INTRODUCTION

This FAQ provides guidance to County Detention Centers (CDCs) regarding pharmacy-related questions under the JUST Health Plus program.

GENERAL

Q1. DO PHARMACIES HAVE TO ENROLL AND BILL MEDICAID INDEPENDENTLY FOR MEDICATIONS DISPENSED TO MEDICAID MEMBERS BY THE PHARMACY?

A1. Yes. HCA requires any participating pharmacy (on-site or community-based) to enroll and bill as a Medicaid pharmacy (separate from the medical provider) and to follow billing and claims processes, including all real-time or batched billing/claims requirements and prior authorization (PA) requirements (if applicable), that match current fee-for-service (FFS) processes.

Q2. HOW SHOULD CARCERAL FACILITIES BILL FOR MEDICATIONS DISPENSED OR ADMINISTERED TO MEDICAID MEMBERS BY THE MEDICAL PROVIDER?

A2. Carceral facilities can bill for medications as medical claims when the medications are provided by the medical provider rather than dispensed directly from the pharmacy. For example, if a CDC purchases stock medications for Medication Assisted Treatment (MAT) and a qualified provider administers the treatment, the medications and any applicable services (e.g., evaluation or counseling) should be billed as a medical claim.

Q3. CAN BULK MEDICATIONS (I.E., MEDICATIONS PURCHASED AS STOCK RATHER THAN INDIVIDUAL PRESCRIPTIONS) BE RE-PACKAGED FOR INDIVIDUALS TO MEET THE REQUIREMENT OF MEDICATIONS IN-HAND UPON RELEASE?

A3. Facility staff may not transfer bulk medications into individual packages that do not meet state and federal prescribing standards (e.g., pill envelopes) for individuals to utilize upon release. Only medications that are labeled for a specific patient and fulfilled by a licensed pharmacist (including through a licensed onsite pharmacy) according to state and federal prescribing standards meet the medications-in-hand requirement.

Q4. CAN THE PHARMACY BILL MEDICAID FOR ALL THE BULK MEDICATIONS IT STOCKS?

A.4 No. Medicaid should only be billed for the portion of the bulk medication that is provided to the Medicaid member.

Q5. CAN THE PHARMACY BILL MEDICAID FOR MEDICATIONS THAT ARE NOT ON THE MEDICAID FORMULARY?

A.5 No. Medications must follow the Medicaid formulary, as identified by HCA's preferred drug list (PDL). While updates to the PDL will be made on a regular basis, Medicaid-enrolled pharmacies should be up to date on covered drugs.

Q6. DO PHARMACY PROVIDERS HAVE TO BILL USING THE PHARMACY POINT-OF-SALE SYSTEM FOR 30-DAY MEDS IN HAND?

A6. Yes. pharmacy providers are required to submit claims through the point-of-sale system. The point-of-sale system provides relevant drug utilization information that the pharmacist must consider before dispensing a drug. Pharmacies must follow the NM FFS Payer Sheet. The BIN for

JUST Health Plus members is 028165, and pharmacy software systems must be updated accordingly so that patient profiles can reflect the new BIN. Additionally, pharmacies must have POS equipment capable of billing D.0 transactions to ensure claims can be received, processed, and sent for payment in the Turquoise Care System.

Q7. CAN FACILITIES CONTINUE TO PURCHASE UNDER 340B SPECIAL PRICING FOR MEDICATIONS THAT WILL BE BILLED TO MEDICAID?

A.7 Yes. Carceral facilities with 340B-acquired medications must identify 340B participation and pricing on claims by using modifiers "UD" or "08" when billing Medicaid for the applicable medications. Please refer to Provider Supplement 20-04 for further instructions on billing for 340B-acquired medications.

ACCUMULATION/FILL TOO SOON

Q8. IF A MEMBER RECEIVES MEDICATION IN-HAND UPON RELEASE AND IS RE-INCARCERATED AND RELEASED AGAIN (E.G., 1-2 WEEKS FOLLOWING THE FIRST RELEASE) IS THE FACILITY REQUIRED TO PROVIDE MEDICATION IN-HAND UPON RELEASE AGAIN?

A8. HCA expects the ordering provider to determine clinical appropriateness of a new prescription. Providers have the option of overriding a "Fill too Soon" rejection. If utilization information indicates that the member has an adequate supply of the medication or that the quantity being dispensed is excessive, the pharmacist is responsible for resolving the issue by seeking an authorization to dispense the drug, if necessary.

SHORT-TERM STAYS AND UNEXPECTED RELEASES

Q9. CAN FACILITIES RELEASE A MEMBER WITH AN ELECTRONIC PRESCRIPTION FOR A 30-DAY SUPPLY OF MEDICATION, OR DO THE MEDICATIONS HAVE TO BE PROVIDED IN-HAND AT THE TIME OF RELEASE?

