



Department of Health
and Human Services

Maine People Living
Safe, Healthy and Productive Lives

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John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

October 28, 2009

TO: Interested Parties

FROM: Anthony Marple, Director, Office of MaineCare Services

SUBJECT: Proposed Rule: MaineCare Benefits Manual, Chapter IV, Restriction Plans

This letter gives notice of a proposed rule: MaineCare Benefits Manual, Chapter IV, Restriction Plans

The rule was proposed in July 2009, and due to compelling comments, the rule has been clarified. The proposed rule restructures the restriction plans from two to four plans to improve the health care of MaineCare members and to integrate Member Lock-In plans with the new MaineCare claims system, Maine Integrated Health Management System (MIHMS). Lock-In type 1 requires a member to be restricted to the core providers of a Primary Care Physician, a Hospital, and a Pharmacy and any other applicable health care professional. Lock-In type 2 restricts the member to one or multiple types of health care providers. Lock-In type 3 restricts the member to one or multiple specific prescriber(s) for their prescriptions. Lock-In type 4 restricts the member from being able to obtain a specific drug category (class). Additionally, the rule is renamed.

Rules and related rulemaking documents may be reviewed at and printed from the Office of MaineCare Services website at or, http://www.maine.gov/dhhs/oms/rules/provider_rules_policies.html or a fee, interested parties may request a paper copy of rules by calling 207-287-9368. For those who are deaf or hard of hearing and have a TTY machine, the TTY number is 1-800-423-4331.

A concise summary of the proposed rule is provided in the Notice of Agency Rule-making Proposal. This notice also provides information regarding the rule-making process. Please address all comments to the agency contact person identified in the Notice of Agency Rule-making Proposal.

Notice of Agency Rule-making Proposal

AGENCY: Department of Health and Human Services, Office of MaineCare Services

RULE TITLE OR SUBJECT: MaineCare Benefits Manual, Chapter IV, Restriction Plans

PROPOSED RULE NUMBER:

CONCISE SUMMARY: The rule was proposed in July 2009, and due to compelling comments, the rule has been clarified. The proposed rule restructures the restriction plans from two to four plans to improve the health care of MaineCare members and to integrate Member Lock-In plans with the new MaineCare claims system, Maine Integrated Health Management System (MIHMS). Lock-In type 1 requires a member to be restricted to the core providers of a Primary Care Physician, a Hospital, a Pharmacy and any other applicable health care professional. Lock-In type 2 restricts the member to one or multiple types of health care providers. Lock-In type 3 restricts the member to one or multiple specific prescriber(s) for their prescriptions. Lock-In type 4 restricts the member from being able to obtain a specific drug category (class). Additionally, the rule is renamed.

SEE http://www.maine.gov/dhhs/oms/rules/provider_rules_policies.html for rules and related rulemaking documents.

THIS RULE WILL **WILL NOT** **HAVE A FISCAL IMPACT ON MUNICIPALITIES.**

STATUTORY AUTHORITY: 22 M.R.S.A., § 42, § 3173

PUBLIC HEARING:

Date: November 16, 2009 1-3 PM
Location: Conference Room # 1A & B
Department of Health and Human Services
Office of MaineCare Services
442 Civic Center Drive
Augusta, ME

Any interested party requiring special arrangements to attend the hearing must contact the agency person listed below before November 2, 2009.

DEADLINE FOR COMMENTS: Comments must be received by midnight, November 26, 2009.

