

Payment Error Rate Measurement (PERM)

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All Providers

The Improper Payments Information Act of 2002 directs Federal agency heads to report improper payment estimates to Congress on programs that are susceptible to payment errors. The Office of Management and Budget (OMB) has identified Medicaid and Children's Health Insurance Program (CHIP) as programs at risk for significant payment errors. In response to this requirement, the Centers for Medicare and Medicaid Services (CMS) developed the Payment Error Rate Measurement (PERM) Program to measure the accuracy of payments to these programs.

CMS uses contractors to measure improper payments in Medicaid and CHIP by reviewing a sample of claims along with supporting medical records based on a three year state rotation. Louisiana is currently participating in PERM for federal fiscal year 2011.

Providers in the sample will be contacted by the PERM contractor who will explain the purpose of the call and CMS' right to collect medical records for audit purposes, and to request identification of the appropriate point of contact for each provider. After confirming that the correct provider has been

reached and the necessary medical records have been identified, a written request is sent to the provider specifying the type of documents needed and the instructions on how to submit records to the PERM contractor.

Providers have 75 calendar days to submit the information after receipt of the written request. The PERM contractor may request additional documentation if the documentation submitted is insufficient to support the claim.

Claims with no documentation or insufficient documentation will count against the state as an error. It is important that all sampled providers cooperate with the CMS contractor and submit all requested documentation in a timely manner to avoid possible sanctioning by Louisiana Medicaid.

For more information on PERM and your role as a provider, please visit the Provider link on the CMS PERM website: http://www.cms.gov/PERM/09_Providers.asp#TopOfPage or contact Deanie Vincent with the Louisiana Medicaid Program Integrity Section at (225) 219-4279.



Physician Education Training Materials: Avoiding Fraud and Abuse

Physicians

The Office of the Inspector General (OIG) has posted to their website educational materials available to teach physicians about the federal laws designed to protect the Medicare and Medicaid Programs and program beneficiaries from fraud, waste, and abuse. These materials include:

- *A Roadmap for New Physicians: Avoiding Medicare and Medicaid Fraud and Abuse* which is a physicians' self-study booklet that can be downloaded at http://oig.hhs.gov/fraud/PhysicianEducation/roadmap_web_version.pdf,
- A companion PowerPoint presentation to teach the material contained in the *Roadmap*, available at http://oig.hhs.gov/fraud/PhysicianEducation/roadmap_powerpoint.ppt,
- A speaker note set to assist in giving the PowerPoint presentation, available at http://oig.hhs.gov/fraud/PhysicianEducation/roadmap_speaker_notes.pdf, and
- A narration of the speaker notes to accompany the PowerPoint slides for physicians who may be unable to attend a live presentation of the material contained in the *Roadmap*, available to watch at <http://oig.hhs.gov/fraud/PhysicianEducation/video.asp> or download at http://oig.hhs.gov/fraud/PhysicianEducation/roadmap_audio_narration.wmv.

These materials summarize the five main federal fraud and abuse laws (False Claims Act, Anti-Kickback Statute, Stark Law, Exclusion Statute, and Civil Monetary Penalties Law) and provide tips on how physicians should comply with these laws in their relationships with payers (e.g., the Medicare and Medicaid Programs), vendors (e.g., drug, biologic, and medical device companies), and fellow providers (e.g., hospitals, nursing homes, and physician colleagues).

Medicaid to Cover Diabetes Self-Management Training

Professional Services, Outpatient Hospitals, FQHC and RHC Providers

Louisiana Medicaid is now providing coverage for diabetes self-management training (DSMT) services rendered to Medicaid recipients diagnosed with Type I, Type II or gestational diabetes. It is anticipated that this new service will promote improved patient self-management skills which will reduce diabetes-related complications that adversely affect quality of life, and subsequently reduce Medicaid costs associated with the care of recipients diagnosed with diabetes-related illnesses. Recipients who are eligible for DSMT may receive up to 10 hours of services, which will be comprised of 1 hour of individual instruction and 9 hours of group instruction, during the first 12 month period. After the first 12 month period, eligible recipients may receive up to 2 hours of individual instruction each year.

In order to receive Medicaid reimbursement, providers must have a DSMT program that adheres to the national standards for diabetes self-management education and is accredited by the American Diabetes Association (ADA), the American Association of Diabetes Educators (AADE), or the Indian Health Service (IHS).

