wisconsin Medicaid update and BadgerCare

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Wisconsin Medicaid and BadgerCare Information for Providers

To:
Dispensing Physicians
Pharmacies
HMOs and Other Managed Care Programs

Wisconsin Medicaid's prospective Drug Utilization Review system alerts

Wisconsin Medicaid will implement a prospective Drug Utilization Review (DUR) system in early 2001. The implementation of prospective DUR will affect all pharmacy providers billing Wisconsin Medicaid through real-time claims submission to Point-of-Sale (POS). This *Update* is the third in a series of *Updates* that provides an overview of prospective DUR and information providers need to prepare for implementation.

Benefits of Wisconsin Medicaid's prospective Drug Utilization Review system

The Medicaid prospective Drug Utilization Review (DUR) system assists pharmacy providers in screening selected drug categories for clinically important potential drug therapy problems before the prescription is dispensed to the recipient. The system is a valuable tool for pharmacy providers and will offer the following benefits:

- Enhances clinical quality and cost-effective drug use.
- Provides a real-time alert so that pharmacies can immediately respond to the potential problem.
- Reviews not only the prescriptions at an individual pharmacy, but all of the prescriptions reimbursed by Medicaid fee-for-service, giving pharmacy providers access to information that was formerly unavailable to them.
- Uses information from previously paid medical and pharmacy claims, such as medical diagnoses, to build a recipient medical profile in the prospective DUR system.
- Allows pharmacy providers to pre-override alerts when the drug in claims history that activates the alert was dispensed from the same pharmacy.
- Allows pharmacy providers, based on their professional judgement, to override any alerts once they have occurred.

Medicaid's prospective Drug Utilization Review system does not replace pharmacists' professional judgement

Although Medicaid's prospective DUR system will alert pharmacy providers to a variety of potential problems, it is not intended to replace pharmacists' professional judgement. Prospective DUR remains the responsibility of the pharmacy, as required by federal and state law. Medicaid's system is an additional tool to assist pharmacists in meeting this requirement.

Prospective Drug Utilization Review alerts

When a claim is processed for a drug that has the potential to cause the recipient any of the

conflicts listed below, the Wisconsin Medicaid prospective DUR system returns an alert to the pharmacy provider. The provider is then required to respond to the alert to obtain reimbursement from Wisconsin Medicaid.

The Wisconsin Medicaid DUR Board established a hierarchy for the order in which multiple alerts will appear if more than one alert is activated for a real-time drug claim. Factors taken into account in determining the hierarchy include the potential for avoidance of adverse consequences, improvement of the quality of care, cost savings, likelihood of a false positive, retrospective DUR experience, and a review of alerts used by other state Medicaid programs for prospective DUR. The clinical tables used to establish the alerts are provided to Wisconsin Medicaid by First DataBank, Inc.

For each prescription, Wisconsin Medicaid will activate alerts to identify if the individual recipient is at risk for any of the following problems, which are presented in hierarchical order.

- Drug-drug interaction.
- Drug-disease contraindication (reported and inferred).
- Therapeutic duplication.
- Pregnancy alert.
- Early refill.
- Additive toxicity.
- Drug-age precaution (pediatric).
- Late refill.

Drug-drug interaction

Alerts when another drug in claims history may interact with the drug being filled. The system will review not only the prescriptions at the provider's pharmacy, but all of the prescriptions reimbursed by Medicaid fee-for-service.

Drug-disease contraindication (reported and inferred)

Alerts when a drug is being prescribed for a recipient with a disease for which the drug is contraindicated. Acute diseases remain in the recipient's medical profile for 110 days, while chronic diseases remain permanently. The disease may have been reported on a medical claim, or inferred from a drug in claims history:

1. **Reported.** The diagnosis will be extracted from the recipient's medical profile, which includes previously reimbursed claims.
2. **Inferred.** Wisconsin Medicaid will infer that the recipient has a disease based on a drug present in claims history. This inference is made if there is only one disease indicated for the drug.

The Wisconsin Medicaid DUR Board established a hierarchy for the order in which multiple alerts will appear if more than one alert is activated for a real-time drug claim.

