

MO HealthNet Oversight Committee Meeting

November 10, 2021

Agenda

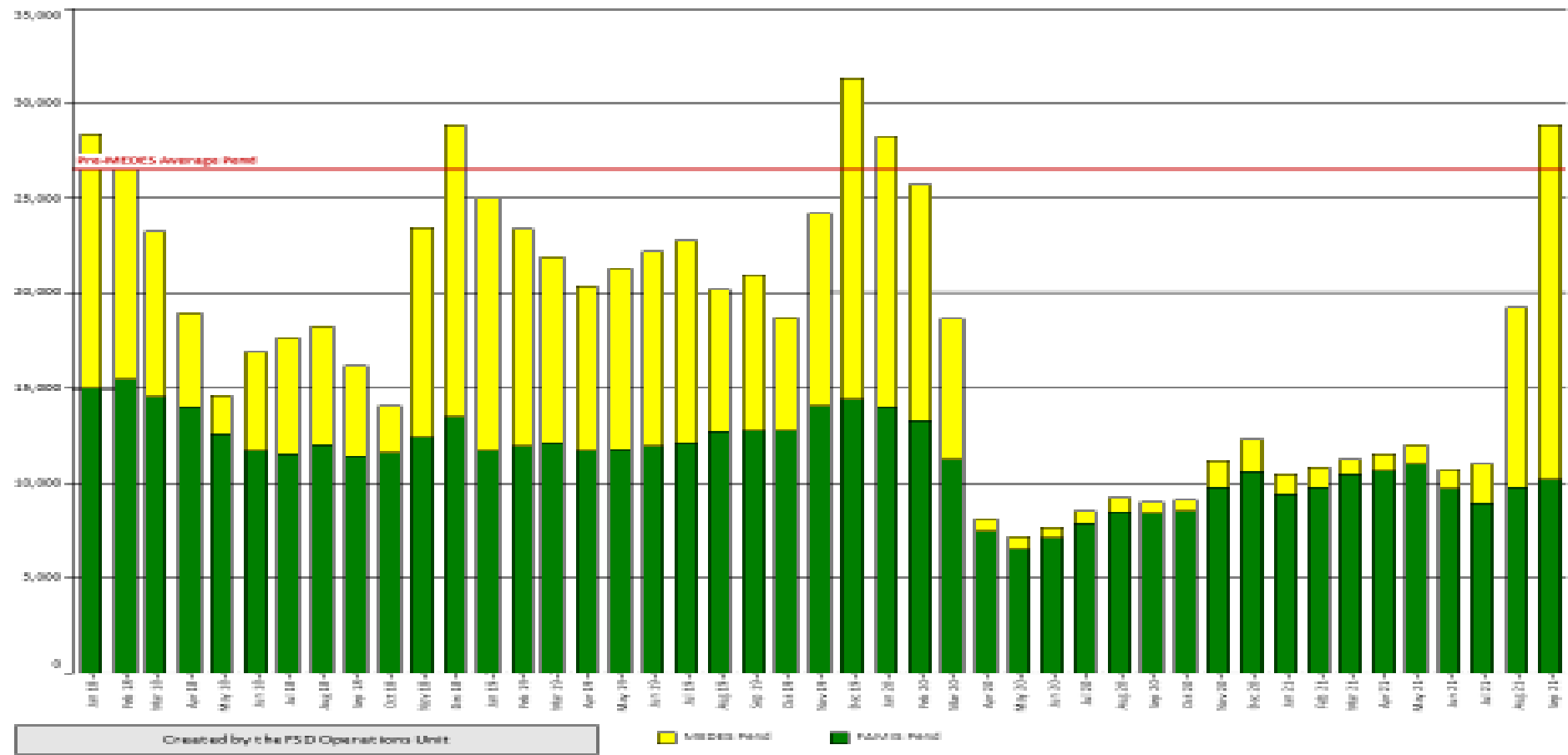
November 10, 2021

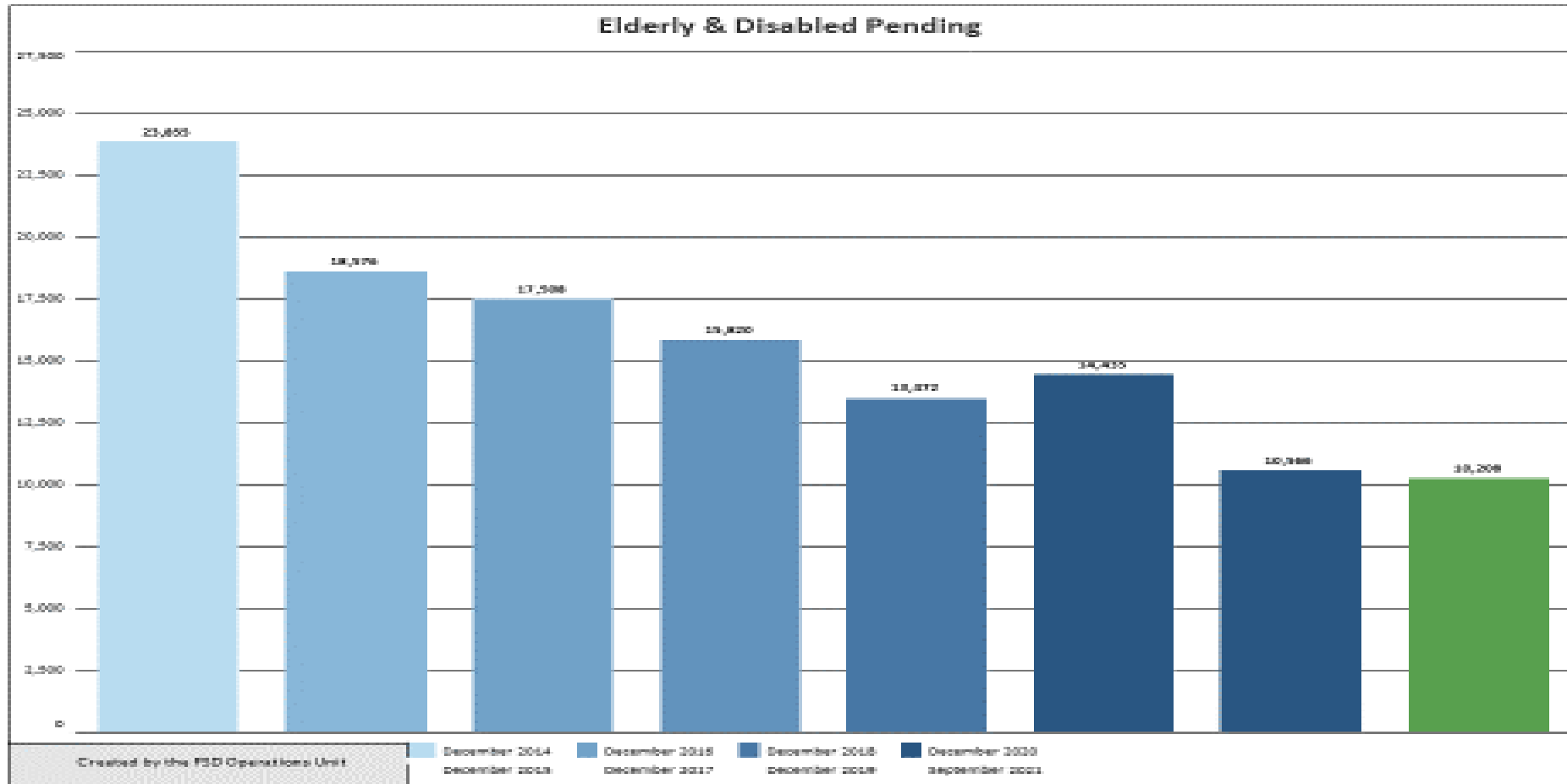
12:00 – 12:15	Welcome/Introductions/Minutes <ul style="list-style-type: none">• Approval of August meeting minutes	Dr. Nick Pfannenstiel, Chairman
12:15 – 12:45	Director's Update	Todd Richardson
12:45 – 1:00	Family Support Division Update	Kim Evans, FSD Director
1:00 – 1:15	Chief Transformation Officer Update	Kirk Mathews
1:15 – 1:30	Chief Operating Officer Update	Jessie Dresner
1:30 – 1:45	Managed Care Update	Alex Daskalakis
1:45 – 2:00	Pharmacy Director Update	Josh Moore
2:00 – 2:15	Legislative Update	Caitlin Whaley
2:15 – 2:30	Budget Update	Tony Brite
2:30 – 3:00	Public Comment	

