



**MedStar Family
Choice**

ADMINISTRATIVE POLICY AND PROCEDURE

Policy #:	217	
Subject:	Corrective Managed Care	
Section:	Pharmacy	
Initial Effective Date:	02/10/16	
Revision Effective Date(s):	07/18, 09/18, 01/19, 07/19, 07/20, 07/21, 7/22, 7/23, 7/24, 7/25	
Historical Revision Date(s):	07/17, 05/18	
Review Effective Date(s):		
Historical Review Date(s):	10/16, 10/17, 11/17, 07/18	
Responsible Parties:	Health Plan Pharmacist, P&T Committee	
Responsible Department(s):	Clinical Operations	
Regulatory References:	COMAR 10.09.24.14, COMAR 10.67.12, COMAR 10.67.12.02, COMAR 10.67.05.05A, 10.67.05.07C2, 10.67.05.06B, COMAR 10.67.06.04, 10.67.09.05 Maryland EQRO Systems Performance Review: Standard 7.11	
Approved:	AVP Clinical Operations	Chief Medical Officer

Purpose: The purpose of this policy is to provide an outline of the MedStar Family Choice - Corrective Managed Care (CMC) Program.

Scope: This policy applies to members of MedStar Family Choice - Maryland meeting program eligibility requirements as stated below, or otherwise identified as misusing the plan pharmacy benefit.

Background: The Corrective Managed Care (CMC) Program was established as an effort to monitor and promote appropriate use of controlled substances, specifically opioids and benzodiazepines. Members receiving multiple prescriptions, using multiple prescribers and/or pharmacies to obtain controlled substances are identified. In April 2023, The Maryland Department of Health (MDH) expanded the purpose of this program to encompass any member abuse of Medicaid

Pharmacy Benefits, regardless of controlled/scheduled designation.

Policy: **The Corrective Managed Care (CMC) program is defined by COMAR 10.67.12.**

Definition: **Medical Reviewer: Medical Director or Health Plan Pharmacist**

Procedure:

1. General criteria for enrollment in CMC are identified as member abuse of benefits when:
 - 1.1 The member engages in fraud as defined by COMAR 10.09.24.14
 - 1.2 The member utilizes an inappropriate type of provider for care.
 - 1.3 The member utilizes an appropriate type of provider at an inappropriate frequency for care.
 - 1.4 The member utilizes an appropriate provider in an inappropriate manner.
 - 1.5 The member utilizes a Medical Assistance card in an inappropriate manner.
2. MedStar Family Choice's CMC plan will mainly cover member abuse of pharmacy benefits but may also cover member abuse of non-pharmacy medical assistance benefits when appropriate.
3. Cases may be reviewed on the basis of statistical reports, outside complaints, referrals from other agencies, or other appropriate sources.
4. A Medical Reviewer or designee will identify and enroll members who have abused pharmacy benefits specific to controlled substances by reviewing pharmacy claims data supplied by the contracted Pharmacy Benefits Manager (PBM) monthly.
 - 4.1. Criteria for enrollment in CMC specific to controlled substances is when a review of claims shows that within a 30-day period, the member received:
 - 4.1.1. Six (6) or more prescriptions for controlled medications; and
 - 4.1.2. Used three (3) or more pharmacies; or
 - 4.1.3. Used three (3) or more prescribers. All prescribers in a group practice are considered a single prescriber.
 - 4.2. Candidates identified by a designee (e.g., PBM report or Health Plan Pharmacy technician) will have appropriateness verified by a Medical Reviewer.
5. The member will be required to obtain prescribed drugs only from a single designated provider and/or pharmacy that is in network with MedStar Family Choice unless the provider renders services in the context of, or the prescription is pursuant to:
 - 5.1. An emergency department visit; or
 - 5.2. Hospital inpatient treatment.

