

Medical Care Advisory Committee

May 10, 2019



State Plan Amendment (SPA) Updates

SPA 18-0011 Physician Administered Drugs

- Approved 2/14/19, Effective 7/1/18

SPA 18-0015 Disproportionate Share Hospital (DSH) Payments

- CMS Submission 12/3/18 (Effective Date 10/1/18)
- CMS RAI received 2/26/19

Children's Health Insurance Program (CHIP) SPA #10

- CMS Submission 1/9/18 (Effective Date 1/1/18)
- RAI Response 11/9/18

Proposed SPA Updates

SPA 19-0001 Targeted Case Management for Beneficiaries with Intellectual and/or Developmental Disabilities in Community-Based Settings

- CMS Submission 3/6/19 (Effective Date 1/1/19)

SPA 19-0003 Non-emergency Transportation Broker Contract

- CMS Submission 3/7/19 (Effective Date 2/1/19)

SPA 19-0004 Prescription Drug Limit Increase

- CMS Submission 5/3/2019 (Effective 7/1/2019)

SPA 19-0006 Post-Eligibility Treatment of Income

- CMS Submission 3/6/2019 (Effective 1/1/2019)

Proposed SPA Updates

SPA 19-0009 Transitional Medical Assistance (TMA)

- CMS Submission 3/7/2019 (Effective 1/1/2019)

SPA 19-0010 Dental and Orthodontic Reimbursement

- CMS Submission 3/28/2019 (Effective 3/1/2019)

SPA 19-0015 Medicare Crossover Payments

- Public Notice 4/23/2019 (Effective 7/1/2019)

Waiver Updates

1115 Workforce Training Initiative

- Completeness Letter Received 1/22/18
- CMS Review in Process

Administrative Code Updates

- AC 19-004 Home Health Visit Increase (Effective 7/1/2019)
- AC 19-005 Physician Visit Limit (Effective 6/1/2019)
- AC 19-007 FQHC PAD (Effective 6/1/2019)
- AC 19-008 RHC PAD (Effective 6/1/2019)
- AC 19-010 Timely Filing, Timely Processing of Claims (Effective 7/1/2019)
- AC 19-016 PASRR Level 1 (Effective 6/1/2019)
- AC 19-017 PASRR Part 303 to 206 (Effective 6/1/2019)
- AC 19-020 CADD (Effective 6/1/2019)
- AC 19-023 Incontinence Garments (Effective 7/1/2019)
- AC 19-028 DME Home Evaluations (Effective 7/1/2019)

Old Business

- Bariatric Surgery
- Prosthetics
- Reproductive Health LARC/ 17p
- Pediatric Cardiac Care

New Business

- Dental Sub-Committee
- Long Term Care- Opportunities For Improvement
- CCO- Pharmacy Best Practices and Management of High Utilizers
 - UnitedHealthcare Community Plan
 - Magnolia Health
 - Molina Healthcare

United Healthcare Pharmacy Best Practices

2018 – 2019 Retrospective Drug Utilization Review Programs

Retrospective DUR- Gaps in Care

- 2018 Gap in Care program: Asthma Program
- 2019: 5 programs
 - Asthma Program
 - COPD Program
 - Diabetes Program (2 parts)
 - Cardiovascular Program (6 parts)
 - HIV Program

Identification
<ul style="list-style-type: none">• Retrospective review of pharmacy (and medical) claims for members• Identify opportunity for gaps closures
Intervention
PROVIDER INTERVENTION <ul style="list-style-type: none">• Notification Fax and/or Letter• Provider-specific reporting listing identified members and clinical rationale
Evaluation
<ul style="list-style-type: none">• Post-intervention evaluation via review of member's pharmacy claims and medical claims, if applicable• Resolution Rate/Clinical Impact• Total Health Care Savings

2018/2019 Retrospective Drug Utilization Review Program- **Asthma**



- **Goal:** To optimize the use of long-term controller medications and promote the appropriate use of short-acting beta-agonists
- **Member Inclusion:**
 - Ages 5 through 85 years at start of identification period
 - Possess a medical and/or pharmacy claim representing asthma
 - Possess pharmacy claims indicating **short-acting inhaler overutilization without the presence of a controller medication, OR**
 - Possess pharmacy claims with a **fill history indicating a low controller ratio (0 – 0.5) (filling their short acting inhaler much more frequently than the controller)**
- **Member Exclusion:**
 - Possess a medical and/or pharmacy claim for **emphysema, COPD, obstructive chronic bronchitis, chronic respiratory conditions due to fumes/vapors, cystic fibrosis, or acute respiratory failure**
 - Members previously targeted for the same issue within the previous 180 days
- **Program:** **Daily provider fax/mail**, with cover letter introducing the intervention and highlighting actions to be taken, with an accompanying report identifying patient(s) with potentially **suboptimal asthma** control who may benefit from a review of their asthma therapy and/or the addition of a controller
- **Outcomes:** Clinical impact determined **120 days post prescriber outreach**

