# Annual Drug Utilization Review Report Federal Fiscal Year 2016

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## Utah Medicaid

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Section 1927(g)(3)(D) of the Social Security Act requires each State to submit an annual report on the operation of its Medicaid Drug Utilization Review (DUR) program. Such reports are to include: descriptions of the nature and scope of the prospective and retrospective DUR programs; a summary of the interventions used in retrospective DUR and an assessment of the education program; a description of DUR Board activities; and an assessment of the DUR program's impact on quality of care as well as any cost savings generated by the program.

This report is to cover the period between October 01, 2015 and September 30, 2016. Answering the attached questions and returning the requested materials as attachments to the report will constitute full compliance with the above-mentioned statutory requirement. This document is a true copy of full report as submitted online to the Centers for Medicare and Medicaid Services.

Please note that in the body of this report "Utah Medicaid" refers only to Utah Fee For Service Medicaid. Each of Utah Medicaid's four managed care organizations (known as Accountable Care Organizations or ACOs) have composed unique reports, which are included in the Appendix.

## I.    Utah Medicaid Agency Information

1.  Identify the person responsible for submitting this report
Name:  Dr. Robyn Seely, PharmD Drug Utilization Review Program Manager
Address:  288 North 1460 West
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State:    Utah
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## II.  Prospective DUR

1. Identify pharmacy POS vendor – (Contractor, State-Operated, Other).
   Change Healthcare, formerly Goold Health Systems (GHS)

2. Identify prospective DUR criteria source – (First Data Bank, Other).
   Medi-Span

3. Are new prospective DUR criteria approved by the DUR board?
   Yes

4. When the pharmacist receives a ProDUR alert message that requires a pharmacist's review, does your system allow the pharmacist to override the alert using the "conflict, intervention and outcome" codes?
   Yes

5. How often do you receive and review periodic reports providing individual pharmacy provider activity in summary and in detail?
   As needed.

   If you receive reports, do you follow up with those providers who routinely override with interventions?
   Follow-up is conducted if the claim data warrants follow-up.

   If the answer is Yes, by what method do you follow up?
   Contact method is situationally specific.

6. Early refill:
   a) At what percent threshold do you set your system to edit?
   Narcotic drugs:                       100%
   Non-narcotic controlled drugs:   80%
   Non-controlled drugs:               80%

   b) When an early refill message occurs, does Utah Medicaid require prior authorization for non-controlled drugs?
   Yes

   If Yes, who obtains authorization?
   Pharmacist, Prescriber, Either

   c) When an early refill message occurs, does Utah Medicaid require prior authorization for controlled drugs?
   Yes
   If Yes, who obtains the authorization?

Pharmacist, Prescriber, Either

7. When the pharmacist receives an early refill DUR alert message that requires the pharmacist's review, does your system allow the pharmacist to override for such situations as: Lost or Stolen prescription/Vacation/Other.
No

8. Does your system have an accumulation edit to prevent patients from continuously filling prescriptions early?
No
If No, do you plan to implement this edit?
Yes

9. Does Utah Medicaid have any policy prohibiting the auto-refill process that occurs at the POS?
Yes

10. Has Utah Medicaid provided the DUR data requested on <u>Table 1 – Top Drug Claims Data Reviewed by the DUR Board</u>?
Yes, see Appendix

11. Section 1927(g)(A) of the Social Security Act requires that the pharmacist offer patient counseling at the time of dispensing. Who has responsibility for monitoring compliance with the oral counseling requirement?
As this is also a requirement by the State Board of Pharmacy, they monitor compliance with State Code and Administrative Rules that require counseling by their licensees. Utah Medicaid requires documentation of the offer to counsel and this can be requested from the providers as needed.

