

Alaska Medicaid Update 2017

*Erin Narus, PharmD, RPh
Lead Pharmacist, Pharmacy & Ancillary Services
State of Alaska Division of Health Care Services (DHCS)*

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Objectives

1. List three Medicaid opioid strategic initiatives for 2017.
2. List two categories of drugs that will require diagnosis codes during claim submission.
3. Describe the Preferred Drug List regulatory process.
4. Identify tools available to report Medicaid policy & coverage concerns.

Disclosures & Disclaimers

1. I have no financial conflicts of interest to disclose.
2. No discussion of specific drug products is included.
3. I am employed by the State of Alaska.
4. This talk includes components of Alaska State Statutes, Alaska Administrative Code, and Code of Federal Regulations. This slide deck is not intended to replace or be considered in lieu of official state or federal rules or statutes. Additionally, these slides do not represent viewpoints or interpretations by the State of Alaska Division of Health Care Services that are in addition or contrary to those articulated in associated rules or statutes. Because the information in this slide deck and talk is only intended to be a general summary and not an exhaustive interpretation or complete or full summary, attendees should consult and review the published rules and statutes and seek appropriate legal guidance when seeking specific interpretation.

Opioid Strategic Initiatives

List at least three Medicaid opioid strategic initiatives for 2017.

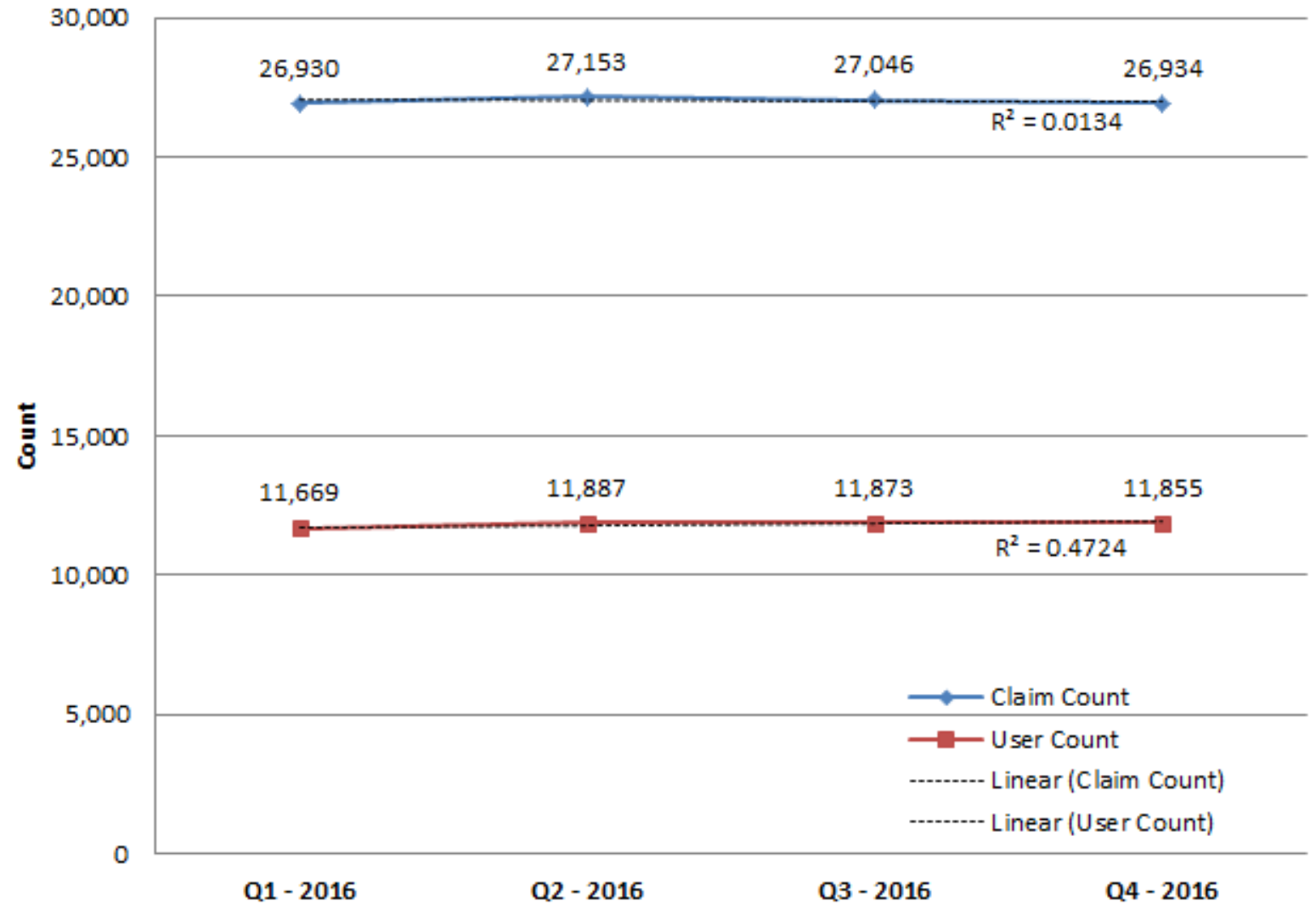
CY2016 CII Trend

Ratio of Rx/user = [2.27 – 2.30]

