ABOUT THE SURVEY

42 CFR 438.3(s)(4) and (5) require that each Medicaid managed care organization (MCO) must operate a drug utilization review (DUR) program that complies with the requirements described in Section 1927 (g) of the Social Security Act (the Act) and submit an annual report on the operation of its DUR program activities. Such reports are to include: descriptions of the nature and scope of the DUR programs; a summary of the interventions used in retrospective DUR (RetroDUR) and an assessment of the education program; and an assessment of the DUR program's impact on quality of care. If medication is associated with a prescription and the medication is dispensed, the expectation is prospective and retrospective requirements are to be applicable. If medications are clinically administered, the expectation is only for retrospective reviews. If traditional drug benefits are not part of the benefit package, then the MCO would not be required to have a prospective program unless they review a Healthcare Common Procedure Coding System (HCPCS) request for clinical appropriateness and have a DUR component engrained in that process. It is expected that if the drug benefit is handled separately there are file transfers of the drug claim file so MCOs can coordinate that aspect of the care.

Note: Covered Outpatient Drugs (COD) are referenced throughout this survey and refers to participating labelers in the Medicaid Drug Rebate Program (MDRP).

This report covers the period October 1, 2019 to September 30, 2020 and is an abbreviated version of the MCO survey for states that have pharmacy benefits covered through the FFS program, but MCOs still have some portion of benefits for covered outpatient drugs.

Answering the attached questions and returning the requested materials as attachments to the report will constitute compliance with the above-mentioned statutory and regulatory requirements. If you have any questions regarding the DUR Annual Report, please contact your state's Medicaid Pharmacy Program.

Pursuant to 42 C.F.R. Subpart A, Section § 438.3 (s), Medicaid managed care programs must submit to CMS an annual report on the operation of its DUR program activities for that Federal Fiscal Year (FFY). Beginning with FFY 2020 surveys, individual managed care plan's survey results will be published online and will be publically available similar to the FFS surveys which have been published on *Medicaid.gov* since 2010. **Please confirm and acknowledge there is no proprietary or confidential information submitted in this report by checking the box below:**

- o I confirm I am aware this survey will be posted online. Confidential and proprietary information has been removed from this survey.

MEDICAID MANAGED CARE ORGANIZATION (MCO)
CLINICALLY ADMINISTERED DRUGS
COORDINATED WITH A PHARMACY CARVE-OUT
MEDICAID DRUG UTILIZATION REVIEW ANNUAL ABBREVIATED REPORT
FEDERAL FISCAL YEAR 2020

I. DEMOGRAPHIC INFORMATION

State Abbreviation: _____

MCO Name: _____

Please Note: Name above must match name entered in Medicaid Drug Program (MDP) DUR system

Medicaid MCO Information

Identify the MCO person responsible for DUR Annual Report Preparation.

First Name: _____

Last Name: _____

Email Address: _____

Area Code/Phone Number: _____

1. On average, how many Medicaid beneficiaries are enrolled monthly in your MCO for this Federal Fiscal Year?
   _____Beneficiaries

2. Are **all** Section1927(g) of the Social Security Act (the Act) covered outpatient drugs (CODs) included in Fee-for-Service (FFS) pharmacy benefits (CODs include drugs dispensed in a pharmacy, administered in a doctor's office, outpatient hospital or clinic. Drugs reimbursed at bundled/global rate are not considered outpatient drugs)?

   ○ No

   ○ Yes, FFS covers all 1927 covered outpatient drugs.

----------If Yes, completion of the remaining survey is voluntary----------

3. Please list what CODs are included in the benefits by your MCO (i.e. physician administered drugs (PAD), medication assisted treatment (MAT) at outpatient treatment programs (OTPs), and outpatient hospital drugs)?

   - ○ Drugs administered in a clinic or physician's office
   - ○ Drugs administered during an outpatient hospital stay
   - ○ Emergency Departments
   - ○ Outpatient Treatment Programs
   - ○ Other, please explain

   _____

   _____

   _____

4. What practices and policies do you have in place to share information between providers? NOTE: It is expected that if the drug benefit is handled separately there are file transfers of the drug claim file so MCOs can coordinate that aspect of the care.

   Please explain.

   _____

   _____

   _____

   a. Please explain the process for coordination of clinical outcomes between medical providers and pharmacy?

      _____

      _____

      _____

   b. How is quality of care for prescriptions ensured? Please explain

      _____

      _____

      _____

5. Does your MCO have a documented process (i.e. prior authorization) in place, so that the Medicaid beneficiary or the Medicaid beneficiary's prescriber may access any COD covered under your benefit plan when medically necessary?

- ○ Yes, what is the preauthorization (PA) process?

  _____

  _____

  _____

- ○ No, please explain why there is not a process for the beneficiary to access a COD when it is medically necessary.

  _____

  _____

  _____

II. RETROSPECTIVE DUR (RetroDUR)

1. Who reviews and approves the RetroDUR criteria?

   - ○ MCO DUR Board
   - ○ MCO P&T Board
   - ○ MCO pharmacy manager
   - ○ State pharmacy director
   - ○ Combination of medical and pharmacy directors
   - ○ State DUR Board
   - ○ Outside entities
   - ○ Other, please explain.

