

Opioid Policy Advisory Council Meeting Minutes

March 20, 2019
Jefferson City, MO

Attendance:

Dr. Richard Covert
Lindsey Haslag
Stephanie Roberts
Olivia Rush
Sarah Luebbert
Brian Kinkaide
Dr. Randall Halley
Barret Wolters
Dr. Bob Twillman
Dr. Kurt Bravata
Sylvia Taylor
David Barbe
Dr. Liz Chiarello
Chris Brown
Clayton Link
Elizabeth Simmons
Dr. Eric Martin
Beth Stokes
Jessie Dresner
Terri Woodward

Dr. Alexander Hover
Pat Mills
Josh Moore
Jennifer Colozza
Dale Carr
Dr. Michelle Barg
Dr. Dan Millspaugh
Steve Diemler
Annie Eisenbeis
Dr. Bridget Early
Dr. Brad Noble
Dr. Matt Stinson
Brian Bowles
Dr. Omofolarin Fasuyi
Dr. Timothy Kling
Angela Wilson
Nanci Nikodym
Sarah Ekart
Dr. Mark Roaseau

Introductions

Updates – Jessica Dresner, MO HealthNet Division

- Clinical edit for prior authorization for opioids has been fixed
- Working to develop a process for diagnoses appropriate for long term opioid use

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Clinical Edits for Prescribing – Angela Wilson, MO HealthNet Division

- Creation of an Opioid Attestation form to request one year authorization
 - Form is still a draft but will be available April 4, 2019 (not online, only from MHD directly)
 - Contact with call center will allow a one month prescription, pharmacy must advise physician more information is needed to continue
 - Must be completely filled out to get approval, any blanks will result in a delay
- MME will reduce from 300 to 200 effective April 4th
- Prescribers can always request a second level review if hotline does not approve an exception
- To avoid denial of claims, use correct diagnosis code when billing (must identify source of chronic pain as opposed to using a general pain diagnosis)

Smart PA – Josh Moore, Conduent

- Demonstration of Smart PA to assist in claim going through at point of sale with no need for exception (see attachment 2)
- Smart PA only takes the first five diagnosis codes entered, make sure applicable pain diagnosis is included to receive payment
- Multiple edits related to opioids, Conduent continues to add as new issues are identified
- Preferred Drug Lists are updated the first week of each quarter
- Weekly meetings regarding inclusion of ICD-10 codes utilized by providers, if some are missing Josh advises to contact Conduent for consideration
 - Joshua.Moore3@conduent.com
 - Luke.Boehmer@conduent.com
 - Olivia.Rush@conduent.com
 - Jennifer.Colozza@conduent.com

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Alternative Therapies for Chronic Pain – Beth Stokes, MO HealthNet Division

- Will go live April 1st, 2019
- Includes acupuncture, chiropractic, physical therapy, and cognitive behavioral therapy
 - Limit of 30 visits per year (120 15 minute units) of combined acupuncture, chiropractic, and physical therapy
 - CBT does not count toward 30 visit limit and may be used in conjunction with other therapies
- A list of providers offering CBT was requested for referral purposes. Dr. Martin stated a list of billing providers could be made available.
- CBT can be done via telehealth as long as the provider is enrolled and licensed in Missouri
- Bulletin should go out soon, webinars and provider information are in development
- Opioid Prior Authorization Process for Providers handout (see attachment 1)

Patient SUPPORT Act – Eric Martin, MO HealthNet Division

- Internal work group set up to look at the prescription monitoring requirement for Medicaid providers
- Systems work required to be able to suspend incarcerated at risk youths' Medicaid eligibility rather than terminate
- The option to provide SUD treatment in IMDs for 30 days does not seem to be a good option due to the fact it is temporary
- Looking for more guidance from Centers for Medicare and Medicaid

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Subcommittees

Compliance

- Since last meeting, reduction in number of cases where pharmacies have changed the prescriber in order to bypass the system clinical edit
 - Reduced from 6,000 prescriptions to 3,000 monthly
- Reduction in number of prescriptions changed to reduce MME in order to bypass the system clinical edit
 - Reduced from 600 prescriptions to 370 monthly

Clinical

- Need to determine difference between chronic and acute pain
- Focus should be on acute pain with emphasis on treating with alternative therapies instead of prescribing
- Find answer to question: are people really using fewer opioids or have they identified other ways to get them?

