

PLAN TO EXPAND AND IMPROVE THE BENEFICIARY MONITORING PROGRAM

(FY2014 Appropriation Bill - Public Act 59 of 2013)

April 1, 2014

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**

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Section 1756: Beneficiary Monitoring Program Expansion

General Overview/Background

The Beneficiary Monitoring Program (BMP) was established to identify 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 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. A pharmacy, mental health provider, or other provider may also be added. 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 other BMP

- Perform a comprehensive review of other state Medicaid programs to inform 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 in January, 2012.

Interim Program Changes were initiated August, 2011

- 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
- BMP staff was increased in May, 2012 (currently three full time analysts).

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Phase II: Program Design and Policy/Systems Changes

System Changes

- Design has been completed to allow multiple lock-ins (primary care provider, pharmacy, pain management, etc.) in CHAMPS (Community Health Automated Medicaid Processing System) and was implemented May 1, 2012.
- Establish an indicator that follows beneficiaries in and out of Medicaid and MHP enrollment to eliminate opportunities to go without monitoring.

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 has been 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 part of a comprehensive system design of PROM-BMP, MDCH has completed development of a HIPAA compliant candidate selection process that will automatically identify current BMP beneficiaries and candidates and allow the appropriate FFS or MHP the ability to further research the identified beneficiaries. The PROM-BMP system uses the MDCH data warehouse claims/encounters with pre-established criteria for the identification process. Systems and program implementation is completed for the FFS population. System inclusion of MHPs is awaiting completion of the Data Use Agreement submission and approval process.

- Remove the ability of MHPs to disenroll beneficiaries unless due to violent behavior.

New policy was implemented April 1, 2013 with minimum criteria for consideration of placement in BMP. As part of that policy, MHPs are no longer able to disenroll beneficiaries unless due to violent behavior.

- Create an interface with CHAMPS to allow MHPs and FFS to enroll beneficiaries directly in BMP through the PROM-BMP screens.

This was completed November 2013 with the use of an automated identifier process.

- A provider query has been developed to access information on those providers that have indicated a willingness to participate with BMP.

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- A work queue to assist in work flow has been developed. The work queue allows access to research queries, enrollment/disenrollment of beneficiaries, notes, and follow-up flags to track beneficiaries.

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

- Additional research queries
- Reports
- Beneficiary and provider letter management
- Exchange of beneficiary information with Behavioral Health to improve coordination of care

Policy Changes

- A policy workgroup has reviewed present criteria and that submitted by MHPs and other states to develop new criteria for inclusion in BMP policy.
- The Beneficiary Monitoring Program was renamed the Benefits Monitoring Program on July 1, 2013. This better describes the program as a means of helping beneficiaries properly use their Medicaid benefits to improve their health and wellbeing.
- Create uniform guidelines to be used by FFS and MHP in identifying misuse of services.

Each MHP and FFS developed policies and procedures that follow uniform guidelines in identifying beneficiaries that have misused services.

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

Educational inserts have been developed to include with FFS beneficiary letters. These address proper emergency room use, the usage of only one pharmacy, and the importance of a Primary Care Provider (PCP) in developing a medical home.

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 has been developed to flag beneficiaries that are outside of the set parameters and will allow reporting including cost savings.