

Quarterly Pharmacy Provider Forum

Department of Health Care Finance
September 2020



AGENDA

- * Welcome
- * Introductions
- * COVID-19 Initiatives
- * Prescription Drug Monitoring Program (PDMP)
- * DHCF Updates
- * MCO Updates
- * Contact Information
- * Open Discussion

COVID-19 Initiatives

- * Pharmacist COVID regulations updates
- * COVID initiatives outcomes
- * District Government's response to the coronavirus
<https://coronavirus.dc.gov/>

Prescription Drug Monitoring Program (PDMP)

DC | HEALTH

Prescription Drug Monitoring Program

Justin Ortique, PharmD, RPh
Supervisory Pharmacist – Pharmaceutical Control Division

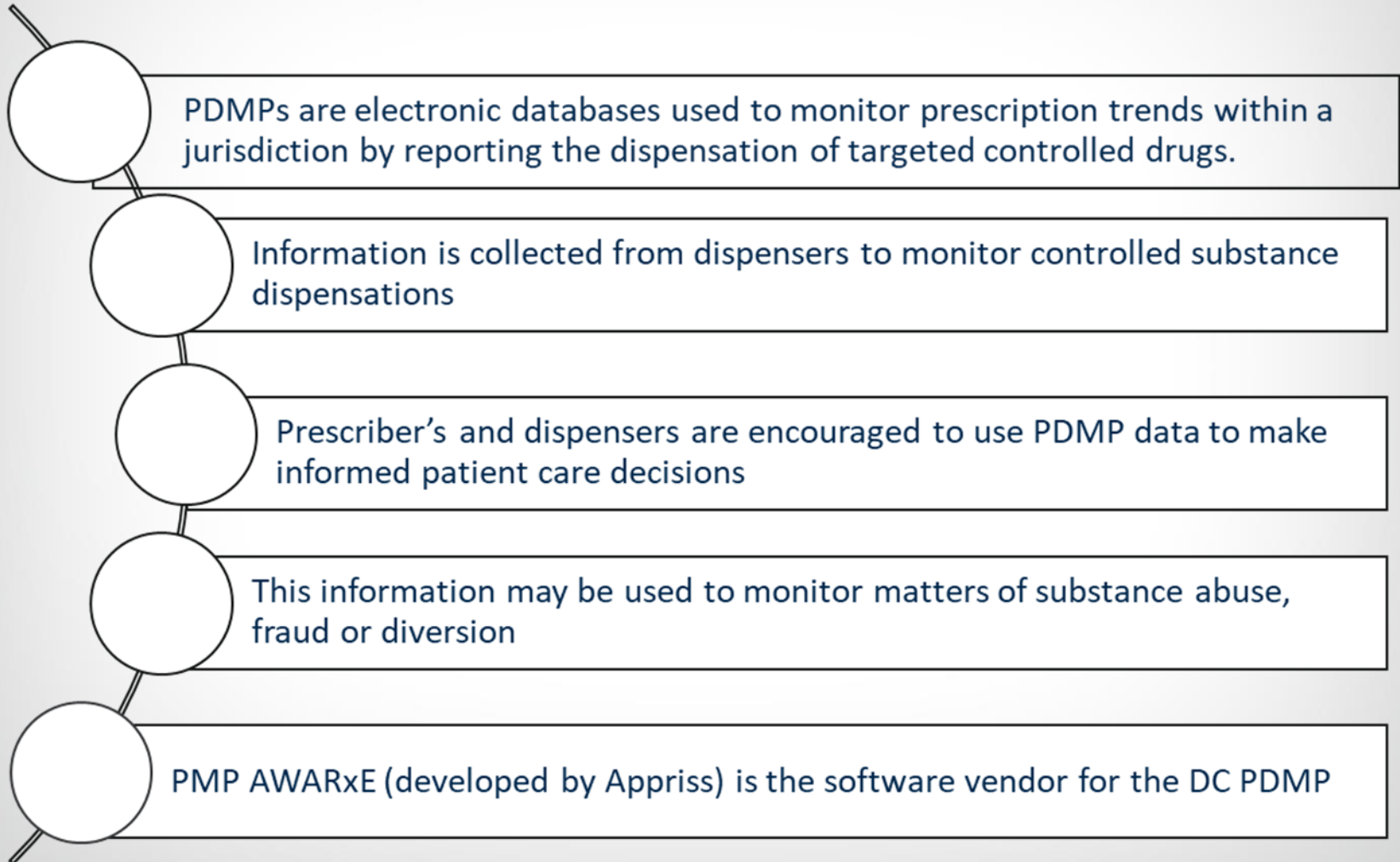
LEARNING OBJECTIVES

- Outline the benefits of DC PDMP
- Summarize DC PDMP legislature
- Compare PDMP query mandate laws across jurisdictions
- Explain the PDMP registration process and how to conduct a patient query
- Discuss sharing of DC PDMP data with other state PDMPs and healthcare system EHRs

DISCLAIMERS

- The DC PDMP should be used as a tool to assist providers with their treatment decisions
- There are no punitive consequences intended for providers who use the DC PDMP
- There are no penalties associated with failure to query the DC PDMP
- There are no mandates for providers to query the DC PDMP

WHAT IS A PRESCRIPTION DRUG MONITORING PROGRAM?



PDMP USERS



Prescribers



Dispensers



Delegates



Authorized Agents



Patients



Policymakers



Researchers

DEFINITIONS

Covered Substance¹

- All drug products containing Cyclobenzaprine, Butalbital or Gabapentin
- All controlled substances included in schedules II, III, IV and V

Administer

- The direct application of a controlled substance, whether by injection, inhalation, application, ingestion, or any other means, to the body of a patient or research subject by a practitioner (or in the practitioner's presence, by the practitioner's authorized agent) or the patient or research subject at the direction of and in the presence of the practitioner

Dispense

- To distribute a drug to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare the substance for that delivery

Reporting Period

- The 24 hour time period immediately following the dispensing of a covered substance

DEFINITIONS

Prescriber

- A practitioner or other authorized person who prescribes a controlled substance or other covered substance in the course of his or her professional practice

Dispenser

- A practitioner who dispenses a covered substance to the ultimate user

PDMP Advisory Committee

- The multi-discipline committee established pursuant to section 3 of the Act, which functions under the Department to advise the Director on the implementation and evaluation of the District's prescription drug monitoring program

Interoperability

- The ability of that program to share electronically reported prescription information with another state, district, or territory of the United States' prescription drug monitoring program or a third party, approved by the Director, which operates interstates prescription drug monitoring exchanges

DISPENSER ROLE

- Dispensers are required to report all covered substances dispensed unless exempt
- May access database to analyze patient history of covered substance
- Corrections must be made by the dispenser within 72 hours
- Must give notice at their facility stating that patient information will be sent to the PDMP
- Based on data review, the dispenser can discuss concerns with prescriber and patient