- 5.3. The medication is a Specialty product as defined in COMAR 10.67.06 and cannot be dispensed from the regularly assigned pharmacy.
6. The effective date of enrollment will be 20 days from the date of the notice. If a member determined to have abused benefits requests a redetermination of the decision, the effective date of the enrollment into CMC will be postponed pending the outcome of the request.
 7. The duration of a member's enrollment in a plan will not be altered because of changes in how the individual receives medical assistance, including but not limited to a change in the member's MCO enrollment.
 8. Members found to have abused benefits will be enrolled in the program for 24 months. Members who demonstrate continued abuse of MCO benefits while enrolled in the CMC program will be enrolled in the plan for an additional 36 months.
 9. MedStar Family Choice will allow members enrolled in CMC the ability to suggest a pharmacy and/or provider.
 - 9.1. MedStar Family Choice will not accept the member's suggestion if MedStar Family Choice determines that the recipient's choice of provider would not serve the member's best interest in achieving appropriate use of the health care systems and benefits available through the MCO or if the suggested pharmacy is out-of-network.
 - 9.2. MedStar Family Choice will provide for the designation of a new pharmacy provider at the member's request.
 10. Data Transfer between MedStar Family Choice and Maryland Department of Health (MDH):
 - 10.1. Once a month, by close of business of the 6th business day, MDH will create a file for MedStar Family Choice with all members currently locked in. The file will include patient info, lock-in span, and pharmacy NPI. This file will be posted on the Medicaid portal that MedStar Family Choice will be able to access and utilize to manage patients.
 - 10.2. The Medical Reviewer or designee(s) will:
 - 10.2.1. Review files received from MDH.
 - 10.2.2. Review reports received from the MedStar Family Choice PBM to identify individuals who meet the criteria for CMC. Final decisions will be made by the Medical Reviewer.
 - 10.2.3. Reconcile files from MDH and the list identified from the PBM reports each month.
 - 10.2.4. Update MedStar Family Choice records/systems accordingly by contacting PBM and arranging to have the identified members locked into a single designated pharmacy provider based on the information from MDH.
 - 10.2.5. Communicate discrepancies with UMBC and/or HealthChoice staff.
 11. Submit a spreadsheet via secured encrypted email with information on MedStar Family Choice members that are new to lock-in since the previous report to the

HealthChoice staff by the close of business on the 8th business day of every month, including:

- 11.1. Member First and Last name
 - 11.2. Member Date of Birth
 - 11.3. Member's Medicaid ID
 - 11.4. Pharmacy NPI
 - 11.5. Member's Lock-in Begin and End Date
 - 11.6. MedStar Family Choice ID
12. MedStar Family Choice will provide a member determined to have abused MCO benefits a written notice that includes the following:
- 12.1. A statement that the member will be in the CMC program including:
 - 12.1.1. The effective date and duration of enrollment.
 - 12.1.2. An explanation of the reason(s) for the determination that the member abused benefits.
 - 12.1.3. The name, address, and phone number of the provider and/or pharmacy assigned to the patient.
 - 12.1.4. A statement that the member may identify a preference for an assigned primary care provider, specialty care provider and/or pharmacy.
 - 12.1.5. A statement that the member has 20 days to request a redetermination of the decision by providing additional information for MedStar Family Choice before enrollment will become effective and the address where the additional information should be sent.
 - 12.1.5.1 An explanation that the effective date will be postponed pending the review of any additional information the member provides.
13. Member Redetermination and Appeals:
- 13.1 Members determined to have abused benefits will have 20 days from the date of the notice to present additional documentation to explain the facts that serve as the basis for the MedStar Family Choice's determination of benefit abuse.
 - 13.1.1 MedStar Family Choice will review the additional information submitted for redetermination to evaluate the appropriateness of the member's enrollment in CMC.
 - 13.1.2 MedStar Family Choice will notify the member of its decision whether it is affirming or reversing its determination to enroll the member in CMC.
 - 13.1.2.1 If MedStar Family Choice confirms its determination to enroll the member in CMC, the notice will identify the effective date and duration of that enrollment and information on how to initiate an appeal.
 - 13.1.2.2 The date of the notice of action will be the date on the final letter after the redetermination.
 - 13.2 Outside of the 20-day window to initiate the redetermination process, the request becomes an appeal and will be handled in standard fashion as specified in COMAR 10.67.09.05.

13.3 If the appeal results in a State Fair Hearing, MedStar Family Choice - will attend the hearing and provide justification for enrollment in the program.

14. The member letter will follow the format of the MDH-approved template for the level of the appeal and shall be individually reviewed and approved by MDH prior to mailing.

15. The initial notification letters to the member will follow the MDH-approved template in Appendix I and shall be individually reviewed and approved by MDH prior to mailing.

