

SECTION Q – PHARMACY

Q.1 Identify your current or proposed PBM, specifying any corporate relationship to the bidder. (If subcontracting this function, the subcontractor information must be provided in response to item F.4.)

Overview

Louisiana Health Care Connections (LHCC) has been providing pharmacy benefit services to Bayou Health members since November 1, 2012, with the assistance of US Script, Inc.[®] (US Script), our Pharmacy Benefit Manager (PBM) affiliate. DHH approved the LHCC/US Script pharmacy benefit management agreement in October 2012.

Contingent upon DHH's approval for this contract, LHCC will continue to contract with US Script as our PBM, and thereby capitalize on its experience delivering pharmacy services to Bayou Health members in compliance with all DHH policies and requirements. We also will capitalize on US Script's experience with Louisiana providers to continue to improve our pharmacy program. For example, US Script has implemented several recent enhancements such as co-locating US Script pharmacists with LHCC pharmacists in our office with oversight by LHCC's Director of Pharmacy. Co-location ensures consistent application of clinical criteria, and rapid identification and resolution of any prior authorization (PA) issues. US Script also improved their PA response times to 99% within 24 hours of receiving all necessary information.

LHCC understands and will comply with all DHH requirements for pharmacy benefit management and services, including, but not limited to Sections 6.3 Pharmacy Services, 6.4 Behavioral Health Services, 6.33 Continuity of Care, all provisions identified under US Script's Role, and all other relevant contract, state, and federal requirements.

Corporate Relationship and Expertise

An Experienced Accredited Affiliate. Founded in 1999, US Script is a URAC accredited, wholly owned subsidiary of our parent company, Centene Corporation (Centene), and was among the first PBMs to receive URAC's PBM accreditation.

Several US Script staff, including two Information Technology Directors and a Director and a Manager of Network, are also members of the National Council for Prescription Drug Programs (NCPDP), the pharmacy industry's standards setting forum for information exchange. NCPDP membership provides US Script access to all standards and implementation guides; a voice in standards development decisions; and expertise it can share with LHCC, Louisiana and affiliate plans.

US Script also owns and operates a mail order pharmacy, RxDirect, which it offers as an optional service to LHCC members. RxDirect is accredited by the National Association of Boards of Pharmacy's Verified Internet Pharmacy Practice Sites (VIPPS) Program. To be VIPPS-accredited, a pharmacy must comply with the licensing and inspection requirements of the state in which it is located, and of each state in which it dispenses medications. In addition, it must meet VIPPS criteria that address such issues as patients' privacy rights, authentication and security of prescription orders, adherence to a recognized quality assurance policy, and provision of meaningful consultation between patients and pharmacists.

LHCC's continued use of US Script will help us maintain a proactive, progressive pharmacy program. US Script now serves more than 2.7 million Medicaid and CHIP members nationwide. US Script offers expertise in pharmacy trends and state-of-the-art PBM applications gained from its service in other states. Together, LHCC and US Script may use or adapt policies, procedures, and programs US Script has used in other states to address Louisiana-specific program goals and pharmacy issues.

U.S Script's Role

Overseen by LHCC's Pharmacy Director, Quality and Compliance staff, US Script will administer:

- Pharmacy network contracting and management in accordance with RFP requirements in 7.15.
- Claims edits, adjudication, and payments in accordance with RFP requirements in Section 17, and relevant point-of-sale Drug Utilization Review (DUR) requirements in 8.14.
- An up-to-date formulary and PDL available to providers and members, as required by 6.3.2.1 and 6.3.4.
- Clinical authorizations using policies and procedures adopted by LHCC's Pharmacy and Therapeutics (P&T) Committee that meet all state requirements, such as those in 8.6 and approved by DHH. Among its many PA capabilities to serve providers are the following:
 - Ability to accept provider PA submissions by phone, fax, or online
 - Automated checks for refills at point of sale that consider previously authorized approvals for the original prescription, and continuity of care exceptions as outlined in our transition of care program (per 6.33.1).
- Encounter reporting to enable LHCC's weekly submission of complete and accurate data to DHH, including recognizing claims for drugs purchased through the 340B discount drug program. US Script also will assist LHCC and DHH, as needed, to investigate, correct, and resubmit any disputed encounters claims within required timeframes.
- Toll-free Pharmacy Provider hotline services as required in 8.6.4.
- Pharmacy and therapeutics support.
- Pharmacy auditing in compliance with 7.15.1.5.

For more information about the breadth of US Script's capabilities, see our response in Question 2 of this section. For more information about LHCC's oversight of US Script responsibilities, see our response in Question 3 of this section.

Q.2 Describe the MCOs flexibility to customize PBM policies and procedures to meet Louisiana specific needs and program goals.

LHCC's pharmacy program is already customized to meet Louisiana's specific needs and program goals. We will continue offering a flexible, responsive pharmacy program to meet new and emerging health care and prescribing trends, as well as Bayou Health changes, such as those directed by 8.10 regarding a common pharmacy administrative framework.

Our flexibility to customize pharmacy benefit management (PBM) policies and procedures (P&Ps) is wholly supported by the core philosophy of our parent company, Centene Corporation (Centene), that *all health care is local*.

As described further below, we have operationalized this philosophy with our pharmacy staffing model and hiring practices, our P&T Committee structure and other local expert guidance, and with the breadth of US Script capabilities to meet local needs. In addition, LHCC has repeatedly demonstrated its commitment to modify our PBM Policies and Procedures (P&Ps) to best serve Louisiana's members and providers.

US Script and Centene offer experience using a state-mandated common PDL (and PA requirements) in Medicaid plans in several states, and can help LHCC and Louisiana transition to their common administrative framework.

Centene Philosophy—Meet Local Needs

Centene’s approach is founded on the philosophy that successful managed care addresses the needs, systems of care, and goals of the local health care delivery system as identified by providers, the State, and local stakeholders. LHCC, like each affiliate plan, built its operations upon corporate guidelines and sophisticated Centene information technologies to ensure quality, safety, and compliance. Also like each affiliate plan, LHCC staff adapted Centene P&Ps, as necessary, to meet local circumstances, preferences, and requirements.

LHCC and Centene place great value on collaboration. In that spirit, LHCC views members, caregivers, providers, advocates, government officials, and other stakeholders as community partners in achieving high quality, efficient, and effective member services, including pharmacy services. For example, we have worked closely with the Independent Pharmacy Association on the development of several of our P&Ps regarding our drug file updates and reimbursement, and US Script holds a weekly call with them to field any questions they may have about our pricing.

Centene also helps develop, and fully supports, the modification of standard operational P&Ps, including those related to provider and member education, and ensuring LHCC’s website, Member Handbook, Provider Handbook, and secure Member and Provider Portals contain all required, relevant and DHH-approved information about Bayou Health benefits and LHCC’s Pharmacy Program.

LHCC in action...

“Since the launch of Bayou Health in 2012, Louisiana Healthcare Connections has been a leader in providing care in communities around the state, ensuring that both pharmacy providers and patients have the appropriate resources to maintain and improve health outcomes in Louisiana.”

Ricky T. Guidry, RPh
Board Chairman,
Louisiana Independent
Pharmacies Association

Pharmacy Hiring Practices and Staffing Model

Understanding and flexibly responding to State needs starts with our local hiring practices. LHCC has recruited and hired pharmacy staff who are Louisiana natives, and who also received their pharmacy education at Louisiana universities. As a result, LHCC’s Pharmacy Director and all current staff Pharmacists are extremely familiar with, and sensitive to, the needs of Louisiana residents and their health care issues. Our Pharmacy Director is also a former DHH Pharmacy Supervisor of the Medicaid Pharmacy Benefits Management Unit. This first-hand awareness and understanding of Louisiana’s State health care goals; as well as prescribing practices, utilization, and cultural variances gives our pharmacy staff insight into how LHCC can best monitor program effectiveness, meet Louisiana-specific needs and trends, and adapt pharmacy P&Ps as necessary.

By the end of Fall 2014, LHCC will enhance its staffing model to better meet the needs of our Bayou Health members and Louisiana providers by increasing our pharmacy staff to a total of four pharmacists and five pharmacy technicians, plus our Director. This expanded staffing model will ensure excellent customer service as our enrollment grows, and our continued responsiveness to identified utilization trends.

LHCC’s pharmacy staff are wholly integrated into our Case Management Program activities, helping to resolve pharmacy issues from the unique and individual to the global. Pharmacy integration helps us identify areas where we may need to modify current P&Ps or add new ones to facilitate member care. Our enhanced pharmacy staffing will improve integration and assistance for our Case Management and Chronic Care Management Programs, thereby facilitating person-centered pharmacy care that takes into account a member’s health as well as psycho-social factors.

Currently, LHCC has one staff pharmacist who has attained **Medication Therapy Management (MTM)** certification from the University of Louisiana at Monroe, and we plan to certify more pharmacists to improve care. For example, certified MTM staff pharmacists can better address calls from members with complex and chronic conditions who have both medication issues and concerns with self-care and condition management. MTM certification will help our staff pharmacists better respond to questions from our MTM network pharmacists that may arise while assisting our members.

LHCC also has modified corporate P&Ps to authorize our local staff pharmacists to review and approve pharmacy appeals (any denials must be determined by one of our Medical Directors), which speeds the appeal process. This local approach gives providers and members the individualized attention of our pharmacy staff as they work with co-located US Script clinical pharmacists and providers in determining all the necessary information and circumstances that would demonstrate an exception to prior authorization (PA) criteria. This type of attention is especially needed when serving members with special health care needs, as their medical and pharmacy treatments and therapies may not closely align with standard approaches.

Local, Expert P&P Guidance

LHCC's clinical pharmacy P&Ps include the use of evidence-based and best practice standards, and a holistic, integrated physical health and behavioral health (BH) approach. We ensure our P&Ps are effective and reflect best practice by developing them in collaboration with members, providers, our P&T Committee, Centene's P&T Committee, the BH Service Management Organization (SMO) and DHH. Using this approach, we will continue to adapt our pharmacy utilization management P&Ps as necessary to meet all state requirements, including requirements in this RFP. We will also seek, as required, DHH prior approval of pharmacy P&Ps, such as our P&Ps about PAs for dispensing non-PDL drugs.

P&T Committees. LHCC's Pharmacy & Therapeutics (P&T) Committee is comprised of network prescribers (physicians, dentists and specialists, including a psychiatrist) and pharmacists who *meet quarterly* at our office in Baton Rouge. The P&T Committee reviews and advises on pharmacy **utilization**, operational or clinical improvements, and recommendations, if needed, to DHH regarding pharmacy policy. They also review information from Centene's P&T Committee, which may, for example, identify emerging issues based on affiliate plan experience. We use Louisiana-tailored P&Ps to govern the conduct of the meetings. For example, all P&T Committee meetings are open to public comment, and we post meeting dates and times on the LHCC general public website. *LHCC's P&T Committee gives us both the flexibility and experience to quickly and appropriately respond to Louisiana pharmacy issues.*

Both LHCC's and Centene's Pharmacy Programs made PDL Changes based on input from Louisiana Prescribers.

Example. One example of this flexibility is our responsiveness to provider concerns about our Preferred Drug List (PDL) and certain drug restrictions. After careful study of peer-reviewed literature and network prescribing patterns, our P&T Committee recommended in June 2014 to add to our PDL three brand name ADHD drugs and one brand name antibiotic. They also recommended reducing the step therapy requirement for antipsychotic drugs to the trial and failure of one PDL drug instead of two. These changes took effect on September 1, 2014.