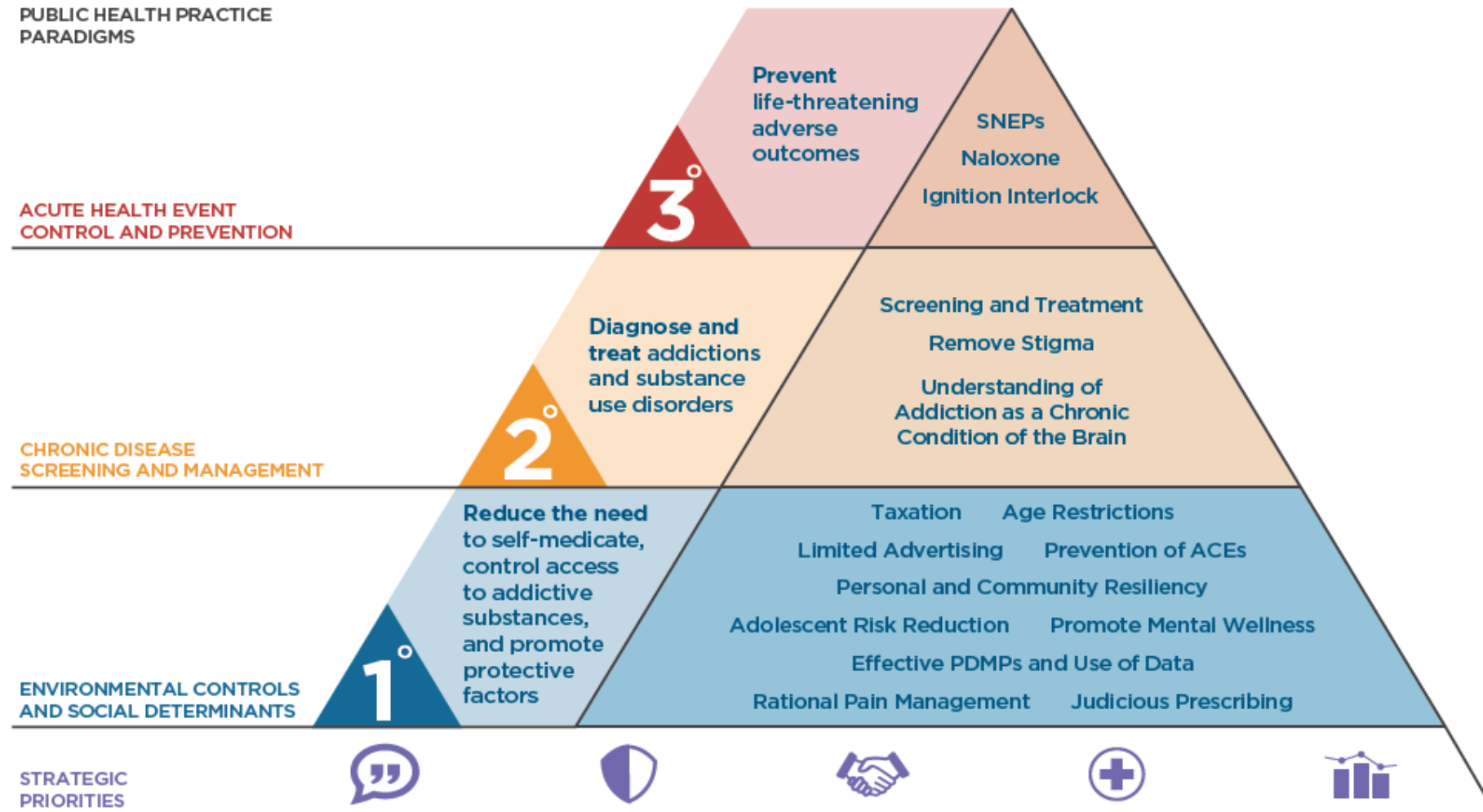
Influencing factors

- Quantity limits
- Therapeutic duplication edits
- Chronic vs. acute

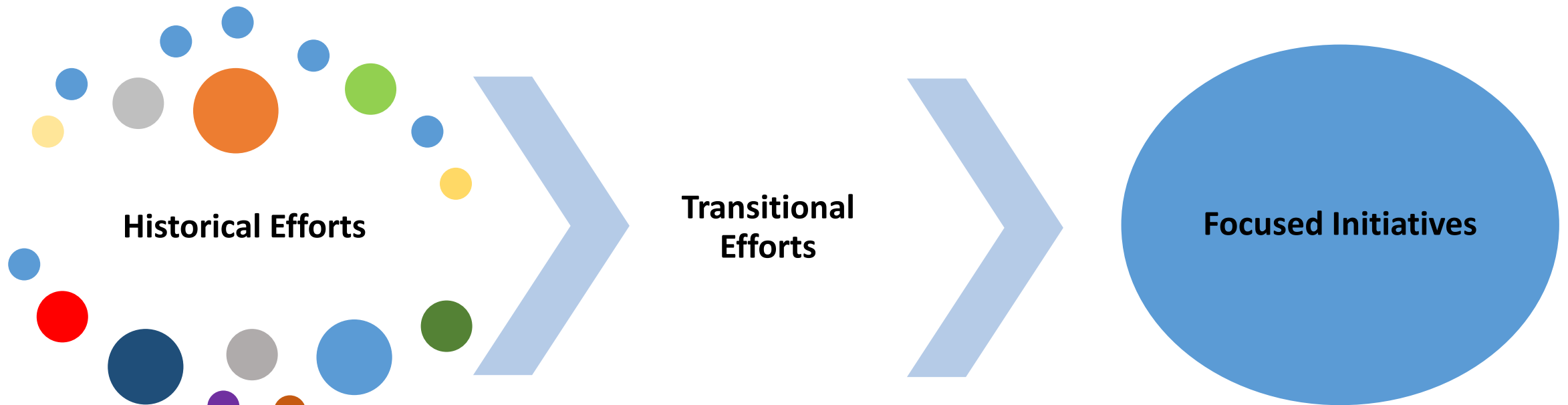
Schedule 2 Controlled Substance Trends



ASTHO 2017 President's Challenge: Substance Misuse and Addictions Prevention Framework



Source: The Association of State and Territorial Health Officials (ASTHO). 2017 President's challenge: public health approaches to preventing substance misuse and addictions. <http://www.astho.org/addictions/2017-Presidents-Challenge-Factsheet/>



Historical Efforts

- Early Refill Tolerance (93%)
- Quantity Limits (8/2011)
- Therapeutic Duplication edits (2/2012)
- Accumulation edit (3/2012)

Transitional Efforts

- Extended Release Opioid MED calculation requirement (4/2015)
- Addition of a buprenorphine transdermal formulation to ER opioid options
- Opioid reversal agent safety net
- Adoption of guidelines and associated assessment tools (1/2017)

Focused Initiatives

- Primary
 - ICD-10 requirement (4/2017)
 - Initial opioid prescription limit to 7 days for naïve patients (3/2017)
 - Pediatric fill limits (4/2017)
 - Dental specific day/quantity limits (6/2017)
 - MME edit implementation – phase 1 (7/2017)
 - MME edit implementation – phase 2 (1/2018)
- Primary/Secondary
 - NAS Initiatives (5/2017)
- Secondary/Tertiary
 - MAT Initial Fill Grace Period (3/2017)
 - MAT Gold Star Provider Bypass (9/2017)

