OCTOBER 2023

FirstCare
Medicaid Newsletter

FOR PROVIDERS SERVING FIRSTCARE STAR AND CHIP MEMBERS

FirstCare
HEALTH PLANS
PART OF BAYLOR SCOTT & WHITE HEALTH

TEXAS STAR
Your Health Plan • Your Choice

CHIP

TEXAS
Health and Human
Services

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# Tips for initiating Naloxone with your patients on chronic opioids

Prepare in advance
- Familiarize yourself with covered Naloxone formulations
- Table 1:

| Baylor Scott & White Health Plan / FirstCare Health Plans Formulary Status		
Naloxone Product	Formulary List	Tier
Naloxone Injection (generic) 0.4 mg/ml single dose vial	Group Value and Group Choice, EHB	$0 copay
	Medicare	Tier 2 G
Naloxone Injection (generic) 2 mg/2 ml prefilled syringe	Group Value and Group Choice, EHB	$0 copay
	Medicare	Tier 3 PB
Naloxone Nasal Spray (generic Narcan) 4 mg/0.1 ml	Group Value and Group Choice, EHB	$0 copay
	Medicare	Tier 3 PB
Kloxxado Nasal Spray 8 mg/0.1 ml	Group Value, Group Choice, Medicare	Non-formulary
	EHB	Tier 2 PB
Zimhi 5 mg prefilled syringe	Group Value, Group Choice, EHB, Medicare	Non-formulary

EHB=Essential Health Benefits; Tier 2 G=generic for Medicare; Tier 3 PB=preferred brand for Medicare; Tier 2 PB=preferred brand for EHB.

- Recognize candidates for Naloxone
  - Total MMED ≥50, using long-acting opioids, or opioids co-prescribed with sedatives, muscle relaxants, benzodiazepines, gabapentin or pregabalin
- Have a conversation starter ready; use non-judgmental and non-blaming language
  - Centers for Disease Control and Prevention (CDC) offers full 1.5 hour CME "Talking About Naloxone" (also available as a focused two-page conversation starter).
- Educate on Naloxone administration and provide additional resources as needed
- Utilize clinical decision support tools in electronic medical record (i.e., Naloxone Best Practice Advisory or BPA)
  - Identify candidates and assist with ordering Naloxone
  - Naloxone BPA screenshot:

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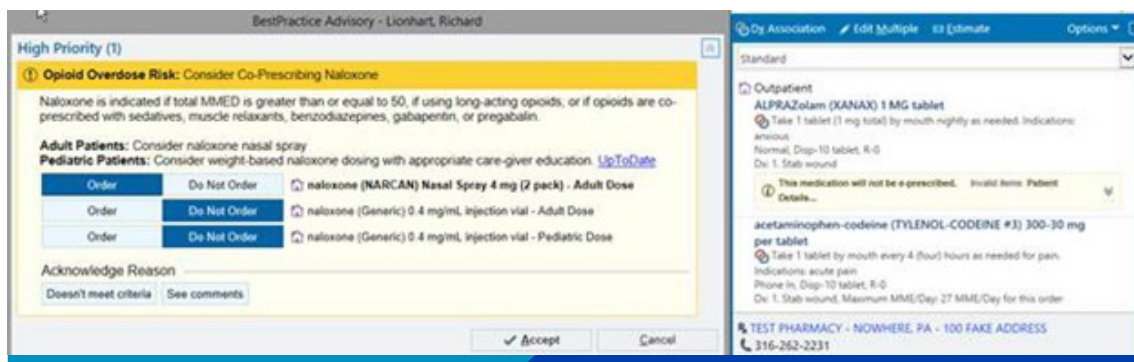
- Add Epic patient education to the After Visit Summary
  - Patient Instructions for After Visit Summary (AVS)
    When a provider prescribes an opioid or Naloxone, the Patient Instructions page (already required) shows specific patient education to add to the AVS as shown. When Epic shows the patient language preference is Spanish or Vietnamese, the list will automatically show patient education in their preferred language (not shown).
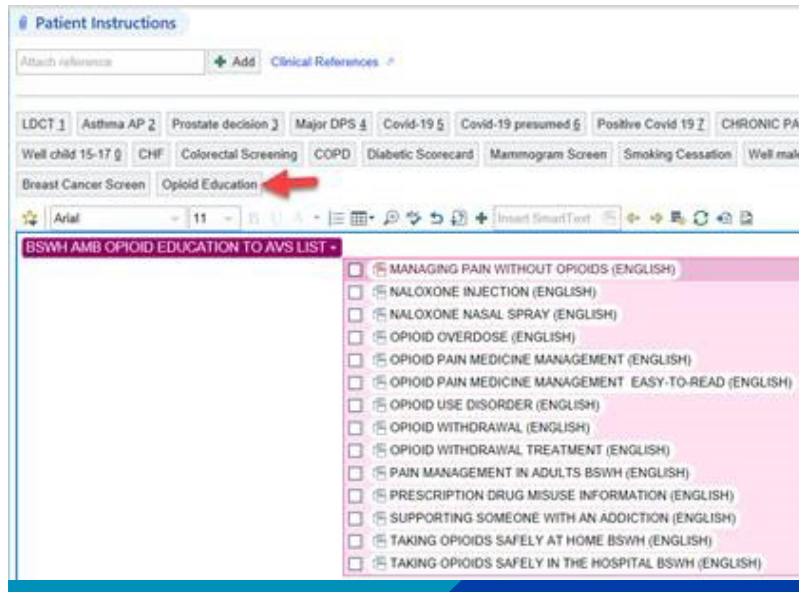
Resources:

