend. DHH used that feedback to make several significant changes to the pharmacy reform plans. On August 24, DHH released its final reform concept, which outlines the changes and details of what will be included in the rules and contracts that govern the Bayou Health pharmacy program. Additional information about the final reform concept is available on the Bayou Health website, www.MakingMedicaidBetter.com, under the "Pharmacy" section.

The two Bayou Health shared-savings plans, Community Health Solutions and United Healthcare Community Plan, are enhanced primary care case management networks. These Plans process and pay claims using the Medicaid fiscal intermediary, and pharmacy benefits for recipients in these networks will continue through the legacy Medicaid fee-for-service program. Membership in these two Plans, combined with those individuals remaining in legacy Medicaid, account for nearly 62 percent of Medicaid recipients. DHH will continue to work with stakeholders as it moves forward with plans to strengthen the legacy Medicaid pharmacy program.

Bayou Health staff has modified their daily provider call schedule in an effort to address pharmacy questions and comments. Calls should be made to 1-888-278-0296 using Access Code 6556479# between noon to 1 p.m. and priority will be tailored to address specific issues as follows:

- Monday - Primary Focus on Pharmacy Questions and Comments
- Tuesday - Primary Focus on Pharmacy Questions and Comments
- Wednesday – Hospitals, Physicians and other providers
- Friday - Primary Focus on Pharmacy Questions and Comments

Providers can also email any questions or comments to BayouHealth@la.gov, and staff will usually respond within one business day.

Pharmacy Reimbursement Changes Made

All Providers

The Department of Health and Hospitals has worked with a national consulting firm, Myers & Stauffer LLC, since 2009 to help establish, evaluate, maintain and update average acquisition cost (AAC) rates for multi-source drugs. The AAC rates are determined by costs submitted by Louisiana Medicaid participating pharmacies. Beginning with September 5, 2012 date of service, acquisition-based reimbursement rates were expanded to include single-source drugs.

Baseline AAC rates will be calculated twice a year based on invoice costs submitted by Louisiana Medicaid pharmacies. Adjustments will be made when the overall average increases. AAC rates will also be reviewed weekly for published pricing changes and daily when calls are received through the Myers & Stauffer Pharmacy Reimbursement Help Desk.

The AAC rate will not be eligible for adjustment based on an individual provider's inability to purchase a drug below the AAC, if the overall average has not changed. Providers should contact the Myers & Stauffer Pharmacy Reimbursement Help Desk at 800-591-1183 to report availability issues resulting in an increase in acquisition cost. Myers & Stauffer will research the issue and work with Louisiana Medicaid to determine if the AAC is eligible for an increase until the availability issue is resolved.

For more details about this change, providers should refer to the web notice at www.lamedicaid.com and Myers & Stauffer website at http://la.mslc.com/AACList.aspx.

Raising Awareness of the Louisiana Health Insurance Premium Payment (LaHIPP) Program in 2012

All Providers

In June 2012, the Department of Health and Hospitals (DHH) and Health Management Systems (HMS), the LaHIPP contractor, presented program information to Lafayette General Hospital, Children's Hospital in New Orleans, and their associated healthcare providers. HMS supplied LaHIPP manuals to each provider representative and explained how the LaHIPP program can help increase their revenue by identifying and referring potentially eligible members of their patient population. Currently, the main focus of the LaHIPP program is the population of Medicaid-eligible women who are pregnant.

DHH has discovered that some pregnant women drop their private insurance coverage once they are found eligible for Medicaid. Their disenrollment from private insurance may limit their access to care, lower the reimbursement rate to the provider, and create additional cost to the state of Louisiana. The LaHIPP program can likely assist these women by paying their health insurance premium and assisting with their co-payments and deductibles.

In an effort to bring the LaHIPP program to the attention of these Medicaid applicants:

- The Medicaid online application has been updated with additional premium payment information,
- The Medicaid application centers will give applicants who are pregnant a LaHIPP flyer and discuss the LaHIPP program during the application process, and
- An informational video about the LaHIPP program has been posted on You Tube.

Additional information about the LaHIPP program can be obtained from the web at www.lahipp.dhh.louisiana.gov or by calling the LaHIPP team at 1-888-My-LaHIP (888-695-2447).

Revision of Nursing Facility Minimum Licensing Standards: Appeals and Monetary Penalty Provisions

Nursing Facility Providers

In accordance with the final rule that was published in the *Louisiana Register,* Vol. 38, No. 3 on March 20, 2012, licensed nursing facilities can receive a reduced civil monetary penalty for certain violations when they waive their right to all administrative reconsideration and appeal rights. The Department of Health and Hospitals will reduce the civil monetary penalty for Class "C" violations which include those violations of conduct, acts, or omissions which do not result in death or serious physical harm to a resident but create a potential for harm.