DSMT instructional team members must be either a Certified Diabetes Educator (CDE) certified by the National Certification Board for Diabetes Educators, or have recent didactic and experiential preparation in education and

diabetes management. At a minimum, the instructional team must consist of a registered nurse, registered dietician, or a pharmacist, who is a CDE. All team members must obtain the nationally recommended annual continuing education hours for diabetes management. Members of the instructional team must either be employed by or have a contract with a Medicaid enrolled professional services provider, Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), or outpatient hospital that will submit the claims for reimbursement.

The entity seeking reimbursement for DSMT services must be enrolled as a Louisiana Medicaid provider through the Professional Services (physician directed services), RHC, FQHC, or Outpatient Hospital programs and must meet all of the required criteria mentioned above. DSMT is not a separately recognized provider type; therefore, Louisiana Medicaid will not enroll a person or entity for the sole purpose of performing DSMT services. Reimbursement for DSMT services rendered by FQHCs or RHCs is included in the all inclusive encounter rate. Therefore, billing separate encounters for these services is not allowed and the delivery of DSMT services alone does not constitute an encounter visit.

Appropriate editing and coverage determinations are still underway, and systematic adjustments for some previously processed claims may be necessary in the future.

Providers should monitor future RA messages and www.lamedicaid.com for updated information and upcoming policy.



Remittance Advice Corner

All Providers

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

Attention Professional Service Providers

As part of the Correct Coding Initiative, we would like to remind providers to refer to the Current Procedural Terminology (CPT) manual for the most appropriate procedure code to bill for the insertion of Mirena. We realize that this contradicts previous published policy, and providers may void and re-bill claims within the two year timely filing period. Providers should contact the Provider Relations unit at (800) 473-2783 or (225) 924-5040 with billing or policy questions.

Attention ASC (Non-Hospital) and Free Standing ESRD Facilities Systematic Claims Adjustment for Rate Reductions Effective Jan 1, 2011

The effective date for the 2% rate reduction for ASC (Non-Hospital) and Free Standing ESRD Facilities services has been changed from December 1, 2010 to January 1, 2011. Refer to the LA Medicaid website (www.lamedicaid.com) and the Office of the State Register's website at <http://doa.louisiana.gov/osr> for published rules detailing these reductions.

The system has been updated to reflect this change. Claims for dates of services December 1, 2010 – December 31, 2010 that were adjudicated prior to the new January 1, 2011 effective date will be systematically adjusted on the RA of February 22, 2011.

Providers should reference the "Fee Schedules" link on the homepage of the LA Medicaid website (www.lamedicaid.com) for the most current fees. Contact Provider Relations unit at (800) 473-2783 or (225) 924-5040 with questions related to the implementation of the rate reductions or adjustment of claims.

Attention All Providers: Transfer of Bureau of Appeals

The Bureau of Appeals has transferred to the Division of Administrative Law effective January 1, 2011. When initiating a formal appeal, the request should be sent to:

Division of Administrative Law/
HH Section
P.O. Box 4189
Baton Rouge, LA 70821

Any appeal requests that have already been submitted to the old Bureau of Appeals address will be forwarded to the Division of Administrative Law.

Attention all GNOCHC and Take Charge Family Planning Providers

We have identified a claims processing issue that occurred with the implementation of the GNOCHC Program in the Greater New Orleans Area. When recipients are eligible for both the GNOCHC Program and the TAKE CHARGE Family Planning Waiver Program, claims submitted for services by the TAKE CHARGE providers have denied indicated that the recipient is in the GNOCHC Program. For these recipients, services provided by either program are allowed. The claims processing logic for TAKE CHARGE claims has been corrected to allow these claims to process and pay appropriately. Denied claims are being reprocessed on the RA of 2/22/2011. We apologize for any inconvenience this has caused to providers rendering services to these recipients.

Attention All Providers: 2011 HCPCS Update

The Louisiana Medicaid files have been updated to reflect the new and deleted HCPCS codes for 2011. Refer to the Professional Services Fee Schedule on the LA Medicaid website, www.lamedicaid.com. Claims denied due to use of the new 2011 codes prior to their addition to our system will be systematically adjusted on March 1, 2011, and no action is required from providers. Appropriate editing and coverage determinations for the new codes are still underway, and systematic adjustments for some previously processed claims may be necessary in the future. Providers should continue to monitor RA messages for future updates for the 2011 HCPCS updates.

Additionally, the "Assistant Surgeon/Assistant at Surgery Covered Procedures List" under the 'Claim Check' icon on the website homepage will be updated to reflect the applicable 2011 procedure codes. As a reminder, 'ClaimCheck' uses the American College of Surgeons (ACS) as its primary source for determining assistant surgeon designations.

The 2011 Current Procedural Terminology manual includes information on the appropriate reporting of the new codes. It is the intent of Louisiana Medicaid that these instructions

be followed. All payments are subject to post payment review and recovery of overpayments.