PRESCRIBER ROLE

- Supports avoidance of prescribing duplicate or inappropriate therapies that enable diversion
- Detection of patients at risk of drug abuse
- Prescribers have access to self-reports illustrating their prescribing activity
- Must provide notice at their practice stating the use of the PDMP
- Any covered substance being dispensed including those dispensed at their practice must be reported

REPORTING EXCEPTIONS/EXCLUSIONS

- A DC licensed methadone treatment program or substance abuse treatment pharmacy or facility
- A DC licensed pharmacy that dispenses controlled substances (schedules II-V, cyclobenzaprine, gabapentin and butalbital) for inpatient hospital or nursing home patients only
- A pharmacy or facility that is dispensing covered substances to inpatients in hospices
- A pharmacy or a facility that never possesses or dispenses controlled substance (schedules II-V), cyclobenzaprine, gabapentin or butalbital
- A dispensing facility that is experiencing a hardship created by a natural disaster or other emergency beyond the control of the licensee
- An ongoing controlled research project or clinical trial approved by a regionally accredited institution of higher education or under the supervision of a governmental agency

MANDATES

B22-0459 - Opioid Abuse Treatment Act of 2017

- Requires Prescribers and Pharmacists licensed in the District of Columbia to register with the DC PDMP
- Prohibits Health Occupations Boards from licensing, renewing, reactivating, or reinstating a licensee that is required to be registered, without proof that the licensee has registered with the PDMP.
- Allows the FBI to obtain reports related to drug investigations.
- Enables the Program to take action against an individual that submits a false statement to the program to gain access to the database or who falsely alters information in the database.
- Allows the Program to review and analyze data collected in the system to identify misuse or abuse of covered drugs, possible violations of law or breaches of professional practice (pursuant to developed criteria), and to report this information to the relevant prescriber or dispenser.

FEDERAL SUPPORT ACT HIGHLIGHTS

On October 24, 2018, the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act was signed into law

Medicaid Partnerships

- Beginning October 1, 2021, Medicaid providers will be required to query the PDMP before prescribing a covered substance

Inclusion of more timely or real-time data contained within a PDMP:

- Sending proactive (or unsolicited) reports to providers
- Designing, validating, or refining algorithms for identifying high-risk prescribing activity to use as a trigger for proactive reports.
- Improving PDMP infrastructure or information systems to support proactive reporting and data analysis, including enhancing reporting system to increase frequency and quality of reporting.
- Developing and disseminating information or guidance to aid in proactive reporting (example guidance for opioid naïve patients, patients with overlapping opioids and benzodiazepines).

FEDERAL SUPPORT ACT HIGHLIGHTS

- Integrating tools such as cumulative morphine milligram equivalent (MME) calculations into patient PDMP reports
- Incorporating prescriber notification of patient overdose deaths.
- Requiring pharmacists to check the prescription drug history of covered individuals through a qualified prescription drug monitoring program before dispensing controlled substances to such individuals.
- Ensuring that PDMPs are easy to use and access by providers:
- Facilitate improved delegate access and training.
- Expand access to PDMPs via integration into electronic health records, pharmacy management systems and health information exchanges.

NATIONAL PDMP SNAPSHOT

MANDATORY REGISTRATION

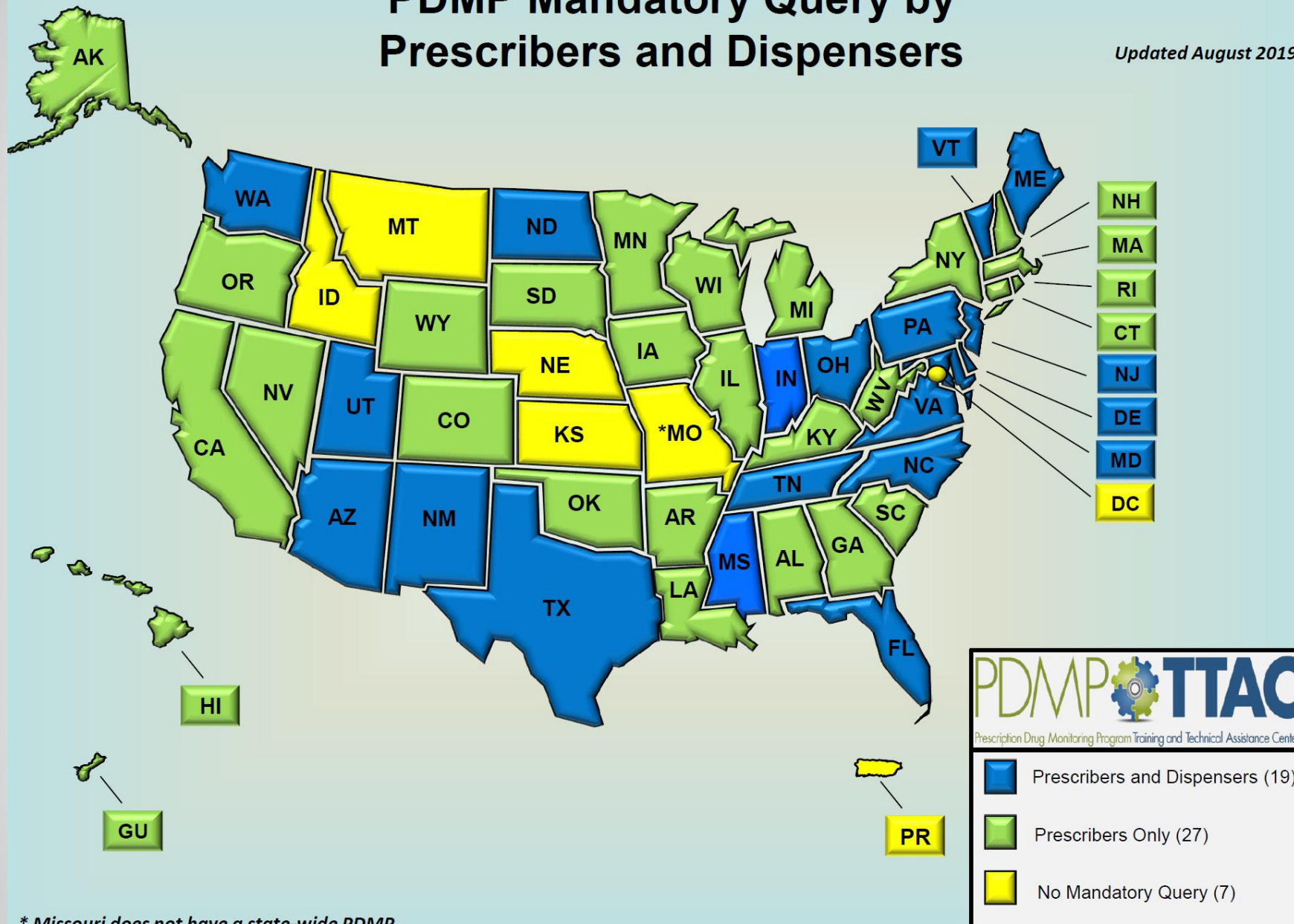
- 33 states require both prescribers and dispensers
- 11 states require prescribers only
- 7 states plus Puerto Rico have no mandates
- Guam requires dispensers only

