Best Practices for Federal Fiscal Year (FFY) 2023 Fee-For-Service (FFS), Managed Care Organization (MCO), and MCO Abbreviated Drug Utilization (DUR) Surveys

Dear State Medicaid Pharmacy Directors and State DUR Contacts:

This notification is to inform you the FFS, MCO and MCO Abbreviated FFY 2023 Annual DUR Surveys are now available through the CMS Medicaid Drug Program (MDP) enterprise system. This report covers the period from October 1, 2022 to September 30, 2023 and all surveys are due to CMS by June 30, 2024. The Division of Pharmacy team recommends that you ask your MCO partners to return their completed survey back to the State for your review no later than June 1, 2024. This will allow sufficient time for the State DUR Contact to review, certify and if necessary have corrections made prior to the submission to CMS by the end of the month

The FFS Survey is accessed through the MDP system.

The MCO Survey is accessed through the MDP system for the State DUR Contact to provide the Qualtrics link to their MCOs for survey completion.

The MCO Abbreviated survey is a truncated version of the traditional MCO survey for states that have pharmacy benefits covered through their FFS program. While states have the ability to exclude (or "carve out") subsets of Medicaid benefits from their MCO contracts, it is typical that an MCO that does not cover the pharmacy benefit (that is, pay for covered outpatient drugs (CODs) dispensed from a pharmacy) will still be responsible for covering CODs administered in a doctor's office and/or outpatient hospital or clinic. The MCO Abbreviated Survey process is the same as last year. The State DUR Contact will send the pdf fillable survey to their MCO via email and the MCO will send back to the State when completed. The State DUR Contact will, as in past years, upload the survey to MDP, certify and then send to CMS. Contact the CMSDUR resource box at CMSDUR@cms.hhs.gov with any questions.

All State users and designees must be registered in MDP to be able to access and manage the FFS, MCO and MCO Abbreviated DUR surveys. For detailed instructions and screenshots for all MDP-related CMS Identity Management system (IDM) tasks, including requesting access, please refer to the IDM Instruction Guide for MDP Users. For assistance, contact the MDP IDM Help Desk at (833) 637-6370 or email MDP-Helpdesk@Softrams.com.

REMINDERS:

- All DUR FFS, MCO and MCO Abbreviated reports will be posted on CMS' Medicaid.gov website.
- Innovative Practice Narratives will also be posted on Medicaid.gov. Survey responses and narratives will be published as they are reported and will not be reviewed by CMS for compliance with statute and regulations prior to publishing on Medicaid.gov.
- Information on States' and MCO opioid policies will be reported to Congress as required under the SUPPORT Act section 1004.
- Be cognizant of typographical errors and address any responses that are not clear or not consistent with State policy.

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FFS SURVEY NOTES AND BEST PRACTICES

SAVE often when working on the FFS survey. CMS recommends saving every 10 minutes to avoid losing any information if your session times out.

GENERAL INFORMATION
The MDP State DUR Contact remains the same every year until changed. To change the State DUR Contact, the current contact must be deleted and the new contact ADDED. The new contact will have to be registered in EIDM/MDP prior to be entered in the role as State DUR Contact. The State DUR Contact must have a State email to be assigned in this role.
The MDP State Designee survey assignments should be assigned yearly (EIDM/MDP information still remains in our system for past enrolled designees). New Designees must be registered in EIDM/MDP before a State DUR Contact can assign FFS section(s).
BEST PRACTICES
It is very important to complete the view-only informational survey prior to beginning the official survey (these surveys were previously emailed to all State DUR Contacts). This will assure predetermined responses when completing the official survey to avoid any issues.
Section I. DEMOGRAPHIC INFORMATION, Survey Question 1 - *On a monthly average, how many of your state's Medicaid beneficiaries are enrolled in your state's Medicaid Fee-For-Service (FFS) program that have a pharmacy benefit?* CMS is interested in eligible beneficiaries and not looking only for beneficiaries who utilize the pharmacy benefit.
Section II. PROSPECTIVE DUR, Survey Question 11 - *Table 1: Top Drug Claims Data Reviewed by the DUR Board - Column 1 - Top 10 Prior Authorization (PA) Requests by Drug Name, Report at Generic Ingredient Level* "PA" can refer to clinical PA (drug specific PA) or administrative PA (when the claim is stopped, cannot be overridden by the pharmacy and requires a prior authorization from the plan- e.g. early refill, etc.).
Section III. RETROSPECTIVE DUR, Survey Question 1(d) - *Does your state customize your RetroDUR vendor criteria?* CMS is interested in whether the State is taking their vendor's canned queries for RetroDUR or if they have the ability to customize it (even if one of many DUR queries are being adjusted).