Other Local Input. We also formally request feedback through our quality committee structure, so that we can tailor P&Ps to meet provider and member needs. For example our Practice Management Advisory Committee includes administrative management staff from network providers. We will outreach to the Committee to educate them about our PA process and all the submission modes we offer to facilitate PA requests. We also will solicit their feedback for any needed improvements in our PA processes.

LHCC will adapt P&Ps, as needed, based on feedback from providers and members through our satisfaction surveys and their participation in other committees, such as our Quality Assessment and Performance Improvement Committee (QAPI Committee).

Collaboration with Magellan. LHCC specifically outreached to the current Statewide Management Organization (SMO), Magellan, to improve care coordination for our members with BH conditions. In 2014, our staff pharmacists and Case Managers began attending Joint Rounds with Magellan staff. This collaboration has helped us better care for our members, and identify possible P&P improvements to facilitate coordination with the SMO. We would like to continue this practice with the new SMO, and meet on a regular basis, such as twice a month.

Affiliated Structure = Responsiveness and Flexibility

As Centene affiliates, LHCC and US Script work cross-organizationally on a daily basis using the same technology platforms, and following Centene policies and procedures with a shared understanding of the goals and objectives of each business unit. This close integration enables rapid responses to pharmacy issues, and adaptation of policies and procedures, as needed, to meet specific or emerging needs.

Both LHCC and US Script follow Centene operating procedures for internal auditing, continual quality improvement, and compliance monitoring, thereby facilitating the identification and communication with each other of any identified problems and the potential need to modify P&Ps.

Adapting to a New Common Administrative Framework. U.S. Script and Centene affiliate plans have experience providing quality pharmacy care in states that share a common PDL and PA requirements, such as Florida, Kansas, and Texas. Together, LHCC, US Script, and Centene have the flexibility to adapt LHCC's pharmacy program to a shared PDL structure, and offer our commitment to work collaboratively with other MCOs and DHH. We will share recommendations, as needed, about transitioning to the new structure to ensure continuity of member care and provider prescribing.

Co-located PBM Pharmacists. LHCC's pharmacy department includes two onsite US Script Clinical Pharmacists who handle PA requests and other questions from prescribers and pharmacists. This staffing model was established to ensure prompt and accurate PA determinations and timely escalation of issues or questions to our Pharmacy Director and Medical Directors, including our BH Medical Director.

Our Pharmacy Director also convenes a weekly pharmacy workgroup call with pharmacy representatives of Centene's corporate pharmacy department and US Script to discuss operational issues and possible new P&Ps, such as new clinical edits and the development of new reports.

Network Teamwork and Flexibility. US Script's Network Development team works closely with LHCC's Network staff so that our pharmacy network meets our members' changing health and access needs. For example, they collaboratively identify and outreach to significant traditional providers, and help each other identify new provider practices or pharmacies. US Script also enrolls specialty pharmacy providers, which allows LHCC members access to those medications that have a limited distribution process.

Disaster Response. LHCC and US Script follow Centene operating procedures for Business Continuity/Disaster Recovery, but we tailor those procedures for Louisiana. For example, LHCC is working with US Script to identify how, when, and for what types of drugs LHCC/US Script can temporarily halt certain POS edits and PA requirements in the event of a natural disaster such as a hurricane.

US Script's Contractual Responsibilities and Capabilities

LHCC ensures US Script adapts, as needed, all P&Ps necessary to meet Louisiana and Bayou Health requirements and LHCC member and provider needs.

Network. US Script’s pharmacy network P&Ps comply with all current State requirements, and they will adapt P&Ps, as needed, for the new contract. For example, US Script already asks pharmacy providers to actively agree to a contract addendum, but we will need to amend our directory to indicate where vaccine services are available. US Script offers the expertise of our specialty drug affiliate, AcariaHealth, but also complies with State “any willing provider” requirements and allows members to obtain specialty drugs from pharmacies of their choice who meet reasonable storing, shipping, and other safety requirements, and who accept the terms of our agreement.

LHCC is one of the trailblazers in the use of MTM for Medicaid members among Centene affiliate plans, due to Louisiana’s MTM requirements. Our MTM Program uses both call center and retail pharmacists. Our use of retail pharmacists enables members to choose help from a trusted pharmacist in their community who are often working in independent pharmacies and know our members well. Using retail

LHCC in action...

“Specifically, we appreciate your outreach efforts in traveling the state to visit these pharmacies, developing a further understanding of the level of care and commitment of pharmacy healthcare providers.”

Ricky T. Guidry, RPh
Board Chairman,
Louisiana Independent
Pharmacies Association

pharmacists in MTM also supports the interests and availability of local pharmacists who want to fully employ their extensive pharmacy expertise to help with member care. In our continuing development of this program, we are customizing our MTM P&Ps to maximize coordination between LHCC, the member, the pharmacist, and the prescriber to ensure care coordination with Case Management, Chronic Care Management and drug utilization review activities by pharmacy staff and our Utilization Management Committee.

Claims Adjudication and Payment. US Script calibrates LHCC’s PDL and PA criteria in its data warehouse system called *PBMI*, to reflect LHCC P&T Committee recommendations and State requirements, including pricing, dispensing fee, and copayment requirements. US Script is also capable of calibrating the *PBMI* system to recognize SMO network BH specialty providers. This capability will enable US Script to appropriately

deny the prescriptions written by SMO providers as will be required on March 1, 2015, and inform the pharmacist to bill the SMO using NCPDP appropriate messaging.

US Script currently adheres to pricing and dispensing requirements, such as those in Section 7.15, but it also goes the extra mile. In special response to inventory challenges of network pharmacies and the daily changes in drug pricing, US Script uploads new drug prices *on a daily basis* (Monday through Friday), which exceeds Louisiana’s minimum requirements “of at least weekly.”

Additionally, in response to independent pharmacy concerns about drug pricing, US Script’s Network Director participates in a *weekly scheduled call with Louisiana’s Independent Pharmacy Association* to discuss any questions they may have about our pharmacy benefit program, such as drug prices and our claims and other processes.

Enhanced Reimbursement for Independent Pharmacies. LHCC understands the important role independent pharmacies play in member care throughout Louisiana. In an effort to encourage network participation of independent pharmacies and provide sufficient reimbursement for the all the services and access to care that they provide, we reimburse them an additional \$2.00 per prescription filled in addition to the State mandated dispensing fee of \$2.50 and the State mandated \$0.10 provider fee.

Reporting. LHCC’s Pharmacy Director works closely with US Script staff to establish drug utilization review (DUR) P&Ps and customized reporting. These P&Ps and customized reporting encourages proper drug utilization and maximum compliance; minimizes fraud and abuse; and monitors quality, cost, and performance of our Pharmacy Program.

Upon request of LHCC’s Pharmacy Director, US Script creates and sends both standard and customized DUR reports to help LHCC monitor member medication utilization and provider prescribing trends.

These reviews help identify the need for changes in pharmacy benefit management P&Ps to meet Louisiana needs and goals, such as for additional, targeted provider education interventions, and changes to clinical restrictions or the PDL. Examples of reports for LHCC that US Script does not generate for every Centene plan include weekly reports on progesterone use and monthly reports on HIV and Hepatitis C utilization.

US Script's *PBMI* system also enables timely and customized encounter reporting for LHCC submission to DHH.

More Examples of PBM P&P Adaptations

Tailoring Corporate Guidelines. Centene/US Script flexibility works both ways. Due to input from network providers to LHCC, Centene's P&T Committee re-evaluated its policy and decided in August 2014 to add the antibiotic Omnicef® to the Centene-recommended PDL and remove its step therapy requirements. They made this decision to facilitate across all affiliate plans member access to an essential medication used in treating pediatric infectious disease. The change will take effect November 1, 2014.

Psychotropic Medication Utilization Review (PMUR). LHCC continually tailors its DUR activities to monitor and respond to member's health and Louisiana priorities. For example, we are adopting Centene's nationally recognized Psychotropic Medication Utilization Review (PMUR) criteria that six affiliates use in other states. PMUR is a proven means of assuring appropriate utilization of psychotropic drugs, which often do not have FDA-approved use for children. PMUR will help reduce the incidence of adverse drug effects (including obesity), reduce unnecessary drug costs, and identify where psychosocial interventions may be more effective or needed to complement drug therapy. (See response to Question 5 for more information)

Special Prescriber Report. LHCC's Pharmacy Department is developing a *Pharmacy Report* that will be distributed at least quarterly to network prescribing providers via the Provider Portal. It will include indicators such as the generic prescribing rate, average cost per prescription, and percent of prescriptions requiring prior authorization, along with specialty and network average benchmarks.

Lock In Program. During this past year, LHCC's Medical Management and Pharmacy staff have been working with Centene Lock-In P&Ps (as a starting point) and DHH staff to design a Lock-in Program that meets safety goals without unduly restricting good pharmacy care for members. LHCC will implement a Lock-In Program using the requirements and guidelines as set out in this RFP, and the experience and lessons learned from our Centene affiliates.

Q.3 Submit a preliminary plan for MCO oversight of the PBM's performance.

Overview

LHCC's delegated agreement with US Script specifies oversight responsibilities to ensure US Script meets the needs of LHCC members; all DHH contract requirements; and all applicable NCQA, URAC and other regulatory standards.

The policies, procedures, Compliance Program, and information systems and technology of Centene Corporation (Centene), our parent company, also support LHCC's oversight of US Script. Both US Script and LHCC share the same technology platform to document, send, and receive data, including information critical to our compliance with DHH's reporting standards and requirements. Additionally, LHCC draws on the experiences of other affiliate plans regarding oversight of US Script, and can adjust our monitoring approach to address any performance problems identified in other states that may be applicable to Louisiana.

In the narrative below, we discuss Compliance with Relevant Contract Requirements; Oversight Roles of LHCC, Centene and US Script Staff; LHCC’s Oversight Framework; and Examples of Accountability.

Compliance with Relevant Contract Requirements

At all times, LHCC maintains full responsibility for meeting all RFP requirements related to the Pharmacy Program for Bayou Health members as specified in RFP Sections 6.3, 7.15, and other relevant RFP sections. LHCC contractually requires US Script to provide PBM services in accordance with the standards, policies, procedures, and requirements established by LHCC, and pursuant to State and federal law. US Script agrees to perform these services in accordance with the customs, practices, and standards of the prescription benefit management industry; and to provide sufficient dedicated personnel, information systems support, and other resources to successfully provide high-quality, cost-effective services.

Required Performance Indicator Reports. LHCC contractually requires US Script to report measurable performance standard indicators within specified reporting due dates covering the following activities:

- Utilization Management (UM)
- Complaints
- Claims Administration
- Subcontracting
- Reporting to meet all DHH-specified reporting requirements
- Reporting to meet all LHCC oversight requirements and performance standards
- Network Pharmacy License Verification
- Quality Improvement (QI) Activities.

Timelines for reporting performance indicators vary commensurate with oversight necessity. For example, US Script must submit to LHCC:

- Policies and procedures for QI and Network privileges during their initial evaluation prior to contract; within 30 days of any revisions; and for P&Ps without revisions, an annual statement verifying no revisions have been made
- Monthly reports showing the approval and denial of services; and quarterly executive summary reports
- Monthly reports showing Complaint activities
- Annual reports of the QI and UM program evaluations.

LHCC Authority. LHCC has power to terminate the contract without cause for breaches of any material term, covenant, or condition in the agreement, and for the expiration, non-renewal, or revocation of any license, certification, or authorization of US Script to perform its PBM services. Our contract with US Script also specifies the use of sanctions, corrective actions, and other remedies for performance issues.

