

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

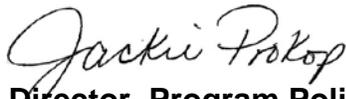
NOTICE OF PROPOSED POLICY

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.



**Director, Program Policy Division
Bureau of Medicaid Policy, Operations, and Actuarial Services**

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| Project Number: | 1936-Pharmacy | Comments Due: | January 17, 2020 | Proposed Effective Date: | As Indicated |
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Policy Subject: Medicaid Health Plan Pharmacy Drug Coverage Transition

Affected Programs: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services (CSHCS), Maternity Outpatient Medical Services (MOMS)

Distribution: All Providers

Policy Summary: This bulletin is being reissued for public comment to allow for additional time to gain input from stakeholders. The purpose of this policy is to inform providers that outpatient prescription drugs will no longer be covered as a part of the Medicaid Health Plan (MHP) benefit. All pharmacy drug coverage will be transitioned to Fee-for-Service Medicaid.

Purpose: This change is being made pursuant to the implementation of Public Act 67 of 2019, which makes appropriations for the Michigan Department of Health and Human Services for the fiscal year ending September 30, 2020, and will result in cost savings through a combination of increased pharmaceutical rebates and elimination of related MHP administrative capitation costs. The transition to a single formulary will also result in significantly streamlined administration for Michigan's health care providers and coverage consistency for program beneficiaries.

Proposed Policy Draft

Michigan Department of Health and Human Services
Medical Services Administration

Distribution: All Providers

Issued: Thirty Days Prior to Policy Effective Date

Subject: Medicaid Health Plan Pharmacy Drug Coverage Transition

Effective: As Indicated (Proposed)

Programs Affected: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services (CSHCS), Maternity Outpatient Medical Services (MOMS)

The purpose of this bulletin is to inform providers that outpatient prescription drugs will no longer be covered as a part of the Medicaid Health Plan (MHP) benefit. Effective on a date to be determined in the future, all pharmacy drug coverage will be transitioned to Fee-for-Service (FFS) Medicaid. This change is being made pursuant to the implementation of Public Act 67 of 2019, which makes appropriations for the Michigan Department of Health and Human Services (MDHHS) for the fiscal year ending September 30, 2020, and will result in cost savings through a combination of increased pharmaceutical rebates and elimination of related MHP administrative capitation costs. The transition to a single formulary will also result in significantly streamlined administration for Michigan's health care providers and coverage consistency for program beneficiaries.

Effective for services provided on a date to be determined in the future, all prescription drugs should be billed at point-of-sale directly to MDHHS' contracted Pharmacy Benefit Manager (PBM). These medications will be subject to current FFS pharmacy policies and coverage limitations, including prior authorization (PA) requirements.

In accordance with FFS policy, a co-payment may apply for each prescription dispensed to beneficiaries age 21 years and older. Current MHP beneficiaries age 21 and older may incur co-pays for prescription drugs effective with the implementation of this policy (current co-payment amounts are listed on the MDHHS website).

To facilitate a smooth transition for program beneficiaries, MDHHS will partner with MHPs and its PBM contractor (Magellan Rx Management) by utilizing recent MHP PAs and paid claims data to create system edits. The intent of these edits is to continue the beneficiary's medication coverage that was provided by their MHP and to minimize and/or eliminate PA obstacles during the first three-months of the coverage transition.

For coverage information, including PA and co-pay requirements, refer to the Michigan Pharmaceutical Product List (MPPL), the Michigan Preferred Drug List (PDL) and the MDHHS Drug Lookup tool (<https://michigan.magellanrx.com/provider/drug-lookup>).

Refer to the Pharmacy Claims Processing Manual and Michigan Medicaid Payer Specification for billing and claims processing information. These manuals can be found on the MDHHS Pharmacy web portal at <https://michigan.magellanrx.com/provider/documents> >>Manuals.

For an overview of the Medicaid Pharmacy Program, refer to the Pharmacy chapter of the Medicaid Provider Manual. The Medicaid Provider Manual can be accessed on the MDHHS website at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.