Therapeutic duplication

Alerts when another drug is present in claims history that has the same therapeutic effect as the drug being dispensed. The message sent to the provider will include the drug in claims history that is causing the alert. The therapeutic areas for the duplication alert may include but are not limited to those listed in the following table.

ACE inhibitors
Oral antifungals
Antilipidemics
Oral contraceptives
Anxiolytics
Oral glucocorticoids
Benzodiazepines
Phenothiazine antipsychotics
Diuretics
Proton pump inhibitors
H-2 antagonists
Sedative hypnotics
Narcotic analgesics
SSRIs/other new antidepressants
Non-sedating antihistamines
Sulfonylureas
NSAIDS

Pregnancy alert

Alerts when the prescribed drug is contraindicated in a pregnant recipient. This alert will be activated for a recipient when all of the following conditions are met:

1. The recipient is a woman between the ages of 12 and 60.
2. Wisconsin Medicaid receives a medical or pharmacy claim for the recipient that indicates a pregnancy using the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM).
3. A pharmacy claim for a drug that possesses a clinical significance of D, X, or 1 (as assigned by the Food and Drug Administration [FDA] or First DataBank, Inc.) is being processed for the recipient. Codes D, X, and 1 are defined as follows:

   D: There is positive evidence of human fetal risk based on adverse reaction data from investigational or marketing experience or studies in humans. However, potential benefits may warrant use of the drug in pregnant women despite potential risks if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective. This is an FDA-assigned value.

   X: Studies in animals or humans have demonstrated fetal abnormalities and/or there is positive evidence of human fetal risk based on adverse reaction data from investigational or marketing experience, and the risks involved in use of the drug in pregnant women clearly outweigh potential benefits. This is an FDA-assigned value.

   1: No FDA rating but is contraindicated or not recommended; may have animal and/or human studies or pre- or post-marketing information. This is a First DataBank, Inc.-assigned value.

Wisconsin Medicaid will remove the pregnancy diagnosis from the recipient's medical profile after 260 days or if an intervening diagnosis indicating pregnancy termination, including delivery, is received on a claim.

Early refill

Alerts when a recipient is requesting a refill of his or her prescription early. The alert will be sent to the provider if a claim is submitted before 75% of the previous claim's days supply for a drug should have been used. The message returned to the provider will be, "<##> days of the prescription remaining." The alert gives the number of days that should remain on the prescription, not the day that the drug can be refilled without activating the alert. Drugs with a days supply of up to 10 will be excluded from this alert. Wisconsin Medicaid will monitor a comprehensive list of drug categories that excludes antibiotics, insulins, IV solutions, electrolytes except potassium, blood components and factors, and diagnostic drugs.

Additive toxicity

Alerts when a prescribed drug will cause a cumulative effect with other drugs in the claims history. The message sent to the provider will indicate the side effect of concern. Points will accumulate for side effects based on the severity and the frequency of the side effect. Once a DUR Board-defined threshold is reached, the alert will be sent to the provider.

Wisconsin Medicaid will use National Council for Prescription Drug Program (NCPDP) field 526 (Additional Message Information) to provide pharmacy providers with additional drug history information when the additive toxicity alert is activated. Up to six drugs from the history that activated the alert will be displayed in this field.

Drug-age precaution (pediatric)

Alerts when a prescription drug should not be dispensed to the recipient because he or she is less than 19 years old.

Late refill

Alerts when a recipient is late in obtaining a refill for a maintenance drug listed below. The alert will be sent to the provider when a maintenance drug is refilled with a days supply greater than 125% of the days supply on the claim submission for the same drug in the drug history. The alert message will say, "Refill is <##> days late." The number of days late is calculated as the days after the prescription should have been refilled. Drugs with a days supply of up to 10 will be excluded from this alert. The therapeutic categories for late refill may include but are not limited to those listed in the following table.

