Louisiana Medicaid

Provider Update

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NEW MEDICAID PROVIDER DATABASE

The Department of Health and Hospitals (DHH) has implemented a new database to capture ownership information for all providers. This is a secure database where all ownership information will be maintained on Medicaid providers.

Who is required to enter ownership information?

All enrolled Medicaid providers, and those seeking enrollment in Louisiana Medicaid, must furnish ownership information to DHH. This includes individuals as well as entities (businesses).

How do I enter ownership information?

To utilize the web-based application, log on to www.lamedicaid.com and select the "Provider Enrollment" link under "Provider Login." Then select the "Applications for New Enrollments, Reactivations and Change of Ownership" link, and select "here" under Option 1.

The "Provider Ownership Enrollment" screen will open and you will need to click "I Agree" and proceed as directed. It will only take a few minutes to complete the entry; however, if the system is idle for 20 minutes, it will timeout and any information entered will be lost.

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What information do I need to enter?

Before beginning the ownership registration process, it is recommended that you gather the following information for each provider, owner, and manager for your organization.

Provider

1. Enrollment Type - individual (person) or entity (other)
2. Current Enrollment Status - new enroll, re-enroll/change of ownership (CHOW) or currently enrolled
3. Legal Type - Corporation, LLC, Sole Proprietorship, etc.
4. Social Security Number
5. EIN (Taxpayer Id Number)
6. Doing Business As (DBA) Name
7. Full Name
8. Provider Type
9. Louisiana Medicaid Provider ID (if available)
10. National Provider Identifier (if applicable)
11. Provider information relating to
    - criminal offenses
    - disciplinary actions
    - denial of enrollment in any other health plan
12. Information relating to other government health plan(s) in which the provider may participate
    - health plan name
    - identification number
    - issuing state

Owners - Information relating to each individual or organization that holds a 5% or greater ownership interest in this provider

1. Owner's Full Name (individual or organization)
2. Doing Business As (DBA) Name
3. Legal Type of Owner - Corporation, LLC, Sole Proprietorship, etc.
4. Owner's Social Security Number and/or EIN (Taxpayer ID Number)
5. Public/Private Status
6. Information relating to
    - criminal offenses
    - disciplinary actions
    - denial of enrollment in any other health plan(s) for each owner
7. Information relating to any other government health plan(s) in which the owner may participate
    - name
    - identification number
    - issuing state

All Providers

Management - Information on each individual identified as part of the provider's management structure including senior management or those who have direct management responsibility for the organization

1. Full Name
2. Social Security Number
3. Title
4. Information relating to
   - criminal offenses
   - disciplinary actions
   - denial of enrollment in any health plan

What if I do not have internet access?

If internet access is unavailable, the forms may be requested from Unisys Provider Enrollment by calling (225) 216-6370 or by mail at P O Box 80159, Baton Rouge, LA, 70898-0159.

When should I enter this information?

This information should be entered as quickly as possible and updated any time a change in ownership or management occurs.

DME, Prosthetics, Orthotics and Supplies Providers

Durable Medical Equipment, Prosthetics, Orthotics and Supplies Accreditation Requirement

Suppliers of durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) who bill Medicare under Part B must obtain accreditation by September 30, 2009. Suppliers should contact an accreditation organization to obtain information about completing the accreditation process.

The accreditation requirement applies to suppliers of durable medical equipment, medical supplies, home dialysis supplies and equipment, therapeutic shoes, parenteral/enteral nutrition, transfusion medicine and prosthetic devices, prosthetics and orthotics. Pharmacies, pedorthists, mastectomy fitters, orthopedic fitters/technicians and athletic trainers must also meet the September 30, 2009 deadline for DMEPOS accreditation.

Further information on the DMEPOS accreditation requirements along with a list of the accreditation organizations and persons exempted from accreditation may be found on the Centers for Medicare and Medicaid Services website at www.cms.hhs.gov/medicareprovidersupenroll.

Automatic Closure of Inactive Dental Service Providers

A recent review of the Louisiana Medicaid Dental Program by the Centers for Medicare and Medicaid Services (CMS) revealed a high number of inactive providers and inaccurate provider information on our dental provider files. The accuracy of this information may impact provider reimbursement and access to care for Medicaid recipients.

