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CalOptima

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Pharmacy Clinical Programs Overview and Updates

APG Pharmaceutical Care Meeting
December 15, 2021

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Manager, Pharmacy Clinical Programs

Agenda

- Introduction
- Pharmacy Clinical Programs
- CMS Star Measures
- Medi-Cal Rx
- Questions

Introduction

- CalOptima is a County Organized Health System (COHS) serving children, low-income seniors and persons with disabilities

Mission: To provide members with access to quality health care services delivered in a cost-effective and compassionate manner

Membership Data from October 31, 2021, Financial Information

Total CalOptima
Membership

862,828

Program	Members
Medi-Cal*	845,345
OneCare Connect	14,833
OneCare (HMO SNP)	2,232
Program of All-Inclusive Care for the Elderly (PACE)	418

Note: Fiscal Year 2021–22 Membership Data began on July 1, 2021.

* Based on unaudited financial report and includes prior year adjustment

Pharmacy Clinical Programs

- Medication Therapy Management Program (MTMP)[^] for OneCare and OneCare Connect eligible members

Group 1: Traditional criteria	Group 2: At-risk beneficiaries
<ul style="list-style-type: none">○ 8 or more part D drugs○ 3 or more targeted conditions<ul style="list-style-type: none">▪ Asthma▪ COPD▪ Diabetes▪ Dyslipidemia▪ ESRD▪ Hypertension○ Anticipated part D costs ≥ \$4,696 per year	<ul style="list-style-type: none">○ Member is at high risk for adverse events or overdose due to a total cumulative morphine milligram equivalents (MME) of 90 mg or more during the past 6 months) from multiple prescribers; or○ The member has a recent history of opioid-overdose

[^]CY2022 Medication Therapy Management Program

Pharmacy Clinical Programs (cont.)

- Clinical pharmacist meets with member for a comprehensive medication review
- Members receive an updated medication list and action plan*
- Clinical recommendations sent to PCP and other specialists*
 - For members assigned to external health networks, a copy of the physician memo is sent to the health network via a secure file transfer protocol

*Must be delivered within 14-days of the interview

Pharmacy Clinical Programs (cont.)

- Interdisciplinary Care Team (ICT)
 - In-house multidisciplinary team reviewing members enrolled in CalOptima's internally managed health network (CalOptima Community Network or CCN)
 - Team includes medical director, pharmacist, case manager nurses, social workers, and more
 - Optional participation from member and their PCP/specialist
 - In-depth pharmacist work-up and presentation
 - All recommendations documented on the Interdisciplinary Care Plan (ICP) for PCP review

Pharmacy Clinical Programs (cont.)

- Quarterly targeted HEDIS interventions

Statin Therapy for Patients with Cardiovascular Disease (SPC)

- Members with clinical ASCVD received high to moderate intensity statin during the measurement year
- Remained on high to moderate intensity statin with an adherence rate of $\geq 80\%$ during the treatment period

Statin Therapy for Patients with Diabetes (SPD)

- Members with diabetes received statin of any intensity during the measurement year
- Remained on statin of any intensity with an adherence rate of $\geq 80\%$ during the treatment period

Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)

- Member with acute myocardial infarction diagnosis and received persistent beta-blocker treatment for six months after discharge

Pharmacy Clinical Programs (cont.)

January 27, 2021

Phone: [REDACTED]

Fax: [REDACTED]

NPI: [REDACTED]

RE: Statin Therapy for Patients with Cardiovascular Disease: Action Requested

Dear [REDACTED],

As part of CalOptima's commitment to providing quality care to our members, CalOptima is implementing initiatives to improve care in members with cardiovascular disease. We have identified a potential concern that requires your attention. The Healthcare Effectiveness Data and Information Set (HEDIS) supports the quality measure "Statin Therapy for Patients with Cardiovascular Disease," which identifies males between 21 and 75 years of age and females between 40 and 75 years of age who are identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and received at least one high to moderate-intensity statin medication during the measurement period.¹ The measure aligns with the 2018 blood cholesterol guidelines from the American College of Cardiology and the American Heart Association (ACC/AHA).² These guidelines present evidence of the benefits of statin therapy to reduce the risk for cardiovascular events and recommend statin therapy as first-line treatment for lowering blood cholesterol.

Recommended Action:

Please see the following page for a list of CalOptima members under your care who are identified as having ASCVD but are not receiving or are non-adherent to a moderate to high-intensity statin. If your patient has not been prescribed a moderate to high-intensity statin, please consider initiating one of the following formulary statins:

Moderate-intensity	High-intensity
<ul style="list-style-type: none">• Atorvastatin 10-20 mg• Rosuvastatin 5-10 mg• Simvastatin 20-40 mg• Pravastatin 40-80 mg• Lovastatin 40 mg	<ul style="list-style-type: none">• Atorvastatin 40-80 mg• Rosuvastatin 20-40 mg

Fax overview

1. **Background**
2. Recommended Action
3. Formulary statins
4. Identified members

Pharmacy Clinical Programs (cont.)

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Pharmacy Clinical Programs (cont.)

Fax overview

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4. Identified members

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RE: Statin Therapy for Patients with Cardiovascular Disease: Action Requested

Dear [REDACTED],

As part of CalOptima's commitment to providing quality care to our members, CalOptima is implementing

(NPI: [REDACTED])

Here is a list of CalOptima members who may benefit from a moderate or high-intensity statin or are non-adherent to their current statin therapy:

LOB*	CIN	First Name	Last Name	DOB	On Low-Intensity Statin	Not on Moderate to High-Intensity Statin Therapy	Non-Adherent to Moderate to High-Intensity Statin	Statin PDC** for Non-Adherent Member on Moderate to High-Intensity Statin
MC	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	N/A	X	N/A	N/A
MC	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	N/A	N/A	X	72%
MC	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	N/A	X	N/A	N/A
MC	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	N/A	N/A	X	64%
MC	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	N/A	N/A	X	60%
MC	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	N/A	N/A	X	65%
MC	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	N/A	N/A	X	60%
MC	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	N/A	N/A	X	44%

*MC = Medi-Cal; OC = OneCare; OGC = OneCare Connect

**PDC = Proportion of days covered; PDC < 80% = non-adherent

Pharmacy Clinical Programs (cont.)

