

Prevention for States Awardee Meeting

Date: May 4, 2016

**Tennessee Department of
Health**

D. Todd Bess, Pharm.D.

**Director of the Tennessee
Controlled Substance Monitoring
Database (CSMD)**



Description of the TennCare Lock-In Program

- The Bureau is authorized to implement and maintain a pharmacy lock-in program designed to address member abuse or overutilization.**

Activities that Justify Placement on Lock-In or Prior Approval Status

- ❑ **Activities which may indicate abuse or overutilization justifying placement on lock-in or prior approval status include but are not limited to the following:**
 - a) Forging or altering a prescription
 - b) Selling TennCare paid prescription drugs.
 - c) Failing to control pharmacy overutilization activity while on lock-in status.
 - d) Visiting multiple prescribers or pharmacies to obtain controlled substances.
 - e) Trading, swapping or selling a TennCare card.

Activities that Justify Placement on Lock-In or Prior Approval Status (Continued)

- ❑ **Other activities which may indicate abuse or overutilization justifying placement on lock-in or prior approval status include but are not limited to the following:**
 - f) Failing to promptly report the loss or theft of a TennCare card.
 - g) Forging or altering a TennCare card.
 - h) Knowingly providing false, incomplete, inaccurate or erroneous information to provider(s) in order to receive covered services for which the member is ineligible.
 - i) Permitting the use of a TennCare card by anyone other than the member to whom the card is assigned in order to receive or attempt to receive services.

Administration and Monitoring

- The TennCare pharmacy lock-in program shall be administered by the Bureau. Monitoring of enrollee activities, which are previously listed above shall be conducted by the Bureau, the Managed Care Companies (MCCs), including the Pharmacy Benefit Manager (PBM), and the TennCare Office of Inspector General (OIG).**

Enrollees Appropriate for Lock-In

- When an enrollee has been identified as having participated in any abuse or overutilization activities, including but not limited to the activities previously listed above, the enrollee's name shall be referred to the Bureau as appropriate or potentially appropriate for the lock-in program as follows:**
- (a) Appropriate for the lock-in program:**
 - 1.** Any enrollee who has been identified by the OIG as having been convicted of TennCare fraud or a drug-related offense.
 - 2.** Any enrollee who has used buprenorphine/naloxone or buprenorphine (Subutex®) for office based opioid addiction treatment within the previous six (6) months.

Enrollees Potentially Appropriate for Lock-In

- **(b) Potentially appropriate for the lock-in program:**
 1. Any enrollee who has been arrested for TennCare fraud.
 2. Any enrollee who has been arrested for a drug-related offense.
 3. Any enrollee who has obtained multiple controlled substance prescriptions over a 90-day period that meet one of the following conditions:
 - i. The prescriptions were filled at three (3) or more pharmacies and written by three (3) or more prescribers.
 - ii. The prescriptions were filled at one (1) or more targeted pharmacies and written by two (2) or more prescribers.
 - iii. The prescriptions were filled at two (2) or more targeted pharmacies and written by one (1) or more prescribers.
 - iv. The prescriptions were filled at one (1) or more targeted pharmacies and written by one (1) or more targeted prescribers.
 - v. The prescriptions were filled at two (2) or more pharmacies and written during three (3) or more emergency room visits.

Lock-In Guidelines

- A monthly retrospective analysis will screen utilization for the most recent 90 day period. The analysis will identify enrollees who have multiple controlled substance prescriptions.**

Pharmacy Lock-In Selection Restrictions

1. Enrollees may not be locked-in to a pharmacy outside of the State of Tennessee
2. Enrollees may not be locked-in to a mail order or specialty pharmacy. If an enrollee is locked-in to a pharmacy and needs access to a drug only dispensed via specialty pharmacy distribution, a prior authorization will be entered to allow the enrollee to use the specialty pharmacy for the specialty drug only.
3. Enrollees will be locked into a pharmacy that has proximity to their residence, not to their prescriber.
4. Enrollees will not be locked into a pharmacy or be allowed to change to a pharmacy due to better cash prices.
5. Enrollees will not be locked into a pharmacy based on a prescriber mandate, and will be locked-in according to TennCare's policy.
6. Enrollees will not be locked into a pharmacy based on a change of residence sometime in the future. All lock-in pharmacies will be assigned based on the enrollees' current address on file with TennCare, Department of Human Services (DHS), and/or, Supplemental Security Income (SSI).