RetroDUR Outcomes Summary		LOB	all YTD interventions eligible for outcomes	all YTD eligible interventions with a positive outcome	clinical impact %
Gaps In Care	GIC Asthma	MS CAN	1,833	285	15.55%
		MS CHIP	172	30	17.44%

New 2019 Retrospective Drug Utilization Review Program- **COPD**

- **Goal:** To optimize the use of long-term controller medications and promote the appropriate use of short-acting beta-agonists in COPD
- **Member Inclusion:**
 - Ages **40 and over** at the start of the identification period
 - Possess a medical and/or pharmacy **claim representing COPD**
 - Pharmacy claims for
- **Member Exclusion:**
 - Possess a medical and/or pharmacy claim for asthma, cystic fibrosis, or respiratory failure
 - Members previously targeted for the same issue within the previous 180 days
- **Program: Daily provider fax/mail**, with cover letter introducing the intervention and highlighting actions to be taken, with an accompanying report identifying patient(s) with potentially **suboptimal COPD control** who may benefit from a review of their COPD therapy. Provider contacted is the most recent prescriber or one listed on any chronic medication.

2019 Retrospective Drug Utilization Review Program- **Diabetes**

1. Statin Use in Patients with Diabetes

- **Goal:** To optimize the management of diabetes by identifying and closing the gap for **members with diabetes not on a statin**
- **Member Inclusion:**
 - Ages 39-75 at the start of the identification period*
 - Possess a medical and/or pharmacy **claim representing diabetes**
 - **Does not possess statin claim** within measurement period
- **Member Exclusion:**
 - Possess a medical claim representing **pregnancy, cirrhosis, lactation, muscular pain, ESRD**
 - Possess a pharmacy claim for **clomiphene**
Members previously targeted for the same issue within the previous 180 days
- **Program: Daily provider fax/mail**, with cover letter introducing the intervention and highlighting actions to be taken, with an accompanying report identifying patient(s) with diabetes not on a statin. Provider contacted is the most recent prescriber of any diabetes medication.

2019 Retrospective Drug Utilization Review Program- **Diabetes**

2. Diabetes and Hypertension

- **Goal:** To optimize the management of diabetes by identifying and closing the gap for members with **diabetes and hypertension** not on certain anti-hypertensive agent
- **Member Inclusion:**
 - **Ages 17 and up** at the start of the identification period*
 - Possess a medical and/or pharmacy claim representing **diabetes and hypertension**
 - Does not possess a claim for **Renin Angiotensin System Antagonist, thiazide diuretic, or calcium channel blocker** within the measurement period
- **Member Exclusion:**
 - Possess a medical claim representing **pregnancy, ESRD**
 - Possess a pharmacy claim for **clomiphene**
 - Members previously targeted for the same issue within the previous 180 days
- **Program:** Daily provider fax/mail, with cover letter introducing the intervention and highlighting actions to be taken, with an accompanying report identifying patient(s) with diabetes and hypertension not on a certain antihypertensive agent. Provider targeted is the most recent prescriber of any diabetes medication.

2019 Retrospective Drug Utilization Review Program- **Cardiovascular**

1. Anti-Thrombin use in Atrial Fibrillation

- **Goal:** To optimize the management of Afib by identifying and closing the gap for members in medication therapy for **members with Afib not on an anti-thrombin agent.**
- **Member Inclusion:**
 - **Ages 18** and up at the start of the identification period
 - Possess a medical claim representing **atrial fibrillation**
 - **Does not possess a claim for anti-thrombin agent within the measurement period**
- **Member Exclusion:**
 - Possess a medical claim for a **bleeding disorder**
 - Members previously targeted for the same issue within the previous 180 days
- **Program:** Daily provider fax/mail, with cover letter introducing the intervention and highlighting actions to be taken, with an accompanying report identifying patient(s) with afib and not on an anti-thrombin agent. Provider targeted is the most recent prescriber of any cardiovascular medication.

2019 Retrospective Drug Utilization Review Program- **Cardiovascular**

2. Statin Use in CHD/IVD

- **Goal:** To optimize the management of **Coronary Heart Disease (CHD) and Ischemic Vascular Disease (IVD)** by identifying and closing the gap in medication therapy for patients not on a statin.
- **Member Inclusion:**
 - **Ages 20 through 75** at the start of the identification period
 - Possess a medical and/or pharmacy claim for **CHD and IVD**
 - **Does not possess a statin claim** within the measurement period
- **Member Exclusion:**
 - Possess a medical claim **representing pregnancy, cirrhosis, lactation, muscular pain, ESRD**
 - Possess a pharmacy claim for **clomiphene**
 - Members previously targeted for the same issue within the previous 180 days
- **Program:** Daily provider fax/mail, with cover letter introducing the intervention and highlighting actions to be taken, with an accompanying report identifying patient(s) with CVD and IVD but not receiving a statin. Provider targeted is the most recent prescriber of any cardiovascular medication.

