

# 2022 Medicaid Statewide Provider Training

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## Medicaid Pharmacy Program

# Agenda

Medicaid Pharmacy Program

- ❖ Pharmacy Overview
  - ❖ Navigation
  - ❖ Billing
  - ❖ Opioids
  - ❖ Retro-DUR and MTM Services
  - ❖ Prior Authorizations
  - ❖ Quiz
-

# State Agency Consolidation

Utah DHHS Plan:

<https://sites.google.com/utah.gov/hhsplan/home>

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The Executive Office of the Governor and legislature supported the passage of H.B. 365 *State Agency Realignment* during the 2021 general legislative session.

The statute directs the consolidation of the state's two primary social service agencies: the Utah Department of Health (UDOH) and Department of Human Services (DHS), creating the Utah Department of Health and Human Services by July 1, 2022.

A small piece of Medicaid eligibility components will move from the Department of Health to the Department of Workforce Services (DWS). These functions include Medicaid Eligibility Quality Control (MEQC) and eligibility adjudications.



Utah Department of  
**Health & Human Services**  
Integrated Healthcare

## **Division of Integrated Care**

The Utah Department of Health and Human Services (DHHS) is designated by the Centers for Medicare and Medicaid Services (CMS) as the “Single State Agency” to administer and supervise the administration of the State’s Medicaid program.

The Division of Integrated Healthcare (DIH), within the DHHS, is responsible for implementing, organizing, and maintaining the Medicaid program and the Children’s Health Insurance Program (CHIP).

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# Managed Care

Managed Care is a health care delivery system organized to manage cost, utilization, and quality. Medicaid and CHIP managed care provides for the delivery of health benefits and additional services through contracted arrangements between the Department and Managed Care Entities (MCE).

## **Medicaid Managed Care Programs:**

- MCO - Managed Care Organizations (physical health)
- UMIC - Utah Medicaid Integrated Care (physical health and behavioral health)
  - Only in five counties: Weber, Davis, Salt Lake, Utah, and Washington counties
- HOME - Healthy Outcomes, Medical Excellence (physical health and behavioral health)
- Dental
- PMHP - Prepaid Mental Health Plans (behavioral health)

## **CHIP Managed Care Programs:**

- MCO - Managed Care Organizations (physical health and behavioral health)
- Dental

For more information and latest managed care information, please visit

<https://medicaid.utah.gov/managed-care/>

# Managed Care Entity Contact Information

| <b>Managed Care Plan Name</b> | <b>Plan Type</b>      | <b>Phone</b>   | <b>Website</b>   |
|-------------------------------|-----------------------|----------------|--|
| Health Choice                 | ACO/UMIC              | 1-877-358-8797 | <a href="http://www.healthchoiceutah.com">www.healthchoiceutah.com</a>                             |
| Healthy U                     | ACO/UMIC              | 1-833-981-0212 | <a href="http://www.uhealthplan.utah.edu/medicaid">www.uhealthplan.utah.edu/medicaid</a>           |
| Molina Healthcare of Utah     | ACO/UMIC/CHIP         | 1-888-483-0760 | <a href="http://www.molinahealthcare.com">www.molinahealthcare.com</a>                             |
| SelectHealth Community Care   | ACO/UMIC/CHIP         | 1-800-442-3234 | <a href="http://www.selecthealth.org/plans/medicaid">www.selecthealth.org/plans/medicaid</a>       |
| HOME Program                  | HOME                  | 1-800-824-2073 | <a href="http://healthcare.utah.edu/uni/programs/home/">healthcare.utah.edu/uni/programs/home/</a> |
| MCNA Dental                   | Dental                | 1-844-904-6262 | <a href="http://www.MCNAUT.net">www.MCNAUT.net</a>   |
| Premier Access Dental         | Dental/CHIP<br>Dental | 1-877-541-5415 | <a href="http://www.premierlife.com/utmedicaid">www.premierlife.com/utmedicaid</a>                 |

