Louisiana Medicaid | Provider UPDATE

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New Medicaid Medical Director Announced

All Providers

Bruce D. Greenstein, Secretary of the Department of Health and Hospitals (DHH), announced Dr. Rebekah Gee as the new Medicaid Medical Director following the retirement of Dr. Rodney Wise. Dr. Gee has played a prominent role in DHH's health transformation agenda for the past two years as Director of the Louisiana Birth Outcomes Initiative. In that role she has led prominent efforts to improve health outcomes, most notably the 39-Week Initiative to end elective, pre-term deliveries.

Dr. Gee studied history as an undergraduate and obtained a master's degree in public health from Columbia University in Health Policy and Management before earning her medical degree at Cornell. She trained in obstetrics and gynecology at Harvard's Brigham and Women's Hospital and Massachusetts General Hospital. She is currently on faculty at the School of Medicine and the School of Public Health at Louisiana State University. She will begin her role as Medicaid Medical Director in January.

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Medicaid Pharmacy Reimbursement Revised

Pharmacy Providers

On September 5, 2012, the Department of Health and Hospitals expanded the average acquisition cost (AAC) rates for multi-source drugs to include single-source drugs. After receiving comments from participating Louisiana Medicaid pharmacists about the methodology, the pharmacy reimbursement methodology was revised. The new methodology is effective for claims submitted with dates of service beginning November 1, 2012. Providers should refer to the October 29, 2012 pharmacy web notice at www.lamedicaid.com for details regarding this change.

The amount billed to Medicaid by the pharmacy provider cannot exceed the pharmacy's usual and customary charge to the general public. 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 cost of a drug increases. 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.

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 concerning availability issues that result in an increase in acquisition cost. Myers & Stauffer will research the issue and work with Louisiana Medicaid to determine if the AAC rate is eligible for an increase until the availability issue is resolved.

Providers should contact the Pharmacy Point-of-Sale Helpdesk at 1-800-648-0790 or the Myers & Stauffer Pharmacy Reimbursement Help Desk at 1-800-591-1183 with questions regarding this issue.

Pharmacy Now a Benefit of Some Bayou Health Plans

All Providers

Effective November 1, 2012, pharmacy became a benefit of three Medicaid Bayou Health Plans: Amerigroup, LaCare and Louisiana Healthcare Connections. These plans have assumed responsibility for helping their members in accessing pharmacy services and encouraging medication compliance. Each health plan has an extensive network of pharmacies in Louisiana currently under contact, with nearly the same number of pharmacies or more that participate in the Medicaid fee-for-service program.

The other two Bayou Health plans, Community Health Solutions and United Healthcare Community Plan, will continue to provide pharmacy benefits through Medicaid's fee-for-service program.

Pharmacists must verify which plan their Medicaid clients belong to through the Medicaid Eligibility Verification System (MEVS). This information lets providers know which plan to bill for services or obtain needed authorizations. The three health plans that cover pharmacy will accept a recipient's Medicaid number to bill the Pharmacy Benefit Managers for services.

Pharmacists and prescribing providers are strongly encouraged to view the "Pharmacy" tab at www.MakingMedicaidBetter.com for additional information and resources. Specific questions should be directed to the appropriate plan. Providers who do not receive resolution to their questions should contact the Medicaid Pharmacy Program at 1-800-437-9101 or submit their questions by e-mail to bayouhealth@la.gov.

Bayou Health Members: Plan Choice vs. Provider Steering

All Providers

Health care providers enrolled in the Bayou Health plans may inform their patients of the benefits, services and specialty care services offered through the health plans in which they participate. Providers may also display signage at their location of the different Health Plans, but the signage must include all of the health plans in which they participate. However, providers are required to observe Bayou Health's strict prohibitions against patient steering.

Providers **may not** recommend one health plan over another health plan, offer patients incentives for selecting one health plan over another, or assist the patient in deciding to select a specific health plan. Patients who need assistance with their health plan services should call the member services hotline of the plan in which they are enrolled. Patients who wish to learn more about the different health plans should contact the Bayou Health enrollment broker at 1-855-BAYOU-4U for assistance. Under no circumstance is a provider allowed to change a member's health plan or request a health plan reassignment on a member's behalf. Members must make this request to Medicaid themselves.

