



ALABAMA MEDICAID PHARMACIST

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A Service of Alabama Medicaid

PDL Update

Effective January 2, 2013, 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	PDL Deletions*
None	DermaSmoothe FS—Skin and Mucous Membrane Agents/Anti-inflammatory Agents

**Denotes that these brands will no longer be preferred but are still covered by Alabama Medicaid and will require prior authorization (PA) for payment. Available covered generic equivalents (unless otherwise specified) will remain preferred.*

The HID Help Desk is open Monday—Friday from 8am to 7pm and on Saturdays 10am to 2pm. If you need a form, wish to review criteria or have other questions, please access our website at hidmedicaid.hidinc.com or the Agency website at medicaid.alabama.gov.

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



Strategies for Reducing Prescription Drug Abuse

According to survey data from the U.S. Department of Health and Human Services, approximately 7 million Americans misuse or abuse prescription drugs, resulting in an estimated total economic cost of \$53.4 billion for nonmedical use of prescription opioids alone. Opioid pain reliever abuse has contributed to a nearly 4-fold increase in overdose death since 1999, surpassing the number of deaths from heroin and cocaine combined.

There are various sources of prescription drugs used for illicit purposes including illegal pain clinics (“pill mills”), prescription fraud, pharmacy theft, illegal online pharmacies, and the practice of visiting several physicians to obtain multiple prescriptions (“doctor shopping”). The largest source is considered family and friends, which according to the aforementioned survey, accounts for 70% of prescription drugs abused.

This current epidemic of prescription drug abuse, aided by increasing sources of access, presents a challenge for the development and implementation of effective statewide strategies to restrict access to prescription medications for illicit use, while ensuring access to those with legitimate requirements for use. In an attempt to assist with these efforts, the National Governors Association (NGA) Center for Best Practices developed the *Prescription Drug Abuse Reduction Policy Academy*, a year-long project led by Gov. Robert Bentley (AL) and Gov. John Hickenlooper (CO). The policy academy aims to assist governors in reducing prescription drug abuse by aiding in the development and implementation of strategies that will efficiently utilize all available tools and resources. The NGA convened a roundtable of experts, which resulted in the following recommendations:

- ***Improve use of prescription drug monitor programs (PDMPs).*** PDMPs are centralized databases allowing authorized users access to prescribing and dispensing data. Currently, PDMPs are not being used as real-time tools. States are encouraged to implement real-time submission of prescription data to provide accurate, current prescription histories, which can assist prescribers and pharmacists in clinical decisions regarding therapy. Additionally, states are encouraged to use PDMPs as an analytic tool by law enforcement, licensing boards, and regulatory agencies to identify regional interstate patterns of abuse.
- ***Enhance enforcement by coordinating operations, providing specialized training, and strengthening existing laws.*** Governors should encourage collaboration and promote key partnerships between law enforcement agencies, health professional boards, and regulatory agencies; through collaboration, these groups can share information/resources, avoid duplication of effort, and develop a coordinated strategy with targeted actions. This strategy includes providing law enforcement personnel with training for pharmaceutical crime investigation and prosecution to improve their response to prescription drug abuse. Likewise, licensing boards may implement additional education and training for recognition of potential illegal use or activity. Additional measures include revoking licensure of physicians acting outside the limits of accepted medical practice or adopting regulations and policies requiring increased disclosure standards for any website that delivers, distributes, dispenses or facilitates the sale of prescription drugs. States may also strengthen enforcement of existing laws or enact new laws to more effectively target prescription drug abuse.

Strategies for Reducing Prescription Drug Abuse, continued

- **Build partnerships among key stakeholders.** Reducing prescription drug abuse requires a collaborative effort among organizations that do not typically work together. Governors can promote interagency collaboration by creating task forces or working groups through executive order. Additionally, governors can build support among organizations by including them early in the planning process and soliciting their feedback.
- **Ensure proper disposal of prescription drugs.** As previously mentioned, the major sources of prescription drugs abused are those obtained from family/friends—many of which are leftover medications. Appropriate disposal of medications is impeded by a lack of patient education regarding proper disposal procedures. States can help ensure proper disposal of expired, unwanted, or unused medications by educating the public, health care providers, and law enforcement about safe and effective disposal methods. Additionally, states may collaborate with local coalitions, pharmacies, health professional boards, and the Drug Enforcement Agency (DEA) in “take-back” activities, designating times and places for safe disposal for unused prescription medications.
- **Leverage the state’s role as regulator and purchaser of services.** As the primary regulator and purchaser of health care services, the state can prompt changes in the way health care is delivered. States can increase education and opportunities for health care providers, by making continuing education credits in pain management a requirement for insurance reimbursement and licensure renewal; adopting guidelines on appropriate prescribing practices; and restricting when and how patients access prescription drugs, including implementation of “lock-in” programs, which require patients at risk for abuse to receive prescription drugs from only a limited number of physicians and/or one pharmacy.
- **Implement public education initiatives.** The majority of the public remains unaware of the dangers of prescription drug abuse. The common misperception is that prescription drugs are safer than illegal drugs and less likely to lead to abuse because they are prescribed by health care providers. In partnership with public and private sectors, states can launch public awareness campaigns to educate the public, providers, and state policymakers about the risks associated with prescription drugs and the extent of the prescription drug abuse problem.



