

Fingerprint Based Background Checks for High Risk Providers

Federal regulations now require States to conduct a Fingerprint based Criminal Background Check (FCBC) on providers or any person with 5 percent or more direct or indirect ownership interest in the provider who meet any of the criteria below pursuant to 42 C.F.R. § 455.450.

1. Providers whose screening categorical risk level is set at “high”.
2. Providers whose screening categorical risk level has been adjusted to “high” due to a payment suspension based on a credible allegation of fraud, waste, or abuse.
3. Providers whose screening categorical risk level has been adjusted to “high” because they have an existing Medicaid overpayment.
4. Providers who have been excluded by the Office of Inspector General or another State’s Medicaid program within the previous 10 years.
5. Providers who were prevented from enrolling during a state or federal moratorium and apply for enrollment as a provider at any time within 6 months from the date the moratorium was lifted.

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FCBCs will be conducted at the following times:

- Initial enrollment - All providers designated as a “high” categorical risk will be screened for an FCBC. If an FCBC has already been conducted by Medicare, Louisiana Medicaid may be able to rely on Medicare’s information.
- Currently enrolled providers – These providers will be requested to complete an FCBC at the time their risk level is elevated to “high”.
- Application for enrollment by previously sanctioned providers – After a provider’s sanction has been lifted, they will be required to complete an FCBC before again enrolling in the Louisiana Medicaid program.



Providers who are required to submit to an FCBC will be notified individually by letter. The letter will provide detailed instructions as to how the finger prints are to be provided and the cost for processing the background check. High risk providers will be expected to comply with the request timely.

Any provider who is required to submit to an FCBC and does not comply with Medicaid’s request to complete the process will either be denied enrollment or their Medicaid participation will be terminated. Additionally, the results of a provider’s FCBC may impact the provider’s participation in the Medicaid program.

The effective date for this requirement is July 1, 2017.

If you have any questions, please contact Medicaid Provider Enrollment at (225) 219-4284.

Mathematics of Pain Relief

Healthcare providers wrote **>259 MILLION** prescriptions for **OPIOID PAINKILLERS** in 2012.

Rx _____



Overdose vs. Auto fatalities

Drug overdose – mostly from painkillers – now kill more people than car crashes.



Over the counter or prescription: What's most effective?

The most effective pain relief combination: **200mg** of ibuprofen + **500mg** of acetaminophen

Opioid painkillers may not always be the best way to treat acute pain.



One study compared the effectiveness of over-the-counter and prescription pain meds.

You need to add:

1000 mg + 10 mg
acetaminophen oxycodone

to make oxycodone AS EFFECTIVE AS



provides as much pain relief as a **10 mg** morphine shot

Getting better pain relief

When people get **half their pain reduced**, they start **feeling better** and **can do more**.

We can tell how effective medication is based on how many people taking it feel better. This metric is called **Number Needed to Treat (NNT)**.

A low NNT means the medicine is more effective.

Ibuprofen + acetaminophen	Oxycodone
NNT score of 1.5	NNT score of 4.6
Got Relief 	Got Relief
Did Not Get Pain Relief 	Did Not Get Pain Relief

HOW EFFECTIVE IS YOUR PAIN MEDICATION?	NNT SCORE
Ibuprofen 200mg + Acetaminophen 500mg	1.5
Diclofenac 200mg	1.7
Ibuprofen 200mg	2.5
Morphine 10mg IM	2.7
Oxycodone 10mg + Acetaminophen 1000mg	2.7
Acetaminophen 500mg	3.5
Oxycodone 15mg	4.6

What can you do?



Explore alternatives to opioid painkillers

Use the smallest amount of opioid painkillers for the **fewest number of days**



Download the white paper: nsc.org/painmedevidence

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nsc.org



ATTENTION PROVIDERS: PAYMENT ERROR RATE MEASUREMENT (PERM) FFY17 Currently underway- PROVIDER EDUCATION WEBINARS

LA Medicaid is mandated to participate in the Centers for Medicare and Medicaid (CMS) Payment Error Rate Measurement (PERM) program which will assess our payment accuracy rate for the Medicaid and LACHIP programs. The results of these reviews will be used to produce a national error rate which will be reported to Congress. If chosen in a random sample, your organization will soon receive a *Medical Records Request* from the review contractor, CNI Advantage. A period of 75 days from the date of receipt of the request will be given to submit the requested documentation. If no documentation or incomplete documentation is submitted, the claim(s) will be considered to be an error and is subject to a payment recovery through withholding of payment, and/or a possible fine. **REMINDER:** Providers who are no longer doing business with Louisiana Medicaid are obligated to retain recipient records for 5 years, under the terms of the Provider Enrollment Agreement.

