



Accountable Care Organizations (ACOs) and Medicaid Pharmacy Benefits

- Senate Bill 180 of the 2011 General Legislative Session “requires the Department of Health to... modify the Medicaid program in a way that maximizes replacement of the fee-for-service delivery model with one or more risk-based delivery models.”
- On January 1, 2013, Utah Medicaid clients enrolled in an Accountable Care Organization (ACO) will receive most of their pharmacy benefit through ACOs. Medicaid clients in Weber, Davis, Salt Lake and Utah counties are required to enroll in an ACO. Enrollment in other counties is voluntary.
- There are four ACO’s: Health Choice Utah, Healthy U, Select Health Community Care, and Molina.
- Medicaid clients in the four urban counties who do not make an ACO selection will be assigned to an ACO. Clients have ninety days after enrollment to switch plans. The client must stay with their plan until the next open enrollment unless they meet certain criteria.
- Rural clients enrolled in an ACO can choose to remain enrolled with that ACO or switch to fee for service.
- Rural clients have the option to enroll in an ACO if they desire.

Overview of ACO pharmacy benefits

- Currently, pharmacy benefits are “carved out” of managed care and billed as “fee-for-service” (FFS). On Jan.1, 2013, most pharmacy benefits will be “carved in”, meaning that they will be one of the benefits provided by ACOs. There are a few important exceptions:
 - Hemophilia drugs
 - Organ transplant immunosuppressants
 - Mental health-related drugs, including treatments for attention deficit and hyperactivity disorders (ADD and ADHD),

anxiety, depression, psychotic disorders, and seizure disorders, and

- Substance use treatment drugs: naltrexone products, Suboxone® and generics, Disulfiram products, and Campral®

Eligibility and Identification Cards

- Eligibility for all Utah Medicaid clients (whether enrolled in an ACO or not) is determined monthly. Medicaid identification (ID) cards will continue to be issued monthly.
- Utah Medicaid policy requires client proof of eligibility when services are provided. A current Utah Medicaid ID card satisfies this requirement. ACO affiliation will be printed on the cards.
- Each ACO will have its own Bank Identification Number (BIN), PCN, and Group Number.

Drug Coverage

- Some Utah clients are eligible for both Medicaid and Medicare. These clients are called “dual eligibles”. Medicare reimburses for most drugs for these clients. This Medicare drug coverage will not be affected by ACOs.
- Utah Medicaid will continue to reimburse for pharmacy benefits via FFS in other areas of the state for clients not enrolled in an ACO.
- Each ACO may-
 - Develop its own Preferred Drug List (PDL).
 - Develop its own clinical PA criteria
- Each ACO will make its list of drugs and corresponding criteria known to prescribers, pharmacies, and clients. Please note that:
 - An ACO might require a PA for drugs for which Medicaid currently does not.
 - An ACO might not require a PA for drugs for which Medicaid currently does.
 - If both an ACO and Medicaid require a PA for a drug, the criteria might differ.
- Each ACO must transition (or “grandfather”) current Utah Medicaid PAs.

- The minimum time for which “grandfather” coverage must be accommodated is 30 days.
- An ACO may choose to “grandfather” a drug for an unlimited length of time. The time period must reasonably allow a client to consult with their prescriber for an appropriate change in therapy

www.molinahealthcare.com/medicaid/members/ut/Pages/home.aspx and www.molinahealthcare.com/medicaid/providers/ut/Pages/home.aspx

- **Medicare Customer Service:**
1-800-MEDICARE
- **Utah Medicaid Pharmacy Help Desk:**
801-538-6155 or 800-662-9651

Point of Sale Transactions and ACO Interactions with Pharmacies

- ACOs may contract network pharmacies.
 - Pharmacy owners or managers should contact the ACOs with questions regarding pharmacy contracts.
- Please note the following:
 - Drugs billed to the correct entity will be reimbursed or denied according to that entity’s policy (Medicare, Medicaid, or ACO).
 - Contact Medicare customer service for denied drugs billed to Medicare.
 - ACO drug benefits billed to Medicaid using Utah Medicaid’s BIN and group number will deny and display a message to bill the ACO.
 - Medicaid drug benefits billed to an ACO system will deny and display a message to bill Utah Medicaid.
 - If a claim is denied for undetermined reasons, contact Medicaid’s Pharmacy Help Desk (see below).
- Helpful contact information for ACO’s:
 - **Health Choice Utah:** Pharmacy & Client Questions: 877-358-8797 (Business Hours) or 1-800-322-8670 (After Hours) <http://www.healthchoiceutah.com/>
 - **Healthy U:** Member Questions: 1-888-271-5870; Beginning January 2013, call Ventegra/NPS at 877-895-7159 ; www.uhealthplan.utah.edu/healthyu
 - **Select Health:** Pharmacy/Physician Questions: 801-442-4912 or 1-800-442-3129 Members Contact 801-442-5038 or 1-800-538-5038 Mon-Fri 7a.m. to 8p.m., Sat 8a.m.-3p.m. www.selecthealth.org
 - **Molina:** Beginning January 2013 call 888-483-0760; for claims call 800-364-6331 Mon-Fri 8:30 a.m. – 5:00 p.m.

