

<b>Department:</b>	Pharmacy	<b>Original Approval:</b>	12/01/2004
<b>Policy #:</b>	PM563	<b>Last Approval:</b>	09/28/2020
<b>Title:</b>	Patient Review and Coordination (PRC) Program		
<b>Approved By:</b>	CMO Cabinet		
<b>Dependencies:</b>	None		

### Line(s) of Business

- ☒ WAH-IMC (HCA)
 ☐ BHSO
 ☐ Medicare Advantage (CMS)
 ☐ Medicare SNP (CMS)
 ☒ Cascade Select

### Policy

It is the policy of Community Health Plan of Washington (CHPW) that members identified through clinical review as meeting established criteria for excessive, inappropriate and/or at-risk utilization of medical services may be placed in the Patient Review and Coordination (PRC) Program. CHPW's PRC Program shall follow the PRC criteria established by the most current version of WAC 182-501-0135 intended for use by a managed care organization as the guideline for placement of CHPW Washington Apple Health Integrated Managed Care enrollees into the CHPW PRC Program.

### Purpose

CHPW's PRC Program is designed to meet the requirements of WAC 182-501-0135 Patient Review & Coordination (PRC) guidelines for CHPW Apple Health and IMC members as authorized by 42 U.S.C. § 1396n (a)(2) and 42 C.F.R. § 431.54. CHPW's PRC program is overseen by the plan's Senior Medical Director. PRC is mandated by Health Resources and Services Administration's (HRSA) regulations based on Federal requirements for State Medicaid programs to control the overutilization and inappropriate use of medical services by members. CHPW's PRC policy and procedures outline how CHPW meets its WAH-IMC contractual requirements for HRSA's and Washington State's Healthcare Authority (HCA) PRC Program.

The purposes of the PRC Program are:

- To decrease and control excessive and/or inappropriate utilization of health care services, including emergency room services and prescription drugs;
- To minimize medically unnecessary and high risk drug usage;
- To assist members through education and coordination of care towards the safe and appropriate use of health care services; and
- To assist providers in the management of PRC members through education, resource referrals, and coordination of care.

## **PRC Evaluation Process:**

Members who might benefit from the PRC program and potentially meet WAC criteria are identified by:

- EDIE reports
- Reports from the Pharmacy Benefits Coordinator identifying
  - Multiple prescriptions for controlled substances
  - Prescriptions from multiple providers
  - Prescriptions at multiple pharmacies
- Claims data for Medical
- The Health Care Authority
- PRISM data

The records are collected for review, including Medical and Pharmacy claims data, PRISM data, EDIE reports. Reports are reviewed by a registered nurse with physician oversight. A 90-day period of time is selected, and all the ED visits from that time period are reviewed for at risk behavior and for medical necessity. All other utilization (including number of providers, number of prescriptions and pharmacies, number of controlled substances), from that time period, is reviewed for medical necessity and compared to criteria for PRC. Prescriptions are also reviewed for risk potential. The extended records are reviewed for patterns of medication usage, ED visits, and for consideration of additional medical and behavioral health conditions as well as for possible engagement in treatment. Need for health care services is identified. A recommendation is made regarding if the member is likely to benefit from being enrolled in the PRC program at that time or if the member should be reevaluated in the future. If the member has already apparently corrected the condition that led to the PRC review, the recommendation would likely be to monitor and reevaluate in a few months. All the members enrolled in PRC are offered case management to facilitate access to behavioral and physical health care services that are needed as well as to help with care coordination and community linkages.

PRC is a plan level intervention, and the final decision to place a member in the PRC Program lies with the Plan, unless decided otherwise by a hearing. CHPW's Grievance and Appeals Department will handle appeals for members who disagree with the PRC placement decision. CHPW's PRC Program participates in hearing procedures as necessary. Members under the age of 18 require HCA approval prior to placement in the PRC Program.

## **PRC Enrollment:**

Members in the PRC program will be assigned to specific providers, which will include at least one primary care provider (PCP) and may also include one or more of the following types of health care providers:

- pharmacy
- prescriber of controlled substances
- hospital for non-emergent care
- other qualified provider types, as needed

Members are placed in the PRC Program for an initial, second or subsequent placement period, as defined by WAC 182-501-0135. The initial placement period will last at least 24 months, the second placement period will last at least 36 months, and subsequent periods will last at least 72 months.