Collectively, these strategies will be instrumental in reducing the economic costs and public health concerns associated with prescription drug abuse.

Reference

National Governors Association. Six strategies for reducing prescription drug abuse. September 13, 2012. Available at <http://www.nga.org/files/live/sites/NGA/files/pdf/1209ReducingRxDrugsBrief.pdf>. Accessed on 11/20/2012.

Claims for Non-Enrolled OPR Providers

Federal law now requires any ordering, referring or prescribing providers to enroll with Medicaid, even if they do not accept Medicaid, to help prevent and detect fraud and abuse. **Alabama Medicaid will comply with this law effective January 1, 2013, by denying all claims that require a referral, order or prescription from a physician or other licensed health care professional unless that physician or provider has a current enrollment record on file.** To address this requirement, a new category of enrollment was created: ordering, prescribing, referring (OPR) provider; provider type 97.

Medicaid's claims processing system will monitor whether the ordering, prescribing, or referring provider is enrolled in Medicaid. Claims will deny if the ordering, prescribing, or referring provider is not enrolled.

Medicaid has been sending informational EOBs for medical claims since May 2012 informing the billing provider of the status of the ordering, referring, prescribing, physician or licensed health care provider. Medicaid has been sending informational EOBs on pharmacy claims since December 2012.

Action Required

Providers already enrolled as active Medicaid participating providers do not need to enroll again as an OPR provider.

Providers **not** enrolled as active participating Medicaid providers must enroll as OPR providers. NOTE: For providers who choose to enroll as OPR providers, it is important to remember that an OPR provider cannot submit claims to Medicaid for payment of services rendered. If the provider wishes to be able to submit claims for payment, enrollment as another participating provider type will be required.

Questions & Answers

Q: Why is Medicaid requiring these providers to become enrolled?

A: Medicaid is complying with Federal Medicaid Regulations 42 CFR 455.410(b) which provides that Medicaid must require all ordering or referring physicians or other professionals providing services be enrolled as providers, and 42 CFR 455.440 which provides that Medicaid must require all claims for the payment of items and services that were ordered, referred, prescribed to contain the National Provider Identifier (NPI) of the physician or other professional who ordered, referred, or prescribe such items or services.

Q: How does the ordering, referring, or prescribing provider enroll as a Medicaid provider?

A: The OPR Enrollment application can be found on the Medicaid Provider enrollment web page at: http://medicaid.alabama.gov/CONTENT/5.0_Resources/5.4_Forms_Library/5.4.6_Provider_Enrollment_Forms.aspx.

RE: Claims for Non-Enrolled OPR Providers to Deny Effective January 1, 2013

Q: Our hospital is a teaching hospital so how do we report a "resident physician"?

A. Interns and non-licensed residents must use the NPI of the teaching, admitting, or supervising physician on the claim for reimbursement. If the resident has a medical license, then the resident must be enrolled with Medicaid and the NPI of the resident must be used on the claim for reimbursement.

Q: How does this affect hospital emergency room physicians?

A: Hospital emergency room physicians are required to enroll. They are not exempt from the requirement.

Q: How will these impact Alabama Medicaid recipients that cross state lines?

A: If services are furnished to an Alabama Medicaid recipient in another state, the out of state providers are required to enroll with Medicaid in order to receive reimbursement. Likewise, if the out of state provider writes a prescription, orders a service, or refers the patient, then the out of state provider must be enrolled with Medicaid.

Claims for Non-Enrolled OPR Providers, continued

Q: What if the provider is enrolled with another state's Medicaid? Will the provider need to enroll in all states in which he or she provides service?

