Title 23: Division of Medicaid

Part 302: Reserved

Part 305 Chapter 2: Beneficiary Health Management

Rule 2.1: Authority and Purpose

A. The Division of Medicaid defines Beneficiary Health Management (BHM) as the program implemented by the Division of Medicaid to:

   1. Closely monitor program usage and to identify beneficiaries who may be potentially over utilizing or misusing their Medicaid services and benefits.

   2. Restrict beneficiaries whose utilization of medical and/or pharmacy services is documented at a frequency or amount that is not medically necessary.

   3. Prevent beneficiaries from obtaining non-medically necessary quantities of prescribed drugs through multiple visits to physicians and pharmacies.

B. The Division of Medicaid will lock-in beneficiaries for twelve (12) consecutive months whose utilization of medical and/or pharmacy services is documented as being excessive, as determined in accordance with utilization guidelines established by the Division of Medicaid, to specific providers in order to monitor services received and reduce unnecessary or inappropriate utilization.

C. The Division of Medicaid requires a beneficiary to designate a physician and/or a pharmacy of choice when the beneficiary's medical record indicates utilization is excessive or inappropriate with reference to medical need, and in accordance with the BHM program, to:

   1. Promote quality health care,

   2. Promote coordination of care and ensure appropriate access for beneficiaries at high risk of overdose,

   3. Provide continuity of medical care,

   4. Prevent harmful practices such as duplication of medical services, drug interaction, and possible drug abuse,

   5. Prevent misuse or excessive utilization of beneficiary's Medicaid benefits,

   6. Provide education and monitoring to deter misuse and/or excess utilization, and

   7. Assure beneficiaries are receiving only health care services which are medically necessary as defined in Miss. Admin. Code Part 200, Rule 5.1.

Source: 42 C.F.R. § 431.54; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised and moved from Miss. Admin. Code Part 302 eff. 02/01/2019.

Rule 2.2: Program Oversight

A. The Division of Medicaid's Office of Program Integrity:

   1. Manages the Beneficiary Health Management (BHM) program,

   2. Screens beneficiaries against criteria designed to identify drug seeking behavior and inappropriate use of prescription drugs, and

   3. Reviews claims and pharmacy point-of-sale data to identify patterns of inappropriate, excessive or duplicative use of pharmacy services.

B. The Division of Medicaid will require the Mississippi Coordinated Access Network (MSCAN) contractor to lock-in beneficiaries who have had prior lock-ins with the Medicaid fee-for-service program or other Medicaid-participating Coordinated Care Organizations (CCOs).

Source: 42 C.F.R. § 431.54; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised and moved from Miss. Admin. Code Part 302 eff. 02/01/2019.

Rule 2.3: Provider Participation

The Beneficiary Health Management (BHM) program may include physician only, pharmacy only, or physician and pharmacy providers.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised and moved from Miss. Admin. Code Part 302 eff. 02/01/2019.

Rule 2.4: Beneficiary Notification

A. The Division of Medicaid will notify the beneficiary in writing prior to the imposing of the restrictions of:

   1. Its intent to enroll them in the Beneficiary Health Management (BHM) program, and

   2. Their opportunity for a hearing as outlined in Miss. Admin. Code Part 300.

B. The Division of Medicaid will ensure that the beneficiary has reasonable access to Medicaid services of adequate quality taking into account geographic location and reasonable travel

time.

C. The BHM program restrictions do not apply to emergency services provided to the beneficiary.

Source: 42 C.F.R. § 431.54; Miss. Code Ann §§ 43-13-117, 43-13-121.

History: Revised and moved from Miss. Admin. Code Part 302 eff. 02/01/2019.

Rule 2.5: Provider Selection

A. The beneficiary has ten (10) days to choose his/her Beneficiary Health Management (BHM) designated physician and/or pharmacy provider(s) from the date of receipt of the notification letter.

B. The Division of Medicaid will designate a BHM physician and/or pharmacy provider for the beneficiary if the beneficiary does not specify a provider within the ten (10) day time-frame.

C. Beneficiaries are required to specify one (1) physician and/or one (1) pharmacy and up to three (3) physician specialists, if requested, for his/her medical and/or pharmacy services while in the Beneficiary Health Management (BHM) program.