The civil monetary penalty for Class "C" violations will be reduced by 50 percent when a nursing facility makes the waiver request within 30 days from the date of receipt of the penalty notice. The request must be:

- Made in writing to the Health Standards Section and
- Include a check or money order for the amount due.

This reduction only applies to Class "C" violations. Class "B" violations for immediate jeopardy and actual harm will continue to be assessed for the full amount of the file.

Providers can view the published rule on the Office of State Register's website at http://www.doa.louisiana.gov/osr/reg/1203/1203.pdf.

Avoid Hiring or Employing Excluded Individuals

All Providers

As a condition of participation in the Louisiana Medicaid Program, providers are responsible for ensuring that current as well as potential employees and/or contractors have not been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid and/or the Office of Inspector General (OIG). Providers who employ or contract with excluded individuals or entities may be subject to penalties of $10,000 for each item or service the excluded individual or entity furnished.

Providers must check the following two websites prior to hiring or contracting with an individual or entity **and on a monthly basis** to determine the exclusion status of current employees and contractors. All current and previous names used such as first, middle, maiden, married or hyphenated names and aliases for **all owners, employees and contractors** should be checked.

- http://exclusions.oig.hhs.gov/search.aspx
- http://www.epls.gov/epls/search.do

If an individual's or entity's name appears on either website, this person or entity is considered excluded and is barred from working with Medicare and/or the Louisiana Medicaid Program in any capacity. The provider must notify the Department of Health and Hospitals with the following information:

- Name of the excluded individual or entity, and
- Status of the individual or entity (applicant or employee/contractor).

If the individual or entity is an employee or contractor, the provider should also include the following information:

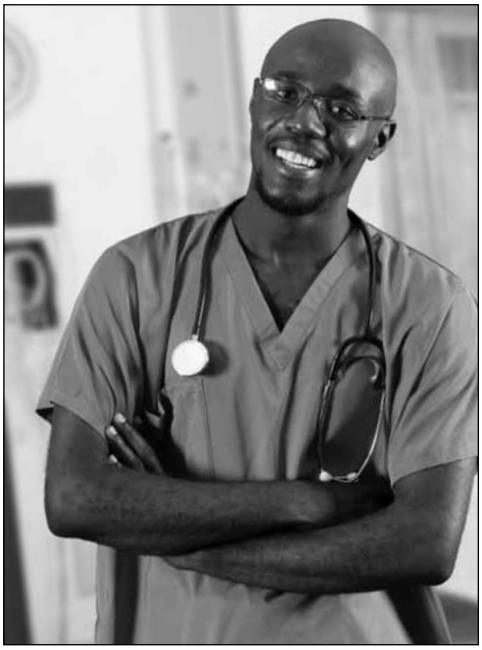
- Beginning and ending dates of the individual's or entity's employment or contract with the agency,
- Documentation of termination of employment or contract, and
- Type of service(s) provided by the excluded individual or entity.

These findings should be reported to:

Department of Health and Hospitals
Program Integrity - Special Investigations Unit
P. O. Box 91030
Baton Rouge, LA 70821-9030
Fax: (225) 219-4155

Medicaid providers should review the information provided in the SPECIAL ADVISORY BULLETIN titled "The Effect of Exclusion from Participation in Federal Healthcare Programs" at http://www.oig.hhs.gov/fraud/docs/alertsandbulletins/effected.htm.

Sections E, F, and G of the bulletin explain the prohibition against hiring excluded individuals or entities and the fines and penalties involved when an excluded individual or entity is hired or contracted.



Remittance Advice Corner

All Providers

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

Notice to all Physician Providers
Consultation Codes are no Longer Billable

Effective July 1, 2012, Medicaid will no longer recognize office and other outpatient consultation codes (99241-99245) and inpatient consultation codes (99251-99255).

With date of services July 1, 2012, physicians should adhere to the current Concurrent Care-Inpatient policy as outlined in the Professional Service Manual, Section 5.1. Providers should bill the appropriate subsequent hospital care code when rendering these services in the hospital setting. Only the admitting provider may submit a claim for one of the initial hospital care codes per a recipient's inpatient stay. Therefore use of the AI modifier when billing the appropriate E/M codes for the services rendered will not be necessary.

