



# **HEALTHSPRING STAR RATINGS PROGRAM**

## **Program Service Description**

May 2014

# TABLE OF CONTENTS

|                                                      |    |
|------------------------------------------------------|----|
| Program Overview .....                               | 3  |
| Service Description and Documentation.....           | 5  |
| Scheduling Patient Meeting and Decline Policy .....  | 5  |
| Patient Demographics (Required).....                 | 5  |
| Patient Assessment—Allergies (Required) .....        | 6  |
| Medication Review (Optional) .....                   | 6  |
| Alert Resolution (Required) .....                    | 6  |
| Assessment and Plan (As Clinically Appropriate)..... | 9  |
| Attestation and Authorization (Required) .....       | 10 |

## PROGRAM OVERVIEW

The Centers for Medicare and Medicaid Services (CMS) rates health plans and prescription drug coverage plans based on specific safety and quality measures. The CMS plan ratings, known as “Star Ratings,” are shared with the public to help consumers compare the value among various plans. CMS also uses Star Ratings to determine Quality Bonus Payments to Medicare Advantage Plans, based on measurable improvements in the quality of care and services provided to plan members. HealthSpring is offering this Star Ratings Program to engage pharmacists with patients and prescribers to improve quality of care.

This overview summarizes the HealthSpring Star Ratings Program, and describes the service to be provided to eligible patients by pharmacists. Pharmacists will be presented with targeted quality care intervention cases that focus on Patient Safety, Proactive Adherence Counseling, current Adherence Issues, and Omissions in Care, all of which are described in greater detail below.

Cases will be created for patients who HealthSpring has identified as optimal candidates to receive proactive adherence counseling, to reduce the risk of future non-adherence. In addition to requiring proactive adherence counseling, the patients enrolled in the program may currently meet one or more of the following criteria:

### Patient Safety

- **High Risk Medications:** Patient is at least 65 years old and appears to be taking one or more medications considered by CMS to pose a high risk of serious side effects in the elderly.

### Adherence Issues

- **Adherence for Cholesterol Medications (Statins):** Patient appears to be taking a statin medication, but appears to be non-adherent to this medication therapy, as defined by a Proportion of Days Covered (PDC) less than 80%.
- **Adherence for Hypertension Medications (ACE-I/ARB/DRI):** Patient appears to be taking an Angiotensin Converting Enzyme Inhibitor (ACE-I), Angiotensin Receptor Blocker (ARB), or Direct Renin Inhibitor (DRI) medication, but appears to be non-adherent to this medication therapy, as defined by a PDC less than 80%.
- **Adherence for Diabetes Medications:** Patient appears to be taking a hypoglycemic agent such as a biguanide, sulfonylurea, thiazolidinedione (TZD), DPP-IV inhibitor medication, meglitinide, incretin mimetic agent, or sodium-glucose co-transporter 2 (SGLT2), but appears to be non-adherent to this medication therapy, as defined by a PDC less than 80%.

### Omissions in Care

- **Diabetes Treatment Measure:** Patient appears to have diabetes and hypertension, but appears not to be taking an ACE-I, ARB, or DRI.

Subsequent cases for patients who have previously received a service may be created if HealthSpring determines that a patient would benefit from additional adherence counseling.

The pharmacist may provide services in this program by conducting a face to face session with the patient, or the patient’s caregiver when appropriate, including by coordinating the timing of the service to coincide with the patient’s visit to the pharmacy to pick up medication. If the patient prefers, or if circumstances prevent the patient from meeting in person, the services may be administered by telephone.

Once cases are assigned to a pharmacy, pharmacists have fourteen (14) calendar days to take action and show progress on each case, by scheduling an appointment with the patient in the MirixaPro<sup>SM</sup> platform, printing the patient’s chart, or partially documenting and saving actions taken on the case in MirixaPro.

Pharmacies will be presented with a notice regarding the deadline for making progress for each case that remains in the status “Not Started.” Failure to start a case and take action changing the case’s status to “In Progress” will result in removal of that case and reassignment of the case to another provider.

Tasks associated with the service may be delegated to support personnel when legal and regulatory guidelines applicable to the pharmacist’s practice allow such delegation.

