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

FAQ and Stakeholder Manual

Superior HealthPlan

Updated September 2018
The STAR Health Medication Monitoring Program

Q: What flags does Superior use to screen foster children in a PMUR?

A: Children who have gotten psychotropic medication(s) treatment for 60 days or more and include:

- All children under the age of 5 years
- Any child whose medication appears to have class polypharmacy (use of many medications to treat the same disease) as defined by:
  - 2 or more alpha agonists given together
  - 2 or more antidepressants given together
  - 2 or more antipsychotics given together
  - 3 or more mood stabilizers given together
- Any child with 4 or more psychotropic medications (polypharmacy)

Q: Where can I find the DFPS Psychotropic Medication Utilization Parameters?

A: You can find them at the following link:

Q: What are ways PMURs can be activated?

A:
- **Health Screening** – Superior Service Managers do screens on foster children and identify medication that look to be outside the DFPS Psychotropic Medication Utilization Parameters.
- **Automated Pharmacy Claims Data** – Superior works with HHSC to develop an automated screening program using pharmacy claims information. This screening is run monthly to identify foster children who have medication which may fall outside the DFPS 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.
Requests for PMURs

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

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

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

A: No. Superior may be able to answer questions about medication usage and the DFPS Psychotropic Medication Utilization Parameters without the need for formal PMUR. In some cases, the Superior Service Manager will direct the requestor to the prescriber. These include:

1. If the CPS staff, medical consenter, caregiver or other individual has questions about why a drug was prescribed by the doctor.
2. If the treatment and amount of medications prescribed are within the DFPS Psychotropic Medication Utilization Parameters.
3. If the CPS staff, medical consenter, caregiver or other individual has questions about:
   a. Medication side effects
   b. Stopping a certain medication
   c. If the medication is needed
4. If there are questions about a doctor’s approval for new medications or changes in
doses suggested by the child’s doctor.
5. Requests made because the medication isn’t in the DFPS Psychotropic Medication
Utilization Parameters for Foster Children (2013).
6. Concerns about giving approval 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: Superior wants CPS staff, medical consenters and caregivers to contact the doctor to ask
why a medication or dosage was prescribed. Only the doctor can answer this based on the
foster child’s problems and symptoms. The PMUR process can take 2-3 weeks to complete.
Waiting for the formal PMUR report can delay needed treatment or changes in medications.
The doctor should be made aware of any concerns about side effects to take any needed
action.

Q: What other resources do CPS staff have when they have questions about
medications?
A: The CPS Regional Nurse Consultants can help with questions and approval issues. The
CPS Nurse Consultants can make referrals to Superior to start 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: Superior will try to complete PMURs requested by caseworkers for status, permanency and
placement hearings. If the medication review is court ordered, the Superior Service Manager
will ask for a copy of the court documents. This is to confirm the court’s concerns are addressed
in the report. They will submit a final PMUR copy to the court. Upon request, the Superior
Service Manager has 3 business days to get information to submit the PMUR request for
review. An extension to the 3 day deadline may be given if doctor notes are not received within
this timeframe. The Superior Medical Director will review the information and forward to the
consultant child psychiatrist. The process may be delayed if there is not enough information.
Consultants have 10 business days to try peer-peer contact with the doctor and complete the
PMUR report. Superior will make every effort to rush a PMUR request for court. Superior cannot
guarantee completion of requests received less than 3 business days from the court date. The
requestor will be told what to do if:

- The court order is requesting a second opinion psychiatric evaluation. The Service
  Manager will document the request. Callers will be transferred to Superior Care
  Coordination for a referral to an in-network psychiatrist.
The court order is requested a second opinion psychiatric evaluation or medication review outside of the Superior network. The Service Manager will tell the caller that evaluations outside the Superior network are not a covered benefit even with court order. Psychiatric re-evaluations in these cases are the responsibility of DFPS.

**Getting the PMUR Results**

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

A: The Superior Service Managers will send a copy of the completed formal PMUR report to the CPS Caseworker, Regional Nurse Consultant, Medical Administration and DFPS Medical Director. The PMUR report will also be posted to Health Passport within 7 business days of completion. PMUR reports can be found in Health Passport under the “Assessments” tab on the left panel. Then select “Behavioral”. Under “Assessment Name”, select “Psychotropic Medication Utilization Review” to view PMURs. You can see the most current and all other PMURs on file.

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

A: Tell the Superior Service Manager that you need documentation. You must also provide your contact information. The Superior Service Manager will send you a letter saying the child’s medication treatment was reviewed but did not meet the standard for a formal review within 3 business days.

**PMUR Determinations**

The PMUR report will have a formal determination about the foster child’s medication treatment. These include:

- Medication treatment within Parameters.
- Medication treatment outside Parameters. Medication treatment reviewed and found to be within the standard of care.
- Medication treatment outside Parameters and there is opportunity to reduce polypharmacy.
- Medication treatment 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 DFPS Parameters?

A: The DFPS Parameters state that not all medications or doses prescribed to treat childhood mental health disorders are included. New medications have been developed since the Parameters were published in 2013. Many medications have been recently approved for other uses and younger age groups. Even updated September 2013 Parameters won’t have all medications or doses prescribed to treat childhood mental health disorders.

Q: I have read the PMUR report and I don’t know what “outside Parameters but within the standard of care” means?

A: This is when the child’s diagnosis or diagnoses may require the use of many medications or doses outside the dosing guidelines described in the current Parameters. This determination is made based on:
- Review of the current accepted treatments
- The individual child’s medical record
- Symptom severity
- Peer-peer contact
- The prescriber’s reasons for choosing the medications
- Weighing 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, Superior encourages CPS staff, medical consenters, caregivers or other interested parties NOT to stop any medications unless told by a doctor. Quickly changing or stopping medication can have serious side effects more severe than just continuing the medications. It may take days to weeks to safely stop or change medications. Superior will work with the doctor and 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: The DFPS Medical Director is notified so they can plan next steps. Medication(s) should NOT be stopped unless directed by a doctor. A Superior Service Manager can help find a new doctor if needed.
Quality of Care (QOC) Concerns

Q: How does Superior handle QOC concerns identified through the PMUR process?

A: Doctors who look 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 QOC review process. More records will be requested and the cases reviewed. If over-prescribing or dangerous prescribing is a pattern, the cases and doctor will be referred to the Credentialing Committee for further investigation and action. The results of Quality Improvement and Credentialing Committee investigations and actions are confidential. They may not be released to the public.

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

A: You will get a written confirmation within 5 business days. A thorough investigation of the concern will be conducted. Results of the Quality Improvement and Credentialing Committee investigations and actions are confidential. The results may not be released to 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.