# PMHP Contact Information and Area

| County  | Inpatient & Outpatient Mental Health Services  | Outpatient Substance Use Disorder Services   |
|---|--|--|
| <b>Box Elder, Cache, Rich</b>                       | Bear River Mental Health<br>1-800-620-9949; 435-752-0750   | Fee-for-Service Network (any Medicaid provider), including<br>Bear River Health Department: 435-792-6500   |
| <b>Beaver, Garfield, Kane, Iron, Washington</b>     | Southwest Behavioral Health Center<br>1-800-574-6763; 435-634-5600<br>(hospital prior authorization: 435-705-1388)   | Southwest Behavioral Health Center<br>1-800-574-6763; 435-634-5600   |
| <b>Carbon, Emery, Grand</b>                         | Four Corners Community Behavioral Health<br>1-866-216-0017; 435-637-7200<br>(hospital prior authorization: 435-637-2358 & after hours: 435-637-0893)                               | Four Corners Community Behavioral Health<br>1-866-216-0017; 435-637-7200   |
| <b>Daggett, Duchesne, Uintah, San Juan</b>          | Northeastern Counseling Center<br>1-844-824-6776<br>435-789-6300 – Vernal<br>435-725-6300 – Roosevelt<br><br>San Juan Counseling – San Juan County<br>1-888-833-2992; 435-678-2992 | Northeastern Counseling Center<br>1-844-824-6776<br>435-789-6300 – Vernal<br>435-725-6300 – Roosevelt<br><br>San Juan Counseling – San Juan County<br>1-888-833-2992; 435-678-2992 |
| <b>Davis</b>  | Davis Behavioral Health<br>1-844-305-4782; 801-773-7060  | Davis Behavioral Health<br>1-844-305-4782; 801-773-7060  |
| <b>Piute, Juab, Wayne, Millard, Sanpete, Sevier</b> | Central Utah Counseling Center<br>1-800-523-7412; 435-263-8400; 1-877-469-2822   | Central Utah Counseling Center<br>1-800-523-7412; 435-263-8400; 1-877-469-2822   |
| <b>Salt Lake</b>                                    | Salt Lake County Division of Behavioral Health Services/Optum<br>Salt Lake County: 385-468-4707;<br>Optum: 1-877- 370-8953   | Salt Lake County Division of Behavioral Health Services/Optum<br>Salt Lake County: 385-468-4707;<br>Optum: 1-877- 370-8953   |
| <b>Summit</b>                                       | Healthy U Behavioral<br>1-833-981-0212; 801-213-4104   | Healthy U Behavioral<br>1-833-981-0212; 801-213-4104   |
| <b>Tooele</b>                                       | Optum Tooele County<br>1-800-640-5349  | Optum Tooele County<br>1-800-640-5349  |
| <b>Utah</b>   | Wasatch Behavioral Health<br>1-866-366-7987; 801-373-4760<br>(prior approvals: 801-494-0880)   | Wasatch Behavioral Health<br>1-844-773-7128; 385-268-5000  |
| <b>Wasatch</b>                                      | Fee-for-Service Network (any Medicaid provider), including<br>Wasatch County Family Clinic/Wasatch Behavioral Health - 435-654-3003  | Fee-for-Service Network (any Medicaid provider), including<br>Wasatch County Family Clinic/Wasatch Behavioral Health, 435-654-3003   |
| <b>Weber, Morgan</b>                                | Weber Human Services<br>1-844-625-3700; 801-625-3700; (after-hours hospital prior authorization: 801-513-9641)   | Weber Human Services<br>1-844-625-3700; 801-625-3700   |

# **Pharmacy Policy & Coverage**



# Office of Healthcare Policy & Authorization

- Pharmacy Team Functions for Fee-for-Service Medicaid:
  - Ensures safe, appropriate, and cost-efficient use of medications
  - Determines pharmacy program coverage
  - Processes Pharmacy Prior Authorizations
  - Creates pharmacy policy in conjunction with Drug Utilization Review (DUR) Board and Pharmacy and Therapeutics (P&T) Committee
  - Interacts with pharmacy providers, prescribers, and members

# Where can I find pharmacy policy information?

- ❖ MIBs/Manual
- ❖ Rule
- ❖ State Plan
- ❖ DUR Board & P&T Committee Information

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# Pharmacy Program Website

## Medicaid Pharmacy Program

Welcome to the Utah Medicaid Pharmacy Program! Here you will find information regarding the Utah Medicaid Drug Program, the Drug Utilization Review Board (DUR), and the Drug Regimen Review Center (DRRC) project through the University of Utah. Click to [Contact the Pharmacy Program](#).



