MedicAide

An informational newsletter for Idaho Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid **September 2004**

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Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho

New CHIP-B Program Off To A Good Start

Idaho families have a second chance to apply for the new CHIP-B health insurance program from September 1 to September 14. The new open enrollment period coincides with the beginning of school.

The first open enrollment ended July 16, with applications for more than 2,800 children – well below the 5,600 who could enroll in the program. Many of those who applied are not eligible because their families have existing basic health coverage.

CHIP-B is low cost health coverage for Idaho children who don't have basic health coverage and don't qualify for Idaho Medicaid or CHIP-A. Income can be up to 185% of the federal poverty level. CHIP-B costs $15 per child each month. Children up to age 19 within income guidelines may be eligible.

Children who are enrolled in CHIP-B are starting to access health care services. Providers have asked several questions about how the new program works:

Q: Do I need a new provider number for CHIP-B?

A: No, a new provider number is not needed. Idaho Medicaid providers can provide care for children enrolled in CHIP-B under the terms of existing provider agreements.

Q: What services does the CHIP-B plan cover?

A: Fewer services are covered under CHIP-B than under the Medicaid plan. For a complete list of covered services, refer to Information Release 2004-28, which was published in the June 2004 issue of *MedicAide.*

Q: Is there a different fee schedule?

A: No, the reimbursement rate for CHIP-B covered services is the same as the Medicaid rate.

Q: Where do I send CHIP-B claims?

A: Send claims in either electronic or paper format to the same address you use for Medicaid claims.

Q: Are there changes to the billing practices?

A: Yes, there are a few changes. Information Release 2004-28 provides detailed billing instructions. It was published in the June issue of *MedicAide. Two information releases published in the* July issue of *MedicAide provide additional billing information.* Information Release MA04-29 explains changes that Healthy Connections providers will see on their Remittance and Status Report and roster. Information Release MA04-30 explains how CHIP adjustments are processed.

For CHIP billing questions, call EDS toll free at 800-685-3757 or in the local Boise calling area 383-4310.

To find out more about the CHIP-B program, call the CHIP Unit at 866-326-2485.

Quit: U can do it! Cessation Program

Research shows that having health care providers ask about smoking status and urging them to quit doubles a patient's success. Feedback from Blue Cross of Idaho Foundation for Health (BCIFH) first smoking cessation efforts showed that 40 percent of participants want their providers to ask them about smoking more or at every visit. That is why we are asking you to join Blue Cross of Idaho's Foundation for Health smoking cessation efforts.

The program will start August 16, 2004 and is open to all Idaho residents regardless of insurance status.

What Do Health Care Providers Need to Do?
The intervention consists of a combination of three steps:

1. Health care provider guidance;
2. Telephone cessation counseling;
3. Medication that can help patients quit smoking.

Health care providers only need to ask their patients if they smoke and if they are ready to quit. Then they refer the patient to the Quitline via fax or patient instruction. Finally, the physician writes a prescription or non-prescribing providers can help arrange for a prescription or direct the patient to contact their physician. Blue Cross of Idaho Foundation for Health will provide a total of 150 payment vouchers with $10 co-pay for a 30-day supply of medication if the patient has a physician prescription (prescription required for over-the-counter medications).

How the Program Works
Health care providers and their office staff need to ask patient's about smoking and urge them to quit. Providers can then refer patients to Quitline counseling at **1-888-280-2265** in two ways:

1. Send in a fax to the Quit Line on the BCIFH provided referral form. The patient will need to sign a privacy release/referral and then it can then be faxed to the Quitline. In this case, the Quitline makes the first call to the patient.
2. Provide the patient the Quitline number and encourage him/her to call the Quitline. In this case, the patient is responsible for making the first call to the Quitline.

What is Available from "Quit: U can do it!"