12. Have you included <u>Attachment 1 – Pharmacy Oral Counseling Compliance Report</u>, a report on efforts to monitor pharmacy compliance with oral counseling requirements?
Yes, see Appendix

## III. Retrospective DUR

1. Identify, by name and type, the vendor that performed your retrospective DUR activities during the time period covered by this report.
   University of Utah College of Pharmacy Drug Regimen Review Center (DRRC)

2. Is the RetroDUR vendor also the Medicaid fiscal agent?
   No

3. Is the RetroDUR vendor also the developer/supplier of your retrospective DUR criteria?
   No.  The DRRC may or may not recommend Retrospective DUR criteria, and Utah Medicaid may or may not accept presented or modified criteria.

4. Does the DUR Board approve the Retrospective DUR criteria?
   Yes

5.  Have you included <u>Attachment 2 – Retrospective DUR Educational Outreach Summary</u>, a year-end summary of the top 10 problem types for which educational interventions were taken?
   Yes, see Appendix

## v. DUR Board Activity

1. Has Utah Medicaid included a brief summary of DUR activities and meeting minutes from the time period covered by this report as <u>Attachment 3 – Summary of DUR Activities</u>?
Yes, see Appendix

2. Does Utah Medicaid have a Disease Management Program?
Yes

   If Yes, have you performed an analysis of the program's effectiveness?
Yes

   If Yes, please provide a brief summary of your findings.
The hemophilia management program results in better clinical and quality of life outcomes for our patients (prevented ED visits, prevented supplemental doses, etc). Another result is cost savings due to the favorable pricing of hemophilia clotting factor through the 340B program.

   If Yes, is your DUR Board involved with this program?
No

3. Does Utah Medicaid have an approved CMS Medication Therapy Management Program?
No

   If No, are you planning to develop and implement a program?
No

## VI.    Physician Administered Drugs

1.  The Deficit Reduction Act requires collection of NDC numbers for covered outpatient physician administered drugs.  These drugs are paid through the physician and hospital programs.  Has your system been designed to incorporate the data into your DUR criteria for both Prospective DUR and Retrospective DUR?
    No

    If No, do you plan to include this information in your Prospective DUR and Retrospective DUR criteria in the future?
    At the point that medical claims are adjudicated in real time, these edits would be appropriate to apply to provider administered drug claims.  Given that the current MMIS system limitations do not allow for real time processing these edits are not scheduled to be incorporated into claims processing in the near future.

## VII. Generic Policy and Utilization Data

1. Have you included a description of policies that may affect generic utilization percentage as <u>Attachment 4 – Generic Drug Substitution Policies</u>
   Yes, see Appendix

2. In addition to the requirement that the prescriber write in his/her own handwriting "Brand Medically Necessary" for a brand name drug to be dispensed in lieu of the generic equivalent, does Utah Medicaid have a more restrictive requirement?
   Yes

   If Yes, explain
   Utah Medicaid requires preauthorization, including a medical reason, for override of non-preferred drugs. State statute requires generic substitution unless the brand name version presents a financial benefit to the state (UCA 58-17b-606).

3. Have you included <u>Table 2 – Generic Utilization Data</u>?
   Yes

4. Indicate the generic utilization percentage for all covered outpatient drugs paid during this reporting period.

   | | |
   |---|---|
   | Number of Generic (N) Claims: | 1,014,724 |
   | Total Number of Claims (S, N & I): | 1,220,161 |
   | Generic Utilization Percentage: | 83% |

5. Indicate the percentage dollars paid for generic covered outpatient drugs in relation to all covered outpatient drug claims paid during this reporting period.

   | | |
   |---|---|
   | Generic Dollars: | $ 30,393,026 |
   | Total Dollars: | $123,383,395 |
   | Generic Expenditure Percentage: | 25% |

## VIII. Program Evaluation / Cost Savings / Cost Avoidance

1. Did you conduct a DUR program evaluation of the estimated cost savings/cost avoidance?
   Yes

   If Yes, who conducted your program evaluation for the cost savings estimate/cost avoidance?
   Change Healthcare and DRRC