Attention Providers of RUM Services

With the implementation of Bayou Health, RUM authorizations were being rejected back to MSI if the authorization period overlapped the Bayou Health effective date for the recipient. This caused claims to deny, also. MSI has retransmitted the majority of the rejected authorizations, but there are still some outstanding. On this RA (08/14/12), Molina has recycled claims that were denied for edit 190 (no PA) for dates of service 02/01/12 forward in an attempt to allow any claims to process where the authorization has been successfully received from MSI. Since some authorizations are still outstanding, only claims with approved and successfully re-transmitted authorizations were recycled to process through the system. Some of these claims will deny again for appropriate edits other than edit 190. Hopefully, this will allow payment of many claims involved and let providers know the status of those not recycled. Once all authorizations are successfully re-transmitted, a final claims recycle will occur. We apologize for the inconvenience this has caused providers.

Attention Physician Providers

As a result of the recently implemented fee schedule changes that took effect on 7/1/12, some claims for EPSDT recipients and Take Charge recipients were overpaid. These claims were for services performed during July and August. No action is required by the provider as these claims are being systematically adjusted to recover the overpayment so the claims are correctly paid.

Attention Pharmacists and Prescribing Providers
Louisiana Medicaid will reimburse enrolled pharmacies for the 2012-2013 influenza vaccines and administration of the vaccines for Medicaid recipients who are nineteen years of age and older when the administering pharmacist is an enrolled Medicaid provider. For more details, please refer to www.lamedicaid.com.

Attention all Optical Supply Service Providers
Recycle of Optical supply Services Associated with Recipients Enrolled in a Bayou Health Prepaid Plan

Recent updates have clarified that lenses and frames are NOT Carved Out from the scope of Bayou Health Prepaid plans. When these services are provided to a recipient enrolled in a Bayou Health Prepaid plan, the claim should be billed to the Bayou Health Prepaid plan claim, not Molina. These lenses and frame services include the following codes: S0580, V2020, V2025, V2100 through V2118, V2121, V2199 through V2221, V2299 through V2321, V2399, V2410, V2430, V2499 through V2503, V2510 through V2513, V2530, V2531, V2599, V2600, V2610, V2615, V2623 through V2632, V2700, V2702, V2710, V2715, V2718, V2730, V2744, V2745, V2750, V2755, V2756, V2760 through V2762, V2769, V2770, V2780 through V2788, V2797 and V2799. In order to reconcile your RA, please submit any of these claims to the Prepaid Bayou Health plan the recipient was enrolled with as of the date of service.

Claims for these services that were billed for recipients enrolled in a Bayou Health Prepaid plan as of the date of service and inappropriately paid were systematically voided on the checkwrite of September 25, 2012. If you have questions about claims submission or coverage, please contact the appropriate Pre-Paid Bayou Health plan.

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
Children's Choice Waiver
Dental Services
Durable Medical Equipment
EPSDT Health Services for Children with Disabilities
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
Hospice
Hospital Services
Independent Laboratories
ICF/DD
Medical Transportation
New Opportunities Waiver (NOW)
PACE
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
Hospital Services	Table of Contents Section 25.2 – Inpatient Services Section 25.3 – Outpatient Services Section 25.6 – Prior Authorization	08/15/12
New Opportunities Waiver	Section 32.1 – Covered Services Section 32.6 – Provider Requirements Appendix C – Contact Information	08/20/12
	Section 32.1 – Covered Services	09/25/12
Professional Services	Section 5.1 – Diabetes Education Management Training	08/24/12
	Section 5 – Table of Contents Section 5.1 – Covered Services – Advanced Practice RN Section 5.1 – Covered Services – Anesthesia Section 5.1 – Covered Services – Audiology Section 5.1 – Covered Services – Chiropractic Section 5.1 – Covered Services – CommunityCARE 2.0 Section 5.1 – Covered Services – Concurrent Care Section 5.1 – Covered Services – Consultations Section 5.1 – Covered Services – EPSDT Screenings Section 5.1 – Covered Services – Family Planning Waiver Section 5.1 – Covered Services – Immunizations Section 5.1 – Covered Services – Oral and Maxillofacial Surgery Section 5.1 – Covered Services – Physician Assistants Section 5.1 – Covered Services – Public Health Surveillance Mandates Section 5.1 – Covered Services – Same-Day Outpatient Visits Section 5.1 – Covered Services – Vaccines for Children and LINKS Section 5 – Appendix A – Contact Information Section 5 – Appendix E – Claims Filing Section 5 – Appendix F – Glossary and Acronyms	09/28/12
Dental	Section 16.5 – EPSDT – Covered Services Appendix B – Adult Denture Fee Schedule	09/15/12
Personal Care Services	Section 30.2 – LT-PCS – Covered Services	10/01/12
Ambulatory Surgical Centers	Table of Contents Section 29.3 – Reimbursement	10/10/12