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Section VI. GENERIC POLICY AND UTILIZATION DATA, Survey Question 4. *How many innovator drugs are the preferred product instead of their multi-source counterpart based on net pricing (i.e. brand name drug is preferred over equivalent generic product on the PDL)?*

Please count innovator drugs by product name, as we don't take into consideration strength, package size or dosage form. The intent of this question is to determine if a significant portion of your non-generic utilization is due to preferring innovator drugs over their multi-source generic counterparts (i.e. brand name drug is preferred over equivalent generic product on the PDL) because of net-pricing of rebates?

Section VIII - FRAUD WASTE, AND ABUSE DETECTION, PDMP, Survey Question (B)(2)(b) - *Do providers have protocols for responses to information from the PDMP that is contradictory to information that the practitioner expects to receive, based on information from the client (example: when a provider prescribing pain management medication finds medications for opioid use disorder (OUD) during a PDMP check, when client denies opioid use disorder)?*

The intent of the question is to understand if providers have a beneficiary treatment plan if/when the provider receives information from the PDMP that is contradictory to information that the practitioner expects to receive. Part of the intent of this question is to have states consider including a protocol of this nature in the provider manual.

Section VIII - PDMP, Survey Question (B)(4) and tables 3, 4, 5 and 6 **are mandatory on this year's survey**. Attached to this email are best practices for completing question 4 and the PDMP tables. Note: For DUR survey tables 3, 4 and 5, if a drug entry is not included in the drop-down list in Column 4, please enter a free form response in the text box.

Section VIII - PDMP, Survey Question (B)(4)(a) - *Does your State or professional board require pharmacists to check the PDMP prior to dispensing a controlled substance to a covered individual?. If "Yes," are there protocols involved in checking the PDMP?*

When responding to this question please consider including information such as what prompts the PDMP check (e.g. class II, III, IV, first fill, etc.) and what the pharmacist is expected to do in response to information received from the PDMP.

Section VIII – Opioids, Survey Question (C)(2) - *Does your State have POS edits in place to limit the quantity dispensed of opioids?*

This question is not to asking about POS edits in place to limit the quantity dispensed of **ALL** opioids. Please answer "Yes" if your State limits the quantity dispensed of any opioid.

Section VIII – Opioids, Survey Question (C)(6) - *Does your state have comprehensive automated retrospective claim reviews to monitor opioid prescriptions exceeding these state limitations (early refills, duplicate fills, quantity limits and days' supply)?*

When responding to this question please keep in mind when we ask for "automated retrospective claim reviews" in the question we are not referring to a real time POS edit that is used to enforce pre-determined State limitations on opioid prescriptions. Please answer "Yes" if are there programmatic retrospective reviews conducted to monitor the claims which exceed the State opioid limits.

One example would be a programmatic retrospective review that monitors prescriptions that were overridden at POS for exceeding the State's early refill limitation. This data can be used to detect patterns and address outliers in opioid utilization that exceed predetermined State limits.

Section VIII - Psychotropic Medication for Children, Survey Question (G)(6) - *Does your state have a documented program in place to manage and monitor the appropriate use of mood stabilizing drugs in children?*

Please use the following information to assist in guiding your response to this question. We are providing some examples of mood stabilizing drugs (not comprehensive); however, be cognizant that this list has not been clinically evaluated by CMS for use in children. Some examples include: valproic acid, valproate, divalproex sodium, lamotrigine, carbamazepine, oxcarbazepine, topiramate, gabapentin, and lithium.

Commas are NOT needed when entering numbers (i.e. 10000, not ~~10,000~~) or an error will occur.

