

Affected Programs: BadgerCare Plus, Medicaid, SeniorCare

To: All Providers, HMOs and Other Managed Care Programs

New Contact Information and Forms for the Pharmacy Services Lock-In Program

This *ForwardHealth Update* provides updated contact information for the Pharmacy Services Lock-In Program (previously referred to as the Member Lock-In Program). The *Update* also introduces revised versions of forms to use for the Pharmacy Services Lock-In Program.

Overview of the Pharmacy Services Lock-In Program

The purpose of the Pharmacy Services Lock-In Program (previously referred to as the Member Lock-In Program) is to coordinate the provision of health care services for members who abuse or misuse Wisconsin Medicaid, BadgerCare Plus, or SeniorCare benefits by seeking duplicate or medically unnecessary services, particularly prescriptions for controlled substances.

Coordination of member health care services is intended to do the following:

- Curb the abuse or misuse of controlled substance medications.
- Improve the quality of care for a member.
- Reduce unnecessary physician utilization.

The Pharmacy Services Lock-In Program focuses on the abuse or misuse of controlled substance medications. Abuse or misuse is defined under Recipient Duties in DHS 104.02, Wis. Admin. Code.

The abuse and misuse definition includes, but is not limited to, the following:

- Duplicating or altering prescriptions.
- Feigning illness, using false pretense, providing incorrect enrollment status, or providing false information to obtain service.
- Seeking duplicate care from more than one provider for the same or similar condition.
- Seeking medical care that is excessive or not medically necessary.

Members enrolled in the Pharmacy Services Lock-In Program are assigned to one primary care provider and one pharmacy to reduce unnecessary physician and pharmacy utilization and to discourage the non-medical or excessive use of prescription drugs.

The Pharmacy Services Lock-In program applies to members in fee-for-service as well as members enrolled in Medicaid SSI HMOs and BadgerCare Plus HMOs. Members remain enrolled in the Pharmacy Services Lock-In Program for two years and are continuously monitored for their prescription drug usage. At the end of the two-year enrollment period, an assessment is made to determine if the member should continue enrollment in the Pharmacy Services Lock-In Program.

Health Information Designs, Inc. (HID) administers the Pharmacy Services Lock-In Program. Providers may contact the Pharmacy Services Lock-In Program by calling (800) 225-6998, extension 3045.

Reporting Suspected Member Misuse of Benefits

ForwardHealth operates a therapeutic Drug Utilization Review (DUR) program designed to routinely monitor prescription drug use by members. The purpose of the DUR program is to identify potential clinical problems related to drug therapy and instances of potentially inappropriate drug use. When a member is identified through the DUR Program of suspected misuse of benefits, the member and the member's primary care provider(s) and pharmacy(s) may be notified.

Providers may also report members suspected of inappropriate prescription drug use by completing the Pharmacy Services Lock-In Program Request for Review of Member Prescription Drug Use form, F-00250 (05/10), and submitting the form to the Pharmacy Services Lock-In Program. When a provider refers a member for review, the Lock-In Program assesses the member's history of prescription drug claims to identify patterns that suggest possible misuse of prescription drugs. Refer to Attachment 1 of this *ForwardHealth Update* for a copy of the Pharmacy Services Lock-In Program Request for Review of Member Prescription Drug Use form for photocopying. Forms are also available online on the Forms page of the Provider area of the ForwardHealth Portal at www.forwardhealth.wi.gov/.

The Pharmacy Services Lock-In Program monitors claims for pharmacy services and prescription drugs specifically. The Pharmacy Services Lock-In Program does not address other types of member fraud or misuse of benefits, such as misuse of the ForwardHealth identification card or excessive use of emergency room services. If a provider suspects that a member is abusing his or her benefits or misusing his or her ForwardHealth

card, providers are required to notify ForwardHealth by calling Provider Services at (800) 947-9627 or by writing to the following office:

Division of Health Care Access and Accountability
Bureau of Program Integrity
PO Box 309
Madison WI 53701-0309

Designated Lock-In Pharmacy and Primary Care Provider

Members enrolled in the Pharmacy Services Lock-In Program are required to designate one Lock-In pharmacy and one Lock-In primary care provider. If the member fails to designate Lock-In providers, ForwardHealth or the member's HMO choose for the member. During the member's enrollment in the Lock-In Program, the member may only receive services from the Lock-In primary care provider and the Lock-In pharmacy unless a referral is in place for another provider.

