

Alaska Medicaid Care Management Program



Contact Information

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Care Management Program
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Care Management Program Overview

The Care Management Program (CMP), formerly known as the 'Lock-in' Program, was established by the Alaska Department of Health and Social Services under the authority of the Alaska Administrative Code 7 AAC 105.600 to combat harmful and costly inappropriate use of Medicaid-covered services. The Care Management Program restricts a recipient to a Primary Care Provider and a single Pharmacy to reduce misuse of the Alaska Medical Assistance program, encourage continuity of care, and promote communication between the recipient's Primary Care Provider and pharmacy. Providers eligible to serve as a primary care provider under the Care Management Program include:

- Physicians
- Advanced Nurse Practitioners
- Physician Assistants
- Groups that include any or all of the above Provider types.

Recipients who could benefit from the CMP are most often identified by the Department or its fiscal agent, Xerox State Healthcare, LLC, but are also referred to the program by medical providers or other concerned individuals. A utilization review of the most recent 12 months of medical and pharmacy records is then conducted to determine if the individual meets criteria for CMP. If CMP placement is determined appropriate, the recipient is sent a notice explaining the reason for, and the date of placement into the program. The notice includes reports detailing the area(s) the patient has overused medical services.

Care Management Program participation generally lasts for twelve months, during which time the recipient is limited to services rendered by the primary care provider and a single pharmacy. With the exception of emergency services, a recipient may seek treatment from other providers only after receiving an advance written referral from the primary care provider.

Primary Care Providers



What is the role of a Primary Care Provider?

A primary care provider for the Care Management Program functions as the principal supplier of medical care for CMP patients, and acting as a 'gatekeeper' coordinates all other medically necessary services. The primary care provider determines when a referral to a specialist or other medical professionals is necessary. In order for a provider other than the primary care provider to be reimbursed by Alaska Medicaid, the written referral must be submitted with the claim and must include:

- Date of referral
- Condition to be treated
- Duration of the referral

Medical expenses for CMP patients for which a referral was not made are the responsibility of the patient.

How will participation in the Care Management Program affect my practice?

Xerox Care Management Program Coordinators are available to assist physicians in their efforts to establish continuity of healthcare with their patients by reinforcing physician decisions regarding medical necessity. CMP coordinators provide feedback to physicians about patient compliance and other activity, as well as provide ongoing coordination assistance for prescription activity with the primary care pharmacy.

The CMP program is also an effective monitoring tool when paired with a pain management agreement. Physicians are encouraged to make **voluntary** CMP placement a part of their pain management agreements when appropriate.

Primary Care Pharmacy

What is the role of a Primary Care Pharmacy?

The primary care pharmacy assists the primary care provider in coordinating prescription activity throughout the duration of the Care Management Program. Pharmacies participating in the CMP agree to collect and file referral letters to obtain prescriber overrides when necessary. The primary care pharmacy is encouraged to contact Xerox if suspicious behavior or cash payments for controlled substances are observed.

Pharmacy Billing Support

The Pharmacy Help Desk operates 24 hours a day seven days a week. Pharmacies that are experiencing billing problems, or want to request an override, please call 1-800-884-3238.



Referrals to Care Management

How can I refer a patient to the Care Management Program?

Patient referrals to the CMP by medical care professionals, including pharmacy staff, are welcomed. If a need for CMP is identified, you may make the referral by telephone at (907) 644-6842 or (800) 770-5650, or you may complete the attached Provider Statement form and submit it by facsimile, mail, or encrypted e-mail. Pharmacists are encouraged to report instances of a Medicaid recipient making cash payments for controlled substances, multiple reports of lost or stolen medication, and other pharmaceutical anomalies.

PLEASE MAIL, FAX OR E-MAIL TO:

Surveillance Utilization Review
P.O. Box 240808
Anchorage, AK 99524-0808
(907) 644-6842 (800) 770-5650
fax: (907) 644-8128 e-mail: surs-ak@acs-inc.com



**PROVIDER STATEMENT
FOR CARE MANAGEMENT PROGRAM**

Recipient name:		
Medicaid I.D.	DOB	SS#

Part I: The Care Management Program assists Alaska Medicaid recipients to establish continuity of care with Alaska Medicaid providers. A primary care provider will act as a gatekeeper for medical services, and will help to determine the appropriate levels of medical treatment sought by Care Management recipients. Xerox, on behalf of the State of Alaska, Department of Health Care Services would like your professional opinion regarding this recipient's participation in the Care Management Program.

- I agree that this recipient would benefit from the Care Management Program.
- I disagree that this recipient would benefit from the Care Management Program.
- I recommend that a medical utilization review be performed on this recipient.

We value your feedback regarding any interaction you or your staff had with this recipient. Please provide a brief statement in the space provided below regarding your recommendation.

Part II (optional): Upon completion of the utilization review performed on this recipient, the State of Alaska may look to partner with a primary care provider or facility to coordinate this recipient's care. The primary care provider is asked to cover basic medical care, and make referrals to other medical professionals when he/she feels that it is medically appropriate.

- I am willing to provide this recipient with basic medical care while they are in the Care Management Program.
- At this time I am unable to provide medical services for this recipient, please refer to my statement above.

Provider:	Print	Signature/Date
Facility:		Telephone: (907)

Requested By: _____

I understand that these statements may be used in Fair Hearings.