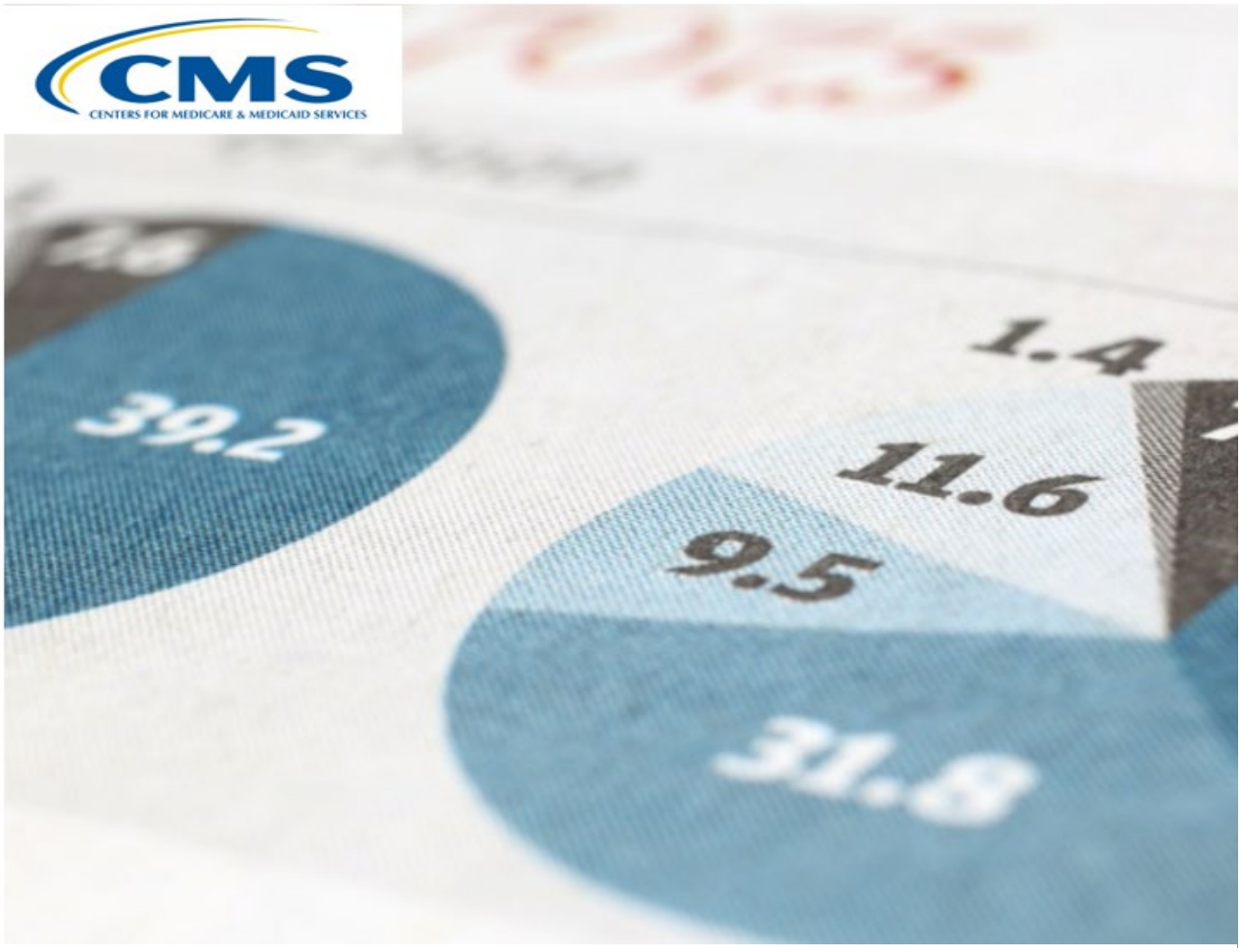

West Virginia

Medicaid Managed Care Organization (with Carved-out Pharmacy Benefit) 2020 Drug Utilization Review Annual Abbreviated Report

This MCO report covers the period October 1, 2019 to September 30, 2020. It is an abbreviated version of the traditional MCO survey for states that have pharmacy benefits covered through the fee-for-service (FFS) program. Coverage of the pharmacy benefit, handled through retail or mail-order dispensing, is very different from medications administered in a clinical setting. Claims for dispensed medications are routinely submitted via a real-time transaction. These transactions are subject to Prospective Drug Utilization Review edits. These MCOs have the portion of benefits for covered outpatient drugs (COD) administered in a doctor's office and/or outpatient hospital or clinic. These claims can only be subject to the Retrospective Drug Utilization review tools.

NOTE: All MCO survey responses populated in this report are original text and unedited

Table of Contents

NOTE: All MCO survey responses populated in this report are original text and unedited

I. West Virginia MCO Demographics

Question 1: On average, how many Medicaid beneficiaries are enrolled monthly in your MCO for this Federal Fiscal Year?

MCO Name	Number of Beneficiaries Enrolled
Aetna Better Health of West Virginia	153,000
The Health Plan of West Virginia, Inc	96,601
Unicare Health Plan of West Virginia, Inc	157,000
Total	406,601

Question 2: Are **all** 1927 covered outpatient drugs (CODs) included in Fee-for-Service (FFS) pharmacy benefits (CODs include drugs dispensed in a pharmacy, administered in a doctor's office, outpatient hospital or clinic. Drugs reimbursed at bundled/global rate are not considered outpatient drugs).

MCO Name	No	Yes
Aetna Better Health of West Virginia	X	
The Health Plan of West Virginia, Inc.	X	
WellCare Health Plans	X	

If yes, completion of the remaining survey is voluntary.

