

POLICY AND PROCEDURE

DEPARTMENT: Nebraska Total Care Pharmacy Department	REFERENCE NUMBER: NE.PHAR.18
EFFECTIVE DATE: 01/2018	POLICY NAME: Restricted Services
LAST REVIEWED: 03/2020, 04/2021, 4/2022	RETIRED DATE: N/A

SCOPE:

Nebraska Total Care (Plan) Compliance, Quality, Provider Relations, Medical Management, Medical Affairs, Pharmacy and Customer Service Departments.

PURPOSE:

To describe the Plan process regarding the Restricted Services Program.

POLICY:

In accordance with contractual requirements, Plan will establish and maintain a procedure for the Restricted Services Program in accordance with all applicable state and federal laws.

The Restricted Services Program is a health and safety program designed to address member over utilization of health care services by providing coordinated health care. When a member is enrolled in the Restricted Services Program, the members pharmacy claims shall be limited to any combination of one primary care provider (PCP), one specialty provider, one pharmacy for all prescriptions, and/or one specialty pharmacy for specialty medications.

The plan will implement and maintain an integrated care management team to include appeals and care coordinators to address Restricted Services Program placement and review.

PROCEDURE:

I. Identification and Criteria

The Plan shall initiate the restricted services lock-in process for a member if the at-risk member is identified through Pharmacy, Compliance, or Medical Management processes as follows:

- Persistent non-compliance: Member persistently refuses to follow prescribed treatments or comply with the Plan's requirements.
- Abusive or threatening conduct: Member engages in abusive or threatening conduct.
- Fraud/Abuse: Member is found to be committing fraud or abuse of medical benefits.
- Overutilization: Member utilizes Medicaid services at a frequency or amount that is not medically necessary.

POLICY AND PROCEDURE

DEPARTMENT: Nebraska Total Care Pharmacy Department	REFERENCE NUMBER: NE.PHAR.18
EFFECTIVE DATE: 01/2018	POLICY NAME: Restricted Services
LAST REVIEWED: 03/2020, 04/2021, 4/2022	RETIRED DATE: N/A

Nebraska Total Care will ensure the lock-in status and review timeframe is documented, and that the member and providers are notified as outlined in Section VI below.

Criteria:

One or more of the following conditions occur for thirty (30) consecutive calendar days in the previous three (3) months:

1. Concurrently obtaining similar services from two or more providers of the same specialty, not in the same group practice, with no referrals.
2. Utilizing two or more emergency facility visits for non-emergent diagnoses.
3. Concurrently using three or more prescribing physicians to obtain controlled substance medications or duplicate controlled substance medications from different prescribers.
4. One or more occurrences of having prescriptions for the same therapeutic class of medication filled two or more times on the same or subsequent day by the same or different providers.
5. Concurrently using three or more pharmacies to obtain medications from the same or similar therapeutic class(es) of medication.
6. On request or recommendation of State legal and/or Nebraska Department of Health and Human Services, and/or Heritage Health.
7. Consistently seeking/obtaining medical services which are not supported by diagnosis or medical records/documentation.
8. Dismissal by case manager/Healthcare Provider/Lock-in Provider – for inappropriate behavior, medical non-compliance, etc.
9. Other just causes as determined through review of member's use of services.

A members pharmacy claims shall be limited to:

POLICY AND PROCEDURE

DEPARTMENT: Nebraska Total Care Pharmacy Department	REFERENCE NUMBER: NE.PHAR.18
EFFECTIVE DATE: 01/2018	POLICY NAME: Restricted Services
LAST REVIEWED: 03/2020, 04/2021, 4/2022	RETIRED DATE: N/A

- One (1) primary care provider (PCP) and/or
- One (1) specialty provider and/or
- One (1) pharmacy and/or
- One (1) specialty pharmacy and/or
- Combination of services as listed above

II. Restricted Services Process

The restricted services or limitation is for one (1) person and for that person's individual Medicaid ID number. Payment to any other provider(s) with the provider type of the designated provider is limited to:

1. Documented emergencies; and
2. Referral from the designated provider (PCP) on file with Nebraska Total Care to show designated provider as the referring physician or provider and approval of other provider to administer services.

