

Inside This Issue

Monthly Medication Adherence Mailing Initiatives	1-2
Prescribers Must Enroll in Medicaid Pharmacy Billing Procedures in Emergencies Manual PA Form	3
Flu and Pneumonia Billing Preferred Drug List Update One Dispensing Fee Change for LTC Beneficiaries	4
Universal Preferred Drug List on Hold Lice and Scabies Products on the PDL	5
Synagis® Using Incorrect Medicaid ID	

MONTHLY MEDICATION ADHERENCE MAILING INITIATIVE

The Mississippi Division of Medicaid Pharmacy Bureau has implemented several quality initiatives related to medication adherence for diabetes, hypertension, and dyslipidemia. Mississippi Medicaid’s Drug Utilization Review (DUR) Board, comprised of twelve physicians and pharmacists that serve Medicaid beneficiaries, recommended that issues pertaining to medication adherence for these conditions be reviewed by MS-DUR, the Drug Utilization Review Vendor, and feedback be provided to health care providers in an effort to improve medication adherence. As you know, medication adherence is one of the greatest problems in our health care system to day.
 (continued page 2)



Affix
Postage

Business Name
 Primary Address Line 1
 Primary Address Line 2
 City, State ZIP Code

MEDICAID UPDATES

MONTHLY MEDICATION ADHERENCE MAILING

MEDICATION ADHERNCE INITIATIVE (continued...)

The initiative:

The Monthly Medication Adherence Mailing Initiative (MMAMI) seeks to identify beneficiaries that are not adherent to their diabetes, hypertension, and dyslipidemia medications by reviewing gaps between refilling prescriptions. Specifically, beneficiaries who have not been adherent to their diabetes, hypertension, or dyslipidemia medications in the past 120 days are identified using the Proportion of Days Covered (PDC) measure. The score on this measure ranges from 0% to 100%. This score is designed to inform the patient's physician about the number of days of medication the patient received over this 120 day period. For example, a score of 50% means the patient only received 50% of the medication prescribed over this period. A score of 80% or better is usually considered "adherent" to the regimen, but 100% is the goal.

In this initiative, the physician is not only informed about the medications that he/she prescribed, but also about other diabetes, hypertension, and dyslipidemia medications that the patient is currently on, and the PDC score on each. As many prescribers are unaware of their patient's actual refill patterns, the goal of this initiative is to improve adherence on these important medications by providing feedback to providers so they can know when their patients are non-adherent.

What is requested of you if you receive an MMAMI letter:

The letter is simply for your information, to help you provide higher quality care, and no response is required on your part. However, patients that are identified in the letters may have significant compliance problems that could result in poorer health outcomes. Ideally, providers will put the information provided in the letter in the patients chart and use this information to help with discussions about the importance of medication adherence. When adherence is exceptionally low, a provider may want to ask that the patient schedule an appointment to discuss their adherence, rather than waiting until the next scheduled appointment. Studies have documented that when doctors, nurses, and pharmacists talk with patients about the importance of medication adherence, patients are more adherent.

FRIENDLY REMINDERS

All Prescribers Must Be Enrolled With Medicaid

Effective 1-1-2014, in accordance with Federal guidelines, prescribers who write prescriptions for Medicaid beneficiaries must be enrolled as Medicaid providers. If there are questions, please contact Xerox at 1-800-884-3222.

Hurricane / Emergency Preparedness Pharmacy Billing Procedures in Times of Officially Declared Emergencies

The Atlantic hurricane season is not over and severe weather can happen anytime. Be sure that your pharmacy is prepared for officially declared emergencies. During states of officially declared emergencies, DOM has a new pharmacy point of sale (POS) procedure. Pharmacists should enter a value of '13-Payor Recognized Emergency' in NCPDP Field 420-DK' when it is necessary to override the following service limit edits:

- 2 Brand/5 Prescription Limit
- Early Refill

Please note that when the declared emergency announcement is made, the fields noted above will be opened for the specified time period. Pharmacy providers are advised to use professional judgment in emergency situations. The Division of Medicaid may conduct audits after such events to ensure appropriate care was taken in dispensing medications for affected beneficiaries. Providers and beneficiaries not residing in and/or receiving care in an evacuation area must have documentation on file to justify rationale for early/excess fills. Medicaid monies may be recouped if supporting documentation is not found.

