



Medicaid Pharmacy News

Dear Providers:

September 8, 2015

PREFERRED DRUG LIST & ADDITIONAL THERAPEUTIC CRITERIA CHART UPDATES

- Effective September 2, 2015, Xenazine will require prior authorization and will be limited to the diagnosis of chorea caused by Huntington's disease.
- Corlanor will require prior authorization and will be limited to the diagnosis of worsening heart failure in patients with stable, symptomatic chronic heart failure with left ventricular ejection fraction $\leq 35\%$, who are in sinus rhythm with resting heart rate ≥ 70 beats per minute and either are on maximally tolerated doses of beta blockers or have a contraindication to beta-blocker use.
- Immunomodulators will now have a dosage limit of 120% of the maximum dose recommended.
- Entresto will require prior authorization and will be limited to the diagnosis of chronic heart failure with reduced ejection fraction. The client cannot be on concurrent ACE inhibitor or ARB therapy.
- Orkambi will require prior authorization and will be limited to the diagnosis of cystic fibrosis (CF) in patients age 12 years and older who are homozygous for the F508del mutation in the CFTR gene. Clinical documentation must be provided to document homozygosity for the F508del mutation.
- Invega Trinz is a preferred medication that does not require prior authorization; however, it will be limited to one injection of one strength within a 90 day period.

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>.

MAKENA

All prior authorizations for Makena are put in place for a 5 mL vial for 35 days, as the dose is 1 mL once weekly (every seven days). Please ensure Makena claims are being billed correctly, as claims that do not match a quantity of 5 mLs for 35 days could be subject to subsequent recovery and possible future audit proceedings.

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.wymedicaid.org.