MANDATORY QUERY

- 19 states require both prescribers and dispensers
- 26 states plus Guam require prescribers only
- 6 states plus Puerto Rico have no mandates

PDMP Mandatory Query by Prescribers and Dispensers

Updated August 2019



REGISTERING WITH DC PDMP

REGISTRATION



Office Hours

Monday to Friday, 8:15 am to 4:45 pm, except District holidays

Connect With Us

899 North Capitol Street, NE,
Washington, DC 20002
Phone: (202) 442-5955
Fax: (202) 442-4795
TTY: 711
Email: doh@dc.gov



Ask the Director
Agency Performance

Amharic (አማርኛ)
Chinese (中文)
French (Français)
Korean (한국어)
Spanish (Español)
Vietnamese (Tiếng Việt)



LaQuandra S. Nesbitt MD, MPH
Director

Prescription Drug Monitoring Program

The Prescription Drug Monitoring Program (PDMP) aims to improve the District's ability to identify and reduce diversion of prescription drugs in an efficient and cost effective manner that will not impede the appropriate medical utilization of controlled substances; and to enhance patient care by providing prescription monitoring information that will assure legitimate use of controlled substances in health care, including palliative care, research and other medical and pharmacological uses.

[PDMP Database Access](#)



DC PDMP Presentation:

Click [here](#) to watch a presentation about the DC PDMP

NEW! Gateway Integration - grant funding is available for integration of PDMP data into electronic health records (EHRs), health information exchanges (HIEs), and pharmacy management systems.

- [Prescription Drug Monitoring Program Law](#)
- [Prescription Drug Monitoring Program Final Rulemaking](#)
- [Notices](#)
- [Frequently Asked Questions](#)
- [Guides](#)
- [Forms](#)
- [PDMP Advisory Committee](#)

The District of Columbia Prescription Drug Monitoring Program Advisory Committee will hold a public meeting on:

Tuesday, April 30, 2019, from 10:00 am until 12:00 pm
At 899 North Capitol Street, NE, 2nd Floor, Room 216
Washington, DC 20002

REGISTRATION

Log In

DC | HEALTH
Health Regulation & Licensing
Administration
Support: 855-9DC-4PMP

Log In

Email

Password

[Reset Password](#)

Log In

[Create an Account](#)

[Need Help?](#)

Browsers Supported     (11+)

Click "Create An Account"



DC PDMP

District of Columbia PDMP

For assistance with this application, please contact

855-9DC-4PMP

<https://districtofcolumbia.pmpaware.net/login>

DC | HEALTH

REGISTRATION

[? Registration Process Tutorial](#)

[Can't View This File? Get Adobe Acrobat Reader](#)

Register for an Account

Please create your own account and do not create an account on behalf of someone else.

Email

Confirm Email

Password

Confirm Password

Password Must:

- Minimum of 8 characters
- Contain one upper case letter
- Contain one lower case letter
- Contain one special character (! @ # \$ etc.)
- Maximum of 72 characters

[Continue](#)

[Already have an account? Log In](#)

[Need Help?](#)

REGISTRATION

[? Registration Process Tutorial](#)

[Can't View This File? Get Adobe Acrobat Reader](#)

Account Registration

Tell us about your role

I am:



a Healthcare Professional
or Delegate



in Law Enforcement



an Other Professional

[Log out, Complete Later](#)

[Continue](#)

REQUIRED INFORMATION FOR REGISTRATION

 [Registration Process Tutorial](#)

[Can't View This File? Get Adobe Acrobat Reader](#)

 [Back](#)

Account Registration

Role category: **Healthcare Professional**

Role: **Physician (MD, DO)** | [Change](#)

Professional Details

** Indicates Required Field*

DEA Number *

Add

National Provider ID *

Autofill Form

Autofill the remainder of this form with the information associated with your national provider id number.

AutoFill Form

Professional License Number  *

License Type *

Controlled Substance ID

REQUIRED INFORMATION FOR REGISTRATION

Add a Healthcare Specialty *

[Browse All](#)

Search by keyword (e.g. Allergy, Internal, Sports, Clinical, etc)

★ Designates Primary Specialty

Personal Information

First Name *

Middle Name

Last Name *

Date of Birth *

Primary Contact Phone *

(###) ###-####

REQUIRED INFORMATION FOR REGISTRATION

Employer Information

Employer DEA Number(s)

Add

Employer National Provider ID(s)

Add

Employer NCPDP/NABP Number(s)

