

# Montana Healthcare Programs Pharmacy Program – Indian Health Service (IHS)/ Tribal 638 Pharmacies

May 24, 2022

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# Agenda

**Provide overview of Pharmacy Program**

**What is covered and what isn't covered under Pharmacy Program**

**Reimbursement**

**Preferred Drug List and what that means for IHS/Tribal 638 Pharmacies**

**Point-of-Sale (POS) and the benefits of using POS**

**Team Care Program and Drug Not Covered**

**Clinical Pharmacist Practitioner (CPP) Services**

# Overview of Montana Healthcare Programs' Pharmacy Program

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The Prescription Drug Program covers pharmaceuticals and limited pharmacist services, such as vaccine administration.

Drug coverage is limited to those products where the pharmaceutical manufacturer has signed a rebate agreement with the federal government. Federal regulations further allow states to impose restrictions on payment of prescription drugs through prior authorization and preferred drug lists (PDL).

In order to receive reimbursement by Montana Healthcare Programs, all prescriptions billed under the pharmacy benefit, regardless of type of pharmacy, must be rebate eligible.

Currently, there are approximately 440 pharmacies enrolled in Montana Healthcare Programs. This total includes in-state and out-of-state.

# Prescription Drug Coverage

## The following products are covered under the Pharmacy Program:

- ✓ Rebate eligible products (must have a signed rebate agreement with Centers for Medicare & Medicaid Services (CMS)).
- ✓ Legend drugs (FDA approved and require RX), subject to the Preferred Drug List (PDL), clinical criteria, and prior authorization requirements.
- ✓ Prescription cough and cold medications, even for Medicare Part D members (quantity limits apply).
- ✓ Certain prescribed rebate eligible over-the-counter (OTC) products that are used to treat illness, and are listed in our State Plan, such as aspirin, antacids, and non-sedating antihistamines.
  - The full list of OTC products can be found within the Prescription Drug Program Provider Manual at <https://medicaidprovider.mt.gov/19>.
- ✓ Compounds
- ✓ Contraceptive supplies and devices
- ✓ Prescription vitamins and minerals

# Prescription Drug Coverage - Continued

**Maintenance medications, defined by the Department, can be dispensed in quantities sufficient for a 90-day supply or 100 units, whichever is greater.**

- ✓ The complete list of maintenance medications can be found in the Prescription Drug Program Provider Manual at this link <https://medicaidprovider.mt.gov/19>.

**Other medications may not be dispensed in quantities greater than 34-day supply, except where manufacturer packaging can't be reduced to a smaller quantity, such as some birth controls and some insulins.**

## Non-Covered Items or Services

- ✓ Drugs supplied by manufacturers who don't have a rebate agreement.
- ✓ Drugs supplied by other public agencies, such as local health departments.
- ✓ Drugs covered under a member's Medicare Part D coverage, except otherwise stated.
- ✓ Drugs prescribed:
  - to promote fertility;
  - for erectile dysfunction;
  - for weight reduction;
  - for cosmetic purposes or hair growth; and/or
  - for an indication that is not medically necessary as determined by the Department in consultation with federal guidelines, the DUR Board, or the Department's medical and pharmacy consultants.
- ✓ Drugs designated as less-than-effective (DESI drugs) or drugs that are identical, similar or related to such drugs.
- ✓ Drugs that are experimental, investigational, or of unproven efficacy or safety.
- ✓ Drugs dispensed in settings such as inpatient hospitals, hospice, emergency rooms, other laboratory or x-ray services, renal dialysis, and incarceration.
- ✓ Free pharmaceutical samples.

# IHS/Tribal 638 Pharmacy Reimbursement

## **IHS/Tribal 638 pharmacies receive reimbursement for the medication, along with a professional dispensing fee.**

- ✓ Reimbursement for covered drugs shall not exceed the lower of:
  1. The provider's usual and customary charge of the drug to the general public; or
  2. The allowed ingredient cost plus a professional dispensing fee. Where allowed ingredient cost is defined as the lower of:
    - a. The Average Acquisition Cost (AAC); or
    - b. Submitted ingredient cost
    - c. If an AAC rate is not available, drug reimbursement is determined at the lower of:
      - i. Wholesale Acquisition Cost (WAC)
      - ii. Affordable Care Act Federal Upper Limit (ACA FUL); or
      - iii. Submitted ingredient cost

## **IHS/Tribal 638 pharmacies are not subject to the annual dispensing fee survey.**

- ✓ They receive the highest allowed dispensing fee, which is \$15.57 as of this training.

## **IHS/Tribal 638 pharmacies also receive an encounter reimbursement at the current all-inclusive rate (one encounter, per member, per day).**

- ✓ Payment for the encounter is calculated by the department every month and not through a claim submittal process.

# Preferred Drug List (PDL)

**The Department of Public Health and Human Services uses this program to provide clinically effective and safe drugs to its members at the best available price.**

- ✓ The PDL addresses certain classes of medications and provides a selection of therapeutically effective products for which the Montana Healthcare Programs will allow payment without restriction in those targeted classes.
- ✓ The Department, through its Formulary Committee (Drug Use Review (DUR) Board), designates this listing of preferred drugs as “preferred” based primarily on clinical efficacy. In the designated classes, drug products that are non-preferred on the PDL will require prior authorization.
- ✓ The Department updates the PDL annually, and periodically, as new drugs and information become available.