AGENCY CONTACT PERSON: Ginger Roberts-Scott, Comprehensive Health Planner
AGENCY NAME: Office of MaineCare Services
ADDRESS: 442 Civic Center Drive
11 State House Station
Augusta, Maine 04333-0011

TELEPHONE: 207-287-9365 **FAX:** (207) 287-9369 **TTY:** 1-800-423-4331 or 207-287-1828 (Deaf or Hard of Hearing)

10-144 Chapter 101
 MAINE ~~CARE BENEFITS MEDICAL ASSISTANCE~~ MANUAL
 CHAPTER IV

SECTION 1 **RESTRICTION ~~AND NARCOTIC PRESCRIBER~~ PLANS** 5/1/86

TABLE OF CONTENTS

	PAGE
1.01 INTRODUCTION	1
1.02 STATEMENT OF PURPOSE	1
1.03 DEFINITIONS	2
<u>1.03-1</u> <u>Authorized Agent</u>	2
<u>1.03-2</u> <u>Educational Opportunities</u>	2
<u>1.03-3</u> <u>Health Care Provider</u>	2
<u>1.03-4</u> <u>Health Care Services</u>	2
<u>1.03-5</u> <u>Lock-In</u>	2
<u>1.03-6</u> <u>Maine Integrated Health Management Solution (MIMHS)</u>	3
<u>1.03-7</u> <u>Medical Necessity</u>	3
<u>1.03-8</u> <u>Member</u>	3
<u>1.03-9</u> <u>Member Review Team</u>	3
<u>1.03-10</u> <u>Over-Utilization</u>	3
<u>1.03-11</u> <u>Primary Care Provider</u>	3
<u>1.03-12</u> <u>Program Integrity Unit</u>	4
<u>1.03-13</u> <u>Prescriber</u>	4
1.04 VOLUNTARY ENROLLMENT IN THE NARCOTIC PRESCRIBER PLAN	4
1.05 <u>4</u> MANDATORY ENROLLMENT OF MEMBERS IN RESTRICTION PLAN	5
1.05 <u>4</u> -1 Identification of Members	5
1.05 <u>4</u> -2 Member Review Team - Case Evaluation	6
1.05 <u>4</u> -3 Member Review Team - Plan Criteria.....	7
1.05 <u>4</u> -4 Member Notification	8
1.05 <u>4</u> -5 Provider Notification	9
1.06 RESTRICTED MEDICAID ELIGIBILITY CARDS	9
1.07 <u>5</u> EMERGENCY HEALTH CARE SERVICES AND NON-PRIMARY CARE PROVIDERS	9
1.08 <u>6</u> PLAN MONITORING	9
1.09 <u>7</u> CHANGE IN <u>PRIMARY HEALTH</u> CARE PROVIDERS	10
1.40 <u>8</u> CHANGE IN MEMBER STATUS IN RESTRICTION PLAN	11
1.41 <u>9</u> MEMBER RIGHTS	11

SECTION 1 ~~RESTRICTION AND NARCOTIC PRESCRIBER PLANS~~ 5/1/86

1.01 **INTRODUCTION**

The Restriction Plan is an administrative plan procedure where certain MedicaidMaineCare members who have a history of over-utilizing MedicaidMaineCare benefits must receive their primary medical care from one primary health care provider, and when indicated, one hospital, one pharmacy and specified additional providers, (such as a mental behavioral health provider, dentist, eye care provider). The Department of Health and Human Services anticipates that restricting members who over-utilize services to a single primary care provider will result in better health care management and the reduction of the total cost of care.

~~The Narcotic Prescriber Plan is a plan where selected members who have a history of over-utilizing narcotics will be limited to a single prescriber for all narcotic prescriptions. The Department of Human Services anticipates that restricting members who over utilize narcotics will result in improved health care for the individual member. Mandatory enrollment may be required for some members, although members may also voluntarily enroll.~~

1.02 **STATEMENT OF PURPOSE**

1.02-1 The purposes of the Restriction Plan are:

- A. To decrease and control over-utilization and/or abuse of MedicaidMaineCare covered health care services and/or benefits, and to minimize medically unnecessary and addictive drug usage;
- B. To establish a method of monitoring non-emergency health care services for MedicaidMaineCare members who have utilized MedicaidMaineCare health care services or benefits at a frequency or in an amount that is not medically necessary; and
- C. To assist members through education and referral towards appropriate health care service and benefit use.