Add

Employer Name *

Primary Work Location *

Address *

Address Line 2

City *

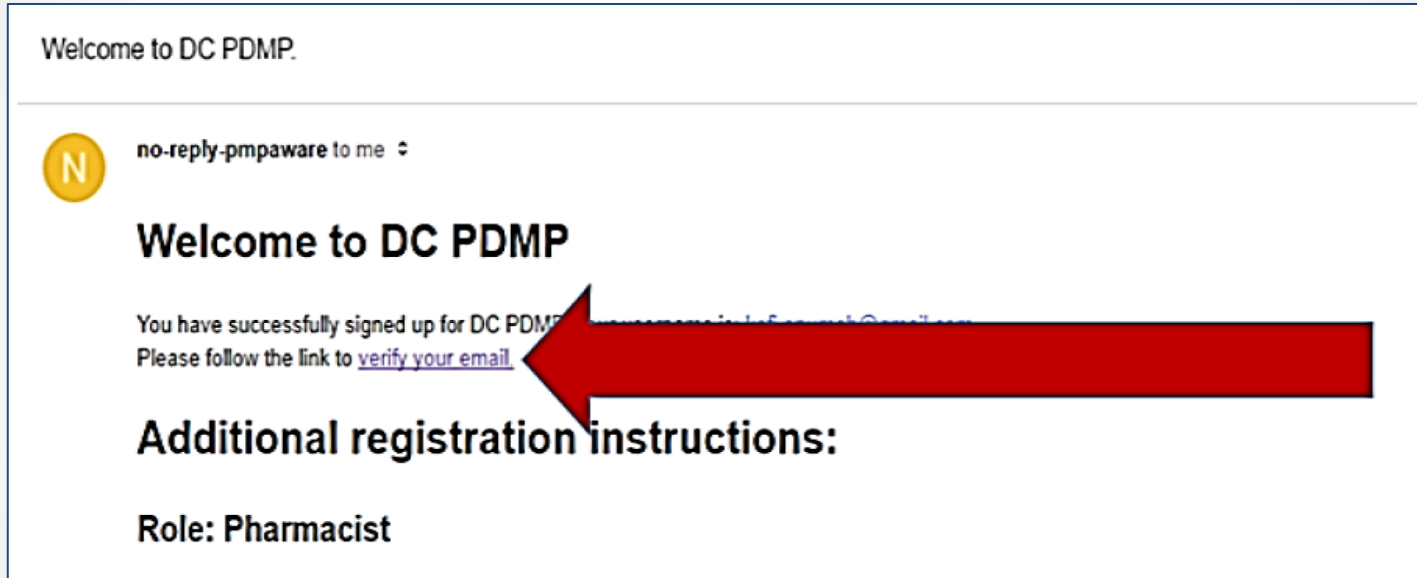
State *

Zip Code *

Phone *

Fax

EMAIL VERIFICATION



*** To complete the registration process, you must verify your email address**

PERFORMING A QUERY / PATIENT SEARCH

HOW TO PERFORM A QUERY / PATIENT SEARCH

Secure | https://districtofcolumbia.pmpaware.net/rx_search_requests/new

Menu Tadessa Harper-Nichols ▾

- Home**
 - Dashboard
 - PMP Announcements
- RxSearch**
 - Patient Request
 - Bulk Patient Search
 - Requests History
 - Prescriber Report
- User Profile**
 - My Profile
 - Default PMPi States
 - Delegate Management
 - Password Reset
 - Log Out
- Training**
 - AWARxE User Guide
 - Help
- PDMP Links**
 - DC PDMP

First Name* **Last Name***

Partial Spelling Partial Spelling

Date of Birth*

Phone Number

Prescription Fill Dates
No earlier than 3 years from today

From* **To***

Patient Location
Search accuracy can be improved by including the address

Street Address

City **State/Province** **Zip Code**

PMP Interconnect Search
To search in other states as well as your home state for patient information, select the states you wish to include in your search

HOW TO PERFORM A QUERY / PATIENT SEARCH

1. Select the RxSearch tab, then choose Patient Request.
2. Enter search criteria
3. At a minimum, you must provide:
 - First name (full or partial*)
 - Last name (full or partial*)
 - Date of birth
 - Prescription fill dates
4. Click Search at the bottom of the screen to submit your request.
5. If multiple patients are identified- refine your search by providing additional search information
6. Click on “Run Report”, the patient prescription results will be displayed.

Patient Request

Patient Info

First Name* Last Name*

Partial Spelling Partial Spelling

Date of Birth* MM/DD/YYYY

Phone Number

Social Security Number

Drivers License Number State

Case Number

Case Comments

Run on behalf of...

Prescription Fill Dates

No earlier than 3 years from today

From* To*

Patient Location

Search accuracy can be improved by including the address

Street Address

City State/Province Zip Code

Bulk Patient Search

How do you want to enter patients?

- Manual Entry
 File Upload

Manual Entry

First Name*	Last Name*	Date of Birth*	Zip Code	Add +
<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	

Name Grouping

Enter a name for this search session. This will make it easy to distinguish between searches in the history

Group Name*

Prescription Fill Dates

No earlier than 3 years from today

From*	To*
<input type="text" value="03/06/2018"/>	<input type="text" value="03/06/2019"/>

Run on behalf of...

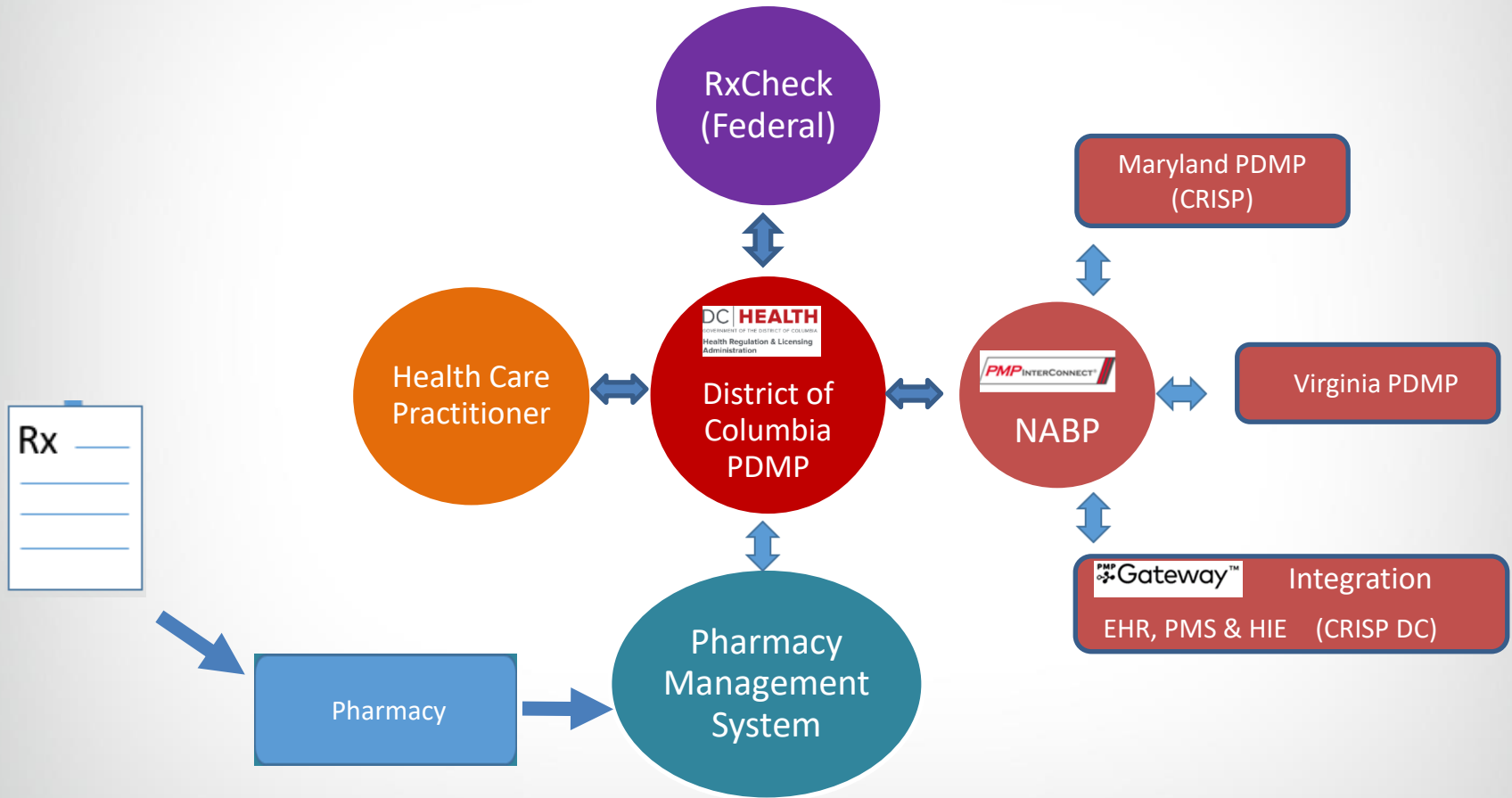
PMP InterConnect Search

To search in other states as well as your home state for patient information, select the states you wish to include in your search

- A** Alabama
- C** Connecticut
- D** Delaware
- G** Georgia
- M** Maryland Disclosures Maryland Requests Massachusetts Minnesota
- N** New York North Carolina North Dakota
- P** Pennsylvania
- R** Rhode Island

HOW IS PDMP DATA SHARED?