Preferred Drug List



P&T Committee



Prior Authorization



Drug Regimen Review Center



Drug Utilization Review Board



Resource Library



Drug Utilization Review Programs

# Pharmacy Policy information can be located here:

- Medicaid Information Bulletins (MIB) / Provider Manual:  
<https://medicaid.utah.gov/utah-medicaid-official-publications/>
- Rule: <https://adminrules.utah.gov/public/home>
- State Plan: <https://medicaid.utah.gov/stplan/>
- DUR and P&T Committee, as well as other specific information related to the pharmacy program is located on the Utah Medicaid Pharmacy website:  
<https://medicaid.utah.gov/pharmacy/pharmacy-program/>

# DUR Board and P&T Committee

- The Drug Utilization Review (DUR) Board is an advisory board to the division established to ensure that the use of prescription and OTC drugs are appropriate, medically necessary, and are not likely to result in adverse medical results; for example, through the recommendation of prior authorization criteria.
- The DUR Board is primarily composed of physicians and pharmacists with one position for a dentist and one position for a consumer representative.
- The Pharmacy and Therapeutics (P&T) Committee is a subcommittee of the DUR Board established to advise the division on the safety and efficacy of classes on the Preferred Drug List (PDL).
- The P&T Committee is composed of physicians and pharmacists.

# Utah State Plan

- The Utah State Plan is a document that describes how the state administers its Medicaid program.
- This includes information about topics such as:
  - Reimbursement methodology
  - Dispensing fees
  - 340B policy
  - Covered OTC classes

# Medicaid Pharmacy Program Billing Information

- ❖ VFC Admin and vaccine codes with SL modifier
  - ❖ Pharmacist prescribing updates
  - ❖ Compounds
  - ❖ 340B Review
  - ❖ DAW
  - ❖ Early Refill Policy
-

# Vaccines for Children (VFC)

Vaccine administration codes must be billed with an SL modifier **AND** total number of units billed **MUST** match total **VALID** vaccines.

- 90471-Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)
  - Only bill 1 unit
  - CANNOT be billed in conjunction with 90473
  - CANNOT bill oral vaccine for this admin
- 90472-Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
  - CANNOT bill oral vaccine for this admin



# Vaccines for Children (VFC)

- 90473- Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)
  - Oral vaccine MUST be billed for this admin
  - Only bill 1 unit
  - Can ONLY be billed alone or in conjunction with 90472
  - CANNOT be billed in conjunction with 90471 or 90474
- 90474- Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
  - Oral vaccine MUST be billed for this admin
  - Only bill 1 unit

# Pharmacists Prescribing Updates

- Refer to Jan 2022 MIB  
<https://medicaid.utah.gov/utah-medicaid-official-publications/>
- Pharmacists who wish to prescribe for Medicaid members can find more information on becoming a Medicaid provider here:  
<https://medicaid.utah.gov/become-medicaid-provider/>

# Compounds billed through the POS

- Utah Medicaid Fee for Service has identified several issues with pharmacy compound claims submission. The [Compound Billing Alert](#) was faxed to pharmacy providers in January 2022 and provides instructional steps and tips on compound billing based on NCPDP standards to ensure accuracy of pharmacy compound claim submission
- In order to ensure the integrity of pharmacy compound claims, Utah Medicaid is requesting that pharmacies closely review the newsletter and ensure they are billing compound claims correctly. If pharmacies have problems with billing compound claims, providers should contact Utah Medicaid Pharmacy Customer Service (801-538-6155 option 3,3,2) and their software vendor to ensure proper billing

# Compound Example

#22 Omeprazole caps compounded with 100 mL Sod Bicarb inj 8.4% and 50 mL of Cherry syrup.

