

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Pharmacy Operations	<b>DOCUMENT NAME:</b> Coordinated Services Program (CSP)
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<b>APPROVED DATE:</b> 11/20/12	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 11/20/12	<b>REVIEWED/REVISED:</b> 02/2013, 02/2014, 08/2014, 8/2015, 09/2016, 07/2017, 12/2017
<b>PRODUCT TYPE:</b> Medicaid	<b>REFERENCE NUMBER:</b> OH.PHAR.20

### SCOPE:

Buckeye Health Plan (Buckeye) Pharmacy Department, Buckeye Health Plan Medical Management Department, Buckeye Health Plan Grievance and Appeals, Buckeye Health Plan Enrollment, and Envolve Pharmacy Solutions.

### PURPOSE:

The purpose of this program is to maintain quality medical care and improve the safety of Managed Care Plans (Buckeye) members by monitoring the use of services received that indicate a frequency or amount that exceed medical necessity, including controlled substance prescription medication dispensing patterns and taking action when potential misrepresentation, fraud, forgery, deception or abuse is identified. The Pharmacy Department of Buckeye will have primary responsibility for administering the program.

### POLICY:

The Coordinated Services Program (CSP) program would involve multiple phases including identification and evaluation, notification, enrollment, communication with the designated pharmacy, process for member to change the designated pharmacy, reassessment, continuation, state hearing notices and grievances, and disenrollment. Enrollment in the program could include referrals to pain management specialists or care management for help in managing chronic pain, substance abuse programs, prior authorization for all controlled substances and/or a member “lock-in” to a single pharmacy or physician.

### PROCEDURE:

#### A. Identify and Evaluate

- 1) On a quarterly basis, or more frequently as defined by Buckeye, pharmacy utilization reports will be generated and reviewed by Buckeye’s Pharmacy team, Care Management team, and Medical Director. Please see the attached *Coordinated Services Program Guidance* document. Internal member referrals from various departments (e.g. Member Services, Care Management, etc.) as well as referrals from providers will also be reviewed at this stage. A Buckeye member identified through the above process as having a pattern of receiving services at a frequency or in an amount that exceeds medical necessity, including, but not limited to: the use of multiple pharmacies, multiple controlled substances, multiple visits to emergency rooms, a high volume of prescriptions or visits to medical professionals, previous enrollment in CSP or recommendations from medical professionals indicating that the member has demonstrated fraudulent or abusive patterns of medical service utilization will be eligible for evaluation for enrollment in the Buckeye CSP program:

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- a) Referrals for patterns of fraudulent or abusive patterns of medical service utilization could include, but are not limited to:
  - I. The member has been identified by a prescriber as engaging in abuse or potential fraudulent activity.
  - II. The member has been identified by a retail pharmacy as engaging in potential abuse or fraudulent activity.
  - III. The member has been identified by the PBM as engaging in potential abuse or fraudulent or over-utilization activity.
  - IV. Any member receiving or attempting to receive quantities of a controlled substance medication greater than the plan established quantity limits dispensed per defined time frame.
  - V. Any member receiving or attempting to receive prescription quantities that are exceeding the FDA defined safety limits.
  - VI. The member has been identified by a law enforcement entity as engaging in potential abuse or fraudulent activity.
  
- b) In these instances Buckeye will:
  - I. Perform a review of at least one (1) month of utilization.
  - II. Make attempts to contact the member and providers to gather additional information about medical conditions.
  - III. Make attempts to verify member fraud or abuse referrals.
  
- 2) Once a member has been identified as meeting one or more of the above criteria, the appropriate Buckeye staff will evaluate appropriate utilization (minimum of one year, or as much data is available) with current medical conditions, review any history of underlying chronic medical conditions and consult with the member and member's primary care provider and/or specialists to determine the need for intervention by Buckeye. The Buckeye pharmacists and pharmacy technicians will conduct the initial analysis and identification and provide members recommended for enrollment to CSP to the Vice President of Medical Affairs (MD) or a Medical Director. The VPMA or Medical Director will approve the members for enrollment. All documentation supporting the CSP enrollment decisions will be maintained by the Pharmacy Department.

### **B. Notification**

- 1) After a Buckeye member is identified during phase one to need additional intervention for

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use of medically necessary services, Buckeye will send the member at least thirty (30) calendar days prior to the proposed enrollment effective date: 1) *Notice of Proposed Enrollment in the Coordinated Services Program(CSP)*, JFS01717, 2) a brochure explaining the CSP, and 3) a request for the member to select a designated pharmacy. The notice will include a statement that if the member requests a state hearing within 15 days of the mail date of the CSP enrollment, Buckeye will not enroll the member in the CSP sooner than the mail date of a state hearing decision. This will allow Buckeye to move forward with enrollment, ensuring that the member is given an opportunity to select the designated pharmacy and designated provider if applicable.

