



IMHS
Recovery. Resiliency. Results.



Psychotropic Medication Utilization Review (PMUR)
Process for STAR Health Members

FAQ and Stakeholder Manual

IMHS/SHPN
Updated 6/10/10

The STAR Health Medication Monitoring Program

Q: What indicators does IMHS/SHPN use to screen foster children in a PMUR?

A:

Children who have received treatment with a psychotropic medication(s) for 60 days or more that fall into the following categories:

- All children under the age of 4 years
- Any child whose medication regimen appears to have class polypharmacy as defined by:
 - 2 or more stimulant medications
 - 2 or more antidepressants
 - 2 or more atypical antipsychotic medications
 - 3 or more mood stabilizers
- Any child with 5 or more psychotropic medications (polypharmacy)

Q: What are ways PMURs can be triggered?

A:

Health Screening- SHPN/IMHS Service Managers do comprehensive health screens on foster children and identify medication regimens which appear to be outside the DSHS Psychotropic Medication Utilization Parameters

Automated pharmacy claims screening- IMHS has collaborated with HHSC to develop an automated screening program using pharmacy claims information from Health First. This screening is run monthly to identify foster children who have medication regimens which may fall outside the DSHS Psychotropic Medication Utilization Parameters

External request- CPS Nurse Consultants, other CPS staff, CASAs, children's caregivers, attorneys, residential child care providers and other interested parties can request a medication review

Court Request- Judges having jurisdiction over CPS cases can request a PMUR to answer questions about a foster child's medication regimen.

Requests for PMURs

Q: How do I request a PMUR for a foster child?

A: Requests for PMUR can be directed to an IMHS Service Manager based on the foster child's placement region.

DFPS Regions	IMHS Contact
1, 2, 3, 4, 7,9, 10	Michael Scrivner M.A., LPC Behavioral Health Service Manager Integrated Mental Health Services 866.218.8263 x42229 mscrivner@centene.com

DFPS Regions	IMHS Contact
5,6, 8, 11	See supplemental information

Q: Will all requests result in a formal PMUR report?

A: No. There are many instances where IMHS may be able to answer questions about medication usage and the DSHS Psychotropic Medication Utilization Parameters without the need for a formal PMUR. In addition, the IMHS Service Manager will direct the requestor to the prescriber under certain circumstances. These include:

1. If the CPS staff, medical consenter, caregiver. or other individual has questions about why a specific medication was prescribed by the physician.
2. If the medication regimen and dosages of medications prescribed are clearly within the DSHS Psychotropic Medication Utilization Parameters.
3. If the CPS staff, medical consenter, caregiver or other individual has questions about medication side effects, wants to stop a particular medication, or does not think the medication is needed.
4. If there are questions about giving consent for new medications or changes in medication doses recommended by the child's treating physician.
5. Requests made because the medication does not appear in the DSHS Psychotropic Medication Utilization Parameters for Foster Children (2007).
6. Concerns about giving consent for new medications or changes in medication doses while foster children are in treatment at a psychiatric hospital.

Q: Why won't all the requests result in a formal PMUR report?

A: IMHS encourages CPS staff, medical consenters and caregivers to contact the treating physician directly with questions about why a specific medication or dosage was prescribed. Only the treating physician can answer why the specific medication was prescribed based on the foster child's problems and symptoms. More importantly, the PMUR process can take 2-3 weeks to complete, and waiting for the formal PMUR report can delay needed treatment, or change in medications. The treating physician should be made aware of any concerns about side effects immediately to take any necessary action.

Q: What other resources do CPS staff have when they have questions about medications?

A: The CPS Nurse Consultants can also assist with medication questions, and consent issues. The CPS Nurse Consultants can make referrals to IMHS to initiate a PMUR investigation, if needed.

Q: If I'm a CPS caseworker, and I'm going to court can I get a PMUR report for court?

A: IMHS will attempt to complete PMURs requested by caseworkers for status, permanency and placement hearings. If the medication review is "court ordered," the IMHS Service Manager will ask for a copy of the court documents to ensure the court's concerns are addressed in the report, and will submit to the court a copy of the final PMUR report. Upon request, the IMHS Service Manager has 3 business days to gather needed information to submit the PMUR request for review. The IMHS Medical Director will review the information and forward to the consultant child psychiatrist. If there is not enough information, the process could be delayed. The consultant has 10 business days to attempt peer-peer contact with the treating physician, and complete the PMUR report. Please note that IMHS will make every attempt to expedite a PMUR request for court, but we cannot guarantee completion of requests received less than 3 business days from the court date.