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	
Dental Services	Entire manual reissued March 15, 2012
Elderly and Disabled Adult Waiver	Waiver program ended
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	

Medications Used in Pain Management

Louisiana Drug Utilization Review (LADUR) Education

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Introduction

Pain is a part of everyday life, and its degree of intensity varies subjectively from person to person. Due to the unique experience of pain each person may have, it is hard to estimate its prevalence. A worldwide study estimates 21.5% of patients in primary care services suffer from persistent pain.[1] Approximately 76 million Americans suffer from chronic pain.[2] In 1998, the United States reached approximately $91 billion dollars in health care expenditures for back pain alone.[3] Opioid analgesic sales quadrupled between 1999 and 2010. It is estimated that more than 256 million opioid prescriptions were dispensed in the United States in 2009, a 48% increase since the year 2000.[4,5]

Pain is defined as an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.[6] Common pain classifications include acute or chronic pain, chronic malignant pain or chronic nonmalignant pain, nociceptive pain, and neuropathic pain. Acute pain has a shorter duration (hours to weeks) when compared to chronic pain (months to years). Chronic malignant pain is associated with life-threatening progressive disease, while chronic nonmalignant pain persists for more than 6 months without being associated with a life-threatening disease. Nociceptive pain includes somatic and visceral pain.[7] Somatic pain is localized, occurring from direct harm to muscles, joints, or connective tissue. Pain arising from internal organs is considered visceral pain. Finally, neuropathic pain involves damage to peripheral or central nerves and is typically associated with a chronic disease state. Symptoms of neuropathic pain include tingling, burning, shooting, or dull throbbing sensations.[2] Therapeutic options for the treatment of pain are dependent on pain type and characteristics. This article will briefly review medications commonly used and methods to optimize therapy for pain management.

Pain Management

Pain management should be individualized, because what is effective for one patient may not be effective for the next. Additionally, treatment should include both non-pharmacologic and pharmacologic modalities. Non-pharmacologic options include lifestyle changes, aerobic exercise, physical therapy, surgical therapy, transcutaneous electric nerve stimulation, psychological therapy, complementary or alternative medicine, and occupational therapy.[8] When choosing a pharmacologic agent, clinicians must guide therapy based on an initial determination of the type of pain the patient is experiencing. The World Health Organization proposed a pain ladder in 1986 to guide the management of cancer pain; however, it is widely used to treat other types of pain as well.[7,9,10] The pain ladder recommends initiating therapy with a non-opioid medication such as acetaminophen (APAP), a nonsteroidal anti-inflammatory medication (NSAID), or aspirin (ASA) with the possible addition of an adjuvant medication (e.g., antidepressants, anticonvulsants, steroids, alpha$_2$ agonists). If intensity persists or increases, an opioid for mild to moderate pain may be selected. Lastly, an opioid indicated for moderate to severe pain may be used. This three-step approach is reported to be 80-90% effective when the right medication is given at an appropriate dose at the correct time.[9] In 2010, Vargas-Schaffer published a modified analgesic ladder (Figure 1) incorporating newer medications such as tramadol, oxycodone, hydromorphone and buprenorphine as well as the transdermal patches fentanyl and buprenorphine. Additionally, non-cancer pain types are included in this new adaptation. This analgesic ladder is not indicated for the treatment of pure neuropathic pain. The upward pathway is helpful for chronic and cancer pain while the downward pathway can be used for intense acute pain, uncontrolled chronic pain, and breakthrough pain.[10]

Non-opioid Analgesics

Non-opioid analgesic options include APAP, NSAIDs, and ASA.[7,8] Acetaminophen is commonly used to treat mild to moderate pain. This agent with both antipyretic and analgesic activity lacks anti-inflammatory properties. [7,11,12] Nonsteroidal anti-inflammatory medications are regularly prescribed for mild to moderate pain mediated by prostaglandins.[7] They are one of the most commonly used class of medications worldwide, and include both selective and non-selective inhibitors of cyclooxygenase (COX)-2. Their effect on pain and inflammation is exerted by inhibiting COX function of prostaglandin H synthase. [12] More than twenty NSAIDs are available with several available agents being more selective for COX-2 activity.[12]

