

Chapter: **CLINICAL PRACTICE**
Title: **PMP / SUBSIDIZED LABORATORY SERVICES**

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Chief Executive Officer Date

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County Executive Office Date

I. ABSTRACT

This policy establishes the standards and procedures of Macomb County Community Mental Health (MCCMH), an official agency of the County of Macomb, for determination of eligibility and provider enrollment for participation in subsidized pharmacy and laboratory services.

II. APPLICATION

This policy shall apply to all directly-operated and contract network providers providing and billing MCCMH for subsidized psychiatric medication and related services.

III. POLICY

MCCMH shall subsidize pharmacy and laboratory services for persons served meeting specified financial eligibility criteria.

IV. DEFINITIONS

- A. Psychiatric Medication Program (PMP)
A medical assistance service that provides medication to designated MCCMH persons served at no cost to them.
- B. Subsidized Laboratory Services
A medical assistance service that provides laboratory tests to analyze blood and urine samples of designated persons served at no cost to them.

V. STANDARDS

- A. MCCMH persons served must meet the following eligibility criteria for enrollment in the

PMP or subsidized laboratory services:

1. The person must be a registered MCCMH person served currently receiving services from an MCCMH directly operated or contracted provider.
 2. The person lacks adequate health insurance and has a gross monthly income which results in a zero ability to pay determination and has been denied Medicaid eligibility. See MCO Policy 7-001, "Determination of Financial Liability" for further information.
- B. Ongoing efforts must be made to exhaust all available resources such as complimentary drug samples when financial circumstances change or at least yearly; coupons from the manufacturer or a third party (ie. GoodRX); Pharmaceutical Industry Prescription Drug Patient Assistance Programs; or other local community organizations providing free medications on a one time only or limited subsidy such as the World Medical Relief, Michigan Emergency Pharmaceutical Program of Senior Citizens, or United Way Community Services.
- C. If possible, medications from the low-cost generic lists from local retailers should be considered for treatment prior to referral for PMP. The provider can communicate with the MCCMH Finance Team if the cost for these is burdensome to the person served.
- D. The provider through which medications are being prescribed shall determine whether the person is eligible for enrollment into the PMP. When a person is transferred from one MCCMH provider to another, the receiving provider must verify continued eligibility.
- E. The person's eligibility for the PMP subsidy program must be verified every quarter through central or third-party resources (e.g., CHAMPS or industry-sponsored programs) and documented in the person's record in MCCMH's electronic medical record (EMR) system. This includes verifying that the person:
1. Has no available pharmacy or laboratory services benefits through his/her health insurance;
 2. Has no personal or family financial resources to cover the cost of prescriptions or laboratory services;
 3. Is not eligible to receive Medicaid; and
 4. Has been denied entry into Pharmaceutical Industry Prescription Drug Patient Assistance Programs.
- F. When the necessary criteria are met and funds are available, the MCCMH Finance Department approves most medications through the partner pharmacy. If a medication is requested that costs more than one-hundred and fifty dollars (\$150.00) for a monthly prescription, a request must be submitted to the Chief Medical Officer or his/her designee. The Chief Medical Officer and Finance team shall then discuss the case prior to final approval/denial.

- G. The medication(s) for which subsidy is authorized must be prescribed specifically for the treatment of the person's psychiatric condition. The subsidy program is not to be used for the treatment of concurrent medical conditions, birth control, or general health maintenance.
- H. Each designated provider shall use a prescription form specifically for the PMP that includes the provider's name. Prescriptions provided to persons served newly enrolled in the PMP subsidy program, and to existing PMP individuals requesting new prescriptions, shall primarily be generic medications, unless otherwise approved by the MCCMH Chief Medical Office.
- I. The laboratory services for which the subsidy is authorized must be related to the person's psychiatric condition for the purpose of establishing baseline data for periodic monitoring of safety and medication compliance, progress, or lack thereof. The Subsidized Laboratory Services Program Laboratory Tests Order Form, MCCMH #291 (Exhibit A), must be used when ordering laboratory services.
- J. All medications and laboratory work subsidized under these programs must be prescribed by an MCCMH-authorized physician. Exceptions must be authorized by the MCCMH Chief Medical Office.
- K. The MCCMH Chief Medical Officer or designee reviews and analyzes monthly summary reports from the Finance Team and contract pharmacies/laboratories to monitor cost-effective use of the PMP/laboratory subsidy service. The prescribing patterns of licensed prescribers are analyzed and profiled. Collected data is used for physician education.
- L. The PMP is subject to available funding as determined by the MCCMH Finance Department.

