

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:**

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

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: 11/30/2022). 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.

**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** Section 1927(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:

Deny claims and require prior authorization

Refer to Lock-In Program

Refer to Program Integrity Unit (PIU)/Surveillance Utilization Review (SUR) Unit

Refer to Office of Inspector General (OIG)

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?

Yes

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.

Number of controlled substances (CS)

Different prescribers of CS

Multiple pharmacies

Number days’ supply of CS

Exclusivity of short acting opioids

Multiple ER visits

Prescription Drug Monitoring Program (PDMP) data

Same FFS state criteria is applied

Other, please explain.

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

Yes

No

N/A

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

Yes

No

If “No”, please explain.

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

Deny claims written by this prescriber

Refer to Program Integrity Unit (PIU)/Surveillance Utilization Review (SUR) Unit

Refer to the appropriate Medical Board

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.

No, please explain.

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

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 overdoses?

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).
