



2020 Restriction Program Practice Guideline

This Practice Guideline provides information and suggestions for effectively working with restricted members as mandated by Utah State Medicaid guidelines. Restriction Program success depends on a collaborative approach between the Primary Care Provider (PCP) and the SelectHealth Care Manager (CM).

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GOALS OF RESTRICTIONS

- > Provide safeguards against inappropriate and excessive use of Medicaid services.
- > Establish care with the PCP to:
 - Manage a member's comorbidities
 - Coordinate care with necessary specialists
- > Reduce non-emergent Emergency Department (ED) visits.
- > Increase PCP follow-up after Instacare visits, ED visits, and inpatient stays.
- > Increase patient safety by establishing and engaging members in regular preventative care with their PCP. Regular preventive care reduces occurrence or exacerbation of health issues, which decreases unnecessary tests, procedures, hospitalizations, and other risks.
- > Reduce the number of prescribers for abuse-potential medications (**see list on page 4**) and help coordinate non-affiliated providers who prescribe abuse-potential medications.


INITIAL REVIEW PROCESS

When reviewing a member for restriction, SelectHealth uses 12 months of claims to determine if **ONE** Utah Department of Health (UDOH) criteria has been met (see table below).

# Visits	Provider Visited (Purpose)	Time Frame
4+	<ul style="list-style-type: none"> • Non-affiliated PCPs • Specialists seen outside normal utilization range 	Maximum of 12 eligible months
4+	Pharmacies (Abuse-potential medications)	Maximum of 12 eligible months
3+	Non-affiliated providers prescribing abuse-potential medications	2 months
6+	Prescriptions filled (for abuse-potential medications) from >1 non-affiliated prescriber	2 months
5+	Non-emergent ED visits (primary diagnosis coded as non-emergent*)	12 months

* Contact UDOH for a list of these codes.

Successes of Restriction



Medical expenses
go down **25%**

after members graduate from the Restriction Program and continue to drop the longer they are off restriction. Fifty percent of members put on restriction are removed after one year.

ED visits decrease
by **69%**

post restriction when compared to use prior to restriction.

Every case is reviewed individually, taking into consideration any complex medical issues, diagnosis, and referrals to determine the appropriateness of all utilization of services. Sometimes even excessive “non-emergent” ED visits can be justified due to a member’s complex medical issues, etc. If this is the case, SelectHealth may choose not to restrict the member.

If a member meets the above criteria:

Based on prior visits or member proximity to the clinic, SelectHealth will ask a PCP if they agree to be the assigned “lock-in” provider.

Providers who apply and qualify as PCPs may receive an additional care coordination fee for managing restricted members.

The PCP approves any Secondary Care Providers (SCP) who the member may see and decides if that SCP has prescribing rights.

The PCP may choose to manage abuse-potential medications or approve a pain management provider and/or mental health provider, if desired. The restriction member may also benefit from a Medication Management Agreement (MMA).

Most behavioral health services are provided through the Medicaid Prepaid Mental Health Plan (PMHP) for the area (access more information at the [Utah Medicaid site](#)). For members on the Community Care Integrated Health Plan, SelectHealth provides the behavioral health services.



The member will be assigned one “lock-in” pharmacy. The lock-in pharmacy is typically determined by reviewing claims to determine which pharmacy the member uses most often or most recently. If no pharmacy claims are available, lock-in is determined by proximity and availability. Members may:

- > Only fill abuse-potential medications (**see list at right**) from PCP and approved SCPs
- > Pay cash for medications that are rejected for payment by insurance. CMs monitor if the member picked up the medication, and it will count against the member in their annual review. The CM can approve a one-time override in extenuating circumstances.

Other medications that do not have abuse potential (e.g., antibiotics, steroids, inhalers, etc.) will be allowed from any provider at any pharmacy.

A SelectHealth CM will be assigned to each restricted member. Note that:

- > CMs are available weekdays, 8:00 a.m. to 5:00 p.m. at **801-442-5305**, option 2.
- > The PCP will need to contact the CM to add SCPs to the State Medicaid Database (MMCS).

This database helps us manage provider and pharmacy approvals and denials. All providers should **check the member’s eligibility** at each office visit. If the member is restricted, there will be a notification and a list of approved providers.