Lock-In Criteria

- ❑ **The retrospective analysis will identify candidates for lock-in based on the following criteria:**
 1. Any enrollee who has obtained multiple controlled substance prescriptions over a 90-day period that meet one of the following conditions:
 - a. The prescriptions were filled at three (3) or more pharmacies and written by three (3) or more prescribers.
 - b. The prescriptions were filled at two (2) or more pharmacies and written during three (3) or more emergency room visits.

Lock-In Procedures

- **Pharmacy lock-in procedures shall include:**
 - a. A determination to place an enrollee who has been referred as appropriate or potentially appropriate for the lock-in program on lock-in status shall be made by the TennCare Pharmacy Director or designee after the enrollee's relevant pharmacy claims data has been reviewed by clinical staff.
 - b. Any enrollee determined to be appropriate for the lock-in program shall be notified by the Bureau or the MCC prior to the imposition of lock-in status. The notice shall include a brief explanation of the lock-in program, the reason for the determination to place the enrollee on lock-in status, the date the lock-in will become effective, and the information necessary for the enrollee to appeal the decision of the Bureau, pursuant to Rule 1200-13-13-.11.
 - c. If an enrollee fails to appeal placement in the lock-in program or an appeal is not resolved in his favor, the enrollee will be provided TennCare pharmacy services only at the lock-in provider to which the enrollee is assigned.

Detailed Lock-In Procedures

1. The PBM will run a monthly query to identify enrollees who meet any of the criteria outlined above. An individual profile with pharmacy claim information, including paid and rejected claims, will be produced for each enrollee identified.
2. The PBM's clinical staff will review the profiles to determine if there are conditions that would justify the aberrant utilization pattern, and therefore exclude the patient from being locked-in. Examples of justification could be:
 - a. Drugs found on the enrollees' profile used to treat chronic, catastrophic disease (e.g., metastatic cancer, sickle-cell anemia with crisis, etc.)
3. Prescribers from the same practice are to be counted as one (1) prescriber.
4. Emergency Room visits, even if the same prescriber are each counted separately. The same emergency room prescriber seen twice is counted as two (2) prescribers.

Detailed Lock-In Procedures (Continued)

5. Enrollees aged 18 years or younger will be reviewed with the state prior to being locked-in.
6. Enrollees who are to be locked-in will be required to obtain all prescriptions at a single pharmacy.
7. All enrollees who are to be locked-in to a single pharmacy will be sent a notice thirty (30) calendar days prior to the anticipated lock-in date. The notice will include the following information:
 - a. The specific reason(s) that the enrollee has been selected for pharmacy lock-in.
 - b. “Drug Store Selection” – informs the enrollee that a pharmacy provider will be picked for him/her along with a number to call if the enrollee wishes to change his/her pharmacy provider before the lock-in commences.
 - c. Appeal rights – informs the enrollee of their right to appeal and how to initiate an appeal.
 - d. A statement informing enrollee what to do if special help is needed due to health, hearing, speech, or language issues.
 - e. An assurance of non-discrimination statement.

Detailed Lock-In Procedures (Continued)

8. The following agencies will receive a monthly data file (Microsoft EXCEL® or other format agreed upon by TennCare) listing enrollees who have been identified for pharmacy lock-in: TennCare's Office of the Inspector General, TennCare's Office of Provider Integrity, and the TennCare Solutions Unit.
9. If the enrollee appeals within 10 days of receipt of the lock-in letter, the lock-in will be put on hold while under appeal. TennCare Solutions Unit will notify the PBM of the pending appeal. The enrollee has 30 days from the receipt of the notice to appeal the pharmacy lock-in.
10. If the enrollee does not appeal, the lock-in will be initiated on the date noted on the lock-in letter. The PBM will complete the lock-in process.
11. The PBM will also send a form letter (content approved by TennCare) to the enrollee's Managed Care Organization (MCO), pharmacies, and prescribers of controlled substances notifying them that the enrollee has been locked-in to a pharmacy.

