



Benefits Monitoring Program for HAP Empowered Medicaid – Information Requests

Per the Michigan Department of Health and Human Services requirements, HAP Empowered administers a Benefits Monitoring Program (BMP). The goal of the program is to prevent overuse, misuse, and abuse of Medicaid services (e.g., medical visits, ER, prescription drugs, etc.).

Enrollment in the program is based on overutilization, misuse or abuse of physician, medical, and pharmacy services. There are some exclusions based on diagnosis or circumstances. Criteria related to drugs include:

- Multiple prescription fills for drugs or categories with abuse potential
- Use of multiple prescribers and pharmacies

Remember, before prescribing controlled substances, you must check the Michigan Automated Prescription System (MAPS) for the Medicaid member's most recent 12-month prescription drug history.

As we consider members for enrollment in the program, we may send you a form for more information. Please see attached sample. Thank you in advance for providing complete information to assist in this effort.

Benefits Monitoring Program (BMP)**-- RESPONSE REQUIRED-- PLEASE FAX BACK BY DATE:****DATE:****PROVIDER:****FAX:**

HAP Empowered Medicaid performs benefit utilization review programs in compliance with requirements from the Michigan Department of Health and Human Services to ensure the appropriate amount, scope and duration of medically necessary services are being provided to beneficiaries. The Benefits Monitoring Program (BMP) is a program that monitors benefit usage and identifies beneficiaries who may be potentially over utilizing or misusing their Medicaid services and benefits.

Patient's histories are reviewed for exclusions including cancer diagnosis; prescriber's specialty is oncology, neurology, pain management or physical medicine/rehabilitation; Sickle Cell Disease diagnosis; Hospice; incarceration/institutionalized.

We have recently completed a review of claims data using a 90-day lookback period for: MEMBER NAME, DOB. We have identified that this beneficiary is:

- Utilizing more than three (3) different pharmacies in one quarter, AND
- Utilizing multiple prescribing providers for drug categories listed below, including when prescribing providers provide services to the beneficiary as a private pay patient (i.e., beneficiary pays cash for office visits while using the Medicaid pharmacy benefit to obtain prescriptions) AND/OR
- Obtaining prescriptions for five (5) or more: narcotic analgesics, barbiturates, sedative-hypnotic non-barbiturates, central nervous system stimulants/anti-narcoleptics, anti-anxieties, amphetamines, skeletal muscle relaxants in one quarter.

You may choose not to make changes if you believe the current plan is medically necessary. The beneficiary may be subject to utilization control mechanisms if it is determined that the beneficiary is misusing Medicaid services.

Based on this information, please pull a MAPS report so you can review the potential issues.

Complete the following form by checking the appropriate boxes.

Fax the form to the HAP Empowered Pharmacy Department at (313) 664-5460.

We hope this information is useful and helps assure appropriate use of Medicaid benefits. If you have any questions regarding this program, please contact the HAP Empowered Pharmacy Department at (313) 664-8940, Option 3.

Sincerely,

Peter Y. Watson MD, MMM, FACP, SFHM
Vice President, Clinical Operations & Strategy
Health Alliance Plan
Medical Director, HAP/HAP Empowered

Benefits Monitoring Program (BMP)
FAX BACK Completed form to
HAP EMPOWERED PHARMACY AT 313-664-5460

Please indicate which of the following is appropriate for MEMBER NAME, DOB: (Select all that apply)

- The dose of medication is appropriate for this patient.
- I will refer this member to a pain management specialist.
- I plan to change the patient’s pain medication regimen.
- I will coordinate the prescribing of this patient’s medications with the other prescribers listed in the report.
- I would like to speak to a HAP Empowered clinical staff member to talk about limits for pharmacy claims. Options are: limiting claims to a specific pharmacy for the drug categories above; limiting to a specific prescriber for the drug categories above.
- I would like to speak to a Plan Medical Director.
- I am concerned about symptoms of ___depression, ___anxiety, or ___substance abuse in this patient, and I am interested in more information on behavioral health programs available for this member.
- Other (Please provide details, i.e., Member is no longer your patient, etc.)

Date: _____

Physician Printed Name: _____

Physician Signature: _____