



# **SSI - RETAIL STAR INTERVENTION PROGRAM**

## **Program Service Description**

June 2014

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## 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. CVS Caremark is offering this Star Ratings Program to engage pharmacists with patients in the SilverScript prescription drug coverage plan and their prescribers to improve quality of care delivered to patients.

This overview summarizes the SSI - Retail Star Intervention 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 Omissions in Care and Adherence Issues, described in greater detail below.

Within the SSI - Retail Star Intervention Program, cases will be created for patients who SilverScript has identified may appear to have a pattern of non-adherence to the classes of medications discussed below; thus could benefit from adherence counselling due to risk of future non-adherence or patient is late to refill a current medication from the identified class of medications. In addition to adherence issues, patients in this program may also be missing a recommended medication for hypertensive patients with diabetes. The criteria for inclusion in this program is explained below:

### Adherence Issues

- **Adherence for Cholesterol (Statins):**
  - Patient may appear to have a pattern of non-adherence to STATIN medication(s) and may be at risk of future non-adherence OR
  - Patient may appear to have a pattern of non-adherence to STATIN medication(s) and is recently late to fill current prescription(s) in this drug class.
- **Adherence for Hypertension (ACE-I/ARB/DRI):**
  - Patient may appear to have a pattern of non-adherence to an ACE-I, ARB, or DRI medication(s) and may be at risk of future non-adherence OR
  - Patient may appear to have a pattern of non-adherence to an ACE-I, ARB, or DRI medication(s) and is recently late to fill current prescription(s) in this drug class.
- **Adherence for Diabetes Medications:**
  - Patient may appear to have a pattern of non-adherence to these class of medications- biguanide, sulfonylurea, thiazolidinedione (TZD), DPP-IV inhibitor, meglitinide, incretin mimetic agent, and/or sodium-glucose co-transporter 2 (SGLT-2) inhibitor and may be at risk of future non-adherence OR
  - Patient may appear to have a pattern of non-adherence to these class of medications- biguanide, sulfonylurea, thiazolidinedione (TZD), DPP-IV inhibitor, meglitinide, incretin mimetic agent, and/or sodium-glucose co-transporter 2 (SGLT-2) inhibitor and is recently late to fill current prescription(s) in this drug class.

### Omissions in Care

- **Diabetes Treatment Measure:** Patient appears to have diabetes and hypertension, but appears not to be taking an Angiotensin Converting Enzyme Inhibitor (ACE-I), Angiotensin Receptor Blocker (ARB), or a Direct Renin Inhibitor (DRI).

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

Preferably, the pharmacist will provide the services by conducting a face to face session with the patient, or the patient's caregiver when appropriate either by coordinating the timing of the service to coincide with the patient's visit to the pharmacy to pick up medication(s) or by scheduling a designated time with the patient. If the patient prefers, or if circumstances prevent the patient from attending in person, the services can be administered by telephone.

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 the SSI - Retail Star Intervention Program are:

- **Patient Meeting (Required):** The pharmacist meets with the patient (or caregiver as appropriate) face to face or by telephone.
- **Patient Assessment (Optional):** The pharmacist may record the patient's allergies, using this information to guide the pharmacist's 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.
- **Alert Resolution (Required):** The pharmacist reviews and addresses with the patient all Care Gap Alerts for:
  - Adherence Issues
  - Omissions in Care

Based on his/her findings, the pharmacist intervenes as clinically appropriate, by communicating recommendations to the patient's prescribers 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 prescribers or primary care provider relating to the alerts in the MirixaPro platform. To drive improved patient outcomes and for coordination of care, the pharmacist should communicate his/her recommendation(s) to the patient's prescribers 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 SSI - Retail Star Intervention 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 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 SilverScript, the patient's prescription drug coverage plan, to offer the patient a service provided at no cost by SilverScript.

If the initial attempt to reach a patient is unsuccessful, the pharmacy is encouraged to try multiple times, on different days and at different times, 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.

If the 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**
- **Patient, caregiver, or other authorized recipient not interested in this service or any follow up service**

#### **The Patient is No Longer Enrolled:**

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

A pharmacy will be paid \$2.50 for each case declined with one of the decline codes above, in recognition of the time and effort spent by the pharmacy in attempting to provide the service. If a pharmacist uses one of these codes to decline a case under false circumstances (e.g., if the pharmacist does not actually try to contact the patient), this could be considered fraudulent billing by the pharmacist.

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 in order 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 (Optional)

The pharmacist may 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 patient’s medication information. 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.

## Alert Resolution (Required)

For all Care Gap Alerts (Blue Flags) 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.

### Adherence Issues

Potential Adherence Issues will be identified for the pharmacist with a Blue Flag in situations where 1). A patient may appear to have a pattern of non-adherence to a targeted class of medications and may be at risk of future non-adherence 2). A patient may appear to have a pattern of non-adherence to a targeted class of medications, and is recently late to fill a current prescription for a medication in this targeted class of medications.

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 the “fill history,” displayed in the medication list on the Clinical info tab for each medication in the class of medications identified to determine 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 reasons for 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, that is when a non-adherence alert is confirmed as true, the pharmacist should recommend possible solutions to the patient and/or the patient’s prescriber. This is especially important when the reason(s) for non-adherence is related to factors such as cost, adverse event to the current medication, complexity of regimen, no refills on current prescription etc. To mitigate the risk of future non-adherence, the pharmacist should counsel the patient on the importance of adherence. If the patient is late refill a current prescription, when possible, the pharmacist should take appropriate actions to facilitate the obtainment and possible refilling of a new prescription for that patient. 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 this issue in the space provided in the MirixaPro platform. If the pharmacist indicates “yes” to “Include this alert/drug therapy problem in prescriber communications when using Physician Summary Letter” for an Adherence Issue, information about that Adherence Issue and the pharmacist’s recommendation for addressing it will automatically populate the Physician Summary Letter, which the pharmacist may use to send his/her recommendation to the patient’s prescriber or primary care provider. Sending the Physician Summary Letter document to the patient’s prescriber or primary care provider is very important for care coordination.

#### **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.

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 in the MirixaPro platform. If the pharmacist indicates “yes,” to “Include this alert/drug therapy problem in prescriber communications when using Physician Summary Letter”, information about the Omission in Care and the pharmacist’s recommendation for addressing it will automatically populate 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 Gap Alerts – Omissions in Care and Adherence Issues**

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

For example, a Diabetes Treatment Measure Omission in Care could be falsely identified for a diabetic patient with hypertension who is identified as missing an ACE-I, ARB, or DRI, but who is renally compromised and for whom an ACE-I, ARB, or DRI is contraindicated. Similarly, a false Adherence Issue could be identified for 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.

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 Care Gap Alert is complete, the pharmacist should check the attestation box indicating that he/she has reviewed and assessed each Care Gap, and for each Care Gap, the pharmacist has either: (1) resolved the Care Gap and documented the resolution, or (2) determined that the Care Gap was false, and documented the reason(s) that the Care Gap 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 may 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 SSI - Retail Star Intervention 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
Initial Face to Face Session	\$20.00
Initial Phone Session	\$20.00
Follow-up Face to Face Session	\$10.00
Follow-up Phone Session	\$10.00

**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 Program Service Description (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, for any case that is a patient’s initial case in the program, a pharmacy will be paid \$20.00 for serving the case in accordance with the PSD. For any case that is a patient’s subsequent or follow-up case, a pharmacy will be paid \$10.00 for serving the case in accordance with the PSD.

Please note that by attesting to completing all required tasks, the pharmacist is authorizing Mirixa and CVS Caremark 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.