



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID MEMO

TO: All Providers Participating in the Virginia Medical Assistance Programs, FAMIS, and all Managed Care Organizations

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services

MEMO Special

DATE 9/1/2004

SUBJECT: Threshold/Polypharmacy Program

The purpose of this memo is to inform you of the Department of Medical Assistance Services' (DMAS) implementation of a new pharmacy program beginning October 1, 2004. The Threshold/Polypharmacy Program is intended to monitor recipient drug profiles for clinically appropriate drug utilization. This program was required by the *2003 Appropriations Act*, which directed the department to review recipients' drug profiles after a threshold of nine prescriptions.

The Threshold/Polypharmacy program is effective for the Medicaid, MEDALLION, FAMIS, and FAMIS-Plus (formerly known as Medicaid for children) fee-for-service populations. The Threshold/Polypharmacy program does not apply to enrollees being served by the Managed Care Organizations.

The purpose of this program is to improve the health and safety of recipients and offer DMAS enhanced opportunities to:

- reduce potential and actual severe adverse reactions to drugs,
- retrospectively monitor high drug utilization by Medicaid recipients,
- provide pharmacists with additional support for Drug Utilization Review,
- enhance continuity and coordination of care in the use of prescription drugs, and
- identify clinical abuse/misuse and fraud of prescriptions.

This program will be implemented in two steps. The first step focuses on medical providers and coordination of care for recipients. The second step expands this focus to recipients receiving greater than nine unique prescriptions in one calendar month period.

STEP 1 (MEDICAL PROVIDERS): THRESHOLD PROGRAM COORDINATION OF CARE INITIATIVE (OCTOBER 1, 2004)

Most recipients enrolled in the Medicaid fee-for-service program are not required to utilize a primary care provider or one pharmacy. The use of multiple physicians and pharmacies significantly increases the risk for medication-related adverse events, duplicative prescribing, and higher drug costs.

The Threshold/Polypharmacy Program is designed to identify recipients at higher risk for medication-related adverse events based on the number of prescriptions received in a thirty-day period. As a component of the Threshold/Polypharmacy Program, we have identified patients with potential **coordination of care issues**. These patients may lack a primary care physician and a single pharmacy to coordinate and optimize their medication regimens.

Medication profiles for patients with high utilization of prescriptions filled at multiple pharmacies by multiple prescribers will be identified as follows:

- Patients who received more than six different prescriptions, **and**
- had prescriptions written by three or more providers, **and**
- had these prescriptions filled at three or more pharmacies.

Identified recipients (all three of the above criteria must be met) will be linked to their respective prescribers. Starting October 1, 2004, prescribers who are identified with patients that have coordination of care issues will receive an educational intervention package. The package will consist of a letter explaining the purpose of the program (example attached), a listing of the prescriber's patients meeting the criteria, and a copy of each patient's medication profile. The letter will request the prescriber to review the information and consider any appropriate changes needed to promote coordination of care and reduce inappropriate drug utilization. Long-term care recipients will be excluded from the coordination of care initiative, but will be included in Step 2, which is a retrospective review.

STEP 2 (MEDICAL AND PHARMACY PROVIDERS): RETROSPECTIVE REVIEW AND PROSPECTIVE DRUG UTILIZATION REVIEW (ProDUR) POINT-OF-SALE DRUG-DRUG SEVERITY-ONE EDIT (OCTOBER 15, 2004)

Starting October 15, 2004, the Threshold/Polypharmacy program will affect recipients receiving greater than nine unique prescriptions (refills and over the counter (OTC) drugs excluded) in one calendar month period. These recipients will be retrospectively reviewed for appropriate drug utilization.