In our efforts to ensure the provider database is maintained with the most current and accurate information, it is necessary to include dental providers in our quarterly auto-closure process effective **August 1, 2009**. The auto-closure process will automatically terminate Medicaid provider enrollment for providers who have had no billing activity or changes/updates to their Medicaid provider file in the prior 18 month period. If your provider account is closed due to inactivity, you will be required to complete a new Medicaid enrollment packet.

Questions regarding current Medicaid enrollment status or the enrollment process should be directed to Unisys Provider Enrollment at (225) 216-6370. Provider enrollment forms and instructions can be obtained at www.lamedicaid.com, under the Provider Enrollment link. Questions regarding the dental program policy should be directed to Unisys Provider Relations at (800) 473-2783 or (225) 924-5040.

National Website for Dental Providers

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) includes new protections to expand coverage of services necessary to promote children's oral health for recipients of the Medicaid Program and the Children's Health Insurance Program (known as LaCHIP in Louisiana). The law requires that effective August 2009, a **current** listing of **active** dental providers in every state who provide services to these children be made accessible through a national website. Medicaid and LaCHIP families will be able to log on to Insure Kids Now at http://www.insurekidsnow.gov to receive assistance in locating a dental provider.

The information that will be available on the national website will come directly from the LaMedicaid website. To insure the most reliable information for Louisiana, we are requesting that all dental providers regularly update their contact information and complete the option that indicates if they are "**Accepting New Medicaid Patients**" on www.lamedicaid.com.

Questions about the LaMedicaid website may be directed to Unisys Provider Relations at (800) 473-2783 or (225) 924-5040. Questions about Medicaid enrollment status or the enrollment process should be directed to Unisys Provider Enrollment at (225) 216-6370. Provider enrollment forms and instructions can be obtained at www.lamedicaid.com, under the Provider Enrollment link.

New Elderly and Disabled Adult Waiver Services Announced

The Office of Aging and Adult Services (OAAS) has announced that two additional services are now available to recipients of the Elderly and Disabled Adult (EDA) Waiver Program. Adult Day Health Care (ADHC) and Shared Companion Services have been added to the EDA Waiver.

When added to the Comprehensive Plan of Care, recipients can receive five or more hours of service a day at an ADHC center for one or more days each week and still receive other scheduled EDA waiver services when they return home. While at an ADHC center, waiver recipients may receive the following services:

- Meals,
- Transportation (to and from the ADHC center),
- Assistance with activities of daily living,
- Health and nutrition counseling,
- Individualized exercise program,
- Individualized goal-directed recreation program,
- Health education classes, and
- Individualized health/nursing services.

All ADHC centers are required to have a nurse on staff to provide nursing care and oversight as needed. ADHC services are furnished by providers who are enrolled under provider type 85 using procedure code 932.

Shared Companion Services will allow up to three waiver participants who live together to share the service provided by one worker; thereby allowing the service hours to be used more efficiently. Service is furnished by providers who are enrolled under provider type 82 using the following procedure codes:

Service Description	Procedure Code	Modifier
Companion Service	S5135	
Companion Service for 2 recipients	S5135	UN
Companion Service for 3 recipients	S5135	UP

Any questions regarding these new services should be directed to the local OAAS Regional Office.

Accessing Information about Service Logs and Service Hour Allocation of Resources

Providers of Long-Term Personal Care Services and Elderly and Disabled Adult Waiver services can obtain the most up-to-date information on the Service Hour Allocation of Resources (SHARe) Methodology and the use of the new service log by visiting the Office of Aging and Adult Services website at www.oaas.dhh.louisiana/gov.

Information such as training materials, policy updates, forms and frequently asked questions about SHARe can be obtained by clicking on the "SHARe Information" link. A copy of the new service log can be downloaded by clicking on "Publications," "SHARe Forms" and "Service Log."

