

# MDP System DUR SURVEY TOOL



# Landing Page

## Drug Utilization Review

CMS View

### Federal Fiscal Year 2018 DUR Surveys

Reporting Period: October 1, 2017 to September 30, 2018  
Due Date: June 30, 2019

#### Annual Fee-For-Service and Managed Care Organization Surveys

Survey Type	Survey Format	Status	Action
Fee-For-Service (FFS)	Online	Ready for State Access	<a href="#">PREVIEW</a> <a href="#">MAKE AVAILABLE</a> <a href="#">PUBLISH</a>
Managed Care Organization (MCO)	File Download/Upload	Ready for State Access	<a href="#">PREVIEW</a> <a href="#">MAKE AVAILABLE</a> <a href="#">PUBLISH</a>

**PRA Disclosure Statement** This mandatory information collection (section 4401 of the Omnibus Budget Reconciliation Act of 1990 and section 1927(g) of the Social Security Act) is necessary to establish patient profiles in pharmacies, identify problems in prescribing and/or dispensing, determine each program's ability to meet minimum standards required for Federal financial participation, and ensure quality pharmaceutical care for Medicaid patients. State Medicaid agencies that have prescription drug programs are required to perform prospective and retrospective DUR in order to identify aberrations in prescribing, dispensing and/or patient behavior. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this information collection request is 0938-0659 (Expires: TBD). Public burden for all of the collection of information requirements under this control number is estimated at 64 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

# Assign DUR State Role

General Information Utilization Data Products ▾ Pricing ▾ File Upload Documents Inquiries **User Maintenance** User Profile Rebate Agreements

## Manage Users

CMS CO user approves or assigns DUR application role for a state without a Technical Contact

User ID <sup>?</sup> EIDM ID  
User Type <sup>?</sup> MDP State  
First Name <sup>?</sup> Firstnamefirst  
Last Name <sup>?</sup> Lastnamenext  
Email Address <sup>?</sup> user@domain.com

**Assign DUR Application Access** ✕

State: Maryland

Role:  State DUR Technical Contact  
 State DUR Designee

[View User Application Access History](#)

### Active Request(s) for Application

Request Date	State Requested			Action
1/18/2018	Maryland			<input type="button" value="DENY"/> <input type="button" value="APPROVE"/>
1/18/2018	Maryland	MDP	Mdpmdfirst Mdpmdlast	<input type="button" value="DENY"/> <input type="button" value="APPROVE"/>

Review/Update User Application Access

# Assign State DUR Designee Survey Sections

General Information Utilization Data Products Pricing File Upload Documents Inquiries **User Maintenance** User Profile Rebate Agreements

## Manage Users

User ID EIDM  
User Type MDP  
First Name First  
Last Name Last  
Email Address user@

[View User Application Access](#)

### Active Request(s) for

Request Date	State
1/18/2018	Mar

### Review/Update Use

#### Drug Utilization Review

[Add Maryland Fee-](#)

### Assign Maryland Role and Fee-For-Service Survey Access

**Role Assignment**

State DUR Designee

**Section Assignment**

Assign all sections to Firstnamefirst Lastname

Section	Title	State Designee
I	Demographic Information	Select
II	Prospective DUR (ProDUR)	Firstnamei Lastnamei
III	Retrospective DUR (RetroDUR)	Select
IV	DUR Board Activity	Select
V	Physician Administered Drugs	Select
VI	Generic Policy and Utilization Data	Firstnamevi Lastnamevi
VII	Program Evaluation / Cost Savings / Cost Avoidance	Select
VIII	Fraud, Waste, and Abuse Detection	Select
IX	Innovative Practices	Select
X	E-Prescribing	Firstnamex Lastnamex
XI	Managed Care Organizations (MCOs)	Select
XII	Exective Summary	Select

[CANCEL](#)

[SAVE](#)

State DUR Technical Contact assigns FFS Survey section access to State DUR Designee(s)

[APPROVE](#)

# Assign DUR State Designee

General Information Utilization Data Products ▾ Pricing ▾ File Upload Documents Inquiries **User Maintenance** User Profile Rebate Agreements

## Manage Users

User ID ⓘ EIDM  
User Type ⓘ MDP  
First Name ⓘ First  
Last Name ⓘ Last  
Email Address ⓘ user@

### Assign Maryland Role and Fee-For-Service Survey Access

Role Assignment

State DUR Designee

CANCEL

SAVE

State DUR Technical Contact approves state DUR access by checking the State DUR Designee box, which opens up FFS Survey Section Assignment

[View User Application Access History](#)

