

Implications for Managed Care Pharmacy from the 2018 Medicare Part D Draft Call Letter and Star Ratings Release

February 24, 2017



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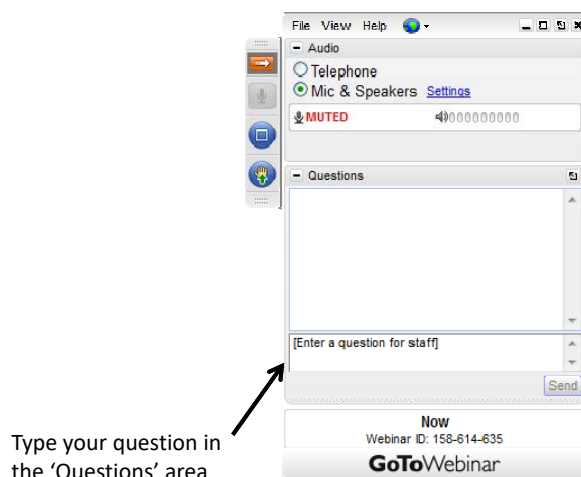
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How to Ask A Question



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AMCP Summary of Draft Call Letter

- Available at: <http://bit.ly/2kN4E7U>
 - AMCP.org → Professional Practice → Medicare Part D → AMCP Summary: 2018 Draft Call Letter

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SUMMARY

AMCP Summary: Advance Notice of Methodological Changes for Calendar Year (CY) 2018 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2018 Call Letter

Released: February 1, 2017

Comments Due: March 3, 2017

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Today's Speakers



Babette Edgar, PharmD, MBA, FAMCP
Principal
Blue Peak Advisors
AMCP President



Mitzi Wasik, PharmD
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AMCP President-Elect Designate

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Agenda

Topic	Speaker
Timeline, Rates & Standard Benefit Review	Babette Edgar
Key Policy Issues for AMCP	Babette Edgar
Star Ratings & Display Measures	Mitzi Wasik
Question & Answer	Babette Edgar & Mitzi Wasik

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Timeline, Rates & Standard Benefit Review

Babette Edgar



Timeline

2017

February

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

Draft call letter
released

March

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Stakeholder comments
due to CMS

April

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Final call letter
released

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2018 Rates & Standard Benefit Review

Standard Benefit	2017	2018
Deductible	\$400	\$405
Initial coverage limit	\$3,700	\$3,750
Out-of-pocket threshold for non-applicable beneficiaries	\$4,950	\$5,000
Minimum cost-sharing in catastrophic coverage portion		
Generic/preferred multi-source drug	\$3.30	\$3.35
Other	\$8.25	\$8.35
Maximum copayments for low income subsidy		
Generic/preferred multi-source drug	\$3.30	\$3.35
Other	\$8.25	\$8.35

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Closing the Donut Hole

Reduced Coinsurance for Applicable Beneficiaries in the Coverage Gap

	2017	2018
Applicable Drugs	40%	35%
• Brand medications		
• Biologics		
Non-Applicable Drugs	51%	44%
• Generics medications		
• Biosimilars		

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Closing the Donut Hole

Dispensing Fees and Vaccine Administration Fees for Applicable Drugs in the Coverage Gap

	Patient	Part D Sponsor
2018 Vaccine Dispensing & Administration Fees	35%	65%

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Key Policy Issues for AMCP

Babette Edgar

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Key Policy Issues for AMCP

- Opioid Overutilization
- Tiers & Specialty Medications

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Opioid Overutilization

- **Changes to the OMS Opioid Overutilization Methodology**
 - CMS proposes modifying the OMS opioid overutilization in 2018 to be:
 - During the most recent 6 months,
 - Use of opioids with an average daily MED exceeding 90 mg for any duration; and
 - Received opioids from more than 3 prescribers and more than 3 pharmacies, OR from more than 4 prescribers regardless of the number of opioid dispensing pharmacies.
 - Beneficiaries with cancer diagnoses and beneficiaries in hospice are excluded
 - Prescribers associated with the same single TIN will be counted as a single prescriber
 - CMS is also considering more significant revisions to target beneficiaries with more than 3 prescribers regardless of the number of opioid dispensing pharmacies

AMCP is seeking feedback on the impact of workload for Part D sponsors if the proposed significant revisions were implemented

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Opioid Overutilization

- **Hard Formulary-Level Cumulative Opioid MED POS Safety Edits**

- CY 2017 – Part D sponsors expected to implement hard and/or soft formulary-level MED POS safety edits
- CY 2018 – All Part D sponsors expected to implement a hard edit
- Sponsors' P&T committees will develop the specifications for the hard edits
- Specifications to minimize false positives must be applied

AMCP seeks feedback on what the Part D sponsor experience with these edits has been to date, including pharmacist overrides/responses, if available, and setting the threshold at or above 200 mg MED?