Fee-for-service members are assigned to one pharmacy and one primary care provider.

Members enrolled in an HMO are assigned to one pharmacy. The HMO is assigned as the member's designated Lock-In primary care provider. The HMO may in turn assign the member to one of the HMO's primary care providers.

Role of the Lock-In Pharmacy and Primary Care Provider

The Lock-In pharmacy fills prescriptions that are medically necessary for the member and works with the Lock-In primary care provider or HMO to ensure the member's drug regimen is consistent with the overall care plan. The Lock-In pharmacy may fill prescriptions from prescribers other than the Lock-In primary care provider but must ensure that prescriptions are medically necessary, consistent with the care plan, and are not overlapping with other similar medications. If the member presents a prescription from an emergency

room visit, the pharmacist at the Lock-In pharmacy must use his or her professional judgment as to whether or not to fill the prescription.

The Lock-In primary care provider determines what services are medically necessary for the member, provides those services at his or her discretion, and refers the member to other providers if needed. The Lock-In primary care provider also may contact the Lock-In pharmacy to give the pharmacist(s) guidelines as to which medications should be filled for the member and from whom.

Changing the Designated Lock-In Provider

If circumstances arise that require a change to the member's designated Lock-In pharmacy or primary care provider, contact the Pharmacy Services Lock-In Program at (800) 225-6998, ext. 3045. Providers should allow at least one business day for the change to be applied to the member's file.

Referrals for Members Enrolled in the Pharmacy Services Lock-In Program

For *all* non-emergency, medically necessary, non-pharmacy services, the member's designated Lock-In primary care provider may perform the service or refer the member to another provider, as necessary. The member's Lock-In pharmacy may refer the member to other pharmacies to fill prescriptions if needed.

Referrals to other providers must be on file with the Pharmacy Services Lock-In Program before the member may receive services from any provider other than the designated Lock-In primary care provider or pharmacy. Services provided by providers other than the member's designated Lock-In primary care provider or pharmacy are not reimbursable unless a referral is on file with ForwardHealth.

If the member requires a referral, the Lock-In provider is required to complete the Pharmacy Services Lock-In Program Member Referral to Another Provider for

Services form, F-11183 (05/10). Referrals for fee-for-service members must be on file with the Pharmacy Services Lock-In Program. Referrals for HMO members must be on file with the Pharmacy Services Lock-In Program and the member's HMO. Refer to Attachment 2 for a copy of the Pharmacy Services Lock-In Program Member Referral to Another Provider for Services form for photocopying. Forms are also available online on the Forms page of the Provider area of the Portal at www.forwardhealth.wi.gov/.

Providers are required to use the version of the form attached to this *Update* for dates of receipt on and after May 17, 2010. Older versions of the form will not be accepted by the Pharmacy Services Lock-In Program on and after May 17, 2010. Using an older version of the form causes a delay in updates to the member's file because the form is mailed or faxed to the wrong address and does not contain all of the information currently required by the Pharmacy Services Lock-In Program.

Note: Emergency medical care is the only exception to the referral requirement.

Looking Up Referral Providers on the ForwardHealth Portal

Effective April 1, 2010, Portal member enrollment verification indicates a member's referral providers under the Pharmacy Services Lock-In Program. When a provider looks up member enrollment information, the Portal lists the member's Lock-In pharmacy, Lock-In primary care provider (when applicable), and referral providers. As of April 1, 2010, referral providers are uniquely identified with member enrollment information.

Pharmacy Services Lock-In Program and HMO Enrollment

Member lock in for HMO enrollment is different than member enrollment in the Pharmacy Services Lock-In Program. When members are enrolled in a state contracted HMO, members may change their HMO

enrollment during the 90-day open enrollment period. Once the member has been enrolled in an HMO more than 90 days, the member is “locked in” to the HMO and cannot change his or her HMO selection for the next nine months. Members enrolled in state-contracted managed care organization may also become enrolled in the Pharmacy Services Lock-In Program if they are suspected of misusing services.

For More Information

Providers may refer to the Forms page of the Provider area of the Portal at www.forwardhealth.wi.gov/ for copies of the Pharmacy Services Lock-In Program forms.