Important elements of a service in the HealthSpring Star Ratings Program are:

- **Patient Meeting (Required):** The pharmacist meets with the patient (or caregiver as appropriate) face to face or by telephone.
- **Patient Assessment (Required):** The pharmacist records the patient’s allergies, using this information to guide his/her recommendation(s) to the patient and his/her prescriber(s).
- **Medication Review (Optional):** Available prescription claims data will be presented to the pharmacist for review. The pharmacist may update this data by adding medication information from the pharmacy’s dispensing system, if available, as well as information provided by the patient on any other prescription and over-the-counter (OTC) medications, and herbal and dietary supplements, the patient may be taking.
- **Alert Resolution (Required):** The pharmacist reviews and addresses with the patient all alerts generated by the MirixaPro platform relating to the following topics:
  - Patient Safety
  - Proactive Adherence Counseling
  - Current Adherence Issues
  - Omissions in Care

Based on his/her findings, the pharmacist intervenes as clinically appropriate, by contacting and communicating recommendations to the patient’s prescriber or primary care provider and educating the patient, as necessary.

- **Assessment and Plan (As Clinically Appropriate):** The pharmacist summarizes any relevant information and documents recommendations to the patient’s prescriber or primary care provider, in addition to those relating to alerts. To drive improved patient outcomes, the pharmacist should communicate his/her recommendation(s) to the patient’s prescriber or primary care provider. The pharmacist should use the Physician Summary Letter in the MirixaPro platform for this purpose.
- **Attestation and Authorization (Required):** The pharmacist reviews a summary of the attestations he/she provided in various sections of the MirixaPro platform while performing the tasks listed above, documents the type of service delivery and service date, and submits the service for billing. **The service date is the date when the pharmacist met with the patient, not the date the pharmacist closes the case.**

The order in which these elements are conducted may vary according to the individual practice preferences of pharmacists.

These features of the HealthSpring Star Ratings Program are discussed in further detail on the following pages.

## SERVICE DESCRIPTION AND DOCUMENTATION

### Scheduling Patient Meeting and Decline Policy

When the pharmacist or designated pharmacy representative calls the patient to schedule an appointment, the patient is asked to bring (or have available for phone service) all prescription and OTC medications, and all herbal and dietary supplements he/she takes. If the service is being provided telephonically, it may be provided to the patient at the time of the call, if the patient is available and agrees to the service.

When calling the patient, the pharmacist or designated pharmacy representative is encouraged to identify himself/herself by name, as well as the pharmacy from which he/she is calling, and to indicate that he/she is calling on behalf of HealthSpring, the patient's health plan, to offer the patient a service provided at no cost by HealthSpring.

If the initial attempt to reach a patient is unsuccessful, the pharmacy is encouraged to try multiple times, on different days, to increase the likelihood of contacting the patient to offer the service. In situations in which no phone number or an incorrect phone number is supplied as part of a patient's contact information, the pharmacy may contact the patient using the phone number(s) found in the pharmacy's dispensing system, or use the "phone lookup" functionality on the Personal Info page of the MirixaPro platform.

Pharmacies should contact patients promptly after cases are assigned, because if a pharmacy does not take action to change the status of a case from "Not Started" to "In Progress" (e.g., schedule an appointment in the MirixaPro platform or save information entered in the case) within fourteen (14) calendar days, the case will be removed from the pharmacy and reassigned to another provider.

If a patient declines the service or the service cannot be provided for any of the reasons listed below, the pharmacist should document a case decline using the appropriate decline code:

#### The Patient is Not Available:

- Patient, caregiver, or other authorized recipient could not be reached or is unavailable for service
- Patient, caregiver, or other authorized recipient could not be reached: incorrect or missing phone number
- Patient deceased

#### The Patient is Not Interested:

- Patient, caregiver, or other authorized recipient not interested in service at this time

#### The Patient is No Longer Enrolled:

- Patient, caregiver, or other authorized recipient indicates patient is disenrolled

Once a case is declined, the pharmacist will not be able to provide the service to the patient and document any outcome from that service on the MirixaPro platform.

### Patient Demographics (Required)

The pharmacist is required to ask the patient to verify his/her demographic and contact information to ensure that the service is provided to the appropriate person and the correct contact information is available for contacting the patient in the future. If there are any discrepancies in the information shown for the patient in the MirixaPro platform, the pharmacist should record the correct information.

## Patient Assessment—Allergies (Required)

The pharmacist is required to ask the patient whether he/she has any allergies, record the patient's responses, and then use this information to guide his/her recommendation(s) to the patient and prescriber(s).