2. Please provide your ProDUR and RetroDUR program cost savings/cost avoidance below.

   | | |
   |---|---|
   | ProDUR Total Estimated Avoided Costs: | $18,147,272 |
   | RetroDUR Total Estimated Avoided Costs: | $    421,094 |
   | Costs Saved/Avoided due to DUR Activities: | $18,568,366 |

3. Please provide the estimated percent impact of Utah Medicaid's cost savings/cost avoidance program compared to total drug expenditures for covered outpatient drugs.  Divide the Grand Total Estimated Avoided Costs (immediately above) by the Total Dollars (above, in Section VII, Question 5).  Then multiply this number by 100.

   ( $ Grand Total Estimated Avoided Costs / $ Total Dollars ) * 100 = 15%

4. Have you provided the Medicaid cost savings/cost avoidance evaluation as <u>Attachment 5 – Cost Savings/Cost Avoidance Methodology</u>?
   Yes

# IX. Fraud, Waste, and Abuse Detection

## 1. Lock-In or Patient Review and Restrictive Programs

a) Do you have a documented process in place that identifies potential fraud or abuse of controlled substances by <u>recipients</u>?
Yes

If Yes, what action/s do you initiate?
Deny claims and require preauthorization and/or refer to lock-in program (see below) and/or refer to Medicaid Fraud Control Unit (MFCU) or to Program Integrity

b) Do you have a "lock-in" program for beneficiaries with potential misuse or abuse of controlled substances?
Yes

If Yes, what criteria do you use to identify candidates for lock-in?
- 4 or more Primary Care Practitioners (PCPs) in 12 months
- 3 or more different providers prescribing controlled substances
- 4 or more pharmacies in 12 months
- 5 or more non-emergent Emergency Room (ER) Multiple ER visits in 12 months

If Yes, do you restrict the member regarding
Both the prescriber and the pharmacy

c) What is the usual lock-in period?
Open-ended, reviewed after 12 months

d) On average, what percentage of Utah Medicaid's population is in lock-in status annually?
0.37%

e) Please provide an estimate of the savings attributed to the lock-in program for the time period under review.
$679,250

f) Do you have a documented process in place that identifies potential fraud or abuse of controlled substances by <u>prescribers</u>?
Yes

If Yes, what action/s do you initiate?
Refer to MFCU or Utah Office of Inspector General (UOIG) for Medicaid Services

g) Do you have a process in place that identifies potential fraud or abuse of controlled substances by <u>pharmacy providers</u>?
Yes

If Yes, what action/s do you initiate?
Refer to MFCU or UOIG

h) Do you have a documented process in place that identifies potential fraud of abuse of <u>non-controlled</u> drugs by <u>recipients</u>?
Yes.

If Yes, explain
The DRRC has algorithms to identify recipients who may be mis-using or abusing non-controlled drugs. See Appendix.

2. Prescription Drug Monitoring Program (PDMP)

a) Do you have a Prescription Drug Monitoring Program (PDMP)?
Yes

If Yes, do you have the ability to query the PDMD database?
No.

If no, explain.
Utah Medicaid is limited by the State Statute in how it may access and use data from the PDMP.

b) Are their barriers that hinder Utah Medicaid from fully accessing the PDMP that prevent the program from being utilized that was it was intended to be, to curb abuse?
Yes

If Yes, please explain the barriers
Utah Medicaid is limited by State Statute in how it may access and use data from the PDMP.

c) Have you had any changes to your PDMP during this reporting period that have improved the agency's ability to access PDMP data?
No

3. Pain Management Controls

   a) Does Utah Medicaid require that pain management providers be certified?
   No
   Does Utah Medicaid obtain DEA Active Controlled Substance Registrants'
   files in order to identify prescribers not authorized to prescribe controlled
   drugs?
   No

   If No, do you plan to obtain this DEA Active Controlled Substance
   Registrant's file and apply it to your POS edits?
   No

   If Yes, explain
   Programs from our POS vendor allow us to look up a provider's DEA status,
   but these queries are done on an ad hoc basis, not for every prescription fill.