Clarification of Utah Medicaid Vaccine Coverage

There are important distinctions for vaccine reimbursement. These are:

- vaccines billed as a medical benefit versus vaccines billed as a pharmacy benefit, and
- vaccines given to adults and vaccines for children provided via the federal Vaccines for Children (VFC) program

Vaccinations as a MEDICAL benefit:

Coverage is the same for Traditional, Non-Traditional, and PCN clients. Some vaccinations that can be given in a medical setting are:

- Hep B
- Hep A
- Hep A+B combination
- Seasonal and H1N1 flu
- Tetanus
- Tetanus + diphtheria combo (Td)
- Tetanus + diphtheria + pertussis (Tdap)
- MMR
- Polio
- Pneumococcal
- Varicella (for non-immunocompromised adults)
- Rabies (post-exposure only)
- Lyme disease (post-exposure only)

When a vaccine is given in-office to an adult, the office bills for the vaccine and the administration, or the vaccine and the office visit. For children, the cost of the vaccine is not reimbursed, because VFC vaccines are provided free of charge through the VFC program. Utah Medicaid now reimburses Certified Nurse Midwives for service appropriate office vaccine administration.

Vaccinations as a PHARMACY benefit:

Select vaccines are now available for administration by a Certified Immunizing Pharmacist (CIP). CIPs can administer these vaccines to Traditional Medicaid clients (adults and children) at participating pharmacies. These vaccines are:

- Seasonal flu
- H1N1 flu
- Zostavax
- Pneumovax

The CIP enters the vaccine NDC at the point of sale, just as for any other drug. Medicaid's point of sale system will recognize the NDC as a vaccine and reimburse the appropriate administration fee as the dispensing fee. If the client is a child, the point of sale system will not reimburse the pharmacy for the VFC vaccine. If the client is a child, the point of sale system will pay the enhanced dispensing fee as done in the medical program.

Drug Utilization Review Board Activities: Drug Criteria and Limits/Prior Authorization Updates

The FDA recently released statements regarding an association between cardiac arrhythmias and citalopram (Celexa®). As a result, the Utah Drug Utilization Review (DUR) Board recommends the following actions adopted by the program:

- Citalopram doses greater than 40mg/day require prior authorization
- Citalopram doses greater than 20mg/day for clients over 60 years and clients with hepatic impairment require prior authorization
- Citalopram and escitalopram (Lexapro®) are mutually exclusive

The DUR board recently reviewed modafinil (Provigil®) and armodafinil (Nuvigil®). Modafinil is recently available as a generic product. The Board recommends the following prior authorization criteria for Nuvigil, in addition to existing criteria:

- Greater-than-or-equal-to six (6) weeks trial and failure of modafinil
- A contraindication to modafinil
- Modafinil and armodafinil are mutually exclusive.

Current Nuvigil PAs will be “grandfathered”. For all prior authorization requirements, see www.health.utah.gov/Medicaid/pharmacy/

[priorauthorization/pdf/Nuvigil.pdf](http://www.health.utah.gov/Medicaid/pharmacy/priorauthorization/pdf/Nuvigil.pdf)

New Pharmacy Web Portal

Utah Medicaid has a new secure, HIPAA compliant Prior Authorization web portal for prescribers, pharmacies, and clients. Please visit the Portal at www.UtahRxPortal.org. The portal has:

- Tools for Clients:
 - Electronic PA monitoring
- Tools for Pharmacies:
 - Look-ups for reimbursable NDCs
 - Electronic PA monitoring
 - Communication with prescriber’s offices
- Tools for Prescribers:
 - View the clients medication profile for drugs reimbursed by Utah Medicaid
 - Electronic prescribing
 - Electronic PA submission and monitoring
 - Look-ups for reimbursable NDCs, diagnosis codes, and pharmacies
 - Ability to add permissions for office staff to submit prescriptions and PAs on behalf of the prescriber

Many prescribers appreciate the ability to add permissions for appropriate office staff to submit prescriptions and PAs after prescriber initiation. However, remember that changes in office staff require immediate inactivation of former employees’ permissions. Please register with the Portal at www.UtahRxPortal.org

Hydroxyprogesterone NDCs

The following NDCs will soon be reimbursable through Utah Medicaid:

38779210209, 38779210208
38779210205, 38779210204
38779210203, 49452363905
49452363904, 49452363903
49452363902, 49452363901