1. CDC "Talking About Naloxone" CME
   https://www.cdc.gov/opioids/naloxone/training/pdf/Talking-About-Naloxone.pdf
2. Introduction to Naloxone for People Taking Prescribed Opioids – YouTube (YouTube video by the Veterans Health Administration)
   https://www.youtube.com/watch?v=NFzhz-PCzPc
3. Overdose Prevention Resources | National Harm Reduction Coalition.
   https://harmreduction.org/issues/overdose-prevention/
4. PrescribeToPrevent – Prescribe Naloxone, Save a Life
   https://prescribetoprevent.org/
5. What is Naloxone? | SAMHSA
   https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/naloxone

End of the COVID-19 Public Health Emergency (PHE)
Medicaid and CHIP on 05/11/2023

Your patients need your expert advice and guidance to help them maintain their Medicaid/ CHIP coverage or understand what other options may be available. Encourage your patients to create a Your Texas Benefits account.

Steps you can take to help your patients and our members:

1
Remind your patients to update their contact information (mailing address and phone number).
Online at **YourTexasBenefits.com**, by calling 2-1-1, or visiting a local office or community partner.

2
Patients will receive a letter with instructions to recertify for their Medicaid or CHIP coverage.
Renewal information can be submitted by mail, fax or online through **YourTexasBenefits.com**, by calling 2-1-1 and pressing option 2, or by visiting a local office or community partner.

3
If their eligibility is confirmed, they can continue their exisiting coverage.
If they are no longer eligible for Medicaid or CHIP, they can explore our Individual and Family (Marketplace) options.

4
If they are not eligible, they have options. Due to the American Rescue Act Plan for 2021, Marketplace coverage can be as low as $0 premium.
They may be able to get coverage through the Health Insurance Marketplace. They were sent an application to the Marketplace. Their application will be reviewed and they will be informed if they can get coverage through the program. To learn more, go to HealthCare.gov or call 1-800-318-2596 (toll-free).

End of the COVID-19 Public Health Emergency (PHE) Medicaid and CHIP Resources
- HHSC End of Continuous Medicaid Coverage and FAQ's: End of Continuous Medicaid Coverage | Texas Health and Human Services
- Coronavirus Provider Information: Coronavirus (COVID-19) Provider Information | Texas Health and Human Services
- Provider Information Sheet: End of Continuous Medicaid Coverage (texas.gov)
- End of Continuous Medicaid Coverage Member FAQ's: End of Continuous Medicaid Coverage FAQ (texas.gov)

Formulary Information and Pharmaceutical Management Procedures

FirstCare's Pharmacy Benefit Manager (PBM) is Navitus Health Solutions. Navitus administers prescription benefits for FirstCare Medicaid STAR, CHIP, and CHIP Perinate members. FirstCare members can access prescriptions through any pharmacy contracted with Navitus Health Solutions. STAR and CHIP members are eligible to receive an unlimited number of prescriptions per month and may receive a one-month supply.

Formulary

- FirstCare uses the state-mandated Medicaid STAR /CHIP formulary.
- To view and obtain updates for the Texas Medicaid Formulary Drug Search, go to txvendordrug.com/ formulary/formulary-search.
- The Texas Medicaid formulary includes legend, over-the-counter drugs, generic equivalents, interchangeable products, certain supplies, and select vitamin and mineral products.