Oversight Roles

LHCC oversees US Script’s performance and compliance with all contract requirements through continual monitoring by the Pharmacy Director and pharmacy staff; and with assistance from our Chief Operating Officer (to whom the Director reports), Chief Medical Director, and Behavioral Health Medical Director as needed. We also conduct monthly and quarterly monitoring through our LHCC/US Script Joint Operating Committee (JOC) and our Performance Improvement Team (PIT); at least quarterly

monitoring by our Quality Assessment and Performance Improvement Committee (QAPI Committee); and an annual comprehensive audit in partnership with Centene.

Pharmacy Director. LHCC's Pharmacy Director provides day-to-day oversight and monitoring of US Script. Our Pharmacy Director obtains assistance from our Chief Medical Director, as needed, for example, related to US Script performance issues involving clinical decisions or criteria. The Director also will work with our Behavioral Health Medical Director who will be responsible for the oversight of our psychopharmacology pharmacy benefit management activities, as described in RFP Section 4.2.4.

Joint Operating Committee (JOC). The JOC oversees the functions of all delegated vendors, and currently meets monthly to guide and oversee the operations of US Script. The JOC is comprised of LHCC's Quality Improvement, Pharmacy, and Medical Management staff, as well as comparable departmental staff from US Script. Also, the Chief Medical Officer and the Chief Operations Officer often attend the JOC meetings. The JOC is a sub-committee of LHCC's Performance Improvement Team (PIT), which reports to our QAPI Committee.

US Script representatives to the JOC include the Account Executive, Account Manager, Clinical Account Manager, Clinical Pharmacist for LHCC, Manager of Credentialing/Pharmacy Network, Manager of Client Reporting, DUR Pharmacist, Director of Client Implementation, Manager of Customer Service, Director of Information Systems, Quality and Compliance Analyst and the Director of Regulatory Compliance.

The JOCs primary function is to provide guidance to, and oversight of the operations affecting the scope of functions of delegated vendors, review periodic activity reports from delegated vendors, ensure compliance with all NCQA standards and regulations related to the delegation relationship, and recommend actions to address any identified opportunities for improvement in delegated services. For more information about JOC oversight of US Script, see below.

Performance Improvement Team (PIT). The PIT, identified as a best practice by the Texas Department of Insurance, is a best practice cross-functional, inter-departmental team that meets monthly and includes representation from each LHCC functional area. The PIT analyzes key performance measures for US Script and other delegated vendors, and reviews quality improvement projects or Corrective Action Plans (CAPs) implemented by the JOC. As necessary it performs barrier and root cause analyses for indicators falling below desired performance, and makes recommendations regarding corrective actions or interventions for improvement. The PIT also oversees the implementation of recommended interventions from the QAPI Committee and/or its supporting subcommittees, such as the Grievance and Appeals Committee.

QAPI Committee. QAPI Committee is LHCC's senior level quality committee that is directly accountable to our Board of Directors. It is charged with overseeing the initial delegated oversight assessment of US Script and approving its delegation status. They also review scheduled and ad hoc evaluations/assessments of US Script, the annual Centene/LHCC audit results, and approve and monitor CAPs. The Committee annually evaluates LHCC's entire Delegation Oversight Program as part of our overall Quality Assessment and Performance Improvement (QAPI Committee) Program Evaluation.

The QAPI Committee meets at least quarterly, and is comprised of our senior leadership team, such as our Chief Medical Officer; Chief Medical Director; Behavioral Health Medical Director; Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; Vice President, Network Development and Contracting; Vice President, Medical Management; Directors, Quality Improvement, Pharmacy and Medical Management; Compliance Officer; and Director, Member and Provider Services. It also includes four practicing network physicians and a member advocate. In 2015, we will expand our QAPI Committee membership to include a DHH representative. The QAPI Committee is chaired by our Chief Medical Officer, and all members are voting members.

Centene Compliance Staff. Centene's corporate Compliance Department annually audits US Script in partnership with LHCC and affiliate plans. This audit includes a comprehensive review of US Script's

policies and procedures, including a review of its compliance with LHCC/Louisiana requirements, and for any compliance issues related to US Script's monitoring of its delegated vendors.

US Script Oversight of Subcontractors. US Script must receive LHCC's prior written approval for any subcontracted functions, and must provide specified documentation and demonstrated oversight, such as:

- Evaluation of the subcontractor's capacity to perform delegated duties prior to the execution of the contract
- An executed agreement covering what is delegated and meeting all Bayou Health requirements
- The responsibilities of US Script and the subcontractor
- US Script's process for evaluating the subcontractor
- Remedies, including revocation of the agreement for failure to perform delegated responsibilities
- Annual evaluation of performance in accordance with LHCC's accreditations, URAC, and state and regulatory standards.

US Script monitors the performance of these vendors through quarterly and annual audits using similar policies and procedures such as those described above for LHCC, and periodic audits of their claims and policies and procedures. US Script reports the results of all audits and monitoring activities to its Quality Improvement and Delegated Vendor Oversight Committees, and to LHCC through the audit process, the JOC, and through the activities highlighted in the next section.

Oversight Framework – Continual Monitoring

LHCC oversees US Script's readiness, activities, and performance during specified and ongoing intervals:

- Prior to Executing a Delegation Agreement
- Ongoing Evaluations and Reports, such as daily, weekly, monthly and quarterly monitoring
- Annual Delegation Audit by Centene and LHCC
- As Needed to Gauge Progress in a CAP.

Initial Evaluation. Prior to executing a delegation agreement with US Script, LHCC determines US Script's capacity to assume delegated responsibilities, and to maintain all LHCC, DHH and State standards with assistance from Centene's Contracting, Pharmacy, and other departments. LHCC conducts both an onsite and document review, which may include a review of documents such as program descriptions, work plans, and policies and procedures. This includes a review of US Script's documented claims processing program to ensure its compliance with all DHH, State and LHCC requirements.

Daily and Weekly Monitoring. Our Pharmacy Director and Pharmacy staff monitor US Script performance issues during their daily work with Case Managers on member medication issues; their review of PA appeals, and their handling of provider and member inquiries and complaints. For grievances and complaints that are related to US Script's performance, the Pharmacy Director contacts the US Script Account Executive or Account Manager who investigates the issue, provides a response, and ensures any necessary changes in staffing, resources, or policies and procedures. If the Pharmacy Director cannot resolve an issue following this process, the Director informs LHCC's Chief Operating Officer who contacts US Script's executive leadership for resolution.

LHCC's Pharmacy Director and her staff also convene a weekly call with US Script's Executive Account Manager and Clinical Account Manager for Louisiana, to discuss and clarify policies and procedures and clinical practices, and identify and resolve any US Script performance issues.

LHCC requests and monitors all pharmacy program changes, such as changes to PA procedures, through US Script's Lynk Software's Everest Tracking System. US Script's Account Executive sends a biweekly

Everest Tracking System status report to LHCC’s Pharmacy Director and to US Script’s Account Manager and Clinical Account Manager for Louisiana. The Pharmacy Director discusses any outstanding issues during the weekly call with US Script, or sooner if needed.

Monthly and Quarterly Monitoring. US Script submits a monthly performance report that is reviewed at the JOC meeting, and is available to all JOC and executive staff via a performance metrics dashboard that includes, but is not limited to, the following data:

- Call center metrics, such as speed of answer and abandoned call rate
- PA response time metrics for specialty and non-specialty drugs, such as number and percent of PAs approved and denied, and average turnaround times
- Claim processing metrics, such as number of claims paid and percent paid within 30 days
- Provider complaint metrics, such as number received and percent resolved within 30 days.

JOC meetings also review member complaints, Grievances, and Appeals about US Script, as reported by LHCC’s Grievances and Appeals Department. During these reviews, the JOC discusses identified issues, possible operational improvements, and directs US Script as needed to improve performance. As needed, the JOC requests from US Script a CAP to address the issues, and monitors its progress at subsequent meetings (see subsection below for more on CAP monitoring). The JOC reports persistent or significant problems or emerging trends with US Script to the Grievance/Appeals Committee, the PIT, QAPI Committee, and/or Centene Corporate Compliance staff, as needed.

Every quarter, the Pharmacy Director also meets face-to-face with the US Script Account Executive in place of the weekly call. This meeting often occurs on the same day as the JOC meeting, enabling the Account Executive to work in person with a range of LHCC staff in identifying, investigating, or resolving issues.

The Pharmacy Director participates in monthly corporate pharmacy meetings with Centene affiliate Pharmacy Directors to discuss pharmacy policies, procedures, issues and trends. These meetings may alert the Director to US Script activities in affiliate plans that warrant investigation or increased oversight at LHCC. For example, our Pharmacy Director learned that US Script was changing its PDL update processes. She contacted the US Script Account Executive and Director of Clinical Outcomes and Quality to ensure US Script’s process changes for LHCC were implemented with minimum disruption to network providers and pharmacies, and took effect in time to incorporate the PDL changes required by our P&T Committee by 9/1/14.

The Pharmacy Director also receives and reviews US Script reports relating to changes to the PDL, formulary, or PA criteria, which US Script must update, as needed, after each quarterly P&T Committee meeting, and upon receiving DHH approval for the changes.

Annual Delegation Audit. LHCC partners with Centene’s Compliance Department in its annual audit of US Script. The audit consists of an onsite visit and a review spanning a wide range of policies, procedures, and topics, such as:

- Compliance with all DHH contract provisions
- Pharmacy provider call center and responsive customer service measures and protocols
- Disaster recovery plan
- Policies and procedures for responding to any complaints from pharmacies and practitioners
- Personal health information (PHI) policies and procedures that address member rights to authorize or deny the release of PHI beyond uses for treatment, payment, or health care provision of service
- Management of the PDL in accordance with DHH coverage protocols, including PDL and PA criteria
- Adverse coverage determinations communicated to both member and provider
- Policies and procedures for drug recalls that have the potential to produce harm

- Quality Improvement Program operations, including requirements for assessing performance, tracking issues, and setting improvement goals
- Pharmacy audits triggered by claims submissions for identifying potential fraud and abuse.

Conducting a single audit with health plan participation ensures consistent application of standards and coordination of any CAPs across all Centene health plans that manage pharmacy benefits. This audit approach also enables LHCC and affiliates to check US Script compliance with any state-specific requirements. Corporate audit results are reported to LHCC and US Script within 30 days following the audit, and include any CAP recommendations.

LHCC's QAPI Committee reviews Centene's annual audit report of US Script at its next quarterly meeting, and may require US Script to implement additional operational changes/corrective action in response to audit findings.

URAC Reaccreditation Audit. Annual evaluations by Centene and LHCC also consider US Script's ability to meet URAC standards. US Script was initially accredited by URAC for Pharmacy Benefit Management in 2008, and is currently accredited through March 2017. It must pass a URAC reaccreditation audit every three years.

URAC is an independent, non-profit organization that promotes health care quality through its accreditation and certification programs. URAC also may impose sanctions, which range from a letter of reprimand to revocation of accreditation, depending on the nature and frequency of any identified violations. URAC provides the outcome of its reaccreditation audit to US Script, which in turn reports URAC's outcome to LHCC and Centene.

Claims Auditing. As necessary, but no less than annually, the Pharmacy Director also audits a random sample of pharmacy claims to verify that aberrant billing or errors in billing are not occurring.