These prohibitions against patient steering apply to all providers of Medicaid services. If a provider or health plan is found to have engaged in patient steering, they are liable for penalties including financial sanctions, loss of linked patients, and being barred from future enrollment/network opportunities.

Additional information on this topic can be found in "Informational Bulletin #12-31" at www.MakingMedicaidBetter.com following the "Informational Bulletins" link.

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
Federal Qualified Health Centers	Table of Contents Section 22.1 – Covered Services Section 22.2 – Provider Requirements	10/16/12
Adult Day Health Care Waiver	Appendix E – Claims Filing	10/18/12
Rural Health Clinics	Table of Contents Section 40.1 – Covered Services Section 40.2 – Provider Requirements	10/19/12
Greater New Orleans Community Health Connection (GNOCHC)	Table of Contents Section 47.1 – Covered Services Appendix F – Specialty Care Claims Filing	10/26/12
Professional Services	Table of Contents Section 5.1 – Covered Services – Exclusions and Limitations Section 5.1 – Covered Services – Physician Supplemental Payments	11/02/12
General Information and Administration	Table of Contents Section 1.1 – Provider Requirements Section 1.2 – Recipient Eligibility Section 1.4 – General Claims Filing	11/08/12

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	

Remittance Advice Corner

All Providers

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

Attention Hemodialysis Providers

As a result of the recently implemented fee schedule changes that took effect on 7/1/12, claims for EPOGEN were incorrectly paying at zero. These services are billed with HCPC Q4081. We have taken corrective measures to ensure that claims will pay correctly. Claims that were impacted were for services performed during July, August and September. These claims were systematically adjusted to the correct payment on the RA of 9/26/12. No action is required by the provider.

Attention Pharmacists

Effective immediately, Louisiana Medicaid will reimburse for Brand Name drugs at a Brand reimbursement when the Brand drug is on the PDL and the generic drug requires PA. To be reimbursed at a Brand, enter a value of "9," which is Substitution Allowed by Prescriber but Plan Requests Brand; in the NCPDP field #408-D8. When "9" is entered in NCPDP field #408-D8, it will not be necessary for "Brand Medically Necessary" to be handwritten on the prescription by the prescriber. Please call the Pharmacy POS Helpdesk at 1-800-648-0790 for questions.

Attention Pharmacists and Prescribing Providers

Louisiana Medicaid has updated RXPA forms. These forms are used when requesting Prior Authorization (PA) for drugs not on the Preferred Drug List (PDL) and forms used for reconsideration of a PA. These updated forms can be found at http://www.lamedicaid.com/provweb1/Pharmacy/rxpa/rxpaindex.htm. Please call the Pharmacy POS Helpdesk at 1-800-648-0790 for questions.

Attention all EMT Providers Billing on Prepaid Bayou Health Plan Recipients for Behavioral Health Transportation

Emergency Medical Transportation services for recipients enrolled in a Prepaid Bayou Health Plan as of the date of service are considered Carved Out when associated with a Behavioral Health diagnosis (290 through 319.99). This clarification was implemented in processing effective for claims processed on or after August 9, 2012. Any such transportation services for a recipient enrolled in a Bayou Health Prepaid plan as of the date of service where a behavioral health diagnosis is present should be billed directly to Molina.

Claims submitted prior to August 9, 2012, will be recycled and payment released on the October 30, 2012 check write to remediate claims that were incorrectly denied.

Attention Hospital Providers

Effective for dates of service August 1, 2012, the inpatient and outpatient rates paid to acute care hospitals (excluding small rural) were reduced by 3.7% of the rate on file as of July 31, 2012. Also effective for dates of service on or after August 1, 2012, the inpatient and outpatient rates paid to state-owned acute care hospitals, excluding Villa Feliciana and inpatient psychiatric services, were reduced by 10% of the rate on file as of July 31, 2012. These reimbursement rate reductions have been implemented.

Claims for dates of service August 1, 2012-September 25, 2012 that were adjudicated prior to September 25, 2012 will be systematically adjusted on the RA of November 13, 2012. Providers should contact the Provider Relations unit at (800) 473-2783 or (225) 924-5040 with billing or policy questions.