VI. PROCEDURES

A. PMP Procedures

1. The designated provider shall assess the person's eligibility for the PMP using MCCMH's eligibility criteria.
2. The licensed prescriber shall assess the person's need for psychotropic medications for psychiatric condition(s) and, if a need is indicated, prescribe MCCMH formulary generic psychotropic medications.
3. A Prior Authorization Request form, MCCMH #304 (Exhibit B), shall be completed and faxed to the Finance Team prior to a non-MCCMH PMP formulary drug being prescribed, for which there is no suitable alternative available. In the event this is denied, the provider may appeal by supplying the MCCMH Chief Medical Office with copies of all prescriptions, current psychiatric evaluations, and completed medication reviews, if such documentation is not available in FOCUS. Criteria for review must be satisfied prior to submission for appeal.
4. The licensed prescriber or nurse, as delegated by the physician, may dispense short-term complimentary drug samples to PMP eligible persons while waiting for assistance through the Pharmaceutical Company Patient Assistance Program. It is important to consider that this medication may not be covered under the PMP program.

5. When marked as an appeal, the MCCMH Chief Medical Office shall review the prescribing MCCMH licensed psychiatrist's Prior Authorization Request form, MCCMH #304 (Exhibit B), using the following criteria:
 - a. The use of MCCMH Formulary Drug Products is contraindicated in the person served;
 - b. The person has failed an appropriate trial of MCCMH Formulary or related agents;
 - c. The choices available in the MCCMH Drug Formulary are not suitable for the person's present care need and the medication requested is required for safety reasons;
 - d. The use of an MCCMH Formulary Drug Product may provoke an underlying medical condition (Axis III), which would be detrimental to the person's care.

B. Invoices from approved pharmacies shall be submitted to billing@mccmh.net.

C. Laboratory Testing Program Procedures

1. The designated provider shall determine the person's eligibility for the subsidized laboratory services using MCCMH's eligibility criteria.
2. The licensed prescriber shall:
 - a. Assess the person's need for laboratory services to establish baseline data prior to the initiation of medication; and monitor safety and medication compliance, progress, or lack thereof.
 - b. Order laboratory services using the FOCUS EMR or Subsidized Laboratory Services Program Laboratory Tests Order Form, MCCMH #291 (Exhibit A), indicating the person's case number, date of birth, physical and behavioral diagnosis code, and signature. The white copy is given to the individual, the yellow copy is placed in the clinical record, and the pink copy is forwarded to the MCCMH Chief Medical Office.
 - c. Request prior authorization from the MCCMH Chief Medical Office or designee for laboratory tests using the Prior Authorization Request Subsidized Laboratory Services Program, MCCMH #293 (Exhibit C). Following approval from MCCMH's Chief Medical Office, the licensed prescriber will order the prior approved laboratory tests using the Laboratory Test(s) Order Form Prior Authorized Request, MCCMH #294 (Exhibit D).
3. The licensed prescriber/nurse shall review laboratory test results as soon as received and document the review of the laboratory test results by placing their signature and the date on the laboratory report. The nurse will have follow-up communication with the licensed prescriber on any abnormal results and a notation will be made in the licensed prescriber/nurse's progress notes indicating actions taken and follow-up outcomes.

4. The MCCMH Chief Medical Officer or designee shall:
 - a. Review and monitor the appropriate use of subsidized laboratory services by physicians.
 - b. Request clarification of laboratory services as necessary using the Laboratory Services Utilization Review Request for Clarification, MCCMH #295 (Exhibit E).
 - c. Receive and approve (or not approve with a rationale provided) requests for the prior authorization of laboratory tests, MCCMH #294 (Exhibit D).
 - d. Receive and approve (or not approve with a rationale provided) requests for the authorization of the use of medications that are not MCCMH formulary generic medications, MCCMH #304 (Exhibit B).
 - e. Forward a copy of the Diagnostics/Subsidized Laboratory Services Program Laboratory Tests Order Form, MCCMH #291 (Exhibit A), received from licensed prescribers and any prior approved lab services to the MCCMH Finance Department.
 - f. Provide quarterly subsidized laboratory services utilization reports to MCCMH administration, managers, and physicians.

VII. REFERENCES / LEGAL AUTHORITY

None.

VIII. EXHIBITS

- A. Subsidized Laboratory Services Program Laboratory Tests Triplicate Order Form, MCCMH #291
- B. Prior Authorization Form, MCCMH #304
- C. Prior Authorization Request Subsidized Laboratory Services Program, MCCMH #293
- D. Laboratory Test(s) Order Form Prior Authorized, MCCMH #294
- E. Laboratory Services Utilization Review Request for Clarification, MCCMH #295