



# Medicaid Pharmacy News

Dear Providers:

June 24, 2015

## **DUPLICATE ANTIDEPRESSANT THERAPY**

Effective July 1, 2015, duplicate antidepressant therapy involving managed antidepressants (mirtazapine, bupropion ER/SR/XL, citalopram, escitalopram, fluoxetine tablets and capsules, fluvoxamine, paroxetine IR/CR, sertraline, venlafaxine IR/ER tablets and capsules, Aplenzin, Forfivo XL, Viibryd, duloxetine, desvenlafaxine, Fetzima, Pristiq and Brintellix) will require prior authorization. The two exceptions that will not require prior authorization are mirtazapine combined with an SSRI and any bupropion product combined with an SSRI.

## **GENERIC ARIPIPIRAZOLE**

Effective July 1, 2015, the generic form of Abilify, aripiprazole, will be preferred by Wyoming Medicaid. Please call the GHS pharmacy help desk at 877-209-1264 with any questions regarding this.

## **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](http://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>.