   Do you apply this DEA file to your RetroDUR review?
   No

   b) Do you have measures in place to monitor/manage the prescribing of
   methadone for pain management?
   Yes

   If Yes, explain
   Quantity limits; 150 tablets or 2,000mL (regardless of strength) per 30 days.
   Also, methadone is non-preferred on the Preferred Drug List.

4. Opioids

   a) Do you currently have POS edits in place to limit the quantity of short-acting
   opioids?
   Yes

   If Yes, what are your limits?
   180 tablets (regardless of specific product or strength) per 30 days

   b) Do you currently have POS edits in place to limit the quantity of long-acting
   opioids?
   Yes

   If Yes, what are your limits?
   90 tablets (regardless of specific product or strength) per 30 days

5. Morphine Equivalent Daily Dose (MEDD)

   a) Have you set recommended maximum morphine equivalent daily dose (MEDD) measures?
      No

   b) Do you provide information to your prescribers on how to calculate the MEDD?
      No

   c) Do you have an algorithm in your POS system that alerts the pharmacy provider that the MEDD prescribed has exceeded the limit?
      No

6. Does Utah Medicaid set mg per day limits on the use of buprenorphine/naloxone combination products?
   Yes

   If Yes, specify
   24mg / day (Suboxone), 17.1mg / day (Zubsolv) or 12.6mg/day (Bunavail)

   What are your limitations on the allowable length of treatment?
   Each separate approval (authorization/reauthorization) authorizes up to 18 months of therapy

   Do you require that the max per day be reduced after a set period of time?
   Yes

   If Yes, what is your reduce (maintenance) dosage?
   No set dose, taper required for re-authorization

   What are your limitations of the allowable length of treatment?
   Authorization and reauthorization are based on medical necessity

   Do you limit the type of dosage form that can be dispensed to only the sublingual film?
   No

7. Psychotropic drugs / Stimulants
   Do you have a documented program in place to manage/monitor the appropriate use of psychotropic drugs in children?
   No

   Do you have any documented restrictions or special programs in place to monitor/manage or control the use of stimulants?
   Yes.  Utah has PA criteria for off-label use in children, and for any use in adults.

## X. Innovative Practices

1. Have you developed any innovative practices during the past year which you have included in <u>Attachment 6 – Innovative Practices</u>

## XI.  E-Prescribing

1.  Does your pharmacy vendor have a portal to electronically provide patient drug history data and pharmacy coverage limitations to a prescriber prior to prescribing upon inquiry?
    Yes

    If Yes, do you have a methodology to evaluate the effectiveness of providing drug information and medication history prior to prescribing?
    No

2.  Does your system use the NCPDP Origin Code that indicates the prescription source?
    Yes

## XII.  Executive Summary

Please include an Executive Summary as <u>Attachment 8</u>

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# Appendix 1

# Attachments and Tables

# Table 1 – Top Drug Claims Data Reviewed by the DUR Board

| | |
|---|---|
| Top 10 Prior Authorization Requests by Drug Name | Amphetamine/Dextroamphetamine |
| | Suboxone |
| | Methylphenidate ER |
| | Vyvanse |
| | Methylphenidate |
| | Adderall XR |
| | Omeprazole |
| | Buprenorphine |
| | Doloxetine |
| | Oxycontin |

| | |
|---|---|
| Top 10 Prior Authorization Requests by Drug Class | ADHD/anti-narcolepsy/anti-obesity/anorexiants |
| | Analgesics - opioid |
| | Ulcer drugs |
| | Dermatologicals |
| | Antidiabetics |
| | Anticonvulsants |
| | Antidepressants |
| | Psychotherapeutic and neurological agents - misc. |
| | Hypnotics |
| | Antipsychotics/anti-manic agents |