Attention Durable Medical Equipment (DME) Providers

Please note the following DME HCPCS codes which are being discontinued (12/31/2010) and the appropriate replacement codes which are to be submitted for prior authorization (PA) request dated 01/01/2011 forward. The PA requirements and medical necessity criteria that were applicable for the discontinued codes apply for the replacement codes.

Discontinued codes Replacement codes

K0734	E2622
K0735	E2623
K0736	E2624
K0737	E2625

The payment amounts for the replacement codes are noted on the updated fee schedule which can be found on: www.lamedicaid.com.

Attention EarlySteps Providers – Systematic Claims Adjustments for Rate Reductions Effective Jan. 1, 2011

The effective date for the 2% rate reduction for EarlySteps services provided in the natural environment has been changed from December 1, 2010 to January 1, 2011. Refer to the LA Medicaid website (www.lamedicaid.com) and the Office of the State Register's website at <http://doa.louisiana.gov/osr> for published rules detailing these reductions. The system has been updated to reflect this change. Claims for dates of services Dec. 1, 2010 – Dec. 31, 2010 that were adjudicated prior to the new Jan. 1, 2011 effective date will be systematically adjusted on the RA of March 15, 2011. Providers should reference the "Fee Schedules" link on the homepage of the LA Medicaid website (www.lamedicaid.com) for the most current fees. Contact the Provider Relations unit at (800) 473-2783 or (225) 924-5040 with questions related to the implementation of the rate reductions or adjustment of claims.

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.

- Administrative Claiming
- Adult Day Health Care Waiver
- Ambulatory Surgical Centers
- American Indian 638 Clinics
- Children’s Choice Waiver
- Dental
- Durable Medical Equipment
- Elderly and Disabled Adult Waiver
- Family Planning Clinics
- Family Planning Waiver (Take Charge)
- Federally Qualified Health Centers
- Home Health
- ICF/DD
- Medical Transportation
- Mental Health Clinics
- Mental Health Rehabilitation
- Multi-Systemic Therapy
- New Opportunities Waiver (NOW)
- Personal Care Services
- Pharmacy
- Psychological Behavioral Services
- Rural Health Clinics
- Vision (Eye Wear)

This list will be updated periodically as other Medicaid program chapters become available online.



Attention Professional Service Providers

Optometrists enrolled in Louisiana Medicaid are considered part of the Professional Services Program. Optometrists who perform eye care services that are within their scope of practice will receive Medicaid reimbursement to the same extent, and according to the same standards as physicians who perform the same eye care services.

Prior Authorization for Tracheostomy Care Kits

Durable Medical Equipment Providers

The following Healthcare Common Procedure Coding System (HCPCS) codes must be used for prior authorization requests for tracheostomy care kits following the performance of an open surgical tracheostomy:

- A4625 – Tracheostomy Care Kit for New Tracheostomy
- A4629 – Tracheostomy Care Kit for Established Tracheostomy

Coverage of a tracheostomy care kit for new tracheostomy is limited to one kit per day for a maximum of two weeks following an open surgical tracheostomy. After the two week time period has elapsed, this kit is no longer considered medically necessary. Beginning two weeks post-operatively, a tracheostomy care kit for established tracheostomy is limited to one kit per day for routine tracheostomy care.

Requests for additional kits for non-routine tracheostomy care must include supporting documentation that clearly explains the medical necessity for the excess quantities being requested. Requests without the supporting documentation will be denied.

Considerations for Prescription Drugs of Abuse

Louisiana Drug Utilization Review (LADUR) Education

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Prescription medications are one of the most commonly abused categories of drugs in the U.S., second only to marijuana.¹ An estimated 48 million people, 20 percent of the U.S. population, have used prescription drugs for nonmedical reasons in their lifetime.² Prescription drug abuse rose from 2.5 percent in 2008 to 2.8 percent of the population in 2009.¹ This growing epidemic transcends all demographic boundaries in terms of age, gender, or race; therefore, anyone is susceptible to its dangers.

Three categories of prescription drugs that are most commonly abused include:³

- Opioids
- CNS Depressants (Tranquilizers/Sedatives)
- Stimulants

Drug Classes of Concern

Opioids

Opioids are the most powerful analgesics available for the treatment of pain. At the lowest effective dose and under direct medical supervision, these drugs provide a tremendous benefit by reducing pain and increasing quality of life. However, due to the euphoric effects on mood and general disposition, opioids are often misused. These medications have the potential to elicit addiction, dependency, and even death.

