Louisiana Medicaid | Provider UPDATE

Volume 30, Issue 9 | May / June 2014

Insurance Coverage and Line of Credit Requirements for Home and Community-Based Service Providers

HCBS Providers

Louisiana Revised Statute 40:2120.2, (2) outlines the financial viability requirements of a home and community-based service (HCBS) provider by stating:

". . . the provider seeking a home- and community-based service license is able to provide verification and maintenance of:

(a) A line of credit issued from a federally insured, licensed lending institution in the amount of at least fifty thousand dollars.
(b) General and professional liability insurance of at least three hundred thousand dollars.
(c) Workers' compensation insurance."

Annually when providers renew their HCBS license, they must submit proof of a current line of credit as well as current insurance coverage to Health Standards. Health Standards is discovering an increasing number of providers who have either cancelled their insurance policies once the license has been renewed or allowed their insurance policies to lapse due to non-payment of premiums. These providers are being referred to Medicaid Program Integrity and to the Attorney General's Medicaid Fraud Control Unit. Lack of the required insurance coverage may lead to withholding of vendor payment for any claims billed to Medicaid during the time insurance coverage was not in effect and may ultimately lead to action against the provider's license.

Federal regulations require that claims paid by the Medicaid Program be reviewed. Medicaid Program Integrity is also monitoring providers' compliance with the required insurance coverage and line of credit. Providers may receive a certified letter asking that proof of current insurance coverage that is in effect and the required line of credit be provided. If no response is received within the time frame specified in the certified letter, withholding of vendor payment is initiated.

Table of Contents

Hospital Emergency Room Visit Limit Removed

All Providers

The Louisiana Medicaid Program has revised the hospital outpatient reimbursement policy to remove the limit of three emergency room visits per calendar year. The Centers for Medicare and Medicaid Services (CMS) has stated that the previously approved limit of emergency room visits per calendar year does not align with their current policy which precludes states from "arbitrarily denying or reducing the amount, duration and scope for a mandatory service solely because of the diagnosis, type of illness or condition."

As a result of this guidance from CMS, an Emergency Rule was published in the May 20, 2014 Louisiana Register to amend provisions of the August 20, 1983 Rule governing outpatient

Hospital Emergency Room Visit Limit Removed - *Continued*

hospital services and to remove the visit limits placed on emergency room services. A corresponding State Plan Amendment was submitted to CMS on May 30, 2014 to reflect this change. The Emergency Rule is available online and can be viewed in its entirety at: http://www.doa.la.gov/osr/emr/1405EMR034.pdf. The State Plan Amendment is also available online and can be viewed at: http://new.dhh.louisiana.gov/index.cfm/page/1496. Questions regarding this change can be directed to Jennifer Stevens at (225) 342-6919 or via e-mail at Jennifer.Stevens@la.gov.

Intermediate Care Facilities Provider Fee Increase

ICF Providers

Effective April 1, 2014 the provider fee for Intermediate Care Facilities (ICF) days increased from $14.30 to $16.15 as allowed by Louisiana Revised Statute 46:2625 and will be reflected in future "Quarterly Fee Reports" issued by the Department of Health and Hospitals. However, Louisiana Medicaid is not able to pay the increased rate without approval from the Centers for Medicare and Medicaid Services (CMS), the federal agency that oversees Medicaid.

A request to increase the ICF rates by $1.85, with the April 1, 2014 effective date, has been submitted to CMS for approval. Once CMS approval is received, Medicaid will identify and recycle all claims to pay providers at the increased rate retroactively to April 1, 2014. Providers will be made aware of approval of the CMS request through remittance advice messages, the Provider Update and web messages posted to www.lamedicaid.com.

Reactivation of the National Correct Coding Initiative (NCCI) Edits for Preventive Care and Immunization Administration Codes

All Providers

Effective with the remittance of April 29, 2014, Louisiana Medicaid fee-for-service processing (legacy and Bayou Health Shared Plans) reactivated the NCCI edits for preventive care and immunization administration code pairs based on updated Centers for Medicare and Medicaid Services (CMS) direction. These edits will deny the preventive medicine procedure code when billed on the same date as the immunization administration. These edits had been previously deactivated based on prior CMS guidance.

