

## Lock-In Program

### General Requirements

Lock-In shall be utilized when LDH or the MCO finds that an enrollee has utilized Medicaid pharmacy services at a frequency or amount that is not medically necessary, as determined in accordance with utilization guidelines. The enrollee may be restricted for a reasonable period of time to obtain Medicaid pharmacy services from designated providers only in accordance with 42 C.F.R. §431.54(e).

Two types of Lock-In shall be utilized. An enrollee may be selected for Pharmacy-Prescriber Lock-In enrollment, where the enrollee will be allowed one primary care provider and specialist(s) if needed, and a single pharmacy provider and specialty pharmacy if needed; or Pharmacy-only Lock-In where the enrollee is asked to choose only one pharmacy provider and specialty pharmacy if needed to fill all of his/her prescriptions. Providers shall be fully enrolled in the FFS Medicaid program. The lock-in mechanism does not prohibit the enrollee from receiving services from providers who offer services other than prescriber and pharmacy benefits.

The MCO shall implement and maintain a statewide Pharmacy-only and a Pharmacy-Prescriber Lock-In program, in which the MCO will identify enrollees who are using pharmacy services at a frequency or amount that is excessive or not medically necessary, as determined in accordance with utilization guidelines established by LDH, in conformance with 42 C.F.R. §431.54(e). Lock-In shall be executed as specified in this manual.

Enrollees may change lock-in providers every year without cause. With good cause, they may change lock-in providers only with the MCO's approval. Enrollees may change providers for the following "good cause" reasons:

- ❖ An enrollee relocates;
- ❖ An enrollee's primary diagnosis changes;
- ❖ The lock-in provider(s) request(s) that the enrollee be transferred; or
- ❖ The lock-in provider(s) stop(s) participating in the Medicaid program and does not accept Medicaid as reimbursement for services.

The PBM shall have Point of Sale denials to restrict enrollees to the lock-in pharmacy and/or prescriber(s).

When the lock-in termination period has expired, the enrollee shall be reevaluated to determine future lock-in status.

Regardless of the enrollee's movement between MCOs, the enrollee shall remain in lock-in status until the established termination lock-in period has expired.

In case of an emergency, the MCOs and/or PBM shall allow an emergency supply of medication to be filled by a pharmacy other than the lock-in pharmacy to ensure access to necessary medication. Emergency fills may be subject to audit.

**Deleted:** The MCO shall refer to the Contract for lock-in program requirements and the **Marketing and Member Education Companion Guide** for lock-in letter templates.¶

## Enrollee Selection

On a periodic basis, the fiscal intermediary will select and generate a potential enrollee list for the lock-in program based on established criteria. The MCO shall notify potential lock-in enrollees of its intent to lock enrollees into a limited number of providers. The MCO shall grant appeal rights to the enrollees.

Each MCO may lock-in additional enrollees based on their own independent review, clinical criteria, or referral.

The MCO shall conduct a second review to identify any enrollee that would not benefit from the program due to complex drug therapy or other case management needs.

LDH shall be notified of those recommendations.

## Lock-In Letters

The MCO shall utilize the LDH lock-in letter templates located at <https://ldh.la.gov/page/pharmacy-templates-for-managed-care-organizations> and be responsible for the following:

- ❖ Notifying the enrollee, chosen pharmacy provider, and/or chosen prescribing provider of the proposed lock-in status;
- ❖ Giving the enrollee notice and an opportunity for a hearing, in accordance with procedures established by LDH and the CFR, before imposing the restrictions;
- ❖ Ensuring the enrollee has reasonable access, taking into account geographical location and travel time, to quality Medicaid services;
- ❖ Sending the initial enrollee notification letter no later than sixty (60) days prior to the effective lock-in date. Letters shall include lock-in period of restriction (effective and termination dates), pharmacy choice selection, and details on the enrollee's appeal rights, and pharmacy and/or prescribing provider selection; and
- ❖ Restricting the enrollee as instructed no later than ninety (90) calendar days after receiving the enrollee list, as long as the enrollee does not file an appeal.