Section (Primary Department)	**SUBJECT (Document Title)**
Pharmacy	**A91 - Recipient Management Lock-in Program (RMLP) - NC**

Effective Date	**Date of Last Review**	**Date of Last Revision**	**Dept. Approval Date**
07/01/2021			06/15/2021
Department Approval/Signature:			

Policy applies to health plans operating in the following State(s). Applicable products noted below.

Products	**Market**
☒ **Medicaid**	☒ **North Carolina**

POLICY:

To establish a policy and procedure for identifying NC Healthy Blue members for enrollment in the Recipient Management Lock-In Program (RMLP). The purpose of the Recipient Management Lock-in Program (RMLP) is to manage members at risk for possible overuse or improper use of certain pain medications (opioid analgesics) and certain nerve medications (benzodiazepines and meprobamate), and those receiving these prescriptions from multiple prescribers (doctors, nurse practitioners, or physician assistants)

DEFINITIONS:

Appeal: a formal request to an organization by a practitioner or member for reconsideration of a decision (e.g., utilization review recommendation, benefit payment, administrative action, quality of care or service issue) with the goal of finding a mutually acceptable solution

BHM: Behavioral Health Management

CCR: Customer Care Representative

CM: Case Management

CRCS: Controlled Substances Reporting System (CSRS) data. The CSRS is an electronic system used by licensed doctors and pharmacists to monitor the dispensing of Schedule II, III and IV controlled substance prescription drugs

DMA: Division of Medical Assistance, i.e. State Medicaid, within the NC Department of Health and Human Services (also referred to as the "Department")

Good Cause: acceptable reasons to allow the member to permanently change their assigned providers (e.g., pharmacy or prescriber)

HCM: Health Care Management

Section (Primary Department)	SUBJECT (Document Title)
Pharmacy	A91 - Recipient Management Lock-in Program (RMLP) - NC

HP: Health Plan (also referred to as the "**Plan**")

PBM: Payer Benefit Manager (the company which manages the pharmacy claims adjudication system that pays or denies pharmacy claims based on pre-defined criteria)

PCP: Primary Care Provider

PHP: Prepaid Health Plan

Permanent Change: a permanent re-assignment of a member to another designated pharmacy or prescriber for the duration of the original restriction

Pharmacy Home Team: the part of Anthem Pharmacy Services, Government Business Division, which assists the Plan with RMLP administration and reporting (also referred to as "Lock-ins")

Provider: a registered pharmacy or an individual prescriber (physician, nurse practitioner, or physician's assistant)

RMLP: Recipient Management Lock-In Program

SFH: State Fair Hearing, also referred to as an "external appeal"

Temporary Override: a short-term (usually one calendar day) authorization that enables a member to temporarily receive restricted medication written by a prescriber or filled at a pharmacy other than the one permanently assigned for a defined good cause reason (e.g., assigned prescriber or pharmacy is unwilling or unable to see the member, the assigned pharmacy is out of stock of needed medication when due for fill)

Utilization Review: a health plan review and analysis, whether initial or periodic, to determine if misuse/overuse of designated controlled substance medications and/or controlled substances providers has occurred

PROCEDURE:

1) **Identification** of members for enrollment in the Recipient Management Lock-In Program (RMLP) include the following:
   a. Reports provided by the Department identifying members previously locked in while in fee-for-service or other PHP
   b. Members identified as meeting any one of following criteria:

   i. ≥ 6 benzodiazepine and/or meprobamate claims in two (2) consecutive months
   ii. ≥ 6 opioid claims in two (2) consecutive months
   iii. ≥ 3 prescribers writing claims for opiates and/or benzodiazepines and/or meprobamate in two (2) consecutive months
c. Members identified by direct referrals to the Department or to the Plan made by medical providers or social service agencies.

2) **Health Plan Review.** Members identified as having potential drug utilization issues will have their utilization claims forwarded to the health plan for review. The health plan will conduct a review to determine if there is any significant reason to not enroll a member in the RMLP such as an active cancer diagnosis (refer to **EXCEPTIONS**). For members the Plan decides to enroll in the RMLP, the following communications occur.