- Free **1-888-280-2265** Quitline cessation counseling and information to Idaho residents regardless of insurance status;
- 30-day pharmacological cessation assistance voucher with a patient co-pay of only $10;
- Materials providers can utilize with their patients such as:
  - Patient prompt cards to use in waiting and exam rooms that encourage patients to talk to their provider if they want to quit smoking;
  - Quitline fax referral sheets;
  - Prescription pads.

Contact
For more information or materials for "Quit: U can do it!" contact Marnie Basom at (208) 331-8841 or MBasom@BCIdaho.com. The materials mentioned above will be posted on the Blue Cross of Idaho Foundation for Health website at www.BCIdahofoundation.org closer to the implementation date.

DHW Phone Numbers

Addresses

Web Sites

DHW Websites
www.healthandwelfare.idaho.gov

Idaho Careline
211 (available in all areas)
(800) 926-2588

Provider Fraud and Utilization Review
P. O. Box 83720
Boise, ID 83720-0036
(866) 635-7515 (toll free)
(208) 334-0675
Email:
~medicaidfraud&sur@idhw.state.id.us
(note: begins with ~)

Healthy Connections
Region I - Coeur d'Alene
(208) 666-6766
(800) 299-6766
Region II - Lewiston
(208) 799-5088
(800) 799-5088
Region III - Caldwell
(208) 455-7280
(800) 494-4133
Region IV - Boise
(208) 334-4676
(800) 354-2574
Region V - Twin Falls
(208) 736-4793
(800) 897-4929
Region VI - Pocatello
(208) 239-6260
(800) 284-7857
Region VII - Idaho Falls
(208) 528-5786
(800) 919-9945
Spanish Speaking
(800) 862-2147

Prior Authorization Phone Numbers Addresses Web Sites

DME Prior Authorizations

DME Specialist
Bureau of Care Management
PO Box 83720
Boise, ID 83720-0036
(866) 205-7403 (toll free)
Fax
(800) 352-6044
(att: DME Specialist)

PCG
P.O. Box 2894
Boise, ID 83701

(800) 873-5875
(208) 375-1132
Fax (208) 375-1134

Pharmacy
P.O. Box 83720
Boise, ID 83720-0036
(877) 200-5441 (toll free)
(208) 364-1829
Fax (208) 364-1864

Qualis Health (telephonic & retrospective reviews)
10700 Meridian Ave. N.
Suite 100
Seattle, WA 98133-9075
(800) 783-9207
Fax (800) 826-3836 or
(206) 368-2765

Qualis Health Website
www.qualishealth.org/
idahomedicaid.htm

Transportation Prior Authorization Unit

(800) 296-0509
(208) 334-4990
Fax
(800) 296-0513
(208) 334-4979

Ambulance Review

(800) 362-7648
(208) 287-1155

Fax
(800) 359-2236
(208) 334-5242

Changing Your Provider Address

The Idaho Medicaid program uses five different address types including one for a contact person.

How can I change my address?
The following information is needed in order to begin a change of address:

- Provider name
- Idaho Medicaid provider number
- Address type to be changed (pay to, mail to, service location, billing service or contact person)
- Effective date of address and/or telephone number change
- Old address (if available)
- New address
- New telephone phone number (if any)
- New contact person (if any)
- Authorized signature and date

A *Change of Address Form* is available in the Forms Appendix of the Idaho Medicaid Provider Handbook or can be requested from EDS (call MAVIS, ask for PROVIDER ENROLLMENT). The form can be either mailed or faxed back to EDS.

What is the difference between the address types?
EDS maintains several types of address on file for enrolled providers:

Pay To: address used for mailing remittance advice and warrant (or warrant stub).

Mail To: address used for mailing the *MedicAide* newsletter, provider resources CD, and other correspondence.

Service Location: address used for mailing prior authorizations. The DHW requires a physical address even if all correspondence is sent to a P.O. box. To change this address, include both the physical address and the P.O. box.

Billing Service: the address of your billing service, if any.

Contact Person: name, address and phone number of specific contact person for provider, if any.