Attention Ambulatory Surgery Center Providers

Medicaid pays Ambulatory Surgery Centers (ASC) a facility fee, and policy allows ASC providers to bill one procedure per recipient per day, even when multiple procedures are performed. Through logic changes and the implementation of Bayou Health, ASC providers began billing claims with an attending provider included on the claim. This caused these claims to process differently and by-pass the duplicate logic that denies multiple procedures billed on the same date of service for the same recipient. Thus, multiple procedures were paid to providers in some instances.

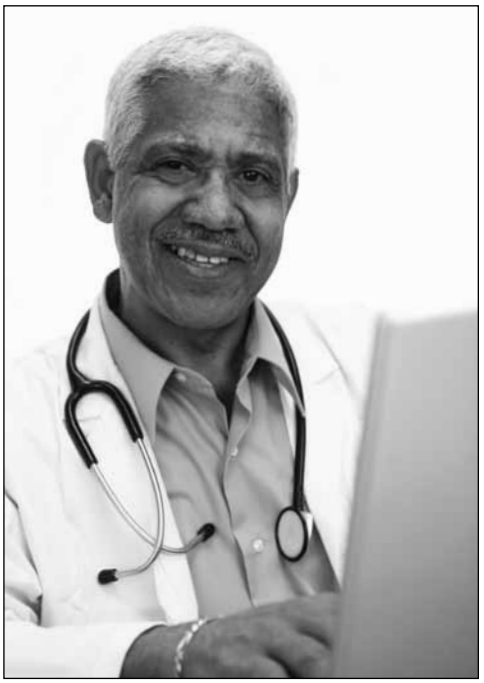
The inclusion of the attending provider number on ASC claims also allowed these claims to process through ClaimCheck editing and causing the denial of the claims submitted by the attending physician for his/her services related to the surgical procedure.

New edit 077 (Attending Provider Must Be Billing Provider) has been added to deny ASC claims that include an attending provider number. When ASC claims are billed correctly without an attending provider number, the system will deny claim lines for multiple procedures done on the same day for the same recipient. It will also eliminate the ClaimCheck editing issues between the ASC and physician claims.

Claims paid to ASCs that indicated an attending provider number are being systematically voided on the RA of 11/13/12 and must be resubmitted correctly for one procedure with no attending provider. Physicians that received claim denials for their services related to ASC procedures may resubmit these claims for processing. Questions may be directed to Molina Provider Relations at (800) 473-2783 or (225) 924-5040.

Attention Providers

Providers that submitted claims for services with a diagnosis of behavioral health during the month of February 2012, after the implementation of Bayou Health and before the implementation of the Louisiana Behavioral Health Program (LBHP), received erroneous claim denials. System edits were changed for the implementation of Bayou Health that prevented these claims from being paid by Molina. The editing has been corrected and the claims denied in error are recycled for payment by Molina on the RA of 11/06/12. We apologize for any inconvenience this may have caused providers.



Postherpetic Neuralgia

Louisiana Drug Utilization Review (LADUR) Education

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College of Pharmacy

Overview

Postherpetic neuralgia (PHN) is a type of neuropathic pain that may occur after a herpes zoster infection. [1,2] Herpes zoster (shingles) presents in patients who have an initial infection with "chicken pox" followed by a period of decreased cellular immunity, allowing reactivation of the Varicella Zoster Virus which has been lying dormant in the dorsal root and cranial nerve ganglia.[1,2] Shingles is a relatively common infection, with approximately 1 million people being affected every year in the United States.[1] A variety of complications may occur from shingles, with PHN being the most common, occurring in approximately 20% of shingles patients 60-65 years old and 30% of those older than the age of 80.[1] The development of PHN is influenced by three major risk factors including increasing age, more severe rash and greater acute shingles pain.[2]

Shingles by itself is associated with acute pain from the zoster lesions. PHN is defined as the persistence of this pain for greater than three months after resolution of the varicella zoster rash.[3] The pain can last from 30 days to more than 6 months after resolution of the lesions.[1] It is generally a self-limited disease process that resolves spontaneously, but the pain often causes severe limitations and greatly affects patient quality of life and daily activities.[1] In randomized controlled trials conducted in patients with neuropathic pain, generally 50% of patients or less experienced satisfactory pain relief from treatment.[4] In addition to this, studies have found that patients with neuropathic pain require more medications, have higher average pain scores and report less pain relief with treatment when compared with patients with non-neuropathic chronic pain.[4] Some authors suggest that the poor treatment response of PHN and neuropathic pain is because patients are not prescribed medications with demonstrated evidence of efficacy, or because evidence-based medications are not dosed at levels in which positive effects were seen in clinical trials.[4] Therefore, it is imperative that practitioners be aware of appropriate treatment options and recommended dosages of medications used to treat neuropathic pain and, specifically, PHN.