Pharmacy manual PA form

In accordance to state law passed in the 2013 legislative session, health benefit plans, including Medicaid, are directed to establish a standardized pharmacy prior authorization form. Previous forms are no longer accepted. The new form can be found at :

<http://www.medicaid.ms.gov/providers/pharmacy/pharmacy-prior-authorization/>

- For assistance resolving issues related prior authorizations or coverage, please contact:



Address:

Sillers Building, 550 High Street, Suite 1000
Jackson, MS 39201-1399

Telephone / Fax

Jackson area: 601-359-5253

Toll free: 1-877-537-0722

Fax: 1-877-537-0720

Flu and Pneumonia Billing

The influenza and pneumonia immunizations are covered services in the MS Medicaid Pharmacy program. Beneficiaries must be 19 years of age or older and non-residents of a long term care facility. The pharmacy must have a hard copy prescription on file and the immunization will count against beneficiaries' service limits. MS Medicaid will reimburse drug ingredient cost and dispensing fee, but administration fees will not be paid for.

Immunization for children 18 and younger must be handled through the Vaccines for Children program. MS Medicaid reimbursement will only be for beneficiaries in nursing facilities. Immunization cost for Medicare patients should not be included in the Medicaid cost report.

For additional information regarding immunization and Medicaid reimbursement policies, refer to Medicaid's Pharmacy Resources,

<http://www.medicaid.ms.gov/wp-content/uploads/2014/04/Pharmacy-Billing-for-Influenza-and-Pneumonia.pdf>

Preferred Drug List (PDL) Update

IT IS IMPORTANT TO REMEMBER that significant changes have recently been made in the PDL. Providers should routinely refer to the current PDL online at

<http://www.medicaid.ms.gov/providers/pharmacy/preferred-drug-list/>

where you can select the most recent MS Preferred Drug List (PDL), as well as Provider Notices about PDL changes. We recommend adding this link to your favorites as you will find it very helpful.



IMPORTANT INFORMATION

FROM THE MISSISSIPPI DIVISION OF MEDICAID

One Dispensing Fee Per Drug Per Month for Prescriptions Dispensed to LTC Beneficiaries

Effective July 1, 2014 and in accordance with MS state law § 43-13-117(A) (9)(a), one dispensing fee per drug (i.e. per national drug code or NDC) per month/resident will be paid for long term care (LTC) beneficiaries. LTC beneficiaries are defined as beneficiaries residing in nursing homes, psychiatric residential treatment facilities, or intermediate care facilities for individuals with developmental disabilities. Limited exclusions may include, but are not limited to, pass medications, and resident moving from one facility to another in the same month.

Universal Preferred Drug List on Hold

The projected start date of Oct. 1, 2014 for the Mississippi Division of Medicaid fee-for-service and MississippiCAN managed care providers (Magnolia Health Plan and UnitedHealthcare) universal preferred drug list has been postponed. At this time, it is anticipated that the new universal preferred drug list effective date will be January 1, 2015. Please continue to check the Mississippi Division of Medicaid website and Late Breaking News for more details and updates.

Lice and Scabies Products on the PDL

The new school year has just started and prescriptions for lice will likely increase. Medicaid would like to make sure that providers are aware of the products available on the preferred drug list (PDL) for the treatment of lice and scabies and the prior authorization criteria for covered products. In addition to the prescription products listed on the PDL, there are several over-the-counter (OTC) products available that will be covered with a valid prescription.