Corrective Action Plan Monitoring. If US Script is not in compliance with contractual, regulatory or accreditation requirements, and cannot achieve compliance within a reasonable period of time after receiving written or oral notice of the concern, LHCC (if the issue is specific to Louisiana) or Centene (if the issue affects multiple plans) may request a written and signed CAP from US Script. Each CAP must include at least the following:

- Expected measurable results indicating CAP completion
- Detailed action plan to complete the required CAP activities
- Completion due date.

US Script must submit the CAP to LHCC within two weeks of notification and must complete the CAP within 30 days of LHCC's or Centene's approval of the CAP, or another agreed-upon period of time. If US Script fails to complete the CAP as specified, LHCC may suspend or revoke its delegation of PBM services. For a Centene-directed CAP, Centene Compliance staff routinely update our Pharmacy Director on its progress and completion.

Accountability

LHCC's rigorous oversight of US Script has resulted in notable improvement in US Script's performance. As of July 2014, *PA turnaround times exceeded 99.8% within 24 hours*. In addition, US Script is *meeting 98.5% of provider call center performance standards, including 90% of calls answered within 30 seconds*.

US Script has implemented automated reporting in 2014 to facilitate faster and more accurate quality monitoring, and has improved reporting policies and procedures. US Script also has increased call center staffing nationally, improved training and support of new employees, and have increased the number of

pharmacists and pharmacy technicians on staff who process prior authorizations. As discussed in previous sections, US Script has also dedicated two co-located pharmacists onsite at LHCC to processing LHCC prior authorizations.

Q.4 The drug file for both retail and specialty drugs, including price, must be updated at a minimum every seven (7) calendar days, at the MCO's discretion they may update the file more frequently. Provide a brief summary of your policy, process and frequency for drug file updates.

LHCC requires US Script to update the drug file daily with pricing and other drug information, such as availability, source type, and clinical notes. This frequency exceeds the RFP's minimum drug file updating requirements of at least every seven days, and better serves our pharmacies, members, and providers.

US Script's policies and procedures and LHCC oversight ensure our pharmacists have accurate, timely information for each claim submitted. US Script is responsible for updating drug files for Centene affiliate plans serving Medicaid and CHIP programs in over 15 states, and they have honed their processes based on this experience.

Drug File Updating Policy

US Script's drug file updates include adjustments to reflect any changes in pricing, drugs on the market, the PDL, formulary, or PA criteria for traditional and specialty drugs (both generic and brand name drugs). LHCC, US Script, and Centene review drug posting policies and procedures at least annually, and revise them if necessary. US Script worked closely with retail pharmacists and the Louisiana Independent Pharmacy Association to develop the daily drug file updating policy and communications to pharmacies. US Script notifies pharmacists by email of any exceptions to the daily notification.

LHCC and US Script worked closely with the Louisiana Independent Pharmacy Association to develop our daily drug file updating policies

Drug File Updating Process

Daily Reviews and Updates. The process for updating the drug file begins with an automated daily electronic upload of data from Medi-Span, a leading provider of drug information databases, into the US Script *PBMI* system. The comprehensive data from Medi-Span includes both prescription and over-the-counter drug product information, such as: drug name, strength, therapeutic class, National Drug Code (NDC), Generic Product Identifier (GPI) and pricing measurements such as the Average Wholesale Price (AWP) and the Wholesale Acquisition Cost. It also includes new-to-market generic and brand name drugs and clinical data to support clinical decisions and point of sale safety screening.

MAC Pricing. Maximum Allowable Cost (MAC) pricing is based in part on AWP. After reviewing the AWP data, the Director of Pharmacy Analytics at US Script determines MAC pricing, and sends MAC prices electronically to either the MAC Pricing Team (which consists of a director, a manager, the pricing specialist, and data analysts) or the Pharmacy Network Team (which consists of a director and account representatives for each US Script plan contract), who enter the pricing data into the *PBMI* system. To ensure the accuracy of the data, two members of the MAC Pricing Team or the Director reviews MAC prices for accurate entry before they are uploaded into the *PBMI* price tables.

Weekly Reviews and Updates. On a weekly basis, the pricing specialist downloads the AWP and MAC tables to compare the most recent pricing to the previous pricing data to evaluate changes, such as any outliers and trends indicating excessive increases or decreases to past pricing. The pricing specialist forwards any identified concerns to the full MAC Pricing Team to evaluate and determine what action to

take, if any. For example, a drug price increase of more than 10 percent would be flagged and discussed by the MAC Pricing Team. Because of the level of review that occurs in the daily development of prices, US Script experiences few issues during the weekly reviews.

Additionally, in response to independent pharmacy concerns about drug pricing, US Script's Director of Network Operations participates in a *weekly scheduled call with Louisiana's Independent Pharmacy Association* to discuss any questions they may have. The Director of Network Operations forwards any concerns requiring further research and, if necessary resolution, to the MAC Pricing Team for review.

On a bi-weekly basis, the Pharmacy Network Team reviews a *PBMI* system report to ensure that only authorized US Script employees made pricing changes.

US Script resolves any exceptions identified during these weekly and bi-weekly reviews **within one business day**, and posts updates to *PBMI* accordingly. New drug prices are immediately applied to dispensed drugs when US Script uploads the drug file.

Quarterly Updates. Changes to LHCC's PDL and PA criteria occur on a quarterly basis in response to LHCC P&T Committee recommendations, but US Script can make changes more frequently if needed, for example, in response to an emergency situation. LHCC's P&T Committee meets quarterly to systematically review all drug classes, and to recommend as-needed changes to the PDL, formulary, or PA criteria based on the emergence of new-to-the-market drugs, new clinical evidence, and other considerations, such as provider requests. US Script begins programming P&T Committee recommendations within its *PBMI* system immediately after DHH approval, and the changes usually take effect within 30-60 days. LHCC notifies providers and members as applicable of the changes in advance, such as through newsletters and provider faxes.

Monitoring Compliance. LHCC monitors compliance with drug file updates during weekly meetings between the LHCC Pharmacy Director and Pharmacy staff, and US Script's Account Executive, Account Manager, and Clinical Account Manager for Louisiana. In addition, the PBM Joint Operations Committee (JOC), a subcommittee of the LHCC Performance Improvement Team (PIT), meets monthly to provide guidance to, and oversight of, the operations of US Script. (See Q.3 for Oversight)

Frequency. US Script updates the drug file every day for LHCC's pharmacy program. We also post any updates related to reviews of pricing exceptions within one business day of exception resolution. Our *PBMI* system applies new drug prices immediately upon update, so that pharmacists benefit from the most recent pricing.

Q.5 Submit a summary report of three (3) pharmacy utilization management efforts which demonstrated successful outcomes for three (3) separate disease states.

Overview

LHCC uses state-of-the-art technology, fully integrated data, evidence-based guidelines and best practices to comprehensively monitor member, pharmacy and prescriber utilization, expenditures, compliance and other trends. Our pharmacy utilization management program is based on:

- Criteria, protocols and procedures in accordance with federal and State requirements, as well as Utilization Review Accreditation Commission (URAC) and National Committee for Quality Assurance (NCQA) standards
- Input from local and national providers through the LHCC and Centene P&T Committees who review the safety, efficacy, and effectiveness of current and new-to-market products in light of the needs of members and providers in Louisiana and across affiliate plans
- Automated checks and edits at the point of sale (POS) using approved criteria and protocols and up-to-date drug information for concurrent reviews of member prescription use

- Monthly, quarterly and annual drug utilization reviews (DURs) to monitor member health, safety, and medication compliance; prescribing trends; and pharmacy program performance.

Point-Of-Service (POS) Reviews

US Script's electronic claim adjudication process compares the prescribed medication against a member's previous drug history for drug-to-drug interactions, ingredient duplication, therapeutic duplication, and high dose situations. These reviews also identify other potentially dangerous or inappropriate prescribing, such as drug/age and drug/gender matches. POS messaging may either stop the claim when a prior authorization (PA) is required or request pharmacist oversight.

Preferred Drug Listing (PDL)/Prior Authorizations (PAs)

The dispensing of PDL drugs does not require prior authorization, except in cases of member safety. For example, US Script requires prior authorization when a prescription does not meet age or gender requirements or may combine with the member's other drugs to create a potential unsafe situation; when step-therapy of another PDL drug is required; or when the drug is prescribed for an off label use.

We ensure members obtain needed medication in a timely fashion through prompt response to provider questions and PA submissions and by contractually requiring pharmacy providers to dispense emergency supplies of medicine, as needed and directed by State law. We also authorize continuation of existing prescriptions for new members, following DHH requirements.

Reviews and Assistance

In addition to DUR oversight, Pharmacy staff work with LHCC's Utilization Management and Medical Management staff to conduct predictive modeling analyses using pharmacy, medical, behavioral health, and lab data. These analyses help staff identify members at risk for needing intensive medical and behavioral health services, and quickly and appropriately refer them to LHCC's Case Management and/or Chronic Care Management Programs, and/or for help with medication compliance. Pharmacy staff work daily with Case Management and other plan staff to address questions and concerns about members' medication use.

Noteworthy Pharmacy Utilization Management Efforts

As shown below, our utilization reviews and other pharmacy management components continuously identify opportunities to improve care quality and safety, including adjusting our claims processing utilization controls and PDL, intervening with members and prescribers, and addressing prescriber and member utilization trends.

Three noteworthy pharmacy utilization management efforts include our management of 1) *a broad spectrum of psychotropic medications against proven parameters*; 2) *ADHD medications since the pharmacy carve-in*; and 3) *Hemophilia medications*.

In our summaries below, we describe for each initiative:

- *Disease State(s)* – targeted by the initiative
- *Background* – The need for the pharmacy utilization management effort
- *LHCC's Pharmacy Utilization Management Activities*:
 - PDL coverage
 - PA requirements
 - Drug Utilization Review (DUR)
- *Provider and/or Member Education and Support*, *in addition to* our ongoing supports
- *Successful Outcomes* – by LHCC and as supported by Centene experience.

Psychotropic Medication Management

Disease States: A spectrum of behavioral health conditions including depression, anxiety, ADHD, and associated conditions related to psychotropic drug use, such as obesity and adverse effects caused by polypharmacy.

Background. In 2008, LHCC affiliates Superior and Cenpatico Behavioral Health began working with Texas officials and experts in the development and implementation of a medication review program to

protect against over-utilization and inappropriate utilization of psychotropic drugs in children (such as antipsychotics, antidepressants, stimulants and mood stabilizers). The resulting ***Psychotropic Medication Utilization Review (PMUR)*** Program was based on parameters (prescribing guidelines) set by the State of Texas in 2005 and are periodically updated for the appropriate use of psychotropic medications in children in foster care. The intent of PMUR is to ensure that any child receiving psychotropic medication:

- Has received a thorough assessment, including a diagnosis of a psychiatric condition
- Is not receiving four or more psychotropic medications at the same time
- Is not receiving multiple medications for the same condition(s)
- Is not receiving multiple medications for a single condition without first a trial on a single medication
- Is not receiving medication dosages exceeding manufacturers' recommendations
- Is receiving age-appropriate medications and dosages
- Is receiving medication consistent with the stated diagnosis; and
- Has a PCP who is consulting with a psychiatrist when treating conditions other than ADHD, uncomplicated Anxiety Disorders or uncomplicated Depression.

Superior was the first Medicaid plan to administer the new Texas parameters for children in foster care, and due to the program's success, five other Centene affiliates have also adopted the PMUR Program. Superior has since expanded its use to cover psychotropic medication reviews of both adults and children in Medicaid and CHIP plans.