Lock-In Discontinuation Policy

- Enrollees who are locked-in to one pharmacy but exhibit appropriate medication utilization behavior upon re-review may be removed from pharmacy lock-in status, unless the enrollee has been locked-in based on OIG referral, due to being convicted of TennCare Fraud or Doctor Shopping.**

Change of Lock-In Provider

- ❑ **After twelve (12) months a member may request a change of lock-in provider once each year. Additional changes are limited to the following reasons:**
 - a) The member has moved and new address is at least fifteen (15) miles from the lock-in pharmacy and has updated his address with the Bureau.
 - b) The member's lock-in pharmacy has permanently closed.
 - c) The member's lock-in pharmacy has voluntarily dismissed the enrollee from its practice and has notified the Bureau and the PBM.
 - d) The Bureau may, at its sole discretion, determine that there is a compelling need to change the member's lock-in pharmacy.

Lock-In Pharmacy Change Policy

- ❑ **Individuals who are locked-in to a pharmacy will be allowed to change their lock-in pharmacy no more than once within 1 year. Additional changes to the lock-in pharmacy will only be authorized for the following circumstances:**
 1. Enrollee has moved to a new town or city or in the same city where the current lock-in pharmacy is at least 15 miles away from the new residence, and the new address has been updated through the appropriate agency (DHS, SSI, or both).
 2. The Lock-In pharmacy that the enrollee is currently assigned to has closed permanently.
 3. The Lock-In pharmacy that the enrollee is currently assigned to has voluntarily dismissed the enrollee from their practice, and has notified TennCare of such dismissal.
 4. For the new pharmacy to be approved, All “Lock-In Guidelines” found on Page 2 will apply.

Lock-In Pharmacy Change Policy (Continued)

- All other change requests within 1 year of a previous request must be authorized by TennCare's Pharmacy Director or Associate Pharmacy Director, both of whom may allow a changed based on a compelling need.**

Prior Approval Status

- a) A member against whom criminal process alleging TennCare fraud has been issued or who has been convicted of TennCare fraud shall automatically be placed on prior approval status.
- b) Lock-in status shall be escalated to prior approval status if a member on lock-in status meets three (3) of the following criteria over a 90 day period:
 - 1. Has paid cash for three (3) or more controlled substance prescriptions covered by TennCare.
 - 2. Has filled prescriptions for controlled substances at two (2) or more pharmacies.
 - 3. Has received controlled substance prescriptions from two (2) or more prescribers.
 - 4. Has received a narcotic prescription while receiving buprenorphine or buprenorphine/naloxone for addiction.
- c) A member who has been treated in a hospital emergency department for an overdose of a controlled substance (as identified in the most recently available TennCare data) or an illicit substance identified by toxicology shall automatically be placed on prior approval status.

Clinical Risk Indicators (high risk patients) on CSMD Reports



= 4 Practitioners in last 90 days



= 4 Pharmacies in last 90 days



≥ 90 but < 120 Active Cumulative
Morphine Equivalents per day



≥ 5 Practitioners in last 90 days



≥ 5 Pharmacies in last 90 days



≥ 120 Active Cumulative Morphine
Equivalents per day



**TENNESSEE CONTROLLED SUBSTANCE MONITORING PROGRAM: BOARD OF PHARMACY
- DEPARTMENT OF HEALTH**

665 MAINSTREAM DRIVE NASHVILLE, TENNESSEE 37243

Phone:(615) 253-1305 Email:CSMD.admin@tn.gov Fax:(615) 253-8782

Patient RX History Report

Date: 02-26-2015

Page: 1 of 8



** See explanation at end of report.

Search Criteria: D.O.B. = 05/08/1977 And (Last Name Contains doe Or First Name Contains jan Or First Name Contains ane) And Request Period '02/24/2014 To '02/24/2015'

