Medicaid Restriction Program Guidelines

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Restriction Client Overview

Clients enrolled in the Restriction Program have complex medical histories that may include a substance abuse and/or addiction; mental health issues and/or diagnoses of chronic illnesses requiring increased numbers of specialty care providers. Typically, prior to enrollment in the Restriction program, patients have no established with a primary care provider (PCP) who can offer preventative care, orchestrate specialty medical needs and manage drug utilization. Without this comprehensive care, patients with complex medical needs often times inappropriately seek primary care in expensive ED and urgent care settings. They may also demonstrate patterns of seeking medical care from a number of providers and obtaining unusually high number of prescriptions (abuse potential and maintenance) from numerous prescribers and pharmacies. In doing so, the patient is at increased risk for costly and dangerous additions to scheduled drug and potentially lethal drug interactions. Additionally there may be a high degree of probability that the patient is willingly or unwittingly engaging in fraud and/or abuse of their Medicaid benefit.

Many of the Medicaid clients who meet one or more of the restriction criteria are accessing the medical system with little knowledge of appropriate medical resource utilization. Some lack the resources of the knowledge base to safely and wisely seek medical care and are therefore in need of coordinated guidance through today’s multifaceted, complicated medical system to reduce costs and enhance access a quality of care. Medicaid clients, in need of restriction, often times have become addicted to prescription and street drugs. These patients are in need of the coordinated care of a PCP and pain management or rehabilitative care respectively for medical risk and expense reduction.

Restriction Program Overview

The Medicaid Restriction Program is based on a managed care model under which patients with complex medical histories can be managed efficiently and effectively. In this model, patients are assigned to one PCP who agrees to manage the acute, chronic and preventive medical care for their restricted patients. The PCP is also responsible to refer patients to specialists when appropriate and coordinate primary care with specialty care. In many instances, patients enrolled in the Restriction Program are in need of pain management due to chronic illness and/or abuse and addiction to pain medications. The PCP can manage the need for pain medications or refer patients to pain clinics or rehabilitation services for addiction in a coordinated effort to provider comprehensive care. In addition,
patients are also assigned to one pharmacy from which they may obtain prescription medication so pharmacy records and personnel can play a role in monitoring for appropriate drug utilization and reporting suspicious or unusual drug utilization.

Once clients are enrolled in the Restriction Program, they are to establish care with their assigned PCP for a minimum of **12 months**, with few exceptions. Clients are encouraged to participate in preventative medical care and manage chronic diseases using the expertise of their PCP instead of accessing primary care from costly Emergency Departments.

PCPs of restricted patients take on the responsibility of coordinating medical care and overseeing access to all prescribed medications. Claims for prescriptions written by secondary prescribers, such as specialists, mid-level providers, dentists, ED/urgent care and mental health providers are paid only through the coordination efforts of the PCP. This is accomplished as each secondary prescriber is associated in MMCS with the PCP after care managers obtain approval from the PCP to add a secondary prescriber to the case. Without this association, claims will not pay. Claims for ED and urgent care visits are paid without PCP approval, yet any prescriptions obtained from ED/urgent care provider will not be paid without authorizations from the PCP.

**Benefits of a Restriction Program**

The benefits of enrolling patients into a managed care “Restriction Program” are that such programs support a reduction in medical costs through efficiencies and provider structure for a quality of care for those clients who are not equipped to manage appropriate utilization of medical services. Client who have exhibited high utilization patterns, as defined by the Restriction Criteria, benefit from the structure and boundaries created when providers (health plans, PCPs and pharmacies) work together to decrease unnecessary medical utilization. In turn these efficiencies in utilization reduce overall costs. Once a client is enrolled in the Restriction Program, a PCP manages behaviors of overutilization. Inappropriate payment of claims for unnecessary or clinically unsound medical care is managed with the coordinated efforts of the PCP, the ACO and Medicaid. Thereby, the Restriction Program facilitates managed delivery of appropriate medical services, while minimizing excess and abuse of tax dollars.