Prescribing provider(s) will receive a letter requesting additional information only for those patients whose profiles have prescription conflicts. The prescribing provider(s) will be requested to review the information and consider any changes that may be appropriate. The prescribers should respond by providing the additional clinical information on the enclosed **Response Form** and fax or mail to:

Mailing Address: First Health Services Corporation

4300 Cox Road
 Glen Allen, VA 23060

Fax: 800-932-6651

Pharmacies will receive a message returned at Point-of-Sale showing “**Threshold Exceeded >9 Scripts**”. No action is required by the dispensing pharmacist; this message is for informational purposes only. This will trigger a clinical review by First Health Services Corporation (FHSC) clinical pharmacists for appropriate drug use.

The only situations that will **require action by the dispensing pharmacist** are the following:

1. The recipient’s claim hits a “Threshold Exceeded >9 Scripts” edit and a “Drug-Drug (DD) Level-1 severity” ProDUR edit (both conditions must be met). The pharmacist will receive the following message at POS: **>9 RX w/DD-1 alert, PA 800-932-6648**. **This will require the dispensing Pharmacist to call First Health Services at 800-932-6648 for an override.**
2. Those claims hitting the “DD-Level-1 severity” edit **without** a “Threshold Exceeded >9 Scripts” edit **will remain at provider level override**. The DD-level 2 severities will result in a message only at Point of Sale. All other ProDUR edits will also remain at the Provider Override level, regardless of the “Threshold Exceeded >9 Scripts” edit.

Effective October 15, 2004

Pro-DUR Reason for Service (Conflict Code) NCPDP Field 439	Current Claims Disposition	New Claims Disposition	Professional Service (Intervention Code) NCPDP Field 440 942)	Pro-DUR Result of Service (Outcome Code) NCPDP Field 441
DD Drug-Drug Severity level 1	Provider override	Severity level 1 – Contraindication/Major Interaction – Provider Override - <u>No Threshold edit associated.</u> Severity level 1 – Contraindication/Major Interaction will require call in to First Health 1-800-932-6648 when associated with Threshold Edit Code (“Threshold Exceeded >9 Scripts”)-message= “>9 RX w/DD-1 alert, PA 800-932-6648”	AS = Patient assessment CC = Coordination of care DE = Dosing evaluation/ Determination MØ = Prescriber consulted MR = Medication Review PØ = Patient Consulted	1A 1B 1C 1D 1E 1F 1G 1H 1J 1K 2A 2B 3A 3B 3C 3D 3F 3G 3H 3J 3K 3M 3N
DD Drug-Drug Severity level 2	Provider override	Severity level 2 – Major/Moderate Interaction – Message Only		

In addition, FHSC's Clinical Pharmacists will adjust each patient's time interval for recurring reviews such that patients with exceptional needs for multiple medications (i.e., HIV, asthma, cancer, cardiac disease, diabetes, sickle cell anemia, hypertension, and patients with co-morbid conditions, etc.) will be re-reviewed at a clinically appropriate time interval.

The Threshold/Polypharmacy program will complement the Preferred Drug List and ProDUR programs, to ensure high quality service to Medicaid recipients. If you have any questions regarding this new program, please do not hesitate to call FHSC at **800-932-6648**.

"PDL/PRIOR AUTHORIZATION HELPLINE"

The First Health Clinical Call Center can be reached at **800-932-6648**, to answer your questions regarding the PDL. Requests for Prior Authorization (PA) may be initiated by letter, by faxing the form to **800-932-6651**, or by contacting the First Health Services' Clinical Call Center at **800-932-6648**. PA requests also can be mailed to:

**First Health Services Corporation
4300 Cox Road
Glen Allen, VA 23060
ATTN: MAP Department/VA Medicaid**

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option to access information regarding Medicaid eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification information. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 800-884-9730 or 800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its provider manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov (*please note the new website address*). Refer to the Provider Column to find Medicaid and SLH provider manuals or click on "Medicaid Memos to Providers" to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet, or would like a paper copy of a manual, you can order these by contacting Commonwealth-Martin at 804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

Attachments (3)



