



# Alabama Medicaid Pharmacist

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## PDL Update

Effective July 1, 2024, the Alabama Medicaid Agency will update the Preferred Drug List (PDL) to reflect the recent Pharmacy and Therapeutics (P&T) Committee recommendations, as well as quarterly updates. The updates are listed below:

PDL Additions
Adbry <sup>CC</sup> —Skin and Mucous Membrane Immunomodulators
Bevespi—Respiratory Beta-Adrenergic Agonists
Dupixent <sup>CC</sup> —Skin and Mucous Membrane Immunomodulators
PDL Deletions
Bystolic—Beta-Adrenergic Blocking Agents

<sup>CC</sup>This agent will be preferred with clinical criteria in place.

*We are excited to introduce our new company name, **Acentra Health**. Kepro merged with CNSI (Client Network Services, Inc.) in November of 2022 to create innovative solutions that deliver maximum value and ensure we continue to be a vital partner for health solutions. Please be on the lookout for our new name in the future!*

**Please fax all prior authorization and override requests *directly* to Kepro at 800-748-0116. If you have questions, please call 800-748-0130 to speak with a call center representative.**

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## Opioid Cumulative Daily Morphine Milligram Equivalents Limit—MME Decrease

Effective July 1, 2024, the Alabama Medicaid Agency (Medicaid) will implement hard edits on cumulative daily MME claims exceeding 90 MME/day.

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<sup>1</sup>. Therefore, Medicaid will limit the amount of cumulative MME allowed per day on opioid claims. The edit began at 250 cumulative MME per day and has been gradually decreased over time. With this edit, the final cumulative MME target of 90 MME per day will be reached.

### Hard Edit Implementation (Greater than 90 MME):

Effective July 1, 2024, opioid claims that exceed a cumulative MME of 90 MME/day will be denied with no universal override available. **The universal PA 0009996325 will no longer be valid to bypass the 90 MME edit.** Pharmacy override requests for quantities exceeding the MME limit may be submitted to Kepro and will be reviewed for medical necessity. See the link below for an override form.

### Edit Details:

- Additional edits, such as therapeutic duplication, maximum quantity limitations, early refill, non-preferred edits, etc., will still apply.
- Claims prescribed by oncologists will bypass the edit.
- Long term care and hospice recipients are excluded.
- Children are included in the edit.
- A Recipient Information Sheet for prescribers and pharmacists to provide to recipients can be found at [https://medicaid.alabama.gov/content/4.0\\_Programs/4.3\\_Pharmacy-DME.aspx](https://medicaid.alabama.gov/content/4.0_Programs/4.3_Pharmacy-DME.aspx).

<sup>1</sup> [CDC Clinical Practice Guidelines for Prescribing Opioids for Pain—United States, 2022 | MMWR](#)

### Examples of MME calculations/day include:

- 10 tablets per day of hydrocodone/acetaminophen 5/325 = 50 MME/day
- 6 tablets per day of hydrocodone/acetaminophen 7.5/325 = 45 MME/day
- 5 tablets per day of hydrocodone/acetaminophen 10/325 = 50 MME/day
- 2 tablets per day of oxycodone 15 mg = 45 MME/day
- 3 tablets per day of oxycodone 10 mg = 45 MME/day
- 4 tablets per day of tramadol 50 mg = 40 MME/day\*
- 1 patch per 3 days of fentanyl 25 mcg/hr = 60 MME/day

Please visit the following link for more information regarding MME calculations: <https://ddph-materials.s3.amazonaws.com/HelpsHere/Calculating-and-Understanding-Morphine-Milligram-Equivalents.pdf>

\*Please note tramadol MME conversion updated from 0.1 to 0.2 per CDC recommendations.

A link to the U.S. Department of Health and Human Services Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics can be found at [https://medicaid.alabama.gov/documents/4.0\\_Programs/4.3\\_Pharmacy-DME/4.3\\_HHS\\_Guidance\\_Dosage\\_Reduction\\_Discontinuation\\_Opioids\\_10-28-19.pdf](https://medicaid.alabama.gov/documents/4.0_Programs/4.3_Pharmacy-DME/4.3_HHS_Guidance_Dosage_Reduction_Discontinuation_Opioids_10-28-19.pdf).

## Opioid Cumulative Daily Morphine Milligram Equivalents Limit—MME Decrease, continued

**IMPORTANT: Only when the override is denied will the excess quantity above the maximum unit limit be deemed a non-covered service. Then the recipient can be charged as a cash recipient for that amount in excess of the limit. A prescriber must not write separate prescriptions, one to be paid by Medicaid and one to be paid as cash, to circumvent the override process. FAILURE TO ABIDE BY MEDICAID POLICY MAY RESULT IN RECOUPMENTS AND/OR ADMINISTRATIVE SANCTIONS. Source: Provider Billing Manual 27.2.3.**

### Override Requests:

Once the hard edit is implemented, the MME Cumulative Daily Override Form will be used by the prescriber when requesting an override. The form will be found at:

[https://medicaid.alabama.gov/content/9.0\\_Resources/9.4\\_Forms\\_Library/9.4.13\\_Pharmacy\\_Forms.aspx](https://medicaid.alabama.gov/content/9.0_Resources/9.4_Forms_Library/9.4.13_Pharmacy_Forms.aspx)

Any policy questions concerning this provider ALERT should be directed to the Pharmacy Program at (334) 242-5050.