Disclaimer: Information contained in the report results from the search criteria entered and incorporated by the user and from the data entered by the dispenser. Any clinical notifications incorporated into this report are the result of information submitted by the dispenser. Therefore, the Tennessee Department of Health and the Board of Pharmacy do not express or imply any warranty regarding the accuracy, adequacy, completeness, reliability, or usefulness of the data provided. Additionally, neither the Tennessee Department of Health nor the Board of Pharmacy make recommendations, or give any legal advice, to the user as to actions, if any, that might be required as a result of viewing the report or the information contained in the report.

For more information about a prescription, please contact the dispenser or prescriber identified in the report.

Patients that match search criteria

Pt ID	Name	DOB	Address
0000	DOE, JANE	05/08/1977	100 Main Bark Dr Jonesbororough TN 376596198
9999	DOE, JANE	05/08/1977	99 Wrong Bnd Johnson City TN 376042860
8888	DOE, JANE	05/08/1977	100 MAIN BARK DR JONESBOROUGH TN 37659
1111	DOE, JANE	05/08/1977	100 MAIN BARK DR JONESBOROUGH TN 376590000
5555	DOE, JANE	05/08/1977	100 MAIN BARK DRIVE Jonesborough TN 37659
3333	DOE, JANE A	05/08/1977	120 CSMD Dr Johnsonson City TN 376152717

Active Cumulative Morphine Equivalent

See explanation provided at the end of the report

40

Prescriptions

Fill Date	Product, Str, Form	Quantity	Days	Pt ID	Prescriber	Written	Rx #	Daily MED ¹	Active ²	N/R	Pharm	Pay
02/18/2015	ALPRAZOLAM, 2 MG, TAB	90.00	30	3333	ABC DE11	02/18/2015	0040020	-	Y	N	ARO030080	04
02/13/2015	HYDROCODONE BITARTRATE AND ACETAMIN, 325 MG-10 MAG,	120.00	30	0000	ABC DE11	01/13/2015	030090	40.00	Y	N	FF0030010	04
01/20/2015	CARISOPRODOL, 350 MG, TAB	90.00	10	0000	ABC DE11	01/20/2015	100400	-	N	N	BW0080070	04
01/13/2015	HYDROCODONE BITARTRATE AND ACETAMIN, 325 MG-10 MAG,	120.00	30	0000	ABC DE11	01/13/2015	001008	40.00	N	N	FW0070090	04

Considerations When Reading CSMD Report

<u>Payment Type</u>	<u>Identifying Number</u>
Private Pay	01
Medicaid	02
Medicare	03
Commerical Ins.	04
Military Inst. and VA	05
Workers Comp	06
Indian Nations	07
Other	99



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PHARMACY - DEPARTMENT OF HEALTH

665 MAINSTREAM DRIVE NASHVILLE, TENNESSEE 37243

Phone:(615) 253-1305 Email:CSMD.admin@tn.gov Fax:(615) 253-8782

Patient RX History Report

Date: 03-02-
2015

Page: 1 of 1

Search Criteria: D.O.B. = 12/24/1981 And (Last Name Contains doe Or First Name Contains jan) And Request Period '02/23/2014' to '02/23/2015'

Please remember that narcotic prescriptions for women of child bearing age could result in Neonatal Abstinence Syndrome (NAS) should pregnancy occur; please discuss with your patient methods to prevent unintended pregnancy.