## Medication Review (Optional)

Starting with the medication list presented in the case for the patient on the MirixaPro platform, the pharmacist has the option of recording and/or updating the medications (prescription, OTC, and herbal and dietary supplements) the patient takes. The pharmacist may question the patient and use any medication containers the patient may have brought to the appointment, as well as any available dispensing data, to obtain this information. If there are medications listed in the MirixaPro platform that the patient is not currently taking, the pharmacist may check the box marked **"No Longer Taking"** in order to remove those medications from the "active" medication list and place them on the "inactive" medication list. This process will create a current reconciled medication list for the patient.

## Alert Resolution (Required)

For all alerts generated by the MirixaPro platform, the pharmacist is required to resolve each alert and document the resolution. Cases will be created and alerts generated for patients who meet the criteria described on Page 3 of this Program Service Description (PSD).

### Patient Safety – High Risk Medications (HRMs)

When a Patient Safety issue is identified by an alert in the MirixaPro platform, the pharmacist is required to assess each alert and determine if the patient is still receiving and using any of the medication(s) identified by the alert. If the patient is still using a medication considered to be an HRM, the pharmacist should recommend a safer alternative medication to the prescriber. It is VERY IMPORTANT for the pharmacist to intervene and work with the prescriber in a timely manner to change the patient's prescription to a safer alternative medication, and prevent continued prescribing and use of an HRM.

The pharmacist will be able to indicate if he/she wishes to include any safety issue identified by an alert in the Physician Summary Letter and document his/her recommendation for addressing the issue in the space provided. If the pharmacist indicates "yes" for a particular safety issue, information about the issue and the pharmacist's recommendation for addressing it will be automatically populated in the Physician Summary Letter, which the pharmacist may use to send his/her recommendation to the patient's prescriber or primary care provider.

If the pharmacist contacts a prescriber's office with a recommendation and the prescriber responds before the pharmacist closes the case, the pharmacist should select the appropriate resolution from the list below, indicating the prescriber's response to the recommendation:

- Discontinuation recommended to prescriber – Accepted
- Discontinuation recommended to prescriber – Declined
- Substitution recommended to prescriber – Accepted
- Substitution recommended to prescriber – Declined
- Change in dose/form/interval recommended to prescriber – Accepted
- Change in dose/form/interval recommended to prescriber – Declined

However, in some circumstances, the pharmacist may determine that an issue should be addressed by a prescriber, and send a recommendation for the prescriber to evaluate so that he/she can make a change as appropriate or monitor the issue identified, but the pharmacist does not receive a response from the

prescriber. This could occur if the prescriber simply does not respond or if the pharmacist needs to close the case before the prescriber responds, in order to complete it by the applicable due date. In these circumstances, the pharmacist should resolve the alert with one of the resolutions below:

- Discontinuation recommended to prescriber – No response or pending
- Substitution recommended to prescriber – No response or pending
- Change in dose/form/interval recommended to prescriber – No response or pending
- Provided information and/or recommendation to prescriber to review and/or monitor

The pharmacist should allow a reasonable time for the prescriber to respond before using any of these resolutions, and may want to make multiple attempts to contact the prescriber about issues that are clinically critical.

In some instances, the pharmacist may determine, based on his/her clinical experience and knowledge, that the issue identified by a Safety Alert may not be applicable or clinically relevant for a particular patient, or the patient simply needs to be educated about a potential safety issue. In any of these scenarios, the pharmacist should resolve the alert using one of the resolutions below:

- Not clinically relevant
- Educated patient
- No longer applicable

Once the resolution documentation is complete, the pharmacist should check the attestation box indicating that he/she has reviewed, assessed, and resolved all Safety Alerts.

### **Proactive Adherence Counseling**

All patients' cases will contain an alert for proactive adherence counseling because all patients enrolled in the program have been identified as candidates for such counseling, based on the presence of various factors that may increase a patient's risk of non-adherence to medications in his/her regimen. The proactive adherence counseling alert is **not** specific to a particular medication, and does **not** indicate that the patient is currently non-adherent to any of the medications in his/her regimen. Rather, the alert is intended to prompt the pharmacist to discuss the importance of adherence to chronic medication therapies generally. The pharmacist should provide information to ensure the patient understands the directions for taking chronic medications appropriately and confirm the patient's understanding of the information presented. The pharmacist should allow the patient to express any concerns and discuss potential barriers that might prevent him/her from taking medications as prescribed, and recommend proactive measures that may help the patient to maintain adherence and persistence to chronic medication therapy.

