

**Bulletin Number:** MSA 16-40

**Distribution:** All Providers

**Issued:** November 30, 2016

**Subject:** Benefits Monitoring Program (BMP)

**Effective:** January 1, 2017

**Programs Affected:** Medicaid, Healthy Michigan Plan

The purpose of this bulletin is to revise the Benefits Monitoring Program (BMP) Authorized Provider monthly case management fee under the BMP.

### **BMP Authorized Providers**

The BMP assigns Authorized Providers who are responsible for supervising the case management and coordination of all prescribed drugs, specialty care, and ancillary services. These responsibilities encompass patient-centered care and do not amount to separate reimbursement. Reimbursement for any ambulatory service will not be made unless the service was provided, referred, prescribed, or ordered by an authorized provider and the claim includes the appropriate information.

The beneficiary may participate in the authorized provider assignment process, both initially and through request for changes to established BMP Authorized Providers. If the Department has reason to suspect that a beneficiary's provider selection will not contribute to a reduction in utilization and/or be appropriate to the beneficiary's health condition(s), the selection may be denied. If the beneficiary fails to respond to the Department with provider selections, the Department may assign providers without beneficiary participation.

Written notice of provider assignments will be mailed to the beneficiary and the provider. When applicable (e.g., Department assigned providers, denial of request to change providers), appeal information and instructions will accompany written notice.

MDHHS reserves the right to end/terminate provider authorization for a BMP enrollee at any time. A replacement provider may be assigned following such an action. Instances will be determined on a case-by-case basis following periodic review, and must meet at least one of the following criteria:

- A review of utilization reveals that a provider is not contributing to a reduction in service utilization (including use of drugs subject to abuse) as defined by BMP;
- The BMP Authorized Provider becomes a sanctioned provider; or
- The BMP Authorized Provider makes referrals to the emergency department for non-emergent conditions.

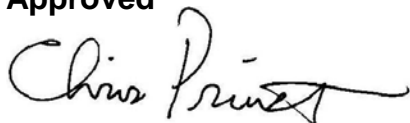
### **Manual Maintenance**

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

### **Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

### **Approved**

A handwritten signature in black ink that reads "Chris Priest". The signature is written in a cursive style with a horizontal line through the middle of the name.

Chris Priest, Director  
Medical Services Administration