Question 3: Please list what covered outpatient drugs are included in the benefits by your MCO (i.e. physician administered rugs (PAD), medication assisted treatment (MAT) at outpatient treatment programs (OTP), and hospital outpatient drugs?

MCO Name	Drugs Administered in a Clinic or Physician's Office	Drugs Administered During an Outpatient Hospital Stay	Emergency Departments	Outpatient Treatment Programs	Other
Aetna Better Health of West Virginia					X
The Health Plan of West Virginia, Inc.					X
UniCare Health Plan of West Virginia, Inc.					X

NOTE: All MCO survey responses populated in this report are original text and unedited

If "Other," Please Explain:

MCO Name	Response
Aetna Better Health of West Virginia	All of the above.
The Health Plan of West Virginia, Inc.	All of the above with the exception of Methadone, which is covered by the state in a fee for service arrangement.
UniCare Health Plan of West Virginia, Inc.	all physician-administered drugs, or administered vaccinations

Question 4: What practices and policies do you have in place to share information between providers? NOTE: It is expected that if the drug benefit is handled separately there are file transfer of the drug claim file so MCOs can coordinate that aspect of the care.

Please Explain:

MCO Name	Response
Aetna Better Health of West Virginia	Aetna uses various tools to ensure appropriate drug utilization and prevent over and underutilization of medications for our members These include the three elements of the Drug Utilization Review (DUR) program as outlined by the Centers for Medicare and Medicaid Services (CMS): Retrospective (RetroDUR), Prospective (ProDUR) and Educational Outreach Program (EOP). Our DUR Program functions are completed through the actions of either the Pharmacy and Therapeutics (P&T) Committee or by the DUR Board. DUR Board oversees the development and implementation of Educational Outreach Programs (EOP). These education programs focus on correcting over/under or mis-utilization of medications through educational interventions. Interventions and educational materials are developed for providers (Prescriber and pharmacy) and members. Aetna also, partners with our Pharmacy Benefit Manager (PBM) to utilize their clinical program offerings to further assure safe and effective medication utilization. EOP are approved by the DUR Board and have the following characteristics: • Utilizes retrospective drug views against predetermined criteria. • Developed to correct a prescribing or drug utilization patterns identified as suboptimal • Utilize educational outreach directed to prescribers, members and/or pharmacies to correct prescribing patterns that deviate from the predetermined parameters. • Monitor and measure response to educational outreach The 2020 Goal of the DUR Board was to conduct at least 2 programs targeting each of four categories over-utilization, under-utilization, patient safety, and fraud/waste/abuse issue. In this instance 2 programs in each category were developed and

	approved. Each program produced a positive outcome and met its clinical objective as defined in the DUR Board approved program. The 2021 Goal is two programs in each of the categories of 2020.
The Health Plan of West Virginia, Inc.	On a daily basis, THP receives a pharmacy file from the fiscal agent. The file in loaded into our claims processing system. THP has also received access to the PBM's online portal.
UniCare Health Plan of West Virginia, Inc.	Not Applicable

a. Please explain the process the process for coordination of clinical outcomes between medical providers and pharmacy?

MCO Name	Response
Aetna Better Health of West Virginia	To improve member health and quality of care as well as align with all regulatory and contractual obligations, Aetna uses a systematic, ongoing process to review the prescribing, dispensing, and use of medications for all our members. Our approach is member specific approach that and starts with a comprehensive review of the member's medication history, social circumstances, provider network, and medication use behaviors. This review is ongoing, before, during, and after dispensing to achieve continuity and identify potential gaps, barriers, and or inappropriate use as early as possible. Aetna's pharmacy director and clinical pharmacists work with medical providers and pharmacists, in coordination with our care coordinators, to ensure members have access to needed medications and pharmacy services especially during care transitions and placements, while continually monitoring for indications of inappropriate use of psychotropic and other high risk medications. We use weekly, monthly and quarterly reports to monitor drug trends and identify changes in utilization with special focus on over-utilization or under-utilization. of targeted drug classes. Our pharmacy director participates in weekly clinical rounds with our care managers coordinators, medical directors and other Health Services staff to address specific member cases and ensure appropriate utilization of psychotropic medications in our children and other high risk member populations, and coordinate access and use of necessary medical, social and laboratory services required to achieve the desired health outcomes. Aetna works with the State's pharmacy benefit manager (PBM) to enhance our member and provider experience.
The Health Plan of West Virginia, Inc.	The Health Plan receives constant information from the pharmacy benefit manager that is utilized in medication

	reconciliations by care managers in regular communications with members. In addition THP receives a file of members served in Opioid Treatment Programs and attempts to coordinate care with providers of OTP and other care. With member permission, pharmacy information is shared by care managers with the members of the treatment team to coordinate care. Additionally the Pharmacy Data Monitoring Program is utilized by physicians and other medical practitioners on a regular basis as a matter of policy.
UniCare Health Plan of West Virginia, Inc.	Not Applicable

b. How is quality of care for prescriptions ensured? Please explain.