How long should I expect a change to take?
No more than two business days from the date the request is **received** by EDS. If you call to verify that the change was made, wait three business days if the request was faxed and at least 5 business days if the request was mailed.

How do I add another physical service location?
Specify on your request that you want to **add** a service location. Some providers are required to complete additional steps to having a location added. Contact Provider Enrollment for more information.

How soon should I request a change?
All address changes are processed within 2 business days after the request is received regardless of any future date you may request. If you anticipate a change in the future, wait until a week before you want the change to be in effect before mailing or faxing the request.

Requests that include a specific future date are returned and the sender is asked to re-submit the request by mail or fax about a week before the desired change date.

What if I have more than one provider number that requires the same changes?
You may list more than one provider number if the addresses to be changed are the same for each provider.

Attention: All Professional Providers Billing Botox with HCPCS Codes
Re: Reminder of Medicaid Botox Policy

Botox7 Cosmetic, NDC 00023923201, is not covered by Medicaid. Medicaid covers Botox type A and Botox type B *when medically necessary. Use the following* HCPCS (Healthcare Common Procedure Coding System) codes to bill Botox:

- Type A - J0585
- Type B - J0587

The NDC code is *always* required when billing these J codes.

Additional instructions for billing HCPCS codes for drugs and biologicals are available online at: http://www.healthandwelfare.idaho.gov/

Click on Medical, then Medicaid Providers, and MedicAide Newsletter. Scroll down to the June 2004 and October 2003 issues.

Reminder to All Providers

Participants are limited to 12 hours per calendar year for behavioral health and rehabilitative therapy evaluations. This limit includes:

- Occupational Therapy Evaluation
- Physical Therapy Evaluation
- Psychological Evaluation
- Psychiatric Diagnostic Interview
- Developmental Therapy Evaluation
- Speech and Hearing Evaluations

Dentist License Renewal

If you are an Idaho dentist and renew your license on or before 9/30/04, you do **not** need to send or fax a copy of your license renewal to EDS. However, if you renew **after** 9/30/04, you must send or fax a copy of your license renewal to EDS in order to have your provider number reactivated.

The Idaho Board of Dentistry (IBD) will provide an electronic file to EDS on a weekly basis until 10/1/04 of Idaho dentists who have renewed their licenses. EDS will use information in the IBD electronic file to update license information for dentists participating in the Idaho Medicaid program.

If you have any questions, please call EDS Provider Enrollment at 1-800-685-3757.

Prescribing Provider Numbers Billed on Paper Pharmacy Claims

Field 13 on the paper Pharmacy claim is for the prescribing provider number. For paper claims this field should have no more than seven characters. It is a field that reads both alpha and numeric characters.

Since paper pharmacy claims are usually hand written, the scanner has difficulty determining which characters are alpha Os and which are numeric 0s (zeroes). To distinguish between the two characters, numeric 0s (zeroes) must have a slash mark through them.

If the prescribing provider number is more than seven characters, enter it instead in Field 21, Compound Drug Information, and enter the date in field 13 using the MMDDYY format (putting a slash through the 0s).

Prescriber Code (7 characters)

13. Prescriber Code

ABØØ567 - 2 zeros

Prescriber Code (more than 7 characters)

13. Prescriber Code

Ø915Ø4 - date with slashes

21. Compound Drug Information field

ABØØ5678 - prescriber ID

EDS Phone Numbers

Addresses

MAVIS

(800) 685-3757
(208) 383-4310

EDS Correspondence
PO Box 23
Boise, ID 83707

Provider Enrollment
P.O. Box 23
Boise, Idaho 83707

Medicaid Claims
PO Box 23
Boise, ID 83707

PCS & ResHab Claims
PO Box 83755
Boise, ID 83707

EDS Fax Numbers

Provider Enrollment
(208) 395-2198

Provider Services
(208) 395-2072

Client Assistance Line
Toll free: (888) 239-8463

EDS is a registered mark and the EDS logo is a trademark of Electronic Data Systems Corporation.