Treatment

Treatment options for PHN are varied and have differing degrees of efficacy. The mainstay of PHN therapy, which has been established with randomized controlled trials, is tricyclic antidepressants (TCAs).[5] Some examples of medications in this class include amitriptyline, desipramine, and nortriptyline. One of the primary problems with these agents is their anticholinergic side effects, including dry mouth, constipation, dizziness, palpitations, sedation, orthostatic hypotension, and urinary retention.[5] Considering the burden of PHN is predominantly in patients 60 years of age or older, this side effect profile can be particularly troubling. In light of this, it is recommended that, when used in this age group, TCAs should be given at bedtime, started at low doses and titrated up slowly.[5] Also, utilizing secondary amine TCAs (such as nortriptyline and desipramine) is preferred because they have a more favorable side effect profile than primary amine TCAs.[5]

Pregabalin and gabapentin are also treatment options for PHN. These agents have been shown to reduce the pain of PHN by roughly 50%.[1] Their efficacy is dose-related with effective doses being 1800-3600 mg/day of gabapentin in three divided doses and 150-600 mg/day for pregabalin administered in two divided doses.[5] It should be emphasized that these are goal doses and these medications should be titrated slowly to avoid adverse effects.

The topical lidocaine patch is also an FDA-approved treatment for PHN. The primary benefit of this treatment is low systemic absorption resulting in minimal adverse effects, mostly limited to local reactions such as skin rash.[5] Although the minimal side effect profile is appealing, lidocaine patches overall have shown only modest benefit compared to placebo, and, therefore, may not be the best evidence-based option for treating PHN.[1,5]

Other treatment options for PHN include opioids, tramadol and capsaicin cream. Opioids are usually more appropriate as a second- or third-line agent due to concerns of misuse, abuse and adverse effects.[5] In addition to these concerns, clinical trials have shown that positive effects of opioids in neuropathic pain may not correlate to improvement in quality of life, psychological comorbidities or sleep disturbances.[5] Capsaicin is also a limited agent of choice in PHN due to poor evidence demonstrating limited reduction of pain in PHN.[3]

Other therapies that are used for the treatment of neuropathic pain, but are not primary options in PHN, include duloxetine, cannabinoids, aspirin cream, carbamazepine and valproate.[1,5] These agents do not have enough evidence to allow for recommendations to be made regarding their usage as primary treatments in PHN.[1]

Vaccination recommendations

An important consideration for herpes zoster and PHN is disease prevention with administration of the herpes zoster vaccination. Current recommendations suggest giving one dose of the zoster vaccine to all adults 60 years of age and older.[6] The FDA has approved giving the zoster vaccine to adults 50 years of age and older, but the Advisory Committee on Immunization Practices maintains their recommendation to begin vaccinating at 60 years old.[6] The Shingles Prevention Study demonstrated the vaccine to be 51.3% effective in preventing shingles infection and 66.5% effective in preventing PHN.[1] Unfortunately, less than 10% of eligible patients receive the vaccination due to barriers such as cost and office availability, which can be limited due to storage issues.[1]

Conclusion

Herpes zoster and PHN are associated with a significant disease burden, often affecting patients over the age of 60. Both can significantly impact patients' activities of daily living and health-related quality of life. Prevention, utilizing the herpes zoster vaccine, has shown great promise in the Shingles Prevention Study; however, due to a number of barriers, few eligible patients receive the vaccine. Medical treatment of PHN pain is complex and often only provides pain relief in approximately half of the patients treated. Therefore, it is critical for prescribers to consider treatment regimens that utilize medications which are evidence-based and appropriately dosed.

References

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Provider Relations	1-800-473-2783 (225) 924-5040
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General Medicaid Eligibility Hotline	1-888-342-6207
LaCHIP Enrollee/Applicant Hotline	1-877-252-2447
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MMIS/Recipient Retroactive Reimbursement	(225) 342-1739 1-866-640-3905
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