MCO Name	Response
Aetna Better Health of West Virginia	Conducting medication reconciliation after transition between care settings, documentation of medication with members and their designated representatives and communication of identified discrepancies with the appropriate practitioners/provider. Aetna Better Health must have a procedure to coordinate the services that Aetna Better Health provides to the member with any services provided by other entities and to promote care management. Coordination of member care and services may include: • Outreaching Provider Services for network practitioners/providers who offer specialized services to members or services in remote or rural locations. • Coordination of benefits - working collaboratively with the State, other MCOs or contracted and non-contracted partners and practitioners/providers to determine benefit eligibility and coordination of covered benefits to reduce duplication of services. • Involving external/community case managers who offer unique or specific services that the member may need . • Managing, integrating and coordinating care with the PCP and PCMH/FQHC/health home team and other inter-disciplinary care team participants to assure medical necessary primary, secondary and tertiary care. Aetna Better Health must provide coordination services to assist members in arranging, coordinating and monitoring all medical, behavioral, socially necessary, and support services. Each PCP is to act as the coordination of care manager for his/her patients' overall care. Aetna Better Health must also designate an individual or entity to serve as a care manager for members with ongoing

	medical conditions and special health needs. Responsibilities of Aetna Better Health's designee include assessing members' conditions, identifying medical procedures to address and/or monitor the conditions, developing treatment plans appropriate for those members determined to need a course of treatment or regular care monitoring, coordinating hospital admission/discharge planning and post-discharge care and continued services (e.g., rehabilitation), providing assistance to members in obtaining behavioral health, SNS, and other community services, and providing assistance in the coordination of behavioral health, physical health and all other services.
The Health Plan of West Virginia, Inc.	In addition to the Drug Utilization Review program, WV BMS's pharmacy benefit manager offers within the pharmacy claim adjudication software, The Health Plan works to ensure quality of care through the management of data resources provided to the plan. Examples include the oversight and workup of the opioid overutilization report to manage members utilizing multiple prescribers, opioids, or pharmacies as well as the management of the methadone contraindicated drugs report. Pharmacy fills patterns are also analyzed by viewing the state's PDMP records with both programs. If there are quality concerns related to these programs, a referral can be made to The Health Plan's Quality Services Department for investigation.
UniCare Health Plan of West Virginia, Inc.	Not Applicable

Question 5: Does your MCO have a documented process (i.e. prior authorization) in place, so that the Medicaid beneficiary or the Medicaid beneficiary's prescriber may access any covered outpatient drug covered under your benefit plan when medically necessary?

MCO Name	Yes	No
Aetna Better Health of West Virginia	X	
The Health Plan of West Virginia, Inc.	X	
UniCare Health Plan of West Virginia, Inc.	X	

If "Yes," Please Explain the PA Process:

MCO Name	Response
Aetna Better Health of West Virginia	If the drug requires prior authorization, the provider would communicate the request to the prior authorization team. The request would be reviewed against medical necessity criteria. If it meets approval criteria, the nurse would approve. If it does not, it is then sent to the medical director to review. The medical director

	will make the final decision to approve or deny. The provider may appeal the decision
The Health Plan of West Virginia, Inc.	Providers are required to contact our medical management department with clinical information to support the requested authorization. Prior authorization for point of sale would go through Rational Drug Therapy.
UniCare Health Plan of West Virginia, Inc.	Provider may submit a prior authorization form to access services and request coverage of service based on medical necessity.

II. Retrospective DUR (RetroDUR)

Question 1: Who reviews and approves the RetroDUR Criteria?

MCO Name	MCO DUR Board	MCO P&T Board	MCO Pharmacy Manager	State Pharmacy Director	Combination of Medical and Pharmacy Directors	State DUR Board	Outside Entities	Other
Aetna Better Health of West Virginia								X
The Health Plan of West Virginia, Inc.		X						
UniCare Health Plan of West Virginia, Inc.								X

If "Other," Please Explain:

MCO Name	Response
Aetna Better Health of West Virginia	MCO DUR Board and Combination of medical and pharmacy directors
The Health Plan of West Virginia, Inc.	
UniCare Health Plan of West Virginia, Inc.	Not Applicable

Question 2: Summary 1- Retrospective DUR Educational Outreach is a summary report on retrospective profile screening and educational opportunities during the fiscal year reported. The summary should be limited to the most prominent problems with the largest number of exceptions. The results of RetroDUR screening and interventions should be included and detailed below.

MCO Name	Response
Aetna Better Health of West Virginia	The DUR Board is responsible for the following functions: • Monitor and review the DUR Program activities, including those actions undertaken by the Pharmacy and Therapeutics Committee • Oversee and approve member and provider Educational Outreach Programs (EOP) proposals prepared by the EOP Work Group EOPs are approved by the DUR Board and will have the following characteristics:

	• Established predetermined criteria, e.g. desired drug utilization pattern • Utilize retrospective drug reviews against predetermined criteria • Develop process to correct a prescribing or drug utilization patterns identified as suboptimal through EOP, including metrics to be captured • Educational pieces directed to prescribers, members and/or pharmacies • Monitoring and measurement of responses to educational outreach • Reported outcomes metrics, e.g. % change in response, cost saving/cost avoidance Approved Provider Educational campaign highlight the long-term physical health risks of reduce co-prescribing of antipsychotics and SSRI/SNRI/TCA antidepressants for members under 17 years old. Reduces co-prescribing where clinically appropriate. - Pharmacists educated 156 providers about significant increased physical medical risks of developing diabetes and heart disease associated with combined use of antipsychotics and serotonergic antidepressants in children under 18 years old. - While the primary goal of the intervention was not discontinuation, after this education was provided 19% of members taking both classes had stopped one class by 6 months. - 81% of the providers outreached were no longer prescribing the combination to members identified for the program indicating many members changed providers. - Members identified to program - Members receiving antipsychotic + antidepressant after intervention

	- % change in members receiving combo
The Health Plan of West Virginia, Inc.	n/a
UniCare Health Plan of West Virginia, Inc.	Not Applicable

NOTE: All MCO survey responses populated in this report are original text and unedited

III. Physician Administered Drugs (PAD)

Question 1: The Deficit Reduction Act requires collection of NDC numbers for covered outpatient physician administered drugs. These drugs are paid through the physician and hospital programs. Has your claims processing system been designed to evaluate the drug data supplied by the state into your RetroDUR criteria or prior authorization reviews?