New Drugs of 2008

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The Food and Drug Administration approved twenty-one new molecular entities, ten new biologicals and numerous new dosage forms in 2008. This article will provide a review of four new molecular entities a provider might encounter in his or her practice. Also, in 2008, the FDA withdrew three agents from the market due to safety concerns. [1]

Pristiq™ (desvenlafaxine) [2-6]

Pristiq™, manufactured by Wyeth Pharmaceuticals Inc., is a selective serotonin and norepinephrine reuptake inhibitor (SNRI) indicated for the treatment of major depressive disorder (MDD). Desvenlafaxine is the major active metabolite of venlafaxine (Effexor®, Effexor XR®). Its clinical efficacy is thought to be related to the potentiation of serotonin and norepinephrine in the central nervous system.

Desvenlafaxine carries a black box warning regarding increased risk of suicidal thinking and behavior in children, adolescents and young adults (18-24 years). Patients of all ages who are treated with desvenlafaxine should be monitored and observed closely for clinical worsening, suicidality and/or unusual changes in behavior. It is not FDA approved for use in children. Desvenlafaxine is contraindicated in patients with a known hypersensitivity to desvenlafaxine, venlafaxine, or any components in the formulation. It must not be used in patients taking a monoamine oxidase inhibitor (MAOI) or within 14 days after discontinuation of a MAOI. Desvenlafaxine should be stopped at least 7 days before initiation of a MAOI. Patients taking desvenlafaxine should be monitored for clinical worsening of their depression and/or the emergence of suicidal ideation or behavior. Monitoring for the development of serotonin syndrome, elevated blood pressure, abnormal bleeding (e.g. ecchymosis, hematoma, epistaxis, hemorrhages), activation of mania/hypomania, seizures, hyponatremia, and interstitial lung disease and eosinophilic pneumonia is advised. Caution is recommended in patients with narrow-angle glaucoma, cardiovascular disease, cerebrovascular disease, and renal impairment.

Adverse reactions reported from clinical studies include, but are not limited to, anxiety, constipation, decreased appetite, dizziness, hyperhidrosis, insomnia, xerostomia, nausea, somnolence, and specific male sexual dysfunction disorders. In addition to the potential interaction with concomitant use of desvenlafaxine and MAOIs, caution is advised with concurrent use of central nervous system agents, serotonergic drugs, drugs that interfere with hemostasis (e.g. NSAIDs, aspirin, warfarin), and ethanol. Desvenlafaxine is a pregnancy category C drug and should not be used in nursing mothers since it is excreted in human milk.

Desvenlafaxine is available as 50 mg and 100 mg extended release tablets. The recommended initial dose of desvenlafaxine is 50 mg once daily, with or without food. Dosages as high as 400 mg/day have been shown to be effective, but no additional benefit was demonstrated with doses greater than 50 mg/day and adverse effects and discontinuation of therapy occurred more frequently with higher doses. Desvenlafaxine tablets should be swallowed whole with fluid, and not crushed, divided, chewed or dissolved. Patients should be informed that they may notice the inert matrix tablet in the stool, but that the active medication has already been absorbed. The discontinuation of therapy should be done gradually by giving 50 mg of the drug less frequently, rather than abruptly stopping treatment.

Relistor™ (methylnaltrexone bromide) [2-4, 7]

Manufactured by Wyeth Pharmaceuticals Inc., Relistor™ is a subcutaneous injection indicated for the treatment of opioid-induced constipation in adults receiving palliative care for advanced illness after failing laxative therapy. It has not been studied for use beyond four months. Methylnaltrexone is designed to selectively antagonize opioid binding at the mu-opioid receptor and has limited ability to cross the blood-brain barrier. These characteristics allow methylnaltrexone to function as a peripheral acting opioid antagonist in tissues located in the gastrointestinal tract which results in inhibition of the constipation producing effects of opioid drugs without decreasing their analgesic effects on the central nervous system.

Methylnaltrexone is contraindicated in patients with known or suspected mechanical gastrointestinal obstruction. Adverse effects reported from clinical studies include abdominal pain, flatulence, nausea, dizziness and diarrhea. Discontinuation of therapy is advised if severe or persistent diarrhea occurs during treatment. The use of methylnaltrexone has not been studied in pediatric patients or those with peritoneal catheters. Methylnaltrexone is a pregnancy category B agent.