| | |
|---|---|
| Top 5 Claim Denial Reasons | Plan Limitations Exceeded |
| | Prior Authorization Required |
| | Refill Too Soon |
| | Missing/Invalid Diagnosis Code |
| | Patient Is Not Covered |

| | | |
|---|---|---|
| Top 10 Drug Names by Amount Paid including Percent of the Total Drug Spend | 9% | Abilify |
| | 4% | Latuda |
| | 4% | Lyrica |
| | 3% | Invega Sustenna |
| | 3% | Vyvanse |
| | 3% | Methylphenidate ER |
| | 2% | Strattera |
| | 2% | Alphanate/Von Willebrand |
| | 2% | Seroquel XR |
| | 2% | Amphetamine/dextroamphetamine |

| | | |
|---|---|---|
| | 4% | Gabapentin |
| | 4% | Sertraline |
| Top 10 Drug Names by | 3% | Trazodone |
| Claim Count | 3% | Fluoxetine |
| including | 3% | Amphetamine/dextroamphetamine |
| Percent of the | 3% | Clonazepam |
| Total Claim Count | 2% | Citalopram |
| | 2% | Quetiapine |
| | 2% | Alprazolam |
| | 2% | Lamotrigine |

# Attachment 1 – Pharmacy Oral Counseling Compliance Report

*This attachment reports the monitoring of pharmacy compliance with all prospective DUR requirements performed by the State Medicaid agency, the State Board of Pharmacy, or other entity responsible for monitoring pharmacy activities. If the State Medicaid agency itself monitors compliance with these requirements, it may provide a survey of a random sample of pharmacies with regard to compliance with the OBRA 1990 prospective DUR requirement. This report details State efforts to monitor pharmacy compliance with the oral counseling requirement. This attachment should describe in detail the monitoring efforts that were performed and how effective these efforts were in the reporting time period.*

The Utah State Board of Pharmacy, under the direction of the Department of Commerce Division of Occupational and Professional Licensing, is responsible for administering and enforcing all aspects of the State Pharmacy Practice Act, which has a provision mandating patient counseling on prescription drugs.

**Utah Code 58-17b-613. Patient counseling.**

**Utah Administrative Code. R156-17b-610. Operating Standards – Patient Counseling.**

# Attachment 2 – Retrospective DUR Educational Outreach Summary

*This is a summary of retrospective DUR screening and educational interventions. The year-end summary report should be limited to the Top 10 problems with the largest number of exceptions. The results of RetroDUR screening and interventions should be included.*

Utah Medicaid contracts with the University of Utah's Drug Regimen Review Center (DRRC) to review clients who have high drug utilization and drug costs. The DRRC contacts the prescribers of identified Medicaid clients and performs educational "peer reviews" of targeted clients. The goal of the reviews is to reduce waste, duplication, and unnecessary prescription utilization. A report is composed and submitted to Utah Medicaid each year. The most recent report includes data covering this reporting period and is included in the Appendix. The table below summarizes the letters that the DRRC sent to prescribers in that time period. Each letter clearly stated one or more recommendations concerning specific Utah Medicaid patients, and included a voluntary feedback form. For this Federal fiscal year, the DRRC program achieved $421,094 in savings by assisting prescribers in the pharmacological treatment of their patients.

| Top 10 Problem Types | Number of Interventions |
|---|---|
| Adherence | 723 |
| Untreated Indication | 440 |
| Additive Toxicity | 417 |
| Sub-Therapeutic Dose | 312 |
| Medication Over-Utilizations | 295 |
| Therapeutic Duplication | 246 |
| Dug-Drug Interaction | 227 |
| Consider Alternative | 218 |
| Treatment Without Indication | 177 |
| Coordinate Care | 134 |

# Attachment 3 – Summary of DUR Activities

*This summary should be a brief descriptive report on DUR Board activities during the reporting period. This summary should:*