PDMP FLOW CHART



NABP PMP INTERCONNECT®

DC PDMP currently shares data with the following 24 states:

- Alabama
- Connecticut
- Delaware
- Georgia
- Indiana
- Iowa
- Kansas
- Louisiana
- Maryland
- Massachusetts
- Michigan
- Military Health System*
- Minnesota
- Mississippi
- New Jersey
- New York
- North Carolina
- North Dakota
- Pennsylvania
- Puerto Rico *
- Rhode Island
- South Carolina
- Texas
- Virginia
- Washington
- West Virginia

GATEWAY INTEGRATION

The screenshot shows the DC Health website with the following content:

- Navigation:** Home, Child, Adolescent and School Health, Services, Health Professionals, HIV/AIDS, Resources, Vital Records, About DC Health.
- Shortage Designation:** [PMP Database Access](#)
- DC Health:**
 - Office Hours:** Monday to Friday, 8:15 am to 4:45 pm, except District holidays.
 - Connect With Us:** 899 North Capitol Street, NE, Washington, DC 20002. Phone: (202) 442-5955, Fax: (202) 442-4795, TTY: 711, Email: coh@dc.gov.
 - Language Services:** Amharic, Chinese, French, Korean, Spanish, Vietnamese.
 - Director:** LaQuandra S. Nesbitt MD, MPH.
- MANDATORY REGISTRATION:** All licensed prescribers and dispensers must register for the DC Prescription Drug Monitoring Program. Read the [notice to practitioners](#) or [FAQs](#) about mandatory registration for full details.
- For dispensers:** As of June 7, 2019, gabapentin is a covered substance for the DC PDMP. Dispensers are required to report dispensations of gabapentin to the DC PDMP.
- PMP AWARE^{EM}:** FMP AWARE^{EM} is the software platform that providers use to access the PDMP.
- NarxCare:** The NarxCare platform allows providers and dispensers to view patient health history, patient risk scores, and their own quarterly provider reports. NarxCare's analytics tools help providers and dispensers make decisions to increase patient safety and reduce the risk of prescription drug misuse and overdose.
- Gateway Integration:** The DC PDMP provides the option to all Health Care Entities (HCE) in the District of Columbia to integrate DC PDMP data into their clinical workflow. Grant funding is available for integration of PDMP data into electronic health records (EHRs), health information exchanges (HIEs), and pharmacy management systems.
- PMP Advisory Committee:** The DC PDMP Advisory Committee is a multisector committee made up of 7 members. The committee's goal is to make recommendations to DC Health's director regarding PDMP best practice, regulatory and legislative updates, education and outreach to prescribers and dispensers, and program enhancements.
- Meeting Information:** The District of Columbia Prescription Drug Monitoring Program Advisory Committee will hold a public meeting on: Tuesday, July 21, 2020 from 10am until 12:00pm via WebEx. WebEx link: <https://dcdnet.webex.com/dcdnet/j.php?MTID=m4f51ec70e5f680eb7912f68fe6f38370>. Meeting number (access code): 160 163 6643. Meeting password: naMPg4jVj77.
- STP Testing:** The DC Health and Wellness Center provides free and confidential clinical services for persons over 13 years of age and older.
- Flu Resource Center:** VaccineFinder.

<https://dchealth.dc.gov/service/prescription-drug-monitoring-program>

DC | HEALTH

GATEWAY INTEGRATION

- Grant funding is currently available for the integration of PDMP data into:
 - Electronic Health Records (EHRs)
 - Health Information Exchanges (HIEs)
 - Pharmacy Management Systems

District of Columbia Prescription Drug Monitoring Program Integration Request Form

DISTRICT OF COLUMBIA PDMP HEALTH INFORMATION/PHARMACY MANAGEMENT SYSTEM INTEGRATION OVERVIEW

Effective January 1, 2019, the District of Columbia will begin steps to implement a statewide, comprehensive platform so healthcare professionals may review patients' controlled-substance prescription history more quickly and efficiently. This platform supports the District's Prescription Drug Monitoring Program (DC PDMP) and transfers data into electronic health records (EHR) and Pharmacy Management systems. Statewide integration of the DC PDMP platform is a key component of the District's ongoing effort to address the opioid crisis.

Integration Process:

1. Follow the instructions and complete ALL of the following *(only authorized decision makers at the healthcare entity should fill out these forms)*:
 - a. Integration Request Form (Located on the right of this page)
 - b. End User License Agreement (Emailed to you within 48 hours)
 - c. PMP Gateway Licensee Questionnaire (Opens in a new window)
2. DC Health will review the Integration Request Form to determine if the Health care facility is eligible for integration and forward the form to Appriss Health.
3. Appriss Health will contact you and/or your EHR/pharmacy management system vendor with next steps. Please allow up to 7 business days for this process to complete.

For more detailed information about this important initiative, please review the [DC PDMP EHR Integration Welcome Packet](#).

Please direct policy related questions regarding integration to the DC PDMP office at doh.pdmp@dc.gov.

Primary Point of Contact

*Indicates required field

First Name* Last Name*

Primary Point of Contact Email Address*

Job Title

Phone Number*

Organization Information

Organization Name*

Organization Type*
- Please Select -

Organization Phone Number*

Street Address*

Street Address 2

City* US State/District* Zip Code*

Organization Website*

of Pharmacies # of Offices # of Hospitals

Technical Information

Primary Software Vendor*
Please Select

Vendor Contact Email Address

Primary Software Version

<https://info.apprisshealth.com/dcpdmpkehrintegration>

INTEGRATION VENDORS

Over 100 EHR, HIEs and Pharmacy Management Systems connections have been established to date

Some examples include:

- RxConnect
- Cerner
- Epic
- eClinicalWorks (eCW)
- Athena Health
- iPatientCare
- Advanced EMR Solutions
- Allscripts
- NextGen
- PioneerRx
- Greenway Health
- E-MDs
- PDX
- Practice Fusion

Resources

- For more information on the DC PDMP, please visit the District of Columbia, DC Health website at (<https://dchealth.dc.gov/pdmp>)
- For questions about the program, email doh.pdmp@dc.gov
- For free educational programs about opioids, please visit (<https://dchealth.dc.gov/dcrx>)
- Prescription Drug Monitoring Program Training and Technical Assistance Center (PDMP TTAC) at Brandeis University - <http://www.pdmpassist.org/>
- CDC Guideline for Prescribing Opioids for Chronic Pain - https://www.cdc.gov/drugoverdose/pdf/guidelines_at-a-glance-a.pdf
- For technical assistance, please contact Appriss at (855) 932-4767

QUESTIONS?