For numbers less than 1, use a leading 0 to avoid errors (i.e. 0.02, not ~~.02~~).

Text Boxes – In an effort to provide summarized information in our annual reporting, text box character limits have been standardized with 10k characters for summary boxes and 2k for standard boxes. All characters that are present on a standard keyboard will be allowed except the < and > symbols.

Please note text boxes were <u>not</u> designed to accommodate pictures, tables, images, or graphics. Please correct any characters identified as a problem prior to saving as this will allow both the State and CMS to properly download, view and print applicable summaries within the text box. You may paste from within a WORD or .pdf document into the text box. **It is important to remember, CMS does not edit State responses; therefore, what displays will be what is posted on Medicaid.gov.** This material is also utilized for composing the annual report to Congress.

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MCO SURVEY NOTES AND BEST PRACTICES

The MCO survey again this year will be completed within the Qualtrics platform. A recorded demonstration can be accessed at MCO Qualtrics Demo, Passcode: HPTH*5k^

GENERAL INFORMATION
During FFY for which the survey is being completed, MCOs that were on a State contract for 6 months or more are responsible for completing the current survey.
MCOs should be advised to return their completed survey back to the State by June 1, 2024 to allow for sufficient time for the State DUR Contact to review, certify and submit to CMS.
MCOs DO NOT have access to the MDP System. Any survey issues or questions by the MCO should be directed to State DUR Contact. The State DUR Contact is responsible for engaging CMS for assistance. CMS will not engage directly with an MCO representative.
STATE RESPONSIBILITY
The State DUR Contact is to review those MCO(s) on the State list in the MDP system to confirm they are active, and if not, either rename or remove that MCO (Note: even though you may be renaming or removing an MCO, data submitted from previous years is retained within the MDP system).
Remind managed care programs that all MCO-specific information submitted will be posted online to Medicaid.gov. For that reason, no proprietary information should be entered within the survey.
The State DUR Contact is responsible to copy and email the MCO specific hyperlink to the MCO in order for them to access the survey. Once the MCO(s) submit the completed survey, the State DUR Contact will have access to the survey for review and certification prior to submitting to CMS by **June 30, 2024**.
When emailing your MCO their survey hyperlink, please include these Notes and Best Practices. **Additionally, remind the MCO representative that only one user is allowed in the survey at a time. This will prevent data from being lost and the survey not becoming corrupt.**
MCO RESPONSIBILITY
When the MCO receives the email from their State DUR Contact, click the provided hyperlink to access the DUR MCO survey. When the MCO has completed the survey, follow instructions at the end to submit to the MDP system for your State DUR Contact to review, certify and submit to CMS.
BEST PRACTICES

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It is very important to complete the view only informational survey prior to beginning the official survey (these surveys were emailed to all State DUR Contacts) to assure predetermined responses when completing the official survey to avoid any issues.
CMS recommends completing the survey in order, Section I through Section IX.
When accessing the survey, the MCO needs to be cognizant to only have one user at a time accessing the survey so data is not lost and the survey doesn't become corrupt. *No multiple users into the survey at one time.*
Section I. DEMOGRAPHIC INFORMATION, Survey Question - *On average, how many Medicaid beneficiaries are enrolled monthly in your MCO for this Federal Fiscal Year??* CMS is interested in eligible beneficiaries and not looking only for beneficiaries who utilize the pharmacy benefit.
Section II. PROSPECTIVE DUR, Survey Question 11 - *Table 1: Top Drug Claims Data Reviewed by the DUR Board - Column 1 - Top 10 Prior Authorization (PA) Requests by Drug Name, Report at Generic Ingredient Level* "PA" can refer to clinical PA (drug specific PA) or administrative PA (when the claim is stopped, cannot be overridden by the pharmacy and requires a prior authorization from the plan- e.g. early refill, etc.).
Section III. RETROSPECTIVE DUR, Survey Question 2(b) - *Does your MCO customize your RetroDUR vendor criteria?* CMS is interested in whether the MCO is taking their vendor's canned queries for RetroDUR or if they have the ability to customize it (even if one of many DUR queries are being adjusted).
Section VI. GENERIC POLICY AND UTILIZATION DATA, Question 4. *How many innovator drugs are the preferred product instead of their multi-source counterpart based on net pricing (i.e. brand name drug is preferred over equivalent generic product on the PDL)?* Please count innovator drugs by product name, as we don't take into consideration strength, package size or dosage form. The intent of this question is to determine if a significant portion of your non-generic utilization is due to preferring innovator drugs over their multi-source generic counterparts (i.e. brand name drug is preferred over equivalent generic product on the PDL) because of net-pricing of rebates?