### C. Enrollment in CSP

- 1) While enrolled in the CSP, the members are eligible for all medically necessary Medicaid-covered services, but non-emergency pharmacy services must be obtained from the designated pharmacy and except in an emergency, members should contact their PCP before seeing other providers. If the member will be enrolled in the CSP program, they will be asked to select an appropriate pharmacy to be dispenser of all prescriptions for that member. The selected pharmacy will be noted as the “Designated Pharmacy”.
- 2) The member must select their “Designated Pharmacy” and confirm/select designated CSP PCP from the Buckeye network of contracted pharmacies/providers within 30 days of Buckeye’s initial notification. If the member does not select a pharmacy within that period of time, or Buckeye cannot contact the member, Buckeye will select the pharmacy for the member based on individual member pharmacy and medical utilization history. The member will be reminded of the selected pharmacy and the effective date of the CSP enrollment with the issuance of the CSP Member ID card. If the selected pharmacy declines to act as the Designated Pharmacy, Buckeye will notify the member and allow them to select another pharmacy to act as the “Designated Pharmacy”. If the member doesn’t select another pharmacy within the original 30 days, one will be selected for them. Buckeye will mail the ID card and letter to the member.
- 3) For members being enrolled in the CSP program, Buckeye pharmacy staff will update the PBM system to reflect the current lock-in status for the timeframes designated for the span of pharmacy lock-in. From that point, all non-emergency prescriptions must be filled by the designated pharmacy. In addition to notifying the PBM, Buckeye’s pharmacy department will notify the Buckeye Enrollment area to generate the CSP

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member ID card indicating the designated pharmacy and PCP, as well as put the member review note into Amisys so that Buckeye staff and 24 hour NurseWise staff that access member information will also recognize the member as enrolled in the CSP. The member will be enrolled in the CSP thirty (30) calendar days from the mailing date of the CSP enrollment notice. The exception to CSP enrollment is if the member requests a state hearing within 15 dates of the mail date of CSP enrollment.

- 4) In the rare situations when a member's designated pharmacy is not accessible/medication is not accessible from designated pharmacy and it would be detrimental to member's health to wait until designated pharmacy /medication is accessible need to authorize entire fill at another pharmacy, Buckeye will allow a prescription to be filled at another non-designated pharmacy. For example if designated pharmacy had to be closed for a fire and they were going to be closed for 5 days and member will be out of a needed medication before they re-open then Buckeye will allow them to fill entire fill at another store. However if same pharmacy was going to be closed 2 days and the member should have enough medication to last until they re-open Buckeye would not consider this an emergency and the member would have to wait until the designated pharmacy reopens. If member got a narcotic prescribed from an emergency room and tried to fill during the middle of the night and the ER gave consumer medication before they left that should have gotten them through until morning, they previously filled a narcotic that they could take until next morning, etc. Buckeye would determine this does not qualify as an emergency and the member could fill script at designated pharmacy the next morning. POS (point of sale) messaging will alert pharmacy if member is currently locked-in and contact info related to PBM. In the rare instance that an override is needed the non-designated pharmacy can contact the PBM, 24 hours a day, 7 days a week, Buckeye will allow authorization for the non-designated pharmacy to complete the full transaction.

### D. Communication with Designated Pharmacy

- 1) The Pharmacy Department will contact the Designated Pharmacy to:
  - a) To explain the program/ expectations, especially how emergency situations must be handled to ensure access.
  - b) Document of agreement/decline to act as the designated pharmacy.

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- c) An explanation that the member will receive notification that the chosen pharmacy declined. If this occurs, the member will also be given an opportunity to select a different pharmacy.

### E. Process to change the Designated Pharmacy and/or PCP

- 1) In the event Buckeye or the member needs to change the Designated Pharmacy and or PCP for the following reasons:
  - a) Relocation or closing of the designated pharmacy/PCP,
  - b) Relocation or incapacity of the member,
  - c) The designated pharmacy/PCP is no longer an eligible provider,
  - d) The designated pharmacy/PCP chooses to not/no longer provide services to the member,
  - e) The member transfers from FFS to the MCP or from another MCP to the MCP, or
  - f) The medical needs of the member require a designated PCP with a different specialty.
- 2) The member will be offered the opportunity to select a new Designated Pharmacy and/or PCP. If the MCP denies the change, a *Notice of Denial of Designated Provider Or Pharmacy In The Coordinated Services Program (CSP)*, JFS 01718, will be issued. If the request is honored, a new Buckeye ID card will be issued to the member.

### F. CSP enrollment

- 1) With the initial notice to the member notifying them of their enrollment into CSP, Buckeye will do the following:
  - a) Enroll the member into CSP for twenty-four months from the effective date of enrollment, and evaluate the member for continued enrollment prior to the conclusion of 24 months.
  - b) Report the member to ODM utilizing the required process and/or forms.
  - c) Buckeye will track all CSP members' enrollment and enrollment time periods (e.g., member identifying information, effective date, # of months in CSP, termination/continuation date, etc) and ensure if a member enrolled in CSP becomes ineligible for Medicaid then resumes MCP membership eligibility within a CSP 24 month enrollment time period, the consumer is notified that they are reinstated into CSP until the 24 month enrollment period is exhausted. For example, if a member lost MCP membership after 5 months, was auto re-enrolled 2 months later, the MCP must resume the CSP enrollment for the remaining 17 months (5+2+17 = 24).
  - d) Members enrolled in Buckeye's CSP will be care managed by Buckeye, including if

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member refuses care management, Buckeye will continue monitoring on a peripheral basis and continue working with PCP/other providers as needed.