MCO Name	Yes	No
Aetna Better Health of West Virginia	X	
The Health Plan of West Virginia, Inc.	X	
UniCare Health Plan of West Virginia, Inc.		X

If "No," Does your MCO have a plan to include this information in your DUR criteria in the future?

MCO Name	Yes	No
Aetna Better Health of West Virginia		
The Health Plan of West Virginia, Inc.		
UniCare Health Plan of West Virginia, Inc.		X

NOTE: All MCO survey responses populated in this report are original text and unedited

IV. Fraud, Waste, and Abuse (FWA) Detection

A. Lock-In or Patient Review and Restriction Programs

Question A1: Does your MCO have a documented process in place that identifies potential FWA of controlled drugs by beneficiaries?

MCO Name	Yes	No
Aetna Better Health of West Virginia	X	
The Health Plan of West Virginia, Inc.	X	
UniCare Health Plan of West Virginia, Inc.		X

If "Yes," what action(s) does this process initiate?

MCO Name	Deny Claims	Require PA	Refer to Lock-In Program	Refer to Program Integrity/SUR Unit	Refer to OIG	Other
Aetna Better Health of West Virginia	X			X		X
The Health Plan of West Virginia, Inc.	X	X	X	X	X	X
UniCare Health Plan of West Virginia, Inc.						

If "Other," Please Explain:

MCO Name	Response
Aetna Better Health of West Virginia	For the WV SIU we refer (legal - WVBMS and WVMFCU as warranted). We will also make referrals to the appropriate State Board for action.
The Health Plan of West Virginia, Inc.	Refer to prescriber
UniCare Health Plan of West Virginia, Inc.	

Question A2: Does your MCO have a coordinated process in place, such as a lock-in program, for beneficiaries with potential FWA of controlled substances?

MCO Name	Yes	No
Aetna Better Health of West Virginia		X
The Health Plan of West Virginia, Inc.	X	
UniCare Health Plan of West Virginia, Inc.		X

If "No," skip to question 3.

Question A2a: What criteria is used to identify beneficiaries with potential FWA of controlled substances?

MCO Name	Number of CS	Different Prescribers of CS	Multiple Pharmacies	Number Days' Supply of CS	Exclusivity of SA Opioids	Multiple ER Visits	PDMP Data	Same FFS State Criteria Applied	Other
Aetna Better Health of West Virginia									
The Health Plan of West Virginia, Inc.	X	X	X			X	X		
UniCare Health Plan of West Virginia, Inc.									

Question A2b: Does your MCO have the capability to restrict the beneficiary to a prescriber only?

MCO Name	Yes	No	N/A
Aetna Better Health of West Virginia			
The Health Plan of West Virginia, Inc.			X
UniCare Health Plan of West Virginia, Inc.			

Question A3: Does your MCO have a documented process in place that identifies possible FWA of controlled drugs by prescribers?

MCO Name	Yes	No
Aetna Better Health of West Virginia	X	
The Health Plan of West Virginia, Inc.	X	
UniCare Health Plan of West Virginia, Inc.		X

If "No," Please Explain:

MCO Name	Response
Aetna Better Health of West Virginia	
The Health Plan of West Virginia, Inc.	
UniCare Health Plan of West Virginia, Inc.	Not Applicable

If "Yes," what actions does this process initiate?

MCO Name	Deny claims written by this prescriber	Refer to program Integrity/ SUR Unit	Refer to Appropriate Medical Board	Other
Aetna Better Health of West Virginia	X	X		X
The Health Plan of West Virginia, Inc.	X	X	X	
UniCare Health Plan of West Virginia, Inc.				

If "Other," Please Explain:

MCO Name	Response
Aetna Better Health of West Virginia	Aetna's UM guidelines support fraud and abuse prevention and detection through monitoring over-utilization and under-utilization and comparing provider performance against evidence-based treatment standards. Our PA processes allow UM staff to review clinical information for medical necessity and patterns of PA requests from providers. At Aetna, preventing and detecting fraud and abuse is everyone's job. All staff are trained in detecting and preventing fraud, waste, and abuse (FWA). Utilizing a multidisciplinary team approach, our Quality Management, Provider Services, and SIU departments work with the UM department to identify, track, and address over-utilization and under-utilization, and to identify solutions within the provider community. The Aetna Medicaid organization identifies national trends in utilization, such as codes that are being abused in other states. In West Virginia, this information provides additional insight into and awareness of potential issues. for more intensive evaluation and local initiatives to address concerns of over- and under-utilization. For example, actuaries review categories of expenses through monthly operating reports and monthly expense reports. Our Utilization Management/Quality Management Committee reviews West Virginia UM reports and dashboards weekly and monthly to identify trends and implement interventions. SIU specifically reviews the UM reports and dashboards to identify provider patterns for potential fraud, waste, and abuse. On a quarterly basis, the SIU analytics group runs a minimum of 25 outlier reports of known categories of fraudulent schemes, such as up-coding, double billing, and billing for services that were not provided, based on specialty and current procedure terminology codes to identify the top providers of certain services.
The Health Plan of West Virginia, Inc.	

UniCare Health Plan of West Virginia, Inc.	

Question A4: Does your MCO have a documented process in place that identifies potential FWA of controlled drugs by pharmacy providers?

MCO Name	Yes	No
Aetna Better Health of West Virginia	X	
The Health Plan of West Virginia, Inc.	X	
UniCare Health Plan of West Virginia, Inc.		X

If "No," Please explain:

MCO Name	Response
Aetna Better Health of West Virginia	
The Health Plan of West Virginia, Inc.	pharmacy is carved out
UniCare Health Plan of West Virginia, Inc.	Not Applicable

If "Yes," what actions does this process initiate?