DHCF Updates

DHCF Updates

- * Lock-In program
- * Schedule II incremental fills
- * Auto fill claims
- * Pharmacy license renewal

Pharmacy Lock-In Program

- * Pharmacy Lock-In Program beneficiaries are identified within the last ninety (90) days who meet criteria, such as:
- * Three (3) or more controlled substance prescriptions per month; **and**
- * Three (3) or more prescribers for controlled substance prescriptions per month; **and**
- * Three (3) or more pharmacies for controlled substance prescriptions per month; **or**
- * Ten (10) or more prescriptions per month.

Pharmacy Lock-In Program

- * The Pharmacy Lock-In Program is designed to detect and prevent abuse or misuse of the Medicaid pharmacy benefit, as defined by specific criteria: restricting members to **ONE** specific pharmacy and sometimes **ONE** specific controlled substance prescriber for a defined period of time (12 months).
- * Protecting the beneficiary's safety is the ultimate reason for placement in Pharmacy Lock-In Program.
- * The Lock-in pharmacy will be designated to fill **ALL** of the beneficiary's DC Medicaid covered Rx's.

Schedule II Incremental Fills

- * On January 24, 2020, HHS published a rule (Final Rule (FR) CMS-0055-F) that requires the submission of the Quantity Prescribed field (460-ET) on NCPDP D.0 billing transactions for CII drugs.
- * To remain HIPAA and NCPDP-compliant, claim processors must require the submission of this field on CII transactions as of 9/21/2020.
- * The Quantity Prescribed field allows the claim processor to identify accurately if a CII claim is an “incremental fill”, where less than the full amount prescribed is dispensed to the member.

Schedule II Incremental Fills

- * As of 9/21/20 adjudication date, if the incoming Quantity Prescribed field on the claim is NOT populated, claim will deny with NCPDP error ET- M/I Quantity Prescribed.
- * Incremental fills must be dispensed in less than 72 hours from the original fill.

Auto Fill Claims

- * Auto fill claims are not allowed for Medicaid beneficiaries
- * Unauthorized automatic refills can result in inappropriate prescription drug use and wastes taxpayer dollars
 - * Settlement on civil case No. 15-CV-2684 resolves allegations filed in a lawsuit originally brought by a whistleblower under the qui tam provisions of the federal False Claims Act and Massachusetts False Claims Act
- * <https://www.justice.gov/usao-mn/pr/target-corporation-pay-3000000-resolve-false-claims-act-allegations-concerning-auto>

Pharmacy License Renewal

- * DC pharmacy licenses must be renewed annually by May 31st. Period has been extended due to the pandemic.
- * License must be updated on providers portal
- * Contact Information:
 - * Maximus Provider Inquiry – 844-218-9700
 - * Provider enrollment portal – www.dcpdms.com
 - * DHCF Program Operations – 202-698-2000

MCO Updates



Medicaid Reform



FEE FOR SERVICE TRANSITION TO MANAGED CARE

Presentation to the MCAC

Department of Health Care Finance

July 22, 2020





Presentation Overview

- Medicaid Reform Overview
- Key Takeaways
- DC Healthy Families Program
 - Mandatory Managed Care Enrollment
 - Benefits of DCHFP Managed Care
 - Services Provided by DCHFP
 - Transition to DCHFP
- Impact on Providers
- Milestones
- Questions and Answers





Medicaid Reform Overview

DHCF is Leading Through Strategic Priorities

➤ VISION

All residents in the District of Columbia have the supports and services they need to be actively engaged in their health and to thrive.

➤ MISSION

The Department of Health Care Finance works to improve health outcomes by providing access to comprehensive, cost-effective and quality healthcare services for residents of the District of Columbia.

➤ VALUES

Accountability – Compassion – Empathy – Professionalism – Teamwork

➤ STRATEGIC PRIORITIES

1. Building a health system that provides whole person care
2. Ensuring value and accountability
3. Strengthening internal operational infrastructure



Medicaid Reform Overview (cont'd)

Why Now?

- Health challenges remain despite high levels of health care coverage in the District.
- Increase predictability and visibility in health care spending.
- Research shows that enrollees who receive services through managed care are more satisfied than those who are in traditional Fee-for-Service (FFS) programs.



Medicaid Reform Overview (cont'd)

The Way Forward

- **Behavioral Health Transformation**
 - 1115 Demonstration Waiver
 - Planning Grant to Increase Substance Use Provider Capacity
- **Managed Care Expansion**
 - Procurement of new health plans
 - Transition of FFS enrollees not currently eligible for care coordination into managed care
- **Long Term Care Integration**
 - DHCF is leveraging its Duals Special Needs Plan (D SNP) program and the Program of All-Inclusive Care for the Elderly (PACE) to promote Medicare Medicaid alignment and integration of services





Key Takeaways

- This District is shifting its Medicaid health care delivery system to improve health outcomes by providing access to comprehensive, cost-effective and quality healthcare services for residents.
- On October 1, 2020, over 19,000 (FFS) beneficiaries will be transitioned to the District's managed care program – **DC Healthy Families**. No changes for children under 21.
- Covered benefits and eligibility requirements are not changing





Key Takeaways (cont'd)

- By offering person-centered care management to the populations who need it most, managed care organizations (MCO) will achieve better health outcomes for enrollees by:
 - Identifying enrollees who may need assistance through health assessments and predictive modeling.
 - Collaborating across clinical settings, such as hospitals, primary care, specialists.
 - Connecting through technology with the HIE, social service databases, and provider portals.
 - Addressing social determinants of health through added value services.



DC Healthy Families Program (DCHFP)

- The DC Medicaid managed care delivery system is the system where the majority of Medicaid beneficiaries receive their health care. Known as the DC Healthy Families program, beneficiaries enroll in a Managed Care Organization (MCO):
 - The MCO coordinates care by contracting with doctors, hospitals and other providers in a network.
 - Enrollees select the MCO that provides their services.
 - Enrollees select a primary care physician (PCP) and a primary dental provider (PDP).
- Provides Enrollment Broker services to 1) assist with making the choice of MCO and providers and 2) enroll in the selected MCO.



DC Healthy Families Program (DCHFP)

Beginning October 1, 2020, former FFS enrollees who meet these criteria will be mandatorily assigned to an MCO:

- Age 21 or older, and
- Receiving Medicaid SSI or SSI-related Medicaid because of a disability, and
- Not living in an institution or a nursing home, or
- Not enrolled in a Home and community-based waiver program (EPD or IDD Waiver)



DC Healthy Families Program (DCHFP)

July 16, Department of Health Care Finance (DHCF) announced that the Office of Contracting and Procurement (OCP) submitted to the Council of the District of Columbia a notice of intent to award three contracts for the District's Medicaid managed care program.

- AmeriHealth Caritas District of Columbia, Inc.,
- MedStar Family Choice, and
- CareFirst BlueCross BlueShield Community Health Plan District of Columbia (formerly known as Trusted Health Plan).



Child and Adolescent Supplemental Security Income Program (CASSIP)

- Current CASSIP health plan is Health Services for Children with Special Needs (HSCSN).
- On October 1, 2020, current CASSIP Enrollees who are between the ages of 21 – 26 may remain in the program until age 26 or September 30, 2021, whichever comes first.
- During the public health emergency enrollees may remain in the CASSIP beyond the age of 26.