~~1.02-2 The purposes of the Narcotic Prescriber Plan are:~~

- ~~A. To decrease and control over-utilization and/or abuse of Medicaid covered narcotic medications, and to minimize medically unnecessary and addictive drug usage;~~
- ~~B. To establish a method of monitoring use of narcotic medications for Medicaid members who have utilized these medications at a frequency or in an amount that is not medically necessary; and~~
- ~~C. To assist members through education and referral towards appropriate narcotic medication use.~~

SECTION 1 **RESTRICTION AND NARCOTIC PRESCRIBER PLANS** 5/1/86

1.03 **DEFINITIONS**

For purposes of this Section, the following definitions shall apply:

~~1.03-1 The Surveillance and Utilization Review Unit is responsible for conducting a federally required monitoring plan that reviews all Medicaid services and expenditures.~~

1.03-1 **Authorized Agent** is the organization authorized by the Department of Health and Human Services (DHHS) to perform specified functions pursuant to a signed contract or other approved signed agreement.

1.03-2 **Educational Opportunities** means the opportunities provided by DHHS or its Authorized Agent to discuss the member's pattern of health care utilization, in which discussion the member receives information on how to obtain or use appropriate health care services or receives a referral to an appropriate agency to obtain services for the identified utilization problem.

~~1.03-73 **Health Care Provider** is an individual or entity that furnishes health care services or benefits to persons for which payment is reimbursable through the Medicaid/MaineCare Program.—~~

1.03-24 **Health Care Services** are all services covered under the Maine Medical Assistance Program. These services include, but are not limited to, primary care provider, pharmacy and hospital services.

1.03-5 **Lock-In** is a federally authorized program specified in the Code of Federal Regulations (42 CFR § 431.54 (e)) that provides that a MaineCare member who has utilized MaineCare services at a frequency or amount that is not medically necessary may be restricted to designated health care providers that are enrolled as MaineCare providers. Lock-In will only be deemed necessary once the Member Review Team has determined that the member has exhausted all Educational Opportunities. The Team may enroll a member in a Lock-In corresponding to the type of Over-Utilization by the member. A member may be enrolled in more than one type of Lock-In. A Lock-In is a basis of denial for a claim for payment of services outside the terms of the Lock-In. Lock-In restrictions do not apply to emergency services, that is, stabilization of an emergency medical condition as defined in Section 1.02-4 of Chapter I of the MaineCare Benefits Manual. There are four types of Lock-in:

A. **Full Restriction (Lock-In type 1)** - This Lock-In type requires a member to be restricted to the core providers of a Primary Care Physician, a Hospital, a Pharmacy and may include restrictions within additional provider types. Full restriction will occur when clinical review has identified Over-Utilization in any two of the core provider types.-

B. **Partial Lock-In (Lock-In type 2)** – This Lock-In type restricts the member to a provider in one or multiple types of health care providers when clinical review has identified Over-Utilization in one or more types of health care providers but the standard of a Full restriction is not met.

SECTION 1 **RESTRICTION AND NARCOTIC PRESCRIBER PLANS** 5/1/86

1.03 **DEFINITIONS (cont)**

C. Prescriber Lock-In (Lock-In type 3) – This Lock-In type restricts the member to one or more specific Prescribers for prescriptions when clinical review has identified Over-Utilization in one or more types of prescriptions. The Member Review Team may designate multiple Prescribers for the member for differing types of prescriptions.

D. Pharmaceutical Restriction (Lock-In type 4) – This Lock-In type restricts the member from being able to obtain one or more specific drug categories (classes) when clinical review has identified Over-Utilization in one or more drug categories.

1.03-6 **Maine Integrated Health Management Solution (MIMHS)** – is the computer system that MaineCare Services of The Department of Health and Human Services (DHHS) uses to process provider claims for reimbursement as of March 2010.