The pharmacist is required to provide proactive adherence counseling to every patient who receives services through this program. Some patients may also be identified as currently non-adherent to one or more of the chronic medication(s) in their regimens, through alerts for Adherence Issues, discussed below and on the following page.

Once the pharmacist has counseled the patient on the importance of adhering to his/her medication regimen, the pharmacist should check the attestation box indicating that such proactive adherence counseling has been provided.

### **Adherence Issues**

Potential issues relating to a patient's current adherence to specific medications will be identified for the pharmacist in situations where a patient appears not to be adhering to his/her prescribed regimen for a targeted medication, based on the Proportion of Days Covered (PDC) for the medication. PDC is the proportion of days within a measurement period covered by prescription claims for a particular medication or another medication within the same therapeutic class. For the HealthSpring Star Ratings Program, a

patient is considered non-adherent to a medication if it is determined that, based on recent prescription claims history, the PDC for that medication is less than 80%.

The pharmacist is required to assess each identified instance of possible non-adherence and determine if the patient is truly non-adherent or the potential non-adherence is falsely identified. In order to evaluate the patient's adherence, the pharmacist should review each flagged medication's "fill history," provided by claims data in the MirixaPro platform, to identify specific period(s) when the patient may not have obtained or refilled his/her medication as timely as the prescribed regimen would require. Please note that even though the patient may have recently filled a prescription and/or may currently have medication on hand, the "days between fills," noted in the "fill history" for the medication, may indicate that the patient has not been taking the medication as prescribed. With this information, the pharmacist should then interview the patient to evaluate potential non-adherence.

Patients often deny non-adherence and assert that they are taking their medications as prescribed, even if this may not be true for the entire evaluation period. If the patient indicates that he/she takes his/her medications as prescribed, but this is inconsistent with the medication fill history or cannot be verified with any information except for the patient's assertion, then the patient is considered to be non-adherent. To verify whether an Adherence Issue is true or false, the pharmacist should ask the patient very specific questions such as:

- Do you recall refilling your prescription late or being without medication for any period of time? This question could be supplemented by a statement such as, "The refill history on this medication suggests that the medication was refilled late." The pharmacist might also mention how many days late or which refill(s) were late, based on information in the fill history.
- Have you experienced any difficulty picking up your medication from the pharmacy?
- Has your doctor changed the dose of your medication? How much are you taking or how frequently are you taking it?
- Are you still taking this medication or has it been discontinued by your physician?
- Have you been hospitalized recently?
- Has there been a period where you used medication samples instead of filling or refilling your prescriptions?
- Do you recall filling your prescription without using your insurance card?
- Do you think your medication regimen makes it challenging to take your medications on time?

Answers to these or related questions may be helpful in determining whether an Adherence Issue is true or false. Reasons for confirmed non-adherence are presented on the MirixaPro platform for the pharmacist to select. When a patient's reason for non-adherence is not among those presented, the pharmacist may select "other reason" and then explain further using the text box provided.

If the pharmacist determines that the patient is non-adherent to his/her prescribed medication regimen, the pharmacist should recommend possible solutions to the patient and/or the patient's prescriber, which are designed to overcome the reasons for the patient's non-adherence. The pharmacist will be able to indicate if he/she wishes to include an Adherence Issue in the Physician Summary Letter and document his/her recommendation for addressing it in the space provided. If the pharmacist indicates "yes" for a particular Adherence Issue, information about that issue and the pharmacist's recommendation for addressing it will be automatically populated in the Physician Summary Letter, which the pharmacist may use to send his/her recommendation to the patient's prescriber or primary care provider.

#### **Omissions in Care – Diabetes Treatment Measure**

If a potential Omission in Care related to the Diabetes Treatment Measure is identified, the pharmacist should determine if the issue truly exists or if it was falsely identified. When an Omission in Care truly exists,

the pharmacist should identify the cause(s), such as an adverse event, care transition, need for care first being identified, patient does not see value in the proposed therapy, etc. The pharmacist should then intervene and document actions taken to resolve the Omission in Care and the result of the intervention, such as the pharmacist communicated a recommended change to the patient's prescriber, or educated the patient on the value of medication therapy.