MCO Name	Deny claims	Refer to program Integrity/ SUR Unit	Refer to Board of Pharmacy	Other
Aetna Better Health of West Virginia	X	X	X	
The Health Plan of West Virginia, Inc.	X	X	X	
UniCare Health Plan of West Virginia, Inc.				

Question A5: Does your MCO have a documented process in place, That Identifies and/or prevents potential FWA of non-controlled drugs by beneficiaries?

Yes, please explain your program for FWA on non-controlled substances?

MCO Name	Response
Aetna Better Health of West Virginia	Our SIU team monitors prescriptions that are written for our members as part of claims/spikes reports and then rely on tips from providers and members. We have spikes reports (high utilizers and high prescriber) reports that are monitored at a minimum of monthly. The chief medical officer and SIU senior investigator meet monthly to discuss current cases and additional projects derived from the Code Team (an interdepartmental team of Operations and Medical Management staff which meets

	monthly to review code changes), UM analysis, and the SIU quarterly data mining.
The Health Plan of West Virginia, Inc.	
UniCare Health Plan of West Virginia, Inc.	

No, please explain:

MCO Name	Response
Aetna Better Health of West Virginia	
The Health Plan of West Virginia, Inc.	pharmacy is a carved out service
UniCare Health Plan of West Virginia, Inc.	Not Applicable

B. Prescription Drug Monitoring Program (PDMP)

Question B1: Does your MCO require prescribers (in your provider agreement with your MCO) to access the PDMP patient history before prescribing controlled substances?

MCO Name	Yes	No, the state does not have a PDMP	No
Aetna Better Health of West Virginia			X
The Health Plan of West Virginia, Inc.			X
UniCare Health Plan of West Virginia, Inc.			X

If "No," Please Explain:

MCO Name	Response
Aetna Better Health of West Virginia	Since Pharmacy is carved out to the state, we do not require pharmacies to check the PDMP, as the network is owned by the state. In addition, we do not require physicians to check the PDMP to be credentialed as part of our provider network. The Safe and Effective Management of Pain Guidelines, along with WV Code §60A-9-5a requires initial and at least annual review of the Prescription Drug Monitoring Program (PDMP).
The Health Plan of West Virginia, Inc.	this requirement is not currently in our provider contracts.
UniCare Health Plan of West Virginia, Inc.	Not Applicable

Question B2: Does your MCO have the ability to query the state's PDMP database?

MCO Name	Yes, We Can Query by Client	Yes, We Can Query by Prescriber	Yes, We Can Query by Dispensing Entity	No
Aetna Better Health of West Virginia	X			
The Health Plan of West Virginia, Inc.	X			
UniCare Health Plan of West Virginia, Inc.				X

If "No," Please Explain:

MCO Name	Response
Aetna Better Health of West Virginia	
The Health Plan of West Virginia, Inc.	
UniCare Health Plan of West Virginia, Inc.	Not Applicable

If "Yes," are there barriers that hinder your MCO from fully accessing the PDMP that prevent the program from being utilized the way it was intended to be to curb FWA?

MCO Name	Yes	No
Aetna Better Health of West Virginia	X	
The Health Plan of West Virginia, Inc.	X	
UniCare Health Plan of West Virginia, Inc.		

If "Yes," please explain the barriers that exist:

MCO Name	Response
Aetna Better Health of West Virginia	No real time pharmacy data from WVBMS to use as basis for reviewing in timely fashion. Restricted access limited to 2 individuals from the heath plan.
The Health Plan of West Virginia, Inc.	members that travel to boarder state do not show in the PDMP
UniCare Health Plan of West Virginia, Inc.	

Question B3: Does your MCO have access to Border States' PDMP information?

MCO Name	Yes	No
Aetna Better Health of West Virginia	X	
The Health Plan of West Virginia, Inc.		X
UniCare Health Plan of West Virginia, Inc.		X

C. Opioids

Question C1: Does your MCO coordinate with the entity that provides the drug benefits to monitor opioid prescriptions (duplicate therapy, early refills, quantity limits, etc.)?

MCO Name	Yes	No
Aetna Better Health of West Virginia		X
The Health Plan of West Virginia, Inc.	X	
UniCare Health Plan of West Virginia, Inc.		X

Please Explain:

MCO Name	Response
Aetna Better Health of West Virginia	State FFS Pharmacy Point of Sale System handles the State specific PDL requirements including therapeutic duplications, early refills, and quantity limits. In addition, there is not real time pharmacy data to use as basis for reviewing in timely fashion. Aetna Better Health of WV was very instrumental in developing the specific criteria for the WV Safe and Effective Management of Pain Guidelines that were implemented in 2016 when Pharmacy was carved into MCOs.
The Health Plan of West Virginia, Inc.	Point of sale DUR messaging is provided by the PBM. Duplicate therapy, early refills, quantity limits and dose messaging is provided standardly within the DUR program. THP utilizes the supplied pharmacy claims data to monitor for members utilizing multiple opioids, prescribers or pharmacies as part of the opioid lock-in program.
UniCare Health Plan of West Virginia, Inc.	There is no coordination with entity that provides the drug benefit.

Question C2: Does your MCO have comprehensive automated respective claim review process to monitor opioid prescriptions exceeding state defined limitations?

MCO Name	Yes	No
Aetna Better Health of West Virginia		X
The Health Plan of West Virginia, Inc.		X
UniCare Health Plan of West Virginia, Inc.		X

If "No," Please Explain:

MCO Name	Response
Aetna Better Health of West Virginia	No real time pharmacy data to use as basis for reviewing in timely fashion.
The Health Plan of West Virginia, Inc.	we do not have an automated process in place. We pull reporting from our reporting server to screen for overutilization.
UniCare Health Plan of West Virginia, Inc.	There is no monitoring of opioid prescriptions exceeding state defined limitations

Question C3: Does your MCO coordinate with the entity that provides the drug benefits to monitor opioids and benzodiazepines being used concurrently?