Summary of Changes:	<p>07/25:</p> <ul style="list-style-type: none">• Section 4: simplified wording to state “monthly”, instead of “on a monthly basis”.• Section 4.2: added “PBM report” to indicate other methods of identifying candidates for CMC.• Section 9.2 incorporated in Section 9.1, Section 9.3 renumbered as Section 9.2 for clarity. <p>07/24:</p> <ul style="list-style-type: none">• Moved P&T Committee listing from “Responsible Department” to “Responsible Parties” section.• Reformatted font and procedure to improve readability.• Updated all NCQA, MCO Standards, and COMAR to current year references.• Updated policy Approver titles and removed individual names.• Expanded Scope to include all misuse of plan pharmacy benefit, align with COMAR updates.• Expanded and aligned criteria for program selection.• Added references throughout policy to define the misuse of inappropriate filling of medications or use of providers.• Added Appendix I, letter template. <p>07/23</p> <ul style="list-style-type: none">• Responsible Parties changed to Health Plan Pharmacist• Removed from Responsible Parties: Dr. Gregory Dohmeier• Updated Approved by to: Dr Wills and C. Attia• Updated Regulatory References• Included role of the Health Plan Technician to the process.• Removed References to old COMAR, Medicaid Advisory and Corrective Managed Care Program at the end of this policy. All pertinent references are found in the Administrative Policy and Procedure Regulatory References section. <p>07/22:</p> <ul style="list-style-type: none">• Responsible Parties changed to Dr. Gregory Dohmeier• Removed from Responsible Parties: Dr. Gerry and Dr. Toye
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	<ul style="list-style-type: none"> Updated COMAR references to align with Corrective Managed Care COMAR 10.67.12 <p>07/21:</p> <ul style="list-style-type: none"> Changed Case Management to Clinical Operations in Responsible Departments. <p>07/20:</p> <ul style="list-style-type: none"> Updated Section from Care Management to Pharmacy to reflect appropriate policy series. Updated Regulatory References to reflect COMAR recodification. Updated Regulatory References to include all COMAR references found in Procedure section: COMAR 10.09.72.05, COMAR 10.67.12, COMAR 10.67.05.05A, COMAR 10.67.06.04, 10.67.09.05. <p>07/19:</p> <ul style="list-style-type: none"> Policy subject has read Corrective Case Management but referred to as Corrective Managed Care. Changed Subject to reflect that. <p>01/19:</p> <ul style="list-style-type: none"> Changed Pain Disease Management Case Manager to Case Manager to reflect titles post- reorganization. <p>09/18:</p> <ul style="list-style-type: none"> Changed CM description to include Social Worker. <p>07/18:</p> <ul style="list-style-type: none"> Updated NCQA regulatory references to reflect 2018. Modified Effective Date to Initial Effective Dates; added Historical Revision Dates and Revision Effective Dates; and added Historical Review Dates and Review Effective Dates. <p>05/18:</p> <ul style="list-style-type: none"> Added "Exception for Specialty Medications." <p>11/17:</p> <ul style="list-style-type: none"> Removed A from policy number, Changed DHMH to MDH. <p>07/17:</p> <ul style="list-style-type: none"> No changes. <p>10/16:</p> <ul style="list-style-type: none"> No changes. <p>02/16:</p> <ul style="list-style-type: none"> New policy.
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Appendix I.

5233 King Ave., Ste. 400
Baltimore, MD 21237
P 800-905-1722
F 410-933-2274
MedStarFamilyChoice.com

Date:

Name:

Address:

This letter is to inform you that you are being enrolled in MedStar Family Choice's Corrective Managed Care Program. This means you must have all your prescriptions filled at a single (one) pharmacy.

Reason for Lock-in: **Example:** You are being enrolled in this program because you have continued to fill prescriptions for (name medication(s)) within a 30-day period at (number of pharmacies) different pharmacies for the past year. These medicines are very similar and should not be taken together. MedStar Family Choice contacted both doctors giving you these medicines. Each doctor said that you told them you were not getting your prescriptions from any other provider.

We have assigned you to the following pharmacy:

Pharmacy name:

Pharmacy address:

Pharmacy phone:

MedStar Family Choice will not pay for prescriptions at any pharmacy except the one listed above. If you would like to select/choose a different pharmacy in the MedStar Family Choice network, contact MedStar Family Choice Corrective Managed Care Program at 1-800-905-1722. If your selection is approved, MedStar Family Choice will pay for your prescriptions at the pharmacy you select/choose.

Additionally, if you need prescription drugs that are covered by the State and not MedStar Family Choice, you must also have those prescriptions filled at the pharmacy identified above or a pharmacy you have selected, and which has been approved. The State will not pay for prescriptions at any other pharmacy.

Unless you provide additional information explaining your use of pharmacy benefits, your enrollment will begin (date), and will be effective for 24 months.

If you do not agree with this decision, you, or your provider(s), with your permission, can file an appeal or provide information that explains why the use of multiple medicines of the same type and pharmacies or providers is medically necessary. This information must be received within 20 days from the date of this letter. You will not be enrolled in the Corrective Managed Care Program while the appeal or additional information is reviewed. We will notify you of our decision once the review

is complete. If you choose to file an appeal, mail your request or additional information to:

MedStar Family Choice
Corrective Managed Care Program
5233 King Avenue, Suite 400
Baltimore, MD 21237

You may also contact the State's HealthChoice Help Line at 1-800-284-4510. If they do not resolve your case within 10 days, you will receive a letter from them about how to file an appeal and obtain a fair hearing.

Unless you file an appeal or provide additional information explaining your use of pharmacy benefits, your enrollment will begin May 10, 2024, and will be effective for 24-months.

If you have questions about your enrollment in the Corrective Managed Care Program, please contact our MedStar Family Choice Corrective Managed Care Program at 1-800-905-1722.

Sincerely,

Samantha M Blunt, CPHT-ADV
Health Plan Pharmacy Technician
MedStar Family Choice
Corrective Managed Care Program
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