310-FF MONITORING CONTROLLED AND NON-CONTROLLED MEDICATION UTILIZATION

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REFERENCES: 42 CFR 431.54; 42 CFR 455.2; 42 USC 1396A(OO); 21 U.S.C § 802(6); A.A.C. R9-34-302; A.A.C. R9-43-202; A.A.C. Title 9, Chapter 34, Articles 2 and 3; AMPM 310-FF; AMPM 310-V; AMPM 910; AMPM 1024; ACOM 103.

PURPOSE

This policy sets forth the requirements for monitoring controlled and non-controlled medication use and the requirements to ensure Members receive clinically appropriate prescriptions.

DEFINITIONS

1. "Abuse" means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the AdSS program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes beneficiary practices that result in unnecessary cost to the Division Program.

2. "Controlled Substance" means drugs and other substances that are defined as Controlled Substances under 21 U.S.C § 802(6).

3. "CSPMP" means the Arizona State Board of Pharmacy Controlled Substance Prescription Monitoring Program.

4. "Drug Diversion" means redirection of prescription drugs for illicit purposes.

5. "Emergencies" means medical services provided for the treatment of an emergency medical condition that manifests itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in any of the following:

    a. Placing the Member's health in serious jeopardy;

    b. Serious impairment to bodily functions;

    c. Serious dysfunction of any bodily organ or part;

d. The medication is out-of-stock at the Exclusive Pharmacy; or

e. The Exclusive Pharmacy is closed.

6. "Exclusive Pharmacy" means an individual pharmacy, which is chosen by the Member or assigned by the Administrative Delegated Subcontractor Services (AdSS) to provide all medically necessary, federally reimbursable pharmaceuticals to the Member.

7. "Fraud" means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes Fraud under applicable State or Federal law.

8. "Intervention" means for the purpose of this policy, the requirements to ensure members receive clinically appropriate prescriptions.

9. "Member" means the same as "Client" as defined in A.R.S. §

36-551.

10. "Waste" means over-utilization or inappropriate utilization of services, misuse of resources, or practices that result in unnecessary costs to the Medicaid Program.

POLICY

A. MONITORING REQUIREMENTS

1. The Division shall oversee and monitor controlled and non-controlled medications on an ongoing basis at quarterly meetings with reporting at the Division's Pharmacy and Therapeutics subcommittee meeting, Quality Management and Performance Improvement and Medical Management meetings.
2. The Division shall monitor the evaluation of prescription use by Members, prescribing patterns by clinicians and dispensing by pharmacies.
3. The Division shall use drug utilization data to identify and screen high-risk Members and providers who may facilitate Drug Diversion.

4. The Division shall identify monitoring requirements that determine potential misuse of the drugs used in the following therapeutic classes:
    a. Atypical Antipsychotics,
    b. Benzodiazepines,
    c. Hypnotics,
    d. Muscle Relaxants,
    e. Opioids, and
    f. Stimulants.

5. The Division shall use the following resources, when available, for their monitoring activities:
    a. Prescription claims data;
    b. Controlled Substance Prescription Monitoring Program (CSPMP);
    c. TRBHA prescription claims data; and
    d. Pertinent data used for monitoring controlled and non-controlled medication utilization.

6. The Division shall monitor the prescription encounter data quarterly to identify:
    a. Medications filled prior to the calculated days supply,
    b. Number of prescribing clinicians,
    c. Number of different pharmacies used by the Member, and
    d. Other potential indicators of medication misuse.

B. INTERVENTION REQUIREMENTS

1. The Division shall require the AdSS to implement the following required Interventions to ensure Members receive the appropriate medication, dosage, quantity, and frequency:
    a. Provider education,
    b. Point-of-Sale (POS) safety edits and quantity limits,
    c. Care management,
    d. Assignment by the AdSS of Members who meet either of the following evaluation parameters listed below to an Exclusive Pharmacy, exclusive provider or both for up to a 12-month period:

i. A Member using the following in a three-month time period:

a) Greater than four prescribers, and

b) Greater than four different Abuse potential drugs, and

c) Four Pharmacies; or

d) The Member has received 12 or more prescriptions of the medications listed in the Monitoring Requirements section in the past 3 months.

ii. A Member has presented a forged or altered prescription to the pharmacy.

