

POLICY AND PROCEDURE	
TITLE: Member-Based Medication Restriction	
DEPARTMENT: Medical Management - Pharmacy	POLICY #: PH13
EFFECTIVE DATE: 12/01/04	REVIEW/REVISION DATE: 12/04, 08/05, 11/15, 02/16, 02/17, 02/18, 05/19
COMMITTEE APPROVAL DATE: P&T 05/14/2019; PRC 6/19/2019 QMUM 07/10/2019	RETIRE DATE: None
PRODUCT TYPE: Medi-Cal	REPLACES: None

I. PURPOSE

To establish a procedure for restricting access to medications for patients who are determined to be using medications inappropriately.

II. 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. Pharmacy Department staff will annually review with Quality Management staff 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 twelve (12) months.
 1. Prior authorization for specific medications through the HPSJ Pharmacy Department.
 2. Prior authorization for all controlled medications through the HPSJ Pharmacy Department.
 3. Restriction to one pharmacy, chosen by the member.
 4. Restriction to one prescribing provider, primarily the Primary Care Provider (PCP) or pain specialist.
- D. Requests to place a member on a restricted status may be made by providers or HPSJ staff to the Medical Director, QM staff, 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 QM Department and the Pharmacy Department 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 (12) months.

III. PROCEDURE

A. Placing Members on Restricted Status

1. Members with suspected fraud/abuse of prescription medications will be referred to the QM Department for review.
 - a. The QM Department and the Pharmacy Department 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 pharmacy run reports which details member pharmacy utilization.
 - d. Customer 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 Pharmacy Department.
 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 Pharmacy Department 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 Pharmacy Department notifies the following:

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 Staff, who will institute such member restriction in the Pharmacy Benefit Administrator's system. The date of restricted status entry into system will be documented on the HPSJ Restricted Status Freeze Log.
4. Should a member be restricted from changing PCPs, the Customer and Provider Services Departments will be notified by a membership freeze log sent by the Pharmacy Department.
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.

C. Reporting Member Restricted Status

1. Pharmacy staff or QM Nurse shall notify the Compliance Officer, DHCS Program Integrity Unit and DHCS Fraud Investigator upon approval by the QM 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 Operations Committee (QOC), by annual summary, shall review those members requested placed on restricted status.
3. Members on restricted status are reported annually at Compliance Committee meetings.
4. In cases of inappropriate prescribing by a provider, the information will be presented to the Compliance Committee and/or the Quality Operations Committee for further decision.

D. 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 Pharmacy department staff for inclusion in members file.

E. Distribution:

HPSJ Department Directors, HPSJ Provider Manual

IV. ATTACHMENT(S)

None

V. REFERENCES

- A. CMP05, Fraud and Abuse Reporting
- B. CMP01, Compliance Program Element 7 – Compliance Investigations
- C. QM27, Potential Quality Issue Report

VI. REGULATORY AGENCY APPROVALS

DHCS Approved on (pending).

VII. REVISION HISTORY

STATUS	DATE REVISED	REVISION SUMMARY
Reviewed	02/16/16	No content change, annual review.
Reviewed	02/15/17	No content change, annual review.
Reviewed	02/13/18	No content change, annual review.
Reviewed	05/14/19	No content change, annual review.

Health Plan of San Joaquin Approval: Signatures on File in C360