LHCC will implement PMUR for its Bayou Health members in 2015. PMUR is a proven means of assuring appropriate utilization of psychotropic drugs, which often do not have FDA-approved use for children. PMUR will help PCPs in their oversight and treatment of members, reduce the incidence of polypharmacy for members using both LHCC and SMO providers, reduce the incidence of adverse drug effects (including obesity), reduce unnecessary drug costs, and identify where psychosocial interventions may be more effective or needed to complement drug therapy.

Centene Affiliate Pharmacy Utilization Management. PDL Drugs. PMUR is applied to the prescribing of both preferred and non-preferred psychotropic drugs of all classes. For example, the review may be applied to LHCC's current PDL, as well to the common PDL that Bayou Health MCOs will soon develop as required by this RFP.

PA Requirements. Centene affiliate plans and their P&T Committees use as a base the Texas parameters, and adjust them as needed to meet the specific needs of each state. For example, LHCC will adjust the parameters and reviews, as needed, to account for the common PDL and its criteria as well as for prescribing by network PCPs and other prescribers who are not behavioral health specialists in the SMO network.

DUR. Centene's PMUR program identifies psychotropic medication use that exceeds parameters using both concurrent and retrospective information. We screen using data from our initial and comprehensive health risk screenings and assessments of newly enrolled members, and monthly pharmacy claims reports. Each plan's Behavioral Health (BH) Medical Director (or in some plans, their Medical Director) reviews members identified by the screenings/assessments and monthly reports against medical, pharmacy and other clinical histories as shown in TruCare, Centene's/LHCC's health services management platform. The BH Medical Director directs specialized PMUR Team clinicians (licensed therapists with training related to psychotropic medications) to contact providers if more information is warranted.

PMUR Team clinicians fax a provider-friendly form to help providers submit required additional information, such as lab results and notes from previous visits. Upon review of the provider's submitted information, the BH Medical Director determines whether provider outreach is needed and documents the determination in TruCare.

Our PMUR processes also include reviews of a provider's prescribing when requested by caregivers and, in the case of children in foster care, caseworkers, Court Appointed Special Advocate (CASA) staff, medical consenters and judges.

Provider and Member Education and Support. When the member's drug use falls outside of parameters and is not supported by medical histories, the BH Medical Director contacts the provider and explains the purpose of the review and current psychotropic medication prescribing standards. The BH Medical Director will collaboratively formulate a plan of treatment with the provider, document the plan in TruCare, and send copies of the treatment plan to the provider and in some affiliate plans, to the caregiver. For children in foster care, we also send copies of the treatment plan to the member's Caseworker/Medical Conserter. *LHCC's provider education efforts will include outreaching to nurse practitioners, as needed, because of their significant role in treating children with ADHD and other disorders.*

A PMUR Team clinician will monitor the member's drug claims data and is authorized to discontinue provider monitoring when there is documented evidence that the treatment plan is successfully followed, for example, when claims show a medication has been discontinued. The clinician will refer to the BH Medical Director cases in which additional provider outreach may be necessary.

The PMUR Team will report any provider who persistently refuses to follow the plan of treatment to Quality Improvement (QI) staff as a Quality of Care concern. We will use standard QI processes to address providers who fail to adhere to PMUR guidance, and take appropriate steps including, ultimately, referral to the Credentialing Committee for consideration of continued network status. Throughout the process, the Behavioral Health Medical Director will immediately contact appropriate state officials finding evidence or risk of a member's safety or serious side effects, such as the Medical Director at the agency responsible for the state's foster care program.

Coordination with BH Statewide Management Organization (SMO) Providers. For members for whom we have claims data from the SMO showing psychotropic drug use, that alone or in combination with LHCC pharmacy claims data, falls outside of parameters, the BH Medical Director or PMUR Team will reach out as needed to the SMO providers. They will verify the drug therapy the member is currently using as prescribed by the SMO provider. They also will share with the SMO provider the psychotropic prescribing as shown by LHCC claims, clinical histories of services received by our network providers, and clinical recommendations based on clinical parameters. They also will develop as needed treatment plan goals and adjustments in collaboration with the SMO providers. This sharing of information will help reduce the incidence of over-prescribing and fragmentation of services with members receiving multiple services for the same presenting problem. LHCC's outreach also will foster coordination among LHCC and SMO providers for members with complex BH conditions by focusing on *an integrated care approach through communication and collaboration.*

Successful Outcomes. The goal of PMUR is not to eliminate medication use, but to ensure it is being used appropriately following best practice guidelines. For example, in Texas between **2008 and 2013**, Centene's PMUR processes **reduced psychotropic medication use by almost 23%**; **class polypharmacy by 44%**; and use of **more than five psychotropic medications by almost 43%** for children in foster care.

ADHD Medication Management

Disease State: Attention Deficit Hyperactivity Disorder.

Background. ADHD is one of the most commonly diagnosed disorders in children, and the condition can span childhood to adulthood. The exact causes of ADHD are unknown, but several factors may be involved, including genetics, diet, and exposure to environmental factors pre- and post-birth, such as lead paint. ADHD symptoms may look like many other symptoms and consequently children can be

misdiagnosed for ADHD. For example, a child with other behavioral health issues or lack of self-control in handling emotions and impulses may show symptoms similar to a child with ADHD

According to 2011 data from the Centers for Disease Control and Prevention (CDC), children in Louisiana have the highest rates of children taking ADHD medications in the nation – 10.4 percent. Kentucky is second at 10.1 percent and Arkansas and Indiana tie for third at 9.9 percent. The national average is 6.1 percent.¹

When LHCC assumed pharmacy benefits for our Bayou Health members in November 2012, 4.7 percent of our members (7,844) were taking ADHD drugs. Of those, 88.7 percent were under the age of 17 years old. *Without the benefit of a comprehensive PMUR Program, simply placing reasonable and clinically backed restrictions on ADHD drug prescribing helped reduce inappropriate or over-use.*

LHCC Pharmacy Utilization Management Effort. PDL drugs. Since November 2012, most generic versions of medications used to treat ADHD have been included on LHCC’s PDL. For example, the PDL has always covered Amphetamine-Dextroamphetamine, which is the *generic* version of Adderall.

PA Requirements. In 2012, due to the rapid implementation of the pharmacy carve in, LHCC adopted Centene P&T Committee recommendations and clinical criteria for the management of ADHD drugs. These criteria generally directed PDL placement of generic drugs and step therapy prior to the approval of brand name drugs (in addition to age and other safety edits). For example, providers were required to try the effectiveness of at least two classes of generic drugs prior to obtaining approval for a brand name drug. The criteria for diagnosing ADHD required, among other things, screening for symptoms using criteria that was adapted from the American Psychiatric Association’s *Diagnostic and Statistical Manual for Mental Disorders*. LHCC’s P&T Committee initiated a series of quarterly meetings in March 2013 to systematically review the PDL/formulary and related criteria. In April 2013, our P&T Committee approved the ADHD criteria.

DUR. To determine whether physicians are appropriately prescribing ADHD medications, the Pharmacy Director reviews monthly claims-based, detailed utilization review reports profiling each provider’s prescribing; and quarterly reports that identify trends. For example, ADHD prescribing often fluctuates during the year, rising and falling when school is in and out of session. This fluctuation in some cases could indicate unnecessary prescribing (or not, sometimes children also need a break from medication due to the medication side effects and other reasons). The Director reviews an ADHD Prescriber Profiling Report to identify physicians who are prescribing ADHD Medications to $\geq 75\%$ of their patients/members.

LHCC’s Pharmacy Director, as needed, also will review supporting medical or other information as documented in our Centelligence™ reporting platform to investigate unusual or outlier prescribing patterns by a certain physician or group of physicians.

Provider Education and Support. In 2014, LHCC conducted four provider workshops around the state that included pharmacy staff presentations of the LHCC PDL and PA criteria, during which questions about ADHD medications and LHCC’s PDL often were asked, such as whether Strattera® and Vyvanse® were on the PDL and the PA criteria for each.

In June 2014, responding to prescriber and DHH concerns with access to brand name ADHD drugs, the LHCC P&T Committee recommended adding three ADHD brand name drugs to the PDL (Intuniv®, Strattera® and Vyvanse®.) and reducing step therapy requirements to the trial of one PDL drug. These changes took effect on September 1, 2014.

Successful Outcomes. When members enrolled in November 2012, LHCC provided 90 days of medication continuity regardless of whether the members’ drugs were on the PDL or met prescribing

¹ “Attention – Deficit/Hyperactivity Disorder (ADHD).” *Centers for Disease Control and Prevention*. Centers for Disease Control and Prevention, November 13, 2013. Web. <http://www.cdc.gov/ncbddd/adhd/data.html>. Accessed August 30, 2014.

criteria. LHCC's PDL and PA requirements were effective in reducing ADHD medication use that was inappropriate or not cost-effective as evidenced by a 9% decline in the average rate of ADHD claims per member between November 2012 and November 2013; from an average rate of 0.0474 to 0.0431.

LHCC has confidence that children who needed ADHD medications received their medications because 1) we offer a wide range of generic ADHD medications on the PDL; 2) non-preferred drugs are available through the PA process when the prescriber demonstrates a child's need for the non-preferred drug using clinical criteria; and 3) our clinical criteria for PAs has been developed by psychiatrists and other appropriately experienced health care professionals who used peer-reviewed medical literature, symptom screening criteria based on the American Psychiatric Association's *DSM for Mental Disorders*, and generally accepted standards of medical practice.

Hemophilia Drug Management

Disease States: Hemophilia and von Willebrand's Disease (vWD)

Background. Hemophilia is a rare disorder in which blood does not clot normally, and people with hemophilia bleed for a longer time than others after an injury. They also often bleed internally, which can damage organs and tissues and be life threatening. Hemophilia usually occurs in males and is usually inherited.²

The two main types of hemophilia are A and B. People with hemophilia A are missing or have low levels of clotting factor VIII. About 80 percent of the people who have hemophilia have type A. People with hemophilia B are missing or have low levels of clotting factor IX. Hemophilia A and B are classified as mild, moderate, or severe, depending on the amount of clotting factor VIII or IX in their blood.

The main treatment for hemophilia is replacement therapy in which concentrates of the appropriate, needed clotting factors are slowly dripped or injected into a vein. Doctors administer the clotting factors in-office or members may self-infuse. Replacement therapy may be used prophylactically (prior to a bleed) or on demand when bleeding occurs. However, replacement therapies also can cause complications, such as:

- The development of antibodies that attack the clotting factor
- Viral infections (from human-derived clotting factors).

Other types of hemophilia treatment include the use of Desmopressin (DDAVP), a man-made hormone for people with mild hemophilia A; antifibrinolytic medicines, given in pill form, that help keep blood clots from breaking down; and pain medicines, steroids, and physical therapy to reduce pain and swelling in an affected joint.

Von Willebrand (vWD) disease is a bleeding disorder similar to hemophilia but affected members are missing or have low levels of a protein called the von Willebrand factor. Treatment of vWD includes the same medications used for hemophilia, with the addition of the von Willebrand clotting factor.

Drug management issue. If hemophilia/vWD medication use is poorly managed, such as in the use and timing of replacement and other drug therapies, members will incur expensive and avoidable inpatient stays and ER use. Delayed treatment also can result in permanent damage to joints, muscles, or other parts of the body. At the same time, clotting factors tend to be expensive, ranging from \$20,000 to \$80,000 per use. For example, LHCC has one young member who receives about \$54,000 of hemophilia therapies once a month. LHCC has identified 41 members with hemophilia or vWD, some of whom show no claims for hemophilia/vWD therapies.