Education

- Providers and pharmacies need information on the expectations MO HealthNet has regarding PAs and who is responsible for providing additional information when required
- Beneficial for MO HealthNet to share benchmarks for alternative therapies – look for reduced prescribing, not just utilization of the new therapies
- Providers indicated an easy to use diagnosis code listing would be very beneficial to them, especially when the diagnosis does not match the needs

Communication

- Visual materials would be helpful – videos, etc.

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Missouri Medicaid Audit and Compliance Updates – Steve Diemler

- National trend of pharmacies billing for high cost medical kits
 - In Missouri, such instances have cost \$1.8 million since January 2018
 - Investigation underway, in the meantime MHD is working to stop it at the front end
- Who to contact if become aware of potential fraud:
 - MMAC - <https://mmac.mo.gov/contact-us/>

NOTE: Attendees requested a poll to determine the preferred meeting time due to travel needs. Based on input from the poll, future meetings will be held from 1pm – 4pm.

The next meeting is scheduled for July 30, 2019.

Opioid Prior Authorization Process for Providers

- To obtain prior authorization, the physician's office or the pharmacy can call the Pharmacy Help Desk at (800) 392-8030, option 3, Monday through Friday 8 am-9 pm and Saturday, Sunday and major national holidays 8 am-6 pm.
- Providers may also submit requests through CyberAccess or by faxing a Drug Prior Authorization form to (573) 636-6470. To become a CyberAccess user, contact the Conduent help desk at (888) 581-9797.
- If a patient has been established on an opioid(s) for 6 months or longer and the claim is rejecting at the pharmacy, the prescriber should call, fax, or submit a CyberAccess request. When faxing a request, providers should send the following:
 - Drug Prior Authorization form
 - Opioid Information Sheet
 - Last 6 months of office progress notes
 - Any additional medical records the provider feels are pertinent for the review of the request.
- A pain management specialist may be consulted to review requests for patients who do not meet MO HealthNet criteria for chronic opioid use or for patients who exceed the total MME limit.
- In addition to submitting ICD-10 codes of G80, prescribers should ensure they are billing the specific diagnosis code for the root cause of the pain. In order for claims to pay transparently, prescribers should bill the specific diagnosis at least once every 6 months.
- Patients may receive a one-time authorization if they have been established on an opioid(s) for 6 months or longer and the diagnosis does not meet MO HealthNet criteria. Providers must then submit additional information such as Drug PA form, opioid information sheet, and/or progress notes. No further fills will be approved until the requested information is received and reviewed.