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Section VII - FRAUD WASTE, AND ABUSE DETECTION, PDMP, Survey Question (B)(2)(b) - *Do providers have protocols for responses to information from the PDMP that is contradictory to information that the practitioner expects to receive, based on information from the client (example: when a provider prescribing pain management medication finds medications for opioid use disorder (OUD) during a PDMP check, when client denies opioid use disorder)?*

The intent of the question is to understand if providers have a beneficiary treatment plan if/when the provider receives information from the PDMP that is contradictory to information that the practitioner expects to receive. Part of the intent of this question is to have MCOs work with their States to consider including a protocol or enhanced policy if the MCO doesn't currently have one.

Section VII, Part B – PDMP, Question 4 and tables 3, 4, 5 and 6 **are mandatory on this year's survey**. Attached to this email are best practices for completing question 4 and the PDMP tables. Note: For DUR survey tables 3, 4 and 5, if a drug entry is not included in the drop-down list in Column 4, please enter a free form response in the text box.

Section VII - PDMP, Survey Question (B)(4)(a) - *Does your MCO require pharmacists to check the PDMP prior to dispensing a controlled substance to a covered individual? If "Yes," are there protocols involved in checking the PDMP?*

When responding to this question please consider including information such as what prompts the PDMP check (e.g. class II, III, IV, first fill, etc.) and what the pharmacist is expected to do in response to information received from the PDMP.

Section VII – Opioids, Survey Question (C)(3) - *Does your MCO have POS edits in place to limit the quantity dispensed of opioids?*

This question is not to asking about POS edits in place to limit the quantity dispensed of **ALL** opioids. Please answer "Yes" if your State limits the quantity dispensed of any opioid.

Section VII – Opioids, Survey Question (C)(7) - *Does your MCO have comprehensive automated retrospective claim reviews to monitor opioid prescriptions exceeding program limitations (early refills, duplicate fills, quantity limits and days' supply)?*

When responding to this question please keep in mind when we ask for "automated retrospective claim reviews" in the question we are not referring to a real time POS edit that is used to enforce pre-determined program limitations on opioid prescriptions. Please answer "Yes" if are there programmatic retrospective reviews conducted to monitor the claims which exceed program opioid limits.

One example of this would be a programmatic retrospective review that monitors prescriptions that were overridden at POS for exceeding the program's early refill limitation. This data can be used to detect patterns and address outliers in opioid utilization that exceed predetermined limits.

Section VII - Psychotropic Medication for Children, Survey Question (G)(6) - *Does your MCO have a documented program in place to manage and monitor the appropriate use of mood stabilizing drugs in children?* Please use the following information to assist in guiding your response to this question. We are providing some examples of mood stabilizing drugs (not comprehensive); however, be cognizant that this list has not been clinically evaluated by CMS for use in children. Some examples include: valproic acid, valproate, divalproex sodium, lamotrigine, carbamazepine, oxcarbazepine, topiramate, gabapentin, and lithium.
Once a section of the survey has been initiated, the user must complete that section before able to move on to the next section. Multiple MCO users can access the survey through the provided link, but not at the same time.
Once the entire survey is completed, before submitting for your State DUR Contact to review, the MCO may review and/or edit any section of the shown table of contents by clicking on that section. Be aware, when editing a section, the survey will make the user go through the entire section before completion of that section is recorded. Once the survey is completed and submitted to the DUR Contact, do not reenter the survey or resubmit to the DUR Contact.
Be aware there is a 30 minute delay after you submit the survey for the system to update your submission to the State DUR Contact. Once you submit your survey, a message on the screen will tell you the survey has been sent.
Commas are NOT needed when entering numbers (i.e. 10000, not ~~10,000~~) or an error will occur.
For numbers less than 1, use a leading 0 to avoid errors (i.e. 0.02, not ~~.02~~).
Text Boxes – In an effort to provide summarized information in our annual reporting, text box character limits have been standardized with 10k characters for summary boxes and 2k for standard boxes. All characters that are present on a standard keyboard will be allowed except the < and > symbols. **Please note text boxes were <u>not</u> designed to accommodate pictures, tables, images, or graphics.** Please correct any characters identified as a problem prior to saving as this will allow both the State and CMS to properly download, view and print applicable summaries within the text box. You may paste from within a WORD or .pdf document into the text box. **It is important to remember, CMS does not edit State responses; therefore, what displays will be what is posted on Medicaid.gov.** This material is also utilized for composing the annual report to Congress.