- e) While enrolled, Buckeye will promote the appropriate utilization of health care services, provide assistance in locating providers, referral to pain management programs/ consultations with medication addiction specialists/social service agencies, provision of materials, assignment to specific care manager, etc.
- f) If a CSP enrollee enters a long-term care facility or hospice program, Buckeye's Care Management team will notify Buckeye's pharmacy team, and the member will be disenrolled from the CSP. If the member is subsequently discharged from the long-term care facility or hospice program during the CSP enrollment period, the Care Management team will notify the pharmacy department, and Buckeye may reinstate the consumer in CSP.

### G. Process for reassessment for Continued Enrollment

- 1) The Buckeye pharmacists and pharmacy technicians will reassess CSP members for continued enrollment utilizing the following process:
  - a) A review of the member's utilization data during the CSP enrollment.
  - b) Attempts to contact the member as well as the PCP, designated pharmacy and/or specialists to gather additional information about the member's utilization and past/present medical conditions in order to evaluate medical necessity of the services received if warranted.
  - c) Verification of member fraud or abuse based on referrals from provider/pharmacy/law enforcement
  - d) The Vice President of Medical Affairs or a Medical Director will approve the decision made about the CSP members' continued enrollment, and the decisions will be maintained by the Pharmacy Department.
- 2) If after reviewing a CSP member for continued enrollment the decision is made to re-enroll the CSP member in the month prior to the end of the current 24 month CSP enrollment, the MCP will notify a member of the decision to continue enrollment in CSP for an additional 24 months as applicable, including sending *Notice of Continued Enrollment In The Coordinated Services Program (CSP)*, JFS 01705. If a member requests a timely hearing for continued enrollment, the member will remain in the CSP until the hearing decision is rendered.

### H. Continuation of CSP Enrollment between MCPS and FFS

- 1) When Buckeye identifies a new member that was in the FFS or another MCP's CSP the month prior to Buckeye membership, and the member has not exhausted the CSP enrollment

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time period, Buckeye will automatically enroll the member into Buckeye's CSP for the remainder of the CSP enrollment period, including notifying the member of the enrollment/remaining time period and providing a CSP member ID card. Members must not be re-issued state hearing rights at the time they are auto-enrolled in Buckeye's CSP program (i.e., the member would have received state hearing rights when enrollment was initially proposed by the previous MCP/FFS). For example if a member was in the FFS or another MCP's CSP for 10 months and then became a new member of Buckeye, Buckeye must automatically enroll the member into Buckeye's CSP for the remaining 14 months and then reassess for continued enrollment per Buckeye's continued enrollment processes. Buckeye will attempt to assign to the previous designated pharmacy if possible.

- 2) Buckeye will notify BMC and/or another MCP of a CSP enrollee that has terminated their MCP membership prior to the end of the CSP enrollment period as directed. At a minimum Buckeye will check the 834C and 834F to determine if a CSP enrollee's MCP membership will be terminating and if yes provide the following information to ODM in a format specified by ODM: Member name, recipient billing #, Medicaid case #, last day of the 24 month CSP enrollment period, and 7-digit Medicaid provider number for the designated pharmacy.

### I. State Hearing Notices and Grievances

- 1) Buckeye will fax copies of all CSP related state hearing forms issued to members to the BMC, and will record any member contacts to Buckeye regarding any dissatisfaction with the proposed enrollment/CSP program as a grievance.

### REFERENCES:

### ATTACHMENTS:



Coordinated Services  
Program Guidance Do



01705 - Notice of  
Reenrollment.doc



01718 - Notice of  
Pharm-Prov Denial.d



Day 3.1 Member



Day 3.2



Day 3.3-01717  
Notice of Proposed

mailing-Mbr CSP NoCoordinated Service

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<b>DEFINITIONS:</b>
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### REVISION LOG

<b>REVISION</b>	<b>DATE</b>
Change ODJFS to ODM	02/2014
Updated the mailing of the ID cards to the Plan from the Pharmacist	02/2014
Updated the responsible party for placing the lock-in in PBM application from the PBM staff to BCHP pharmacy staff	02/2014
Updated language surrounding reassessment for Continued Enrollment	02/2014
Remove "Community"	08/2015
No changes.	09/2016
Updated language to reflect change in length of CSP enrollment/re-enrollment from 18 months to 24 months.	07/2017
Added updated attachments (Forms 01705, -1717, 01718, CSP brochure, CSP member notification); updated form numbers referenced throughout the document.	12/2017

### POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Compliance 360, Centene's P&P management software, is considered equivalent to a physical signature.

P&T Committee:	Approval on file
VP of Medical Management:	Approval on file
Medical Director:	Approval on file
Pharmacy Director:	Approval on file
VP, Regulatory Affairs	Approval on file