EDS Phone Numbers

Addresses

Provider Relations Consultants

Region 1
Prudie Teal
1120 Ironwood Dr., # 102
Coeur d'Alene, ID 83814

prudie.teal@eds.com
(208) 666-6859
(866) 899-2512 (toll free)
Fax (208) 666-6856

Region 2
JoAnn Woodland
1118 F Street
P.O. Drawer B
Lewiston, ID 83501

joann.woodland@eds.com
(208) 799-4350
Fax (208) 799-5167

Region 3
Mary Jeffries
3402 Franklin
Caldwell, ID 83605

mary.jeffries@eds.com
(208) 455-7162
Fax (208) 454-7625

Region 4
Jane Hoover
1720 Westgate Drive, # A
Boise, ID 83704

jane.hoover@eds.com
(208) 334-0842
Fax (208) 334-0953

Region 5
Penny Schell
601 Poleline, Suite 3
Twin Falls, ID 83303

penny.schell@eds.com
(208) 736-2143
Fax (208) 678-1263

Region 6
Sheila Lux
1070 Hiline Road
Pocatello, ID 83201

sheila.lux@eds.com
(208) 239-6268
Fax (208) 239-6269

Region 7
Bobbi Woodhouse
150 Shoup Avenue
Idaho Falls, ID 83402

bobbi.woodhouse@eds.com
(208) 528-5728
Fax (208) 528-5756

Determining Other Insurance Coverage

The following is adapted from the Idaho Medicaid Provider Handbook, Section 2.4.3.

Before billing Idaho Medicaid, determine if a participant has other insurance coverage. Use MAVIS, a point of service device, an inquiry through EDS billing software (PES) or other vendor software to check other insurance. The system lists the name of the insurance company if it is one of the top 100 companies identified by Idaho Medicaid and the type of coverage. Use the following codes to determine the type of other insurance coverage. If there is other insurance coverage for the services rendered, bill the other insurance carrier first.

TPR coverage codes:

0001	Full Coverage
0002	Full Coverage No Dental
0003	Full Coverage No Dental No Drugs
0004	Full Coverage No Vision
0005	Full Coverage No Dental No Vision
0006	Accident Only Policy
0007	Hospital Only Policy
0008	Surgical Policy
0009	Accident & Hospital Only
0010	Cancer Only Policy
0011	Dental Only
0012	Drug Only
0013	Vision
0014	Medicare Part A
0015	Medicare Part B
0016	Medicare Supplement - No Drug
0017	Full Coverage with Dental, without Drug
0018	Medicare Supplement with Drug
0019	Full Coverage - No LTC
0020	Full Coverage - No Dental - No LTC
0021	Full Coverage - No Drug - No LTC
0022	Full Coverage - No Vision - No LTC
0023	Full Coverage - No Dental - No Drug - No LTC
0024	Full Coverage - No Dental - No Vision - No LTC
0025	Full Coverage - No Dental - No Vision - No Drug
0026	Full Coverage - No Dental - No Vision - No Drug -No LTC
0027	Medicare HMO
0029	Unknown
0038	Air Ambulance Coverage
0039	LTC/Nursing Home Coverage
0040	Full Coverage No Vision No Drug and LTC

Developmental Disability Agency Providers

Effective on or after service date 7/22/04, prior authorization for Developmental Therapy Evaluation, H2000, is no longer required.

Hospital Providers

When billing revenue codes that require a corresponding HCPCS or CPT code, the only valid modifiers are TC, RT and LT. Using other modifiers will cause the claim to be denied. Revenue codes, which are broken into professional and technical components, require the TC modifier.