## Alabama Coordinated Health Network (ACHN) Update

All ACHN Delivering Healthcare Professional enrollments established under the initial state's planned ACHN program that began on October 1, 2019, will terminate on September 30, 2024.

The newly awarded ACHN procurement anticipated start date is **October 1, 2024**. *Under the new ACHN procurement, Delivery Healthcare Professionals (DHCPs) have been renamed to Maternity Care Providers (MCPs).* MCPs who want to receive or continue to receive, without delay, reimbursement and bonus payments for treating maternity patients must sign a new agreement to participate with an ACHN Entity. In the absence of this agreement, MCPs will not be eligible for reimbursement for maternity services and will not receive bonus payments for performing first trimester and postpartum visits.

### The Participation Agreement Between the ACHN Entity and the MCP

- Replaces the current DHCP agreements.
- Is an agreement between the ACHN and the individual MCP practitioner or MCP group.
- Only one participation agreement with an ACHN Entity is required for an individual MCP practitioner or a MCP group to participate with all ACHN Entities.
- This agreement details the responsibilities for active participation with the ACHN. The participation responsibilities are:
  - Provide data to the ACHN;
  - Participate in the development of the recipient's Care Plan; and
  - Participate in the MCP selection and referral process

The ACHN should contact your practice regarding this agreement in the near future or you may contact the ACHN in the region(s) where you practice.

**Please submit your MCP agreement (without errors) to the ACHN by August 1, 2024, to ensure there is no delay in receiving reimbursement for providing maternity services and receiving maternity bonus payments.**

## Alabama Coordinated Health Network (ACHN) Update, continued

The following provider types are eligible to participate with the ACHN as a MCP:

- OB/GYNs
- Nurse Midwives
- Other practitioners

For more information related to the ACHN Participation Agreement, please contact Gainwell Provider Enrollment at 1-888-223-3630—select option one.

The Alabama Medicaid Agency has more information about the ACHN program at: [https://medicaid.alabama.gov/content/5.0\\_Managed\\_Care/5.1\\_ACHN/5.1.3\\_ACHN\\_Providers.aspx](https://medicaid.alabama.gov/content/5.0_Managed_Care/5.1_ACHN/5.1.3_ACHN_Providers.aspx)

## COVID-19 Unwinding: Changes to Services

Per federal guidance, the phase down for funds related to the COVID-19 public health emergency (PHE) ends on September 30, 2024. Therefore, some flexibilities the Alabama Medicaid Agency (Medicaid) implemented due to the COVID-19 PHE will end at that time. Effective October 1, 2024:

- Pregnant adult recipients (ages 21 and older) will only be eligible for dental benefits during pregnancy through the end of the month of 60 days postpartum when rendered by enrolled dental providers.
- At-Home over-the-counter (OTC) COVID-19 Diagnostic Tests from a pharmacy will no longer be covered. Medicaid recipients may still be tested for COVID-19 through a physician office or clinic.
- COVID-19 vaccine administration reimbursement will change from \$40 to \$8 per administration. This applies to pharmacy and non-pharmacy providers.
- COVID-19 vaccine counseling reimbursement will change from \$31.70 to \$13.00. This applies to pharmacy and non-pharmacy providers.
- All non-COVID vaccine administration reimbursement will change from \$5 to \$8 per administration. This applies to pharmacy and non-pharmacy providers.
- Copayments for Medicaid covered services will be reinstated. The amounts are based on the federally approved maximum amounts and are shown below (including Medicare crossovers):

Services with Copayments	Copayment Amounts	Based on Medicaid's Allowed Amount for the Services
Office Visits (including visits to physicians, optometrists, nurse practitioners)	\$0.65 to \$3.90 per prescription	\$50.01 or more—\$3.90
		\$25.01-\$50.00—\$2.60
		\$10.01-\$25.00—\$1.30
		\$10.00 or less—\$0.65

\*Chart Continued on page 5

## COVID-19 Unwinding: Changes to Services, continued

Services with Copayments	Copayment Amounts	Based on Medicaid's Allowed Amount for the Services
Federally Qualified Health Centers (FQHC)	\$3.90 per encounter	
Rural Health Office (RHC)	\$3.90 per encounter	
Inpatient Hospital	\$50.00 per admission	
Outpatient Hospital	\$3.90 per visit	
Ambulatory Surgical Centers	\$3.90 per visit	
Durable Medical Equipment/Medical Supplies and Appliances	\$0.65 to \$3.90 per line item	\$50.01 or more—\$3.90 \$25.01-\$50.00—\$2.60 \$10.01-\$25.00—\$1.30 \$10.00 or less—\$0.65
Prescription Drugs	\$0.65 to \$3.90 per prescription	\$50.01 or more—\$3.90 \$25.01-\$50.00—\$2.60 \$10.01-\$25.00—\$1.30 \$10.00 or less—\$0.65

- Copayment does not apply to services provided to/for:
  - Pregnant women
  - Nursing facility residents
  - Recipients less than 18 years of age
  - Native American Indians with an active user letter from Indian Health Services (HIS)
  - Emergencies
  - Family Planning
  - Vaccines and vaccine administration

***A provider may not deny services to any eligible Medicaid recipient because of the recipient's inability to pay the cost-sharing (copayment) amount imposed.***

Please continue to visit the [Alabama Medicaid website](#) for up-to-date information related to the 'unwinding' process. If you have questions, please contact the Provider Assistance Line at (800)688-7989.