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MCO ABBREVIATED SURVEY NOTES AND BEST PRACTICES

The MCO Abbreviated survey will continue to utilize the fillable pdf which will be sent to the MCO by their State DUR Contact.

IMPORTANT NOTE: The **MCO Abbreviated Survey** must use the Adobe Acrobat Reader to edit the survey. The MCO Abbreviated survey cannot be edited within a browser window.

GENERAL INFORMATION
MCOs during the federal fiscal year of the survey that were on a State contract for 6 months or more are responsible to complete the current survey.
MCOs should be advised to return their completed survey back to the State by June 1, 2024 to allow for sufficient time for the State DUR Contact to review, certify and submit to CMS.
As indicated in the survey, Section I, Question 2, if the State (FFS) covers all 1927(g) covered outpatient drugs, completion of the remaining survey sections is voluntary.
MCOs DO NOT have access to the MDP System. Any survey issues or questions by the MCO should be directed to State DUR Contact. The State DUR Contact is responsible for engaging CMS for assistance. CMS will not engage directly with an MCO representative.
STATE RESPONSIBILITY
The State DUR Contact is to review those MCO(s) on the State list in the MDP system to confirm they are active, and if not, either rename or remove that MCO (Note: even though you may be renaming or removing an MCO, data submitted from previous years is retained within the MDP system).
Remind your managed care programs that all MCO-specific information submitted will be posted online to Medicaid.gov. For that reason, no proprietary information should be entered within the survey.
The State DUR Contact is responsible to download a copy of the pdf fillable MCO Abbreviated Survey from MDP and email the survey to their MCO contacts. Upon survey completion by the MCO, the MCO will email the completed survey back to the State DUR Contact for review, upload to MDP and certification by **June 30, 2024**.
When emailing your MCO their pdf fillable survey, please include these Notes and Best Practices.
MCO RESPONSIBILITY

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When the MCO receives their pdf fillable survey via email from their State DUR Contact, **remember to complete your survey in Adobe Acrobat Reader.** The MCO Abbreviated survey cannot be edited within an internet browser window. When the MCO has completed the survey, email it back to your State DUR Contact.

BEST PRACTICES
It is very important to complete the view only informational survey prior to beginning the official survey (these surveys were emailed to all State DUR Contacts) to assure predetermined responses when completing the official survey to avoid any issues.
Before sending your completed pdf survey file to the State, remember the naming convention requires no spaces in the file name. For example Blank MCO Abbreviated Survey.pdf should be sent as BlankMCOAbbreviatedSurvey.pdf.
Commas are NOT needed when entering numbers (i.e. 10000, not ~~10,000~~) or an error will occur.
For numbers less than 1, use a leading 0 to avoid errors (i.e. 0.02, not ~~.02~~).
Text Boxes – In an effort to provide summarized information in our annual reporting, text box character limits have been standardized with 10k characters for summary boxes and 2k for standard boxes. All characters that are present on a standard keyboard will be allowed except the < and > symbols. **Please note text boxes were <u>not</u> designed to accommodate pictures, tables, images, or graphics.** Please correct any characters identified as a problem prior to saving as this will allow both the State and CMS to properly download, view and print applicable summaries within the text box. You may paste from within a WORD or .pdf document into the text box. **It is important to remember, CMS does not edit State responses; therefore, what displays will be what is posted on Medicaid.gov.** This material is also utilized for composing the annual report to Congress.