



Wyoming
Department
of Health

Division of Healthcare Financing

Medicaid Pharmacy News

Dear Providers:

May 29, 2015

PERM AUDIT TRAINING

In accordance with the Improper Payments Information Act of 2002 (IPIA), amended by the Improper Payments Elimination and Recovery Act of 2010 (IPERA) and the Improper Payments Elimination and Recovery Improvement Act of 2012 (IPERIA), it is required that Federal agencies annually review their programs that are susceptible to significant erroneous payments and report the improper payment estimates to Congress. The Centers for Medicare & Medicaid Services (CMS) developed the Payment Error Rate Measurement (PERM) process to measure the accuracy in which States pay Medicaid claims for medical services. Wyoming Medicaid is currently completing this audit process.

A+ Government Solutions (A+) is the PERM Review Contractor for CMS. A+ will be requesting record(s) from Wyoming providers for each claim that is randomly sampled for PERM review. If one of your claims is randomly sampled, you will receive a call from A+ to confirm the appropriate person for receiving record requests. Providers are required to respond to the initial request for medical records within 75 days from the date of the letter. Wyoming is highly encouraging providers to submit records well before the 75 day deadline.

If one of your claims is sampled for review and you do not provide the required documentation, the claim will automatically be identified as an improper payment. **The refusal of a provider to make financial or medical records available and accessible shall result in all Medicaid payments made to the provider during the record retention period for which records supporting such payments are not produced repayable or reimbursable to the Division within 10 days after written request for such repayment; and the suspension of all Medicaid payments for services furnished after such date. Reimbursement shall not be reinstated until the Division determines that adequate records have been produced or are being maintained.**

Further information regarding the auditing process, as well as training for this process can be found at www.wyomedicaid.org.

ICD-10 REQUIREMENTS

Effective October 1, 2015 pharmacies including diagnosis code information on pharmacy claims that are submitted to Wyoming Medicaid will be expected to ONLY submit ICD-10 diagnosis codes in accordance with the NCPDP standard requirements. ICD-9 codes should no longer be submitted on Wyoming Medicaid pharmacy claims after October 1, 2015. For further information about ICD-10 and Wyoming Medicaid, please refer to <http://wyomingicd10.com>.

UPDATED HEPATITIS C PRIOR AUTHORIZATION REQUEST FORM

A new hepatitis C prior authorization request form has been approved effective 5/19/2015. When submitting a prior authorization request for a hepatitis C medication, please use the new form, which includes a second page (Wyoming Medicaid Client Disclosure and Commitment to Take Hepatitis C Medications). All requested information must be submitted for consideration of the request. The form can be found at www.wyomedicaid.org, or may be faxed upon request by calling the GHS Pharmacy Help Desk at 877-207-1126.

MISCELLANEOUS

- Movantik will require a prior authorization and is limited to treatment for opioid-induced constipation in adult patients with chronic non-cancer pain, as well as require a three month trial and failure of a secretory agent followed by a three month trial and failure of Amitiza
- Relistor will now require prior authorization
- Cosentyx will be limited to treatment for the approved indication of plaque psoriasis
- Savaysa will be a non-preferred anticoagulant
- Cholbam will require prior authorization and is limited to the approved indications of bile acid synthesis disorders due to single enzyme defects (SEDs) and adjunctive treatment of peroxisomal disorders (PDs) including Zellweger spectrum disorders in patients who exhibit manifestations of liver disease, steatorrhea or complications from decreased fat soluble vitamin absorption