July 23, 2004

MEDICAID INFORMATION RELEASE 2004-38

TO: Prescribing Providers, Pharmacists, Pharmacies, Hospitals, and Long-Term Care Facilities

FROM: Randy May, Deputy Administrator

SUBJECT: STATE MAXIMUM ALLOWABLE COST (SMAC) PROGRAM

Effective August 8, 2004, the Idaho Department of Health and Welfare (DHW) will update the State Maximum Allowable Cost (SMAC) program. The Idaho Department of Health and Welfare has contracted with Myers and Stauffer to provide assistance in establishing and maintaining the State Maximum Allowable Cost (SMAC) program for generic pharmaceuticals.

The update included additions and changes to drugs subject to the SMAC program and the SMAC reimbursement rates for those products. A link to the complete list of the drugs included in the SMAC program can be accessed through the Idaho Medicaid pharmacy website at www.idahohealth.org or link directly at www.mslcidaho.com.

Additional brand name products will require prior authorization beginning **August 1, 2004** for products that have multiple generic equivalents available. A complete list of drugs that require Brand Name prior authorization is available at www.idahohealth.org.

The SMAC Program Will be Updated Quarterly
Idaho Medicaid recognizes that changes in pharmaceutical prices and product availability occur on a regular basis. In order to reflect current market conditions, Idaho Medicaid will obtain and review industry data frequently. In addition, Idaho Medicaid recognizes that the most current and reliable information regarding changes in acquisition cost and product availability will be provided by the pharmacies. Providers are encouraged to inform Myers and Stauffer, Idaho Medicaid's SMAC program contractor, of specific changes in the pharmacy marketplace affecting the SMAC program.

Review of Providers' Inquiries Regarding SMAC Rates
Providers who wish Idaho Medicaid to consider adjustments to SMAC rates or other concerns about the SMAC program may make such a request by contacting Myers and Stauffer. Providers will be asked to provide as much information as possible to assist Idaho Medicaid and Myers and Stauffer in understanding the specific issue being raised and the provider's desired outcome. Helpful information should include but not be limited to drug purchase summaries, invoices, remittance advices, and other such documentation. In the absence of sufficient information to assess concerns about SMAC rates or other aspects of the SMAC program, provider requests cannot be fully considered. Providers initiating requests for review of SMAC rates or other issues may be contacted to request supporting documentation or other information.

Providers are encouraged to contact the Myers and Stauffer Pharmacy Unit to discuss:

- Changes in ability to purchase drugs at or below the applicable SMAC rate
- Changes in product availability
- Questions regarding SMAC rates
- Questions concerning drugs on the SMAC rate list
- How to obtain a copy of the SMAC rate list
- Other questions, comments, or concerns

Contacting Myers and Stauffer
Pharmacies can reach the pharmacy unit of Myers and Stauffer by several methods, including toll free telephone, facsimile, e-mail, Internet or regular mail.

Regular Mail: Myers and Stauffer LC
Pharmacy Unit
8555 N. River Road, Suite 360
Indianapolis, Indiana 46240

Telephone: 800-877-6927 weekdays between 8:00 AM and 5:00 PM (Eastern Standard Time)

Fax: 317-571-8481

E-mail: pharmacy@mslc.com

Internet: www.mslcidaho.com

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To receive the appropriate assistance with your question or concern, please indicate (regardless of the method of communication chosen) that you are an Idaho Medicaid pharmacy with a question or concern regarding the SMAC program. If you call and a pharmacy reimbursement analyst is not available, you will be asked to leave a message. You will receive a return telephone call within 24 hours, during the week (Monday-Friday). At this point additional information may be requested to properly evaluate your concern.

Online Contact Information
Comments or questions may also be forwarded to Myers and Stauffer via the Internet at any time by visiting www.mslcidaho.com. This Internet site has been developed exclusively to support the Idaho Medicaid SMAC program. On the site providers will find the SMAC rate schedule and updates, ability to view the current federal upper limits (FUL), frequently asked questions, and online forms to send questions and comments to Myers and Stauffer. Within 24 hours, staff from Myers and Stauffer will respond. Myers and Stauffer can also be reached by electronic mail. To reach Myers and Stauffer by electronic mail, providers may forward inquiries to pharmacy@mslc.com.