1.03-7 **Medical Necessity** is the use of health care services or benefits that are appropriate to, and not in excess of, the health care needs of the member, as determined by the Member Review Team through investigation and analysis of the medical record and claims history. Potential indicators of the lack of medical necessity include but are not limited to:

- A. unusually frequent utilization of health care services;
- B. inappropriate or excessive acquisition of drugs, especially drugs with addictive properties such as: tranquilizers, psychostimulants, narcotic analgesics, non-narcotic analgesics, sedative barbiturates and sedative non-barbiturates; and
- C. duplicated services or prescriptions for the same or similar conditions.

1.03-8 **Members** are recipients of MaineCare services.

1.03-9 **Member Review Team (“the Team”)** is the Department of Health and Human Services (DHHS) multidisciplinary team that participates in the surveillance of health care services and benefit utilization by MaineCare members and determines the existence of over-utilization and/or misuse. The Team shall consist of, at a minimum, a physician; a registered nurse or social worker; and a representative of Program Integrity. The Team may also include other consultants, such as a pharmacist and/or a representative from the Health Care Management unit of MaineCare services.

1.03-10 **Over-utilization** is the use of health care services and benefits in excess of medical necessity, as determined by the Member Review Team.

1.03-11 **Primary Care Provider (PCP)** is a physician or other provider who practices primary care approved to be a Maine Prime Care PCP.

SECTION 1 ~~RESTRICTION AND NARCOTIC PRESCRIBER PLANS~~ 5/1/86

1.03

DEFINITIONS (CONT)

- ~~1.03-12~~ 1.03-12 ~~The Surveillance and Utilization Review~~ **Program Integrity Unit** ~~is the unit~~ responsible for conducting a federally required monitoring plan that reviews all ~~Medicaid~~ MaineCare services and expenditures.
- ~~1.03-8~~ 1.03-8 ~~Member Review Team (The Team) is the Department of Human Services' multidisciplinary team that participates in the surveillance of Medicaid health care services and benefit utilization by members and determines the existence of over utilization. The Team shall consist of, at a minimum, a registered professional nurse or social worker who serves as a representative of Surveillance and Utilization Review and a physician. The Team may also include a pharmacist, and/or other consultants as indicated by the member profile subject to evaluation.~~
- ~~1.03-9~~ 1.03-9 **13 Prescriber** is an M.D., D.O., nurse practitioner, physician assistant or resident in training, ~~participating as a Maine Medicaid provider and retain~~ who possesses a valid DEA number for prescribing of narcotic drugs. ~~The prescriber is specifically authorized as the sole source for prescribing narcotics to members enrolled in the Narcotic Prescriber Plan.~~

~~1.04~~ **VOLUNTARY ENROLLMENT IN THE NARCOTIC PRESCRIBER PLAN**

- ~~1.04-1~~ 1.04-1 ~~Voluntary enrollment in the Narcotic Prescriber Plan may be recommended by a prescriber after receiving consent from the Medicaid member. The Narcotic Prescriber Plan will provide the member with appropriate access to narcotic prescriptions through a sole prescriber or group practice with a valid DEA number. Upon agreement between the prescriber and the member, the prescriber shall report the member's voluntary enrollment into the Narcotic Prescriber Plan to the Quality Improvement (QI) representative for the Division of Quality Improvement. The QI representative will submit the necessary member and prescriber information to the Maine Pharmacy Point of Purchase System (MEPOPS).~~
- ~~1.04-2~~ 1.04-2 ~~The member and/or the designated narcotic prescriber may institute changes in the member's voluntary enrollment agreement as follows:~~
- ~~A.~~ A. ~~A member may elect to change his/her designated narcotic prescriber at any time during this voluntary enrollment. The enrollment process described in Section 1.04-1 shall be followed.~~
 - ~~B.~~ B. ~~The designated prescriber may, if medically necessary, recommend and arrange for a member to have a second prescriber for narcotic prescriptions. To enroll a second prescriber, the designated prescriber must contact the QI representative.~~
 - ~~C.~~ C. ~~The designated prescriber and/or the member may terminate his/her participation in the voluntary Narcotic Prescriber Plan. To effectuate this action the designated prescriber must contact the QI representative.~~