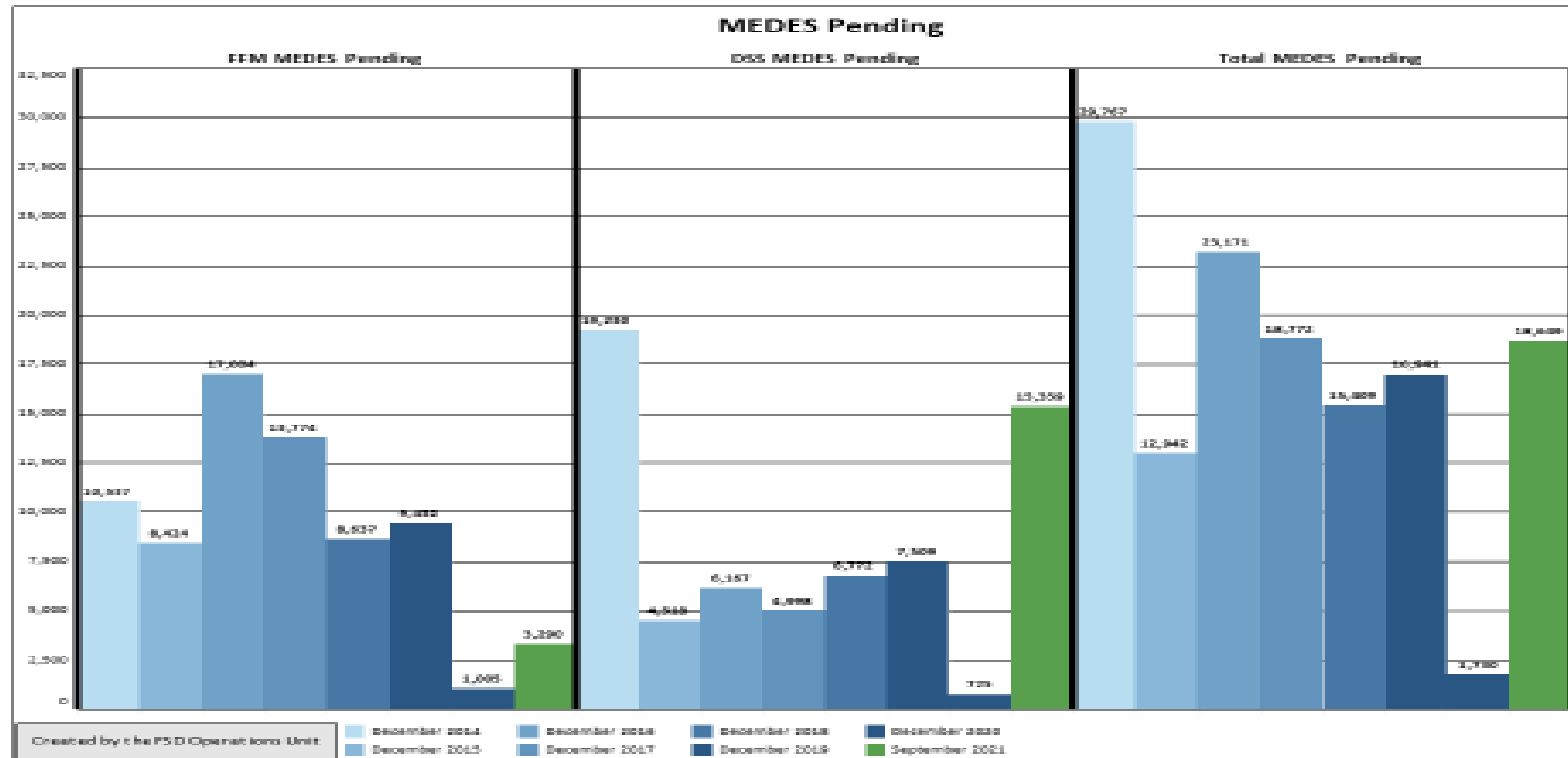
DIRECTOR'S UPDATE

FSD UPDATE

Pended Medicaid Applications







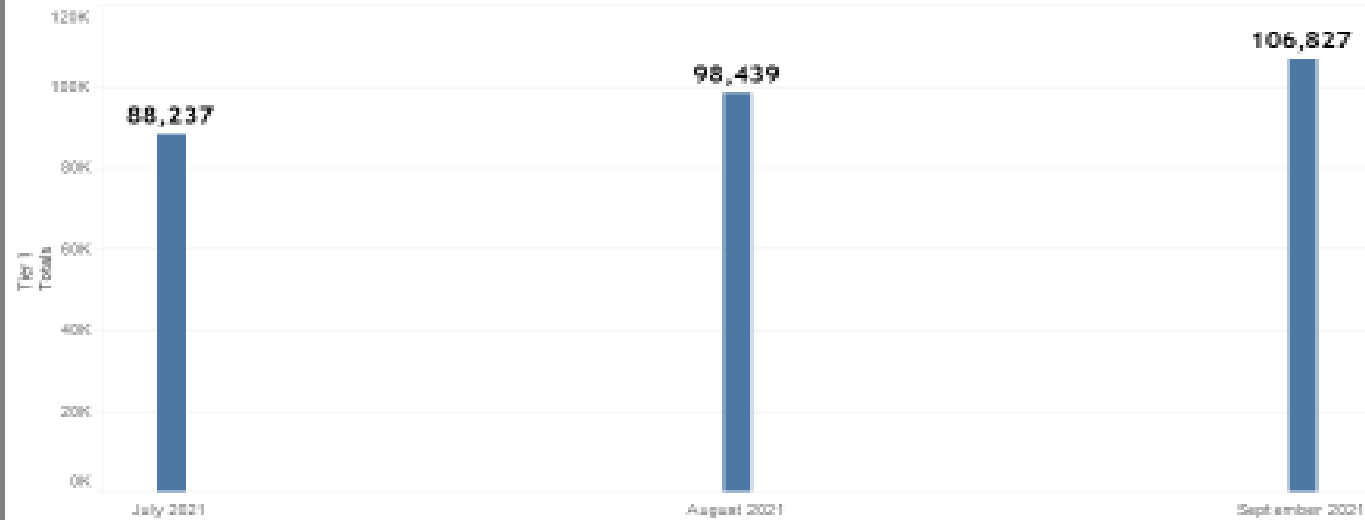
Tier 1 - Genesys

September 2021

Total Calls

106,827

[Tier 1 Voice Answered] + [Tier 1 Callback Offered] + [Tier 1 Voice Abandon]