# Preferred Drug List (PDL) and IHS/Tribal 638 Pharmacies

## IHS/Tribal 638 pharmacies are exempt from following the Preferred Drug List (PDL) with the following exceptions:

- ✓ When the prescribed medication requires clinical criteria (i.e. Suboxone, Hepatitis C Treatment, Inhaled Antibiotics).
  - For additional information on which classes require clinical criteria, you can access the PDL at <https://medicaidprovider.mt.gov/19>.
  - You can access the clinical criteria by visiting <https://www.mpqhf.org/corporate/montanans-with-medicaid/pharmacy/>.
  - The Drug Use Review (DUR) Board, which consists of 5 pharmacists, 5 physicians, and 1 public representative, reviews and approves such criteria.

**When a tribal member is filling a prescription at a non-IHS pharmacy, all PDL restrictions will apply.**

## What is Point-of-Sale (POS) billing?

**The point-of-sale (POS) system finalizes claims at the point of entry as either paid or denied. Pharmacies arrange their own telecommunications switch services to accept Montana Healthcare Programs point-of-sale and are responsible for any charges imposed by these vendors.**

- ✓ The POS system reviews any new incoming claim against claim history to ensure safe and accurate dispensing occurs (i.e. early refill, therapeutic duplication, etc.).
- ✓ Claims are done in real time and are reviewed in seconds and sent back to the pharmacy with clinical information, coverage information, and payment information.
- ✓ Payer Sheet Information can be found on our provider webpage at <https://medicaidprovider.mt.gov/19>.
- ✓ Montana Healthcare Programs utilizes NCPDP Telecommunication Standard Version D.Ø.

# POS Billing Benefits

**By utilizing POS billing, it processes claims at the time of transaction to improve outcomes, such as:**

- ✓ Real time adjudication information
- ✓ Eligibility status of the member
- ✓ Adverse drug interactions
- ✓ Clinical overuse
- ✓ Duplicate therapy
- ✓ Medication status
  - Covered
  - Not Covered – May need prior authorization to be covered

**POS billing also provides opportunities for pharmacies to receive payments from other resources, if contracted, such as Blue Cross Blue Shield of Montana, Medicare Part D, Express Scripts, etc.**

# Team Care and Drug Not Covered Overview

## Pharmacy Case Management

- ✓ This program identifies members who are high utilizers, or who utilize multiple pharmacies and/or prescribers. Those identified members are then referred for Team Care and/or a Drug Not Covered.

## Team Care

- ✓ Members are locked into one pharmacy and one provider. These providers may be chosen by the member, and can be an IHS/Tribal 638 pharmacy, but the Department reviews and approves if the selected providers are appropriate.
  - Forms and additional information can be found at <https://medicaidprovider.mt.gov/teamcare>.

## Drug Not Covered

- ✓ When a member is subject to a drug not covered, only one prescriber is able to write prescriptions for a select group of medications. Therefore, if a prescription is written for that select group of medications, a prior authorization must be obtained prior to the medication being dispensed.

# Team Care Program

## **Examples of when a member may be put on Team Care are:**

- ✓ A member utilizing more than 3 pharmacies, resulting in the receipt of unnecessary prescriptions (duplicate medications)
- ✓ A member seeks medical services that are not medically necessary (duplicate services from different providers)
- ✓ A member utilizes the emergency room for routine medical services
- ✓ A member is convicted of forging prescriptions

## **Not every member enrolled in Montana Healthcare Programs is eligible for Team Care. Same exemptions apply as in the Passport Program. Examples are:**

- ✓ Members living in a nursing home
- ✓ Dually eligible members
- ✓ Plan First members
- ✓ Pregnancy Medicaid members
- ✓ Spend down members
- ✓ Home and Community Based Waiver members

# Clinical Pharmacist Practitioner (CPP)

## Montana Healthcare Programs covers Collaborative Practice Drug Therapy Management provided by a Clinical Pharmacist Practitioner (CPP)

### Requirements

- ✓ The CPP must be a pharmacist that meets the requirements outlined in Administrative Rules of Montana (ARM) 24.174.526.
- ✓ The CPP must have an executed collaborative practice agreement with a medical practitioner, as provided in ARM 24.174.524, before engaging in collaborative practice.
- ✓ The CPP must manage a member's drug therapy by providing face-to-face, direct care:
  - Members who have at least one chronic condition needing at least one maintenance medication are eligible for collaborative practice drug therapy management.
- ✓ The CPP must provide care through employment or contract within a physical practice of a medical practitioner or facility.

# Clinical Pharmacist Practitioner (CPP) - Continued

## **Montana Healthcare Programs covers Collaborative Practice Drug Therapy Management provided by a Clinical Pharmacist Practitioner (CPP)**

### **Enrollment**

- ✓ The CPP must enroll as a rendering only provider.
- ✓ Enrollment is required regardless of practice. For example, CPPs employed through a FQHC or IHS facility must enroll prior to providing services.

### **Billing & Reimbursement**

- ✓ Reimbursement for collaborative practice drug therapy management is reimbursed **ONLY** to the facility.
- ✓ Once all program requirements are in place, contact the IHS/Tribal 638 Section Supervisor to have the revenue code added.
- ✓ For additional billing guidance, please contact the IHS/Tribal 638 Section Supervisor.

**Tribes who wish to employ a CPP must provide these services in accordance with their IHS 638 agreement.**

# Montana Healthcare Programs Staff Contact Information

## Montana Healthcare Programs Pharmacy & Team Care Program Staff

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# Montana Healthcare Programs Affiliate Contact Information

Provider & Member Helpline Contact Information	
Pharmacy Unlock and Eligibility Questions - Conduent	Phone: (800) 624-3958
Member Helpline – Conduent	Phone: (800) 362-8312
Drug Prior Authorization Unit – Mountain-Pacific Quality Health	Phone: (800) 395-7961 / (406) 443-6002 Fax: (800) 294-1350 / (406) 513-1928
Pharmacy POS Helpdesk – Conduent	Phone: (800) 365-4944