CHPW shall support HRSA and the HCA's PRC program by:

- Providing any information requested by the HCA and/or HRSA pertaining to the clinical review of a CHPW WAH-IMC member for possible placement in the PRC Program.
- Reporting to the HCA or HRSA any current or recently dis-enrolled WAH-IMC member identified, per clinical review, as meeting established criteria for placement in the PRC Program.

CHPW Customer Service, Compliance, and Clinical Services team members shall follow the PRC Desk Procedures when a member appears to meet PRC criteria. When a CHPW member is placed in the PRC Program, CHPW Provider Relations or PRC staff will educate the assigned providers on their roles, as requested. The members enrolled in the PRC program have a direct line at CHPW to contact a behavioral health pharmacist who can facilitate education, and changes in provider or pharmacy, if needed.

### **PRC PROGRAM SERVICES**

CHPW may provide the following services for members placed in, under review for placement in, or being referred to the PRC Program:

- Coordination and handling of referrals to the PRC Program;
- Screening of pharmacy and medical utilization data to capture excessive and/or inappropriate utilization;
- Sending one-time Letter of Concern notifications to members regarding potentially excessive and/or inappropriate utilization of services;
- Providing timely coordination of care with the member's assigned providers;
- Providing notifications of potentially excessive and/or inappropriate utilization of services for the member's assigned providers;
- Member level interventions promoting the safe and appropriate utilization of medical services;
- Referrals to medical and/or behavioral health Case Management programs;
- Coordinating initial provider assignments and updates in accordance with PRC guidelines;
- Facilitating access to medical services authorized by the assigned providers

- (e.g., specialist consultations for pain control, behavioral health, substance abuse, rehabilitation)

## List of Appendices

None

## Citations & References

<b>CFR</b>		
<b>WAC</b>	<a href="#">182-501-0135 PATIENT REVIEW AND COORDINATION (PRC)</a>	
<b>RCW</b>		
<b>Contract Citation</b>	<input checked="" type="checkbox"/> WAH - IMC	17.5 PRC; 16.14 PRC
	<input type="checkbox"/> BHSO	
	<input type="checkbox"/> MA	
	<input checked="" type="checkbox"/> Cascade Select	WAC 284-43-5642 Essential health benefit categories
<b>Other Requirements</b>		
<b>NCQA Elements</b>		

## Revision History

Revision Date	Revision Description	Revision Made By
12/01/2004	Original presentation	Mike Hays
02/13/2008	Minor text revisions	Mike Hays
05/21/2008	Minor text revisions	Mike Hays
12/02/2008	Moved to new template; edited for style	Jennifer Carlisle
12/09/2009	Approval	MMLT
12/09/2010	Approval	MMLT
03/23/2011	Approval	MMLT
03/29/2011	Moved to new template	Ben Crockett
01/22/2013	Approval	MMLT
07/24/2013	Policy moved from Medical Management (MM108) to Pharmacy Management (PM563)	Tina Mitchell
07/24/2013	Approval	MMLT
06/16/2014	Moved to new template. Minor text revisions.	Mary Eckhart
08/13/2014	Approval	MMLT
03/04/2015	No changes	Mary Eckhart
04/07/2015	Approval	MMLT
03/10/2016	Updated citations table	Mary Eckhart
03/18/2016	Approved	MMLT
03/01/2017	Moved to new template	Mary Eckhart
03/14/2017	Approved	MMLT
03/02/2018	Moved to new template	Mary Eckhart

03/13/2018	Approval	MMLT
03/12/2019	Reviewed, no changes	Yusuf Rashid
03/13/2019	Approval	MMLT
06/06/2019	Minor revisions; added contract citation	LuAnn Chen
06/06/2019	Approval	MMLT
08/22/2019	Addition of the PRC Evaluation Process and PRC Enrollment	LuAnn Chen, MD
09/04/2019	Approval	MMLT
09/24/2020	Formatting changes. Corrected approval body to CMO Cabinet. Minor edits and clarifications.	LuAnn Chen, MD
09/28/2020	Approval	CMO Cabinet