Preferred Drug List (PDL)

- FirstCare uses the state-mandated PDL.
- To view and obtain updates for the Texas Preferred Drug List, go to txvendordrug.com/formulary/ prior-authorization/preferred-drugs
- Most drugs are identified as "preferred" or "non-preferred." Drugs identified on the PDL as "preferred" are available without prior authorization unless there is a clinical prior authorization associated with the drug. Some drugs are subject to both non-preferred and clinical prior authorizations.

Pharmaceutical management procedures are processes the Texas Drug Utilization Board utilizes to help manage the drug formulary/PDL. In order to provide the most clinically safe and cost-effective therapy options, restrictions may be applied to certain drugs on the formulary/PDL. The Medicaid formulary/PDL or txvendordrug.com identifies pharmaceutical management procedures (including but not limited to prior authorization, quantity limits, step therapy, and covered generic substitution).

Obtaining Prior Authorization

Navitus processes pharmacy prior authorizations for FirstCare STAR and CHIP.

To obtain a prior authorization, please call FirstCare's PBM, Navitus, at 1-877-908-6023.

Prior authorizations are available through:

- Phone Requests: Prescribers can also call Navitus Customer Care at 1-877-908-6023 > prescriber option and speak with the Prior Authorization department.
- Written Requests: Prescribers can access prior authorization forms online via txstarchip.navitus. com/pages/prior-authorization-forms.aspx. Completed forms can be faxed 24/7 to Navitus at 1-855-668-8553 (toll free).
  - Using drug-specific PA forms from the Navitus website will help your team submit complete clinical information and help you avoid denials, which may result from insufficient information.

- Electronic Automation: This is performed at the Point of Sale (POS). Upon submitting the prescription claims for payment, Navitus's electronic system will review the member's historical medical and pharmacy claims to determine whether criteria have been met.
    - Where criteria have been met, claims will adjudicate and no further action is needed.
    - Where criteria have not been met, claims will reject with a POS message, notifying pharmacists that a prior authorization is required. Pharmacist (or personnel) is instructed to notify the prescriber of this information.

Decisions regarding prior authorizations will be made within 24 hours from the time Navitus receives the PA request. The provider will be notified by fax of the outcome, or verbally if an approval can be established during a phone request.

Exception to Coverage Request: When a medication is not on the FirstCare formulary, you can request a PA exception by completing the request form and submitting it to the Navitus PA team for review. To view/download PA forms, visit txstarchip.navitus.com/pages/prior-authorization-forms.aspx.

If you have any questions or wish to obtain a printed copy of the formularies or pharmaceutical management procedures, please contact FirstCare at 800.431.7798 (STAR) and 877.639.2447 (CHIP).

Provider Enrollment Revalidation Requirements

Reminder: Providers must complete their revalidation enrollment before the end of their enrollment period. Providers can revalidate their enrollment in the Provider Enrollment and Management System (PEMS) up to 120 calendar days before their current revalidation due date.

Providers may find more information and begin their revalidations in PEMS through the Texas Medicaid & Healthcare Partnership (TMHP) website under "Determine Your Application Type."

Providers that do not complete the revalidation process by their deadline will be disenrolled from all Texas state healthcare programs, and claims and prior authorization requests will be denied.

Provider Requirements

Revalidating providers may need to provide fingerprints, submit additional documentation or complete other screening requirements.

Providers may view and confirm their revalidation date and enrollment information in PEMS. To reduce application time, we encourage providers to have the following information available:

- First and last name
- Organization name
- Social Security number
- Date of birth
- Employer's Tax Identification Number and legal name
- Licenses or certifications, if applicable

- Identification for the provider and any person who meets the definition of owner, creditor, principal, subcontractor or managing employee
- Documentation related to disclosures, if needed
- Additional documentation required for program participation

Providers revalidating an existing enrollment should continue to submit claims to meet their timely filing requirements.

Certain revalidating providers must pay an application fee. Refer to the State of Texas Provider Types Required to Pay an Application Fee document to determine which institutional providers must pay the provider enrollment application fee.

Providers can also refer to the current *Texas Medicaid Provider Procedures Manual, Vol. 1*, "Provider Enrollment and Responsibilities," for more information.

To learn more about revalidation and the end of the COVID-19 public health emergency (PHE), providers can refer to the web article that was posted to tmhp.com on March 10, 2023.

For more information, call the TMHP Contact Center at 800-925-9126.

OIG Lock-In Program helps fight prescription drug abuse

The Texas healthcare community plays a critical role in stemming the tide of prescription misuse through participation in the Texas Prescription Monitoring Program (PMP) and the Medicaid Lock-In Program (MLIP). The PMP equips pharmacists and prescribers with information to help prevent the overprescribing and potential misuse of controlled substances.