CNS Depressants

CNS depressants depress the activity of the brain, which leads to a sedating or tranquilizing effect. The groups of medications in this drug class of significant abuse concern include barbiturates, benzodiazepines, and non-benzodiazepine sleep aids. Barbiturates are commonly used to treat anxiety, sleep disorders, and tension. Benzodiazepines are normally used for relief of anxiety, stress, panic attacks, and seizure disorders.

Stimulants

Agents within this drug class are commonly prescribed for treatment of attention deficit disorder, appetite suppression and narcolepsy. These medications stimulate the central nervous system, which leads to increasing mental alertness, decreasing fatigue, and a heightened

sense of well-being. Individuals may abuse stimulants for appetite suppression, increased wakefulness, increased attentiveness, and the euphoric effect.

General behavioral traits/signs of patients who abuse prescription drugs⁴

- Excessive knowledge of controlled prescription medications
- Vague answers regarding medical history
- No health insurance
- No regular physician
- Request a certain controlled drug and is hesitant to try others
- No interest in diagnosis, only medication
- Does not keep follow-up appointments
- Excessive mood swings
- Cutaneous signs of drug abuse - skin tracks, scars, etc.

Sources of Prescription Drug Diversion⁴

- Drug theft
- Doctor shopping
- Illegal internet pharmacies
- Illicit prescribing by physicians
- Prescription forgery

Deceptive practices used to obtain prescriptions⁴

- Patient insists on being seen immediately
- Patient claims to be visiting friends/relatives or just passing through town
- Patient fakes physical problems to obtain opioids
- Patient fakes psychological problems to obtain stimulants or depressants
- Patient claims that non-narcotic medications will not work or they are allergic to them
- Patient claims his doctor is unavailable
- Patient claims his prescription has been lost or stolen
- Patient needs refills more often than prescribed
- Patient pressures the provider by eliciting guilt or sympathy
- Patient uses someone else to obtain the drugs, such as a child when seeking stimulants or an elderly person when seeking opiates

Substance Abuse Screening

The majority of Americans see a primary care

provider at least once every two years; therefore, providers are in the ideal position to conduct screenings, implement brief interventions, or make treatment referrals for patients in need.⁵ The National Institutes of Health (NIH) and the Substance Abuse and Mental Health Services Administration (SAMHSA) recommend that primary care providers routinely screen all patients for substance abuse. Screening should consist of a combination of a physical exam, objective screening instruments, and an interview. There are several validated addiction screening instruments available for use. See the following link for more information regarding these tools:⁶ <http://www.childwelfare.gov/pubs/usermanuals/substanceuse/appendixf.cfm>

Steps to Address Prescription Drug Abuse Prescription Monitoring Program (PMP)

- The Louisiana Board of Pharmacy implemented the PMP in September 2008 to monitor controlled substances and other drugs of concern dispensed in the State of Louisiana or dispensed to an address within the state. All healthcare providers who dispense controlled substances and other drugs of concern must report such transactions to the program. Reported information is available to registered primary prescribers, dispensers, regulatory agencies and law enforcement agencies. After the first six months of operation, the program appears to have already assisted in the reduction of diversion of controlled substances in an efficient and cost-effective manner. In order for this program to be effective, providers and pharmacies must fully utilize the data.⁷
- Prescribers and dispensers who wish to directly access PMP information must obtain authority by first completing the RxSentry® Orientation Course and then submitting the appropriate Access Request Form. More information can be obtained from the Louisiana Board of Pharmacy website located at www.labp.com.

Restricted Recipient Program (Lock-In)

- Recipients may be referred for case review to the Louisiana Medicaid Lock-In Program, which was

developed to educate recipients who misuse pharmacy and/or physician benefits. When enrolled in the Lock-In program, the recipient must choose one primary care physician and one pharmacy provider, or one pharmacy provider (for pharmacy only Lock-In). Restricting providers allows the providers to better manage their patient's care. Approval of provider selections is required from the Louisiana Medicaid Pharmacy Program.⁸

- More information regarding this program may be obtained through the Pharmacy Help Desk at 800-648-0790 or Provider Relations at 800-473-2783.