MO HealthNet Opioid Road Map

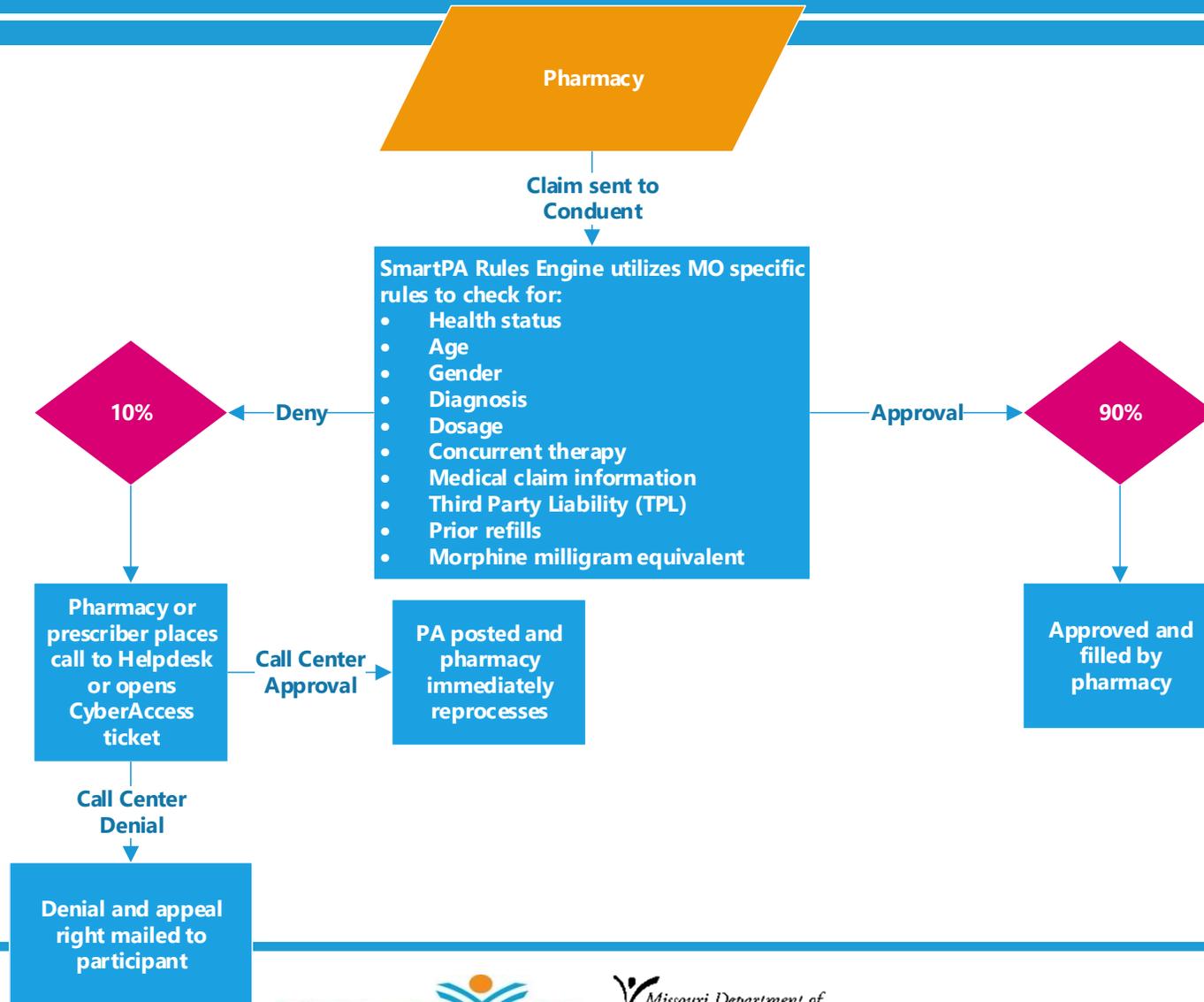
Mark Roaseau, B.S. Pharmacy, M.D, MHD
Josh Moore, PharmD, Conduent



Opioids Prior to 2012

- Hydrocodone products were top prescription by volume in United States and in Missouri
- Death Rate in United States doubled from 1999 - 2013 (6.0 to 13.8 per 100,000) attributed largely to prescribed controlled substances
- ER Visits for misuse/abuse of opioids increased 153% from 2004 – 2011 Nationwide
- No system in place for MO HealthNet to prevent participants from doctor shopping, pharmacy shopping or exceeding acceptable dosing levels

SmartPA Rules Engine



MO HealthNet Edit Criteria

- **Preferred Drug List (PDL) Edits**
 - Typically have preferred agents and may have clinical criteria
 - Each edit is reviewed at least annually
- **Clinical Edits**
 - Typically contains clinical criteria, dosage limitations, and other criteria as needed
 - Each edit is reviewed periodically as needed for criteria changes
- **Fiscal Edits**
 - Typically criteria is limited to dose unit optimization and refill too soon limits
 - Each edit is reviewed periodically as needed for criteria changes
- **Criteria is posted on MO HealthNet website and reviewed at Drug Prior Authorization and Drug Utilization Review Committee meetings on a quarterly basis**