A9. The requirement is to provide up to a 30-day supply of the medications in-hand, as clinically appropriate except as outlined below. HCA expects prescribers to use their clinical judgement when determining the appropriate amount of medication to provide upon release.

Q10. ARE FACILITIES REQUIRED TO PROVIDE MEDICATIONS IN-HAND UPON RELEASE FOR SHORT-TERM STAYS?

A10. Facilities are expected to provide medications in-hand upon release for individuals with stays longer than 48 hours, and who have been clinically evaluated and prescribed a medication.

Q11. WHAT IS REQUIRED IF A SHORT-TERM STAY (E.G., 24-48 HOURS) RESULTS IN THE FACILITY BEING UNABLE TO PROVIDE MEDICATIONS IN-HAND UPON RELEASE?

A11. In cases where the detainee is released before they have been medically evaluated, or so soon after their medical evaluation that it is impossible to obtain any medications that they have been prescribed, facilities are expected to provide an electronic prescription to a community pharmacy and/or coordinate with the MCO or community provider to ensure the prescription is filled. In this scenario, the facility must document the reason the medications were not provided in-hand at the time of release (i.e., due to an unexpected release or very short stay).

Q12. ARE FACILITIES REQUIRED TO PROVIDE MEDICATIONS IN-HAND UPON RELEASE EVEN IN THE EVENT OF AN UNEXPECTED RELEASE?

A12. Yes, facilities are expected to order medications (as clinically appropriate based on a medical evaluation) as soon as feasible upon intake/incarceration to mitigate the challenge of an unexpected release. If medications ordered were not yet dispensed by the pharmacy, the pharmacy may be able to reverse the Medicaid claim, depending on the pharmacy arrangement. The detention facility should refuse the delivery of medications if the individual has left the facility. If delivery is accepted by a facility after the individual has left, the facility should work with the dispensing pharmacy to determine whether and how medications should be destroyed.

Q13. CAN FACILITIES COORDINATE TRANSPORTATION TO A COMMUNITY PHARMACY FOR THE MEMBER TO PICK UP THE MEDICATIONS AND/OR ARRANGE DELIVERY OF THE MEDICATIONS FROM A COMMUNITY PHARMACY?

A13. Facilities are expected to make every effort to provide the medications in-hand as the individual leaves the carceral facility. Transportation should not be the primary solution to address this requirement as transportation or delivery may result in gaps due to pharmacy operating hours, member refusal, etc. Facilities can provide transportation to the pharmacy or coordinate delivery of medications to the facility as a mitigation strategy. If medications cannot be provided at the time of release and the member is enrolled in an MCO, the facility may coordinate directly with the member's MCO to arrange transportation to a pharmacy for prescription pickup. Transportation for this purpose is a covered MCO service for up to seven days following release.

MAT MEDICATIONS

Q14. IS INDUCTION REQUIRED OR ONLY MAINTENANCE OF MEDICATION ASSISTED TREATMENT (MAT)?

A14. JUST Health Plus covers induction and maintenance of MAT. Providing only maintenance is allowable under the 1115 demonstration (JUST Health Plus) as facilities ramp-up MAT capacity, but the goal is to provide induction of MAT as is feasible.

Q15. IS LONG-ACTING INJECTABLE MAT COVERED UNDER JUST HEALTH PLUS?

A15. Long-acting injectable MAT (e.g., Buprenorphine) is covered by Medicaid and therefore reimbursable under JUST Health Plus. All MAT drugs are preferred regardless of brand. Please refer to the Preferred Drug List (PDL).

Q16. WHAT IS THE EXPECTATION FOR MAT MEDICATIONS IN-HAND UPON RELEASE?

A16. MAT medications, up to a 30-day supply, must be provided in-hand upon release as clinically appropriate. HCA expects prescribers to use their clinical judgement when determining the appropriate amount of medication to provide upon release. The provision of long-acting injectable MAT prior to release may fulfill the requirement for the (up to) 30-day supply of medications upon release.

HEPATITIS C (HEPC) MEDICATIONS

Q17. IS DIAGNOSIS AND INITIATION OF HEPC TREATMENT REQUIRED OR ONLY MAINTENANCE OF EXISTING HEPC TREATMENT?

A17. JUST Health Plus covers initiation and maintenance of HepC treatment under Service Level 2. Providing maintenance of HepC treatment is allowable under the 1115 demonstration (JUST Health Plus) as facilities ramp-up treatment capacity, but the goal is to test and treat HepC as clinically appropriate. Facilities are expected to offer treatment when testing for HepC (as clinically indicated).

For questions or additional information about the Medicaid justice-involved initiative, please contact HCA.JusticeServices@hca.nm.gov .