**FEBRUARY
2017**

**MARCH
2017**

- MAT Initial Fill Grace Period (3/2017)
- Initial opioid Rx limits; 7 days opioid naïve (3/2017)

**APRIL
2017**

- ICD-10 req'd (4/2017)
- Pediatric fill limits (4/2017)

**MAY
2017**

- NAS Initiatives (5/2017)

**JUNE
2017**

- Dental specific day/qty limits (6/2017)

**JULY
2017**

- MME edit – phase 1 (7/2017)

**SEPTEMBER
2017**

- MAT Gold Star Provider Bypass (9/2017)

**JANUARY
2018**

- MME edit – phase 2 (1/2018)

Opioid Management Strategies Timeline

Knowledge Check

Setting specific prescribing limits for dental procedures is an example of “judicious prescribing” on the ASTHO framework. Judicious prescribing represents what level of prevention?

Primary

Secondary

Tertiary

Knowledge Check

Which of the following represent a strategic opioid initiative for Alaska Medicaid in 2017?

- Cease coverage of Tylenol 3
- Set MME limits in the claims processing system
- Prohibit opioid prescriptions for opioid naïve individuals
- Set specific quantity limits for pediatric patients
- Identify prescriber/patient groups that exceed set MME limits
- Provide education to women of childbearing age on chronic opioid therapy
- Require dentists to provide a 30 day supply for dental procedures
- Set criteria for gold-star provider status for prescribing MAT

Claims Processing & Diagnosis

List categories of drugs that will require diagnosis codes during claims submission.

Drug Classes requiring ICD-10

Oncology, Oral

Opioids

HIV

Miscellaneous

Drug Classes requiring ICD-10

| Oncology, Oral | Opioids | HIV | Miscellaneous |
|----------------|--------------------------|------|---------------|
| 492-WE | Diagnosis Code Qualifier | [02] | ICD-10 |
| 424-DO | Diagnosis Code | | |

Drug Classes requiring ICD-10

| Oncology, Oral | Opioids | HIV | Miscellaneous |
|----------------|--------------------------|------|---------------|
| 492-WE | Diagnosis Code Qualifier | [02] | ICD-10 |
| 424-DO | Diagnosis Code | | |

Resources:

- http://manuals.medicaidalaska.com/docs/dnld/AK_D0_Payer_Specs_07282014_B1-B2_Only.pdf
- <https://www.cms.gov/medicare-coverage-database/staticpages/icd-10-code-lookup.aspx>
- <http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx>

Knowledge Check

Which of the following drug classes will require an ICD-10 diagnosis code to be submitted on an Alaska Medicaid pharmacy claim? (select all the apply)

- Antibiotics
- Opioids
- Anticonvulsants
- Antidepressants
- HIV
- Oral Oncology agents
- All of the above