September 1, 2004

MEDICAID INFORMATION RELEASE # MA04-39

TO: **All Providers of Adult Developmental Disabilities Services**

FROM: Randy May, Deputy Administrator

SUBJECT:

1. **REVISED ISP FORMAT (Plan of Service):** Information Replaces IR# 2003-05 dated January 17, 2003
2. **PROVIDER STATUS REVIEW process begins September 1, 2004** for plans dated March 2004 as defined in IDAPA 16.03.13.06-07 available online at: http://www2.state.id.us/adm/adminrules/rules/idapa16/0313.pdf
3. **PLAN MONITOR SUMMARIES are required for all Plans of Service developed on or after March 1, 2004**

NOTE: (The information contained in this Information Release reflects training provided by the Regional Medicaid Services Units (RMS) in July and August. All of the new forms and directions that are referenced below are available online at: http://www.healthandwelfare.idaho.gov or you can contact your local RMS office for electronic copies of the forms and for answers to any questions.)

1. Revised ISP format

The Long Term Goal Page of the ISP has been replaced by a Personal Summary Page - effective for all ISP's, (Plans of Service) **developed on or after September 1, 2004**.

- ✓ This page must be updated annually. It includes a narrative report that gives the current status of the participant in a strengths-based description.
- ✓ Topics that must be addressed during the Person-Centered Planning Meeting are identified on the form.
- ✓ The Personal Summary Page should also identify long term goals or needs that fall into one (1) of three (3) outcome areas: independence and. Maintain or enhance quality of life and/or increase or maintain self-determination.

These long term goals should be the basis for the goals identified on the Supports and Services page(s) and objectives on implementation plans. Goal statements describe the outcome of the service or support to assist the person reach a level of greater independence, less support, or maintenance.

Services and Supports are defined in IDAPA 16.03.13. and are available online at: http://www2.state.id.us/adm/adminrules/rules/idapa16/0313.pdf

Clarifications of these definitions are:

Services: Activities **paid** for by the Department that allows the individual to reside safely and effectively in the community.

- **Formal Services** are reimbursable and **have objective-based data**, i.e. residential habilitation, developmental therapy, or community-supported employment.

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- **Informal Services** are reimbursable but **do not have objective-based data**, i.e. transportation, service coordination, or durable medical equipment.

Supports: Activities **not paid** for by the Department that allows the individual to reside safely and effectively in the setting of their choice.

- **Formal/Informal Supports: Do not have objective-based data.**

2. Provider Status Reviews

Provider status reviews must be submitted to the plan monitor no later than ten (10) days following the 6 month due date. Residential Habilitation Program coordinators, Developmental Disabilities Agencies, Community Supported Employment, Nursing Services, OT, PT, Speech Therapy when provided through the DDA, and Behavioral Consultation Service providers are required to submit a Status Review to the Plan monitor 2 times per year. The first review is due 6 months after the plan start date and the second is due at the annual person-centered planning meeting. There is no standardized form for the Provider Status Review, but a sample form is available containing the minimum elements of the status review. Providers may continue to use agency forms used to report data monthly, quarterly, semiannually, or annually. The Status Review must include short-term goals identified by the domain. Short term goals should be further identified by:

Formal service – Paid services that have program objectives and data collection is required

Informal services – Paid services/no data collection required

Informal supports – Non-paid activities

Quantifiable measures for behavioral objectives must be reported using the Department's Key identified on the Status Review.

3. Plan Monitor Summary

The Plan monitor summary must be completed 2 times per year, six months after the plan start date and at the annual person-centered planning process. The plan monitor will use the provider status review information to evaluate outcomes of services identified on the plan and initiate action to resolve any concerns. Plan monitors must evaluate the compliance of outcomes for the goals that were projected to be accomplished within the plan year.

