# Provider Insider

### Alabama Medicaid Bulletin

January 2019

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### MME EDIT COMING EARLY 2019

The Alabama Medicaid Agency is working on implementing Morphine Milligram Equivalent (MME) edits in early 2019.

Higher doses of opioids are associated with higher risk of overdose and death - even relatively low dosages (20-50 MME per day) may increase risk. Therefore, beginning in early 2019, Alabama Medicaid will limit the amount of cumulative MME's allowed per day on opioid claims. The edit will begin at 250 cumulative MME per day and will gradually

decrease over time. The final MME target will be 90 MME per day. Claims for opioids that exceed the maximum daily cumulative MME limit will

be denied.

Claims prescribed by oncologists will bypass the edit. Long term care, hospice patients, and children will also be excluded.

Overrides for quantities exceeding the MME limit may be submitted to Health Information Designs (HID). Information regarding override requirements and MME examples will be made available on the Alabama Medicaid Agency website closer to the implementation of the new limitations.

Additional information will be disseminated to all impacted providers through a provider ALERT closer to implementation; please check the Alabama Medicaid Pharmacy webpage for additional information.

http://www.medicaid.alabama.gov/content/4.0\_Programs/4.3\_Pharmacy-DME.aspx

<sup>1</sup> https://www.cdc.gov/drugoverdose/prescribing/guideline.html

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# Pass It On!

Everyone needs to know the latest about Medicaid. Be sure to route this to:

- ☐ Office Manager
- ☐ Billing Dept.
- ☐ Medical/Clinical Professionals
- ☐ Other

The information contained within is subject to change. Please review your Provider Manual and all Provider Alerts for the most up to date information.

## ATTENTION:

Pharmacies, Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, Mental Health Service Providers and Nursing Homes

### PREFERRED DRUG LIST (PDL) QUARTERLY UPDATE

#### Effective November 19, 2018

1. Add Xofluza® to the PDL as a preferred agent.

In anticipation of the upcoming flu season and the FDA-approval of Xofluza® on October 24th, the P&T Committee made an ad hoc recommendation during the November 7th meeting. The Committee recommended to follow the Centers for Disease Control and Prevention (CDC) statewide influenza epidemiology status for all available FDA-approved influenza antivirals (including Xofluza®) as soon as is possible to have the agents available for the upcoming flu season. Therefore, Xofluza® was added to preferred status prior to the January 1, 2019, PDL update.

Effective January 1, 2019, the Alabama Medicaid Agency will:

1. Require Prior Authorization (PA) for ritonavir (generic Norvir). Brand Norvir will not require prior authorization.

Use Dispense as Written (DAW) Code of 9 for brand Norvir. DAW Code of 9 indicates the following: Substitution Allowed by Prescriber but Plan Requests Brand. This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted, but the Plan requests the brand product to be dispensed.

2. Update the PDL to reflect the quarterly updates. The updates are listed below:

| PDL ADDITIONS         |  |
|-----------------------|--|
| Zubsolv <sup>cc</sup> | Opiate Partial Agents                              |
| Eucrisa <sup>CC</sup> | Skin and Mucous Membrane, Anti-Inflammatory Agents |

<sup>&</sup>lt;sup>CC</sup> Preferred with Clinical Criteria

For additional PDL and coverage information, visit our drug look-up site at https://www.medicaid.alabamaservices.org/ALPortal/NDC%20Look%20Up/tabld/39/Default.aspx.

The PA request form and criteria booklet, as well as a link for a PA request form that can be completed and submitted electronically online, can be found on the Agency's website at <a href="https://www.medicaid.alabama.gov">www.medicaid.alabama.gov</a> and should be utilized by the prescriber or the dispensing pharmacy when requesting a PA. Providers requesting PAs by mail or fax should send requests to:

Health Information Designs (HID)
Medicaid Pharmacy Administrative Services
P. O. Box 3210 Auburn, AL 36832-3210
Fax: 1-800-748-0116
Phone: 1-800-748-0130

Incomplete PA requests or those failing to meet Medicaid criteria will be denied. If the prescriber believes medical justification should be considered, the prescriber must document this on the form or submit a written letter of medical justification along with the PA form to HID. Additional information may be requested. Staff physicians will review this information.

Policy questions concerning this provider notice should be directed to the Pharmacy Program at (334) 242-5050. Questions regarding PA procedures should be directed to the HID help desk at 1-800-748-0130.