2019 Retrospective Drug Utilization Review Program- **Cardiovascular**

3. Inappropriate Statin Dose in CHD/IVD

- **Goal:** To optimize the management of Coronary Heart Disease (CHD) and Ischemic Vascular Disease (IVD) by identifying and closing the gap in medication therapy for patients not on an appropriate dose of statin.
- **Member Inclusion:**
 - Ages **20 through 75** at the start of the identification period for **male members** and age **39 through 75 for female** members*
 - Possess a medical and/or pharmacy claim for CHD and IVD
 - Does not possess an **appropriate dose of statin** (moderate or high intensity statin) within the measurement period
- **Member Exclusion:**
 - Possess a medical claim representing pregnancy, cirrhosis, lactation, muscular pain, ESRD
 - Possess a pharmacy claim for clomiphene
 - Members previously targeted for the same issue within the previous 180 days
- **Program:** Daily provider fax/mail, with cover letter introducing the intervention and highlighting actions to be taken, with an accompanying report identifying patient(s) with CVD and IVD but not receiving appropriate dose of statin. Provider targeted is the most recent prescriber of any cardiovascular medication.

Table 4. High- and Moderate-Intensity Statin Therapy*

High-intensity†
Atorvastatin, 40-80 mg
Rosuvastatin, 20-40 mg
Moderate-intensity‡
Atorvastatin, 10-20 mg
Rosuvastatin, 5-10 mg
Simvastatin, 20-40 mg
Pravastatin, 40-80 mg
Lovastatin, 40 mg
Fluvastatin XL, 80 mg
Pitavastatin, 2-4 mg

* Once-daily dosing.

† Decreases low-density lipoprotein cholesterol level by ≥ 1.3 mmol/L (≥ 50 mg/dL).

‡ Decreases low-density lipoprotein cholesterol level by 30% to $< 50\%$.

2019 Retrospective Drug Utilization Review Program- **Cardiovascular**

4. Beta Blocker in CHF

- **Goal:** To optimize the management of Congestive Heart Failure (CHF) by identifying and closing the gap in medication therapy for **patients with CHF not on a beta blocker or appropriate beta blocker.**
- **Member Inclusion:**
 - Any age at the start of identification period
 - Possess a medical and/or pharmacy claim for CHF
 - Does not possess a beta blocker or appropriate beta blocker claim within the measurement period
- **Member Exclusion:**
 - Possess a medical claim for asthma, COPD, heart block, hypotension, bradycardia
 - Possess a pharmacy claim for asthma/COPD
 - Members previously targeted for the same issue within the previous 180 days
- **Program:** Daily provider fax/mail, with cover letter introducing the intervention and highlighting actions to be taken, with an accompanying report identifying patient(s) with CHF but not on an appropriate beta blocker. Provider targeted is the most recent prescriber of any cardiovascular medication.

2019 Retrospective Drug Utilization Review Program- **Cardiovascular**

5. RAAS Inhibitor in CHF

- **Goal:** To optimize the management of CHF by identifying and closing the gap in medication therapy for members **with CHD and not on a RAAS inhibitor (ACEI, ARB or ARNI).**
- **Member Inclusion:**
 - Any age at the start of identification
 - Possess a medical and/or pharmacy claim for CHF
 - Does not possess a pharmacy claim for ACEI, ARB or ARNI within the review period
- **Member Exclusion:**
 - Possess a medical claim for ESRD, severe nephropathy, pregnancy, CKD stage 4
 - Possess a pharmacy claim for clomiphene
 - Members previously targeted for the same issue within the previous 180 days
- **Program:** Daily provider fax/mail, with cover letter introducing the intervention and highlighting actions to be taken, with an accompanying report identifying patient(s) with CHF not on an ACEI/ARB/ARNI. Provider targeted is the most recent prescriber of any cardiovascular medication.

2019 Retrospective Drug Utilization Review Program- **Cardiovascular**

6. Beta Blocker use Post Myocardial Infarction

- **Goal:** To optimize the management of MI by identifying and closing the gap in medication therapy for patients with diagnosis of **MI but not on a beta blocker**.
- **Member Inclusion:**
 - Ages 17 and up at the start of the identification period*
 - Possess a medical claim for MI
 - Does not possess a claim for a beta blocker within the measurement period
- **Member Exclusion:**
 - Possess a medical claim for asthma, COPD, heart block, hypotension, bradycardia
 - Possess a pharmacy claim for asthma/COPD
 - Members previously targeted for the same issue within the previous 180 days
- **Program:** Daily provider fax/mail, with cover letter introducing the intervention and highlighting actions to be taken, with an accompanying report identifying patient(s) diagnosed with MI and not on a beta blocker. Provider targeted is the most recent prescriber of any cardiovascular medication.