     _____

     _____

     _____

2. **Summary 1 – RetroDUR Educational Outreach Summary**
   Summary 1: Retrospective DUR Educational Outreach is a summary report on RetroDUR profile screening and educational opportunities during the fiscal year reported. The summary should be limited to the most prominent problems with the largest number of exceptions. The results of RetroDUR screening and interventions should be included and detailed below.

_____

_____

_____

_____

III. PHYSICIAN ADMINISTERED DRUGS

1. The Deficit Reduction Act requires collection of national drug code (NDC) numbers for covered outpatient physician administered drugs. These drugs are paid through the physician and hospital programs. Has your claims processing system been designed to evaluate the drug data supplied by the state into your RetroDUR criteria or PA reviews?

   ○ Yes

   ○ No

   If "No", do you have a plan to include this information in your DUR criteria in the future?

   ○ Yes

   ○ No

IV. FRAUD, WASTE, AND ABUSE (FWA) DETECTION

A. LOCK-IN or PATIENT REVIEW and RESTRICTION PROGRAMS

1. Do you have a documented process in place that identifies potential FWA of controlled drugs by **beneficiaries**?

   ○ Yes

   ○ No

   If "Yes", what actions does this process initiate? Check **all** that apply:

   O Deny claims and require prior authorization

   O Refer to Lock-In Program

- O Refer to Program Integrity Unit (PIU)/Surveillance Utilization Review (SUR) Unit
- O Refer to Office of Inspector General (OIG)
- O Other, please explain.

_____

_____

_____

2. Do you have a coordinated process in place with the state, such as a lock-in program, for beneficiaries with potential FWA of controlled substances?

   - O Yes
   - O No

   If "No", skip to question 3.

   If "Yes", please continue.

   a. What criteria is used to identify beneficiaries with potential FWA of controlled substances? Check **all** that apply.
      - O Number of controlled substances (CS)
      - O Different prescribers of CS
      - O Multiple pharmacies
      - O Number days' supply of CS
      - O Exclusivity of short acting opioids
      - O Multiple ER visits
      - O Prescription Drug Monitoring Program (PDMP) data
      - O Same FFS state criteria is applied

O Other, please explain.

_____

_____

_____

b. Do you have the capability to restrict the beneficiary to a prescriber only?

- O Yes
- O No
- O N/A

3. Do you have a documented process in place that identifies possible FWA of controlled drugs by **prescribers**?

- O Yes
- O No

If "No", please explain.

_____

_____

_____

If "Yes", what actions does this process initiate? Check **all** that apply.

- O Deny claims written by this prescriber
- O Refer to Program Integrity Unit (PIU)/Surveillance Utilization Review (SUR) Unit
- O Refer to the appropriate Medical Board
- O Other, please explain.

_____

_____

_____

4. Do you have a documented process in place that identifies and/or prevents potential FWA of non-controlled drugs by **beneficiaries**?

- ○ Yes, please explain your program for FWA of non-controlled substances.

_____

_____

_____

- ○ No, please explain.

_____

_____

_____

B. PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)

1. Do you require prescribers (in your provider agreement with your MCO) to access the PDMP patient history before prescribing controlled substances?

   - ○ Yes, please explain how your program applies this information to control FWA.

_____

_____

_____

   - ○ No, the state does not have a PDMP.
   - ○ No, please explain.

_____

_____

_____

2. Does your MCO have the ability to query the state's PDMP database?

   - ○ Yes, we receive PDMP data
     - ☐ Daily
     - ☐ Weekly
     - ☐ Monthly
     - ☐ Other _____

- ○ Yes, we have access to the database
- ○ No

If "Yes", are there barriers that hinder your MCO from fully accessing the PDMP that prevent the program from being utilized the way it was intended to be to curb FWA?

- ○ Yes, please explain the barriers that exist.

_____

_____

_____

- ○ No

3. Does your MCO have access to Border States' PDMP information?
   - ○ Yes
   - ○ No

C. OPIOIDS

1. Do you coordinate with the entity that provides the drug benefits to monitor opioid prescriptions (duplicate therapy, early refills, quantity limits, etc.)?

   - ○ Yes
   - ○ No

   Please explain above response.

   _____

   _____

   _____

2. Do you have comprehensive retrospective claims review process to monitor opioid prescriptions exceeding state defined limitations?

   - ○ Yes, please explain in detail the scope and nature of these retrospective reviews.

   _____

   _____

   _____

- ○ No, please explain.

_____

_____

_____

3. Do you coordinate with the entity that provides the drug benefits to monitor opioids and benzodiazepines being used concurrently?

- ○ Yes, retrospective claim reviews
- ○ Yes, educational programs
- ○ Yes, titration programs
- ○ Yes, peer to peer assistance

Please explain above response and detail the scope and nature of these reviews and edits. Additionally, please explain any potential titration processes utilized for those patients chronically on benzodiazepines and how the state justifies pain medications, i.e. Oxycodone/APAP, for breakthrough pain without jeopardizing patient care (i.e. quantity limits/practitioner education titration programs).