Utilization review is conducted on at least a quarterly basis to identify members who utilized services at a frequency or amount which meets utilization criteria. If criteria are met, the member shall be restricted to receiving services from designated providers as indicated.

Members found to be over-utilizing their medical coverage through utilization review are educated as to more appropriate behavior. As appropriate, the Plan shall provide education to the member regarding their behavior prior to placing a member in the Restricted Services Program. If the member has a substance use disorder (SUD), mental health (MH) or disability diagnosis related to the persistent non-compliant behavior, the Plan will work with the member, and applicable behavioral health and disability providers, to attempt to change the member's behavior prior to placing the member in the Restricted Services Program. The Plan's attempts to educate and change the member's behavior will be documented in the clinical documentation system. The Plan will re-review member patterns of utilization over a period of approximately six months or less after member education.

Member Education

Plan will work with member to modify behavior by providing education materials and care management programs and resources.

POLICY AND PROCEDURE

DEPARTMENT: Nebraska Total Care Pharmacy Department	REFERENCE NUMBER: NE.PHAR.18
EFFECTIVE DATE: 01/2018	POLICY NAME: Restricted Services
LAST REVIEWED: 03/2020, 04/2021, 4/2022	RETIRED DATE: N/A

- a. Plan shall provide informational and educational materials, such as a letter of concern and other applicable materials, in a manner and format that may be easily understood.
- b. Written material must use easily understood language and format, written no higher than the 6th grade reading level and at least 10- point font.
- c. Written material must be available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited or have limited reading proficiency. Members will be informed that information is available in alternative formats and how to access those formats.
- d. The Plan shall ensure all educational materials do not discriminate against Medicaid Plan members on the basis of their health history, health status or need for health care services.

Re-review for Correction of Pattern

The Plan will re-review member patterns of utilization over a period of approximately 6 months or less after member education. If there is no evidence of continued utilization concern, no further action is taken. If patterns of utilization have continued, the lock-in program shall be initiated as below.

Members will be restricted to a specific provider(s) for a period of at least twelve (12) months. If abusive patterns continue during the initial twelve-month period, the member had previously been in lock-in, or there are concerns about removing the lock-in, lock-in will be extended for another (12) months. The continued need for lock-in for a member will be evaluated at the end of their initial determined lock-in period, not to exceed two years. The Plan may place members on lock-in without education based on the severity of the misuse or concern.

During the Lock-In period, the Member shall be required to use one pharmacy, primary care provider, and/or prescriber for non-emergent care. The Plan will ensure that the Member has reasonable access (taking into account geographic location and reasonable travel time) to Medicaid services of adequate quality.

When a provider believes a member is abusing the Medicaid program by over-use (requesting services the provider deems not to be medically necessary,

POLICY AND PROCEDURE

DEPARTMENT: Nebraska Total Care Pharmacy Department	REFERENCE NUMBER: NE.PHAR.18
EFFECTIVE DATE: 01/2018	POLICY NAME: Restricted Services
LAST REVIEWED: 03/2020, 04/2021, 4/2022	RETIRED DATE: N/A

"doctor-shopping", or any excessive use of doctors, hospitals, emergency rooms, or medications), the provider can assist the Plan in controlling such over utilization. The provider can educate the member about unacceptable behavior, or the provider can choose to notify the Plan of the over utilization concern. Abuse situations can be reported to the Plan at:

Nebraska Total Care
2525 N. 117th Ave
Omaha, NE 68164
Phone: 844-385-2192

Fraud, Waste and Abuse situations may also be reported anonymously to Nebraska Total Care's 24/7 hotline at: 1-866-625-8664

Lock In Providers

1. Lock-in Pharmacy

The lock-in pharmacy is responsible for providing pharmacy services to the member. If a lock-in pharmacy cannot fill a prescription (i.e. out of stock), then the lock-in pharmacy must provide a referral to another pharmacy to fill the prescription and notify the health plan for approval. Members receiving specialty medications are allowed to receive medications from their designated lock-in pharmacy and a designated specialty pharmacy.

2. Lock-in Prescriber

The lock-in prescriber's role is to provide services to the member placed into restricted services. The lock-in prescriber must notify the plan if another prescriber or specialist should be allowed to prescribe medications for the lock-in member. Members that receive care from specialists will be allowed to received medications from their designated lock-in prescriber and designated specialist so long as the designated lock-in provider is made aware.

