

RESTRICTION TRAINING AND DISCUSSION

MCO AND FFS BEST PRACTICES

WHAT ARE OUR GOALS FOR RESTRICTION ?

APPROPRIATE USE OF MEDICAID

- HELPING OUR MEMBERS TO NAVIGATE A DETAILED MEDICAL SYSTEM
- A MEDICAL HOME WITH CONTINUITY OF CARE
 - REGULAR TREATMENT FOR DIABETES AND OTHER CHRONIC DISEASES
 - A TRUSTED ENVIRONMENT TO ASK QUESTIONS
- COORDINATED CARE TO AVOID DUPLICATIVE TREATMENTS
- APPROPRIATE CARE TO MANAGE LIMITED MEDICAID FUNDING
 - URGENT CARE AND PRIMARY CARE VS. EMERGENCY ROOM VISITS

OVERVIEW

INITIAL AND ANNUAL REVIEWS

EMERGENCY ROOM CONSIDERATIONS

MESSAGING

RESTRICTION LETTERS

HEARINGS

ACTIVE RESTRICTION REPORTS

ADDITIONAL INFORMATION

OPEN DISCUSSION

DISCUSSION POINTS

- **AFFILIATED PROVIDERS ARE COMBINED TO = 1**
 - MUST BE IN THE SAME OFFICE NOT JUST THE SAME CLINIC
 - MUST COVER FOR EACH OTHER – EX. MD, PA, APRN OR MD COVERING MD
- **ALL APPROPRIATE SPECIALTY PROVIDERS ARE COMBINED TO = 1**
 - TWO DIFFERENT PROVIDERS IN A SPECIALTY ARE CONSIDERED A SECOND OPINION
 - MORE THAN TWO MAY BE EXCESSIVE – EX. FOUR DIFFERENT SUBSTANCE ABUSE CLINICS
 - DENTIST VS. ORAL SURGEON
- **PHARMACIES, PRESCRIBERS AND PRESCRIPTIONS FOR HOSPITAL DISCHARGE MEDS ARE NOT COUNTED**
- **SPECIALTY PHARMACIES AFFILIATED WITH FACILITIES OR TREATMENT CENTERS ARE NOT COUNTED**
 - GENOA FOR MENTAL HEALTH MEDS OR RED ROCK (CD PHARMACY) FOR NURSING AND REHAB FACILITIES
- **EMERGENCY ROOM VISITS**
 - THE EMERGENCY ED LIST IS THE DEFINING LIST
 - THERE MUST BE A COMPELLING REASON TO REFINE EMERGENT ED VISITS
 - CONSIDER FOLLOW-UP CARE – PERIAPICAL ABSCESS FOLLOWED BY A DENTAL VISIT
 - IS THERE FOLLOW-UP CASE MANAGEMENT FOR EXCESSIVE NON-EMERGENT ED VISITS?

INITIAL REVIEWS

- ALL ASSIGNED OR REFERRED PROVIDERS AND SPECIALTY PROVIDERS =1
- ANNUAL REVIEW NUMBERS EXCEPT ED VISITS = 1 IF RESTRICTION IS CLOSED
- CONSIDER ONE TIME PHARMACY USE
 - HOSPITAL DISCHARGE FROM INPATIENT STAY
 - CLINIC ASSOCIATED PHARMACY
 - OUT OF STOCK MEDICATIONS AT ASSIGNED PHARMACY
- MEDICATIONS FROM AN EMERGENCY ROOM VISIT WITH AN EMERGENT DIAGNOSIS
- MEDICATION CRITERIA
 - COMPOUNDING PHARMACY OR PHARMACY FOR INJECTABLES
- EVIDENCE OF MEMBER USING PROVIDERS AND SPECIALISTS

ANNUAL REVIEWS

- SUICIDAL IDEATIONS IN THE FIRST POSITION ?
 - HOSPITAL ADMISSION
- PERIAPICAL ABSCESS ?
 - FIRST VISIT FOLLOWED BY A DENTAL VISIT
- SUBSEQUENT ADMISSION TO THE HOSPITAL OR TRANSFER TO A PSYCHIATRIC FACILITY
- WHAT MEDICATIONS ARE PRESCRIBED
 - ANTIBIOTICS, OPIOIDS, MENTAL HEALTH MEDS, ROUTINE INSULIN
- VISITS TO MULTIPLE HOSPITALS
- VISITS TO MORE THAN ONE HOSPITAL IN A DAY

EMERGENCY ROOM CONSIDERATIONS

- **ENTER THE RESTRICTION AND THE PRIMARY PROVIDERS AT THE SAME TIME**
 - PCP and Primary Pharmacy must start the first of the month and close the end of the month
- **MONITOR THE NUMBER OF PROVIDERS** – THE SYSTEM WILL NOT HANDLE MORE THAN 20 PROVIDERS TOTAL
- **YOU WILL RECEIVE A 390 ERROR FROM THE SYSTEM IF YOU EXCEED 20 PROVIDERS EITHER BY ADDING ADDITIONAL PROVIDERS OR CHANGING END DATES FOR EXISTING PROVIDERS**
- **IF THE MEMBER IS WAITING FOR OVERRIDES FROM A HOSPITAL DISCHARGE, FOLLOW UP WITH A CALL TO FFS TO EXPEDITE THE REQUEST**
 - OTHERWISE, THE SYSTEM WILL UPDATE WITH IN 2 HOURS
- **PROVIDER CLOSURES**
 - THE STATE WILL SEND A MESSAGE FOR A POSSIBLE CLOSING AT THE 30-DAY PERIOD (PLEASE DO NOT REPLY)
 - THE SYSTEM SENDS MESSAGES FOR ACTUAL CLOSURES BUT BE AWARE THE CONTRACT HAS ALREADY CLOSED