Billing the *individual item quantity* as an amount that is different than the quantity dispensed to the client.

## INCORRECT:

| RX#    | LINE # | NDC         | Product Description   | Inged Qty | Total Qty | Days Supply |
|--------|--------|-------------|-----------------------|-----------|-----------|-------------|
| 345671 | 0      | 00000000000 | Compound Prescription |           | 150 ml    | 15          |
|        | 1      | 60505006501 | Omeprazole cap 20mg   | 24.567    |           |             |
|        | 2      | 00409662502 | Sod Bicarb Inj 8.4%   | 112.135   |           |             |
|        | 3      | 00395266216 | Cherry Syrup          | 13.298    |           |             |

This is the **CORRECT** way to submit the compound Rx above:

## CORRECT:

| RX#    | LINE # | NDC         | Product Description   | Inged Qty | Total Qty | Days Supply |
|--------|--------|-------------|-----------------------|-----------|-----------|-------------|
| 234567 | 0      | 00000000000 | Compound Prescription |           | 150ml     | 15          |
|        | 1      | 60505006501 | Omeprazole cap 20mg   | 22        |           |             |
|        | 2      | 00409662502 | Sod Bicarb Inj 8.4%   | 100       |           |             |
|        | 3      | 00395266216 | Cherry Syrup          | 50        |           |             |

# Pharmacy POS 340B Review

- 340B claims must be submitted with the provider's 340B actual acquisition cost in the Ingredient Cost Field
- Basis of Cost field=8
- Submission Clarification Code field=20
- Claims submitted without these values indicate that the covered entity purchased the medication **outside** of the 340B program and Utah Medicaid will pursue the federal Medicaid drug rebate and supplemental rebate on those claims

# Medical Claims 340B Review

- All claims submitted to Utah Medicaid from a 340B covered entity for medications that were purchased through the 340B program must be submitted with the provider's 340B actual acquisition cost as the billed charges and the "UD" modifier after the HCPCS code on each claim line.
- For Medicare crossover claims, all claims submitted from a 340B covered entity for medications that were purchased through the 340B program must be submitted with the provider's 340B actual acquisition cost as the billed charges and the "TB or JG" modifier after the HCPCS code on each claim line.
- Claims submitted without the appropriate 340B modifier on the claim line indicate that the covered entity purchased the medication outside of the 340B program and Utah Medicaid will pursue the federal Medicaid drug rebate on those claims.

# Dispense as Written: Non Preferred Psychotropic Products

Non-preferred psychotropic medication classes listed on the PDL may bypass the non-preferred drug prior authorization if a prescriber writes “dispense as written” on a prescription and the pharmacy submits a Dispense As Written (DAW) Code of “1” on the claim.

Additional information can be found here:

[Psychotropic Medication Classes on the Utah Medicaid PDL](#)

# Early Refill Policy Update

Early refills are determined based on medical necessity

An override is granted for early refill requests that rejects at the Pharmacy POS for Reject code 79, CC 1088 Refill Too Soon, if it is deemed medically necessary and in accordance with policy.

For additional information refer to November 2021 MIB:

