



P R O V I D E R B U L L E T I N

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To: All Providers**Subject: Mental Health Quality Advisory Committee Notice of
 HEA 1325****Overview**

During the 2005 Indiana General Assembly, the legislature created House Enrolled Act (HEA) 1325 and the Governor subsequently signed it into law. This model legislation essentially requires open access to mental health medications provided by the managed care organizations (MCOs) operating in the Indiana Medicaid program. The Medicaid fee-for-service (FFS) plan had already been providing open access as a result of previous legislation. Implementation of HEA 1325 will be rolled out as provided in this article.

HEA 1325***Mental Health Quality Advisory Committee***

The legislation created the Mental Health Quality Advisory Committee (MHQAC) to provide advice as to its implementation. Pursuant to the statute, the MHQAC is comprised of the Director of Health Policy and Medicaid (who chairs the committee); the Medical Director of the Division of Mental Health and Addictions (DMHA), Family and Social Services Administration (FSSA); a representative of a statewide mental health advocacy organization; a representative of a statewide mental health provider organization; a representative from an MCO that participates in the state's Medicaid program; a member with expertise in psychiatric research representing an academic institution; and, a pharmacist licensed under Indiana law. The purpose of the committee is to develop guidelines and programs to allow open and appropriate access to mental health medications, provide educational materials to prescribers, and to promote appropriate use of mental health medications. All recommendations made by the MHQAC must be reviewed and approved by the Indiana Medicaid Drug Utilization Review (DUR) Board prior to implementation. A Clinical Subcommittee of the MHQAC advises the MHQAC and is chaired by the Medical Director of the Division of Mental Health and Addictions (DMHA), and includes five practicing psychiatrists, one of whom is a research psychiatrist associated with an academic institution, and one pharmacist, who serves on the MHQAC also representing an academic institution.

Mental Health Quality Advisory Edits

The MHQAC has developed a program using prospective intervention and retrospective education to enhance quality and appropriateness in mental health prescribing practices. This program tracks clinical practices as they compare to recognized quality indicators, classifying specific prescribing

situations into three discrete categories that reflect decreasing concern, referred to initially as “1s”, “2s”, and “3s”. This initial designation was based on the perceived clinical significance of the grouping of prescribing situations to which each, respectively, applied. The Committee and its subcommittees determined the following:

- Category 1s necessitate *Medical Necessity Quality Edits*, and are those prescribing situations that should from a quality perspective rarely occur. Documentation of medical necessity must be demonstrated;
- Category 2s are prescribing circumstances that are potentially appropriate, but raise quality concerns, and trigger *Quality Verification Edits* for clinical situations that warrant educational intervention and perhaps additional prospective interventions; and
- Category 3s initiate *Quality Enhancement Education Edits*, for prescribing situations potentially appropriate but outside the norm of prescribing practices. These indicators warrant educational outreach and should be monitored for appropriate use.

A listing of the indicators and edits, as they appear at this time, is attached for your reference (Attachment 1 of this bulletin).

As of October 31, 2006, all existing drug formulary restrictions applied to mental health medications in managed care were to be eliminated. Utilization edits currently used by the MCOs and FFS were, however, to be maintained.

Utilization Edits

Utilization edits are pharmacy claims processing edits, some of which require a medical necessity review through the prior authorization (PA) process, that address prescribing situations that are inconsistent with established pharmacokinetic principles and clinical practice guidelines. These edits include, but are not necessarily limited to, severity level 1 drug interactions, frequency of refills, dose optimization, compound claim and quantities dispensed. The intent of these edits is to promote safe and effective use of medications for the population. Utilization edits do not constitute formulary restrictions, and are consistent with *IC 12-15-35.5-7*.

Mental Health Medical Necessity Quality Edits

On January 1, 2007, six initial, mental health medical necessity quality edits (1s) will be implemented in the pharmacy claims processing systems of both fee-for-service and managed care plans. The edits are DUR Board and MHQAC Committee approved. These edits, which when encountered will require a medical necessity review via the existing prior authorization systems, apply to the following clinical situations:

- Patient receiving two or more tricyclic antidepressant medications
- Patient receiving two or more typical antipsychotic medications
- Patient receiving three or more atypical antipsychotic medications
- Patient receiving three or more antipsychotic medications
- Patient receiving three or more benzodiazepine medications
- Patient receiving three or more any antidepressant medications, excluding trazadone

Again, these edits are consistent for all Medicaid members whether in the FFS or capitated managed care plans. Paid pharmacy claims from the most recent 45 days, where the days supply is greater than 14 days, are reviewed during the editing process. Claims with a days supply of 14 days or less are excluded from the edits to allow for tapering. The dispensing pharmacy receives the following rejection and text messaging when one of these edits is triggered:

NCPDP Code 75: Prior authorization is required

Text Message:

- PA req for 3 or more BZD
- PA req for 2 or more TCA
- PA req for 3 or more APSYCH
- PA req for 2 or more TYP APSYCH
- PA req for 3 or more ANTIDEPRESS

Existing emergency supply provisions remain in effect.