_____

_____

_____

- ○ No, please explain.

_____

_____

_____

4. Do you coordinate with the entity that provides the drug benefits to monitor opioids and sedatives being used concurrently?

- ○ Yes, retrospective reviews
- ○ Yes, educational programs
- ○ Yes, titration programs
- ○ Yes, peer to peer assistance

Please explain response above and detail the scope and nature of reviews and edits.

O No, please explain.

5. Do you coordinate with the entity that provides the drug benefits to monitor opioids and antipsychotics being used concurrently?

- O Yes, retrospective reviews
- O Yes, educational programs
- O Yes, titration programs
- O Yes, peer to peer assistance

Please explain response above and detail the scope and nature of reviews and edits.

O No, please explain.

6. Do you have safety edits or perform RetroDUR activity and/or provider education in regard to beneficiaries with a diagnosis or history of opioid use disorder (OUD) or opioid poisoning diagnosis?

- ○ Yes, POS edits
- ○ Yes, retrospective reviews and/or provider education
- ○ No

If the answer to question 6 is "Yes, retrospective reviews and/or provider education," please continue.

a. Please indicate how often:
   - ○ Monthly
   - ○ Quarterly
   - ○ Semi-Annually
   - ○ Annually
   - ○ Ad hoc
   - ○ Other, please specify.

_____

_____

_____

b. Please explain the nature and scope of reviews RetroDUR and/or provider education reviews performed.

_____

_____

_____

If the answer to question 6 is "No", do you plan on implementing a RetroDUR activity and/or provider education in regard to beneficiaries with a diagnosis or history of OUD or opioid poisoning in the future?

- ○ Yes, when do you plan on implementing?

_____

_____

_____

- ○ No, please explain.

_____

_____

_____

7. Does your program develop and provide prescribers with pain management or opioid prescribing guidelines?

   - ○ Yes
   - ○ No

   If "Yes", please check **all** that apply.

   - ○ Your prescribers are referred to the Center for Disease Control (CDC) Guideline for Prescribing Opioids for Chronic Pain.
   - ○ Other guidelines, please identify.

     _____

     _____

   - ○ No guidelines are offered, please explain.

     _____

     _____

D. MORPHINE MILLIGRAM EQUIVALENT (MME) DAILY DOSE

1. Do you coordinate with the entity that provides the drug benefits to monitor total daily dose (MME) of opioid prescriptions dispensed?

   - ○ Yes
   - ○ No

Please explain above response.

E. OPIOID USE DISORDER (OUD) TREATMENT

1. Do you coordinate with the entity that provides the drug benefits to monitor and manage appropriate use of naloxone to persons at risk of overdoes?

   - ○ Yes
   - ○ No

   Please explain above response.

F. OPIOID TREAT PROGRAMS (OTP)

1. Does your program cover medications used for OUD through OTPs?

   - ○ Yes
   - ○ No

   If yes, please explain how MAT drugs are billed through OTPs.

G. ANTIPSYCHOTICS /STIMULANTS

ANTIPSYCHOTICS

1. Do you coordinate with the entity that provides the drug benefits to either manage or monitor the appropriate use of antipsychotic drugs in children?

   ○ Yes

   ○ No

   If "Yes", please continue.

   a. Do you either manage or monitor

      ○ Only children in foster care

      ○ **All** children

      ○ Other, please explain.

      _____

      _____

      _____

   b. Please briefly explain the specifics of your antipsychotic monitoring program(s).

      _____

      _____

      _____

   If you do not have a documented antipsychotic monitoring program in place, do you plan on implementing a program in the future?

   ○ Yes, please specify when.

   _____

   ○ No, please explain why you will not be implementing a program to monitor the appropriate use of antipsychotic drugs in children.

   _____

   _____

   _____

STIMULANTS

2. Do you coordinate with the entity that provides the drug benefits to either manage or monitor the appropriate use of stimulant drugs in children?
   - ○ Yes
   - ○ No

   If "Yes", please continue.

   a. Do you either manage or monitor

      - ○ Only children in foster care
      - ○ **All** children
      - ○ Other, please explain.

      _____

      _____

      _____

   b. Please briefly explain the specifics of your documented stimulant monitoring program(s).

      _____

      _____

      _____

   If you do not have a documented stimulant monitoring program in place, do you plan on implementing a program in the future?

      - ○ Yes, please specify when.

        _____

      - ○ No, please explain why you will not be implementing a program to monitor the appropriate use of stimulant drugs in children.

V. INNOVATIVE PRACTICES

Summary 2 – Innovative Practices

Have you developed any innovative practices during the past year (i.e. Substance Use Disorder, Hepatitis C, Cystic Fibrosis, MMEs, Value Based Purchasing)? Please describe in detailed narrative below any innovative practices that you believe have improved the administration of your DUR program, the appropriateness of drug use and/or have helped to control costs (i.e. disease management, academic detailing, automated prior authorizations, continuing education programs).