<https://medicaid.utah.gov/utah-medicaid-official-publications/>



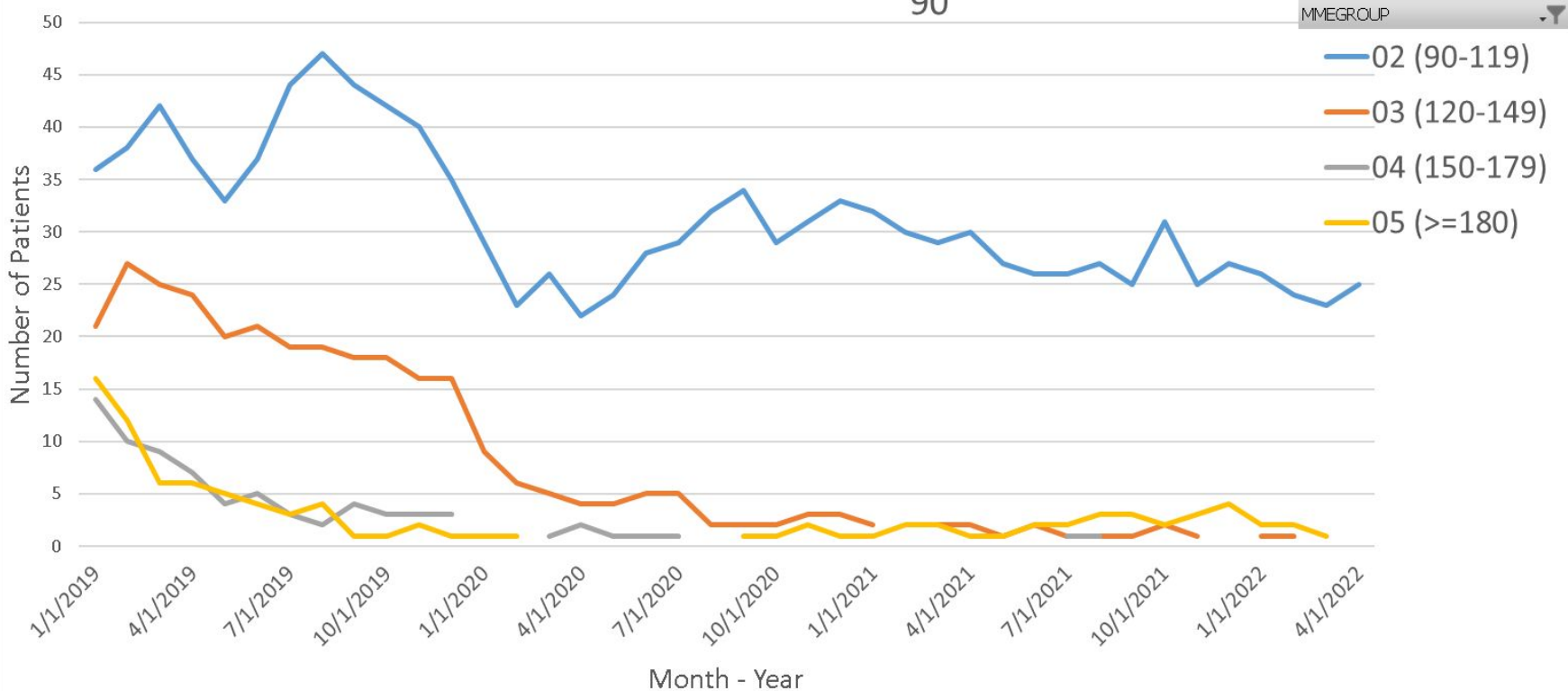
# Opioids

# Opioids, What's New?

- Effective 6/1/22, quantity limits have been updated for short acting opioids within MME 90
- All other opioid-related edits and interventions (all are aligned with CDC “Guideline for the Use of Opioids for Chronic Pain”) remain, which include:
  - Concomitant Opioids and Benzodiazepines are restricted
  - Short-acting opioid before long-acting opioid required
  - 7 day / 3 day initial prescription required before longer prescriptions
  - Morphine Milligram Equivalent (MME) limit of 90 (for members without cancer)
  - Children under 18 y.o., pregnant members, and members receiving opioid use disorder medications are limited

Distinct Count of RECIPIENTID

# Total FFS Medicaid Opioid Recipients Over Time by MME Group >180, 150, 120, 90



# Naloxone Prescribing

- On average, 323 yearly deaths occur from prescription opioid overdose in Utah<sup>1</sup>
- Per the CDC and Substance Abuse and Mental Health Services Administration (SAMHSA), naloxone prescribing is one strategy to prevent opioid overdose deaths
- Utah Naloxone training  
<http://www.utahnaloxone.org/training-and-event-calendar/>

1. CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC: 2018.

# Retro DUR and MTM services

What is it?

