

North Carolina Medicaid

Special Bulletin

An Information Service of the Division of Medical Assistance

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July

2007

ATTENTION:

All Providers

Notice of Change to the

OUTPATIENT PHARMACY PROGRAM

Effective implementation date: August 1, 2007

New Program:

FOCUSED RISK MANAGEMENT (FORM)

Formerly known as Medication Therapy Management (MTM)

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The N.C. Medicaid Outpatient Pharmacy Program's Medication Therapy Management (MTM) program will be revised and replaced with the Focused Risk Management (FORM) program. The revisions will be reflected in the following updated sections of Clinical Coverage Policy 9, revised date August 1, 2007: (<http://www.dhhs.state.nc.us/dma/pharmacy.htm>) **Focused Risk Management (FORM) Program.**

Recipient Opt-In (Restricted Pharmacy Services) Program
Attachment A, Section T: Focused Risk Management Program Fee

The changes to this policy will be implemented on August 1, 2007, and are summarized below.

SUMMARY OF CHANGES

- Focused Risk Management (FORM) replaces the Medication Therapy Management (MTM) Program.
- Submission of the quarterly FORM professional service fee at point-of-sale (POS) is required and is no longer automatic. The fee must be submitted in the NCPDP 5.1 field 477-BE along with a prescription number for reimbursement. The prescription number is required to allow for reversals.
- Additional exemption to recipient opt-in: Recipients residing in assisted living facilities and group homes (implemented on June 1, 2007).
- Failure to perform the review as required by this policy, or failure to have documentation of the review on file at the time of audit, will result in the recoupment of the FORM professional service fee *as well as of payment for all claims that exceed the limit of 11 prescriptions per month.*
- If the primary care physician refuses to sign the FORM review then the pharmacist must document this on the review form. The name of the primary care physician who refused to sign and the reason for the refusal must be stated and dated. The Division of Medical Assistance (DMA) will allow up to one month from date of initial impartation to the primary care provider for the appropriate documentation for circumstances in which the physician refuses to sign the review form. Recoupment for not documenting quarterly reviews will not affect providers when recipients have been opted in for 2 months or less.
- Community Care of North Carolina (CCNC) pharmacists will have oversight of the FORM process. However, Program Integrity will conduct audits to ensure compliance with this policy.

N.C. Medicaid will reimburse only one pharmacy provider for the FORM professional service fee per recipient per calendar quarter. When a recipient transfers from one pharmacy provider to another during the same quarter, it is imperative that the second pharmacy provider ask the first pharmacy provider if they have performed the FORM review for that particular quarter.

FOCUSED RISK MANAGEMENT PROGRAM

Some recipients have clinical indications that warrant more prescriptions than are allowed under the monthly prescription limitations. DMA requires that recipients receiving more than 11 prescriptions per month be evaluated as part of a Focused Risk Management (FORM) Program. The recipient's pharmacist is the facilitator of the FORM process. The pharmacist coordinates, integrates, and communicates medication regimen discussions with the patient's primary care provider. Upon provider consensus, the pharmacist may translate the information to the recipient. This service comprises the following components:

1. Perform a comprehensive drug regimen review to identify, resolve, and recommend cost-effective, safe, and efficacious drug alternatives, when available, to the recipient's primary care provider, such as by:
 - a. Increasing generic efficiency rates by promoting generic alternatives to branded prescription medications, when available.
 - b. Identifying opportunities for therapeutic interchange within an existing therapeutic drug class.
 - c. Identifying opportunities for therapeutic substitution.
 - d. Assisting primary care providers in understanding the complexities of drug therapies.
 - e. Identifying opportunities for optimizing therapeutic outcomes.
 - f. Establishing routine communication with the primary care provider.
2. Review the appropriateness of dose/strength/schedule, safety, effectiveness, and convenience of drug therapy regimen, such as by:
 - a. Checking for suboptimal dosage.
 - b. Assessing dosing regimen.
 - c. Identifying opportunities for dose optimization.
 - d. Identifying opportunities for dosage consolidation.
 - e. Determining addition/deletion of medications to existing protocol.
 - f. Identifying inappropriate medications.
3. Recognize opportunities to prevent, minimize, and manage adverse drug events, such as by:
 - a. Identifying risk factors for adverse drug events.
 - b. Identifying potentially harmful medications.
4. Improve patient management and adherence/compliance to individualized treatment plan, such as by:
 - a. Identifying recipients who experience a significant gap in their medication therapies, with the priority aim being to improve health care outcomes through greater adherence to chronic medication regimens.
 - b. Evaluating/advising on recommended adjustments to drug regimen, if necessary.
 - c. Continuously monitoring and managing drug therapies.