The pharmacist will be able to indicate if he/she wishes to include a confirmed Omission in Care in the Physician Summary Letter and document his/her recommendation for addressing the omission in the space provided. If the pharmacist indicates "yes," information about the omission and the pharmacist's recommendation for addressing it will be automatically populated in the Physician Summary Letter, which the pharmacist may use to send his/her recommendation to the patient's prescriber or primary care provider.

### **False Care Gaps – Adherence Issues and Omissions in Care**

There are situations when a Care Gap appears to exist, based on claims data, but actually does not. If an Adherence Issue or Omission in Care was **falsely** identified, the pharmacist should document why the alert is false.

In the following scenarios, a Care Gap appears to exist, but actually does not. A patient who filled a prescription for an ACE-I, ARB, DRI, statin, or diabetic medication and paid cash, instead of processing the claim through his/her insurance, may be identified as non-adherent due to the absence of a prescription claim, but this would constitute a "false" Adherence Issue. Similarly, a false Diabetes Treatment Measure Omission in Care could appear for a diabetic patient with hypertension who is identified as missing an ACE-I, ARB, or DRI, but who is renally compromised so an ACE-I, ARB, or DRI is contraindicated.

Reasons that a Care Gap might appear to exist but actually does not are presented on the MirixaPro platform. If the reason for a falsely identified Care Gap is not among those presented, the pharmacist may select "other reason" and then explain further using the text box provided.

Once documentation of each alert for Adherence Issues and Omissions in Care is complete, the pharmacist should check the attestation box indicating that he/she has reviewed and assessed each of these alerts, and for each alert, the pharmacist has either: (1) resolved the alert and documented the resolution, or (2) determined that the alert was false, and documented the reason(s) that the alert was falsely identified.

## **Assessment and Plan (As Clinically Appropriate)**

The pharmacist may document, in the Assessment and Plan section on the WORKSHEET TAB, any issues he/she identified during the service, in addition to those identified by alerts, and his/her recommendation for addressing those issues. If any changes to the patient's medication regimen are clinically appropriate, the pharmacist should communicate his/her recommendations to the patient's prescriber using the Physician Summary Letter available in the MirixaPro platform under the "Documents" link. Information on alerts selected by the pharmacist and the corresponding recommendations, as well as information the pharmacist documented in the Assessment and Plan section will automatically populate the Physician Summary Letter. The pharmacist may then edit the letter as desired and the finished letter can be faxed to the prescriber by pharmacy personnel.

The pharmacist should call the prescriber's office before sending the Physician Summary Letter and either speak to, or leave a message with, the prescriber's staff explaining why the pharmacist is contacting the prescriber's office and indicating that a fax will be sent to the prescriber for review. The pharmacist should note that the prescriber's attention to the fax is important, because the goal of the pharmacist's

communication with the prescriber is to improve the quality of care provided to the patient, as measured by the CMS Star Ratings program. After speaking to the prescriber's staff or leaving a message, the pharmacist should fax the Physician Summary Letter with the recommendations for the prescriber to consider.

## Attestation and Authorization (Required)

The pharmacist is required to review a summary of the attestations he/she provided in various sections of the MirixaPro platform, while performing the tasks required as part of the HealthSpring Star Ratings Program. If any sections within the case are not complete, the pharmacist will be able to revisit the incomplete section by clicking the "Revisit" link.

The pharmacist should document the type of service delivery and service date before submitting the service for billing. The type of service delivery would be documented as follows:

| Type of Service      | Payment per Served Case |
|----------------------|-------------------------|
| Face to Face Session | \$35.00                 |
| Phone Session        | \$35.00                 |

**The service delivery date is the date the pharmacist met with the patient, NOT the date that the pharmacist completed the documentation.** The pharmacist should then check the attestation box affirming that he/she has provided the service according to this PSD, and click "Continue" in order to proceed to "Authorize," thus closing the case and submitting the service for billing. As noted in the chart above, a pharmacy will be paid \$35.00 for each case served in accordance with this PSD. Pharmacies will not receive payments for any cases that are declined.

Please note that by attesting to completing all required tasks, the pharmacist is authorizing Mirixa and HealthSpring to pay his/her pharmacy for the service. All attestations must be accurate. If an attestation is not accurate when the case is completed, this could be considered fraudulent billing by the pharmacist. The pharmacist of record is responsible for closing the case, and cannot delegate this responsibility and/or share his/her user name or password with anyone else for this purpose.