- *Indicate the number of DUR Board meetings held.*
- *List additions/deletions to DUR Board approved criteria.*
  - *For prospective DUR, list problem type/drug combinations added or deleted*
  - *For retrospective DUR, list therapeutic categories added or deleted*
- *Describe Board policies that establish whether and how results of prospective DUR screening are used to adjust retrospective DUR screens. Also describe (and provide the text of) policies that establish whether and how results of retrospective DUR screening are used to adjust prospective DUR screens.*
- *Describe DUR Board involvement in the DUR education program (e.g., newsletters, provider education, etc.) Also describe (and provide the text of) policies adopted to determine mix of patient or provider specific intervention types (e.g., letters, face to face visits, increased monitoring).*

During this reporting period's Federal fiscal year, Utah Medicaid's DUR Board held eleven meetings. The Board recommended and Utah Medicaid adopted the following:

ProDUR:
1) Limit all short-acting opiates and opiate/acetaminophen combination products to an initial 7-day fill.
2) Update quantity limits for all short-acting opiates and opiate/acetaminophen combination products
3) Remove PA criteria from Nucynta, Nucynta ER, cytokine modulators, Aranesp, Epogen, Neupogen, Neulasta, Leukine, Hepsera, Trizivir and lactulose.
4) Create PA criteria for cystic fibrosis transmembrane regulators, proprotein convertase subtilisin kexin type 9 inhibitors, Movantik, Entresto and topical lidocaine products.

Findings from Prospective and Retrospective Drug Utilization Review directly affect each other. Prospective review of a drug may be motivated by anticipation of misuse, follow-up to a PA placement, internal or external interest, or entry of a product into an existing drug class. Patient history review is the primary method of retroactive review, although prescriber review is often performed in the retrospective review of controlled substances.

Provider education consists largely of letters sent from the DRRC to individual prescribers. The details of new policies suggested by the Board and adopted by Utah Medicaid are published in the quarterly Medicaid Information Bulletin.

# Attachment 4 – Generic Drug Substitution Policies

*Please report any factors that could affect your generic utilization percentage and include any relevant documentation, including any written policies.*

**Utah Code 58-17b-606.  Title 58-Occupations and Professions.**

As a result of the Pharmacy Practice Act cited above, Medicaid has placed all name brand products on prior approval if a generic is available, except when allowed rebates bring the cost of the brand name product lower than the generic.

# Table 2 – Generic Utilization Data

*Please provide the following utilization data for this reporting period for all covered outpatient drugs paid.  Exclude Third Party Liability.*

*Drugs are classified as follows:*
 *(S)   Single-Source Drugs: have an FDA New Drug Application (NDA) approval for which there are no generic alternative available on the market.*
 *(N)   Non-Innovator Multiple-Source Drugs:  have an FDA Abbreviated New Drug Application (ANDA) approval, and for which there exists generic alternatives on the market.*
 *(I)    Innovator (I) Multiple-Source Drugs:  have an NDA and no longer have patent exclusivity.*

Generic Utilization Percentage:  To determine the generic utilization percentage of all covered outpatient drugs paid during the reporting period, use the following formula:

Generic Utilization Savings =
$100 \times N \div ( S + N + I ) = 83\%$

Generic Expenditures Percentage of Total Drug Expenditures:  To determine the generic expenditure percentage for all covered outpatient drugs for this reporting period, use the following formula, rounding to the nearest $1,000:

Generic Expenditures Percentage of Total Drug Expenditures =
$100 \times \$N \div ( \$S + \$N + \$I ) = 25\%$

| Table 2 – Generic Utilization Data | | | | | |
|---|---|---|---|---|---|
| Single-Source (S) Drugs | | Non-Innovator (N) Drugs | | Innovator Multi-Source (I) Drugs | |
| Total Number of Claims | Total Reimbursement Amount, Less Co-Pay | Total Number of Claims | Total Reimbursement Amount, Less Co-Pay | Total Number of Claims | Total Reimbursement Amount, Less Co-Pay |
| 117,369 | $68,441,797 | 1,014,724 | $30,393,026 | 88,068 | $24,548,572 |