The dosage of methylnaltrexone is weight based (Table 1) and the injection should be administered every other day, as needed, but no more than once every 24 hours. Dosage adjustment is not necessary for patients with mild to moderate hepatic or renal impairment. However, patients with severe renal impairment (CrCl < 30 mL/min) should receive half of the recommended dosage. It is available in a 12 mg/0.6 mL single-use vial which should be stored at 68-77°F and protected from light. The labeling includes detailed patient instructions for the use of Relistor™ vials and standard syringes and needles.

Table 1.

Patient Weight		**Injection Volume**	**Dose**
Pounds	Kilograms		
Less than 84	Less than 38	See below*	0.15 mg/kg
84 to less than 136	38 to less than 62	0.4 mL	8 mg
136 - 251	62 - 114	0.6 mL	12 mg
More than 251	More than 114	See below*	0.15 mg/kg

* The injection volume for these patients should be calculated using one of the following:

- Multiply the patient weight in pounds by 0.0034 and round up the volume to the nearest 0.1 mL.
- Multiply the patient weight in kilograms by 0.0075 and round up the volume to the nearest 0.1 mL.

Rapaflo® (silodosin) [2-4, 8]

Rapaflo®, manufactured by Watson Pharmaceuticals, Inc., is an alpha-1 adrenergic receptor antagonist indicated for the treatment of signs and symptoms of benign prostatic hyperplasia (BPH). It selectively blocks postsynaptic alpha-1 adrenoreceptors located in the human prostate, bladder base, bladder neck, prostatic capsule, and prostatic urethra causing smooth muscle in these tissues to relax. This blockade results in an improvement in urine flow and a reduction in BPH symptoms. Silodosin is not indicated for the treatment of hypertension.

Use of silodosin is contraindicated in patients with severe renal impairment (CrCl < 30 mL/min), severe hepatic impairment (Child-Pugh score ≥ 10), and those receiving strong CYP3A4 inhibitors (e.g., ketoconazole, clarithromycin, itraconazole, ritonavir). Caution is recommended in patients with renal impairment, hepatic impairment, and prostate cancer. Presence of prostate cancer should be ruled out prior to the initiation of silodosin since the symptoms associated with prostate cancer are similar to those of BPH. Orthostatic hypotension and intraoperative floppy iris syndrome are concerns related to the adverse effects of silodosin. Adverse effects associated with silodosin use may include, but are not limited to, retrograde ejaculation, dizziness, diarrhea, orthostatic hypotension, headache, nasopharyngitis, and nasal congestion. Silodosin is a pregnancy category B agent; however, it is not indicated for use in women. Coadministration of silodosin with alpha-blockers and strong P-glycoprotein inhibitors is not recommended.

The recommended dose of silodosin is 8 mg once daily with a meal. For patients with moderate renal impairment (CrCl 30-50 mL/min), the maximum recommended dose is 4 mg/day. No dosage adjustment is required in patients with mild renal impairment (CrCl 50-80 mL/min). Patients planning cataract surgery or other procedures involving the eyes should inform their ophthalmologist about the use of silodosin even if the patient is no longer taking the medication.

Toviaz™ (fesoterodine fumarate) [2-4, 9]

Manufactured by Pfizer, Toviaz™ is indicated for the treatment of overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency. It is a prodrug that is converted to the active metabolite 5-hydroxymethyl tolterodine (5-HMT). 5-HMT, which is responsible for the antimuscarinic activity of fesoterodine, acts as a competitive muscarinic receptor antagonist that relaxes smooth muscles in the bladder. Inhibition of the muscarinic receptors in the bladder is expected to result in a reduction of overactive bladder symptoms.

Fesoterodine is contraindicated in patients with known hypersensitivity to the product or any of its components and in patients with urinary retention, gastric retention, or uncontrolled narrow-angle glaucoma. Caution is recommended in patients with bladder outlet obstruction, decreased gastrointestinal motility, controlled narrow-angle glaucoma, hepatic or renal impairment, and in those with myasthenia gravis. Fesoterodine is a pregnancy category C drug. It should only be administered to a pregnant woman if the potential benefit justifies the potential risk to the fetus. It is not known whether fesoterodine is excreted in human breast milk, and safety and efficacy has not been established in pediatric patients.