Tier 1 Average Wait Time

***August 15th: Removal of the callback option drastically increased wait times for the end of August and September.

July
12m 12s

August
23m 5s

September
32m 3s

CHIEF OPERATING OFFICER UPDATE



MANAGED CARE DIRECTOR UPDATE



Pharmacy Update

Joshua Moore, PharmD
MO HealthNet Director of Pharmacy
November 10, 2021

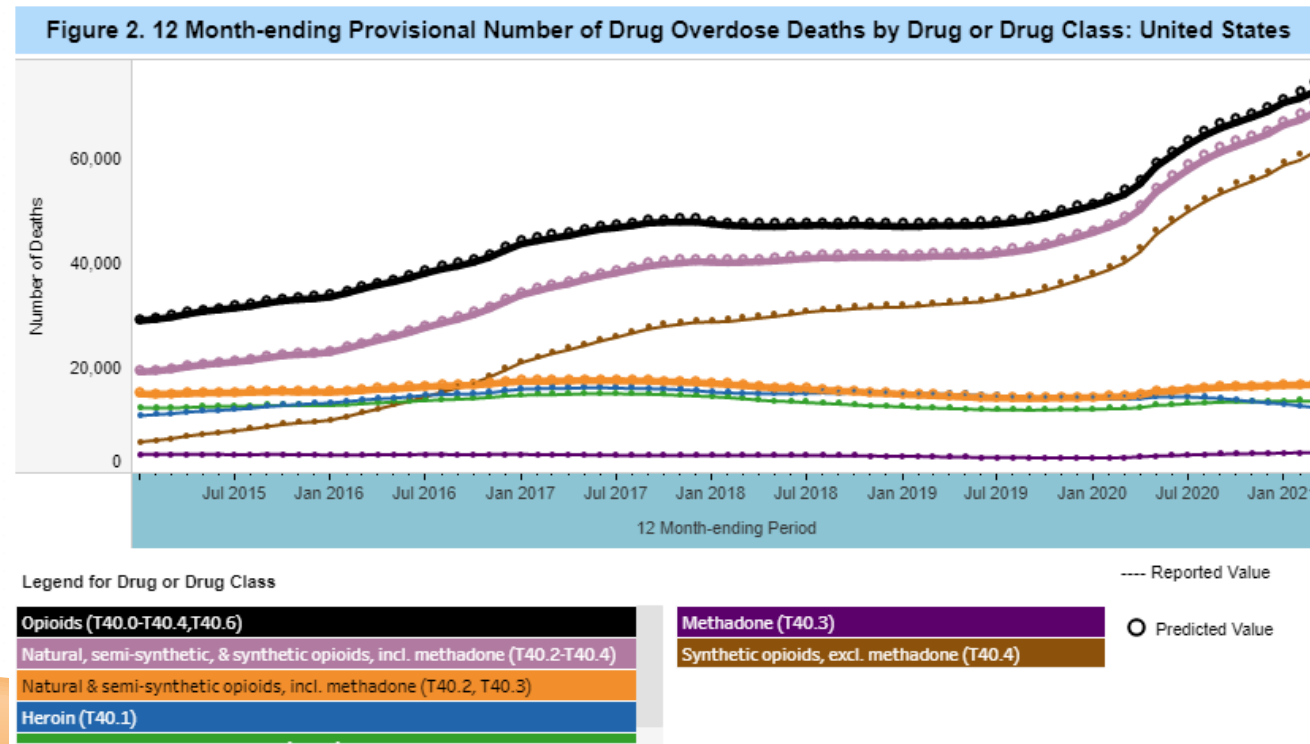
Historical Opioid Utilization by MO

HealthNet Participants per SFY

	2012	2021	Difference	% Difference
# of Participants	191,981	109,055	(82,926)	-43%
# of Claims	945,319	442,854	(502,465)	-53%
# of Units/Tablets	63,856,453	20,111,663	(43,744,790)	-69%
Morphine Milligram Equivalents (MME)	791,593,422	211,400,737	(580,192,685)	-73%
MME per Utilizer	4,123	1,938	(2,185)	-53%
MME per Claim	837	477	(360)	-43%

Still Room for Improvement

- ❖ Opioid overdose deaths, including natural and synthetic opioids*:
 - United States: 65,004 in CY 2019 (up 41,385 from 2012)
 - Missouri: 1,360 in CY 2019 (up 829 from 2012)
 - In the last 12 months ending March 2021, over 72 thousand have died in the United States and 1,470 in Missouri due to opioid overdose



References

1. <https://www.kff.org/other/state-indicator/opioid-overdose-deaths-by-type-of-opioid/?currentTimeframe=7&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>
<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

*not limited to Medicaid

Non-Opioid Policy Changes

❖ Non-Opioid Agent Restrictions:

- Removed diagnosis restrictions for diclofenac gel (4/20) and lidocaine patches (10/21)
 - Diclofenac gel utilization has tripled since 3/20
- Removed PA criteria from celecoxib (4/20)
 - Celecoxib utilization up approximate 45% since 3/20

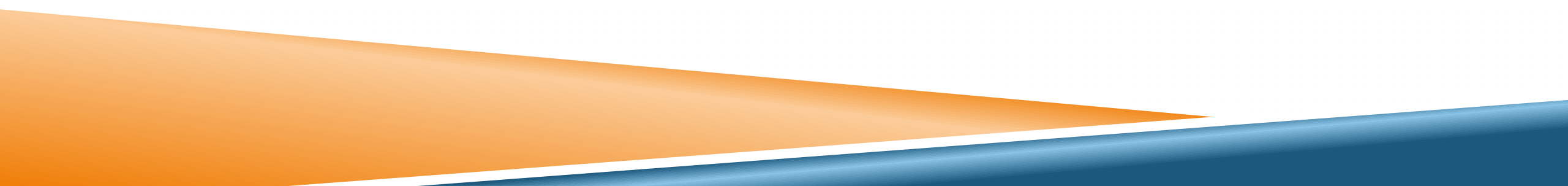
❖ Non-Medication Pain Management:

- Complementary Health and Alternative Therapies for Chronic Pain Management (4/19)
 - Combines the use of chiropractic therapy, acupuncture, physical therapy, and/or cognitive-behavioral therapy

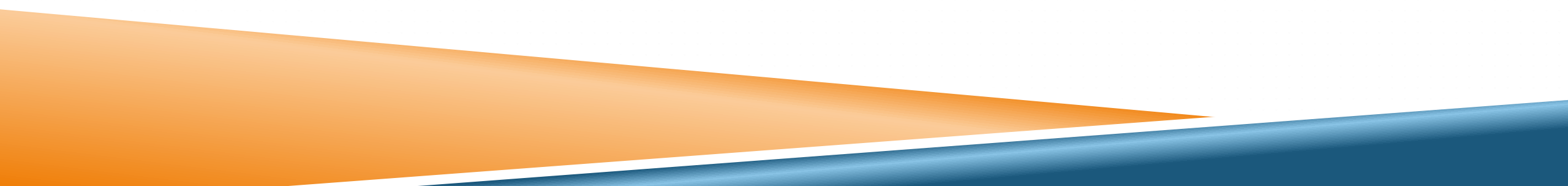
❖ Risk Reduction Measures:

- Clinical Edit for long term use of benzodiazepines (example: Xanax)
 - Utilization decreased by 21% of participants receiving benzos and number of units decreased by 37% from 2019 to 2021
- High Risk Therapy clinical edit to increase access of naloxone (4/21)
 - Monthly utilization of naloxone has tripled since implementation
- Removed PA from buprenorphine/naloxone (2017)
 - Utilization up 78% since 2017

Current Opioid Policy

- ❖ Opioid policy exemptions:
 - Participants diagnosed with cancer or sickle cell disease
 - Participants enrolled in Hospice care or receiving palliative care
 - ❖ Initial opioid prescription for opioid naïve participants limited to 7 days and 50 MME per day
 - ❖ After the initial fill, participants may receive up to 90 MME of a single agent or 150 MME combined per day for up to 60 days prior to requiring a PA
 - ❖ Participants receiving over 150 MME must receive a PA and may require annual review
 - ❖ Participants receiving both an opioid and benzodiazepine are required to receive naloxone at least once every 2 years to have on hand
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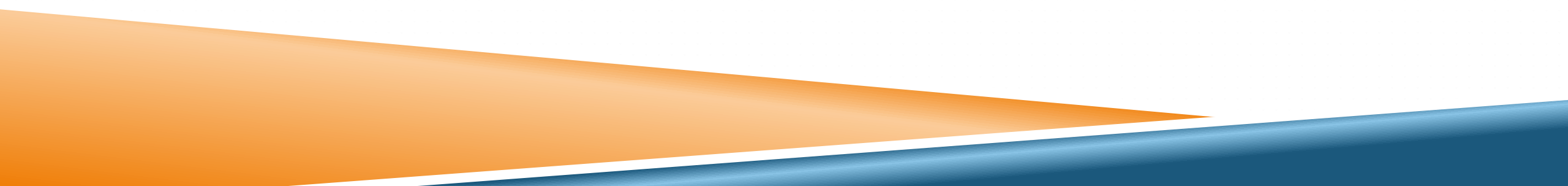
New Opioid Policy

- ❖ Opioid policy exemptions:
 - Participants diagnosed with cancer or sickle cell disease
 - Participants enrolled in Hospice care or receiving palliative care
 - ❖ Initial opioid prescription for opioid naïve participants limited to 7 days and 50 MME per day
 - ❖ After the initial fill, participants may receive up to 50 MME total per day without requiring PA
 - ❖ Participants receiving over 50 MME must have a diagnosis supporting the use of opioids on file
- 

New Opioid Policy - Continued

- ❖ Participants newly receiving over 90 MME must submit progress notes and medical necessity to support the use of opioids
- ❖ Participants already over 90 MME will be allowed to maintain dosage or decrease dose without PA
 - Dosage increases will require a new submission of progress notes and medical necessity
- ❖ Participants receiving both an opioid and benzodiazepine are required to receive naloxone at least once every 2 years to have on hand

