

Corrective Managed Care



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Corrective Managed Care (CMC) History

- Optional prior to March 2016
- Not all MCOs participated
- DHMH implemented a mandatory HealthChoice CMC program on March 1, 2016
- Mandatory CMC Program
 - Eliminate MCO switching for more permissive policy
 - Sets minimum standard for Drug Utilization Review
- Members locked-in under a pre-existing program prior to March 1, will finish out their lock-in periods in their respective MCOs or FFS.

CMC Regulations

- **COMAR Regulation 10.09.75** requires all MCOs to develop a pharmacy CMC Plan to identify and address member abuse of medical assistance pharmacy benefits.
- Members are required to lock-in to a specific pharmacy
 - Provider lock-in is optional
- Requires a 20-day notice to members to allow time to provide additional information, appeal and select a pharmacy
 - MCO's are required to use DHMH template letter to notify member of lock-in and provide opportunity to appeal prior to lock-in
- Requires initial lock-in period of 24 months from effective date
 - Date set regardless of changes in MCO, moves between MCOs/FFS or loss of eligibility
- Includes a 36-month extended enrollment for subsequent abuse
- Includes fraud as criteria for lock-in

Criteria for CMC (MCO and FFS)

- Within a 30 day period, Medicaid members with ≥ 6 prescriptions for controlled drugs **and** ≥ 3 pharmacies OR ≥ 3 prescribers
- Criteria will be evaluated periodically
- Members will be locked-in to a specific pharmacy for prescribed drugs as defined by COMAR 10.09.24.14-1 and COMAR 10.09.75.02

Exclusions

- Controlled drugs when prescribed for cancer-related pain
- Specialty drugs from another pharmacy if they are not available through the pharmacy into which the member is locked-in.
 - A specialty drug includes a prescription drug that (as defined by COMAR 10.09.67.04(F)):
 - Is prescribed for an individual with a complex, chronic or rare medical condition;
 - Costs \$600 or more for up to a 30-day supply;
 - Is not typically stocked at retail pharmacies; and
 - Requires a difficult or unusual process of delivery to the member in the preparation, handling storage, inventory or distribution of the drug.
 - OR a prescription drug that requires enhanced member education, management, or support, beyond those required for traditional dispensing, before or after administration of the drug.

CMC Data

- May 2016 – 41 new recipients in CMC
 - Does not include recipients locked in prior to March 1, 2016
 - MCO members in CMC vary from 2 to 11
- Prior to March 1 there were 1,262 MCO recipients in CMC
 - They will continue in CMC under the old program rules

Operational Process

- DHMH locks in enrollees (FFS or MCO) to a pharmacy into the DHMH POS system.
- At the same time, each MCO locks in the same enrollees to the same pharmacy into their PBM system (only applies to MCO enrollees).
- Enrollees are locked in for a period of two (2) years.
- Once the term is over, the patient will be, automatically, 'unlocked', unless an MCO has determined that the locked-in period should be extended.