However, CMS has provided the following guidance which allows both the immunization administration and the preventive medicine evaluation and management (E/M) service to be reimbursed when clinically appropriate, properly submitted and accurately documented.

"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, as described above, will reimburse both the immunization administration and the preventive medicine E/M services when modifier -25 is properly appended to the preventive medicine procedure code. Documentation in the clinical record must substantiate each service. Providers can expect that when the modifier is not properly appended to the preventive medicine code in these situations, it will deny.

For questions related to this information as it pertains to legacy Medicaid or Bayou Health Shared Savings Plans claims processing, 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 Providers Submitting Medicare/Medicaid Crossover Claims: Sequestration Reduction is Provider Responsibility

In 2013, Medicare imposed a 2% reduction in Medicare payments (sequestration). This reduction applies to both Medicare and Medicare Advantage Plan payments to providers of services. Therefore, for services provided under assignment, the reduced Medicare payment would be considered *payment in full to the provider* (meaning that the provider's payment receives the 2% reduction). The patient responsibility amount remains unchanged. All Medicare/Medicaid claims are 'assigned' claims. It has come to the Department's attention that some providers are incorrectly completing the Medicare Advantage key sheets for submission to Medicaid by including the 2% reduction amount in either the Medicare 'Paid' field or the Patient Responsibility field on the key sheet. We have also received calls from some providers asking why the 2% reduction was not taken into consideration when processing Medicare Crossover

Remittance Advice Corner - *Continued*

claims submitted Medicaid. As indicated above, the 2% reduction is subtracted from a provider's payment and cannot be included as a part of the Medicare payment amount or the patient responsibility amount.
Please ensure that claims and Medicare Advantage plan key sheets are completed and submitted correctly for processing.

Informational Update Transition to the New CMS-1500 (02/12) Form Fast Approaching for Paper Claims Submitted to Molina and Bayou Health Shared Plans

Providers were notified in our notice dated February 14, 2014 of Louisiana Medicaid's plans to transition to the revised CMS 1500 (02/12) claim form for paper billing to Molina and Bayou Health Shared Plans.

CLAIM FORM CHANGES:

The significant form change that impacts Medicaid billing is the addition of 8 diagnosis codes to Form Locator 21 (for a total of 12 diagnosis codes) and the addition of an ICD Indicator (to specify whether ICD-9 or ICD-10 is being used). Other changes to the form do not impact your claims submitted to Louisiana Medicaid.

Currently, providers may submit either version 08/05 or version 02/12 of the 1500 claim form. **Effective April 30, 2014, Molina will only accept the new CMS 1500 (02/12)**. After this date, original claims and claim resubmissions must be submitted on version 02/12 - regardless of the date of service.

<u>Important Information for Providers:</u> Although we will accept, key, and capture up to 8 diagnosis codes from the new claim form, claims editing will not change at this time; thus, only the first 4 diagnosis codes are carried through claims processing, and editing is based on current Medicaid policy.

Until the implementation of ICD-10 diagnosis coding, only ICD-9 diagnosis codes are acceptable for billing Medicaid.

PROGRAM CHANGES PLANNED FOR THIS TRANSITION TO THE CMS 1500 FORM:

As we implement the newly revised form, the following changes will be made to transition programs to the CMS 1500 claim form:

- Professional providers (Physicians, DME, and Professional Crossover) currently using the proprietary 213 Adjustment/Void Forms will be required to use the CMS 1500 02/12 for that purpose.

  Beginning May 19, 2014, professional providers will be required to use the CMS

Remittance Advice Corner - *Continued*

1500 02/12 In place of the 213 Form.

- Free Standing Rehabilitation Center providers will be required to transition from the currently used proprietary 102 Claim Form and 202 Adjustment/Void Form to using the CMS 1500 02/12 for original claims, for adjustments and for voids.

  Until further notice, providers using the 102 Claim Form and the 202 Adjustment/ Void Form should continue to submit on those forms. Additional information concerning timelines for these program transitions and new billing instructions will be forthcoming.