Benefits of DCHFP Managed Care

- **Individualized, coordinated care:** Newly mandated enrollees will receive care coordination and an Individualized Care Plan. MCOs also help enrollees address other issues, such as housing, food insecurity and other social supports.
- **Quality of Care:** MCOs are required to ensure that providers are adhering to evidenced-based standards of care for all enrollees. MCOs have the flexibility to provide innovative programs to improve health outcomes.



Benefits of DCHFP Managed Care (cont'd)

- **Value Added Services:** Nutrition counseling, physical fitness classes, gift cards for preventive services and food delivery are examples of services provided to eligible enrollees.



- **Enrollee Support Services:** Enrollees will have access to the following:

- 24-hour nurse line
- Multilingual customer service personnel
- New enrollee orientation
- Help with filing grievances and appeals
- Coordination of services not covered by Medicaid
- Health Risk Assessments





Care Coordination & Case Management

Care Coordination

- The deliberate organization of person-centered care activities among all the participants concerned with an Enrollee's care to achieve safer, more effective care and improved health outcomes.
- The scope and intensity of services provided is based on the person's assessed needs and preferences.
- Coordination with the services the MCO provides or
 - From any other Contractor;
 - From FFS Medicaid;
 - From community and social support providers; and
 - Between settings of care, including discharge planning

Complex Case Management

- Includes coordinated care and services for Enrollees who have experienced a critical event or diagnosis that requires extensive use of resources.
- All activities included in Care Coordination **and**
- must include all of the following (42 CFR 440.169(d)):
 - An assessment of an eligible individual;
 - Development of a specific care plan;
 - Referral to services including the coordination of such services;
 - Ongoing monitoring of the activities of the individual and effectiveness of services rendered.
- Assignment of a Primary Care Manager licensed as an RN or LICSW



Case Management Enrollment

Opt-out Populations:

Adults with Special Health Care Needs who:

- Have a chronic, physical, developmental or behavioral condition, and requires Long-Term Services and Supports (LTSS);
- Are 21+ years of age
- Receives SSI, or
- Whose disabilities meets the SSI definition and/or Enrollees identified by DHCF.

Opt-in Populations:

Children, Young Adults and Adults who:

- Are of any age;
- Have any medical status; and
- Have chosen to Enroll



Services Provided by DCHFP

- ▶ Doctor visits
- ▶ Hospital care
 - Inpatient
 - Outpatient
 - Rehabilitative care services (for up to 90 days)
- ▶ Laboratory (x-ray, radiology)
- ▶ Behavioral health services (mental health and substance use disorder)
- ▶ Dialysis
- ▶ Home health and personal care

- ▶ Prenatal and maternity care
- ▶ Family planning
- ▶ Physical, speech, and occupational therapy
- ▶ Eye care (with eyeglasses)
- ▶ Hearing aids
- ▶ Medical equipment and supplies
 - ▶ Pharmacy management
 - ▶ Dental
 - ▶ Non-emergency medical transportation



Services Not Provided by DCHFP

Enrollees can access the following Medicaid covered services that are not paid for by the MCO:

- Nursing home stays (after 90 days)
- Adult Substance Abuse Rehabilitative Services
 - Assessment/Diagnostic and Treatment Planning, Clinical Care Coordination, Crisis Intervention, Short-Term Medically Monitored Intensive Withdrawal Management in non-IMD residential treatment settings, Substance Abuse Counseling, Medication Management, Opioid Treatment Program Services
- Mental Health Rehabilitation Services (MHRS)
 - Community Support, Assertive Community Treatment (ACT), Community Based Intervention (CBI), Rehabilitation Day Services, Intensive Day Treatment, Therapeutic Supported Employment Services for Mental Health, Child-Parent Psychotherapy for Family Violence (CPP-FV), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Crisis/Emergency Services
- 1115 Behavioral Health Demonstration Waiver Services
 - Psychosocial Rehabilitation Clubhouse , Trauma Recovery and Empowerment Model (TREM), Trauma Systems Therapy (TST), Vocational Supported Employment for Mental Health, Vocational and Therapeutic Supported Employment for SUD, Recovery Support Services for SUD, IMD Residential SUD Treatment*, Inpatient hospital services in IMDs*, Crisis Stabilization, Transition Planning Services

* IMD services greater than 15 days in a calendar month for people ages 21-64 is excluded from managed care.



Transition to DCHFP

- In September, enrollees will receive an enrollment packet with information on MCO assignment:
 - Welcome letter
 - Information regarding services provided by MCO.
 - Information about the doctors, clinics, hospitals, and other providers in the MCO's network.
- MCO will also call to discuss the enrollee's current health status.



Transition to DCHFP (cont'd)

- **What if an enrollee would like to change MCOs?**
 - Changes are allowable for any reason until December 31, 2020 by contacting DC Healthy Families
 - By phone at (800) 620-7802 or (202) 639-4030;
 - Online at www.DCHHealthyFamilies.com
 - After the first December 31, 2020, changes are allowable with cause such as quality of care or provider not in-network.
- **How will an enrollee know if a provider is in the MCO's network?**
 - Contact the assigned MCO;
 - Ask doctors or other health care providers if they are in the MCO's network; or
 - Contact DC Healthy Families at (800) 620-7802 or (202) 639-4030.



Transition to DCHFP (cont'd)

MCO Network Requirements & Medicaid Provider Agreements

- MCOs and all current and future District acute care hospitals must have agreements.
- MCOs and FQHCs or FQHC look-alikes must have agreements for primary care services, dental services, preventive care services and/or specialty/referral services.
- Notices to reenroll were sent to these providers in June. Agreements must be signed by October 1.



Transition to DCHFP (cont'd)

New enrollees are ensured that:

- Coverage and care will not be interrupted;
- Scheduled appointments will be honored;
- Prescriptions will be filled by the pharmacy;
- Existing FFS prior authorizations will be honored for at least 90 days after enrollment at the same level of care.