Pharmacists may obtain approval in instances where the patient has discontinued one of the medications triggering the edit. It is the responsibility of the pharmacy provider to notify the prescriber in cases in which claims edits post for the above-referenced situations. The prescriber then initiates the medical necessity review process, which entails the provision of clinical information appropriate to the particular circumstance and sufficient to document medical necessity. A copy of the *Indiana Medicaid Mental Health Quality Advisory Committee Medical Necessity Review Form* to be used in this process is included as Attachment 2 of this bulletin. Copies are also available on *Forms* page of the Indiana Health Coverage Programs (IHCP) Web site at <http://www.indianamedicaid.com/ihcp/Publications/forms.asp>. Existence of *all* of the following will be grounds for issuing authorization for the service:

- Prescriptions are written by, or in consultation with, a psychiatrist,
- Prescriptions are for DSM IV diagnosis, and
- Prescriptions are for the purpose of tapering or cross tapering.

Educational Outreach Initiatives

Concurrent with the implementation of the mental health medical necessity quality edits on January 1, 2007, educational outreach initiatives will be instituted for those prescribing situations necessitating quality verification edits (2s). Results of those educational initiatives will be analyzed on an ongoing basis, and it is anticipated that the mental health quality edits above may be modified based on clinical practice data and the latest in psychopharmacological research.

Educational outreach initiatives will also commence retrospectively for those prescribing situations that may benefit from quality enhancement education edits (3s).

Contact Information

Providers with questions about this bulletin should contact Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll free at 1-800-577-1278.

Listing of Edits

Per Mental Health Quality Advisory Committee

The following prescribing situations have been identified by the Mental Health Quality Advisory Committee (MHQAC) as prescribing situations that should rarely occur (and, if they did, would have to have clear and thorough documentation of medical necessity). The controlling edits are called *Medical Necessity Quality Edits (1s)*.

1. Two or more typical antipsychotics
2. Two or more tricyclic antidepressants
3. Three or more atypical antipsychotics
4. Three or more any antipsychotics
5. Three or more benzodiazepines
6. Three or more any antidepressants, excluding trazadone

The following prescribing situations have been identified by the MHQAC as prescribing situations that warrant educational intervention and perhaps further consideration for future interventions. The controlling edits are called *Quality Verification Edits (2s)*.

1. Three or more any anticonvulsant/mood-stabilizer
2. Five or more any behavioral drug
3. Three or more prescribers of anxiolytics/sedative-hypnotics
4. Two or more atypical antipsychotics
5. Low dose atypical antipsychotics (age 18 or older)

The following prescribing situations have been classified by the MHQAC as prescribing situations that warrant a lesser degree of educational outreach but should be monitored for appropriate use. The controlling edits are called *Quality Enhancement Educational Edits (3s)*.

1. Two or more benzodiazepines
2. Two or more sedative-hypnotics
3. Two or more anxiolytic/sedative-hypnotics
4. Two or more any antipsychotics
5. Three or more any antidepressant
6. Two or more selective serotonin reuptake inhibitors (SSRIs)
7. High dose atypical antipsychotics
8. Anxiolytic/sedative hypnotic for extended period
9. Anxiolytic benzodiazepines for extended period
10. Sedative hypnotics for extended period
11. Multiple prescribers, any antipsychotic
12. Multiple prescribers, any behavioral class of drug
13. Discontinuance of any antipsychotic within 15 days of Rx ending



Indiana Medicaid Mental Health Quality Advisory Committee
 Medical Necessity Review Form

	Phone:	Fax:
Traditional Medicaid	(866) 879-0106	(866) 780-2198
Managed Health Services	(800) 460-8988	(866) 399-0909
MDwise	(800) 558-1655	(877) 234-4274
Anthem	(877) 652-1223	(866) 408-7103

****All sections must be completed or the request will be returned****

Patient's Medicaid #	<input type="text"/>	Date of Birth	<input type="text"/>
Patient's Name	<input type="text"/>		
IN License #	<input type="text"/>	Prescriber's Name	<input type="text"/>
NPI#	<input type="text"/>	Prescriber's Signature (required)	<input type="text"/>
Specialty	<input type="text"/>		
Return Fax #	<input type="text"/>	Return Phone #	<input type="text"/>

Please check applicable categories:

<input type="checkbox"/> 3 or more any antipsychotics	<input type="checkbox"/> 3 or more antidepressants, excluding trazodone
<input type="checkbox"/> 2 or more typical antipsychotics	<input type="checkbox"/> 2 or more tricyclic antidepressants
<input type="checkbox"/> 3 or more atypical antipsychotics	<input type="checkbox"/> 3 or more benzodiazepines

Requested Drugs (list all)	Strength	Qty	Dosage Regimen	Diagnosis	Date Started

Are the medications prescribed by or in consultation with a psychiatrist?	Yes OR No
Is the medication prescribed for a DSM-IV diagnosis?	Yes OR No
Is there a cross-taper in progress?	Yes OR No
• If yes, how long will the taper last?	

Clinical Explanation/Justification (please be thorough, a current plan of treatment and progress notes may be requested for documentation):

Information on this form is protected health information and subject to all privacy and security regulations under HIPAA