MCO Name	Yes, Retrospective Reviews	Yes, Educational Programs	Yes, Titration Programs	Yes, Peer To Peer Assistance	No
Aetna Better Health of West Virginia					X
The Health Plan of West Virginia, Inc.					X
UniCare Health Plan of West Virginia, Inc.					X

If "No," Please Explain:

MCO Name	Response
Aetna Better Health of West Virginia	No real time pharmacy data to use as basis for reviewing in timely fashion.
The Health Plan of West Virginia, Inc.	Outside of the daily claim file from the MMIS vendor and methadone fills with benzodiazepines, there are no other information exchanged with BMS. THP does not manage the methadone or prescription benefit for our members. Providers are required by law to check the PDMP for duplicate or contraindicated prescribing and to work with members to manage their prescription benefit.
UniCare Health Plan of West Virginia, Inc.	There is no coordination with entity that provides the drug benefit.

Question C4: Does your MCO coordinate with the entity that provides the drug benefits to monitor opioids and sedatives being used concurrently?

MCO Name	Yes, Retrospective Reviews	Yes, Educational Programs	Yes, Titration Programs	Yes, Peer To Peer Assistance	No
Aetna Better Health of West Virginia					X
The Health Plan of West Virginia, Inc.					X
UniCare Health Plan of West Virginia, Inc.					X

If "No," Please Explain:

MCO Name	Response
Aetna Better Health of West Virginia	No real time pharmacy data to use as basis for reviewing in timely fashion.
The Health Plan of West Virginia, Inc.	Outside of the daily claim file from the MMIS vendor and methadone fills with benzodiazepines, there are no other information exchanged with BMS. THP does not manage the methadone or prescription benefit for our members. Providers are required by law to check the PDMP for duplicate or contraindicated prescribing and to work with members to manage their prescription benefit.
UniCare Health Plan of West Virginia, Inc.	Not Applicable

Question C5: Does your MCO coordinate with the entity that provides the drug benefits to monitor opioids and antipsychotics being used concurrently?

MCO Name	Yes, Retrospective Reviews	Yes, Educational Programs	Yes, Titration Programs	Yes, Peer To Peer Assistance	No
Aetna Better Health of West Virginia					X
The Health Plan of West Virginia, Inc.					X
UniCare Health Plan of West Virginia, Inc.					X

If "No," Please Explain:

MCO Name	Response
Aetna Better Health of West Virginia	No real time pharmacy data to use as basis for reviewing in timely fashion.
The Health Plan of West Virginia, Inc.	There is not an informational exchange with BMS specifically related to opioids and antipsychiotics
UniCare Health Plan of West Virginia, Inc.	Not Applicable

Question C6: Does your MCO have safety edits or perform RetroDUR activity and/or provider education in regard to beneficiaries with a diagnosis or history of opioid use disorder (OUD) or opioid poisoning diagnosis?

MCO Name	Yes, POS Edits	Yes, Retrospective Review and/or Provider Ed.	Yes, both POS Edits and Retro Claim Review	No
Aetna Better Health of West Virginia				X
The Health Plan of West Virginia, Inc.		X		
UniCare Health Plan of West Virginia, Inc.				X

If the answer to question 6 is "Yes, automated retrospective reviews and/or Provider Education":

Question C6a: Please indicate how often:

MCO Name	Monthly	Quarterly	Semi-Annually	Annually	Ad hoc	Other
Aetna Better Health of West Virginia						
The Health Plan of West Virginia, Inc.	X					
UniCare Health Plan of West Virginia, Inc.						

Question C6b: Please explain the nature and scope of reviews RetroDUR and/or provider education reviews performed.

MCO Name	Response
Aetna Better Health of West Virginia	
The Health Plan of West Virginia, Inc.	Provider education can be delivered through our quarterly newsletter and provider workshops. In addition, clinical guidelines are listed on THP's website for treating physicians.
UniCare Health Plan of West Virginia, Inc.	

If the answer to question 6 is "No," does your MCO plan on implementing a automated retrospective claims review and/or provider education in regard to beneficiaries with a diagnosis or history of OUD or opioid poisoning in the future?

MCO Name	Yes	No
Aetna Better Health of West Virginia	X	
The Health Plan of West Virginia, Inc.		X
UniCare Health Plan of West Virginia, Inc.	X	

If "Yes," Please Explain:

MCO Name	Response
Aetna Better Health of West Virginia	Dependent on when we can receive timely pharmacy data to use as basis for reviewing both parameters.
The Health Plan of West Virginia, Inc.	
UniCare Health Plan of West Virginia, Inc.	Yes, In 2021

Question C7: Does your program develop and provide prescribers with pain management or opioid prescribing guidelines?

MCO Name	Yes	No
Aetna Better Health of West Virginia	X	
The Health Plan of West Virginia, Inc.	X	
UniCare Health Plan of West Virginia, Inc.		X

If "Yes," Please Specify:

MCO Name	Prescribers Referred To CDC Guidelines	Other guidelines, please identity	No guidelines are offered, please explain
Aetna Better Health of West Virginia		X	
The Health Plan of West Virginia, Inc.	X		
UniCare Health Plan of West Virginia, Inc.			

If "Other Guidelines," Please Specify:

MCO Name	Response
Aetna Better Health of West Virginia	WV Safe & Effective Management of Pain Program (SEMPP) Guidelines
The Health Plan of West Virginia, Inc.	
UniCare Health Plan of West Virginia, Inc.	