NOTE: Please visit the Medicaid web site, www.lamedicaid.com, for upcoming information. Billing instructions are being placed on the directory link, Billing Information.

Attention Providers: Payment Error Rate Measurement (PERM) 2014 Provider Education Webinars

The Centers for Medicare & Medicaid Services (CMS) will be hosting PERM Provider Education Conference Calls/Webinars this summer, to provide interactive sessions for providers of Medicaid and Children's Health Insurance Program (CHIP) services. Providers will be informed about PERM updates, trends and responsibilities. There will be opportunities to ask questions and provide feedback to CMS and your state representatives.

For Webinar details, refer to the March/April, 2014 Provider Update Article, located in the Provider portal at www.lamedicaid.com.

Attention Obstetrical Service Providers

Effective with date of service May 1, 2014, Makena (J1725) administered via intramuscular injection for the prevention of preterm delivery is covered by Medicaid through the Professional Services program.

Please visit www.lamedicaid.com to view the web posting for complete details.

Attention Providers: ACA Enhanced Reimbursement 2014 Rates

On April 4, 2014 Molina updated the Affordable Care Act Primary Care Services Enhanced Reimbursement rates to reflect the Medicare rates for dates of service in calendar year 2014. Claims paid on the April 15, 2014 Remittance Advice were the first to be affected. The 2014 Professional Services - ACA Enhanced Reimbursement fee schedules for Primary Care Services and Immunization Administration are being posted to lamedicaid.com. The 2013 fee schedules will also remain available on the site.

DHH will advise providers when a recycle is expected to adjust claims which have already been processed for dates of service in calendar year 2014 and paid before April 14, 2014. In addition, programming logic is currently being updated to allow eligible Medicare crossover claims to pay correctly. Any crossover claims affected to date will be processed in a separate recycle.

Please continue to review the RA messages and web notices as you will be notified when these recycles will occur. We apologize for any inconvenience these issues have caused.

Attention Pharmacists and Prescribing Providers of Louisiana Medicaid Shared Plans and Legacy Medicaid

Effective May 1, 2014, pharmacy claims for hydrocodone containing drugs will be limited to 720 units in a rolling 365 days. These limits are in addition to the current limits. See www.lamedicaid.com.

Attention Pharmacists and Prescribing Providers of Louisiana Medicaid Shared Plans and Legacy Medicaid

Effective April 23, 2014, pharmacy claims for Progesterone Vaginal Suppositories with applicable NDCs will be reimbursed when submitted. Quantity limits will be applied as listed on the website. See www.lamedicaid.com.

Attention Pharmacists and Prescribing Providers of Louisiana Medicaid Shared Plans and Legacy Medicaid

Effective May 12, 2014, pharmacy

Remittance Advice Corner - *Continued*

claims for Victrelis® (boceprevir), Incivek® (telaprevir), Sovaldi® (sofosbuvir), and Olysio® (simeprevir) will have a limited duration of therapy. On May 19, 2014 quantity limits will be applied to these medications. Please refer to www.lamedicaid.com for specifics.

Attention Pharmacists and Prescribing Providers of Louisiana Medicaid Shared Plans and Legacy Medicaid

Effective April 16, 2014, pharmacy claims for anti-anxiety drugs will deny with EOB 482-Therapeutic Duplication when there is already an active claim in the same therapeutic class. Quantity limits will be applied on certain anxiolytics, as listed on the website. Diagnosis codes will be required for alprazolam ER and ODT and recipients must be 18 years of age or older on the date of service. See www.lamedicaid.com.

Attention Pharmacists and Prescribing Providers of Louisiana Medicaid Shared Plans and Legacy Medicaid

Effective May 30, 2014, diagnosis codes will be required on pharmacy claims for select specialty drugs. Please refer to www.lamedicaid.com for the complete list with appropriate diagnosis codes.