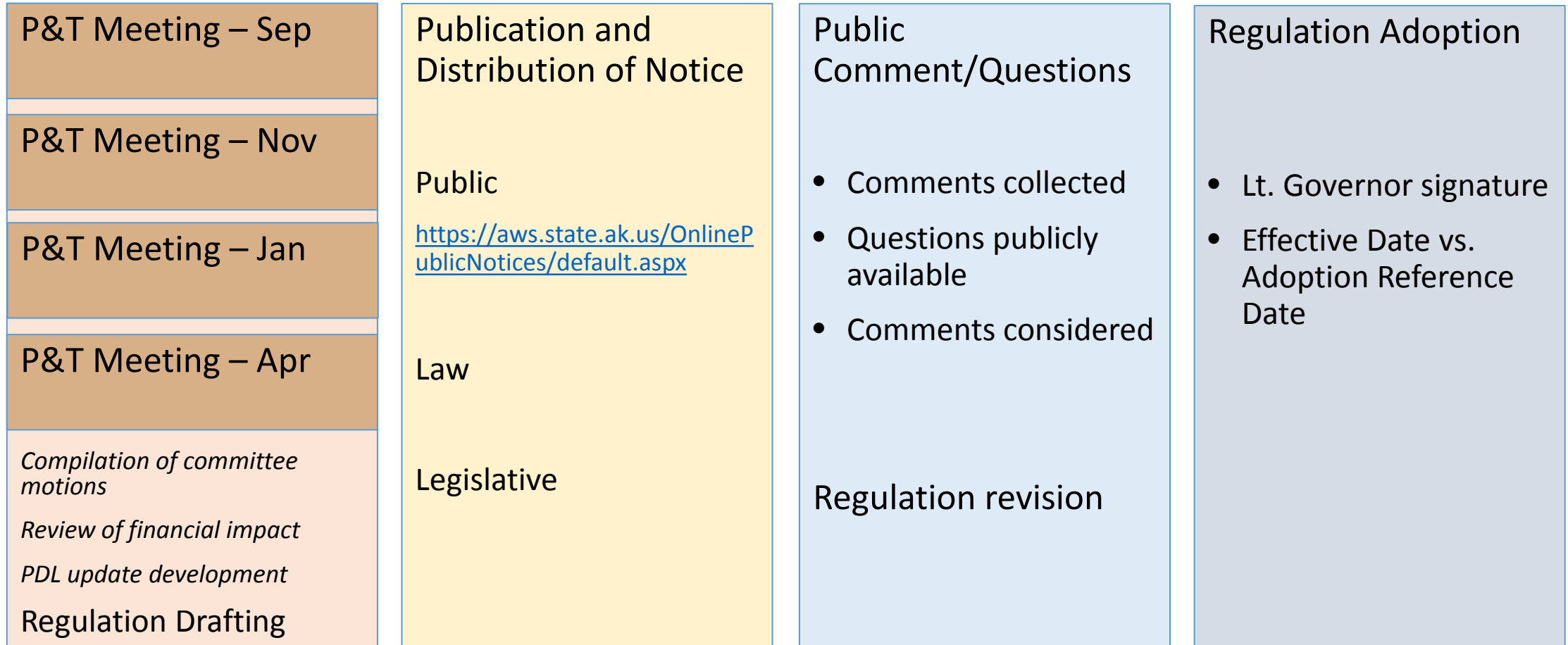
Preferred Drug List

Describe the Preferred Drug List regulatory process.

Preferred Drug List (PDL)

- Federal and State Law/Regulations
 - 42 USC 1396r-8
 - 7 AAC 120.140
- Purpose
 - Identify clinically appropriate, cost-effective
 - Not an exhaustive list/formulary
- Posted at
 - <http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx>
 - <http://dhss.alaska.gov/dhcs/Pages/pdl/default.aspx>
- Non-Preferred Drugs
 - May submit “8” in PATC field if prescriber denotes “Brand Medically Necessary” (7 AAC 120.140(b))
 - May have specific criteria for use and/or QL; refer to <http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx>
 - If cost submitted exceeds \$7,500, prescriber must submit prior authorization

PDL Regulatory Process



http://www.law.alaska.gov/doclibrary/drafting_manual.html

Knowledge Check

In general, how many days after the Lt. Governor's office files a regulation does the regulation become effective?

Immediately

14 days

30 days

60 days

90 days

Unknown

Knowledge Check

TRUE/FALSE: A patient presents to your pharmacy with a prescription for simvastatin. Simvastatin is not listed on the PDL but Zetia is. You must call the prescriber and have her change the prescription to Zetia.

True

False

Beyond Fraud, Waste and Abuse

Identify tools available to report Medicaid policy & coverage concerns.

Medicaid Pharmacy Program Info & Contacts

- Program Info posted at
 - <http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx>
 - <http://dhss.alaska.gov/dhcs/Pages/pdl/default.aspx>
 - <http://manuals.medicaidalaska.com/docs/pharmacy.htm>
- General Pharmacy, P&T and DUR Committees
 - Erin Narus
 - 907.334.2425
 - erin.narus@alaska.gov
- Home Infusion Therapy
 - Tracy Stephens
 - 907.334.2436
 - tracy.stephens@alaska.gov
- Physician Administered Medications (Jcode [CMS1500], Outpatient Hospital, etc.)
 - Sherri Larue
 - 907.334.2400