PRIMARY CARE PROVIDER’S ROLE

When a PCP agrees to become the lock-in PCP, they act as the “gate-keeper” to all other SCPs they feel appropriate for the member. A mid-level provider can be what we refer to as the “acting PCP,” but the supervising MD (or whomever they bill under) will also be listed to avoid any billing errors. Also, for ease of scheduling, other providers in the office may also be added at the PCP’s discretion.

Abuse-potential Medications:

Narcotics	ADHD agents
Benzodiazepines	Antianxiety agents
Barbiturates	Stimulants
Muscle relaxers	Opioids
CNS stimulants	Anticonvulsants
Amphetamines	Antimanic/ antipsychotic agents

The lock-in PCP will be responsible for :

- > Establishing care with member and addressing primary health conditions and comorbidities.
- > Placing referrals to appropriate SCPs necessary to the member’s care plan.
- > Ensuring that the assigned restriction CM receives a call, IM, or email about adding the SCP to the member’s approved list in the state database.
- > Approving requested SCP, if required, when a SelectHealth CM calls on the member’s behalf. Please respond to messages left for these approvals or denials in a timely manner.
- > Notifying the restriction CM of their preferred communication method for these approvals (email, call to MA or CM, IM, etc.).
- > Managing member access to abuse-potential medications by:
 - Approving or denying abuse-potential prescribing rights for an approved SCP (e.g., a dentist)
 - Implementing a Medication Management Agreement (MMA) for members, if indicated, by referring to these resources:
 - **Controlled Substances MMA**
 - **Care Process Model: Prescribing Opioids for Chronic Non-Cancer Pain**
 - Approving and referring a member to a pain management specialist when indicated.



NURSE LINE

Not sure if you should go to your doctor, urgent care, or the ER? Call Intermountain Health Answers® 24/7 to talk to a nurse who can help. To reach Health Answers, call **844-501-6600**.



TELEHEALTH

Need care right away, but you can't get to your doctor or urgent care? Use Intermountain Connect Care® anytime, anywhere to visit with a doctor using a smartphone or computer. Download the app, or visit [Connect Care online](#).



PRIMARY CARE PROVIDER (PCP)

A PCP can help you stay healthy and see you faster when you are sick.

When it's not an emergency, see your PCP instead—many clinics are open after 5:00 p.m. Can't find a doctor? Call Member Advocates at **800-515-2220**.



URGENT CARE

Is your doctor's office closed? Intermountain InstaCare® locations are open every day until 9:00 p.m. or later. Download the SelectHealth app to find a location, view wait times, and get in line. Questions? Call Member Services at **855-442-3234**.

- > The PCP can address restriction goals with the member by:
 - Increasing office availability for restriction members if able
 - Encouraging members to avoid non-emergent ED visits by using alternative care options: PCP office, Connect Care, Health Answers, and Instacare for non-emergent needs.

SELECTHEALTH RESTRICTION CARE MANAGER

Care managers work with members at the beginning of the Restriction Program to explain the program and educate members about appropriate healthcare utilization.

Care managers follow up with members at least every eight weeks, or as needed, to review claims and restriction rules, provide education, and provide community resources to address member needs related to social determinants of health (e.g., food, housing, transportation, etc.).

SelectHealth CMs review claims status every six to eight weeks. As a result, we may not know the member's situation in real time and do not have access to documentation from providers who are not part of Intermountain. Providers should notify the restriction CM if there are issues, such as "no shows," aggressive or non-compliant behaviors, or any other care coordination needs.

We will notify the PCP by letter, annually, regarding the status of their restricted member.

If a member is staying on restriction, the CM will:

- > Contact the PCP
- > Request a review of all approved SCPs currently listed
- > Confirm the list of approved providers for the upcoming year

ANNUAL REVIEW PROCESS

After one year on the program, SelectHealth performs a comprehensive review of the member's adherence to the program guidelines. This review determines whether the member has met criteria to be removed or will remain on the program for another year.

Annual reviews use the same criteria as listed above for initial review.

If the member continues to meet restriction criteria, they will receive:

- > A letter informing them of the decision to have them remain on the program another year
- > A call from the care manager to review the decision and their right to appeal

If the member is removed from the program, they may be referred for continued care management in the most appropriate setting, such as with SelectHealth, primary medical home, or Integrated Comprehensive Care Team (ICCT).

RESOURCES

- > [Utah Department of Health Restriction Program](#)
- > [Medicaid eligibility lookup tool](#)
- > [Controlled Substance Medication Management Agreement](#)
- > [Care Process Model: Prescribing Opioids for Chronic Non-Cancer Pain](#)