D. The beneficiary may request a change in his/her BHM physician and/or pharmacy provider if any of the following occur:

    1. Change in physical address of the beneficiary or a provider,

    2. Death, retirement, or closing of the specified physician, pharmacy and/or specialist,

    3. Change in primary diagnosis which requires a different specialist, or

    4. The BHM physician and/or pharmacy provider disenrolls or loses eligibility to participate in the Mississippi Medicaid Program.

E. The BHM physician or specialist may refer the beneficiary to another provider for consultation by submitting the BHM Referral Form to the Division of Medicaid, Office of Program Integrity, or designee.

    1. Prior approval from the Division of Medicaid or designee is required before the beneficiary can be seen by the referring physician.

    2. Emergency situations are excluded from this requirement.

    3. The referral may cover one (1) or multiple visits as long as those visits are part of the consulting physician's plan of care and are medically necessary.

4. A referral is limited to one (1) year from the date of approval.

F. The Division of Medicaid will lock-in beneficiaries to only one (1) pharmacy when one (1) of the following criteria is met:

   1. The beneficiary has one (1) or more of the following:

      a) Received services from four (4) or more prescribers and/or four (4) or more pharmacies relative to controlled substances in the past six (6) months, including emergency department visits,

      b) A history of substance use disorder within the past twelve (12) months,

      c) A diagnosis of drug abuse or narcotic poisoning within the past twelve (12) months, or

      d) Utilizes cash payments to purchase controlled substances.

   2. When any written prescription is stolen, forged or altered,

   3. When the Division of Medicaid has received a proven report of fraud, waste and/or abuse from one (1) or more of the following:

      a) Prescriber,

      b) Pharmacy,

      c) Any medical provider, and/or

      d) Law enforcement entity.

Source: 42 C.F.R. § 431.54; Miss. Code Ann §§ 43-13-117, 43-13-121.

History: New Rule eff. 02/01/2019.

Rule 2.6: Beneficiary Health Management (BHM) Services

The Division of Medicaid locks-in a beneficiary in the Beneficiary Health Management (BHM) program for a period of twelve (12) months with ongoing reviews to monitor patterns of care.

A. Beneficiaries in the BHM program are allowed two (2) counseling sessions in addition to State Plan service limits per month during the twelve (12) month lock-in.

B. Beneficiaries locked-in the BHM program will continue to have access to the following services with applicable State Plan service limits:

1. Emergency department,

2. Inpatient hospital,

3. Outpatient hospital,

4. Dental,

5. Vision,

6. Mental Health,

7. Home Health and Durable Medical Equipment (DME), medical appliances and medical supplies,

8. Hospice, and

9. Medicaid Waivers.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised and moved from Miss. Admin. Code Part 302 eff. 02/01/2019.

Rule 2.7: Exclusions

The Division of Medicaid may exclude a beneficiary from the Beneficiary Health Management (BHM) program if the beneficiary:

A. Has one (1) of the following diagnoses including, but not limited to:

   1. Cancer,

   2. Sickle cell anemia, or

   3. Burns.

B. Is enrolled in hospice care.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised and moved from Miss. Admin. Code Part 302 eff. 02/01/2019.

Rule 2.8: Reimbursement

A. The Division of Medicaid reimburses for:

1. Office visits only with the Beneficiary Health Management (BHM) designated physician,

2. Drugs prescribed only by the BHM designated physician, by the consultant physician, or by an emergency department physician, and

3. Drugs dispensed only by the BHM designated pharmacy provider.

B. The Division of Medicaid requires post utilization review by the Division of Medicaid or designee for reimbursement to physician and/or pharmacy provider(s) other than the BHM designated physician and/or pharmacy provider(s) when :

   1. Emergency care is required and the BHM designated physician and/or pharmacy provider is not available, or

   2. The BHM designated physician and/or pharmacy provider requires consultation with another physician and/or pharmacy provider.

C. BHM designated physician and/or pharmacy providers are required to bill the specified procedure codes if counseling sessions are provided.

   1. The counseling procedure codes can be billed in conjunction with any other service the BHM designated physician provides to the beneficiary.

   2. Documentation must support billing of the specified procedure codes by the BHM designated physician and/or pharmacy.

D. The Division of Medicaid reimburses for inpatient hospitalization for treatment of alcohol and/or drug abuse when the diagnosis is a substance use disorder diagnosis in accordance with the most current Diagnostic and Statistical Manual (DSM) of Mental Disorders and the inpatient hospital stay is prior authorized by the Division of Medicaid or designee.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised and moved from Miss. Admin. Code Part 302 eff. 02/01/2019.