*CMS has developed an extract file from the Medicaid Drug Rebate Program Drug Product Data File, identifying each NDC along with sourcing status of each drug:  S, N or I.  The full file is readily available upon request.*

# Attachment 5 – Cost Savings/Cost Avoidance Methodology

*Include a copy of program evaluations/cost savings estimates prepared by Utah Medicaid or contractor, noting methodology used*

**Lock-In Program**

One of the tools that Utah Medicaid uses to reduce fraud, waste and abuse is the lock-in program. For this Federal fiscal year, the program afforded over $679,250 in savings/cost avoidances.

**Prospective Drug Utilization Review**

Attachment 1 provides information regarding the top 10 ProDUR alerts for this Federal fiscal year. Total monies captured from claims that were reversed as a result of ProDUR alerts were added for the twelve months. Pro-DUR reversals resulted in $18,147,272 total savings/cost avoidance in this Federal fiscal year.

**Retrospective Drug Utilization Review**

The University of Utah's Drug Regimen Review Center generates an annual report for Utah Medicaid. For this Federal fiscal year, the DRRC program achieved $421,094 in savings.

**Grand Total Cost Savings/Cost Avoidance**

| | |
|---|---|
| Lock-In Program: | $679,250 |
| ProDUR Total Estimated Avoided Costs: | $18,147,272 |
| RetroDUR Total Estimated Avoided Costs: | $421,094 |
| Grand Total Costs Saved/Avoided: | $19,247,616 |

# Attachment 6 – Innovative Practices

*Please describe in detailed narrative form any innovative practices that you believe have improved the administration of your DUR program, the appropriateness of prescription drug use and/or have helped to control costs (e.g. disease management, academic detailing, automated pre-authorizations, continuing education programs). Please include any written policies, if applicable.*

Not applicable – Utah continues to use best practices.

# Attachment 7 – E-Prescribing Activity Summary

*Please describe all development and implantation plans/accomplishments in the area of e-prescribing. Include any evaluation of the effectiveness of this technology (e.g. number of prescribers e-prescribing, percent e-prescriptions to total prescriptions, relative cost savings). Please include any written policies, if applicable.*

E-prescribing is supported through Utah Medicaid's Provider Portal. Among other functionalities, prescribers can write and submit prescriptions through the Portal, and pharmacies can retrieve the prescriptions through the Portal. Providers must register and their professional status must be validated before Portal use. The Portal became available January 1, 2013. Use is variable, although Utah Medicaid routinely notifies providers of its existence and functionality.

Utah Medicaid currently does not have the data necessary to approximate the percentage of prescribers who utilize the Medicaid Provider Portal in their practice.

# Attachment 8 – Executive Summary

Utah Medicaid is delighted to report cost savings and avoidances totaling more than $19 million during this Federal fiscal year (FFY).  Savings and avoidances have improved from year to year through the efforts of Utah's Division of Medicaid and Health Financing and its contractors.  A summary of Cost Savings/Avoidances (rounded to the nearest $1,000) for this FFY is below:

| | |
|---|---|
| Lock-In Program: | $679,000 |
| ProDUR Total Estimated Avoided Costs: | $18,147,000 |
| RetroDUR Total Estimated Avoided Costs: | $421,000 |
| Grand Total Costs Saved/Avoided: | $19,248,000 |

Note:  Accountable Care Organizations are at-risk entities charged with using a fixed amount of dollars to garner the greatest possible cost savings and avoidances without sacrificing optimal patient care.  Each of Utah's four ACOs is required to submit an annual DUR report to Utah Medicaid.  They are attached to this report as Appendix 2.

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Appendix 2

Reports from Utah Medicaid's
Accountable Care Organizations


Health Choice

Healthy U

Molina

Select Health