SECTION 1 ~~RESTRICTION AND NARCOTIC PRESCRIBER PLANS~~ 5/1/86

1.054 ~~MANDATORY ENROLLMENT OF MEMBERS IN THE RESTRICTION AND/OR NARCOTIC PRESCRIBER PLAN~~

1.054-1 Identification of Members

- A. The ~~Surveillance and Utilization Review Program Integrity~~ Unit will identify members who appear to be obtaining health care services that are not medically necessary. Members who are suspected of obtaining health care services that are not medically necessary may be identified by the following sources:
1. Referrals or complaints from members, providers, professional associations, health care professionals and other citizens;
 2. Referrals from the Department of ~~Health and Human Services (“DHHS”), Bureau of Medical Office of MaineCare Services, Medicaid Fraud Investigation and Recovery Control Unit, the Department of Attorney General, Health Care Crimes Unit,~~ third party payers, State of Maine ~~Commission Board~~ of Pharmacy, the Health and Human Services Office of Inspector General (OIG), Center for Medicare and Medicaid Services (CMS), ~~(formerly the Health Care Financing Administration),~~ State and local law enforcement agencies, and any other State or Federal agency;
 3. Computer generated reports that identify members who may be over-utilizing or inappropriately using health care services.
- B. Following the identification of members who appear to utilize health care services that are not medically necessary, the ~~Surveillance and Utilization Review Program Integrity~~ Unit may:
1. Analyze the computer-generated profiles of the member’s reimbursed health care services for the previous six (6) months, or longer if indicated;
 2. Review the member’s clinical records to document the medical necessity as well as the frequency of services billed, and if necessary;
 3. Communicate with the key providers to determine if over-utilization is occurring.

1.054 ~~MANDATORY ENROLLMENT OF MEMBERS IN THE RESTRICTION AND/OR NARCOTIC PRESCRIBER PLAN~~

- C. Upon completion of the initial review process, ~~Department of Human Services’ representatives-DHHS or its Authorized Agent~~ may contact the member who appears to have over-utilized health care services, to discuss the member’s pattern of utilization of health care services. During the contact, the ~~Department~~

SECTION 1 ~~RESTRICTION AND NARCOTIC PRESCRIBER PLANS~~ 5/1/86

~~of Human Services' representative DHHS or its Authorized Agent~~ shall review a summary of the member's primary care provider, pharmacy and hospitalization or other service usage and the member shall be given an opportunity to explain his or her utilization pattern. In addition to explaining the Restriction ~~and/or Narcotic Prescriber Plans~~, ~~the Department of Human Services' representative DHHS or its Authorized Agent~~ may also provide information on how to obtain appropriate health care services or refer the member to an appropriate agency to obtain services for an identified problem.

- D. ~~The Department of Health and Human Services' representative DHHS or its Authorized Agent~~ shall make notes to document the content of the contact, member responses and any referrals. ~~The Department of Health and Human Services' representative DHHS or its Authorized Agent~~ shall provide the member with a contact name and office telephone number as resources.
- E. ~~The Department of Human Services' representative DHHS or its Authorized Agent~~ shall refer the case to the Member Review Team for evaluation in cases where no apparent medical necessity for the health care services exists and/or over-utilization continues.