Plan monitors must file the Provider Status Reviews and Plan Monitor Summary in the participant file in the agency office 14 calendar days after the signed completion date. The second (annual) provider status reports and plan monitor summary information will be presented during the annual person-centered planning process. Copies of the provider status reviews and the Plan Monitor Summary must be submitted to the Assessor (IAP) with the new Plan of Service for prior authorization of services on the new plan. Services that do have status review information at the time of the annual person-centered planning process will not be included on the new plan until the status review is submitted to the plan monitor.

EX	Plan Date	1st Status Review Due	Plan Monitor Summary Filed
	March 1	*September 11*	*September 25*
	April 30	*November 9*	*November 23*
	May 31	*December 10*	*December 24*
	June 15	*December 25*	*January 8*

All of the new forms and directions that are referenced above are available online at:

http://www.healthandwelfare.idaho.gov; go to "Medical"; then "Medicaid Providers"; then "Information Releases"; scroll to the bottom of the page to *"Attachments".*

You can also contact your local RMS office for electronic copies of the forms and for answers to any questions.

Thank you for your continued participation in the Idaho Medicaid program.

September 1, 2004

MEDICAID INFORMATION RELEASE 2004-40

TO: **All Hospital-Based Ambulance Service Providers**

FROM: Kathleen P. Allyn, Deputy Administrator

SUBJECT: HOSPITAL-BASED AMBULANCE SERVICES PROVIDER BILLING CLARIFICATION

All claims for hospital-based ambulance services **billed on or after September 1, 2004,** may only be billed using out-patient bill type 131. Ambulance services billed using an in-patient bill type will be denied.

Ambulance services must not be billed in conjunction with emergency room charges. They must be billed separately.

If you have questions regarding this information, please contact Angela Simon at 208-364-1994. We appreciate your continued participation in the Idaho Medicaid program.

August 1, 2004

MEDICAID INFORMATION RELEASE 2004-45

TO: **Prescribing Providers, Pharmacists, Pharmacies, Hospitals, and Long-Term Care Facilities**

FROM: Randy May, Deputy Administrator

SUBJECT: NEW PRIOR AUTHORIZATION CRITERIA FOR LONG ACTING OPIOID DRUG CLASS

Drug/Drug Class: LONG ACTING OPIOID

Implementation Date: Effective for dates of service on or after October 1, 2004

Idaho Medicaid is implementing an Enhanced Prior Authorization Program for select therapeutic classes including the identification of preferred agents. The Enhanced Prior Authorization Program (EPAP) is designed to provide Medicaid participants the most effective drug at the right price. Beginning October 1, 2004, long acting opioids will be the next drug class to have new prior authorization requirements:

Enhanced Prior Authorization drug class	Preferred Agent(s)	Non-preferred Agent(s)^
LONG ACTING OPIOIDS	Avinza® Kadian® Methadone	Duragesic patches® Morphine sulfate long-acting MS Contin ® Oxycodone HCl long-acting OxyContin®

^ Use of non-preferred agents must meet prior authorization requirements

^ Use of any covered product may be subject to prior authorization for quantities or uses outside Food and Drug Administration (FDA) guidelines or indications

Point-of-service pharmacy claims will be routed through an automated computer system to apply PA criteria specifically designed to assure effective drug utilization. Through this process, therapy will automatically and transparently be approved for those patients who meet the system approval criteria. Specific Prior Authorization criteria and fax forms for all drug classes, including the long acting opioids, are available on the Department of Health and Welfare Pharmacy Program website at: http://www.idahohealth.org

For those patients who do not meet the system approval criteria, it will be necessary for you to contact the Medicaid Drug Prior Authorization help desk at (208) 364-1829 or fax a PA request form to (208) 364-1864 to initiate a review and potentially authorize claims. **To assist in managing patients affected by these changes, Medicaid will be sending in a separate mailing to prescribing providers whose patients will be affected.**

The Enhanced PA Program and drug class specific PA criteria are based on evidence-based clinical criteria and

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available nationally recognized peer-reviewed information. The determination of medications to be considered preferred within a drug class is based primarily on objective evaluations of their relative safety, effectiveness, and clinical outcomes in comparison with other therapeutically interchangeable alternative drugs and secondarily on cost.