Prospective Drug Utilization Review (UniDUR)

- In order to increase patient safety, prevent fraud and abuse, and reduce costs, a prospective drug utilization review process screens each prescription claim, as it is being filled at the pharmacy, against the patient's prescription profile.
- The prospective DUR review includes prospective screening for potentially inappropriate drug therapies, such as over-utilization, drug-drug interactions, or therapeutic duplication.⁸

Buprenorphine Agents (Suboxone® and Subutex®)

- The Louisiana Medicaid Pharmacy Benefits Management staff in collaboration with the Office of Addictive Disorders and Louisiana's Drug Utilization Review Board established parameters for Medicaid coverage of Suboxone® and Subutex® tablets for the treatment of opioid dependence. Suboxone® contains buprenorphine and naloxone, while Subutex® contains buprenorphine only. As of June 17, 2009, prescriptions for these medications are reimbursed by Louisiana Medicaid when specific criteria are met.⁸
- Please see the following links for more information regarding specific criteria:

Physician Letter:

Suboxone®/Subutex® Criteria for Reimbursement:

http://www.lamedicaid.com/provweb1/Pharmacy/Physician_Sub.pdf

Pharmacy Provider Letter:

Suboxone®/Subutex® Criteria for Reimbursement:

http://www.lamedicaid.com/provweb1/Pharmacy/Pharmacist_Sub.pdf

Primary Care Provider Responsibilities

A standardized approach to the assessment and ongoing management of prescription pain medications is recommended. Universal precautions for prescribing pain medicine include the following:⁹

- Diagnosis with appropriate differential
- Psychological assessment, including risk factors
- Signed informed consent
- Signed treatment agreement, "narcotic contract"
- Assess pre- and post-pain level and function
- Trial of opioid therapy
- Reassessment of pain and level of function
- Regular assessment of the 4 "A's" of pain management, analgesia, aberrant behaviors, adverse effects, and activities of daily living
- Periodic review of pain diagnosis and co-morbid conditions
- Document, Document, Document!

Pharmacist Responsibilities⁵

- Verify legitimacy of prescription before dispensing
- Check the prescription monitoring program to identify potential medication interactions or suspicious activity
- Verify the patients identity
- Make sure patient understands how to properly use medication

Patient Responsibilities⁵

- Be aware of possible side effects and interactions
- Take medications as prescribed
- Secure opiates in a locked cabinet and perform random pill counts
- Dispose of unused prescription medication

Patient Education

Both pharmacists and physicians should be responsible for patient education by instructing them to:

- Use medication only as prescribed
- Never over- or under-use medications
- Secure medications to prevent others from accessing
- Dispose of unused or outdated medications properly
- Never share or sell medications
- Report to prescriber any medication side effects
- Report to the prescriber if the medication is not achieving its goal
- Inform the prescriber of any history or signs of addiction
- Only acquire medications from a single reliable pharmacy

Conclusion

There has been a tremendous escalation in the therapeutic use of opioids and other psychotherapeutics as well as their abuse and non-medical use. New implementations, such as the PMP, Medicaid Lock-In, and Medicaid DUR, suggest that we are on the right track to addressing the problem. Although the continuous increase in prescription abuse suggests additional interventions, such as more systematic provider education, universal use of the prescription monitoring programs, and provider interventions, are needed.

Healthcare providers must balance the need to adequately treat patients while remaining aware of the possibility of prescription drug abuse.

Additional Resources

- Substance Abuse and Mental Health Services Administration (SAMHSA) SAMHSA's Health Information Network (SHIN) 1-877-SAMHSA-7 (1-877-726-4727) www.SAMHSA.gov/shin
- SAMHSA's National Helpline 800-662-HELP (800-662-4357) (Toll-Free) (English and Spanish) 800-487-4889 (TDD) (Toll-Free) Substance Abuse Treatment Facility Locator: 240-276-2548 www.samhsa.gov/treatment
- National Council on Patient Information and Education (NCPIE) 301-656-8565 www.talkaboutrx.org
- National Institute on Drug Abuse (NIDA) 301-443-1124 www.nida.nih.gov
- Drug Enforcement Agency (DEA) www.getsmartaboutdrugs.com

References

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9. Universal Precautions in Pain Medicine: A Rational Approach to the Treatment of Chronic Pain, D. Gourlay, H. Heit, & Almahrezi; Pain Medicine; 6(2); page 107; March 2005 <http://www.doctordeluca.com/Library/Pain/UniversalPrecautionsForCP05.pdf>





Provider Relations
 P.O. Box 91024
 Baton Rouge, LA 70821

7553MMS0411

For information or assistance, call us!

Provider Enrollment (225) 216-6370

Prior Authorization

Home Health/EPSDT - PCS 1-800-807-1320
 Dental 1-866-263-6534

DME & All Other 1-504-941-8206
 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 1-888-544-7996
 Medicaid Purchase Hotline

KIDMED & CommunityCARE AHS 1-800-259-4444

For Hearing Impaired 1-877-544-9544

Pharmacy Hotline 1-800-437-9101

Medicaid Fraud Hotline 1-800-488-2917