Attention Pharmacists and Prescribing Providers of Louisiana Medicaid Shared Plans and Legacy Medicaid

Effective May 30, 2014, pharmacy claims for Victrelis® (boceprevir), Incivek® (telaprevir), Sovaldi® (sofosbuvir), and Olysio® (simeprevir) will have therapeutic duplication and early refill edits applied. Please refer to www.lamedicaid.com for specifics

Affordable Care Act Enhanced Reimbursement Recycles – Dates of Service in 2014 and Medicare Crossover Claims

DHH is planning three recycles to adjust previously paid claims eligible for ACA enhanced reimbursement.

The first two recycles involve claims with dates of service in calendar year 2014 that were originally paid before April 15, 2014. ACA enhanced reimbursement rates changed from 2013 to 2014. Claims paid on or after the April 15 RA were processed with the 2014 rates and do not require adjustment. Claims paid before April 15 were paid at 2013 rates and need to be adjusted. The recycles will appear on the May 20 and 27 Remittance Advices (RA), and are spread across two weeks due to the volume of claims affected.

The third recycle addresses Medicare crossover claims eligible for ACA enhanced reimbursement. Eligible claims paid on or after April 29, 2014 were paid at the enhanced rate and do not need to be adjusted. Claims paid before April 29 were not paid at the enhanced rate and need to be adjusted. This recycle will take place after May 27 and include all dates of service in calendar year 2013 and 2014.

Providers do not need to take any action on affected claims.

For further information regarding the ACA enhanced reimbursement, please visit http://www.lamedicaid.com/provweb1/ACA/ACA.htm.

Attention Hospital Provider of Outpatient Rehabilitation Services

We recently learned that some outpatient hospital rehabilitation services billed for children under 3 years old are paying at an incorrect rate. This only included a few isolated codes. This problem has been identified, corrected, and affected claims are systematically adjusted on the 5/27/14 RA. Please reconcile these adjustments appearing on the RA, and if you have other affected claims that were not identified in this systematic process, please submit an adjustment for processing. We apologize for any inconvenience.

Affordable Care Act Enhanced Reimbursement Recycles - Medicare Crossover Claims

Primary care service providers with an attestation on file for enhanced reimbursement through the Affordable Care Act had some of their Medicare crossover claims paid without making use of the specific ACA pricing. This only affected claims processed and paid prior to the 4/29/14 checkwrite. It was at this time that the claims system was updated to properly pay these claims using the ACA pricing for specific procedures. Only paid claims eligible for enhanced reimbursement, which include dates of service in calendar years 2013 and 2014, will be recycled and reflected on the 6/3 check-write.

Remittance Advice Corner - *Continued*

For further information regarding the ACA enhanced reimbursement, including applicable procedure codes, please visit http://www.lamedicaid.com/ACA/ACA.htm.

Attention All Providers Using the CMS 1500 02/12 Form for Claims Submission - Data Entered in Field 22

Professional providers were recently notified of the transition from the proprietary 213 Adjustment/Void Form to the CMS-1500 Form for adjusting and voiding claims. Field 22 on the CMS 1500 (02/12) is the location where providers should enter adjustment/void information. As this transition has occurred, we have found that some providers use this field for their internal record keeping by entering the ICN of a previous claim as a reference. In the past, Molina did not key data from Field 22, so if providers entered internal data in this field, it did not cause problems. Effective with claims submitted on or after June 6, 2014 (regardless of date of service), claims submitted with data in Field 22 that is incomplete adjustment/void information will deny with error code '013-ORIGINAL CLAIM WITH AN ADJUSTMENT OR VOID ICN'. Please discontinue using Field 22 on claims submissions unless the submission is an adjustment or void.

