

PLAN TO EXPAND AND IMPROVE THE BENEFICIARY MONITORING PROGRAM

(FY2013 Appropriation Bill - Public Act 200 of 2012)

April 1, 2013

Section 1756: The department shall develop a plan to expand and improve the beneficiary monitoring program. The department shall submit this plan to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director by April 1 of the current fiscal year.

*Michigan Department
of Community Health*



**Rick Snyder, Governor
James K. Haveman, Director**

FY 13 Boilerplate Report

Section 1756: Beneficiary Monitoring Program Expansion

General Overview/Background

The Beneficiary Monitoring Program (BMP) identifies Medicaid fee-for-service (FFS) beneficiaries who overuse/misuse Medicaid services and imposes restrictions in an effort to reduce service overuse/misuse. As of May 1, 2012, Michigan's BMP has the capability to restrict pharmacy usage and assign beneficiaries to multiple providers through the Community Health Automated Medicaid Processing System (CHAMPS).

The pharmacy restriction prevents the beneficiary from filling or refilling prescribed medications in certain drug categories until at least 95 percent of the medication quantity limit has been consumed, according to the prescribed dose, amount, frequency, and time intervals established by the Michigan Department of Community Health (MDCH).

Specific providers may also be assigned to a beneficiary who has abused/misused services other than or in addition to pharmaceuticals. This restriction assigns a primary provider to the beneficiary and prevents the beneficiary from obtaining services that are not provided, referred, or prescribed by the primary provider. However, emergency services, services rendered by a nursing facility provider, and services rendered in an inpatient hospital are exempt from the provider restriction requirements.

Plan to Expand and Improve the Beneficiary Monitoring Program

MDCH has established a project team to research opportunities and implement improvements in the design and administration of BMP. The objective of the redesign project is to develop and implement strategies to efficiently and effectively address overuse/misuse of prescription drugs and Medicaid covered services including emergency room services.

Phase I: Review of Existing Program

- Perform a comprehensive review of other state Medicaid programs to form recommendations for BMP design.
- Perform a comprehensive survey of Michigan's Medicaid Health Plans (MHP) about their programs to manage excessive emergency room and drug use.

Phase I was completed.

Interim Program Changes Implemented

- Beneficiaries are automatically enrolled into BMP upon disenrollment from the MHP.
- Primary Care Providers are being recruited through Provider Enrollment when initially enrolled as a provider for Medicaid
- Additional BMP staff was hired in May, 2012.

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Phase II: Program Design and Policy/Systems Changes

System Changes in Progress

- Design and implementation has been completed to allow multiple lock-ins (primary care provider, pharmacy, pain management, etc.) in CHAMPS.
- Establish an indicator that follows beneficiaries in and out of Medicaid enrollment and MHPs to eliminate opportunities to go without monitoring.

Also as of May 1, 2012 FFS beneficiaries were assigned a BMP indicator in CHAMPS that will follow them for a minimum of two years regardless of eligibility status.

- Develop a process for automatic identification of beneficiaries for possible enrollment in BMP using set criteria and have the capability of notifying both FFS and MHPs of the identified beneficiaries.

The PROgram Monitoring (PROM) system is being developed in connection with Optum. This is a comprehensive system that will work on the same principle design for any number of programs that require monitoring or review of data.

As Phase 1 of a comprehensive system design, MDCH is in the final stages of development of candidate selection that will automatically identify possible BMP beneficiaries and notify the proper FFS or MHP of the identified beneficiary. This will use the MDCH data warehouse and pre-established criteria and will be placed in the BMP section of PROM. Implementation is planned for July, 2013.

- Create an interface with CHAMPS to allow MHPs to enroll beneficiaries directly in BMP

To be completed for use with the automated identifier process

In future phases of system development additional features will be added:

- Work queue to assist in work flow
- Additional research queries
- Reports
- Additional monitoring programs, such as case management and others may be incorporated under the PROM umbrella.

Policy Changes in Process

- A policy workgroup has reviewed present criteria and that submitted by MHPs and other states to develop new criteria for inclusion in FFS BMP policy
- Remove the ability of MHPs to disenroll beneficiaries unless due to violent behavior.

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New policy will be implemented with minimum criteria for consideration of placement in BMP. As part of that policy, MHPs will no longer be able to disenroll beneficiaries unless due to violent behavior.

- Create uniform guidelines to be used by FFS and MHP in identifying misuse of services.

A workgroup has been formed to create uniform guidelines to use BMP across plans. Based upon MDCH policy, MHPs will develop their own policies and present for MDCH approval.

- Implement minimum intervention strategies such as beneficiary education, case management, specialist referrals, and follow up evaluations.

Summary

Our goal is to have a uniformly applied program that follows the beneficiary regardless if enrolled in FFS or a MHP. There will be common criteria and interventions used by both the MHP and FFS. Software will be developed to flag beneficiaries that are outside of the set parameters and to allow reporting including cost savings.