Provider Bulletin

Molina Healthcare of California
https://www.molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx

December 21, 2023

☒ Imperial
☒ Riverside
☒ San Bernardino
☒ Los Angeles
☐ Orange
☒ Sacramento
☒ San Diego

Federal Drug Utilization Review Requirements Designed To Reduce Opioid Related Fraud, Misuse And Abuse APL 23-026

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Medi-Cal line of business.

This notification is based on an All-Plan Letter (APL) 23-026, which can be found in full on the Department of Health Care Services (DHCS) website at: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-026.pdf

BACKGROUND

Federal law requires each state to develop a Drug Utilization Review (DUR) program that is targeted, in part, at reducing clinical abuse and misuse of prescription drugs covered under the state's Medicaid program. The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Act added measures to combat the opioid crisis in part by reducing opioid abuse and misuse by advancing treatment and recovery initiatives, improving prevention, protecting communities, and bolstering efforts to fight deadly illicit synthetic drugs.

What you need to know - POLICY

Molina will operate a DUR program that complies with the Medicaid-related DUR provisions contained in section 1004 of the SUPPORT Act.

1. **Claims Review Requirements**

   A. Safety Edits Including Early, Duplicate, and Quantity Limits

   Describe the opioid related prospective safety edits, as well as the automated process for retrospective claims review that MHC has in place to address duplicate fill, early fill, and quantity limits.

   B. Maximum Daily Morphine Milligram Equivalents Safety Edits

   i. Describe the prospective safety edits for the maximum morphine milligram equivalents (MME)/daily that can be prescribed to a MHC Member enrolled for treatment of chronic pain, not to exceed 500 MME/daily without prior authorization.

   ii. Describe the automated process for claims review (retrospective review) that indicates when a MHC Member is prescribed the morphine equivalent for such treatment in excess of the maximum MME/daily dose limitation.

What you need to know – POLICY CONT.

C. Concurrent Utilization Alerts

Describe the automated process for claims review (retrospective) that monitors when a MHC Member is concurrently prescribed opioids and benzodiazepines or opioids and antipsychotics.

D. Permitted Exclusions

The described safety edits and claims review requirements do not apply to MHC Members who are receiving hospice or palliative care; receiving treatment for cancer; residents of a long-term care facility, a facility described in section 1905(d) of the Act, or of another facility for which frequently abused drugs are dispensed for residents through a contact with a single pharmacy; MHC Members who are receiving opioid agonist medications for treatment of a substance use disorder; or other individuals the state elects to treat as exempted from such requirements.

2. **Program to Monitor Antipsychotic Medications by Children**

   MHC is required to have a process to monitor and manage appropriate use of all psychiatric drugs to include antipsychotics, mood stabilizers, and anti-depressant medications for all children under 18 years of age and all foster children.

3. **Fraud and Abuse Identification**

   Molina's process for identifying fraud, waste and abuse of controlled substances involves review of retail drugs as well as physician administered drugs. Prescribing habits, member drug utilization and pharmacy utilization are monitored through various reports or dashboards for behavior outside of peer standards. Using an interdepartmental collaboration to mitigate fraud and abuse, findings or questionable patterns can be sent to various departments in Molina including but not limited to our Special Investigations Unit, our Care Management team, our Provider Engagement team and our Network Contracting team.

What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative below.

Service County Area	Provider Relations Representative	Contact Number	Email Address
California Hospital Systems	Deletha Foster Teresa Suarez Laura Gonzalez	909-577-4351 562-549-3782 562-549-4887	Deletha.Foster@molinahealthcare.com Teresa.Suarez2@molinahealthcare.com Laura.Gonzalez3@molinahealthcare.com
Los Angeles	Clemente Arias Christian Diaz Daniel Amirian LaToya Watts	562-517-1014 562-549-3550 562-549-4809 562-549-4069	Clemente.Arias@molinahealthcare.com Christian.Diaz@molinahealthcare.com Daniel.Amirian@molinahealthcare.com Latoya.Watts@molinahealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-549-4390	Maria.Guimoye@molinahealthcare.com
Sacramento	Johonna Eshalomi Marina Higby	562-549-3708 916-561-8550	Johonna.Eshalomi@molinahealthcare.com Marina.Higby@molinahealthcare.com
San Bernardino	Luana McIver	909-501-3314	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-577-4355	Vanessa.Lomeli2@molinahealthcare.com
Riverside County	Mimi Howard	562-549-3532	Smimi.Howard@molinahealthcare.com
San Diego / Imperial County	Briana Givens Salvador Perez Dolores Ramos Lincoln Watkins	562-549-4403 562-549-3825 562-549-4900 858-300-7722	Briana.Givens@molinahealthcare.com Salvador.Perez@molinahealthcare.com Dolores.Ramos@molinahealthcare.com Lincoln.Watkins@molinahealthcare.com

If you are not contracted with Molina and wish to opt out of the MHC Provider Bulletin, email MHCProviderJusttheFax@MolinaHealthcare.com. Please include the provider's name, NPI, county, and fax number, and you will be removed within 30 days.