- Post-Myocardial Infarction (MI) Discharge Medication Review Program
 - Launched September 2020
 - Target population: Medi-Cal and OneCare Connect CCN members
 - Objectives:
 - Clinical Pharmacist conducts a comprehensive medication review post-MI discharge to optimize medication management and reduce medication discrepancies
 - Identify members who are missing appropriate statin and beta blocker therapy in alignment with HEDIS SPC and PBH measures

Pharmacy Clinical Programs (cont.)



Clinical review of pharmacy claims, medical claims, lab data, and discharge summary



Member telephonic outreach and counseling



Identify barriers to care (pharmacy outreach, PA assistance, medication synchronization, pill boxes)



Communicate with PCP regarding interventions and medication action items

CMS Star Ratings

- Part D plans receive “star” ratings on safety and quality and ratings are available publicly (1 to 5-star scale)
- CMS issues quality bonus payments (QBP) to plans that achieve at least 4 out of 5 stars
- Key Part D star ratings for CY2022
 - Medication Adherence (Proportion of Days Covered \geq 80%)
 - Non-insulin diabetes medications
 - Renin Angiotensin System (RAS) antagonists
 - Statins
 - Comprehensive Medication Review (CMR) completion rate for MTM Program
 - Statin Use in Persons with Diabetes (SUPD)

CMS Star Ratings (cont.)

- For CY2022, data used for Star rating calculations varied depending on the measure due to pandemic
- Star ratings only apply to CalOptima's OneCare (HMO SNP) plan

CY2022 OneCare Star Rating	
Part C Summary Rating	3.5
<i>Part D Summary Rating</i>	<i>4.5</i>
Overall Plan Rating	4

Medi-Cal Rx

- Executive Order (EO) N-01-19 : Effective January 1, 2021, DHCS is “carving out” part of the pharmacy benefit from managed care plans and moving it to the fee-for-service (FFS) program
 - November 2020: postponed start to April 1, 2021
 - February 2021: postponed start to January 1, 2022
- Only applies to Medi-Cal program (OC/OCC/PACE are not affected)
- “Medi-Cal Rx” is the name DHCS has given to this new system of how Medi-Cal pharmacy benefits will be administered

Medi-Cal Rx (cont.)

- The State of California selected a Pharmacy Benefit Manager (PBM) vendor to administer the new pharmacy program: Magellan Rx
- Effective January 1, 2022, CalOptima Medi-Cal outpatient pharmacy claims will be processed through Magellan Rx instead of MedImpact (current PBM), and providers will have to follow the state “formulary”, which is called the Contract Drugs List (CDL)
- MedImpact will be retained for OC/OCC/PACE

Medi-Cal Rx (cont.)

- Medi-Cal activities covered by the new program include:
 - Claims processing for all pharmacy services billed by pharmacies through Magellan Rx:
 - Medications
 - Enteral nutrition products
 - Some medical supplies
 - Pharmacy cross-over claims
 - Pharmacy network administration
 - Pharmacy drug rebate administration
 - Prior authorizations
 - Customer Service (beneficiaries and providers)
 - Health plan coordination activities (Magellan Rx liaison)

Medi-Cal Rx (cont.)

- Prior Authorization process
 - Providers will not be able to phone in PAs
 - Providers can only submit PAs via:
 - Fax
 - U.S. Mail
 - Magellan Rx portal
 - CoverMyMeds®
 - Members cannot initiate a PA
 - Potential PA denials are forwarded from Magellan to DHCS for review, which may result in delayed decisions
 - Magellan may keep deferred PAs with no response open for 30 days

Medi-Cal Rx (cont.)

○ Appeals process

- Members will not be able to appeal PA denials, they can only file State Fair Hearings
- Providers cannot appeal PA denials by phone
- Providers can only submit appeals via:
 - Fax
 - Magellan Rx portal
 - U.S. Mail
- If a provider does not explicitly write “appeal” on an appeal submitted via fax or mail, Magellan will start the case as a new PA
- Magellan will have 60 days to process an appeal
- There is not a shorter review timeframe for expedited appeals

Medi-Cal Rx (cont.)

- Non-formulary/PA required hospital discharge and emergency medication supplies are limited to a 72-hour supply without a PA
 - Pharmacies may dispense supplies over a 72-hour supply (including unbreakable packages), but will need to fill out a paper claim with justification for retro reimbursement
 - Pharmacies risk non-payment for these retro requests if they are not approved
- No policy for lost/stolen/vacation medication supplies

Medi-Cal Rx (cont.)

- Additional Resources:

Medi-Cal Rx Provider Manual[^]	https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/manuals/Medi-Cal_Rx_Provider_Manual.pdf
Medi-Cal Rx Web Portal	http://www.medi-calrx.dhcs.ca.gov/
CoverMyMeds® Website	http://www.covermymeds.com/main/
Contract Drugs List[^] (Formulary)	https://medi-calrx.dhcs.ca.gov/home/cdl/
Medi-Cal Rx Customer Service Center Toll-Free Number	1-800-977-2273

[^]Final version will be posted 1/1/2022

Questions

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Our Mission

To provide members with access to quality health care services delivered in a cost-effective and compassionate manner

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