All Medicaid members’ drug histories are monitored quarterly in order to assure they are getting the best possible care and to address issues such as coordination of care, patient safety, quality of care, and improper or excessive utilization of benefits. After a thorough review, your claims history indicates a need for better coordination of medical care to assure you are getting the right medicines to stay healthy. Therefore, you have been enrolled in this program.

**DURATION**: You will remain in the program 2 years. It will begin with the Effective Start Date and end on the End Date; even if you leave the Medicaid program and return before the termination date, or if you move from one MCO Plan to another. You will be notified prior to the lock in period ending.

**PROGRAM ENROLLMENT**: Every quarter, DHHS runs a report to look at all Medicaid members’ claims. The report looks at 20 different criteria; with most of them analyzing the use of pain medication. Prior to being enrolled in the Lock-In program, your claims history has reviewed by a Medicaid Director.

**PHARMACY SELECTION**: A pre-selected pharmacy has been chosen for you based on 6 months of your recent claims data. However, if you wish to choose a different pharmacy, you have 20 days to call the number given in the letter. After the Effective Start Date, all changes will require a request and approval. Medicaid will only pay for prescriptions that are filled at the Lock-In Pharmacy.

**OVERRIDES and EMERGENCIES**: Overrides will be allowed:

* If you are out of town,
* If the Lock In Pharmacy is out of your medication,
* If you have moved and not yet changed pharmacies.

 (\*You need to make sure Medicaid has your most current address.)

With an override or emergency after regular business hours, weekends or holidays, you will only be given a 5 day (120 hour) supply of the medication. If, however, the Lock-In Pharmacy verifies the medication is not in stock, an override of up to a 30 day supply will be approved with a coordinating pharmacy of your choice that can supply the medication.

**APPEAL**: If you believe there is an error in the information used to determine your participation in the Pharmacy Lock-In program, you may request an appeal in writing within 30 days from receipt of the notification letter and send to the address provided in that letter. You may request a detailed claims report of the claims data that was used to determine your eligibility for enrollment in the program.