Online Medicaid Provider Manual Chapters

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
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
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)

Online Medicaid Provider Manual Chapters - *Continued*

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
Children's Choice	Appendix F – Claims Filing	04/30/14
Community Choices Waiver	Appendix D – Claims Filing	04/30/14
Durable Medical Equipment	Table of Contents Section 18.6 – Claims Related Information Appendix B – Claims Filing Appendix C – (Deleted)	04/30/14
EPSDT Health and IDEA-Related Services	Appendix A – Procedure Codes Appendix C – Claims Filing	04/30/14
Federally Qualified Health Centers	Appendix D – Claims Filing	04/30/14
Greater New Orleans Community Health Connection (GNOCHC)	Appendix C – Claims Filing Appendix F – Specialty Care Claims Filing	04/30/14
Medical Transportation	Appendix I – Claims Filing	04/30/14
New Opportunities Waiver (NOW)	Appendix F – Claims Filing	04/30/14
Personal Care Services	Appendix J – Claims Filing	04/30/14
Professional Services	Appendix E – Claims Filing	04/30/14
Rural Health Clinics	Appendix D – Claims Filing	04/30/14
Supports Waiver	Appendix E – Claims Filing	04/30/14
End Stage Renal Disease	Section 17.3 – Reimbursement	05/02/14
Hospital Services	Section 25.7 – Reimbursement Appendix B – Contact/Referral Information	05/12/14
Vision (Eye-Wear)	Section 46.5 – Reimbursement Appendix E – Claims Filing	05/12/14
New Opportunities Waiver (NOW)	Appendix E – Billing Codes	05/21/14

Online Medicaid Provider Manual Chapters - *Continued*

Manual Chapter	Section(s)	Date of Revision
New Opportunities Waiver (NOW)	Appendix E – Billing Codes	05/30/14
Hospital Services	Section 25.3 – Outpatient Services	05/30/14

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	

Antibiotic Resistance

Louisiana Drug Utilization Review (LADUR) Education

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Scope of the Problem

Antibiotic resistance is one of the most serious threats facing healthcare today. New forms of resistance are able to cross international boundaries and spread throughout the world more rapidly than ever before, creating a worldwide problem.[1] Infections from resistant bacteria have become increasingly common in healthcare and community settings.[4]

According to the Centers for Disease Control and Prevention (CDC), virtually all significant bacterial

Antibiotic Resistance

infections in the world are becoming resistant to the antibiotic treatment of choice.[2] Some pathogens have become resistant to multiple classes of antibiotics. When first-line and second-line antibiotic treatment options are limited because of resistance, healthcare providers may be forced to choose antibiotics with greater risks of toxic adverse effects, less favorable side effect profiles, and possibly increased costs. Even when alternative treatments exist, studies have shown that patients with resistant infections have significantly longer hospital stays, delayed recuperation, and are also more likely to die from the infection.[1]

The overuse of antibiotics is the single most important factor leading to antibiotic resistance around the world. Antibiotics are among the most commonly prescribed drugs today; however, up to 50% of all the antibiotics prescribed for people are not needed or are not optimally effective as prescribed. Another major factor contributing to resistance is the spread of the resistant strains of bacteria from person to person, or from the non-human sources in the environment, including food. Antibiotics are commonly used in food animals to promote growth, and to prevent, control, and treat disease. This use contributes to the development of antibiotic-resistant bacteria in food-producing animals. Antibiotics must be used appropriately in humans and animals because both uses contribute to the development and spread of antibiotic-resistant bacteria.[1]

When antibiotics lose their effectiveness due to resistance, the ability to fight infectious diseases is greatly reduced. This is especially critical in vulnerable patients, such as those who have had organ transplantation, are undergoing chemotherapy, or are on dialysis. Efforts to prevent antibiotic resistance are based on public health strategies such as immunization, infection control, protecting the food supply, antibiotic stewardship, and reducing person-to-person spread through screening, treatment and education.[1]

Fast Facts

- Each year in the United States, at least 2 million people acquire serious infections with bacteria that are resistant to one or more of the antibiotics designed to treat those infections.
- At least 23,000 people die each year as a direct result of these antibiotic-resistant infections.[1]
- According to the CDC, antibiotic prescribing in outpatient settings could be reduced by more than 30 percent without adversely affecting patient health.[2]
- 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 250,000 hospitalizations, and approximately 14,000 deaths each year.[1]
- In states where there is more antibiotic use, there are more antibiotic-resistant pneumococcal infections.
- Antibiotic use in primary care is associated with antibiotic resistance at the individual patient level.
- 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.[4]

Estimates of the total economic cost of antibiotic resistance have gone as high as $20 billion a year, with additional costs for lost productivity as high as $35 billion.[1]

Plan of Action for Healthcare Providers

- *Prescribe correctly*
  - Refrain from treating viral syndromes with antibiotics, even when patients ask for them.
  - Prescribe the right antibiotic at the right dose for the right duration; be familiar with resistance trends in your region.