If "No," Please Specify:

MCO Name	Response
Aetna Better Health of West Virginia	
The Health Plan of West Virginia, Inc.	
UniCare Health Plan of West Virginia, Inc.	Not Applicable

D. Morphine Milligram Equivalent (MME) Daily Dose

Question D1: Does your MCO coordinate with the entity that provides the drug benefits to monitor (MME) total daily dose of opioid prescriptions dispensed?

MCO Name	Yes	No
Aetna Better Health of West Virginia	X	
The Health Plan of West Virginia, Inc.		X
UniCare Health Plan of West Virginia, Inc.		X

Please Explain:

MCO Name	Response
Aetna Better Health of West Virginia	State FFS Pharmacy Point of Sale System handles the State specific PDL requirements including therapeutic duplications, early refills, and quantity limits that follows the Safe and Effective Management of Pain Guidelines stemming from CDC recommendations. Aetna Better Health of WV was very instrumental in developing the specific criteria for the WV Safe and Effective Management of Pain Guidelines that were implemented in 2016 when Pharmacy was carved into MCOs.
The Health Plan of West Virginia, Inc.	There is no information exchange with the state related to MME total daily doses of opioid prescriptions.
UniCare Health Plan of West Virginia, Inc.	There is no coordination with entity that provides the drug benefit.

E. Opioid Use Disorder (OUD) Treatment

Question E1: Does your MCO coordinate with the entity that provides the drug benefits to monitor and manage appropriate use of naloxone to persons at risk of overdoes?

MCO Name	Yes	No
Aetna Better Health of West Virginia	X	
The Health Plan of West Virginia, Inc.		X
UniCare Health Plan of West Virginia, Inc.		X

Please Explain:

MCO Name	Response
Aetna Better Health of West Virginia	Using the Safe and Effective Management Pain Guidelines, Aetna Better Health reviews member pharmacy claims on a monthly basis, to ensure member profiles that have = 50 morphine milligram equivalents per day over the past 90 days are outreached and recommended Naloxone..
The Health Plan of West Virginia, Inc.	THP encourages providers to give prescriptions or free doses of Naxolone to all members participating in or leaving a SUD treatment program and/or crisis stabilization unit. We perform member education on this by mailing information to our members with instructions on how to obtain Naxolone without a prescription. THP manages all ancillary services to members in MAT including therapy, drug screening and office visits. The pharmacy benefit is carved out.
UniCare Health Plan of West Virginia, Inc.	There is no coordination with entity that provides the drug benefit.

F. Opioid Treatment Programs (OTP)

Question F1: Does your program cover medications used for Opioid Use Disorder (OUD) through an Outpatient Treatment Program (OTP)?

MCO Name	Yes	No
Aetna Better Health of West Virginia	X	
The Health Plan of West Virginia, Inc.	X	
UniCare Health Plan of West Virginia, Inc.		X

If "Yes," please explain how MAT drugs are billed through OTPs.

MCO Name	Response
Aetna Better Health of West Virginia	Billed by submitting the appropriate drug HCPC's code, corresponding NDC, charge and units on their claim form.
The Health Plan of West Virginia, Inc.	This is a carved out service and is covered by FFS
UniCare Health Plan of West Virginia, Inc.	

G. Antipsychotics/Stimulants

Antipsychotics

Question G1: Does your MCO coordinate with the entity that provides the drug benefits to either manage or monitor the appropriate use of antipsychotic drugs in children?

MCO Name	Yes	No
Aetna Better Health of West Virginia	X	
The Health Plan of West Virginia, Inc.		X
UniCare Health Plan of West Virginia, Inc.		X

If "Yes,":

Question G1a: Does your MCO either manage or monitor:

MCO Name	Only children in foster care	All children	Other
Aetna Better Health of West Virginia		X	
The Health Plan of West Virginia, Inc.			
UniCare Health Plan of West Virginia, Inc.			

Question G1b: Please briefly explain the specifics of your antipsychotic monitoring program(s).

MCO Name	Response
Aetna Better Health of West Virginia	CHAMMP involves a multidisciplinary team approach between Aetna and CVS Health to review the prescribing of psychotropic medications in children. Candidates under the age of 12 are identified through prescription claims data for multiple psychotropic medications, use of selective serotonin reuptake inhibitors, atypical antipsychotics, or mood stabilizers. We review data and outreach to the prescribing physician, the member, or family/circle of support to discuss prescribed medications, current services being received, and any identified needs. Our CM team when identified can connect members to a BH specialist and provides continued follow-up as needed. We offer education around each medication and proper monitoring of labs if indicated.

	PROCESS Members are identified for CHAMMP through Pharmacy claims with a look back 3 month period. Pharmacy claims will be reported through IT team and shared with Health Plan assigned lead. The report is located on the WV- West Virginia Report Landing (SSRS site) in the Pharmacy category. Identified cases will be discussed in case rounds with CM team, Medical Director, and CVS Pharmacy lead. Criteria for case rounds: • Any psychotropic medications in a member less than 6 years old– Include ADHD • Antidepressant, atypical antipsychotic, or mood stabilizer prescriptions in someone 6-12 years old • Psychotropic prescriptions with no documented BH visits • 2 or more psychotropic prescriptions under the age of 18 years old - Include ADHD • If a member fills a psychotropic medication for 3 or more months with no BH visits – Include ADHD Antipsychotic agents are reviewed for appropriateness for all children including foster children based on approved indications and clinical guidelines. Members will be reviewed for case management enrollment, outreach and educational needs. "
The Health Plan of West Virginia, Inc.	
UniCare Health Plan of West Virginia, Inc.	

If you do not have an antipsychotic monitoring program in place, does your MCO plan on implementing a program in the future?