- d. Establishing routine communication with and education of the patient.
 - e. Discontinuing short-term acute medications filled on a monthly basis.
5. Communicate and translate information to the recipient

Frequency of Review

The qualified licensed pharmacy provider will perform the FORM review at least every 3 months to ensure clinically appropriate, efficacious, and cost-effective use of drug therapy. As needed, the pharmacist should obtain consultation for specific patient therapy questions from clinical pharmacy experts (for example, AHEC pharmacists, CCNC pharmacists, drug information centers, and academic pharmacists). The first review must be completed within 2 months of the recipient's identification for the program; subsequent reviews must be performed at least every 3 months thereafter.

Management Fee and Required Documentation

Pharmacies participating in this program are eligible for a quarterly FORM fee upon completion of the comprehensive review plan required for each Medicaid recipient being managed. Documentation of the review of the recipient's medical profile can use the pharmacy's standard software, as long as it incorporates professional standards of clinical appropriateness. The appropriate signatures by the recipient's primary care physician and pharmacist are required on the FORM review form to ensure compliance with the frequency of review and agreement on actions undertaken. By requesting to allow the recipient to opt-in at their pharmacy, the pharmacy is indicating its acceptance of the responsibility to conduct the FORM review.

When a recipient elects to change his or her opt-in pharmacy provider during any quarter to another pharmacy provider, it is expected the second pharmacy provider will inquire from the original pharmacy provider if the FORM review is needed. N.C. Medicaid will pay only one FORM professional service fee per opt-in pharmacy per recipient per quarter.

Monitoring by Program Integrity

Program Integrity will perform audits to ensure adherence to this policy. Failure to perform the review as required by this policy, or failure to have documentation of the review on file at the time of audit, will result in the recoupment of the FORM payment as well as of payment for all claims that exceed the limit of 11 prescriptions per month. The signed documentation of the reviews must be kept on file in the pharmacy and readily retrievable for review by Program Integrity. If the primary care physician refuses to sign the FORM review, then the pharmacist must document the refusal on the review form. The name of the primary care physician who refused to sign, and the reason for the refusal, must be stated and dated. DMA will allow up to one month from date of initial impartation to the primary care provider for the appropriate documentation for circumstances in which the physician refuses to sign the review form. Recoupment for not documenting quarterly reviews will not affect providers when recipients have been opted in for 2 months or less.

Recipient Opt-In (Restricted Pharmacy Services) Program

DMA utilizes a recipient opt-in (restricted pharmacy services) program. Recipients identified for the FORM program and who require more than 11 prescriptions each month are restricted to a single pharmacy. The recipient must elect to participate in the opt-in program with a single

pharmacy, excluding specialty pharmacies, to receive more than 11 prescriptions; however, written consent is not required. Every 6 months, recipients will be systematically removed from the opt-in program when fewer than 12 prescriptions were dispensed in 2 out of the last 3 months, or if fewer than 12 prescriptions were dispensed in the sixth month. The recipient's primary care physician or current pharmacy provider can contact EDS to request changes to the pharmacy opt-in provider.

To reach EDS 8:30 a.m.–4:30 p.m. weekdays, dial 919-851-8888 or 1-800-688-6696.

Exemptions to Recipient Opt-in Program

The following recipients are exempt from mandatory pharmacy opt-in and the FORM program:

- Recipients who are younger than 21 years of age.
- Recipients residing in nursing facilities or intermediate care facilities/mental retardation centers*.
- Recipients residing in assisted living facilities and group homes*.

*Exemptions are due to OBRA 1990 guidelines for mandatory medication review requirements and/or N.C. rules and regulations governing adult care homes (10A NCAC 13G.1009 or 10A NCAC 13F.1009) and group homes (10A NCAC 27G.0209).

Emergency Supplies for Recipient Opt-In Program

Emergency fills are allowed for recipients who opt-in to a pharmacy for situations in which the recipient may not be able to get to their pharmacy. The emergency supply is limited to a 4-day supply. The provider will be paid for the drug cost only and the recipient will be responsible for the appropriate co-payment. Records of dispensing of emergency supply medications are subject to review by Program Integrity. Paid quantities for greater than a 4-day supply are subject to recoupment.

FORM Process Oversight

Qualified clinical pharmacists in the CCNC network will provide monitoring and consultation services to DMA and to the participating community pharmacists. CCNC pharmacists will have oversight of the FORM process. However, Program Integrity will conduct audits to ensure compliance with this policy.

FORM Program Fee

A quarterly FORM professional service fee of \$30.00 per provider per opt-in recipient will be paid to one pharmacy each quarter that participates in the FORM program upon completion of the comprehensive review plan for each identified N.C. Medicaid recipient.

Upon completion of the recipient's quarterly FORM intervention review, reimbursement will be submitted at the POS. The professional service fee submission will be transmitted using the NCPDP 5.1 field 477-BE (pricing segment). The pharmacy provider will have up to one year from the date of service of the actual review to submit the FORM professional service fee.

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