Initial Opioid Edits

- **Long Acting Opioid PDL Edit**
 - PDL Edit in place since 2005
 - Evaluated diagnosis, prior opioid experience, and PDL only
- **Short Acting Single Agent Opioid Clinical Edit**
 - Clinical edit in place since 2012
 - Evaluated diagnosis, dosage, age, and fill history in past 7 days
- **Short Acting Combination Agent Opioid Clinical Edit**
 - Clinical edit in place since 2012
 - Evaluated diagnosis, dosage, age, and fill history in past 7 days
- **Outcomes**
 - Significant shift downward in opioid prescriptions along with shift in amount of opioids dispensed
 - Participants were still receiving opioids from each class of medication resulting in high cumulative Morphine Milligram Equivalent dosages

Opioid Edits - Long Acting

- Long Acting Opioid PDL edit created in 2005
- Participants must meet one of the following criteria:
 - Cancer/Sickle Cell diagnosis (past 6 months) or antineoplastic agent pharmacy claim (past 30 days)
 - Current Palliative or Hospice Care
 - Chronic Non-Malignant Pain diagnosis in last 6 months and over age 18
 - CNMP patients are not allowed to start on doses of Oxycontin 80 or Duragesic 50 or higher, must start with lower dose
- Check current preferred and non-preferred agents on the MO HealthNet website
- Denial for opioids put in place for participants receiving concurrent Medication Assisted Therapy

Opioid Edits - Short Acting

- Two separate edits for single and combo short acting agents
- Current dosages are limited to 90 MME for immediate release opioids
- Initial prescription to be 7 days or less and 50 MME or less for opioid naïve participants
 - Defined as pharmacy history absent of opioid claims in the last 90 days
- CNMP diagnosis code list refined several times
- Cancer and Sickle Cell patients are valid diagnose codes but must be on claim within last 6 months for transparent payment at Point of Sale
- For patients receiving Medication Assisted Therapy all short acting opioids will deny at Point of Sale and require a helpdesk override

Morphine Milligram Equivalent Accumulation Edit

- May 1, 2018 MME Edit Implemented
 - Initial limit is 300 MME/day
- Patients with cancer, sickle cell, and palliative care/hospice are excluded
- Peer to Peer case reviews are available as needed for participants exceeding 300 MME/day

MME Accumulation Edit Criteria

- All opioid prescriptions are considered in the cumulative total
- For transparent approval a patient must meet one of the following criteria:
 - <300 MME per day dose
 - Diagnosis of Cancer or Sickle Cell in past 6 months
 - Antineoplastic agent in past 30 days
 - Current Hospice or Palliative Care

MME Accumulation Edit Results

MME Accumulation Group	Pre Members	Post Members	% Change
001 - 30	21,815	22,045	1%
31 - 60	20,323	19,961	-2%
61 - 90	7,792	6,539	-16%
91 - 120	3,570	3,183	-11%
121 - 200	2,926	2,026	-31%
201 - 300	2,559	1,924	-25%
> 300	2,271	1,532	-33%
Total	61,256	57,211	-7%

- Pre timeframe is 11/1/17 – 4/30/18
- Post timeframe is 5/1/18 – 10/31/18

Next Steps

- Reduce MME limit to 200 MME/day
 - Effective 4/4/2019
- Alternative Therapies for Chronic Pain
 - Effective 4/1/2019
 - Covers alternative therapies for back, neck pain and trauma:
 - Acupuncture
 - Chiropractic
 - Physical Therapy

Tentative Future Plans

- Approve Opioid Therapy for participants over the MME Accumulation Edit limit
 - After review and approval participants will be allowed to continue only on the regimen approved at Point of Sale
 - Changes in therapy will require a new prior authorization to be created including:
 - Dose increase
 - Change in medication
 - Oxycotin 40 mg to Oxycotin 20 mg
 - Percocet 5/325 mg to OxyIR 5 mg
 - Prescriber documentation will be required before opioid therapy regimen is approved
 - Go live is currently TBD

Discussion

- Questions?

Thank you