III. Authorization of Services Requiring Prior Authorization

PA requirements will still apply to those services which require prior authorization by the Plan.

IV. Provider Referrals

When a member is placed in lock-in, a written referral from the lock-in provider may be required before another provider can be reimbursed for services rendered. The written referral must be submitted to the health plan for review and approval and be retained in the referred provider's office, and must be furnished on request. The referral must be dated and is only valid for the time period indicated on the referral.

POLICY AND PROCEDURE

DEPARTMENT: Nebraska Total Care Pharmacy Department	REFERENCE NUMBER: NE.PHAR.18
EFFECTIVE DATE: 01/2018	POLICY NAME: Restricted Services
LAST REVIEWED: 03/2020, 04/2021, 4/2022	RETIRED DATE: N/A

1. It is necessary for the lock-in provider to complete a referral form for each professional provider who is authorized to perform services or prescribe medication.
2. A referral may be required for authorized non-emergent, outpatient physician services performed at a hospital.
3. If subsequent visits or services are to be provided by a specialist to the member following dismissal from the hospital, it may be necessary to complete a referral indicating those services being authorized.
4. The lock-in provider decides whether the member is going to be referred and to whom the referral is made.
5. Referrals to providers with the same specialty as the lock-in provider and for pain management should be avoided. These types of referrals are discouraged as the intention of the Lock-In Program is to restrict the member's care only to the lock-in provider.
6. Lock-in referrals should be for services and prescribing only.
7. Any prescriber other than the lock-in physician or approved referral provider will cause pharmacy claims to deny and become the member's responsibility.
8. Lock-in pharmacies should only refer to another pharmacy if a prescription cannot be filled (for example, out of stock).
9. The member is responsible for payment if the referral is for a non-covered service.

Referrals are not required for:

- Non-ambulance medical transportation
- Home and community based services
- Community mental health (services only)
- Durable medical equipment
- Vision services (routine eye exams only)
- Radiology and most laboratory services
- In-Patient (IP) Hospital Claim
- Outpatient (OP) Hospital Claim
- ER or ER Physician
- Laboratory
- Radiology
- Mental Health and Substance Abuse (services only)
- Family Planning
- Obstetrics (OB) provider (services only)

POLICY AND PROCEDURE

DEPARTMENT: Nebraska Total Care Pharmacy Department	REFERENCE NUMBER: NE.PHAR.18
EFFECTIVE DATE: 01/2018	POLICY NAME: Restricted Services
LAST REVIEWED: 03/2020, 04/2021, 4/2022	RETIRED DATE: N/A

- Dialysis
- Nursing Home
- All prescribing of medications outside of the Lock-in Physician requires a referral for the pharmacy claim to be paid by Nebraska Total Care

V. Updating the System: Adding Member to Administrative Lock-In Program

The Plan designee documents the lock-in status in the health plan electronic medical record and reaches out to the Plan contracted pharmacy vendors as necessary to ensure this is noted within their clinical documentation system.

- Plan designee will complete pharmacy lock-in assessment in the Plan electronic health record (EHR) system, and based on outcome, if member should be locked-in or sent to case management for further education.
- Document general note in 'alerts' showing who member is locked-in to
- Complete lock-in structured note template V2 in the Plan EHR, provides information on lock in providers/pharmacy
- Send referral to Case management if needed

VI. Notification to Members and Providers Regarding Lock-In Status

Plan will make written notification to both the member and the assigned lock-in providers to give notification of lock-in. The Plan shall send a written notification of lock-in status; and enroll the member in the program as outlined below.

The written notification sent to the member shall include:

- The reason for enrolling a member in the lock-in program.
- A description of the lock-in program;
- The effective date of lock-in program enrollment;
- Identification of the member's designated providers
- Information relating to the member's right to appeal and/or a hearing as outlined in this policy; and
- Contact information for the health plan.

The Plan may enroll the member in the lock-in program within ten (10) days, or as soon as practicable, of sending the written notification. Member has 90 days from notice to request an appeal.