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Patients that match search criteria

Pt ID	Name	DOB	Address
0000	DOE, JANE	12/24/1981	000 Help Me Trl Columbia TN 384012495
1111	DOE, JANE	12/24/1981	000 HELP METRL COLUMBIA TN 38401

Prescriptions

Fill Date	Product, Str, Form	Quantity	Days	Pt ID	Prescriber	Written	Rx #	Daily MED'	Active?	N/R	Pharm	Pay
02/21/2015	ACETAMINOPHEN-HYDROCODONE BITARTRAT, 325 MG-10MG,	120.00	30	0000	ABC DE00	02/03/2015	2008002	-	Y	N	BW0050010	04
02/12/2015	AMPHETAMINE SALT COMCO,30 MG, TAB	60.00	30	0000	FGH IJ11	02/12/2015	0200300	-	Y	N	BW0050010	04
02/11/2015	ALPRAZOLAM, 1 MG, TAB	15.00	15	0000	KLM NO22	02/11/2015	0010010	-	N	N	BW0050010	04
02/04/2015	MIXED AMPHETAM SALT, 30 MG, CER	14.00	7	0000	FGH IJH11	02/03/2015	2008001	-	N	N	BW0050010	04
01/30/2015	PROVIGIL, 100 MG, TAB	11.00	30	0000	FGH IJ11	01/29/2015	0600000	-	N	N	BW0050010	02
01/23/2015	ACETAMINOPHEN-HYDROCODONE BITARTRAT, 325 MG-10MG,	120.00	30	0000	ABC DE00	01/06/2015	0040090	-	N	N	BW0050010	02

Example of the TennCare Lock-In Clinical Risk Indicator (high risk patients) on CSMD Reports

PROPOSED



TennCare Locked-In Enrollee

“One or more of the results from the search query includes a TennCare Locked-In Enrollee. Please remember that all prescriptions for TennCare enrollees who are locked into a pharmacy must be filled at that pharmacy. Please discuss with patient which pharmacy they are assigned to by TennCare.”



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Patient RX History Report

Date: 03-02-2015



PROPOSED

Page: 1 of 1

Search Criteria: D.O.B. = 12/24/1981 And (Last Name Contains doe Or First Name Contains jan) And Request Period '02/23/2014' to '02/23/2015'

One or more of the results from the search query includes a TennCare Locked-In Enrollee. Please remember that all prescriptions for TennCare enrollees who are locked into a pharmacy must be filled at that pharmacy. Please discuss with patient which pharmacy they are assigned to by TennCare.

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For more information about a prescription, please contact the dispenser or prescriber identified in the report.

Patients that match search criteria

Table with 4 columns: Pt ID, Name, DOB, Address. Contains two rows of patient data.

Prescriptions

Table with 13 columns: Fill Date, Product, Str. Form, Quantity, Days, Pt ID, Prescriber, Written, Rx #, Daily MED', Active', N/R, Pharm, Pay. Contains five rows of prescription data.

References

1. 1200-13-13-.13 MEMBERS ABUSE OR OVERUTILIZATION OF THE TENNCARE PHARMACY PROGRAM.
 - Authority: T.C.A. §§ 4-5-202, 71-5-105, 71-5-109, 71-5-146, and Executive Order No. 23.
 - Administrative History: Original rule filed September 30, 2002; to be effective December 14, 2002; however, on December 9, 2002, the House Government Operations Committee of the General Assembly stayed rule 1200-13-13-.13; new effective date February 12, 2003. Emergency rule filed December 13, 2002; effective through May 27, 2003. Public necessity rule filed December 29, 2005; effective June 12, 2006. Public necessity rule filed December 29, 2005, expired June 12, 2006. On June 13, 2006, affected rules reverted to status on December 28, 2005. Repeal and new rule filed March 31, 2006; effective June 14, 2006. Amendment filed October 3, 2013; effective January 1, 2014.
2. Procedures & Policies for Pharmacy Lock-In: Standard Operating Procedures from the Bureau of TennCare dated 7/10/2015

Contact Information

If you have follow-up questions, then please contact:

D. Todd Bess, Pharm.D.

**Director of the Controlled Substance Monitoring
Database**

665 Mainstream Drive

Nashville, TN 37243

(615) 253-1305

David.Bess@tn.gov