² National Institutes of Health, What is Hemophilia? <http://www.nhlbi.nih.gov/health/health-topics/topics/hemophilia/>

LHCC Pharmacy Utilization Management. PDL drugs. In November 2012, LHCC adopted Centene P&T Committee recommendations and clinical criteria for the management of hemophilia-related medications, and subsequent LHCC P&T Committee meetings confirmed their continued use.

PA requirements. Since the primary drugs/factors to treat hemophilia/vWD are expensive specialty drugs, LHCC requires PAs and/or step therapy on both preferred and non-preferred drugs. PA criteria includes such information as the member's diagnosis, the trial and failure of previous drugs, the type of prescriber (ie., whether prescribed by a Hematologist), and the co-morbidity of other member conditions, such as hepatitis. Our drug authorizations cover a time period that ranges from 30 – 180 days.

Also on the PA request, providers may designate the specialty pharmacy they will use to obtain the factors and other medications. If they do not designate a specialty pharmacy, US Script may recommend the use of our affiliate URAC accredited, specialty pharmacy provider, AcariaHealth, which has a robust Hemophilia Care Management Program.

DUR. Starting in December 2013, LHCC Pharmacy and Case Management staff used pharmacy and medical claims to identify 41 members with hemophilia/vWD, and referred all members to our Case Management Program. The Pharmacy Director reviews quarterly medical and pharmacy reports to determine case management effectiveness. These reports identify the number of members taking hemophilia medications; their PCP, ER, inpatient stay and outpatient use; and the cost of their drugs.

Provider and Member Education and Support. Case Managers outreached to each identified member with hemophilia to learn more about their condition, medications and self-care; ensure they were visiting a hematologist; and to help with any barriers to care, such as obtaining an emergency drug supply. They discovered that some of the members were getting treatment at one of Louisiana's Hemophilia clinics and therefore showed no hemophilia claims with LHCC. Others without claims may not have been receiving adequate treatment and support.

Pharmacy and Case Management staff also will bring member histories to our integrated case rounds for an interdisciplinary review of the member's circumstances.

For members who choose AcariaHealth as their medication supplier, Case Managers inform them of AcariaHealth's care management program, which includes the following components:

- Registered Nurses and Pharmacists with at least 10 years of experience with Bleeding Disorders collaborating in member care management
- The development of an individualized plan of care
- Assessments that evaluate severity levels, health literacy, risk factors, dosing and other criteria using the National Hemophilia Foundation's Medical and Scientific Advisory Committee guidelines
- Verification of medication appropriateness, protocols and use (such as on-demand vs prophylaxis)
- Member education on hemophilia and self-care
- Monitoring member health status and communications/collaboration with the member's provider
- Documentation and evaluation of member and program outcomes.

Use of LHCC's Case Management Program and/or AcariaHealth's care management program is not required, and is left to the choice of the member and provider.

LHCC and AcariaHealth also work with community and national organizations, such as local Hemophilia Chapters that assist families with information, resources and education; and the National Hemophilia Foundation and Hemophilia Family Association to lend support to families in Louisiana as well as all other states.

Successful Outcomes. Initial program results are promising, even though our program currently only covers 41 members and we have not yet completed a full measurement cycle. LHCC is further developing this program either through AcariaHealth or using a similarly sophisticated care management model with plan Pharmacists and Case Managers. Comparing Q4 2013 data to Q1 2014 data:

- Inpatient admissions per 100 members dropped by 80%

- ER visits per 100 members dropped by 50%
- Other outpatient visits per 100 members dropped by 74.3%.

Ongoing Provider and Member Education Supports

In addition to the targeted educational activities described above, LHCC's comprehensive, continual member and provider educational resources and activities support all of our pharmacy benefit utilization management efforts. They include in-person, online, social media, written, telephonic and mobile application educational resources. LHCC's websites, including our public website and secure Provider and Member Portals, have been designed as mobile enabled since 2010, with web experiences that translate into easily accessible content when viewed on PCs or mobile devices. See Q 6 for examples of our ongoing pharmacy-related educational supports for members and providers.

Q.6 Describe at least 2 and no more than 4 existing or proposed educational initiatives the PBM or MCO will take regarding the use of Behavioral Health Medications (including ADD/ADHD), treatment of infectious diseases, and the treatment and control of diabetes or asthma

Overview

Member, provider, and community education are important components of appropriate and safe drug prescribing, utilization, and compliance. LHCC uses an interdepartmental approach to provide comprehensive, multi-dimensional pharmacy education and outreach comprised of:

- Education upon plan enrollment for members and for providers during contracting and orientation
- Continuously available resources on Member and Provider Portals
- Monthly drug utilization reviews by pharmacy staff to identify members or providers who could benefit from education and other supports, and to identify related indicators of success of the educational initiatives
- Targeted outreach to members or providers by Case Management, Health Coaches, Pharmacy, Provider Relations and Medical Director staff as appropriate
- Reinforcing messages and assistance by non-clinical staff, such as MemberConnections™ Representatives (MCRs) and Customer Service Representatives (CSRs), for example MCRs may visit a member's home to drop off educational materials about asthma self-care
- Incentives that support appropriate care and self-care, such as a provider incentive for ensuring members with diabetes receive A1c screenings and our CentAccount™ Member Rewards Program that also incentivizes members with diabetes to get all their screenings
- Periodic reminders and updates on relevant topics through text messages, online care gap alerts, newsletters, direct mail, and faxes to providers and pharmacies
- Integrated clinical documentation using TruCare technology to optimize care coordination by all clinical staff involved in member care
- Collaboration and partnership with community resources to employ culturally relevant educational materials, and to reinforce individualized messaging with community-based information.

Targeting Drugs/Diseases

The Pharmacy Director, in collaboration with Quality Improvement (QI) staff and the Medical Director, target drugs and/or diseases for which safety and health outcomes may be improved with:

- **Member** understanding of their condition, medications, self care, and the importance of medication compliance

- **Prescriber** understanding of clinical practice guidelines, new or improved drug therapies, or other interventions, such as supporting educational materials or case management by LHCC.

LHCC also considers input and feedback from providers and members, experiences as reported by affiliate plans, and State priorities as established by DHH.

Educational Interventions

LHCC will employ a spectrum of interventions to best meet specific situations.

- **Targeted Interventions.** We individually intervene with prescribers and members on both periodic and as-needed bases, alerting them to potential utilization issues, and offering supportive education and resources.
- **Ongoing Provider Support.** Our secure Provider Portal, Provider Newsletter, and Case Management/Chronic Care Management initiatives give providers continual feedback that encourages them to seek additional help from plan staff and/or NurseWise, and self-correct any issues, such as medication non-compliance for their members. Our Provider Relations (PR) Specialists periodically contact providers in-person and by telephone to review prescriber performance, and refer clinical questions to LHCC's Pharmacy Director or Medical Director. Case Managers/Health Coaches request provider input when developing or changing the members' Individualized Care Plan. LHCC also may educate providers about medication issues and guidelines in individual, web-based, and group provider trainings and workshops; and educate members in community events and forums.
 - LHCC offers a secure, web-based Provider Portal through which to communicate with plan staff; and access pharmacy and medical claims information, Care Gap Alerts, our new pharmacy prescribing report, and a member's health record. In 2015, we are expanding our online support for providers through our online ***Practice Improvement Resource Center (PIRC)***. The PIRC will be a well-organized, searchable compendium of best practice and vetted documentation, multi-media content, and interactive tools to help providers across clinical, operational and technological aspects of their practices. The PIRC will support provider diagnosis and treatment of members, as well as facilitate communications with plan staff and other expert providers through modes such as secure messaging and online forums. It will also provide information on participating in the Louisiana Health Information Exchange (LaHIE) and engaging the Louisiana Health Information Technology Resource Center.

We also will offer via the Provider Portal a *Pharmacy Report* showing network prescribers' performance on indicators such as generic prescribing and specialty, and network prescribing benchmarks, so that they can self-adjust their prescribing as needed to better reflect best practices. Finally, the Portal will also convey a *Profile Report*, showing providers their member's trends in such indicators as ER use and screenings.

- **Ongoing Member Support.** Members also benefit from web-based, Member Newsletter, and Case Management/Chronic Care Management educational initiatives. LHCC offers a secure, web-based Member Portal through which to communicate with plan staff; and access their clinical information, medication history, and helpful online resources such as links to community organizations, such as our *Community Connections Resource Guide*. We offer a health library with over 4,000 health topics for members to view at their convenience. Our Case Managers/Health Coaches communicate with members in scheduled and unscheduled calls and in-person contacts. We also educate members in about their health and the importance of medication compliance in health events and in collaboration with community organizations.

LHCC's website has been mobile optimized since 2010, and in 2015 we will be deploying access to

key online functions via our free-of-charge **LHCC Mobile App**, which will be a *comprehensive and integrated mobile “one stop shop”* for our members. Members will be able to access current and all new application tools instead of having to search for them online. The LHCC Mobile App will be available on our public website, as well as the Apple iTunes Store (for iPhone), and Google Play Store (for Android devices). As described in further detail in T.3, LHCC's extensive array of online and mobile applications will incentivize self-care as well as educate. A few examples include the following:

- We will introduce *LHCC's Health Pathways*, a coordinated set of interactive mobile tools to keep our members engaged in their health on an ongoing basis and developed in conjunction with our mobile health technology partner, LiveHealthier, Inc. Of particular note, LHCC's Health Pathways will include our Mobile Health Risk Assessment to encourage member completion of an assessment that enables LHCC to determine member's needs for more educational and self-care support for chronic conditions such as asthma and diabetes.
- With DHH approval, we will publish regular and concise items via a blog from our LHCC public website that will automatically populate feeds to popular Louisiana social media outlets, such as Facebook and Twitter. Social media viewers be taken instantly to the blog entry on our website, where they will be able to opt-in to-access future communications and/or any of our publicly available information, such as about flu prevention. We also can focus the user's attention on topics important to state health and wellness initiatives.
- In 2015, we will offer members (who register to use our secure Member Portal) the option of receiving email notifications as soon as our Centelligence™ platform identifies care opportunities, care gaps, or health alerts. This feature will help members maintain compliance for example with their BH, asthma and diabetes medications and needed physician visits to achieve and maintain optimal health.
- Also in 2015, we are improving the interactivity of our website through the incorporation of “Click to Call” technology, allowing our site visitors to enter their phone number, and get an immediate call from our Customer Service Representatives (CSRs). CSRs can help explain to members their health plan benefits, and warm transfer members to clinical staff as needed, such as a Case Manager to help with questions about their medications, illness or condition.

Described below are **four examples of educational initiatives** regarding member and provider education on behavioral health medication use, and on the treatment and control of the flu, asthma, and diabetes.

Education on Behavioral Health (BH) Medication Use

Background. BH issues can affect all aspects of our members' lives, and BH conditions are often difficult to manage for families, PCPs, and school personnel. To support all the “non-BH specialists” involved in our members' care, LHCC will offer education and training including a comprehensive list of information and tools related to appropriate BH management, medications, and self-care.