# ATTENTION:

### **Hospitals and Prenatal Care Providers**

#### FEDERAL RULE CHANGE FOR PRENATAL CLAIMS

The passage of the Bipartisan Budget Act of 2018 requires states to "cost avoid" claims for prenatal services when there is a known liable third party. Prior to this change, states were federally required to "pay and chase" claims with a designated prenatal procedure or diagnosis code. The federal "pay and chase" provision enabled providers to bill Medicaid for prenatal care and receive payment without having to bill the other third party. Medicaid was required to seek reimbursement from the other liable third party.

Because of this federal change, the Alabama Medicaid Agency will implement changes within its claims processing system to require providers to bill other known insurance coverage prior to receiving Medicaid payment for prenatal services. Effective January 1, 2019, for prenatal services claims received for dates of services on or after February 9, 2018, Alabama Medicaid will deny claims when there is other insurance coverage, but no payment or denial by the other insurance is indicated on the claim.

Once the provider has billed the third-party carrier, if a denial is received or a balance remains, the provider may then submit the claim to the Alabama Medicaid Agency for consideration of payment.

# ATTENTION ALL PROVIDERS:

### Synagis® Criteria for 2018 – 2019 Season

 The Alabama Medicaid Agency has updated its prior authorization (PA) criteria for the Synagis<sup>®</sup> 2018 - 2019 season. Complete criteria can be found on the website at the following link: http://www.medicaid.alabama.gov/content/4.0\_Programs/4.3\_Pharmacy-DME/4.3.10\_Synagis.aspx



- The approval time frame for Synagis® will begin October 1, 2018, and will be effective through March 31, 2019. Up to five doses will be allowed per recipient in this timeframe. There are no circumstances that will result in the approval of a 6th dose.
- If a dose was administered in an inpatient setting, the date the dose was administered must be included on the PA request form. Subsequent doses will be denied if the recipient experiences a breakthrough RSV hospitalization during the RSV season.
- **Prescribers**, not the pharmacy, manufacturer or any other third-party entity, are to submit requests for Synagis® on a specific prior authorization form (Form 351) **directly** to Health Information Designs (HID) and completed forms may be accepted beginning September 1, 2018 (for an October 1 effective date). The fax number for Synagis® requests is: **1-800-748-0116**.
- All signatures must meet the requirements of Alabama Medicaid Administrative Code Rule 560-X-1-.18(2)(c). Please note stamped or copied prescriber signatures will not be accepted and will be returned to the provider.
- A copy of the hospital discharge summary from birth or documentation of the first office visit with pertinent information (gestational age, diagnosis, etc.) is required on all Synagis® PA requests.
- If approved, each subsequent monthly dose will require submission of the recipient's current weight and last injection date and may be faxed to HID by the prescriber or dispensing pharmacy utilizing the original PA approval letter.
- Prescribers must prescribe Synagis<sup>®</sup> through a specialty pharmacy. CPT code 90378 remains discontinued for the 2018-2019 season.
- Medicaid is the payor of last resort. Claims must be billed to the primary payor if other third-party coverage exists. Use of NCPDP Other Coverage Codes will be reviewed and inappropriately billed claims will be recouped.

#### Critoria

Alabama Medicaid follows the 2014 American Academy of Pediatrics (AAP) Redbook guidelines regarding Synagis<sup>®</sup> utilization. For more details, please review a copy of the guidelines found at <a href="http://pediatrics.aappublications.org/content/early/2014/07/23/peds.2014-1665">http://pediatrics.aappublications.org/content/early/2014/07/23/peds.2014-1665</a>. Additional questions regarding Synagis<sup>®</sup> criteria can be directed to the Agency's Prior Authorization contractor, Health Information Designs at 1-800-748-0130.



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### RY 2020 PERM CYCLE UNDERWAY

The Payment Error Rate Measurement (PERM) program measures improper payments in Medicaid and the State Children's Health Insurance Program (SCHIP) and produces state and national-level error rates for each program. PERM audits authorized by the Centers for Medicare and Medicaid Services (CMS) for Reporting Year 2020 (RY 2020) are in progress. CMS has contracted with NCI AdvanceMed, Inc. (AdvanceMed) to serve as the Review Contractor (RC) to conduct the data processing and medical records reviews for this cycle. AdvanceMed will start contacting providers soon to request medical records for claims and payments originally paid between July 1, 2018, and June 30, 2019. If providers are contacted by AdvanceMed requesting medical records, providers are required to comply with the request as referenced in the Administrative Code, the Provider Manual, as well as their provider agreements. Providers are asked to submit accurate and complete documentation in a timely manner. For questions or additional information, please contact Patricia Jones, PERM Program Manager at 334-242-5609 or Patricia.Jones@medicaid.alabama.gov.

#### DXC Provider Representatives may be reached by dialing 1-855-523-9170 and entering the appropriate seven digit extension.



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