If "Yes," Please Explain:

MCO Name	Response
Aetna Better Health of West Virginia	
The Health Plan of West Virginia, Inc.	
UniCare Health Plan of West Virginia, Inc.	Next contract period

If "No," Please Explain:

MCO Name	Response
Aetna Better Health of West Virginia	

The Health Plan of West Virginia, Inc.	We have very low utilization of antipsychotics in children under the medical benefit at this time.
UniCare Health Plan of West Virginia, Inc.	

Stimulants

Question G2: Does your MCO coordinate with the entity that provides the drug benefits to either manage or monitor the appropriate use of stimulant drugs in children?

MCO Name	Yes	No
Aetna Better Health of West Virginia	X	
The Health Plan of West Virginia, Inc.		X
UniCare Health Plan of West Virginia, Inc.		X

If "Yes,":

Question G2a: Does your MCO either manage or monitor:

MCO Name	Only Children In Foster Care	All children	Other
Aetna Better Health of West Virginia		X	
The Health Plan of West Virginia, Inc.			
UniCare Health Plan of West Virginia, Inc.			

Question G2b: Please briefly explain the specifics of your stimulant monitoring program(s).

MCO Name	Response
Aetna Better Health of West Virginia	CHAMMP involves a multidisciplinary team approach between Aetna and CVS Health to review the prescribing of psychotropic medications in children. Candidates under the age of 12 are identified through prescription claims data for multiple psychotropic medications, use of selective serotonin reuptake inhibitors, atypical antipsychotics, or mood stabilizers. We review data and outreach to the prescribing physician, the member, or family/circle of support to discuss prescribed medications, current services being received, and any identified needs. Our CM team when identified can connect members to a BH specialist and provides continued follow-up as needed. We offer

	education around each medication and proper monitoring of labs if indicated. PROCESS Members are identified for CHAMMP through Pharmacy claims with a look back 3 month period. Pharmacy claims will be reported through IT team and shared with Health Plan assigned lead. The report is located on the WV- West Virginia Report Landing (SSRS site) in the Pharmacy category. Identified cases will be discussed in case rounds with CM team, Medical Director, and CVS Pharmacy lead. Criteria for case rounds: • Any psychotropic medications in a member less than 6 years old– Include ADHD • Antidepressant, atypical antipsychotic, or mood stabilizer prescriptions in someone 6-12 years old • Psychotropic prescriptions with no documented BH visits • 2 or more psychotropic prescriptions under the age of 18 years old - Include ADHD • If a member fills a psychotropic medication for 3 or more months with no BH visits – Include ADHD Antipsychotic agents are reviewed for appropriateness for all children including foster children based on approved indications and clinical guidelines. Members will be reviewed for case management enrollment, outreach and educational needs.
The Health Plan of West Virginia, Inc.	
UniCare Health Plan of West Virginia, Inc.	

If you do not have a stimulant monitoring program in place, Does your MCO plan on implementing a program in the future?

If "Yes," Please Explain:

MCO Name	Response
Aetna Better Health of West Virginia	
The Health Plan of West Virginia, Inc.	
UniCare Health Plan of West Virginia, Inc.	Next contract period

If "No," Please Explain:

MCO Name	Response
Aetna Better Health of West Virginia	
The Health Plan of West Virginia, Inc.	we have very low utilization of stimulant covered under the medical benefit at this time.
UniCare Health Plan of West Virginia, Inc.	

V. Innovative Practices

Question 1: Does your MCO participate in any demonstrations or have any waivers to allow importation of certain drugs from Canada or other countries that are versions of FDA-approved drug for dispensing to Medicaid beneficiaries?

MCO Name	Yes	No
Aetna Better Health of West Virginia	X	
The Health Plan of West Virginia, Inc.	X	
UniCare Health Plan of West Virginia, Inc.	X	

Summary 2- Innovative Practices

Has your MCO developed any innovative practices during the past year (i.e. Substance Use Disorder, Hepatitis C, Cystic Fibrosis, MMEs, and Value Based Purchasing)? Please describe in detailed narrative below any innovative practices that you believe have improved the administration of your DUR program, the appropriateness of drug use and/or have helped to control costs (i.e. disease management, academic detailing, automated prior authorizations, continuing education programs).

MCO Name	Response
Aetna Better Health of West Virginia	• CHAMMP Program defined above • Naloxone Education Outreach Practice (EOP) that includes an a informational message for opioid claims over 50MME. Member would be assessed for dispensing naloxone. The outreach would possible include an educational fax blast. • The Asthma Medication Ratio (AMR) is a NCQA-HEDIS measure that evaluates adherence to asthma controller medications by members with persistent asthma. The pharmacy team, in collaboration with quality management and informatics, will identify members with the following attributes: Included in the health plan AMR NCQA-HEDIS measure AND Received less than half of their asthma medication therapy from a controller medication AND Received medical services in the previous six months related to an asthma exacerbation The pharmacy team is implementing a three-pronged educational approach to improve members AMR, increase asthma related quality of life, and decrease the frequency of asthma exacerbations

The Health Plan of West Virginia, Inc.	The Health Plan has put into place care management initiatives with two of our largest state provider entities, WVU Hospitals and Charleston Area Medical Center. THP care managers have the ability to directly access WVU's EPIC system of client records which helps them to coordinate care and have access to accurate prescribing information. In addition, THP has joined the CHESS Substance Use Disorder initiative and trained care managers in teaching members to load the public facing coaching app with access to various didactic and motivational materials. THP has also joined with the state Office of Drug Control Policy to pioneer the Dynamicare application of contingency managment for individuals with substance use disorders. In the coming year the Plan intends to embed care managers is our high volume SUD and IP Mental Health facilities to coordinate discharge planning.
UniCare Health Plan of West Virginia, Inc.	Not Applicable