1.054-2 Member Review Team - Case Evaluation

The Member Review Team shall review cases referred under the preceding Section to evaluate the utilization and medical necessity of the health care services rendered to members. The Member Review Team shall summarize its findings and recommendations in writing. The Team may recommend:

- A. That the member be monitored by ~~Surveillance and Utilization Review Unit staff DHHS or its Authorized Agent~~ until more documentation and information is available.
- B. That ~~the Surveillance and Utilization Review DHHS or its Authorized Agent~~ contact the member to discuss, verbally or through written communication, the member's health care utilization and concerns. The ~~Unit's representative DHHS or its Authorized Agent~~ will inform the member of the benefits of proper health care utilization and assist the member, if necessary, in securing a primary health care provider. The

SECTION 1 ~~RESTRICTION AND NARCOTIC PRESCRIBER PLANS~~ 5/1/86

1.054 ~~MANDATORY ENROLLMENT OF MEMBERS IN THE RESTRICTION AND/OR NARCOTIC PRESCRIBER PLAN~~

Unit representative will also explain the Restriction ~~and/or Narcotic Prescriber~~ Plans that could be implemented should the current pattern of utilization continue.

- C. That the member be enrolled in one of the four types of Lock-In of the Restriction Plan for restriction to a primary health care provider, pharmacy, hospital and/or other provider as necessary in order to improve the member's health care benefits usagemanagement. The Team may recommend an initial enrollment in the Restriction Plan for a period not to exceed twenty-four (24) months. Subsequent re-enrollment periods, if necessary, are limited to twelve (12) month periods.
- ~~D. That the member be enrolled in the Narcotic Prescriber Plan for restriction to a single prescriber for all narcotic prescriptions. The Team may recommend an initial enrollment in the Narcotic Prescriber Plan for a period not to exceed 24 months. Subsequent re-enrollments, if necessary, are limited to 12 month periods.~~
- ~~E. That the member be enrolled simultaneously in the Restriction Plan and the Narcotic Prescriber Plan.~~

1.054-3 Member Review Team –Plan Criteria

A. Restriction Plan Criteria

The Team may ~~recommend-elect to~~ enrollment of the member into the Restriction Plan if the member has exceeded medically necessary utilization of medical services or benefits. The ~~Team~~ determines over-utilization on a case-by-case basis that includes an evaluation of the member's medical condition and need for services as determined using relevant information including but not limited to the medical record, ~~and~~ claims data and national standards for best practices. The member must retain reasonable access to MaineCare services of adequate quality, including consideration for geographic location and reasonable travel time. ~~The potential indicators that may initiate a review include, but are not limited to:~~

- ~~1. Used more than three primary care providers in one year;~~
- ~~2. Used more than three pharmacies in one year;~~
- ~~3. Visited more than two emergency room facilities in one year; or~~
- ~~4. Had more than six emergency room visits in one year.~~

SECTION 1 ~~RESTRICTION AND NARCOTIC PRESCRIBER PLANS~~ 5/1/86

1.054 ~~MANDATORY ENROLLMENT OF MEMBERS IN THE RESTRICTION AND/OR NARCOTIC PRESCRIBER PLAN~~

~~B. Mandatory Narcotics Prescriber Plan Criteria~~

~~The Team may elect to enroll the member into the Mandatory Narcotic Prescriber Plan if the member has utilized narcotics that are medically unnecessary. The potential indicators that may initiate a review include, but are not limited to:~~

- ~~1. Altered or forged prescription(s); and/or~~
- ~~2. A pattern indicating early refills of narcotics; and/or~~
- ~~3. Receiving a quantity of narcotic prescriptions that are not in proportion to the reported diagnosis; and/or~~
- ~~4. Is receiving narcotic prescriptions from more than one prescriber.~~