If one of the following special circumstances is documented in the court order, the requestor will be advised of the appropriate course of action:

- 1) If the court order is requesting a "second opinion" psychiatric evaluation, then the Service Manager will document the request, and transfer the caller to IMHS Care Coordination for a referral to an in-network psychiatrist.
- 2) If the court order is requesting a "second opinion" psychiatric evaluation or medication review *outside* of the STAR Health network, the Service Manager will advise the caller that evaluations outside the STAR Health network are not a covered benefit even with a court order. Psychiatric re-evaluations under these circumstances are the responsibility of DFPS.

Obtaining the PMUR Results

Q: If I've requested a formal PMUR report, how will I get a copy of the report?

A: The IMHS Service Managers will fax a copy of the completed PMUR report to the requestor. In addition, the PMUR report will be posted to Health Passport within approximately 7 business days of completion. PMUR reports can be found in Health Passport under the Forms tab of the child's record. To locate the report, first click the "Forms" tab on the navigation panel of the left side of the screen, then "behavioral health" the documents screen finishes loading. In some cases, the PMUR report will be labeled "Other," but in the near future the document will be titled "PMUR Report" to assist Health Passport users in identifying the reports.

Q: If I speak to an IMHS Service Manager and my request does not result in a formal PMUR report, can I get documentation that the medication regimen was reviewed?

A: Please notify the IMHS Service Manager that you need documentation that the child's medication regimen was reviewed, and provide your contact information including a fax number. The IMHS Service Manager will fax you a letter advising that the child's medication regimen was reviewed but did not meet criteria for a formal PMUR review within 3 business days.

PMUR Determinations

The PMUR report will contain a formal determination about the foster child's medication regimen. The possible determinations are as follows:

- ~Medication regimen within Parameters
- ~Medication regimen outside Parameters but within the standard of care
- ~Medication regimen outside Parameters, and there is opportunity to reduce polypharmacy
- ~Medication regimen is outside Parameters, and there is risk for or evidence of significant side effects.

Q: How can the PMUR determination be "within Parameters" when the medication prescribed does not appear in the DSHS Parameters?

A: The DSHS Parameters clearly indicate that not all medications or doses which can be prescribed to treat childhood mental health disorders are included. Since the Parameters were published in 2007, new medications have been developed, and many medications have been recently approved for other uses, and younger age groups. The Parameters are currently under revision, but even the updated Parameters will not contain all the medications or doses which can be prescribed to treat childhood mental health disorders.

Q: I have read the PMUR report, and I don't understand what "outside Parameters but within the standard of care" means?

A: There are times when the child's diagnoses or combination of diagnoses may require the use of multiple medications or doses of medications which fall outside the dosing guidelines described in the current Parameters. This determination is made based on a review of the current accepted treatments, and the individual child's medical record, symptom severity, peer-peer contact, the prescriber's reasons for choosing the medications, and weighing the benefits versus risks.

Q: If the determination made is "outside Parameters, and there is opportunity to reduce polypharmacy" should the extra medication be stopped?

A: If this determination is made as a result of the PMUR process, IMHS encourages CPS staff, medical consenters, caregivers or other interested parties **NOT to stop any medications unless directed by a physician**. Quickly changing or stopping medication can have serious consequences, and side effects more severe than just continuing the medications. It may take days to weeks to safely stop or change medications, and IMHS will work with the treating physician and will review cases with this determination on an ongoing basis to see if the medications have been reduced.

Q: What happens when the determination is "outside Parameters, and there is risk for or evidence of serious side effects"?

A: In these cases, the DFPS Medical Director is notified, so that specific actions can be planned. Again, IMHS emphasizes that **any medication (s) should NOT be stopped unless directed by a physician**. IMHS Service Management can assist in finding a new treating physician if necessary.

Quality of Care Concerns

Q: How does IMHS handle quality of care concerns identified through the PMUR process?

A: Physicians who appear to consistently prescribe “outside Parameters, and there is an opportunity to reduce polypharmacy” or “outside Parameters and there is risk for or evidence of significant side effects” are referred to the Quality of Care review process. Additional records will be requested, and the cases reviewed in detail. If over-prescribing or dangerous prescribing is identified as a pervasive pattern, the cases and physician will be referred to the Credentialing Committee for further investigation, and action. Please note the results of Quality Improvement and Credentialing Committee investigations and actions are confidential and may not be released to or discussed with the public.

Q: What response will I receive when I submit a QOC?

You will receive an acknowledgement in writing within 5 business days and a thorough investigation of the concern will be conducted; however, results of the Quality Improvement and Credentialing Committee investigations and actions are confidential. The results may not be released to or discussed with the public, or the person filing the concern. All QOC issues are tracked and trended. Any practitioner showing a pattern or trend may be placed on corrective action and/or face disciplinary action up to and including termination if warranted.