LHCC will use Cenpatico Behavioral Health (Cenpatico), our NCQA accredited BH affiliate, to conduct our training program. Cenpatico uses designated licensed BH clinicians with training experience who can offer up-to-date information and techniques, and flexible approaches based on the experience of its national clinical training team. Cenpatico is approved to provide Continuing Education Units (CEUs) to Licensed Professional Counselors (LPC). In addition, Relias Learning, its e-learning partner, is credentialed to provide CEUs for the American Nurses Credentialing Center (ANCC), Licensed Addiction Counselors, (LAC, RAC, CIT, GAC, etc.) as well as a variety of other boards.

Targeted Educational Interventions. LHCC will offer our training program to all network PCP, FQHC, RHC, and PCMH providers (including their nurse practitioners) and school based clinic personnel. We

may offer individual, local, or regional trainings on a quarterly basis, or as requested. Cenpatico will work with providers to identify specific topics by sending an annual survey to assess their training interests and needs for the upcoming year.

In addition, Cenpatico will coordinate with the LHCC Provider Relations team to identify targeted providers based on parameters such as high member volume, identified service gaps, and areas of specialty. Cenpatico also may send fax blasts, bulk emails, and mailings to contracted providers to inform them of training opportunities, and will partner with the LHCC Network and Provider Relations teams to offer provider orientations and ongoing education.

Provider Educational Initiative. Cenpatico will customize training to meet providers' needs. Training topics will include, but are not limited to the list below. All of these topics can help improve a provider's BH drug prescribing by helping them accurately determine a member's BH condition and appropriate drug therapy.

- Integrated Health Care
- Behavioral Health 101
- Diagnosis-specific topics, such as:
 - ADHD
 - Depression
 - Anxiety Disorders
- Psychotropic Medications
- Physical Health 101
- Recovery Model
- Cultural Competence
- Poverty Competence
- Trauma Informed Care
- Member Engagement Strategies:
 - Motivational Interviewing
 - Positive Psychology
 - Strengths Based Model
- Caregiver Strategies
- Behavior Management Strategies
- DSM-5: An Overview of Changes
- Behavioral Health Screening Tools:
 - PHQ2 and PHQ9 (Depression)
 - CAGE-AID (Substance Abuse)
 - GAD-7 (Anxiety)
 - Vanderbilt (ADHD)
- Co-Occurring Disorders
- Grief and Loss
- Titrating Outpatient Services
- Medical Necessity Criteria
- SMART Goals
- PCP Tool Kits
- Suicide Risk and Assessment
- Referral and Screening
- Prevention and Early Identification

As a supplemental support, LHCC will consider posting DHH-approved provider trainings including Tool Kits to our Provider Portal. In Florida, our affiliate Sunshine Health initiated provider trainings using a similar program in September 2013 that targets Long Term Care providers. As of July 2014, they have conducted a total of 246 trainings involving 3,028 providers.

Member Education Initiatives. An additional benefit of this program will be the increased engagement of providers and school based clinic personnel in member and caregiver education and support. Their involvement will help reinforce communications many members/caregivers will receive from their Case Managers about self-care and medication compliance in our BH Chronic Care Management Programs; from their SMO providers (if they have one); and from LHCC's online and written resources, such as in our Krames materials.

Flu Treatment and Prescribing Initiative

Background. Influenza (flu) season can begin as early as October and run as late as May. It affects members of all ages and backgrounds, and causes missed school attendance and set-backs in employment, productivity, and meeting family obligations. The flu also may be fatal to members who are elderly or have complex, compromised conditions, such as advanced pulmonary disease.

According to the CDC, *Get Smart: Know When Antibiotics Work*, antibiotic resistance is a major public health problem. Even though decreasing inappropriate antibiotic use is the best way to control resistance, pediatricians prescribe antibiotics 62% of the time if they perceive parents expect them.

The American Academy of Pediatrics and the CDC recently issued guidelines concerning treatment for upper respiratory diseases, with the goal of reducing inappropriate antibiotic use.

Targeting Educational Interventions. LHCC will educate providers on treatment guidelines and help support their efforts to address member expectations of antibiotic use with our value-added Flu Prevention program.

We will educate all members about flu treatment, prevention and where to get a flu vaccine with our value added Flu Prevention outreach program. LHCC's integrated communications approach includes direct mail, automated phone calls for at-risk subpopulations, Case Management staff interactions, information posted on LHCC's website and social media networks, and information provided to network provider offices and pharmacies.

Whenever possible, we will collaborate with the Office of Public Health and community groups to educate the general public, such as by hosting or participating in events in which we present flu treatment/prevention information. In addition, our staff subscribe to public health ListServes and will disseminate essential public health information to providers as needed for provider awareness. In addition, we will consider the experience of our affiliate plans that also conduct general community awareness campaigns through public service announcements on television and radio. We will obtain DHH approval on outreach materials and messaging as required by this RFP. LHCC's Pharmacy Director, as well as Medical Management and Marketing staff will also identify providers (based on practice type and panel size) and prescribing trends and provide targeted education and supportive materials.

We also offer our employees a flu vaccine free of charge in our offices. This helps keep our staff healthy, and helps them reinforce to members the importance of preventive self-care measures and flu vaccines.

Member Educational Initiatives. LHCC's educational outreach promotes flu vaccinations; preventive care such as hand washing; and self-treatment such as the importance of seeing your physician when symptoms first appear to get a prescription for anti-viral medication. We also will address appropriate self-care for members who are at higher risk for contracting both the traditional and H1N1 influenza viruses, such as pregnant women, children, and adults with chronic health conditions.

LHCC also will offer a CentAccount reward to pregnant members who receive a flu vaccine.

In addition to the widely distributed educational information above, our Case Management and Chronic Care Management staff will continue to encourage members to obtain flu vaccines; help them find pharmacies or providers to administer the vaccines, if needed; and advise them on flu symptoms and ways to avoid catching or transmitting the flu.

Provider-based Educational Initiatives. LHCC will remind providers (such as PCPs, OB/GYNs, and Pediatricians) about the new antibiotic/antiviral guidelines through various means, such as postcards, blast faxes, on our Provider Portal, and through our **Flu Pack** distribution (described below).

LHCC's Pharmacy Director will explore the usefulness of tracking antibiotic prescribing with medical diagnoses, to determine whether such monitoring could identify issues with over-prescribing. If useful, LHCC will then outreach to identified providers and share relevant clinical practice guidelines.

LHCC also will offer to select providers, such as high-volume pediatric providers, a **Flu Pack** to support their efforts in resisting member requests for inappropriate antibiotic prescriptions (such as for viral infections). The Flu Pack will contain a variety of member supports, and may include items such as antibacterial hand wipes, a forehead thermometer, a nasal suction bulb for babies, and an educational card about *How to Prevent the Spread of Flu and Take Care of Yourself and Family Members*. In 2013, our Washington affiliate plan surveyed providers who used the Flu Pack, and about 60 % found the Flu Packs "Very Valuable" or "Valuable." About 67 % reported that the Flu Packs helped promote the appropriate use of antibiotics.

Comprehensive Asthma Initiative

Background. The incidence of asthma is growing both in the general population and within LHCC’s membership. Uncontrolled asthma can affect a member’s education, social interactions, and exercise. It is a condition for which medication management and compliance can do much to improve health outcomes and quality of life. Effectively managing asthma requires both preventive and rescue medication therapies, as well as healthy lifestyle choices and removing or avoiding asthma-inducing triggers.

LHCC will offer members a comprehensive educational initiative for asthma management that will include:

- **Pharmacy DURs** to monitor plan performance in asthma medication management and to identify prescribers and members in need of educational assistance
- Member counseling by pharmacy call center or retail pharmacists using our **Medication Therapy Management (MTM)** Program
- A pilot program testing the effectiveness of **in-home** and telephonic **assessment** and **Flu Pack** for children with asthma in New Orleans using Community Paramedicine protocols by **Louisiana-based Acadian Ambulance**
- **Chronic Care Management referrals** that use award winning materials and approaches, and the certified Respiratory Therapy Health Coaches of our chronic care management affiliate. Nurtur’s Asthma Program is both NCQA and URAC accredited. In 2012, Nurtur’s asthma program won a Case In Point Platinum award by Dorland Health, and a Platinum Award for Consumer Engagement and Protection by URAC.
- **Clinical practice guidelines**, care gap alerts, and **other supports** to help providers better manage members via our secure Provider Portal
- **Educational materials**, care gap alerts, and pharmacy information for members via our secure Member Portal
- **Member Engagement tools**, such as the mobile app and website features described above

LHCC staff documents all clinical information and educational interventions in TruCare, including care plans and notes such as from Health Coaches and Case Managers, enabling optimized care coordination and information sharing among authorized plan staff serving each member.

Targeting Educational Interventions. To effectively target interventions for both members and providers, pharmacy staff will monthly monitor DURs covering asthma drug regimen adherence, under-utilization of maintenance drugs, and over-utilization of rescue medicines. Both under- and over-utilization reviews are necessary for asthma because under-utilization of controller medications, such as an inhaled steroid, can lead to poorer health and higher utilization of “rescue” inhalers, emergency room visits, and hospitalization. Over utilization of rescue inhalers can indicate under-utilization of controller medicine, for example, due to misunderstanding of the controller medication’s use.

For members identified with asthma under/over-utilization issues, pharmacy staff will determine (such as through TruCare) whether the member is enrolled in our Asthma Chronic Care Management Program, and outreach to Health Coach, Case Management or other plan staff as appropriate.

Pharmacy staff also may identify under/over-utilization during case rounds, assistance with Case Management staff, and in response to members referred by CSRs to the Pharmacy Department with questions about their asthma medicine.

Additionally, our Quality Improvement and Case Management staff use Health Risk Screening results, predictive modeling, and condition-specific assessments to identify candidates for our Asthma Chronic

Care Management Program (CCMP), or for our Community Paramedicine Pilot Program with Acadian Ambulance.

Mirixa, our MTM subcontractor, will continue to analyze pharmacy claims data from US Script to identify members who are under/over-utilizing asthma medications for telephonic or in-pharmacy counseling by a pharmacist.

Member Educational Interventions. LHCC's multifaceted educational strategies and types of outreach are designed to offer assistance that matches each member's level of engagement in asthma management, reinforce educational messaging, and continually encourage members in self-care and personal responsibility.

CCMP. LHCC's Health Coaches will outreach to members identified with asthma to assess the level of control, any barriers they may be experiencing in self-care, their motivation to improve their asthma condition, and their risk of adverse health outcomes if their asthma remains uncontrolled. Based on these assessments, Health Coaches offer telephonic coaching at intervals related to health risk and member request; in-home assistance with the use of medication devices, such as a spacer, if needed; in-home assessments, if needed, to identify and help resolve triggers for asthma symptoms; and online and mailed educational pieces, reminder postcards, and a quarterly newsletter to support self-care.

Health Coaches offer age-appropriate materials to engage and educate members and their caregivers. For example, for Asthma participants under 10 years of age, we send *The Adventures of Boingg & Sprockett Through Puffletown*, a cartoon booklet explaining Asthma and self-management. To their caregivers, we provide a companion guide and DVD. We provide teen participants a booklet called *Off the Chain* that uses examples they can relate to, such as comparing the annual cost of smoking to items such as video games and sports equipment, and informing them about famous people with asthma. Nurtur's award-winning quarterly *UpBeat* newsletter offers practical information, such as how to minimize asthma triggers when playing outdoors. Members receiving coaching also receive a peak flow meter to monitor respiratory status, and a spacer to ensure appropriate delivery of inhaled medications and educational materials on their use.