3) **Communications**
   a. **Member Letter** – The member will be notified, prior to enrollment in the RMLP, in writing via certified mail, of this enrollment decision. The letter will contain, at a minimum, the following information:
      i. General information on the RMLP
      ii. Selection process for pharmacy and prescriber – The name and address of one frequently used pharmacy and prescriber will be provided to the member, along with instructions on how to choose different ones if the member responds back within the prescribed time, prior to restriction.
      iii. Timeframe available to the member to select a provider other than the identified providers (60 calendar days from the date of the letter). The period of advance notice is shortened to 5 calendar days in the event of confirmed member fraud, meaning an act by a member that has been duly investigated by law enforcement authorities and determined to constitute fraud under applicable state or federal law, as indicated by notification received by the Plan from agencies such as DMS, OIG, FBI, and local law enforcement agencies. If there is no response from the member within 60 calendar days, the member will be locked into the providers listed for both pharmacy and prescriber on the 61st day.
      iv. Member appeal information
      v. Any additional state specific information required
   b. Provider Letter – On the 61st day, the member's PCP and their assigned providers (pharmacy and up to 2 prescribers) will be notified of our decision to enroll the member in the RMLP under their care for the designated restricted medications. The provider letter will contain, at a minimum, the following information:
      i. General information on the RMLP
      ii. The member's assigned pharmacy and prescriber(s) for opioids, benzodiazepines and meprobamate

Section (Primary Department)	SUBJECT (Document Title)
Pharmacy	A91 - Recipient Management Lock-in Program (RMLP) - NC

iii. Date the restriction will start and time period of the initial restriction
iv. The claims used to identify the member, with the exception of Substance Use Disorder (SUD) medications such as Suboxone. As, pursuant to 42 C.F.R. Part 2 which prohibits disclosure of Substance Use Disorder (SUD) information without the member's written consent, allowing nonconsensual disclosure only with a disclosure statement in very limited circumstances, such as responding to member safety issues or reporting on fraud/waste/abuse, any claims data going to external providers will exclude all medications indicated exclusively for SUD (e.g., Suboxone).
v. Education piece on the RMLP for the prescriber(s) to review with the member on the benefits of utilizing a single pharmacy and prescriber for all opioid and benzodiazepine prescriptions. The Education piece will also include, at a minimum, the following information:
    a. The purpose of the program
    b. Description of the selection process
    c. Description of the services to be restricted

4) **Restriction**
   a. Once enrolled, the member will be restricted to receiving designated controlled substance medications (opioids, benzodiazepines and meprobamate) from assigned provider(s) including one pharmacy and one or two prescribers.
   b. For situations in which two prescribers need to be utilized (e.g. psychiatrist prescribes benzodiazepines and pain management provider prescribes opioids), the Plan may be requested to allow for up to 2 prescribers.

5) **Appeal Rights**
   a. Members have the right to appeal within 60 days of receipt of the initial letter if they disagree with the Plan's decision to enroll them in the RMLP.
      i. Members may initiate an appeal by phone or in writing.
         1. **Verbal Appeals** - Members may initiate an appeal over the phone by calling the toll-free Member Services at [844-594-5084]. Verbal appeals must be followed up in writing. To confirm the member's verbal appeal request, the Appeals Department will send the member an acknowledgement letter with the appropriate form to complete and return.
         2. **Written appeals** – Appeal Request Forms are available on our web portal at < https://www.healthybluenc.com/north-carolina/home.html >. Members may elect to write a letter instead, including all appropriate identification information, the reason removal from restriction is desired, a copy of the lock-in notification letter if possible, and any desired supporting documentation. Written appeals should be sent to**:**

N.C. Healthy Blue Appeals
P.O. Box 62429
Virginia Beach, VA 23466

6) **State Fair Hearing Rights**
   i. Members may also request a State Fair Hearing (SFH) if they are unsatisfied with the Plan's decision regarding their internal appeal. If an internal appeal is denied, members or their representatives have thirty (30) calendar days from the date of the adverse determination letter to request a State Fair Hearing (SFH). SFH requests should be mailed or faxed to:

      Office of Administrative Hearing (OAH)
      Attention: Clerk of Court
      6714 Mail Service Center
      Raleigh, NC 27699-6714
      Telephone: 919-431-3000
      Fax: 919-431-3100

7) **Program Administration**
   a. **Length of Restriction**
      i. Initial period of restriction is two (2) years
      ii. The member's restriction status will be reviewed thirty (30) days prior to the end of the two (2) year restriction period to determine whether an additional restriction period is appropriate. Upon review, the Plan will determine if the member's actions continue to meet criteria for restriction as outlined in this policy. The Plan may also continue the restriction if it is confirmed that during the previous restriction period, a member engaged in abusive medication practices, or received or attempted to receive services inappropriately from non-assigned Lock-in providers. If the Plan's decision is to release, an Unlock letter will be mailed to the member notifying them of RMLP release in 30 days.
   b. **Prescriber Changes/Overrides**
      i. Requests for permanent prescriber changes and temporary overrides will be reviewed by the CM/BHM Lock-in Team. The outcome of this review will be documented, and the Plan will notify the member by phone or in writing. The member may request one (1) prescriber change per year without cause. More frequent changes are only permitted for good cause, as determined by the Plan or the Department. Defined good cause includes one (1) or more of the following:
         1. The Lock-in Provider no longer wishes to be a provider for the member.
         2. The member has taken legal action against the Lock-in provider or the
         3. Lock-in provider has taken legal action against the member.