A recent change in law requires prescribers to check a patient's PMP history before prescribing opioids, benzodiazepines, barbiturates and carisoprodol. The Texas Medical Board notes exceptions for patients with cancer or in hospice care. According to the Texas State Board of Pharmacy, pharmacies must report all dispensed controlled substances (Schedule II, III, IV and V) to the PMP within one business day of filling the prescription.

The PMP and the MLIP are resources for medical professionals to identify patients who may need help with substance-use issues. The patient prescription histories collected into a database and monitored by the PMP can identify patients receiving multiple prescriptions from multiple doctors, pointing to evidence of potential doctor-shopping or a misuse of prescription drugs.

Through the MLIP, the Texas Health and Human Services Office of Inspector General (OIG) reviews referrals and data to determine if a person who receives Medicaid benefits meets the criteria for lock-in to a single designated pharmacy and/or prescriber. The patient data reviewed includes diagnoses, acute care services and prescription drug history. Lock-in determinations are based on several factors, including:

- The number of overlapping or duplicative controlled substance prescriptions
- Using multiple unaffiliated pharmacies and prescribers

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- The number of emergency room visits resulting in opioid prescriptions
- Treatment that exceeds the daily therapeutic morphine equivalent dose

An average of 2,398 Medicaid clients were part of the Lock-In Program in fiscal year 2020, resulting in approximately $2.9 million in cost savings to Texas taxpayers. The OIG calculates estimated cost savings by comparing each member's pharmacy, hospital and emergency room claims before and after lock-in.

If you suspect any misuse of prescriptions, the OIG would like to hear from you. Referrals may come from pharmacists, prescribers, medical providers, managed care organizations, state agencies, law enforcement officials or members of the general public. Candidates for new or continued lock-in may be referred by calling the OIG's fraud hotline at 800-436-6184 or by clicking the Report Fraud box here on the OIG's website.

FirstCare Health Plans
Verisys Facility Application Submission

The credentialing verification organization, **Verisys**, utilized by the **FirstCare Health Plans credentialing department**, will no longer be using the '**Availity**' website to obtain facility applications for credentialing and recredentialing.

Effective *July 2023* the following methods are encouraged to be used when submitting facility applications to Verisys for credentialing/recredentialing processing:

- Upload completed application to the Verisys secure document submission website. Use access code: **aperture.**
- Email completed application to TAHPapps@verisys.com, utilizing the bar-coded letter as the top page of the PDF document.
- Fax completed application to 866-293-0421, utilizing the bar-coded letter as a cover sheet.
- Mail completed application—including the bar-coded letter if available—to:

Verisys
P.O. Box 221049
Louisville, KY 40252-1049

- Also effective July 2023, TAHP updated facility credentialing application will be used.
- TAHP facility applications can be downloaded directly or from: tahp.org/library/facilities-credentialing-application or BSWHP.org.

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FirstCare Value-Added Services
My Plan Perks™

My Plan Perks™
- Expecting the Best® (ETB) Maternity Management Program
- Grow Well™ smartphone app with health information and resources
- Findhelp connects members to community programs for housing, education, jobs and more.

Pregnant Women
- Dental Services – age 21 and over can receive up to $500/year for checkup and some services
- Baby Shower – education, safety program and small gifts+
- Home visits for high-risk conditions

Sports and School Physicals+

Health and Wellness Quarterly Wellness Webinars+

My Plan Perks™ Program Gift Cards
- Prenatal and postpartum timely visits
- BH hospitalization follow-up visit+
- Timely THSteps checkups
- *Baby shower attendance
- Timely well-child checkups+
- Asthma+ & Diabetes Disease Management participation

Expecting the Best® (ETB) Maternity Program+
- Maternity case management
- Direct access to a case manager throughout pregnancy and postpartum for one year
- Educational webinars

Online Mental Health Resources+

Extra Vision Services
- Annual eye checkup for members 21 and over
- Limited to $200 for eyewear services normally not covered under the Medicaid program benefits (such as tint, anti-reflective coating, deluxe lens, progressive lenses) for adults over 21 years of age

Extra Help Getting a Ride+
- One monthly ride for members to the grocery store, health-related appointments, meetings or trainings, job interviews, etc.

24-Hour Nurse Helpline+

+Available to FirstCare CHIP members
Additional limitations may apply

Thank you for being a contracted Provider with FirstCare Health Plans.