To assist our providers with providing the right care at the right time with the right price the department is presenting the relative cost ranking of the Long Acting Opioids net of all rebates in this class. The department requests that all Medicaid providers consider this ranking as a ***secondary*** factor when determining the most appropriate drug therapy for their patients.

Lowest to Highest Relative Cost (Cost to Medicaid after rebates)	
Methadone	100%
Kadian	260%
Avinza	370%
MS Contin	650%
Morphine Sulfate	740%
Oramorph SR	770%
Duragesic	820%
Oxycontin	1110%

Use of any covered product may be subject to prior authorization for quantities or uses outside Food and Drug Administration (FDA) guidelines or indications. Idaho Medicaid prescription monthly quantity limits for the long acting opioid drug class is included with this mailing.

Educational material regarding the use of long acting opioids in chronic non-malignant pain and methadone dose titration will be provided to all Medicaid pharmacists and prescribers in the August 2004 DUR Discovery newsletter.

As always, your support is critical to the success of this Medicaid Pharmacy initiative. It is our goal to partner with you in the provision of quality, cost-effective health care to your patients. Questions regarding the Prior Authorization program may be referred to Medicaid Pharmacy at (208) 364-1829.

A current listing of all the preferred agents by drug class is available online at www.idahohealth.org.

Idaho Medicaid Quantity Limits on Long-Acting Opioids

Drug	Maximum Quantity per Month
Avinza® 30 mg	204
Avinza® 60 mg	136
Avinza ® 90 mg	68
Avinza ® 120 mg	136
Duragesic® 25 mcg/hr	15
Duragesic ® 50 mcg/hr	15
Duragesic ® 75 mcg/hr	20
Duragesic® 100 mcg/hr	40
Kadian ® 20 mg	68
Kadian ® 30 mg	204
Kadian ® 50 mg	68
Kadian® 60 mg	136
Kadian® 100 mg	68
Methadone 5 mg	204
Methadone 10 mg	340
Methadone 40 mg	170
Morphine Sulfate Long Acting 15 mg	102
Morphine Sulfate Long Acting 30 mg	204
Morphine Sulfate Long Acting 60 mg	136
Morphine Sulfate Long Acting 100 mg	68
Morphine Sulfate Long Acting 200 mg	102
MS Contin® 15 mg	102
MS Contin ® 30 mg	204
MS Contin® 60 mg	136
MS Contin® 100 mg	68
MS Contin® 200 mg	102
Oramorph SR® 15 mg	102
Oramorph SR® 30 mg	204
Oramorph SR® 60 mg	136
Oramorph SR ® 100 mg	68
Oxycodone 80 mg long acting	136
Oxycontin® 10 mg	102
Oxycontin ® 20 mg	102
Oxycontin® 40 mg	102
Oxycontin ® 80 mg	136
Oxycontin ® 160 mg	68

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September Office Closure

The Department of Health and Welfare and EDS offices will be closed for the following State holiday:

Labor Day, Monday, September 6, 2004

A reminder that MAVIS (the Medicaid Automated Voice Information Service) is available on State holidays at:

(800) 685-3757 (toll-free) or (208) 383-4310 (Boise local)

Scheduled System Outage

EDS is installing a backup generator the last Sunday in September. System outages are planned during the early morning and evening. While no other interruptions are expected, they are possible.

MAVIS, POS, and Pharmacy claims processing will be unavailable during an outage. Please check your weekly RAs for further information. EDS regrets any inconvenience this might cause providers.

Scheduled system outage hours:
Sunday, September 26, 2004
4:00 - 5:00 AM and 6:00 - 7:00 PM

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

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