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
ANTIPARASITICS (Topical) <small>SmartPA</small>			
PEDICULICIDES <small>SmartPA</small>			
	NATROBA (spinosad) <small>Step Edit</small> permethrin 1% SKLICE (ivermectin) <small>Step Edit</small>	lindane malathion OVIDE (malathion) ULESFIA (benzyl alcohol)	SmartPA Criteria: Minimum age/weight requirements apply to all drug formulations for the treatment of head lice: <ul style="list-style-type: none"> • Benzyl Alcohol Solution – 6 months • Ivermectin – 6 months • Lindane Shampoo – 50 kg • Malathion – 6 years • Permethrin 1% – 2 months • Piperonyl/Pyrethrins – 2 years • Spinosad – 4 years Natroba or Sklice step edit: History of permethrin 1% topical lotion – OTC OR piperonyl/pyrethrin OTC in the past 90 days
SCABICIDES			
	EURAX CREAM (crotamiton)	ELIMITE (permethrin) EURAX LOTION (crotamiton) permethrin 5%	Permethrin 5% age edit: <ul style="list-style-type: none"> • Approved for ages 2 months – 17 years

Covered OTC Lice Products

(with common brand names)

Nix® (permethrin)

RID® (piperonyl/pyrethrin)

Full list of covered OTC products:

<http://www.medicaid.ms.gov/providers/pharmacy/pharmacy-resources/>

Synagis® Season

The Mississippi Division of Medicaid supports the administration of Synagis® for children meeting the American Academy of Pediatrics 2014 Guidelines for RSV prophylaxis. Starting October 21, 2014, prior authorizations may be submitted to DOM for administrations beginning October 28. Date MississippiCAN plans will begin accepting PA requests may differ from Medicaid fee-for-service. The Synagis® prior authorizations criteria and forms can be found on the Medicaid Pharmacy website and clicking on “Synagis 2014-2015 Form”.

<http://www.medicaid.ms.gov/providers/pharmacy/pharmacy-resources/>

Prior authorization for beneficiaries enrolled in MississippiCAN should be submitted to the respective MississippiCAN plan and not to Medicaid.

Using Incorrect Medicaid Identification Numbers

The Mississippi Medicaid Pharmacy Program reimburses for covered outpatient drugs for Medicaid beneficiaries with prescription drug benefits. **Only medications prescribed to the beneficiary are to be billed using the beneficiary’s Medicaid ID.** Sanctions may be imposed against a provider for engaging in conduct that defrauds or abuses the Medicaid program. This could include billing a child’s medication to a parent’s Medicaid ID number and vice-versa.

About Drug Utilization Review

The Omnibus Reconciliation Act of 1990 (OBRA) mandated that each State establish a drug use review (DUR) program by January 1, 1993. The Drug Utilization Review (DUR) Board evaluates standards of drug use in the Mississippi Division of Medicaid’s drug program and is responsible for conducting both retrospective and prospective drug use reviews (DURs). The purpose of the DUR program is to improve the quality of pharmaceutical care by ensuring that prescriptions are appropriate, medically necessary, and that they are not likely to cause adverse medical results.

MS-DUR is Mississippi Medicaid’s Drug Utilization Review Vendor

MS | DUR

The Mississippi Evidence-Based DUR Initiative (MS-DUR) performs the retrospective drug utilization review (DUR) for the Mississippi Division of Medicaid. Based on activities of the DUR Board and claims reviews, MS-DUR provides educational outreach to health care

practitioners on drug therapy to improve prescribing and dispensing practices for Mississippi Division of Medicaid beneficiaries. The MS-DUR website, found at www.msdu.org, has resources for providers, including the “Mississippi Medicaid Pharmacy Update” newsletters and special initiatives developed to assist providers in selecting therapy, like the “Medicaid Cough and Cold Quick List.”

The purpose of this newsletter is to provide new information relevant to providers serving Mississippi Medicaid beneficiaries and to “revoice” some of the information provided in the Mississippi Medicaid Provider Bulletin. You will occasionally receive communication from MS-DUR through Mississippi Medicaid, the Mississippi Pharmacist’s Association, or directly from us. We hope this information is helpful to your practice and we value your comments and suggestions. Please contact Medicaid (See Page 3) for assistance resolving issues related to prior authorizations or coverage.

MS-DUR STAFF

Ben Banahan, PhD
Project Director, MS-DUR

Nancy Jones
Project Coordinator