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

PATRICK W. FINNERTY
DIRECTOR

SUITE 1300
600 EAST BROAD STREET
RICHMOND, VA 23219
804/786-7933

804/786-1680 (FAX)
800/343-0634 (TDD)

SAMPLE LETTER

[Date]

[Provider Name/Address]

RE: Threshold Program/Coordination of Care

Dear Provider:

The Department of Medical Assistance Services is implementing a Threshold/Polypharmacy Program starting October 1, 2004. This Program utilizes a process of drug regimen review to promote quality and cost-effective prescription drug treatment as part of an effort to improve the health and safety of Medicaid recipients. As a component of the Threshold/Polypharmacy Program, we have identified patients with potential coordination of care issues.

Patients who are seen by multiple prescribers and have their prescriptions filled at multiple pharmacies are at increased risk of medication related adverse events. These patients may lack a primary care physician and a single pharmacy to coordinate and optimize their medication regimen. Medication profiles for your patients with high utilization of prescriptions filled at multiple pharmacies and ordered by multiple prescribers are enclosed. The identified patients (all three criteria must be met):

- Received more than six different prescriptions; **and**
- Had prescriptions written by three or more providers; **and**
- Had these prescriptions filled at three or more pharmacies.

Please review the information and consider any changes that may be appropriate. Other providers may also have been notified as deemed necessary. We encourage you to discuss any potential issues with your patient on their next visit. We recognize the limitations of claims data analysis and understand you may be aware of the information enclosed. Thank you for your attention to this matter.

Sincerely,
Department of Medical Assistance Services

Should you have any questions regarding this program, please contact our fiscal agent, First Health Services Corporation.

Fax: 800-932-6651

Telephone: 800-932-6648

*Mailing Address: First Health Services Corporation
4300 Cox Road
Glen Allen, VA 23060*



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804/786-1680 (FAX)
800/343-0634 (TDD)

SAMPLE LETTER

[Date]

RE: PATIENT X. NAME

Reference #:

Patient ID: [ID#]

Dear Provider:

The Threshold/Polypharmacy program utilizes a process of drug regimen review to promote quality and cost-effective prescription drug treatment as part of an effort to improve the health and safety of Medicaid recipients. The process also is designed to prevent waste and abuse of the pharmacy program by assisting providers and the Department in identifying clients who may be accessing multiple physicians and pharmacies. As a component of the Threshold/Polypharmacy Program, we have identified patients with potential prescription conflicts.

We have analyzed prescription claims information for your patient, [PATIENT X. NAME], which indicates a potential drug therapy issue that may have adverse effects. **{PATIENT / ISSUE SPECIFIC INFORMATION.}** This issue may be related to prescribing by multiple physicians or patient noncompliance with therapy. We have notified other providers as appropriate.

Please review the information and consider any changes that may be appropriate. A response form, which can be faxed or mailed to the address below, is enclosed. If you wish to receive additional information, please contact this office. Thank you for your assistance in this manner.

[Reviewer's Name]

[Reviewer's Title]

First Health Services Corporation

Fax: 800-932-6651

Telephone: 800-932-6648

*Mailing Address: First Health Services Corporation
4300 Cox Road
Glen Allen, VA 23060*



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804/786-7933

Threshold/Polypharmacy Program RESPONSE FORM

804/786-1680 (FAX)
800/343-0634 (TDD)

[Provider Name] [(Provider ID #)]
RE: PATIENT X. NAME [(Patient ID)]

_____ [Reference #] – [Drug Name]

Response Legend:

___ Therapy clinically appropriate at this time

___ Plan to discontinue medication(s)

___ Flagged patient record, notified colleagues

___ Plan to change therapy, will inform patient.

___ Plan to counsel patient

___ No longer treating this patient

___ Patient no longer taking medication(s)

___ Pharmacy corrected provider number/days supply

Other Comments:

Provider Signature: _____

Date: _____

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