

Annual MCO – DUR Report

Overview

The Annual MCO – DUR Report is submitted in accordance with IC 12-15-35-48 (SEA 228) and is therefore often referred to as the 228 Report. The legislation is listed below.

IC12-15-35-48

Board's review of a managed care organization's prescription drug program; report

Sec. 48. (a) The board shall review the prescription drug program of a managed care organization that participates in the state's risk-based managed care program at least one (1) time per year. The board's review of a prescription drug program must include the following:

(1) An analysis of the single source drugs requiring prior authorization, including the number of drugs requiring prior authorization in comparison to other managed care organizations' prescription drug programs that participate in the state's Medicaid program.

(2) A determination and analysis of the number and the type of drugs subject to a restriction.

(3) A review of the rationale for:

(A) the prior authorization of a drug described in subdivision (1); and

(B) a restriction on a drug.

(4) A review of the number of requests a managed care organization received for prior authorization, including the number of times prior authorization was approved and the number of times prior authorization was disapproved.

(5) A review of:

(A) patient and provider satisfaction survey reports; and

(B) pharmacy-related grievance data for a twelve (12) month period.

(b) A managed care organization described in subsection (a) shall provide the board with the information necessary for the board to conduct its review under subsection (a).

(c) The board shall report to the select joint commission on Medicaid oversight established by IC 2-5-26-3 at least one (1) time per year on the board's review under subsection (a).

As added by P.L.107-2002, SEC.22.

The complete report can be broken down into the following separate documents:

- **Rationale for Drug Restrictions:** a determination and analysis of the number and type of medications subject to a restriction
- **MCO PA Listing of Single Source Drugs:** an analysis of the single source medications requiring prior authorization
- **Number of MCO Prior Authorizations by Drug:** a review of the number of requests for prior authorization and the number approved and denied
- **Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS):** patient and provider satisfaction survey reports
 - Included in this report are the CAHPS reports for MDwise and MHS. The measurement year was 2006. The 2007 report is not due to OMPP until

7/31/08. Since Anthem was not a Hoosier Healthwise MCO in 2006, there is not a report on their performance available to date.

- The purpose is to assess and document the experiences members report with their managed care organization as an indicator of quality of various aspects of care and customer service. MCOs must use an NCQA (National Committee for Quality Assurance) certified vendor to conduct the CAHPS survey.
- **Total Calendar Year Pharmacy-Related Grievances: (# of grievances):** pharmacy-related grievance data for a 12 month time period
- **PDL Comparison of Select Therapeutic Classes:** a comparison of the MCO's Preferred Drug Lists with the Fee for Service (FFS) Preferred Drug List

Each MCO is responsible for providing their respective components of this report. Both FFS and MCO plans will be responsible for the PDL comparison. Once approved by the DUR Board, the report is then submitted to the Select Joint Commission on Medicaid Oversight.