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 more information about PERM, visit: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicaid-and-CHIP-Compliance/PERM/Providers.html>

A Provider Education Webinar will be presented and repeated on the dates listed below.

Links for each of the dates will be available on the CMS website, closer to the webinar date.

- July 18, 2017 - 3:00-4:00 pm EST
- July 19, 2017 - 3:00-4:00 pm EST
- October 17, 2017 - 3:00-4:00 pm EST
- October 18, 2017 - 3:00-4:00 pm EST
- January 16, 2018 - 3:00-4:00 pm EST
- January 17, 2018 - 3:00-4:00 pm EST

If you have any questions, please call Catherine Altazan at 225-342-2612.

Remittance Advice Corner

Attention Podiatrists

Louisiana Medicaid has discontinued use of the Podiatry table (Appendix D of the *Professional Services Provider Manual*) in its reimbursement methodology. Updates to the *Professional Services Provider Manual* will be forthcoming. Enrolled podiatrists may submit claims for covered services using procedure codes that are published on the Professional Services Fee Schedule **and** fall within the podiatrist's scope of practice as defined by the Louisiana Podiatry Practice Act. Inappropriately paid claims are subject to Program Integrity review and recoupment. Effective for dates of service 1/1/2016 forward, providers may resubmit denied claims for services previously excluded from the podiatry table for reimbursement as appropriate.

Questions regarding this message and fee for service claims should be directed to Molina Provider Relations at (800) 473-2783 or (225) 924-5040. For questions regarding Healthy Louisiana MCO policy, please contact the appropriate health plan.

Attention Outpatient Hospital and Outpatient Hospital Clinic Providers

It was recently noted that hospital revenue codes (HR) 300 through 319 were not paying the laboratory services correctly. They should have priced based on the HCPC submitted on the claim but instead were paying a cost to charge ratio. In addition, some claims were not being edited for correct HCPCS that are required to be billed with these revenue codes. Adjustments have been made to correct this issue which began with the June 28th Remittance Advice.

As a result, previously processed claims containing HR 300-319 will be recycled / adjusted on the remittance advice of April 11, 2017 without any action required on behalf of the provider.

Questions regarding this message should be directed to Molina Provider Relations at (800) 473-2783 or (225) 924-5040.



Online Medicaid Provider Manual Chapter Revisions as of April, 2017

Manual Chapter	Section(s)	Date of Revision(s)
Behavior Health	Appendix A - Forms and Links	04/03/17
Durable Medical Equipment	Appendix B - Claims Filing	04/19/17
Hospital Services	Appendix A - Forms and Links	04/11/17
Pharmacy Benefits Management	37.5 – Covered Services, Limitations and Exclusions	04/27/17



Archived Online Medicaid Provider Manual Chapter Revisions as of April, 2017

Manual Chapter	Section(s)	Date of Omission (s)
Behavior Health	Appendix A - Forms and Links	04/03/17
Durable Medical Equipment	Appendix B - Claims Filing	04/19/17
Hospital Services	Appendix A - Forms and Links	04/11/17
Pharmacy Benefits Management	37.5 – Covered Services, Limitations and Exclusions	04/27/17

For Information or Assistance, Call Us!

Provider Enrollment	(225)216-6370	General Medicaid Eligibility Hotline	1-888-342-6207
Prior Authorization:		MMIS Claims Processing Resolution Unit	(225) 342-3855
Home Health/EPSTD – PCS	1-800-807-1320		
Dental	1-866-263-6534 1-504-941-8206		
DME & All Other	1-800-488-6334 (225) 928-5263	MMIS/Recipient Retroactive Reimbursement	(225) 342-1739 1-866-640-3905
Hospital Pre-Certification	1-800-877-0666		
Provider Relations	1-800-473-2783 (225) 924-5040	Medicare Savings Program and Medicaid Purchase Hotline	1-888-544-7996
REVS Line	1-800-776-6323 (225) 216-(REVS)7387		
Point of Sale Help Desk	1-800-648-0790 (225) 216-6381	For Hearing Impaired	1-877-544-9544
		Pharmacy Hotline	1-800-437-9101
		Medicaid Fraud Hotline	1-800-488-2917