Dry mouth and constipation are the most commonly reported adverse effects associated with fesoterodine. Other adverse effects include indigestion, dry eye, dysuria and urinary retention. Caution should be used when fesoterodine is administered with potent CYP3A4 inhibitors (e.g. clarithromycin, itraconazole, and ketoconazole), or erythromycin, since the combination of these agents with fesoterodine can result in increased fesoterodine plasma concentrations. Concomitant treatment of fesoterodine with other antimuscarinic agents may increase the frequency and/or severity of adverse effects.

Fesoterodine is available by prescription as 4 mg and 8 mg extended-release tablets. The recommended initial dose is 4 mg once daily. The dose can be increased to 8 mg daily if needed, based on individual response and tolerability. In patients with severe renal insufficiency (CrCl < 30 mL/minute) or in those taking potent CYP3A4 inhibitors, the dose should not exceed 4 mg. No dosage adjustment is needed in mild or moderate liver impairment, and use in severe liver impairment is not recommended. Fesoterodine tablets should be swallowed whole, and not crushed, broken or chewed.

New Molecular Entities [1,4]		
Brand	**Generic**	**Description**
	degarelix*	A subcutaneous gonadotropin-releasing hormone (GnHR) antagonist for treatment of advanced prostate cancer
AdreView™	iobenguane I 123	A diagnostic radiopharmaceutical agent for detection of primary or metastatic pheochromocytoma or neuroblastoma
Banzel™	rufinamide	An adjunctive antiepileptic agent for seizures associated with Lennox-Gastaut syndrome
Cleviprex™	clevidipine	An intravenous dihydropyridine calcium channel blocker for hypertension
Durezol™	difluprednate	An ophthalmic corticosteroid for inflammation and pain after ocular surgery
Entereg®	alvimopan	A peripherally-acting opioid antagonist for prevention of post-op ileus after partial bowel resection surgery
Eovist®	gadoxetate	A gadolinium-based contrast agent for MRI of the liver
Intelence™	etravirine	A non-nucleoside reverse transcriptase inhibitor (NNRTI) for the treatment of HIV-1 infection
Lexiscan™	regadenoson	A radionuclide myocardial perfusion imaging agent for patients unable to undergo an exercise stress test
Lusedra™	fospropofol	A sedative-hypnotic for monitored anesthesia care
Mozobil™	plerixafor	A hematopoietic stem cell mobilizer used prior to stem cell transplantation
Nucynta™	tapentadol	A centrally acting opioid analgesic for relief of moderate to severe acute pain
Promacta®	eltrombopag	A thrombopoietin receptor agonist for idiopathic thrombocytopenia purpura
Treanda®	bendamustine	An alkylating agent for chronic lymphocytic leukemia and progressed indolent B-cell non-Hodgkin's lymphoma
Vasovist®	gadofosveset	A gadolinium-based contrast agent for MRA of abdominal or limb vasculature
Vimpat®	lacosamide	An adjunctive antiepileptic for partial-onset seizures
Xenazine®	tetrabenazine	A central monoamine depleting agent for involuntary movement of Huntington's disease

* Brand name pending

New Biologicals [1, 4]		
Brand	**Generic**	**Description**
Arcalyst™	rilonacept	An interleukin-1 inhibitor to reduce inflammation in patients with cryopyrin-associated periodic syndromes
Cimzia®	certolizumab	A tumor necrosis factor (TNF) blocking agent for resistant Crohn's disease
Cinryze™	C1 inhibitor (human)	A C1-esterase inhibitor for prevention of hereditary angioedema attacks
Kinrix™	diphtheria and tetanus toxoids, acellular pertussis, inactivated poliovirus	Combination vaccine for children ages 4 through 6 years
NovoSeven® RT	Factor VIIa	New formulation that can be stored at room temperature prior to reconstitution and up to 3 hours after reconstitution
Nplate™	romiplostim	A thrombopoietin receptor agonist for idiopathic thrombocytopenia purpura
Pentacel®	diphtheria and tetanus toxoids, acellular pertussis, inactivated poliovirus, haemophilus b	Combination vaccine for infants and children 6 weeks to 4 years of age (prior to fifth birthday)
Recothrom™	thrombin, topical	Topical formulation to control oozing blood and minor bleeding
Rotarix®	rotavirus vaccine, live	Oral vaccine given in a two-dose series to prevent rotavirus gastroenteritis in pediatric patients
Xyntha™	antihemophilic factor	Recombinant, plasma/albumin-free formulation for prevention and treatment of bleeding in patients with hemophilia A