Providers may call the Pharmacy Services Lock-In Program at (800) 225-6998, extension 3045, with questions about the program. Providers may call Provider Services at (800) 947-9627 with questions about a member’s enrollment in the Pharmacy Services Lock-In Program and the member’s designated Lock-In pharmacy and primary care provider.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

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ATTACHMENT 1
Pharmacy Services Lock-In Program Request for
Review of Member Prescription Drug Use
(for photocopying)

(A copy of the “Pharmacy Services Lock-In Program Request for Review of Member Prescription Drug Use” is located on the following page.

**FORWARDHEALTH
PHARMACY SERVICES LOCK-IN PROGRAM
REQUEST FOR REVIEW OF MEMBER PRESCRIPTION DRUG USE**

ForwardHealth requires certain information to process and review information about medical services provided to eligible members.

Members are required to give providers full, correct, and truthful information. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (DHS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about applicants and members is confidential and is used for purposes directly related to program administration such as determining the eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement.

The use of this form is voluntary and providers may develop their own form as long as it includes all the information on this form and is formatted exactly like this form.

Complete the form and submit it to the Pharmacy Services Lock-In Program by fax at (800) 881-5573 or by mail at the following address:

Pharmacy Services Lock-in Program
Health Information Designs, Inc.
391 Industry Dr
Auburn AL 36832

Providers may contact the Pharmacy Services Lock-In Program at (800) 225-6998, extension 3045, with questions.

Instructions: Type or print clearly.

SECTION I — MEMBER INFORMATION

Name — Member (Last, First, Middle Initial)

Member Identification Number

Date of Birth

SECTION II — REASONS FOR REQUEST TO REVIEW MEMBER'S PRESCRIPTION DRUG USE

Reason (Check the appropriate reason for the referral.)

- Member utilizes / is suspected of utilizing multiple pharmacies to obtain prescriptions.
- Member utilizes / is suspected of utilizing multiple prescribers to obtain prescriptions.
- Member visits emergency room multiple times, possibly for the purpose of obtaining prescriptions.
- Member has / is suspected of having multiple prescriptions of the same or similar type of controlled substance.
- Other _____

SECTION III — REQUESTER INFORMATION

Requested by

- Health care provider. Pharmacy. Caseworker.
- Emergency room department. Other _____

Name — Requester

Date of Request

Name — Requester's Organization

National Provider Identifier — Requester (Optional)

Telephone Number — Requester

Fax Number — Requester

ATTACHMENT 2
Pharmacy Services Lock-In Program Member
Referral to Another Provider for Services
(for photocopying)

(A copy of the “Pharmacy Services Lock-In Program Member Referral to Another Provider for Services” is located on the following page.)

**FORWARDHEALTH
PHARMACY SERVICES LOCK-IN PROGRAM
MEMBER REFERRAL TO ANOTHER PROVIDER FOR SERVICES**

ForwardHealth requires certain information to authorize and pay for medical services provided to eligible members.

Members are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (DHS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about applicants and members is confidential and is used for purposes directly related to program administration such as determining the eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or payment for the services.

The use of this form is voluntary and providers may develop their own form as long as it includes all the information on this form and is formatted exactly like this form.

The designated Pharmacy Services Lock-In provider should complete this form and submit it to the Pharmacy Services Lock-In Program by fax at (800) 881-5573 or by mail at the following address:

Pharmacy Services Lock-In Program
Health Information Designs, Inc.
391 Industry Dr
Auburn AL 36832

The provider being referred should also be provided with a copy of this form. If the member is enrolled in an HMO, the HMO must be provided with a copy of this form. Providers may contact the Pharmacy Services Lock-In Program at (800) 225-6998, extension 3045, with questions.

Instructions: Type or print clearly.

Name — Member (Last, First, Middle Initial)	Member Identification Number
Address — Member (Street, City, State, ZIP Code)	Date of Birth — Member
Name — Provider Being Referred (Last, First) (If referring to a clinic, specify individual physician.)	National Provider Identifier (NPI) — Provider Being Referred
Address — Provider Being Referred (Street, City, State, ZIP+4 Code)	Begin and End Date of Referral

Reason for Referral and Type of Service to Be Rendered

The member named on this form requires medical services in addition to those I provide. I am referring the member to the provider indicated on this form.

Name — Designated Lock-In Provider (Print)	NPI — Designated Lock-In Provider
Telephone Number — Designated Lock-In Provider	Fax Number — Designated Lock-In Provider
SIGNATURE — Designated Lock-In Provider	Date Signed