POLICY AND PROCEDURE

DEPARTMENT: Nebraska Total Care Pharmacy Department	REFERENCE NUMBER: NE.PHAR.18
EFFECTIVE DATE: 01/2018	POLICY NAME: Restricted Services
LAST REVIEWED: 03/2020, 04/2021, 4/2022	RETIRED DATE: N/A

Following the initial twelve (12) month period of lock-in enrollment, Plan may conduct a utilization review at twelve (12) month intervals to:

1. Measure the effectiveness of the member's enrollment in the lock-in program; and
2. Determine if the member shall:
 - a. Continue enrollment in the lock-in program (if the member continues to meet the criteria); or
 - b. Be discharged from the lock-in program (if the member does not meet the criteria of this program).

VII. Member's Right to Appeal or State Fair Hearing Regarding Lock-In

A member who is notified of a Plan decision to enroll or maintain enrollment of the member in the lock-in program shall have the right to request a Plan Appeal or Hearing as offered under applicable state law and federal regulations.

- Plan appeal shall be completed in accordance with the Plan Appeal Process.

VIII. Updating the System: Removing Member from Lock-In Status

If the member is removed from lock-in following review, the Plan designee will update the Plan's EHR system. The Plan designee documents the lock-in status in the Plan's EHR system, updates the contracted claims adjudication platform to terminate the lock-in, and notifies the assigned primary care provider (PCP) and pharmacy.

IX. Reporting Results

The plan will work in cooperation with the state to report results of plan's lock-in program.

X. Collaboration with other Managed Care Organizations (MCOs)

Nebraska Total Care will work with other MCOs that are active with Nebraska Department of Health and Human Services/Heritage Health to share information on members that move from Nebraska Total Care to another MCO. Nebraska Total Care will provide the below information to the active MCO

- a. Member Lock-In start date
- b. Member Lock-In end date

POLICY AND PROCEDURE

DEPARTMENT: Nebraska Total Care Pharmacy Department	REFERENCE NUMBER: NE.PHAR.18
EFFECTIVE DATE: 01/2018	POLICY NAME: Restricted Services
LAST REVIEWED: 03/2020, 04/2021, 4/2022	RETIRED DATE: N/A

c. Member Lock-In service level

d. Providers that member has selected

Nebraska Total Care will provide information in a format acceptable to the receiving MCO via the receiving MCOs file transfer format.

REFERENCES: 1.DHHS Notice of Lock In Finding (MC-38)

dhhs.ne.gov/Documents/471-000-86.pdf

DHHS Client Choice of Restricted Services Provider Agreement (MC-66)

dhhs.ne.gov/Documents/471-000-93.pdf

NAC 471, Chapter 1 Administration

[Nebraska.gov/rules-and-](http://Nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-01.pdf)

[regs/regsearch/Rules/Health and Human Services System/Title-471/Chapter-01.pdf](http://Nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-01.pdf)

ATTACHMENTS:

DEFINITIONS:

REVISION LOG

REVISION:	DATE:
Reviewed with no updates.	07/2018
Reviewed with no updates.	05/2019
Updated criteria #3 to identify members concurrently using three or more prescribing physicians to obtain controlled substance medications or duplicate controlled substance medications from different prescribers. Removed criteria: report of member using the medical card to purchase medications on a fraudulent prescription, report of consumer using another member's card for obtaining their own service, consistently obtaining medication which exceeds maximum recommended FDA approved dosage, and obtaining narcotic or teratogenic medications from one or more prescribers at one or more pharmacies while member is pregnant. Added the continued need for lock-in for a member will be evaluated a minimum of every two years to section titled, Re-review for Correction of Pattern. Multiple format updates, most notably moving Member Education section under Lock-In Process.	03/2020
REVISION:	

POLICY AND PROCEDURE

DEPARTMENT: Nebraska Total Care Pharmacy Department	REFERENCE NUMBER: NE.PHAR.18
EFFECTIVE DATE: 01/2018	POLICY NAME: Restricted Services
LAST REVIEWED: 03/2020, 04/2021, 4/2022	RETIRED DATE: N/A

REVISION:	DATE:
Reviewed with no updates	04/05/2021
Updated policy Department, Reference Number and Name to reflect Pharmacy owned policy. Lock-in procedures updated to reflect restrictions specific to prescribers and dispensing pharmacies. Acronyms defined. NAC 471 reference updated to Chapter 1.	4/19/2022

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.