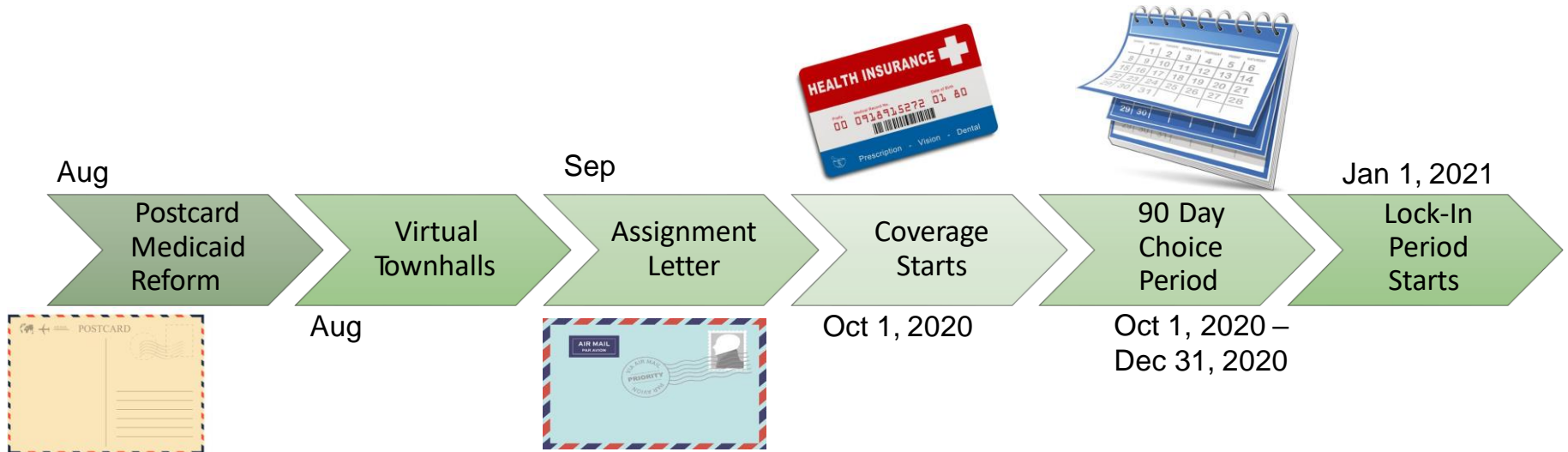
Impact on Providers

Medicaid providers who currently render services to FFS enrollees will encounter a new landscape in authorization and billing. Providers must:

- Be credentialed and enrolled in the MCO's network to receive payment for services.
- Negotiate contracts with each MCO to determine the reimbursement rate for services provided.
- Check eligibility of each enrollee prior to rendering services to confirm eligibility and MCO enrollment.
- Understand prior authorization and referral processes that are specific to each MCO. Provider Relations representatives will be available to provide training and education to new MCO providers.



Milestones





Key Takeaways

1. Covered benefits and eligibility requirements are not changing.
2. Newly mandated enrollees will receive care coordination and an Individualized Care Plan from an individual case manager.
3. All enrollees may change to any MCO for any reason between October 1 – December 31, 2020.
4. All DC hospitals, FQHCs and most physician groups will be in network for all MCOs.
5. Enrollees are ensured that coverage and care will not be interrupted.



For More Information

Visit www.dhcf.dc.gov





Community Health Plan
District of Columbia

UPCOMING CHANGES TO MCO AND ASSIGNMENTS

Jose Diaz-Luna, Pharm.D., RPh



9/22/20

- Vice President of Pharmacy – **Jose Diaz-Luna, Pharm.D., RPh**
 - Jose.DiazLuna@carefirstchpdc.com
 - 202-821-1127
- Informatics/Clinical Pharmacist Manager – **Kin Sang (Jason) Lam, Pharm.D., RPh**
 - Jason.Lam@carefirstchpdc.com
 - 202-350-9644

- Clinical Pharmacist Manager – **Andrew Wherley, Pharm.D., RPh**
 - Andrew.Wherley@carefirstchpdc.com
 - 202-886-1228
- PGY-1 Resident – **Paa Kwasi Adjei-Frimpong, Pharm.D.**
 - PaaKwasi.Adjei-Frimpong@carefirstchpdc.com
 - 206-347-0561

- Behavioral Health Clinical Pharmacist Manager – **Jessica Pinchinat, Pharm.D., RPh**
 - Jessica.Pinchinat@carefirstchpdc.com
 - 202-750-5539
- PGY-1 Resident – **Alisha Bailey, Pharm.D.**
 - Alisha.Bailey@carefirstchpdc.com
 - 206-347-3197

Updates

- Arkray
- 90 DS maintenance drugs (PO)
- PAC code at pharmacy POS
 - **99999** - Early fill
 - **00003** - Emergency 3 days supply
- HIV drugs should continue to be billed to Magellan after 10/1 transition
 - Medicaid – FFS
 - Alliance – ADAP
- PrEP Treatments will be covered by the Health Plan
- Useful links
 - PA forms - <https://www.carefirstchpdc.com/forms.html>
 - CHPDC Drug formulary - https://www.carefirstchpdc.com/pdf/CFDC/CFDC_Drug-Formulary.pdf



Community Health Plan
District of Columbia

THANK YOU

JOSE DIAZ-LUNA, PHARM.D., RPH

Amerigroup Pharmacy

Orijane Dalton, Pharm.D.:

- Pharmacy Account Manager
- **Office:** 202-548-6700, ext. 106-130-1030
- **Email:** orijane.dalton@anthem.com

AmeriHealth Pharmacy

Tracey Davis, PharmD

Director of Pharmacy

AmeriHealth Caritas District of
Columbia

P: 202-349-3578 M: 202-669-5347

E: tdavis4@amerihealthcaritasdc.com

www.amerihealthcaritasdc.com



AmeriHealth Caritas[™]
District of Columbia



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Health Services for Children with Special Needs

- Leslie Addison, BSP, MPH
Manager, Pharmacy Services
Medical Affairs
Health Services for Children with Special Needs
1101 Vermont Avenue NW, Suite 6062
Washington, DC 20005
O: 202-495-7659 | C: 202-450-9678
LAddison@Hschealth.org | hscsnhealthplan.org



THE HSC HEALTH CARE SYSTEM

Health Services for Children
with Special Needs, Inc.



MedStar Family Choice

Contact Information:

Danielle T. Gerry, MD, MBA

Associate Medical Director

MedStar Family Choice

5233 King Avenue Suite 400

Baltimore, MD 21237

Cell: 410-303-3422

Ph: 410-933-2295

Fax: 410-933-2274

- **Dr. Gerry will act as interim pharmacy director for MFC-DC**

CVS/Caremark (PBM)

Rx BIN: 004336

Rx PCN: MKADV

Rx Grp: RX0610

DC: 855-798-4244 (Preferred)

PBM Help Desk: 800-966- 5772 (Nonpreferred)

Member Services: 888-404-3549

Questions?



DHCF Contact Information

- * Charlene Fairfax, RPh, CDE
 - * Senior Pharmacist
 - * Charlene.fairfax@dc.gov or 202-442-9076
- * Gidey Amare, RPh, MS
 - * Pharmacist
 - * Gidey.amare@dc.gov or 202-442-5956
- * Jonas Terry, PharmD, CMTM
 - * Pharmacist
 - * jonas.terry@dc.gov or 202-478-1415

Providers Contact Information

- * Provider Enrollment – Maximus

- * Nikki Kittrell, Project Director
 - * MarthaDKittrell@maximus.com
 - * 202-499-3396

- * Magellan Providers Relations

- * Allison Williams
 - * 804-548-0184
 - * ANWilliams1@magellanhealth.com

- * James Woods

- * 804-548-0199 ext. 80199
- * JLWoods@magellanhealth.com