MESSAGING

- WHEN A MCO RESTRICTION OR CONTINUED RESTRICTION IS ENTERED INTO PEGA, THE STATE PRISM SYSTEM TRIGGERS A RESTRICTION LETTER AUTOMATICALLY
 - THIS CAUSES TWO LETTERS TO BE SENT – ONE FROM THE MCO AND ONE FROM THE STATE
 - WE CURRENTLY HAVE A CR TO STOP THE STATE LETTER FROM GOING TO AN MCO MEMBER
- UNTIL THE CR IS IN PLACE WE OCCASIONALLY GET MCO MEMBERS TRYING TO SCHEDULE HEARINGS WITH THE STATE
- THE STATE WILL REFER THE MEMBER TO THE MCO FOR THE INITIAL HEARING

RESTRICTION LETTERS

- **FOR MCO MEMBERS THE INITIAL HEARING OCCURS AT THE MCO LEVEL**
- **IF THE MEMBER CHOOSES TO ESCALATE A HEARING TO THE STATE FAIR HEARING LEVEL THE FOLLOWING APPLIES:**
 - THE CONTRACT REQUIRES THAT THE MCO ASSIST THE MEMBER WITH THE PAPERWORK SENT TO THE STATE
 - THE STATE WILL CONTACT THE MCO TO REQUEST THE MCO REVIEW TEMPLATE
 - THE STATE RESTRICTION DEPARTMENT WILL PERFORM AN INDEPENDENT REVIEW AND CONSULT WITH THE MCO
 - THE STATE HEARING OFFICE WILL SCHEDULE A PRELIMINARY HEARING WITH THE MEMBER, THE MCO AND THE STATE HEARING OFFICER
 - IF THE MEMBER ACCEPTS THE RESULT, THE PROCESS IS COMPLETE
 - IF THE MEMBER CHOOSES TO ESCALATE TO A FULL HEARING, THE STATE HEARING OFFICE WILL SCHEDULE AN OFFICIAL HEARING WITH THE MEMBER, THE MCO AND THE STATE HEARING OFFICER
 - THE DECISION OF THAT HEARING IS FINAL AND THE MEMBER WILL RECEIVE A FINAL DECISION IN WRITING FROM THE STATE HEARING OFFICE

HEARINGS

- **HISTORICALLY A REPORT WAS PROVIDED BY MMCS**
 - THE REPORT WAS A RETROSPECTIVE LOOK BACK TO MEMBERS CURRENTLY ON RESTRICTION
 - THE REPORT RUN ON 06/01/2024 LOOKED BACK FROM 05/31/2024
 - IT WAS USED TO DETERMINE WHEN ANNUAL REVIEWS WERE DUE
- **THE REPORT NOW COMES THROUGH QUICKSIGHT BUT IS THE SAME FORMAT**
 - THE REPORT IS STILL A RETROSPECTIVE LOOK BACK TO MEMBERS CURRENTLY ON RESTRICTION
 - THE REPORT RUN ON 06/01/2025 LOOKS BACK FROM 05/31/2025
- **THE SYSTEM NOW SENDS FILE 834 TO THE MCOS LISTING MEMBERS ON RESTRICTION**
 - IT IS SENT THE DAY AFTER BENEFIT ISSUANCE
 - RESTRICTION CAN BE DETERMINED BY RATE CODE WHICH IDENTIFIES RESTRICTION MEMBERS BY PREMIUM PAID
 - NOT ALL MEMBERS MAY BE ON THE LIST BASED ON INDIVIDUAL ANOMALIES
 - MARY CAVANAUGH IS WILLING TO SCHEDULE A MEETING TO IDENTIFY WHY INDIVIDUAL MEMBERS ARE NOT ON THE REPORT

ACTIVE RESTRICTION REPORT

- ONLY ADD INDIVIDUAL PROVIDERS IN PRISM – DO NOT ADD CLINICS OR FACILITIES
- IF YOU NEED TO ADD A PROVIDER TO PAY AN OFFICE VISIT (EX. DENTIST) OR OBTAIN PRIOR AUTHORIZATION FOR A PROCEDURE (EX. DENTURES) AND THEY ARE NOT AUTHORIZED PRESCRIBERS ALREADY
 - ADD THE PROVIDER BUT DO NOT CHECK “SEND TO PBM”
 - IF THE PROVIDER IS NOT CREDENTIALLED TO PRESCRIBE (EX. RN) ENTER THE PROVIDER BUT DO NOT CHECK “SEND TO PBM”
 - IF MEDICATIONS ARE PRESCRIBED, NOTIFY DHHS TO MANAGE “SEND TO PBM”
 - PRESCRIPTIONS OF ABUSE POTENTIAL MEDICATIONS MUST BE CLEARED WITH THE PCP
- IF YOU ENTER A PROVIDER OR PHARMACY AND DO NOT COMPLETE SP, SSP INDICATORS, THE PROVIDER WILL NOT CROSS OVER INTO OUR POS SYSTEM AND PRESCRIPTIONS WILL NOT PAY
 - THE SSP MAY BE “NO SPECIALTY” BUT IT MUST BE ENTERED IN THE SSP FIELD
 - THE SSP FIELD CANNOT BE LEFT BLANK
- THIRD PARTY LIABILITY PAYMENTS (INSURANCE OUTSIDE OF MEDICAID)
 - ENCOUNTERS PAID BY INSURANCE OTHER THAN MEDICAID CANNOT BE COUNTED TOWARD RESTRICTION CRITERIA

ADDITIONAL INFORMATION

Thank you!

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