1.054-4 Member Notification

- A. If the Member Review Team's ~~recommendation decision~~ is to enroll the member in the Restriction ~~and/or Narcotics Prescriber~~ Plan, the ~~Surveillance and Utilization Review Program Integrity~~ Unit shall mail a Notice of Decision to the member and provide the member with:
 1. The Team's decision,
 2. A summary of the evidence upon which the Team's decision was based,
 3. The effective date of the restriction and/or enrollment into the Plan,
 4. Citation of the rules supporting the Team's decision,
 5. A primary health care provider and/or prescriber designation form, and
 6. Notice of the member's right to request an administrative hearing and appeal the Team's determination in accordance with the Maine Medical Assistance Manual, Chapter I, and Chapter IV.
- B. The member shall have thirty (30) days from the receipt date of the Notice of Decision to complete the primary health care provider and/or prescriber designation form and return it to the ~~Review~~ Team. If the member fails to return the completed primary health care provider and/or prescriber designation form or otherwise notify the ~~Surveillance and Utilization Review Program Integrity~~ Unit of his/her designation of primary health care providers and/or prescriber, staff of the ~~Surveillance and Utilization Review Program Integrity~~ Unit shall select the member's primary health care providers and/or prescriber based on the member's medical needs and geographic location.
- C. Selection of the primary health care provider(s) and/or prescriber by the ~~Surveillance and Utilization Review Program Integrity~~ Unit staff or through oral notice by the member shall be so documented in the

SECTION 1 ~~RESTRICTION AND NARCOTIC PRESCRIBER PLANS~~ 5/1/86

1.054 ~~MANDATORY ENROLLMENT OF MEMBERS IN THE RESTRICTION AND/OR NARCOTIC PRESCRIBER PLAN~~

member's file. Enrollment in the Restriction ~~and/or Narcotic Prescriber~~ Plan shall not begin until after the member has had an opportunity for an administrative hearing, if requested. If a hearing is not requested by the member within thirty (30) days of the date of the Notice of Determination, then the member's enrollment in the Restriction ~~and/or Narcotic Prescriber~~ Plan shall become effective immediately upon confirmation with the participating health care providers.

1.054-5 Provider Notification

The ~~Surveillance and Utilization Review Program Integrity~~ Unit will contact by telephone each primary health care provider and/or prescriber selected, to explain the Restriction ~~and/or Narcotic Prescriber~~ Plan and solicit the provider's participation and cooperation. If the provider agrees to participate as the primary health care provider and/or prescriber for the member, a follow-up letter shall be sent by the ~~Surveillance and Utilization Review Program Integrity~~ Unit to the provider confirming his/her participation and the date on which the restriction shall begin.

~~1.06 RESTRICTED MEDICAID ELIGIBILITY CARDS~~

~~The Narcotic Prescriber Plan will be monitored through the MePOPS, and pharmacies will have access to information concerning the Medicaid member's designated prescriber. Enrollment information relating to the Narcotic Prescriber Plan will not be printed on any MaineCare ID-Cards, when such cards are available.~~

1.075 ~~EMERGENCY HEALTH CARE SERVICES AND NON-PRIMARY CARE PROVIDERS~~

Non-primary care providers shall be reimbursed for health care services only in the following circumstances:

- A. ~~When the need to stabilize in~~ an emergency medical condition exists, ~~situation~~, Reimbursement is subject to the provider's later ~~where~~ written or verbal verification of the emergency treatment is provided, when that need when requested by the ~~Surveillance and Utilization Review Program Integrity~~ Unit;
- B. When the member has been referred by the primary care provider; and
- C. When the member has received services without a referral from providers whose category of service is not covered by the restriction plan, i.e., x-ray, laboratory, and optometrists.

1.086 ~~PLAN MONITORING~~

During the period of enrollment in the Restriction ~~and/or Narcotics Prescriber~~ Plan, the ~~Surveillance and Utilization Review Program Integrity~~ Unit will supervise and monitor utilization patterns of restricted members and analyze computer-generated profiles of the member's health care services reimbursed under ~~the Maine Medical Assistance~~

SECTION 1 ~~RESTRICTION AND NARCOTIC PRESCRIBER PLANS~~ 5/1/86

1.054 **MANDATORY ENROLLMENT OF MEMBERS IN THE RESTRICTION ~~AND/OR NARCOTIC PRESCRIBER PLAN~~**

~~Plan~~ MaineCare. The member will be contacted by the ~~Surveillance and Utilization Review Program Integrity~~ Unit periodically to verify that his or her medical needs are being met.

