

Notice of Placement in the Care Management Program



December 31, 2013

XXXXXXXXXXXXX
XXXXXXXXXXXXX
Anchorage, AK 995XX

Under federal regulations, the Alaska Medical Assistance Program requires continued examination and evaluation of the care and services paid through Medicaid for its recipients. This includes a review of medical care; services delivered, and payment information based on claims history.

Due to your usage of Medicaid services, a report was generated and has been assessed by Xerox, Surveillance Utilization Review Department on behalf of the State of Alaska, Division of Health Care Services. This report showed that from July 1, 2012 to June 30, 2013 your use of the following exceptions exceeded the usage of services by those in your peer group of Adults Age XX-XX:

- | | |
|--|--|
| Number of Rendering Physicians | Number of Different RX Controlled Drugs |
| Number of Groups, Clinics, Facilities | Number of Physician Office Visits |
| Number of Drugs Prescriptions | Number of Prescribers all RX Drugs |
| Number of Different Drugs | Number of Prescribers, Controlled Drugs |
| Number of Rendering Pharmacies | Number of Different Diagnosis Codes |
| Number of Claims Denied Early Refill | Number of Initial Office Visits |

A clinical review performed by a qualified health care professional found that your usage of the above listed areas during July 1, 2012 to June 30, 2013 was at a level that is not medically necessary. These services have been determined not to be medically necessary because:

- 1. Concurrent care and/or closely adjoining dates of service and/or same date of service for same/similar presenting complaint.**
- 2. Confirmation of all exceptions has been validated with this review of records.**
- 3. No documentation is present to indicate if providers were aware of their colleagues' prescription activity with this recipient.**
- 4. Non-compliance with specific medication directions and treatment modalities.**
- 5. Misleading statements along with omissions of previously received medications and/or treatment to obtain DEA Class 2-5 narcotics.**
- 6. The need to create an ongoing relationship with one provider to establish formal continuity of care to better meet required medical needs has been identified.**

Request for a Fair Hearing



These findings have determined that your choice of providers will be restricted under the Care Management Program (CMP) guidelines of service for twelve months of eligibility starting **February 1, 2014**.

In accordance with 42 CFR 431.54(e) and 7 AAC 105.600, the following providers have been selected and have agreed to act as your primary providers for the Care Management Program:

Physician: XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX Anchorage, AK 995XX	Pharmacy: XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX Anchorage, AK 995XX
Office# 907-XXX-XXXX	Office# 907-XXX-XXXX

Effective **February 1, 2014** you must receive all Medicaid services from the above providers during your placement in the Care Management Program. **These will be the only medical providers that Medicaid will reimburse while you are on the program, except in the case of a life threatening or potentially disabling emergency or when your assigned Primary physician provides a referral for you to be seen by a specialist due to a medically necessary condition that your Primary physician is unable to treat.**

You will be responsible to pay for **any non-emergency medical treatment** you receive from providers who are not on this list unless one of the listed providers refers you to another provider.

If you are referred to another physician, it is important that you obtain at least two copies of that referral. The referral must be obtained from your primary care provider **before** seeing any referred provider and you must provide them with a copy of this referral at the time of your appointment. Additionally, in order to have prescriptions filled by the referring provider, you must also present a copy of your referral to your primary pharmacist, each time.

The Care Management Program does not provide you with Medicaid eligibility.

- If you are eligible for Medicaid, you will receive different Medicaid coupons.
- These new coupons are printed on pink paper and list the providers you may use.

This action is based on Federal Regulation 42 CFR 431.51, 431.54 and 456.23; Alaska Administrative Code 7 AAC 105.600 and Alaska Medical Assistance Manual Section 5002-2.

If you have questions or concerns about the enclosed decision regarding your Medicaid services, you may call Xerox, operating on the behalf of the State of Alaska Medical Assistance Program, at 907.644.6842 or 800.780.9972 for clarification.

Department of Health and Social Services

Notice of Recipient Fair Hearing Rights



Fair Hearings
Alaska Medicaid

Xerox State Healthcare, LLC,
PO Box 240808
Anchorage, AK 99524

FairHearings@xerox.com
tel 907.644.6800
tel 800.770.5650
fax 907.644.8126

<http://medicaidalaska.com>

If you have questions or concerns regarding the enclosed notice, please call the Xerox Recipient Helpline at 800.780.9972 to seek clarification. If you disagree with the enclosed decision, you have the right to appeal that decision. You may contact us to schedule a fair hearing via mail, facsimile, or email.

Mailing Address	Facsimile	Email
Fair Hearing Representative Xerox P.O. Box 240808 Anchorage, AK 99524	Attention: Fair Hearings 907.644.8126	FairHearings@xerox.com

Timeline to Appeal and Legal Counsel:

If you wish to appeal the decision in this notice, you must request a fair hearing in writing within 30 days of the date of this enclosed notice, as provided in 7 AAC 49.030. At the hearing, you may either represent yourself, or use legal counsel, a relative, a friend, or other spokesperson. If requested, DHSS will help you submit a fair hearing request. Free legal representation may be available through Alaska Legal Services at 888.478.2572 (toll-free outside Anchorage) or 907.272.9431 (in Anchorage), or through the Disability Law Center at 800.478.1234 (toll-free throughout Alaska) or by email at akpa@dlcak.org. Prior to the hearing, you will be provided a complete copy of all documents that the Department relied upon in coming to the decision in the enclosed notice. You also have the right to review your file at a reasonable time prior to the hearing.

Continuation of Benefits:

Please be advised that if you have been getting a service paid by Medicaid that is stopped, suspended, or reduced by an action taken by DHSS, that service will be automatically continued upon receipt of your fair hearing request. If you do not want the benefits continued automatically, you must inform the Xerox Fair Hearing Representative about your decision to discontinue the services while making your request for the fair hearing. Please be aware that if you continue to receive benefits, and the hearing authority determines DHSS was correct to stop, suspend, or reduce the services, DHSS may require you to repay the cost of those services according to 42 C.F.R. 431.230(b), 7 AAC 49.190, and 7 AAC 49.200.

Revised 04/2013