- ❖ Hemophilia Case Management
  - ❖ Antidepressant Medication Management
  - ❖ Hepatitis C Adherence Program
  - ❖ Antipsychotics in Children
  - ❖ ADHD Stimulants
-

# Medication Therapy Management (MTM)

- Effective July 1, 2022, eligible Utah Medicaid members may receive Medication Therapy Management (MTM) services
- Eligible members are limited to 1 initial visit and up to 3 follow-up visits per member per year
- Please see the Utah Medicaid Pharmacy Manual for a full description of the MTM program

For more information, please visit

<https://medicaid.utah.gov/pharmacy/medication-therapy-management-services/>

# Hemophilia Case Management

Fee-for-service members and their families receive comprehensive care management services provided by a multidisciplinary team of healthcare professionals from the Hemophilia Treatment Centers and the Utah Medicaid Pharmacy Team, per national treatment guidelines.

# Antipsychotics (AP) in Children Pharmacy Edits

- **NEW-** PA required for concurrent use of multiple AP medications for all children **under 18 years old** (previously for members under 20 years old)
- All other antipsychotic edits such as diagnosis code, initial AP prescriptions, and age/dose limits, etc. will remain in place
- PA required for:
  - use in very young children (< 6 years old)
  - doses of APs that exceed recommendations listed in the package insert or compendia
  - concurrent multiple antipsychotic medications in children
  - long-acting injectable antipsychotics in children
- Required: Regular monitoring of antipsychotic-related side effects OR clinical rationale for the lack thereof (metabolic abnormalities or movement disorders)
- Required: Diagnosis code for AP prescriptions for children



# Attention-Deficit/Hyperactivity Disorder

- PA required for use in children under 4 years of age
- PA required for use in children under 6 years of age for the following:
  - Adzenys ER suspension (susp.)
  - Dyanavel XR, Desoxyn
  - Adhansia XR
- A multiple agent edit will apply for three or more unique ADHD stimulant medications
- A cross-class edit limitation will apply for prescribing of ADHD stimulant medications from the amphetamine class and the methylphenidate class for at least 30 days in the last 45 days for children under 18 years of age
- A peer to peer educational intervention was implemented to prescribers of high dose stimulant medications
- [ADHD Stimulants](#) Prior Authorization Form

# Hepatitis C Adherence Program

- Member-centered adherence program aimed at increasing treatment completion rates and cure of Hepatitis C infection among FFS members
- Treatment adherence increased since the program was started in April 2020 for FFS members
  - Baseline adherence without interventions in 2019: 80%
  - Overall adherence with interventions: 91%

# Antidepressant Adherence Program

- Member-centered retrospective DUR intervention aimed at improving antidepressant medication adherence
- Clinical pharmacist conducts outreach to:
  - Targeted Medicaid FFS members
  - Member's mental healthcare providers
  - Follow up calls to the member for continued medication adherence support

# Pharmacy Prior Authorizations

- ❖ Navigating the PDL
  - ❖ Pharmacy PA Forms
  - ❖ PAs That Are “Not Required”
  - ❖ 72 Hour Medical Emergency  
Claim Information
  - ❖ PA Denial
  - ❖ Record Keeping
-

# Preferred Drug List (PDL) & Pharmacy Prior Authorization

- PA forms are located at <https://medicaid.utah.gov/pharmacy/prior-authorization/>
- Preferred Drug list is located at <https://medicaid.utah.gov/pharmacy/preferred-drug-list/>

In addition to our pharmacy PA forms, the PDL contains valuable coverage and policy information including:

- Drug Criteria Limits
- Brand Over Generic List
- Over-the-Counter (OTC) Drug list
- Mandatory 3 Month Supply List
- List of Prior Authorization Forms

# Diagnostic Products on the PDL

Diagnostic products including diabetic supplies not listed on the PDL are non-preferred and cannot be processed through the pharmacy benefit

- Products must be billed through the medical benefit as Durable Medical Equipment (DME)
- The DME PA form can be found here at <https://medicaid.utah.gov/forms/>

For additional information refer to the:

[Preferred Drug List - Utah Department of Health Medicaid](#)

[Medical Supplies and Durable Medical Equipment Manual](#)

# Navigating the PDL

## PDL & Resources

Preferred Drug List &  
Pharmacy Coverage Resources  
Effective June 1, 2022



### **Preferred Drug List (PDL)**

Pages: 3-89

### **Covered Over-the-Counter List (OTC - not listed on PDL)**

Pages: 90-93

### **Brand Required Over Generic List (not listed on PDL)**

Page: 94-95

### **3 Month Supply Required List (not listed on PDL)**

Page: 96

### **Drug Limits (not listed on PDL)**

Page: 97

### **PA Forms (not listed on PDL)**

Pages: 98-100

## **PA Not Required For the Following:**

- Diagnosis codes for initial antipsychotic prescriptions
- DUR rejects
- G89.3, Neoplasm related pain (acute)(chronic), diagnosis will bypass quantity and MME limits
- 3-Month Supply required for select maintenance medications



# 72-Hour Medical Emergency Overrides

- 24-hours turnaround time within normal business hours in accordance with [Utah Code 26-18-105](#)
- 72-Hour Override information located: <https://medicaid.utah.gov/pharmacy/prior-authorization/>

# PRISM Information

- If you are a new provider that needs to enroll as a Medicaid provider, eLearning training materials are available
  - Visit <https://medicaid.utah.gov/pe-training/>
- For all updates on PRISM, including any future eLearnings and FAQs
  - Visit [www.medicicaid.utah.gov/PRISM](http://www.medicicaid.utah.gov/PRISM)

# What To Do When You Receive a PA Denial

- Review the denial reasons provided in the letter
- If the request was denied for a product that is non-preferred on the PDL and a preferred product has not been tried, consider switching to a preferred product
- If the request was denied due to lack of information regarding clinical criteria, **resubmit** the request with the needed information to support criteria for approval
- If no additional information can be sent and no additional action can be taken to satisfy criteria, providers may submit a pre-hearing request with the Administrative Hearings Unit within 30 days
  - The request form can be found at <https://medicaid.utah.gov/utah-medicaid-forms>

# Record Keeping

Providers are required to maintain accurate clinical records and are subject to audits in which findings could result in the recoupment of payment from the provider. It is the provider's responsibility to maintain accurate clinical records including:

- Keep progress notes applicable to the date of service
- Maintain and update each individual's plan of care
- Document specific tasks performed on date of service
- Document services billed, number of units billed should support units documented
- Keep record of physician's order
- Submit record keeping documentation as requested by the department or under the direction of an audit

Refer to Section I: General Information, Chapter 4, on the Utah Medicaid website:

<https://medicaid.utah.gov/Documents/pdfs/SECTION1.pdf>

# Quiz

# Quiz Questions

1. Where can you find pharmacy policy information?
2. What does the ICD-10 diagnosis code, G89.3, allow the pharmacy point of sale system to bypass?
3. Will a preferred medication listed on the PDL require a PA?
4. What is the preferred CGM and what PA form does it require?

# Quiz Answers

1. Where can you find pharmacy policy information?
  - a. The Medicaid Pharmacy Program website  
<https://medicaid.utah.gov/pharmacy/pharmacy-program/>
2. What does the ICD-10 diagnosis code, G89.3, allow the pharmacy point of sale system to bypass?
  - a. G89.3 for neoplasm related pain bypasses quantity and/or MME limits for opioid claims. All other policy limits apply.
3. Will a preferred medication listed on the PDL require a PA?
  - a. It depends. Most preferred do not require a PA, but some will be listed as preferred but also require a PA.
4. What is the preferred CGM and what PA form does it require?
  - a. Dexcom G6 products is preferred but a PA is required. Criteria on the Continuous Glucose Monitors PA form is needed for approval.

# Contact Us

## Call Customer Service:

801-538-6155 Option 3, Option 3,  
Option 2

## Email:

[medicaidpharmacy@utah.gov](mailto:medicaidpharmacy@utah.gov)