Transitioning to New Policy

- ❖ Transition from requiring a PA for participants after two months of therapy and move to MME centered PA limits based on risk
 - ❖ Reduce MME accumulation limit from 150 MME per day to 90 MME per day before requiring PA, progress notes, and medical necessity documentation
 - ❖ Allow for transparent dose reductions when providers taper a regimen above 90 MME to another regimen still above 90 MME per day (example from 150 MME to 120 MME per day)
 - ❖ Revised pharmacy helpdesk procedures to clarify reason for denials and improve interactions with providers
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Statistics

❖ Monthly MO HealthNet Statistics:

- 33,000 participants receiving at least one opioid prescription
- 3,300 participants receiving greater than 150 MME per day
- 900 participants receiving between 90 – 150 MME per day
- 3,000 participants receiving between 50 – 90 MME per day
- 25,800 participants receiving less than 50 MME per day

❖ MO HealthNet currently manually reviews and approves 800 plus opioid regimens per month

Why?

❖ 7 Days on Initial Prescription (existing policy):

- A patient receiving a 1 day supply for the initial opioid prescription has a 6% chance of being on opioids one year later, this increases to 13.5% for greater than 7 days, and 29.9% for greater than 30 days.

❖ 50 Morphine Milligram Equivalents and 90 Morphine Milligram Equivalents:

- Dosages of 50–99 MME/day have been found to increase risk for opioid overdose two-fold to five-fold compared with dosages of 1–19 MME/day, and dosages ≥ 100 MME/day increase risk of overdose up to nine times the risk at 1–19 MME/day.
- Among a national sample of Veterans with chronic pain receiving opioid treatment and dying of opioid-related overdose, average prescribed dosage was 98 MME/day (compared with an average dosage of 48 MME/day among patients not experiencing fatal overdose), suggesting the need for caution before dosages approach 100 MME daily.

❖ Most calls today are for participants who are receiving <50 MME and end with an approval after diagnosis is conveyed to helpdesk. These changes will reduce calls and allow staff to focus on higher value calls.

References

1. <https://www.cdc.gov/mmwr/volumes/66/wr/mm6610a1.htm>
2. <https://www.cdc.gov/opioids/providers/prescribing/faq.html>

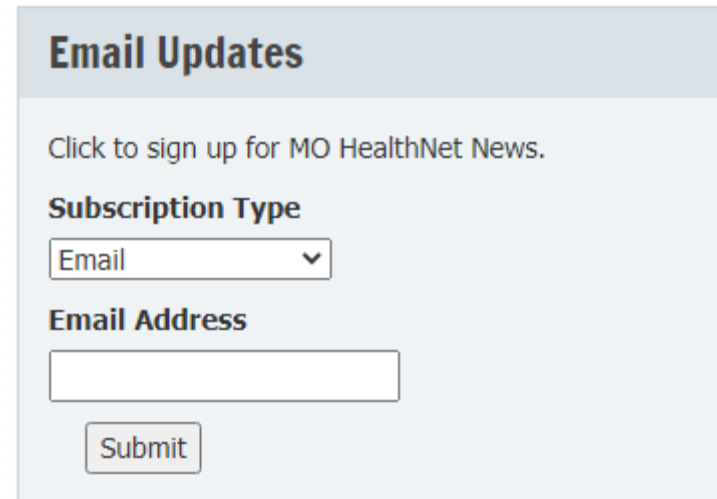
Stay Up to Date

❖ Sign Up for our Hot Tips and Provider Bulletins

➤ <https://dss.mo.gov/mhd/>



A dark blue pop-up window with a close button in the top right corner. It features the Missouri Department of Social Services logo and the MoHealthNet logo. The text inside says "Click to Sign Up for MO HealthNet News." Below this is a white text input field labeled "Email Address" and a dark blue button labeled "SUBSCRIBE". At the bottom, there are two links: "No Thanks" and "Remind Me Later".



A light blue form titled "Email Updates". It contains the text "Click to sign up for MO HealthNet News." followed by a "Subscription Type" dropdown menu with "Email" selected. Below that is an "Email Address" text input field and a "Submit" button.

