

[Today's Date]

[BENEFICIARY NAME
STREET ADDRESS
CITY, STATE, ZIP]

For questions and/or problems, or help to translate, call the Beneficiary Help Line at 1-800-642-3195 or TTY 1-866-501-5656.

Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al telefono, 1-800-642-3195 or TTY 1-866-501-5656

Arabic: TTY 1-866-501-5656

إذا كان لديكم أي سؤال، يرجى الإتصال بخط المساعدة على الرقم المجاني ١-٨٠٠-٦٤٢-٣١٩٥

[Beneficiary Name]:

Beneficiary/Member ID#: [1234567890]

Our records show you meet the criteria for placement into the Beneficiary Monitoring Program (BMP). The BMP is used to monitor and control the use of Medicaid services that may be subject to abuse. Your placement was based on the following area(s) of concern from [April through June, 2012]:

- 13 prescriptions for drugs subject to abuse
- 4 placeholder
- 8 placeholder
- 8 placeholder
- 8 placeholder
- 8 placeholder

Effective [today's date +12 days], you will be a BMP member. Membership in the BMP lasts for at least 24 months. You can contact the BMP about this letter at 1-800-622-0276. You can also write to the BMP at: Beneficiary Monitoring Program, PO Box 30479, Lansing, MI 48909. A postage paid envelope has been sent with this letter.

In the BMP, you cannot get early refills for commonly abused drugs until you have used 95% of the medicine based on the doses set by the Michigan Department of Community Health (MDCH). This means if you take too much of your medicine too soon, you will not be able to get an early refill. You must follow the label instructions. This does not affect other medicines, only those that are subject to abuse.

Drugs subject to abuse are:

- Narcotic Analgesics
- Barbiturates
- Sedative-Hypnotic, Non-Barbiturates
- Central Nervous System Stimulants/Anti-Narcoleptics
- Anti-Anxieties
- Amphetamines
- Skeletal Muscle Relaxants

Per our records the medication/s you have recently taken like this include: [Vicodin, Ritalin].

[Beneficiary Name]: [ID# 1234567890]

This program is expected to help you better coordinate your health care services based on your needs. Please fill out the information below. If possible, you will be matched with these current providers to continue your care. Please return this form to BMP in the postage paid return envelope. If you do not return this form or call the BMP by today's date +12 days, you may still be assigned to one or more of the following types of providers: primary care doctor; specialty doctor(s); specific pharmacy location; hospital facility; and other providers as determined appropriate for your health care needs. In the BMP, provider assignments **must** be approved by the program. You will be notified of provider assignments in writing before these assignments become effective.

Primary Physician:

Name	Address	Telephone

Pharmacy:

Name	Address	Telephone

Specialists (cardiologist, pain management, etc.):

Name	Address	Telephone

Mental Health Professional (psychiatrist, psychologist, etc.):

Name	Address	Telephone

Please let us know anything else you want us to consider about your health needs before assigning your provider/s and/or pharmacy. You may attach additional pages as necessary.

If you have questions, please call the BMP at 1-800-622-0276.