



To: Pharmacy
From: MeridianHealth
State: Michigan
Line of Business: Medicaid
Date: January 2020
Re: Important Claims Information for MeridianHealth Medicaid Pharmacy Providers

Dear Pharmacy,

Starting **February 1, 2020**, MeridianHealth (Meridian) will implementing a new opioid overutilization policy for our Medicaid beneficiaries. This will include new edits. We are contacting you to make you aware of our new program so you may better serve your patients in the upcoming year.

Important Note: Morphine Milligram Equivalent (MME) thresholds and day supply limits are not prescribing limits.

Make sure to first check the patient's billing information to see if he or she is a part of the Meridian network:

Coverage	State	PCN	BIN	Plan Name
Medicaid	MI	HPMMCD	610241	MeridianHealth Michigan

If he or she is a member, this notification will serve as a listing of our new prescription edits that may trigger for our beneficiaries when attempting to adjudicate their opioid claims:

Beneficiaries who are undergoing treatment for active cancer pain, palliative end-of-life, hospice, or are in long-term care are excluded.

Soft Edits (may be overridden at pharmacy level)

1. Opioid and Benzodiazepines – triggers when member fills an opioid and benzodiazepine
 - a. Primary Message - Reject 76 - Plan limitations exceeded
 - b. Secondary Message - *“Concurrent Opioid and Benzodiazepine Therapy. Please submit the appropriate DUR PPS codes”*
 - c. **Override Code – M0 (Professional Service Code)** - for concurrent therapy
2. Opioid and Antipsychotics – triggers when member fills an opioid and antipsychotic
 - a. Primary Message - Reject 76 - Plan limitations exceeded
 - b. Secondary Message - *“Concurrent Opioid and Antipsychotic Therapy. Please submit the appropriate DUR PPS codes”*
 - c. **Override Code – M0 (Professional Service Code)** - for concurrent therapy

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3. Care Coordinated edit - triggers when member fills opioid with ≥ 90 MME
 - a. Primary Message - Reject 76 - Plan limitations exceeded
 - b. Secondary Message - *"Please consult with the prescriber, document the discussion, and if the prescriber confirms intent, use an override code that indicates the prescriber has been consulted"*
 - c. **Override Code – ER & M0 (Reason for Service Code and Professional Service Code)** - Prescriber consulted (prescriber attestation) for ≥ 90 MME override

The ≥ 90 MME edit will require care coordination by the pharmacist, which means the dispensing pharmacist must contact the prescriber to verify the daily dosing at or above 90 MME is appropriate.

Once outreach is completed and documented on the prescription, the edit may be overridden at the pharmacy point-of-sale utilizing the NCPDP resolution codes provided above.

Hard Edits (will require coverage determination)

1. Opioid naïve edit – triggers if member has not filled an opioid in 90 days, and is filling an opioid with a day supply > 7
 - a. Limited to 7-day supply or less
 - i. Primary Message - reject 76 - Plan limitations exceeded
 - ii. Secondary Message - *"Beneficiary has been identified as opioid naïve, resubmit claim for a 7-day acute fill"*
2. Daily opioid dose ≥ 200 MME
 - a. The exception should apply to the cumulative MME level for the beneficiary, not just one specific drug, or one prescriber
 - i. Primary Message - reject 76 - Plan limitations exceeded
 - ii. Secondary Message - *"Cumulative Morphine Equivalent Dose Exceeded"*

Both hard edits will require the beneficiary's prescriber to initiate a coverage determination by contacting the member's plan. Unfortunately, the pharmacy may not initiate this per CMS regulations.

Thank you for being a part of our pharmacy network! Should you have any questions, please contact the MeridianRx team at **866-984-6462**.

Sincerely,

MeridianHealth