Program Updates

❖ October 2021

- Antimigraine 5HT1 Inhibitors (triptans)
- GLP-1 Receptor Antagonists
- Neuropathic Pain (lidocaine patches)
- SGLT2 Inhibitors
- Montelukast

❖ January 2022

- Anticoagulants
- Antiplatelets
- Proton Pump Inhibitors

References

1. <https://dss.mo.gov/mhd/cs/pharmacy/pages/clinedit.htm>
2. <https://dss.mo.gov/mhd/cs/pharmacy/pages/frequpd.htm>

Public Input

Drug Prior Authorization Committee Meeting Information

home » mo healthnet division » clinical services » advisory » drugpa » meeting

2021

September 16

June 17

March 18

Agenda

Edit Implementation Schedule

PDL Announcements

PDL Recommendations

MHD Pharmacy Program & Budget Update

New Drugs & Edits With No Annual Changes Presentation

Conduent Reports:

September 2021 DPAC Reports 

PDL Proposals – No New Criteria:

Angiotensin Receptor Blocker/Angiotensin Receptor Blocker Combo

Angiotensin Receptor Blocker/Calcium Channel Blocker Combo

Beta Adrenergic Blocker/Beta Adrenergic Blockers/Diuretic Combo

References

1. <https://dss.mo.gov/mhd/cs/advisory/drugpa/meeting.htm>
2. <https://dss.mo.gov/mhd/cs/advisory/dur/meeting.htm>
3. <https://dss.mo.gov/mhd/cs/advisory/rdac/meeting.htm>

LEGISLATIVE UPDATE

BUDGET DIRECTOR UPDATE



MO HealthNet Department Request

State Fiscal Year (SFY) 2023

November 10, 2021

MO HealthNet (MHD) Supplemental Request

State Fiscal Year (SFY) 2022

SFY 2022 Supplemental Department Request

Requests		GR	Total
MHD SFY 2022 Supplemental		\$483.0M	\$2,246.0M
<i>Amount related to Public Health Emergency Requirements (included in total above)</i>		<i>\$228.0M</i>	<i>\$510.4M</i>
CHIP Federal Authority		\$0.0M	\$134.2M
Money Follows the Person Grant Extension		\$0.0M	\$1M
Home Health Rate Increase		\$0.006M	\$0.006M
Total		\$483.0M	\$2,381.2M

Source: <https://oa.mo.gov/budget-planning>

MO HealthNet (MHD) Department Request

State Fiscal Year (SFY) 2023

SFY 2023 Department Request

Requests		GR	Total
MHD SFY 2022 Cost to Continue (CTC)		\$313.6M	\$2,671.5M
Managed Care Actuarial Increase		\$60.8M	\$242.1M
NEMT Actuarial Increase		\$0.8M	\$2.3M
Hospice Rate Increase		\$0.1M	\$0.4M
Pharmacy Specialty PMPM		\$13.1M	\$38.9M
Pharmacy Non-Specialty PMPM		\$1.6M	\$4.6M
Medicare Buy-In Premium Increase		\$5.7M	\$18.1M

Source: <https://oa.mo.gov/budget-planning>

MO HealthNet (MHD) Department Request

State Fiscal Year (SFY) 2023

SFY 2023 Department Request

Medicaid Management Information Systems (MMIS) Requests		GR	Total
MMIS Health Information Exchange (HIE)		\$2.4M	\$5.0M
Clinical Management Services for Claims and System for Pharmacy Claims and Prior Authorizations (CMSP) Contractual Increases		\$0.6M	\$1.8M
MMIS Component Upgrades (Existing System)		\$1.9M	\$7.6M
MMIS Identity and Access Management Solution for Citizen/Provider Portals		\$0.5M	\$5.0M
MMIS Interoperability Requirements		\$0.2M	\$1.5M
MMIS Business Intelligence Solution-Enterprise Data Warehouse (MEDES Data)		\$0.5M	\$5.0M

Source: <https://oa.mo.gov/budget-planning>

MO HealthNet (MHD) Department Request

State Fiscal Year (SFY) 2023

SFY 2023 Department Request

Requests		GR	Total
CHIP Authority CTC		\$0.0M	\$134.2M
School District Claiming Authority		\$0.0M	\$16.0M
Money Follows the Person Extension CTC		\$0.0M	\$1.0M

Source: <https://oa.mo.gov/budget-planning>

PUBLIC COMMENT

NEXT MEETING
FEBRUARY 3, 2022