2019 Retrospective Drug Utilization Review Program- HIV

- **Goal:** To optimize the management of HIV by identifying and closing the gap in medication therapy for **patients with HIV who are receiving a protease inhibitor but *not on ritonavir***.
- **Member Inclusion:**
 - Any age at the start of the identification period
 - Possess a **protease inhibitor claim but no ritonavir claim** within the measurement period
- **Member Exclusion:**
 - Members previously targeted for the same issue within the previous 180 days
- **Program:** Daily provider fax/mail, with cover letter introducing the intervention and highlighting actions to be taken, with an accompanying report identifying patient(s) with HIV taking a protease inhibitor but not ritonavir. Provider targeted is the most recent prescriber of protease inhibitor.

HOTSPOTTING TOOL 4th Quarter 2018

- **Proprietary Software**
- **Strategic Use of Data to Identify a Subset of High-Needs, High-Cost Members**
- **Identifies Priority Members for Referral to Case Management (CM)**
- **DATA:**
 - Average Monthly ER Utilization**
 - Average Monthly Inpatient Utilization**
 - Identify Members with Recent Increase in Spend (those with catastrophic, unimpactable or one-time spend events, cancer, transplant, palliative care, hospice, SNF are filtered out)**
 - Diagnosis-Related Filters : Homelessness, BH, SMI, OUD, Sickle Cell Disease, Pregnancy, NICU, NAS, HH**

How Do We Manage our PSUs ?

- **Daily Integrated Inpatient CMO Rounds with Entire Case Management Team**
- **Includes Medical CMs, Behavioral Health CMs, Embedded CMs, Hospital Discharge CMs, Program Managers, Pharmacists, etc.**
- **Use Hotspot Tool to Identify Inpatients Who are PSUs (Med/Surg and BH)**
- **Identify Barriers to Successful Discharge (homelessness, unable to care for self/no family support, transportation, med compliance etc.)**
- **Assign Member to Case Management (Med/Surg, BH, or both)**
- **Follow Member in Hotspot to Determine Changes in Utilization**

UHC PSU FACTS

- **More than 60% of PSUs have 3+ chronic diseases and a diagnosis of a mental health disorder (schizophrenia most commonly)**
- **28% of PSUs have Sickle Cell Disease**
- **34% of PSUs are on Hemodialysis**
- **18% of PSUs are Children with Special Needs (prematurity consequences, congenital disorders, etc)**
- **11% of PSUs are homeless**
- **15% of PSUs are illiterate**

Magnolia Health Plan Best Practices- Pharmacy



- Claims Data Reviews
- Medication Reconciliation following discharge from an inpatient stay
- Recurrent ER visits for members with certain disease states
- Pharmacy Lock In program

Management of High Utilizers



- Analytical tools are available to us that rank all of our members with a risk score on the basis of:
- specific disease state
- persistent and /or preventable inpatient readmissions
- high risk pregnancies
- serious and persistent behavioral health conditions
- Infants and toddlers with established risk for developmental delays

Management of High Utilizers



- **Care Management Approach**
- At a minimum, the top 100 members are chosen for outreach by Care Manager (telephonic)
- Every 2 weeks the list is recalculated to get an accurate current list of members by risk score
- Once contact is established member will be either placed urgently in Complex Case Management, Referred for lower level Case Management or identified as Unable to Locate
- The urgent members are to be enrolled in Complex Case Management within 7 days
- High Acuity followups are done weekly for at least a month
- Medium Acuity followups are done every two weeks initially then tapered to monthly
- All of these members are designated in our electronic system as Chronic High Risk Member so that any staff member who interacts with member such as Call Center staff know to route any incoming calls to the appropriate Care Manager

Management of High Utilizers



- Once the member has been successfully contacted, it is important to make sure member has:
 - An established medical home
 - PCP appointment and offer assistance if member
- is struggling with making and/or attending appointment
 - Is compliant with medication regimen
 - DME and/or supplies needed
 - Means of transportation for medical care
 - Socioeconomic needs identified with a task for Social
- Service Specialist for assistance

Identification of High Utilizers

Molina's Population Health program identification of high cost and/or high utilizing members through daily and monthly reports. As members are identified, they are referred to Intensive Care Management to assist with coordination of care.

- Monthly Readmissions Reports
- ER Utilization Reports
- High Cost Reports
- Multidisciplinary Rounds

New Business (cont.)

- Shared Savings Programs/Value-Based Reimbursement
 - Medicaid Vital Signs
 - Provider Satisfaction Surveys
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- ✓ Next Meeting Dates
 - ✓ Adjourn