### Active Request(s) for Application Access

Request Date	State Requested	Module Requested	State Module Technical Contact	Action
1/18/2018	Maryland	DUR	Durmdfirst Durmdlast	<b>DENY</b> <b>APPROVE</b>

### Review/Update User Application Access

#### Drug Utilization Review (DUR)

Add Maryland Fee-for-Service Survey Access

# MDP System – DUR FFS

## Drug Utilization Review

State DUR  
Technical Contact View

### Federal Fiscal Year 2018 DUR Surveys

Reporting Period: October 1, 2017 to September 30, 2018

	Survey Type	Status	Medicaid MCO Name	Due Date	Action
1	FFS	Pending	N/A	6/30/2019	<a href="#">Select</a> <a href="#">Download</a> <a href="#">Add/View Comments</a> <a href="#">Submit to CMS</a>

[ADD NEW MCO SURVEY](#)

 For questions about the DUR Annual Report, please contact CMS at [DURPolicy@cms.hhs.gov](mailto:DURPolicy@cms.hhs.gov).

# Survey Disclaimer

## About the Survey

### Fee-For-Service DUR Annual Survey

- I. Demographic Information
- II. Prospective DUR (ProDUR)
- III. Retrospective DUR (RetroDUR)
- IV. DUR Board Activity
- V. Physician Administered Drugs
- VI. Generic Policy and Utilization Data
- VII. Program Evaluation / Cost Savings / Cost Avoidance
- VIII. Fraud, Waste, and Abuse Detection
- IX. Innovative Practices
- X. E-Prescribing
- XI. Managed Care Organizations (MCOs)
- XII. Executive Summary

FFY 2018 MARYLAND FEE-FOR-SERVICE DUR ANNUAL SURVEY

## About the Survey

Section 1927 (g) (3) (D) of the Social Security Act (the 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 covers the period October 1, 2017 to September 30, 2018 and is **due for submission to CMS Central Office by no later than June 30, 2019. Answering the attached questions and returning the requested materials as attachments to the report will constitute compliance with the above-mentioned statutory requirement.**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid O.M.B. control number. The valid O.M.B. control number for this information collection is 0938-0659. The time required to complete this information collection is estimated to average 32 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

I have read the information about this survey.

CONTINUE

# Demographic Information

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About the Survey

**Fee-For-Service DUR Annual Survey**

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- VII. Program Evaluation / Cost Savings / Cost Avoidance
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## Demographic Information

[PRINT](#)

### Medicaid Agency information

Identify state person responsible for DUR Annual Report Preparation.

First Name

Last Name

Email Address

Area Code/Phone Number

1. On average, how many beneficiaries are enrolled in your state's Medicaid Fee-For-Service (FFS) program that have a pharmacy benefit?  
 beneficiaries
2. On average, how many of your state's Medicaid beneficiaries are enrolled in managed care plan(s)?  
 beneficiaries

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# Section

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## Fraud, Waste, and Abuse Detection

 PRINT

Please make sure answers are provided to all questions in Parts A to G.

<b>A. Lock-In or Patient Review and Restrictive Programs</b>	<b>+</b>
<b>B. Prescription Drug Monitoring Program (PDMP)</b>	<b>+</b>
<b>C. Pain Management Controls</b>	<b>+</b>
<b>D. Opioids</b>	<b>+</b>
<b>E. Morphine Equivalent Daily Dose (MEDD)</b>	<b>+</b>
<b>F. Buprenorphine and Buprenorphine/Naloxone Combinations</b>	<b>+</b>
<b>G. Antipsychotics / Stimulants</b>	<b>+</b>

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# E-prescribing

About the Survey

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FFY 2018 MARYLAND FEE-FOR-SERVICE DUR ANNUAL SURVEY

## E-Prescribing

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1. Does your MMIS or 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
  - No
2. Does your system use the NCPDP Origin Code that indicates the prescription source?
  - Yes
  - No

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# Innovative Practices

About the Survey

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FFY 2018 MARYLAND FEE-FOR-SERVICE DUR ANNUAL SURVEY

## Innovative Practices

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### Attachment 6 – Innovative Practices Narrative

Have you developed any innovative practices during the past year (i.e. Substance Use Disorder, Hepatitis C, Cystic Fibrosis, MEDD, Value Based Purchasing)? 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 (i.e., disease management, academic detailing, automated prior authorizations, continuing education programs).

**Does the state have Attachment 6 described above to upload?**

- Yes
- No

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# Executive Summary

About the Survey

**Fee-For-Service DUR Annual Survey**

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FFY 2018 MARYLAND FEE-FOR-SERVICE DUR ANNUAL SURVEY

## Executive Summary

 PRINT

### Attachment 8 - Executive Summary

#### Upload Attachment 8

Please name your file **ATT8-2018-MD-ES**. (NO SPACES!)