The member shall receive the ~~Surveillance and Utilization Review Program Integrity~~ Unit's toll-free telephone number, to clarify questions regarding restriction, seek assistance if access problems arise, and report complaints.

1.097 **CHANGE IN ~~PRIMARY HEALTH CARE PROVIDER AND/OR NARCOTIC PRESCRIBER~~**

At the time the member is notified of his/her enrollment in the Restriction Plan ~~and/or Narcotic Prescriber~~ Plan, the member shall be advised that he/she may change his/her primary health care provider ~~and/or narcotic prescriber~~ for any reasonable cause at a later date, by notifying the ~~Surveillance and Utilization Review Program Integrity~~ Unit. ~~Surveillance and Utilization Review Program Integrity~~ Unit Staff shall contact the proposed primary health care provider ~~and/or narcotic prescriber~~ and arrange his/her participation in this member's restriction plan, ~~if the Review Team determines reasonable cause exists.~~

If the member, primary or health care provider, ~~and/or narcotic prescriber~~ believes a second opinion is warranted or desirable, the second opinion provider payment may be authorized by contacting the ~~Surveillance and Utilization Review Program Integrity~~ Unit staff in advance of the second opinion.

1.408 **CHANGE IN MEMBER STATUS IN RESTRICTION ~~AND/OR NARCOTIC PRESCRIBER PLAN~~**

1.408-1 Continuation of restriction, or modification of enrollment into another Lock-In type, beyond the initial period will be recommended when subsequent annual reviews of the member's records, claims data and national standards, in accordance with the ~~MMAM~~ MaineCare Benefits Manual, Chapter IV, by the Member Review Team indicate one or more of the following:

- A. Evidence of member's failure to comply with the recommended plan of management from the primary health care providers;
- B. Evidence of member's continued over-utilization of services without medical necessity, which includes services where payments were denied by ~~Medicaid~~ MaineCare because the Restriction Plan protocols were not followed; or
- C. Member's voluntary request to continue the restriction.

SECTION 1 ~~RESTRICTION AND NARCOTIC PRESCRIBER PLANS~~ 5/1/86

1.408 ~~CHANGE IN MEMBER STATUS IN RESTRICTION AND/OR NARCOTIC PRESCRIBER PLAN~~

1.408-2 In cases where the Member Review Team determines that the enrollment in the Restriction ~~and/or Narcotic Prescriber~~ Plan should continue beyond the initial period, the member shall be notified in writing by a Notice of Decision.

The Notice of Decision shall include the evidence used in the determination and member's right to request an administrative hearing in accordance with the ~~Maine-Medical Assistance-MaineCare Benefits~~ Manual, Chapter I, and Chapter IV.

1.408-3 When the Member Review Team determines that the member's utilization practices have significantly ~~improved,~~ improved, the health care provider ~~and/or prescriber~~ restriction shall be terminated on a date designated by the Member Review Team. The member shall be notified by mail of the termination of restriction and the effective date of termination. ~~The member's primary care providers and the appropriate Unit within the Bureau of Family Independence and/or the administration of the MePOPS shall simultaneously be notified of the change.~~ The ~~Surveillance and Utilization Review-Program Integrity~~ Unit shall notify the member that his/her ~~Medicaid~~ MaineCare utilization shall be monitored to insure that the improved utilization pattern is maintained. Should previously observed over-utilization practices become evident during the monitoring period, the member's case shall be reviewed in accordance with Chapter IV, Section I.

1.449 ~~MEMBER RIGHTS~~

A. A member who disagrees with the determination that he/she be enrolled in the Restriction ~~and/or Mandatory Narcotic Prescriber~~ Plan, or a member who is aggrieved by an action or policy relating to his/her involvement or continued reenrollment in the Restriction Plan is entitled to oppose the action. He/she shall be informed of his/her rights to appeal. Appeals Rights are in accordance with ~~MMAM~~ MaineCare Benefits Manual, Chapter I.