ACE inhibitors
Alpha blockers
Angiotensin-2 receptor antagonists
Anti-arrhythmics
Anticonvulsants
Antidepressants
Antilipidemics
Antipsychotics
Beta blockers
Calcium channel blockers
Digoxin
Diuretics
Oral hypoglycemics

NCPDP fields that display alert information

Fields 439 (conflict code), 544 (DUR free text), and 535 (DUR overflow indicator)

Prospective DUR alerts will be returned to pharmacy providers as a conflict code, which is NCPDP field 439. The explanation of the alert will be in NCPDP field 544. When more than three alerts are activated by one claim, the system will indicate this is NCPDP field 535, the DUR overflow indicator. Providers are then required to call Medicaid Provider Services at (800) 947-9627 or (608) 221-9883 to find out additional alert information.

Prospective DUR alerts will be returned to pharmacy providers as a conflict code, which is NCPDP field 439. The explanation of the alert will be in NCPDP field 544.

Refer to the Attachment of this *Update* for a table of conflict names, codes, and explanations for each of the DUR alerts.

Refer to Attachment 2 of the November 2000 *Wisconsin Medicaid and BadgerCare Update* (2000-58), titled "Wisconsin Medicaid's prospective Drug Utilization Review system implementation," for a table of all NCPDP fields needed for the prospective DUR system.

Differences between alerts and edits

Prospective DUR alerts inform providers of potential drug therapy problems. Providers can override these alerts. Edits cannot be overridden. These edits, which are already in the POS system, will not change with the implementation of prospective DUR.

For example, if a recipient tries to fill the same prescription at two different pharmacies on the same day, the claim at the second pharmacy will deny. This is a hard edit, and the pharmacy provider will not be able to override it.

Prospective Drug Utilization Review's impact on prescribers

Wisconsin Medicaid is also sending an *Update* to prescribers (dentists, physicians, physician assistants, advanced practice nurse prescribers, optometrists, and podiatrists) about implementation of the prospective DUR system. The *Update* explains how the prospective DUR system works and emphasizes the importance of responding quickly to inquiries by pharmacy providers.

Educational Teleconferencing Network training for providers

Since pharmacists are responsible for prospective DUR, Wisconsin Medicaid strongly encourages pharmacy providers to attend Educational Teleconferencing Network (ETN) training on the use of the prospective DUR system. Billing clerks are also encouraged to attend. Training is scheduled for the afternoon of January 18, 2001, and the morning of January 31, 2001. Invitations are being mailed to providers this month.

Since pharmacists are responsible for prospective DUR, Wisconsin Medicaid strongly encourages pharmacy providers to attend Educational Teleconferencing Network (ETN) training on the use of the prospective DUR system.

More information

Refer to the October and November 2000 prospective DUR *Updates* (2000-47 and 2000-58), titled "Introducing Wisconsin Medicaid's prospective Drug Utilization Review system" and "Wisconsin Medicaid's prospective Drug Utilization Review system implementation," respectively, for more information about the prospective DUR system. These *Updates* can also be found in the "Provider Publications" section of the Medicaid Web site at *www.dhfs.state.wi.us/medicaid/*.

This *Update* applies to fee-for-service Medicaid providers only. If you are a Medicaid HMO network provider, contact your managed care organization for more information about its billing procedures.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at *www.dhfs.state.wi.us/medicaid/*.

ATTACHMENT
Conflict names, codes, and explanations for each of the prospective Drug Utilization Review alerts

Conflict Name	Confilict Code	Message displayed in NCPDP Field 544 (Free text)
Drug-drug interaction	DD	"<Brand name of drug in history causing alert>"
Drug-disease contraindication (reported)	MC	"<Disease description of contraindication>"
Drug-disease contraindication (inferred)	DC	"<Disease description of contraindication>"
Therapeutic duplication	TD	"<Name of most recent history drug - trade or generic>"
Pregnancy alert	PG	"Pregnancy contraindication"
Early refill	ER	"XX days of prescription remaining"
Additive toxicity	AT	"Side effect"
Drug-age precaution (pediatric)	PA	"Age warning/contraindication"
Late refill	LR	"Refill is XX days late"

NCPDP: National Council for Prescription Drug Program