No file chosen

or drag it here

# MDP System – DUR (FFS)

## Drug Utilization Review

State DUR  
Technical Contact View

Federal Fiscal Year 2018 DUR Surveys

### Colorado Fee-For-Service Survey

State DUR Technical Contact:

John Vestergaard Hau

#### ASSIGN SECTION(S) TO DESIGNEE(S)

Section	Title	Designee	Completed	State Certified	Action
I	Demographic Information	Jack Smith	✓	✓	<a href="#">Select</a>
II	Prospective DUR (ProDUR)	Jack Smith	✓	⚙️	<a href="#">Select</a>
III	Retrospective DUR (RetroDUR)	Armin Gips	✓	⚙️	<a href="#">Select</a>
IV	DUR Board Activity	Mira Belle	✓	⚙️	<a href="#">Select</a>
V	Physician Administered Drugs	Ramon Alf Peterson	⚙️		<a href="#">Select</a>
VI	Generic Policy and Utilization Data	Ramon Alf Peterson	✓	✓	<a href="#">Select</a>
VII	Program Evaluation / Cost Savings / Cost Avoidance	Jack Smith	✓	✓	<a href="#">Select</a>
VIII	Fraud, Waste, and Abuse Detection	Mira Belle Nässe	✓	⚙️	<a href="#">Select</a>
IX	Innovative Practices	-	✓	⚙️	<a href="#">Select</a>
X	E-Prescribing	Klaus Thaler	✓	✓	<a href="#">Select</a>
XI	Managed Care Organizations (MCOs)	Bill Yard	✓	⚙️	<a href="#">Select</a>
XII	Executive Summary	-	⚙️		<a href="#">Select</a>

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# MDP System - Dashboard

## Drug Utilization Review

State DUR  
Technical Contact View

### Federal Fiscal Year 2018 DUR Surveys

Reporting Period: October 1, 2017 to September 30, 2018

	Survey Type	Status	Medicaid MCO Name	Due Date	Action
1	FFS	Pending	N/A	6/30/2019	<a href="#">Select</a> <a href="#">Download</a> <a href="#">Add/View Comments</a> <a href="#">Submit to CMS</a>
2	MCO	Pending	Rocky Mountain Health Plans	6/30/2019	<a href="#">Select</a> <a href="#">Download</a> <a href="#">Add/View Comments</a> <a href="#">Submit to CMS</a>
3	MCO	Available	Denver Health Choice Plans	6/30/2019	<a href="#">Select</a> <a href="#">Download</a> <a href="#">Add/View Comments</a> <a href="#">Submit to CMS</a>

[ADD NEW MCO SURVEY](#)

# MDP System – DUR MCO

**Drug Utilization Review**

State DUR Technical Contact View

Federal Fiscal Year 2018 DUR Surveys  
Reporting Period: October 1, 2017 to September 30, 2018

	Survey Type				
1	FFS				

ADD

Submit to CMS

For ques

**Add a new MCO survey for** ✕

**CREATE SURVEY**

# MDP System – DUR MCO (Con't)

**Drug Utilization Review**

State DUR Technical Contact View

Federal Fiscal Year 2018 DUR Surveys  
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	Survey Type			
1	FFS			

ADD

Submit to CMS

**Add a new MCO survey for** ✕

Rocky Mountain Health Plans

**CREATE SURVEY**

For ques



# MDP System – DUR MCO Completed Survey

## Drug Utilization Review

State DUR  
Technical Contact View

Federal Fiscal Year 2018 DUR Surveys

### Colorado MCO Survey

#### Rocky Mountain Health Plans

**State DUR Technical Contact:**

John Vestergaard Hau

**Designee:**

[Assign](#)

Survey Responses	Upload Date	Completed	State Certified	Action
MCO Survey	-			<a href="#">Upload</a> <a href="#">Certify</a>
Attachment 1 – Retrospective Educational Outreach Summary	-			<a href="#">Upload</a> <a href="#">Certify</a>
Attachment 2 – Summary of DUR Board Activities	-			<a href="#">Upload</a> <a href="#">Certify</a>
Attachment 3 – Generic Drug Substitution Policies	-			<a href="#">Upload</a> <a href="#">Certify</a>
Attachment 4 – Innovative Practices	-			<a href="#">Upload</a> <a href="#">Certify</a>
Attachment 5 – E-Prescribing Activity Summary	-			<a href="#">Upload</a> <a href="#">Certify</a>
Attachment 6 – Executive Summary	-			<a href="#">Upload</a> <a href="#">Certify</a>

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