Significant New Dosage Forms [1,4]		
Brand	**Generic**	**Description**
	synthetic conjugated estrogens, A*	A low-dose vaginal cream for treatment of vaginal symptoms associated with menopause
Actonel®	risedronate	150 mg tablet given once monthly for osteoporosis treatment
Aloxi®	palonosetron	Oral capsule for prevention of chemotherapy induced nausea/vomiting
Alvesco®	ciclesonide	Inhaled corticosteroid for asthma
Amitiza®	lubiprostone	8 mcg capsule for irritable bowel syndrome with constipation
Aplenzin™	bupropion hydrobromide	New salt form of bupropion for treatment of depression
Apriso™	mesalamine	Once-daily extended release capsule for ulcerative colitis
Emend®	fosaprepitant	Injectable prodrug of aprepitant for nausea/vomiting due to chemotherapy
Epiduo™	Adapalene/benzoyl peroxide	New topical combination product for acne vulgaris treatment
Flo-pred™	prednisolone acetate	"Spill-proof" oral prednisolone suspension
Latisse™	bimatoprost	Ophthalmic solution to enhance eyelash growth
LoSeasonique™	levonorgestrel/ ethinyl estradiol	Monophasic extended cycle oral contraceptive regimen
Moxatag®	amoxicillin	775 mg extended-release tablet given once-daily for tonsillitis and/or pharyngitis caused by Streptococcus pyogenes
OraVerse™	phentolamine	A submucosal injection for reversal of soft-tissue anesthesia from local dental anesthetic
Pantanase®	olopatadine	Nasal spray formulation for seasonal allergic rhinitis
PrandiMet®	metformin/ repaglinide	Combination product for management of Type 2 diabetes
Prilosec®	omeprazole magnesium	Powder for oral suspension
Requip® XL™	ropinirole	First and only once daily product for Parkinson's disease
Sancuso®	granisetron	Transdermal patch for prevention of nausea/vomiting due to chemotherapy regimens ≤ 5 days consecutively
Simcor®	niacin extended-release/simvastatin	A niacin/statin combination product
Stavzor™	valproic acid	A soft-gel capsule, delayed-release formulation
Treximet™	sumatriptan/ naproxen	Combination product for acute treatment of migraine attacks with or without aura
TriLipix™	fenofibric acid	New formulation approved for use with a statin
Trivaris™	triamcinolone acetonide	Injectable corticosteroid suspension for intravitreal, intramuscular, and intra-articular use
Veripred™ 20	prednisolone sodium phosphate	Concentrated oral prednisolone liquid
Zolpimist®	zolpidem	Oral spray for insomnia

* Brand name pending

Drug Withdrawals [1]		
Brand	**Generic**	**Company**
	colchicine, injection	Various
	papain, topical	Various
Endrate	edetate disodium	Hospira, others

New Drugs of 2008
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FOR INFORMATION OR ASSISTANCE, CALL US!

Provider Enrollment	**(225) 216-6370**	**General Medicaid Eligibility Hotline**	**1-888-342-6207**
Prior Authorization			
Home Health/EPSDT - PCS	**1-800-807-1320**	**LaCHIP Enrollee/Applicant Hotline**	**1-877-252-2447**
Dental	**1-866-263-6534** **1-504-941-8206**		
DME & All Other	**1-800-488-6334** **(225) 928-5263**	**MMIS/Claims Processing/ Resolution Unit**	**(225) 342-3855**
Hospital Pre-Certification	**1-800-877-0666**	**MMIS/Recipient Retroactive Reimbursement**	**(225) 342-1739** **1-866-640-3905**
Provider Relations	**1-800-473-2783** **(225) 924-5040**	**Medicare Savings Program Medicaid Purchase Hotline**	**1-888-544-7996**
REVS Line	**1-800-776-6323** **(225) 216-REVS (7387)**	**KIDMED & CommunityCARE ACS**	**1-800-259-4444**
		For Hearing Impaired	**1-877-544-9544**
Point of Sale Help Desk	**1-800-648-0790** **(225) 216-6381**	**Pharmacy Hotline**	**1-800-437-9101**