A: Enrollment in another state's Medicaid program does not exempt a provider from enrolling with Alabama Medicaid. Providers are required to enroll in each state where they will provide services or where their order/referral/prescription will be provided.

Q: What if the ordering, prescribing, referring provider is with another State. For example, we receive prescriptions from out-of-state providers?

A: The out-of-state ordering, prescribing, referring provider must be enrolled with Alabama Medicaid.

Q: If Alabama Medicaid is secondary to a commercial insurance, would the claim be accepted without an enrolled ordering, prescribing, or referring provider requirement?

A: No, the enrollment requirement also applies if Medicaid is being billed as the secondary to a commercial insurance.

Q: Do Medicare crossover claims require the ordering, prescribing, or referring provider to be enrolled?

A: No, for claims that crossover directly from Medicare to Medicaid. These claims are identified with as region 30 - COBA crossover claims. When Medicare implements their edits, then Medicaid will require the region 30 claims to comply. All other Medicare/Medicaid related claims will require the provider be enrolled.

Q: How do we know the NPI of the physician or licensed health care provider who wrote the prescription or order?

A: Any prescribing physician or licensed health care provider must include his or her NPI on any prescription/order he or she writes, to allow the provider filling the prescription/order to submit their claim.

Q: I have the provider's NPI, but how can I tell if he or she is enrolled with Alabama Medicaid?

A: For pharmacies filling a prescription for medication, simply bill the claim with the NPI of the prescriber. If the prescriber is not enrolled with Medicaid, you will receive a claim rejection that informs you of the prescriber's status.

For all other providers, the Medicaid Agency is enhancing the Provider web portal to add functionality to look this information up. This functionality should be available early 2013. Until it is available, you may call the Provider Assistance Center at 1-800-688-7989.

Providers of services that are ordered or prescribed (such as a laboratory or radiology facility, a pharmacy, or a medical supply company) will always need the NPI of an ordering or prescribing practitioner in order to submit their claims for payment to the Medicaid program.

Note: If you render services or provide medical supplies in response to a provider's order, prescription, or referral, this requirement may affect your reimbursement. Medicaid cannot pay for any health care service requiring a referral, order, or prescription from a physician or other licensed health care professional unless the ordering, referring, or prescribing provider has a current enrollment record on file in Medicaid's system.

Medicaid encourages all participating providers to be proactive and ensure the ordering, prescribing, referring physician/practitioner is enrolled in Medicaid prior to the December 31, 2012 deadline.

Alabama Medicaid Updates

Prescriptions for Controlled Substances

If a prescription to be paid by Medicaid exceeds the drug's maximum unit limit allowed per month, the prescriber or pharmacist must request an override for the prescribed quantity. If the override is denied, then the excess quantity above the maximum unit limit is non-covered and the recipient can be charged as a cash prescription for that amount in excess of the maximum unit limit. In other words, for a prescription to be "split billed" (the maximum unit allowed paid by Medicaid and the remainder paid by the patient), a maximum unit override must be requested by the provider and denied. A prescriber should not write separate prescriptions, one to be paid by Medicaid and one to be paid as cash, to circumvent the override process.

Note: A provider's failure or unwillingness to go through the process of obtaining an override does not constitute a non-covered service.

Therapeutic Duplication Enhancement for Narcotic Analgesics

Effective February 1, 2013, the Alabama Medicaid Agency will enhance therapeutic duplication edits for narcotic analgesics. Therapeutic duplication is the prescribing of 2 or more drugs from the same or similar therapeutic classes such that the combined daily dose increases the risk of toxicity or incurs additional program costs without additional therapeutic benefit.

Beginning in February, the edit will expand to include all drugs containing narcotic analgesics, regardless of the additional combination analgesic contained in the product. For example, a claim for hydrocodone/acetaminophen would deny if a recipient has a claim for hydrocodone/ibuprofen paid within the same time-span.

Providers may request an override for therapeutic duplication. Acceptable reasons for approval of requests include strength change/dosage change, switch over to another medication, or titration/concomitant therapy. Medical justification must be provided. For additional information, please visit the Alabama Medicaid website at [http://medicaid.alabama.gov/documents/5.0 Resources/5.4 Forms Library/5.4.5 Pharmacy Services/5.4.5 Override External Criteria 6-1-12.pdf](http://medicaid.alabama.gov/documents/5.0_Resources/5.4_Forms_Library/5.4.5_Pharmacy_Services/5.4.5_Override_External_Criteria_6-1-12.pdf).