Medication Therapy Management (MTM). MTM pharmacists contact members to schedule a face-to-face or telephonic appointment. Although members are selected on the basis of their disease state, such as asthma, the MTM pharmacist reviews all of their medications to identify any safety concerns, such as potentially dangerous duplicate drug therapies. The MTM pharmacist asks the member to bring (or have available) all prescription and over-the-counter medications, all herbal and dietary supplements, and copies (if available) of their most recent lab results even those not related to asthma, for example for other conditions they may have, such as cholesterol screens if they also have hypertension.

MTM pharmacists conduct an interactive, comprehensive medication review that addresses preventive and lifestyle recommendations; the importance of medication adherence; and routine care, safety, and cost savings. The pharmacist also addresses any additional medication-related problems identified based on their clinical expertise, and prepares and provides the member with a Personal Medication Record and Medication Action Plan. As needed, the pharmacist may contact LHCC's MTM-certified staff pharmacist for assistance with member counseling and Action Plan development.

The pharmacist's review is assisted by Mirixa's proprietary web-based application, which is also used to transmit consultation notes and data to US Script for use by LHCC. LHCC will record the information in TruCare and use it to inform Case Management and CCMP staff of member health status and progress at self-maintenance.

Community Paramedicine Pilot. This program is one of the many ways LHCC partners with local providers to enhance the delivery of care to members, especially those with chronic or complex conditions. Upon receiving a member referral, Acadian will outreach to the member's PCP to obtain buy-in or commitment to engage, and also outreach to the member to get their consent and enroll in the Program. If the member and provider consent, a paramedic will make an initial visit to the member's

home to conduct an assessment that focuses on respiratory triggers, ability to appropriately store medications, safety risks, and level of support available.

Acadian will provide the member with a phone number to call should they feel that they have an urgent medical need. An Acadian representative will triage and assess the member, and will send a paramedic to the home if the member can be treated using protocols specifically designed for community paramedicine care. If the member needs a higher level of care, but can be diverted appropriately from the emergency department, the paramedic will transport the member to the appropriate level of care. This could be an urgent care center, or a provider office, if that is an available option without an appointment. After the event, the paramedic will contact the Case Management Team with an update of the situation. *If we determine that the program is successful in decreasing unnecessary ER visits and inpatient admissions/readmissions, we will evaluate the feasibility of expanding the program as part of our strategy to monitor other high risk populations experiencing exacerbations in remote areas.*

Member Portal and Website. Asthma-specific Member Portal information includes online Care Gap Alerts that say, “It is time for your doctor visit. You should see your doctor at least 2 times a year for (your asthma).” The portal also will link them to the US Script Member Portal, which shows each member’s pharmacy claims histories, PDL information, and enables them to sign up for drug refill reminders and find a nearby pharmacy. The LHCC general website also provides links to Krames educational materials, which include information on asthma and self-care.

Provider Educational Interventions. Letter Outreach. LHCC’s Pharmacy Director will send a letter to a prescriber with a potential over-utilization/over-prescribing issue that describes the situation, the member(s) and medications involved, and the appropriate standards of care. The letter also asks the prescriber to notify the Director by fax of whether the prescriber has reviewed the issue. The Director’s ongoing monitoring of prescribing practices will include identifying whether the letters resulted in changes in drug over-utilization. If not, the Pharmacy Director may follow up by sending the prescriber another letter, telephoning the office, or asking for assistance from the Medical Director to review the prescriber’s medical and pharmacy claims and, if warranted, initiate a peer-to-peer discussion.

Health Coach Outreach. Our Health Coaches contact the member’s PCP to share and receive feedback on the proposed individualized CCMP Care Plan, and to notify the PCP when there are changes in a member’s health status. As needed, Nurtur’s Chief Health Officer (a medical doctor) or LHCC’s Medical Director will also consult with PCPs and other providers on a member’s health Care Plan and interventions.

Provider Portal. Asthma-specific information on the Provider Portal includes the member’s TruCare Care Plan, Care Gap Alerts that inform the provider when a member appears to be at risk for COPD/Asthma; or that a member with persistent asthma has not seen a doctor in the past six months. Other clinical support includes Online Care Gap Notifications, an Online Member Health Record, practice-level clinical quality and cost reports; clinical practice guidelines and other resources available through our new Practice Improvement Resource Center.

Comprehensive Diabetes Initiative

Background. Diabetes is most prevalent in the Hispanic, Non-Hispanic Black and Native American populations, and affects about 25% of the population over the age of 65. Diabetes was the seventh leading cause of death in 2010, even though it is often under-reported and under-diagnosed.³ There are two types of diabetes; in Type 1 Diabetes, the body cannot make insulin, and in Type 2 Diabetes, the body makes insulin but cannot use it adequately. During pregnancy, some women contract gestational diabetes, which usually does not last post pregnancy, but may harm the mother and baby if not treated.

³ American Diabetes Association website *Statistics About Diabetes*: <http://www.diabetes.org/diabetes-basics/statistics/>

While treatment of Type 1, Type 2, and gestational diabetes differ, in all cases diabetes is a condition for which self-care activities such as glucose monitoring; medication compliance (such as with insulin injections and oral diabetes medication); and making healthy lifestyle choices in nutrition, weight loss, and exercise can make a difference.

Similar to our approach with asthma education and management, LHCC will continue to offer members a comprehensive educational initiative for diabetes management that will include:

- Pharmacy DURs to monitor plan performance in diabetes medication management, and to identify prescribers and members in need of educational assistance
- Member counseling by pharmacy call center or retail pharmacists using our MTM Program
- Chronic Care Management referrals that use award-winning materials and approaches, and the certified Diabetes Educator Health Coaches of our chronic care management affiliate, Nurtur, whose Diabetes Program is both NCQA and URAC accredited
- Case Management for pregnant members to encourage and monitor member use of prenatal services, including glucose tolerance testing and the management of gestational diabetes
- Clinical practice guidelines, Care Gap Alerts, and other supports to help providers better manage members via our secure Provider Portal
- Educational materials, Care Gap Alerts, and pharmacy information for members via our secure Member Portal
- Patient Engagement Tools, such as the mobile apps and website features described above.

LHCC staff document all clinical information in TruCare, including Care Plans and notes such as from Health Coaches and Case Managers, enabling optimized care coordination and information sharing among authorized plan staff serving each member.

Targeting Educational Interventions. To effectively target interventions for both members and providers, pharmacy staff will monthly monitor DURs to identify members who are:

- At risk for diabetic nephropathy, but are not currently being treated with the recommended preventative medications for hypertension (Angiotensin II receptor blockers (ARBs) and Angiotensin Converting Enzyme (ACE) Inhibitors)
- Non-adherent to oral diabetes medications, based on an adherence goal of $\geq 80\%$.

The Under-Utilization of Preventive Medications for Diabetes Report pulls claims data for the previous 90-day period to identify members with at least one claim for a diabetic medication (inferring disease state), but does not show claims for ARB/ACE Inhibitor drugs. The reports display member information, along with both their diabetic and antihypertensive medication regimen. Pharmacy staff use this information to identify prescribers who may benefit from education about the use of ACE Inhibitors and ARBs, and the LHCC PDL.

For members identified with diabetes medication compliance issues, pharmacy staff will check TruCare to determine whether the member is enrolled in our Diabetes Chronic Care Management Program, and if so, outreach to the Health Coach, Case Manager or other plan staff as appropriate.

Pharmacy staff also may identify members who need education and medication assistance during our integrated case rounds, input from Case Management staff, and in response to calls referred by Customer Service to the Pharmacy Department of members with questions about their diabetes medication.

Additionally, our Quality Improvement and Case Management staff use Health Risk Screening results, predictive modeling, and condition-specific assessments to identify candidates at risk for gestational diabetes, or for our Diabetes Chronic Care Management Program.

Mirixa will continue to use pharmacy claims data from US Script to identify members with diabetes for MTM consultation.

Member Educational Interventions. LHCC’s multifaceted educational strategies and types of outreach are designed to offer assistance that matches each member’s level of engagement in diabetes management, reinforce educational messaging, and continually encourage members in self-care and personal responsibility.

CCMP. LHCC’s Certified Diabetes Educators (Health Coaches) outreach to members identified with diabetes to assess the level of control, any barriers they may be experiencing in self-care, their motivation to improve their diabetes condition, and their risk of adverse health outcomes if diabetes is uncontrolled. Based on these assessments, Health Coaches offer telephonic coaching at intervals related to health risk and member request, in-home assistance for newly diagnosed and certain high risk members, and online and mailed educational pieces.

Health Coaches offer age-appropriate materials to engage and educate members and their caregivers. Our Diabetes Management Guide provides information on blood glucose self monitoring, blood pressure and cholesterol management, recognizing signs of high/low glucose levels, nutrition counseling, encouragement and reminders to obtain all recommended screenings, optimizing physical activities, and coping with stress. We also offer an engaging cartoon book called *Sugarland* to child participants with Type 1 or Type 2 diabetes to educate them about diabetes and encourage their adoption of healthy behaviors. Nurtur’s award-winning quarterly *UpBeat* newsletter also offers practical information, such as on how and when to check your blood sugar.

MTM. As mentioned above, MTM pharmacists consult with members on self-care, including medication use and lifestyle choices using Mirixa’s web-based consulting application. The pharmacist also prepares and provides the member with a Personal Medication Record and Medication Action Plan.

Member Portal and Website. Diabetes-specific Member Portal information includes care gap alerts, such as informing them they are due for their yearly eye exam. In addition, the member can check the progress of their achievement toward having completed the four HEDIS-recommended annual diabetes screenings (A1c, LDL-C, eye exam, and for diabetic neuropathy) toward the \$50 CentAccount incentive. The Portal also links them to the US Script Member Portal, which contains each member’s pharmacy claims histories and PDL information, and enables them to sign up for drug refill reminders and find a nearby pharmacy. The LHCC public website also provides links to Krames educational materials, which include information on asthma and self-care.

Provider Educational Interventions. Outreach by Mail. LHCC’s Pharmacy Director sends a letter to prescribers who appear to be under prescribing ACE Inhibitors and ARBs, and describes the issue, the member(s) and medications involved, and the appropriate standards of care. The letter also asks the prescriber to notify the Director by fax of whether the prescriber has reviewed the issue. The Director’s ongoing monitoring of prescribing practices will include identifying whether the letters resulted in changes in appropriate drug use. If not, the Pharmacy Director may follow up by sending the prescriber another letter, telephoning the office, or asking for assistance from the Medical Director to review the prescriber’s medical and pharmacy claims and, if warranted, initiate a peer-to-peer discussion.

Health Coach Outreach. Our Health Coaches contact the member’s PCP to share and receive feedback on the proposed individualized CCMP Care Plan, and to notify the PCP when there are changes in a member’s health status. As needed, Nurtur’s Chief Health Officer (a medical doctor) or LHCC’s Medical Director will also consult with PCPs and other providers on a member’s health, their care plan, and interventions.

PCP Incentives. LHCC will offer PCPs a financial incentive to ensure members with diabetes receive their hemoglobin A1C screenings.

Provider Portal. Diabetes-specific information on the Provider Portal includes the member’s Care Plan, Care Gap Alerts that tell the provider when a member appears at risk for diabetes, has not received an

A1c screening in past six months or more, has not had a nephropathy screening in the past 12 months, and has not had a retinal eye exam in the past 12 months. Other clinical support includes: Online Care Gap Notifications, Online Member Health Record, practice-level clinical quality and cost reports; a Provider Profile report that shows performance in HbA1c screens for members on their panel with diabetes; relevant clinical practice guidelines, and the resources/guidelines available through our new Practice Improvement Resource Center.