

HEALTH PLAN DESKTOP		
Title: Opioid Case Management Program		Number: DMCM12 Revision: New
Department: Medical Management	Sub-Department: Case Management	
Applies to Product Lines:		
<input type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> USFHP	
<input type="checkbox"/> Children's Health Insurance Plan	<input type="checkbox"/> Commercial Insured	
<input checked="" type="checkbox"/> Health Insurance Exchange	<input type="checkbox"/> Non Insured Business	
<input checked="" type="checkbox"/> Medicare		
Origination/Effective Date: 04/26/2021	Reviewed Date(s):	Revision Date(s):

DEFINITIONS AND ACRONYMS:

None

PROCEDURE:

The CHRISTUS Health Plan Case Manager will outreach any member identified using pharmacy claims that have excessive dosing, quantities, duration of therapy and concurrent utilization with another opioid, sedative, benzodiazepine or muscle relaxant to identify members who may be on a high risk opioid therapy. The high risk levels vary in severity from 1 to 5, with 1 being the least severe and 5 being the most severe.

Risk level 1 – Opioid Utilizer < 120 days

Risk level 2 – Opioid Utilizer > 120 days

Risk level 3 – Opioid Utilizer > 120 days AND utilization of (1): Benzo, Sedative or Muscle Relaxant

Risk level 4 – Opioid Utilizer > 120 days AND utilization of (2): Benzo, Sedative or Muscle Relaxant

Risk level 5 – Opioid Utilizer > 120 days AND utilization of (3): Benzo, Sedative or Muscle Relaxant

The CHRISTUS Health Plan Medical Director and Director of Medical Management will have direct oversight over the opioid care management program. The Medical Director will identify the prescribing physician(s) from the high utilizer pharmacy report to conduct a peer to peer discussion if a potentially fatal drug interaction or medication misuse is suspected. The Director of Medical Management will provide the Medical Director the prescribing physician contact information.

STEP
1. Director of Medical Management sends high utilizer report from pharmacy vendor to the assigned case manager.
2. The assigned case manager will perform a member file review.
3. The assigned case manager will make 3 outreach attempts to engage and enroll member in case management. The outreach calls will occur each week, on a different day, at a different time.
4. If the assigned case manager reaches the member: <ul style="list-style-type: none"> • Increase awareness of excessive opioid use; including potentially fatal drug interactions. • Encourage medication compliance. • Enroll in case management if member agrees and develop member centric goals • Document in Wellcentive and Opioid Program report.

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*If member does not agree to case management, provide the member with the case management toll free number, document the denial with the reason in Wellcentive and Opioid Program report.

5. If the assigned case manager is unable to reach the member after 3 attempts:

- Document in Wellcentive and Opioid Program report.
- Send unable to contact letter.

6. The assigned case manager will monitor, engage, and educate member in case management for a maximum of 6 months.

7. If the member has reached goals, discharge from case management.

8. Close case in Wellcentive and document on Opioid report.

9. For any potential of fraud, waste, or abuse, an internal referral form will be submitted to the Special Investigations Unit, or be reported to one of the contact options below;

FWA Reporting Hotline: 855-771-8072

FWA Secure Fax: 210-766-8849

CHRISTUSHealthPlanSIU@CHRISTUSHealth.org

RELATED DOCUMENTS:

None

REVISION HISTORY:

Revision	Date	Description of Change	Committee
New	4/26/2021	Initial release.	Executive Leadership