

HEALTH PLAN OF SAN JOAQUIN					
Subject: Member-Based Medication Restriction					
Department: Medical Management - Pharmacy				Policy #: PH13	
Effective Date: 12/2004	Committee/Approval Date: P&T 02/16/16	Review/Revision Dates: 12/04, 08/05, 11/15, 02/16			
Applies To:	Medi-Cal	Yes	X	No	
	MCAP	Yes	X		
	TPA	Yes		No	X

POLICY

- A. A member of the Health Plan of San Joaquin (HPSJ) may be placed on a restricted status for receiving medications prescribed in an outpatient setting based on a determination by the Medical Director that such services have been used inappropriately by the member.
- B. The Quality Improvement Department (QI), at a minimum of annually, shall review those members placed on restricted status.
- C. Members found by the Medical Director to be misusing prescription drugs may be subjected to the following types of restrictions for a period of 12 months.
 - 1. Prior authorization for specific medications through the HPSJ pharmacy dept.
 - 2. Prior authorization for all controlled medications through the HPSJ pharmacy dept.
 - 3. Restriction to one pharmacy, chosen by the member
 - 4. Restriction to one prescribing provider, primarily the Primary Care Provider (PCP)
- D. Requests to place a member on a restricted status may be made by providers or HPSJ staff to the Medical Director, QI Manager, or HPSJ Pharmacy staff.
- E. The imposition of a restriction on a member for specific prescription medications shall not affect the eligibility of the person for other Medi-Cal benefits nor apply in any instance where an emergency exists which requires immediate treatment. In addition, the member can still obtain the restricted service provided that the provider obtained prior authorization.
- F. Thirty days prior to the end of the member’s restricted period, the QI Dept. shall review authorizations, claims and other documentation related to the restriction and discuss the case with appropriate provider(s). The Medical Director may continue the restriction on a member for an additional period of twelve months.

PROCEDURE

- A. **Placing Members on Restricted Status**
 - 1. Members with suspected fraud/abuse of prescription medications will be referred to the QI Dept for review.

- a. The QI Dept. will review prescription usage by the member and review claims/encounter data on the member's usage of specific services.
 - b. Communication with the prescribing provider about the member's use of drugs and the current and/or historical usage of medications, and efforts by the provider to monitor/manage the drug usage.
2. Documentation to support the restriction request may include, but is not limited to, the following:
 - a. Copies of medical records
 - b. History of paid and/or denied medication claims
 - c. Other reports such as PCN run reports which details member pharmacy utilization
 - d. Member Services Customer Contact Call Logs
 - e. Provider documentation via faxes or phone call
 3. A member file, with copies of all supporting documentation and correspondence will be created and filed in a locked file in the QI Dept.
 4. If it is determined that the member should be placed on restricted status, a recommendation shall be forwarded to the Medical Director.
 5. When the Medical Director approves the request to place a member on restricted status, the QI Dept. staff will add the member to the Freeze log.
- B. When a member is initially placed on restricted status, or when there are any changes in restricted status, the QI Dept. notifies the following: (See Attachments C, C1, C2, C3)
1. The member's PCP and/or other prescribers.
 2. The pharmacy, which the member will be restricted to obtaining their prescriptions.
 3. The HPSJ Pharmacy Clinical Coordinator, who will institute such member restriction in the Pharmacy Benefit Manager's system. The date of restricted status entry into system will be documented on the HPSJ Restricted Status QI Department Checklist. (Attachment D)
 4. Should a member be restricted from changing PCPs, the Member and Provider Services Departments will be notified by a membership freeze log sent via email every other week by the QI Dept.
 5. The member, by a letter stating that such a restriction has been placed on them, or removed, and informing them that they have the right to file a grievance or request a state fair hearing. (See Attachments E, E1)
 6. The Compliance Officer will notify DHS and date of notification will be documented on the HPSJ Restricted Status QI Department Checklist. (See Attachment D)
- C. **Reporting Member Restricted Status**

1. The QI Nurse shall notify the Compliance Officer, DHS Program Integrity Unit and DHS Fraud Investigator upon approval by the QI Manager, of all cases of suspected provider and member fraud and abuse involving the Medi-Cal program that result in a preliminary investigation.
 2. The Quality Improvement/Utilization Management Committee (QIUMC), by annual summary, shall review those members requested placed on restricted status.
 3. Members on restricted status are reported quarterly at Fraud and Abuse Prevention committee meetings. (See Attachment A).
- D. In cases of inappropriate prescribing by a provider, the information will be presented to the Fraud & Abuse Prevention Committee and/or the QI/UM Committee for further decision.
- E. **Referrals to Case Management**
1. Members exhibiting frequent ER utilization, frequent changes in PCP, and/or multiple pharmacies utilized, will be referred to UM for case-management.
 2. The UM Case-Manager will coordinate member care with the PCP about use of drugs and the current and/or historical usage of medications. This may include Care Plans, Contracts for Narcotic Usage, keeping scheduled appointments with PCP, eliminating non-emergent Emergency Department visits, etc.
 3. The Case-Manager will forward copies of documentation and communication to QI for inclusion in members file.
- F. When a member is initially placed on restricted status, or when there are any changes in restricted status, the QI Dept. notifies the following: (See Attachments C, C1, C2, C3)
1. The member's PCP and/or other prescribers.
 2. The pharmacy, which the member will be restricted to obtaining their prescriptions.
 3. The HPSJ Pharmacy Clinical Coordinator, who will institute such member restriction in the Pharmacy Benefit Manager's system. The date of restricted status entry into system will be documented on the HPSJ Restricted Status QI Department Checklist. (Attachment D)
 4. Should a member be restricted from changing PCPs, a membership freeze log sent via email every other week by the QI nurse would notify Member and Provider Services Departments.
 5. The member, by a letter stating that such a restriction has been placed on them, or removed, and informing them that they have the right to file a grievance or request a state fair hearing. (See Attachments E, E1)
 6. The Compliance Officer will notify DHS and date of notification will be documented on the HPSJ Restricted Status QI Department Checklist. (See Attachment D)
- G. **Distribution:**
1. HPSJ Department Directors, HPSJ Provider Manual

REFERENCE

- A. ADM 13, Fraud Detection & Investigation
- B. ADM 20, Fraud and Abuse Protection Committee
- C. QA 27, Potential Quality Issue Report
- D. Attachments: A, B, C, C1, C2, D, E, E1, F

Health Plan of San Joaquin
Approval: Signatures on File

DHCS Contract Deliverables

<i>Contract Reference</i>	<i>Date of Approval</i>	<i>DHCS Unit</i>		<i>Contract Reference</i>	<i>Date of Approval</i>	<i>DHCS Unit</i>