2. The Division shall permit the AdSS to implement additional interventions and more restrictive parameters for referral to, or coordination of care with behavioral health service providers or other appropriate specialists when the AdSS deems it necessary or beneficial to their Members.

3. The Division shall require the AdSS to provide a written notice

detailing the factual and legal basis for the restriction, to any Member who has been assigned to an exclusive provider or pharmacy or both for up to 12 months utilizing AMPM 310-FF Attachment A.

4. The Division shall ensure the AdSS treats this restriction as an "action" pursuant to A.A.C. R9-43-202 and A.A.C. R9-34-302.

5. The Division shall require the AdSS to provide written notice that informs the Member of the opportunity to file an appeal to the restriction and the timeframes and process for doing so as described in A.A.C. Title 9, Chapter 34, Articles 2 and 3.

6. The Division shall ensure that the AdSS shall not implement the restriction before providing the Member written notice of the restriction and opportunity for an appeal or State fair hearing.

7. The Division shall require that the AdSS not impose a restriction if the Member has filed an appeal, until:
   a. The Medical Director of the AdSS' decision has affirmed the restriction,

b. The Member has voluntarily withdrawn the appeal or request for hearing, or

c. The Member fails to file an appeal or request for hearing no later than 30 calendar days from the date of the notice.

8. The Division shall require the AdSS to review the Member's prescription and other utilization data to determine whether the Interventions will be continued or discontinued, at the end of the designated time period which is no longer than every 12 months.

9. The Division shall require AdSS to notify the Member in writing of the decision to continue or discontinue the assignment of the pharmacy or provider.

10. The Division shall require the AdSS to utilize AMPM 310-FF Attachment A to include instructions for the appeals or fair hearing process to the Member if the decision is to continue the assignment.

11. The Division shall not require the AdSS to apply the Intervention of assigning an Exclusive Pharmacy or provider to emergency

services furnished to the Member.

12. The Division shall require the AdSS to ensure that the Member has reasonable access to services covered by the Division, taking into account the geographic location and reasonable travel time.
13. The Division shall require the AdSS to provide specific instructions to the Member, the assigned Exclusive Pharmacy or exclusive provider, and their Pharmacy Benefit Manager, on how to address Emergencies.
14. The Division shall allow the AdSS to assign Members who meet any of the parameters in Section (B)(15) to a single prescriber in addition to the assignment to an Exclusive Pharmacy.
15. The Division shall not allow the AdSS to subject Members with one or more of the following conditions to the Intervention requirements described in Section (B)(1):
    a. Treatment for an active oncology diagnosis,
    b. Receiving hospice care, or
    c. Residing in a skilled nursing facility or intermediate care facility.

C. REPORTING REQUIREMENTS

1. The Division shall require the AdSS to refer any identified cases of Member deaths due to medication poisoning, overdose or toxic substances and an incident must be filed with the Division's Quality Management staff for research and review.

2. The Division shall require the AdSS to report all suspected Fraud, Waste, and Abuse to the appropriate entity, and copy the Division as specified in ACOM 103.

3. The Division's Health Plan Oversight Committee shall review all Fraud, Waste and Abuse reports.

4. The Division shall require the AdSS report the number of Members on that day that are assigned to an Exclusive Pharmacy or single prescriber, or both, due to excessive use of prescription medications, controlled and non-controlled medications , utilizing AMPM Attachment 1024-A.

5. The Division shall require the AdSS to report to the Division any material changes when the AdSS has additional changes and

implements additional Interventions and more restrictive parameters as noted in this policy.

D. DIVISION OVERSIGHT

1. The Division shall oversee the AdSS utilizing the following methods to ensure compliance with policy:
    a. Annual Operational Review of each AdSS,
    b. Review and analyze deliverable reports submitted by the AdSS, and
    c. Conduct oversight meetings with the AdSS for the purpose of:
        i. Reviewing compliance,
        ii. Addressing concerns with access to care or other quality of care concerns,
        iii. Discussing systemic issues, and
        iv. Providing direction or support to the AdSS as necessary.

Signature of Chief Medical Officer: Anthony Dekker (Dec 29, 2023 10:29 MST)

Anthony Dekker, D.O.