Contact Matrix

<https://medicaidalaska.com/portals/wps/portal/ReportFraudAbuse>

| | DPA | Conduent (fmr. Xerox) | Magellan Call Center |
|--------------------------------|---|--|---|
| | http://dhss.alaska.gov/dpa/Pages/default.aspx | https://medicaidalaska.com (800) 770-5650 (option 1, 1, 1) | http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx 1.800.331.4475 |
| Member Eligibility | District Offices | (800) 770-5650 (option 1, 1, 2) | |
| Other Payer Coverage updates | | (800) 770-5650 (option 2) | |
| Medication Coverage inquiries | | | 1.800.331.4475 |
| Medication Prior Authorization | | | 1.800.331.4475 |
| Fraud, Waste, Abuse | | (800) 770-5650 (option 3) 800.256.0930 (hotline) https://medicaidalaska.com/portals/wps/portal/ReportFraudAbuse | |

Fraud, Waste and Abuse

<https://medicaidalaska.com/portals/wps/portal/ReportFraudAbuse>

Understanding Provider Fraud

- Provider fraud is knowingly submitting or authorizing the submission of a medical assistance agency for property, services, or a benefit with reckless disregard that the claimant is not entitled to the property, services, or benefit.
- Examples of provider fraud include, but not limited to:
 - Billing for services not rendered
 - Billing for more costly services than were actually provided (upcoding)
 - Billing for services provided by unqualified or unlicensed employees
 - Billing for services rendered by an employee not eligible to enroll in Medicaid under an enrolled provider's identification number
 - Failure to produce medical assistance records to a person authorized to request the records

Understanding Provider Abuse

- Provider abuse is any action inconsistent with generally accepted practices which results in an incorrect payment for services rendered.
- Examples of provider abuse include, but not limited to:
 - Rendering or ordering excessive services or tests
 - Providing services inconsistent with the diagnosis and treatment of the member
 - Rendering or ordering medically unnecessary services
 - Rendering poor or unsatisfactory quality of care to a member
 - Billing a member for remaining balance after Medicaid payment

Fraud, Waste and Abuse

<https://medicaidalaska.com/portals/wps/portal/ReportFraudAbuse>

Understanding Member Fraud and Abuse

- Since members do not receive Medicaid payments, member fraud and abuse takes other forms.
- The following are examples of, but not limited to, member fraud and abuse:
 - Misrepresentation of information to obtain Alaska Temporary Assistance, Food Stamps, Medicaid, and Adult Public Assistance
 - Seeking medical treatment to acquire drugs or supplies to support inappropriate use or abuse, for ineligible persons, or to be sold or traded for personal gain
 - Visiting medical professionals for essentially social purpose, relief of loneliness, reassurance, or as substitute for more meaningful social activities
 - Negligence in caring for durable items (glasses, hearing aids, etc.)

Reporting Fraud, Waste and Abuse

- If you suspect a provider or member of engaging in fraud, waste or abuse please notify us through any of these means:
- Send a completed Complaint Form to us via mail or fax. ([Contact Information](#))
- Send a completed [Complaint Form](#) to us via email at Surs-AK@xerox.com
- Call the fraud hotline at (800) 256-0930
- Complaints received are strictly confidential. You may report anonymously, although we prefer to have a way to contact you in case we need more information. If you provide your personal contact information please be assured that it will be kept confidential.

Knowledge Check

A patient presents to your pharmacy with a prescription written and signed by a prescriber after the prescriber stopped practicing in the state. In addition to contacting other authorities, what is the best way to notify Alaska Medicaid?

- Send a claim with a PATC = 8
- Contact Conduent's SURS fraud hotline
- Call the Division of Public Assistance
- Contact the Medicaid Pharmacy Director
- Call the Magellan Call Center

Knowledge Check

A new medication is approved by the FDA that is not part of the classes reviewed by the P&T Committee. You are seeing trends of unnecessary or inappropriate prescribing. Identify the different ways for you to share your concerns.

- Submit claims to Alaska Medicaid
- Contact Conduent's SURS fraud hotline
- Call the Division of Public Assistance
- Contact the Medicaid Pharmacy Director
- Call the Magellan Call Center
- Attend a DUR Committee Meeting

Thank you.
Questions?