

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy Operations	REFERENCE NUMBER: MS.PHAR.17
EFFECTIVE DATE: 06/01/2014	P&P NAME: Care Management Referral Process
REVIEWED/REVISED DATE: 5/4/2015; 5/2/2016; 4/4/2017; 3/20/2018; 3/8/2019; 2/19/2020; 2/15/2021; 2/1/2022; 2/1/2023; 2/1/2024; 9/4/2024; 9/1/2025	RETIRED DATE:
BUSINESS UNIT: Magnolia Health Plan	PRODUCT TYPE: MSCAN & CHIP
REGULATOR MOST RECENT APPROVAL DATE(S): 01/21/25	

SCOPE:

This policy applies to Magnolia Health Plan (Plan) Pharmacy Department, Population Health Management and Clinical Operations (PHCO), and Member Services Departments.

DEFINITIONS:

- DOM: Mississippi Division of Medicaid
- PBA: Mississippi Medicaid Single Pharmacy Benefit Administrator
- PHCO: Population Health Management and Clinical Operations

PURPOSE:

The purpose of this policy is to promote effective, consistent care coordination between the Plan's pharmacy and PHCO departments. This coordination of care will be included in the provision of the Plan's PHCO programs.

PROCEDURE:

The Mississippi Medicaid Single PBA is responsible for implementing the pharmacy benefit design, the Division of Medicaid's Universal Preferred Drug List (PDL), drug utilization review (DUR), the prior authorization (PA) process, pharmacy network management, pharmacy claims processing, pharmacy help desk, customer service functions, clinical reviews, and reporting. The PBA will share all member claims data with the Plan to utilize in all aspects of Care Management for all members.

Members' health data is used proactively to identify those Members with chronic diseases that may benefit from Care Management programs.

The Plan pharmacy department will identify and refer members to PHCO for care management outreach when one of the following are identified:

- Enrollment in the Beneficiary Health Management Program (BHMP);
- Over or Under Prescription Utilization;
- Polypharmacy Utilization;
- Members identified as having high acuity and/or chronic disease states including but not limited to Arthritis, Asthma, Behavioral Health Disorders, Cardiovascular Disease, Cystic Fibrosis, Diabetes, Hemophilia, HIV/AIDS, Obesity, Sickle Cell Disease;
- Members identified as utilizing specialty pharmacy therapies that require precision medications.

Referral Source:

The Plan pharmacy team may initiate a referral for care management verbally or through a reminder/task in the clinical documentation system (TruCare) when a member is identified through pharmacy utilization review.

REFERENCES:

MS.PHAR.15 Pharmacy Lock-In Program

ATTACHMENTS:

REGULATORY REPORTING REQUIREMENTS:

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
Annual Review	No Changes	05/04/2015

Annual Review	Changed second reviewer from Chief Medical Director to VP of Pharmacy	05/02/2016
Annual Review	No Changes	04/04/2017
Annual Review	No Changes	03/20/2018
Annual Review	No Changes	03/08/2019
Annual Review	No Changes	02/19/2020
Annual Review	No Changes	02/15/2021
Annual Review	No Changes	02/01/2022
Annual Review	No Changes	02/01/2023
Annual Review	Updated Medical Management to PHCO.	02/01/2024
Ad Hoc Review	Updated language to reflect the implementation of the MS Medicaid SPBA. Change pharmacy lock-in to BHMP. Added CHIP LOB, effective 7/1/25.	09/04/2024
Annual Review	No Changes	09/01/2025

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.