UTAH DEPARTMENT OF HEALTH MEDICAID

Medicaid Information Bulletin
Interim May 2019

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19-49 Pharmacy Program Updates

Opioid Policy Changes to Address Pediatric Opioid Utilization

Effective July 1, 2019, Utah Medicaid will restrict short-acting opioid quantity limits to 7 days or less for children 18 years of age and younger. If a claim for a short-acting opioid of greater than 7 days duration is submitted through the point of sale system for a patient 18 years and younger, the system will reject that claim. This days' supplied limit can be overridden when a valid "cancer pain diagnosis code" is placed on the claim. For all opioid claims billed for 8-day supply or greater, a reject message will display to the pharmacy that states, "Opioid claims for > 7 day supply for children 18 and younger require a prior authorization." This edit will be in addition to all existing opioid quantity limits and days' supply limitations.

Opioid Policy Changes to Reduce High-Dose Opioids

Effective July 1, 2019, the cumulative daily morphine equivalent dose (MED) threshold for "opioid experienced" individuals (patients receiving an opioid within the last 90 days of 2018) will be reduced from 180 MED to 150 MED. This will support ongoing efforts to achieve one common MED standard for all Utah Medicaid members over time.

On January 1, 2019, Utah Medicaid adopted morphine milligram equivalent (MME) and MED methodology for adjudication of all opioid claims for the treatment of non-cancer pain. This initiative was added to existing opioid quantity limits and days' supply limitations to support CDC safety guidance and best practice standards. A daily threshold of 90 MED for all other patients ("opioid naïve" individuals) will continue.

Opioid Policy Changes to Reduce Concurrent Opioid-Benzodiazepines

Utah Medicaid continues our multi-stage effort to identify and limit patients from inappropriately receiving concurrent benzodiazepine and opioid medications. This initiative will support CDC safety guidance that recommends against combined use which is associated with risk of fatal overdose. Currently, an automated process monitors and reports when an individual is co-prescribed opioids and benzodiazepines.

The Utah Medicaid peer-to-peer team is conducting outreach to identified prescribers to alert them of patients receiving concurrent therapy, provide education around concurrent use avoidance, and encourage prescription drug monitoring program (PDMP) use before prescribing a Schedule II controlled substance, in accordance with the Federal HR6, SUPPORT for Patients and Communities Act found at https://www.congress.gov/115/bills/hr6/BILLS-115hr6enr.pdf.

Effective July 1, 2019, concurrent prescribing of long-acting opioid medications and benzodiazepines will be restricted through the pharmacy point of sale system. When a claim for either a long-acting opioid or a benzodiazepine is submitted, the system will look back 45 days to find any paid claims for either benzodiazepines or long-acting opioids. If a paid claim for a benzodiazepine is found, the long-acting opioid claim will reject. Likewise, if a paid claim for a long-acting opioid is found, the benzodiazepine claim will reject. Any exceptions to this concurrent use restriction will be evaluated through the prior authorization process, using the Opioids Prior Authorization Form, found on the Utah Medicaid Pharmacy Website here.

Prior Authorization Exceptions to the Mandatory 90-day Supply Requirement for Maintenance Medications

Effective May 1, 2019, Utah Medicaid instituted a mandatory 90-day supply for medications on the 90-day supply list following a two-month window for dose titration and stabilization. When a patient presents with a new prescription, or a refill of a maintenance medication, the point of sale system will look back 75 days to identify two consecutive fills of the same medicine at the same dose, indicating a stable maintenance dose has been achieved. If found, the claim will reject if billed for less than a 90-day supply. Once a 90-day supply of a medication has been filled, all subsequent fills of the same medicine at the same dose will fill for 90 days, assuming sufficient refills of the prescription remain.

For example, when a patient presents to the pharmacy with a prescription for metformin 500 mg twice daily with a year of refills, the first two prescriptions may fill for a 30-day supply. On the third fill of metformin, the claim will reject if billed for less than a 90-day supply. The 90-day supply will apply to all future refills for metformin 500 mg on this and future prescriptions.

For a 90-day supply, Utah Medicaid fee for service members who are subject to cost-sharing will pay a single co-pay. Additionally, pharmacies will receive a single dispensing fee on prescriptions filled for a 90-day supply.

Pharmacy staff are encouraged to work with prescribers to make any necessary changes to prescriptions to conform to this requirement. For example, when a pharmacy receives a prescription written for a 30-day supply with refills for a drug on this program, the pharmacy may contact the prescriber and recommend a modification to the original prescription for a 90-day supply with refills, as appropriate.

The mandatory 90-day policy does not apply to Indian Health Service providers, or Medicaid members receiving long term services and supports in nursing facilities, intermediate care facilities, or home and community based waiver programs. While not mandatory, 90-day supply fills will remain optional for these groups.

If an exception to the mandatory 90-day supply requirement is needed for a patient, not otherwise excluded from the requirement, a prescriber may submit the “Exception to Required 90 Day Maintenance Medication Fill” prior authorization form found here.

19-50 Find a Provider (FAP) Directory

Section 5006 of the 21st Century Cures Act amended § 1902(a) of the Social Security Act requires states to provide an online provider directory for Medicaid members. In July 2019, Utah Medicaid will implement an online provider directory called, Find a Provider (FAP). The purpose of FAP is to help Medicaid members find providers, specialists, clinics, etc. thereby, increasing access to care.

Federal law requires that specific information be made available to the public. Most of the information in the FAP will come from Utah Medicaid's Provider Enrollment System. However, in order to provide all required information on the FAP, Medicaid will also be implementing the Provider FAP Information Tool. This tool will allow Medicaid providers to add or edit information that will be displayed in the FAP for Medicaid members.

To use the tool, a provider will need to register using a name, NPI, and email address. Once registered, a provider can edit their information to ensure it is most current. The following outlines required FAP information, as well as optional details for a provider.

Required Information:

1. Name of provider
2. Specialty of provider
3. NPI
4. Provider gender
5. Languages offered
6. Service location address
7. Telephone number

Optional Details:

1. Hours of operation
2. Website address
3. Email
4. Location name
5. Accepting new Medicaid patients Y or N

More information on the FAP and the Provider FAP Information Tool will be coming in the July 2019 MIB.

19-51 Electronic Visit Verification (EVV) Requirements for Personal Care and Home Health Care Services

Electronic visit verification (EVV) requirements, defined in section 12006 of the 21st Century Cures Act, are effective for Utah Medicaid beginning July 1, 2019. EVV requirements apply to all personal care services and home health care services provided under the State Plan or a 1915 (c) Home and Community Based Waiver.

The effective date is for both personal care services and home health services; however, disallowance for claims with incomplete records will not occur until January 1, 2020, for personal care services and January 1, 2023, for home health care services.

Choice of reporting systems for EVV are by provider preference but must meet all federal requirements, including the standards set in the Health Insurance Portability Accountability Act. The State will not implement a mandatory model for use. All provider choice EVV systems must be compliant with requirements of the Cures Act including:

1) type of service performed;
2) individual receiving the service;
3) date of the service;
4) location of service delivery;
5) individual providing the service; and
6) time the service begins and ends.

Utah Medicaid policy will be updated on July 1, 2019, with an administrative rule outlining all EVV requirements. General information for providers, including instructions for data specifications reporting, will be found in the Section I Utah Medicaid Provider Manual.