Antibiotic Resistance - *Continued*

  - Avoid unnecessary overlaps in antibiotics. It is not usually necessary to give two antibiotics to treat the same bacteria.

- *Collaborate with each other and with patients*
  - Utilize patient and provider resources offered by CDC and other professional organizations.
  - Work with pharmacists to counsel patients on appropriate antibiotic use, antibiotic resistance, and adverse effects.
  - Include microbiology cultures when placing antibiotic orders.
  - Talk to your patients about appropriate use of antibiotics.

- *Stop and assess*
  - Take an "antibiotic timeout" to reassess the continuing need and choice of antibiotic when a patient's culture results become available. Use antibiotics only when indicated to avoid promoting the development of resistance among bacteria and unnecessary antibiotic exposure.

- *Embrace antibiotic stewardship*
  - Improve antibiotic use in all facilities -- regardless of size -- through stewardship interventions and programs, which will improve individual patient outcomes, reduce the overall burden of antibiotic resistance, and save healthcare dollars.[4]

Reminders for Patients

It is essential that healthcare providers educate patients about appropriate use of antibiotics. Patients should receive the following key messages each time they visit a healthcare provider seeking treatment for an infection:

- *Take the antibiotic exactly as the doctor prescribes. Do not skip doses. Complete the prescribed course of treatment, even when you start feeling better.*
- *Only take antibiotics prescribed for you; do not share or use leftover antibiotics. Antibiotics treat specific types of infections. Taking the wrong medicine may delay correct treatment and allow bacteria to multiply.*
- *Do not save antibiotics for the next illness. Discard any leftover medication once the prescribed course of treatment is completed.*
- *Prevent infections by practicing good hand hygiene and getting recommended vaccines.*
- *Do not ask for antibiotics when your doctor thinks you do not need them. Remember antibiotics have side effects. When your doctor says you don't need an antibiotic, taking one may do more harm than good.*[3]

References

1. Centers for Disease Control and Prevention (2013). Antibiotic Resistance Threats in the United States, 2013. Retrieved from http://www.cdc.gov/drugresistance/threat-report-2013/

2. U.S. Food and Drug Administration (FDA) (2011). Battle of the Bugs: Fighting Antibiotic Resistance. Retrieved from http://www.fda.gov/drugs/resourcesforyou/consumers/ucm143568.htm

3. Centers for Disease Control and Prevention (2013). Antibiotics: Will they work when you really need them? Retrieved from http://www.cdc.gov/getsmart/healthcare/pdfs/GetSmartWeek_Parents.pdf

4. Centers for Disease Control and Prevention (2013). Delivering safe care for patients: all healthcare providers play a role. Retrieved from http://www.cdc.gov/getsmart/campaign-materials/week/downloads/gsw-factsheet-providers.pdf

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DME & All Other	1-800-488-6334 (225) 928-5263
Hospital Pre-Certification	1-800-877-0666
Provider Relations	1-800-473-2783 (225) 924-5040
REVS Line	1-800-776-6323 (225) 216-REVS (7387)
Point of Sale Help Desk	1-800-648-0790 (225) 216-6381

General Medicaid Eligibility Hotline	1-888-342-6207
LaCHIP Enrollee/Applicant Hotline	1-877-252-2447
MMIS/Claims Processing/Resolution Unit	(225) 342-3855
MMIS/Recipient Retroactive Reimbursement	(225) 342-1739 1-866-640-3905
Medicare Savings Program Medicaid Purchase Hotline	1-888-544-7996
For Hearing Impaired	1-877-544-9544
Pharmacy Hotline	1-800-437-9101
Medicaid Fraud Hotline	1-800-488-2917