Opioid Analgesics

Opioids are available as single agents or in combination with other analgesics. Typically, single agent opioids are reserved for treating severe pain.[7] Opioids bind to opioid receptors leading to pain relief and euphoria.[13, 14] Opioids can be naturally occurring (e.g., morphine), semisynthetic (e.g., oxycodone, oxymorphone, hydrocodone), or synthetic (e.g., buprenorphine, methadone, fentanyl, alfentanil, levorphanol, meperidine, and codeine).[13]

Opioid use for the treatment of pain is controversial, because some clinicians are concerned about potential opioid abuse. However, patients experiencing pain need to be appropriately treated. According to the Institute of Medicine (IOM), it is not unusual for patients to be undertreated for their pain.[5] On the other hand, evidence demonstrates the existence of non-medical use of opioids. The IOM considers opioid analgesics to be safe and effective when used appropriately for acute postoperative pain, procedural pain, and palliative pain; however, this is only when used appropriately. The IOM does not feel opioids are safe and effective for non-malignant chronic pain.[4]

Adjuvant Analgesics

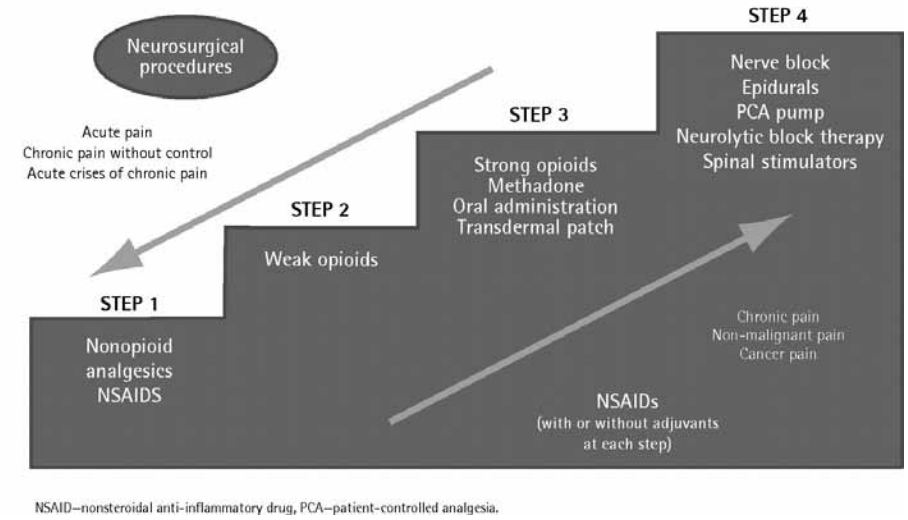
Adjuvant analgesics are medications with a primary indication other than pain which also provide analgesic effects. They are often used in combination with APAP, NSAIDs, or opioids, but can also be used alone.[15] Patients suffering from chronic pain may benefit from the addition of adjuvant analgesics to their pain management regimen. In addition, patients suffering from neuropathic pain are also good candidates for use.[15,16] Commonly used adjuvant analgesics include antidepressants, corticosteroids, alpha$_2$-adrenergic agonists, and neuroleptics.[15] Dworkin and colleagues developed a neuropathic guideline which suggests gabapentin, lidocaine patches, and tricyclic antidepressants as first line adjuvant analgesics for treating neuropathic pain.[16] These agents can be initiated as monotherapy in certain clinical circumstances. Other adjuvants useful in treating neuropathic pain include other anticonvulsants (e.g., carbamazepine, lamotrigine), *N*-methyl-D-aspartate receptor antagonists (e.g., dextromethorphan, amantadine), and topical capsaicin.[16] Adjuvants available for malignant bone pain include steroids, calcitonin, and bisphosphonates. Muscle relaxants, such as tizanidine and baclofen, and benzodiazepines are useful for musculoskeletal pain.[15]

Medications Used in Pain Management

Conclusion

Pain is a necessity for human survival and is experienced by most people. Even though pain is frequently experienced and clinicians encounter it often, its treatment is still very complex and requires a multidirectional approach including individualized non-pharmacologic and pharmacologic approaches. Due to the different types of pain, certain medical treatments are more effective than others. Therefore, it is imperative that clinicians do thorough examinations, ask the appropriate questions to identify the type of pain, and then use the most advantageous treatment course.

Figure 1: Modified WHO Analgesic Ladder



NSAID—nonsteroidal anti-inflammatory drug, PCA—patient-controlled analgesia.

Used with permission-Vargas-Schaffer G. Is the WHO analgesic ladder still valid? Twenty-four years of experience. *Can Fam Physician*. 2010 Jun;56(6):514-7, e202-5.

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MMIS/Recipient Retroactive Reimbursement	(225) 342-1739 1-866-640-3905
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