4. The member requires specialized care for an acute or chronic condition, and the member and the Plan agree that reassignment to a different Lock-in provider is in the member's best interest. The Lock-in provider has closed the servicing location or moved to a location that is not readily accessible for the restricted member.
5. The member's Lock-in provider ceases to participate with Medicaid and/or with the Plan.
6. The Lock-in provider has been suspended, terminated, excluded or otherwise disqualified from participation in DMA and/or federal health care programs.
7. The recipient relocates outside of the designated provider's geographic area.
8. Other circumstances exist that make change necessary, including but not limited to, good cause reasons to change PCP provided by applicable statutes and regulations.

c. **Pharmacy Changes/Overrides**
   i. **Temporary Pharmacy Override Requests** will be handled by the CCR receiving the call while on the line with the member, the call will be documented, and the override will be approved/entered or denied based on the good cause guidelines below. Good cause:
      1. The member does not have access to the assigned pharmacy at the time of fill.
      2. The assigned pharmacy is temporarily out of the needed medication at the time of fill.
   ii. **Permanent Pharmacy Change Request**
      1. Members may request one (1) pharmacy change per year without cause. More frequent changes are only permitted for good cause. Good cause for a permanent pharmacy change is defined as:
         a. The member has moved out of assigned pharmacy area
         b. The assigned pharmacy is consistently unable to provide the need medication at the time of fill
         c. The assigned pharmacy refuses to provide services to the member
         d. The assigned prescriber changes location, or the member has been reassigned
      2. Members may request a permanent pharmacy change by calling Member Services at [844-594-5084].
         a. Permanent pharmacy change request will be reviewed by a pharmacy associate. The outcome will be documented and the member will be notified of the outcome via mail.

Section (Primary Department)	SUBJECT (Document Title)
Pharmacy	A91 - Recipient Management Lock-in Program (RMLP) - NC

8) **Care Management**

During the administration of the program, the Plan will work with the member and their providers to provide care management and education reinforcement as necessary. If deemed necessary, the CM/BHM Team will educate members regarding appropriate pharmacy utilization, risks of the pattern of use of current medications, coordination of care among physicians, the importance of regular medication renewal and the importance of complying with provider visits and established treatment plan. They will also inform the member of the availability and process for accessing mental health and substance abuse services.

9) **Regulatory Reporting**

Pharmacy Home Team and the Plan will forward reports regarding RMLP-enrolled members with provider restrictions to Regulatory Compliance for submission to State agencies as required by State contract.

REFERENCES:

NC Contract 2019_Combined Revisions

N.C. Gen. Stat. § 108A-68.2.12

NC Payers Council September 2018 Report: Policies to respond to the NC opioid epidemic, found at https://files.nc.gov/ncdhhs/documents/files/NC-Payers-Council-Report-WEB-FINAL-9.5.18.pdf

Strengthen Opioid Misuse Prevention (STOP) Act Overview, found on www at: https://www.ncleg.gov/DocumentSites/Committees/NCCFTF/Presentations/2017-2018/STOP%20Act%20Overview%20CFTF%209-26-2017.pdf

RESPONSIBLE DEPARTMENTS:

Primary Department: Pharmacy

EXCEPTIONS:

N.C. Healthy Blue Members who meet any one (1) of the following conditions are excluded from enrollment in the Recipient Management Lock-in Program:

1. Members under age 18
2. Members residing in a nursing facility, group home or personal care home
3. Members receiving services through a home and community based waiver program

4. Members receiving hospice services
5. Members having Cancer, Sickle Cell Disease, or HIV diagnoses
6. Members having utilized healthcare services at a frequency or amount which is medically necessary to treat a complex, life threatening medical condition, as determined by the Health Plan
7. Members whom the Department has determined are exempt due to its belief that it is not in the best interest of the member

REVISION HISTORY:

Review Date	Changes
06/15/2021	• New Policy • NC state approved 06/15/2021