

**Department of Health and Human Services
Division of Medical Assistance**

**NORTH CAROLINA MEDICAID
CONTROLLED SUBSTANCES TASK FORCE**

**Minutes
October 4, 2010**

The North Carolina Medicaid Controlled Substances Task Force met on Monday, October 4, 2010, at 3:00 p.m. in room 297 of the Kirby Building.

Participants present in person or via telephone: DMA-Clinical Policy; DMA-PI, Five County MHA; Governor's Institute; Project Lazarus, NCCN; DMH/DD/SAS-CSRS; HP; NCAP; PharmD candidate; SBI, Pain Specialists, UNC Injury Prevention Research Center; CCNC; Family Medicine Residency Center

The meeting was called to order. Participants introduced themselves.

The minutes from the Controlled Substances Task Force meeting held on April 12, 2010 were reviewed. A correction to the date at the bottom of the page was noted. Participants approved the minutes.

An overview of the Recipient Management Lock-in Program was provided for Task Force participants who were new at the meeting.

Status updates- In July, DMA began working with the vendor to identify recipients who met the criteria for the Recipient Management Lock-in Program, the policy was posted for 45 day comment period and recipient notices were sent to all recipients. In August, first round of recipients received letters notifying them they were selected for the program. The notice includes the paperwork regarding appeal rights and the form the recipient uses to select their prescriber and pharmacy. The vendor is currently in the process of sending out the second round of letters which includes a letter to the selected prescriber, the selected pharmacy as well as a letter to the recipient that has their card showing the prescriber and pharmacy the recipient selected. The letter that goes to the pharmacy and the physician states information regarding the CSRS as well as states the prescriber and the pharmacy on file for the recipient. The date this process will be live in the system is October 11, 2010. If the claim is denied at the point of sale, the pharmacy will receive the message stating that either the wrong prescriber is on the prescription or the recipient is getting the prescription filled at the wrong pharmacy or both.

It was noted by a participant that if the recipient pays cash, DMA would not necessarily know that the recipient received the medication. There is no link between the CSRS and DMA's point of sale system. The pharmacy would be able to tell if they checked the CSRS. Also, it was mentioned that it would be beneficial for the prescribing practitioner to check the CSRS prior to prescribing controlled substances and also beneficial

Since Medicaid is now providing yearly Medicaid cards in lieu of monthly ones, DMA is hopeful that more providers are verifying eligibility prior to providing services. HP is working on updating the AVRS, the real time verification tool and the NCECS web tool to provide a message on the eligibility segment that states that the recipient is locked into one prescriber and one pharmacy for controlled substances.

A participant mentioned the CSRS has had more prescribers calling lately requesting to sign up for the system in order to get claims to process. It was noted that new PA for Suboxone asks that the prescriber check the CSRS prior to writing the prescription.

It was explained that referrals into the program would be worked into the next available publication used for the lock-in. Referrals must still be handled through all the normal processes to ensure recipients receive the opportunity for due process. Therefore, referrals will not be automatically locked into the system, but will instead go through established procedures with our vendor.

An explanation was offered on how the CSRS currently works. It is currently operating under the 1995 language which does not currently include the payment source. The 2007 language does include the payment source and if 50% or more of the states are using this, then NC could update. However, there are financial implications with an upgrade. Additionally, pharmacies would need to submit test data which would be an additional expense to them. The question was posed if the group still wanted reporting tied to Medicaid participation. It was noted that there was no rule or authority to do this at this time and would require rules to be promulgated.

It was suggested that DMA pull a percent of the top 200 recipients and try to work with the CSRS to do a study.

It was mentioned that some recipients in the lock-in program have legitimate diagnoses and may actually be under prescribed based on DMA's review of recipient profiles. Many recipients need coordination of care and will benefit from the program.

There was a discussion regarding getting data for the next meeting. It was mentioned that by the next meeting there would be very little data to share. There will be more data as we progress and continue to collect data on recipients post lock-in.

There was a discussion that the addictive illness is not being adequately addressed.

There was a discussion regarding how a medical home could be beneficial for these recipients.

It was noted that in previous meetings there was discussion surrounding referrals to the Medical Board and Pharmacy Board. DMA was able to confirm that we are able to share information with these Boards along with supporting data as they are regulatory. It was noted that the CSRS has already received approximately 130 requests by the Medical Board to run queries.

The next meeting is scheduled for December.