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Opioid Overutilization

- **Chronic Use of Benzodiazepine Sedative-Hypnotics**

- CMS notes there continues to be concerns regarding the risks and benefits of benzodiazepine use, especially in the elderly due to an increased risk of falling.
- CMS analyzed and tested the PQA measure, Use of Benzodiazepine Sedative-Hypnotic Medications in the Elderly (BSH), found that the average BSH measure rate across all Part D contracts was low (~1%) during 2014.
- CMS does not propose adding the measure to the Star Ratings or display measures at this time
- CMS also strongly encourages Part D sponsors to evaluate their claims data and use drug utilization management tools to monitor beneficiaries' BSH use before it becomes chronic, and to assess prescriber rates to identify outliers for educational or administrative interventions

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Opioid Overutilization

- **Comprehensive Addiction and Recovery Act (CARA) of 2016**
 - CMS notes that they are on track for establishing drug management programs for at-risk beneficiaries by 2019

AMCP has long advocated for the establishment of drug management programs, also known as lock-in programs, in Medicare Part D. AMCP will be working closely with CMS as regulations and guidance are developed to implement these provisions of CARA.

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Tiers & Specialty Medications

- **Specialty Tiers**
 - CMS proposes to maintain the specialty tier threshold at \$670/month
- **Tiering Exceptions**
 - CMS clarifies that in situations where the requested drug has alternatives in multiple lower tiers and the plan sponsor has approved the request for a tiering exception, the plan must apply the cost-sharing for the lowest applicable cost-sharing tier that contains alternatives for the requested drug

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Star Ratings & Display Measures for 2018 and Beyond

Mitzi Wasik



Star Ratings & Display Measures

New & Returning Measures for 2018

- Medication Reconciliation Post Discharge (MRP)

Changes to Measures for 2018

- Improvement Measures

Removal of Measures from Star Ratings

- High Risk Medication (HRM)

Adjusting Star Ratings for Audits & Enforcements Actions

- Beneficiary Access & Performance Problems (BAPP)

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Star Ratings & Display Measures

2018 Display Measures

- Asthma Measures
- Formulary Administration Analysis
- High Risk Medication (HRM)
- Drug-Drug Interaction (DDI)
- Antipsychotic Use in Persons w/ Dementia
- Use of Opioids from Multiple Providers and/or at High Dosage in Persons w/out Cancer
- Statin Use in Persons with Diabetes

Forecasting to 2019 & Beyond

- Initiation & Engagement in AOD Treatment
- Care Coordination
- CMMI Model Tests

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Transitions of Care



AMCP is seeking feedback on whether the increase in MRP weighting from 1 to 3 is warranted, or if the more traditional increase in weighting from 1 to 1.5 in subsequent years is more appropriate.

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Transitions of Care

2019 & Beyond

HEDIS TOC

- Proposed new HEDIS TOC measure with four indicators:
 - 1. Notification of Inpatient Admission: Documentation of primary care practitioner notification of inpatient admission on the day of admission or the following day.
 - 2. Receipt of Discharge Information: Documentation of primary care practitioner receipt of specific discharge information on the day of discharge or the following day.
 - 3. Patient Engagement After Inpatient Discharge: Documentation of patient engagement provided by primary care practitioner within 30 days after discharge.
 - 4. Medication Reconciliation Post-Discharge: Documentation of medication reconciliation within 30 days of discharge.

AMCP is seeking feedback on any of the components of the measure, about data collection options, and about the ability of such a measure to contribute to better assessment of care coordination for MA enrollees.

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Patient Safety

2017

HRM on Star Ratings

2018

Move phase I of revised HRM to display page

2019 & Beyond

- Implement phase II of revised HRM on display page
- Reconsider HRM for Star Ratings

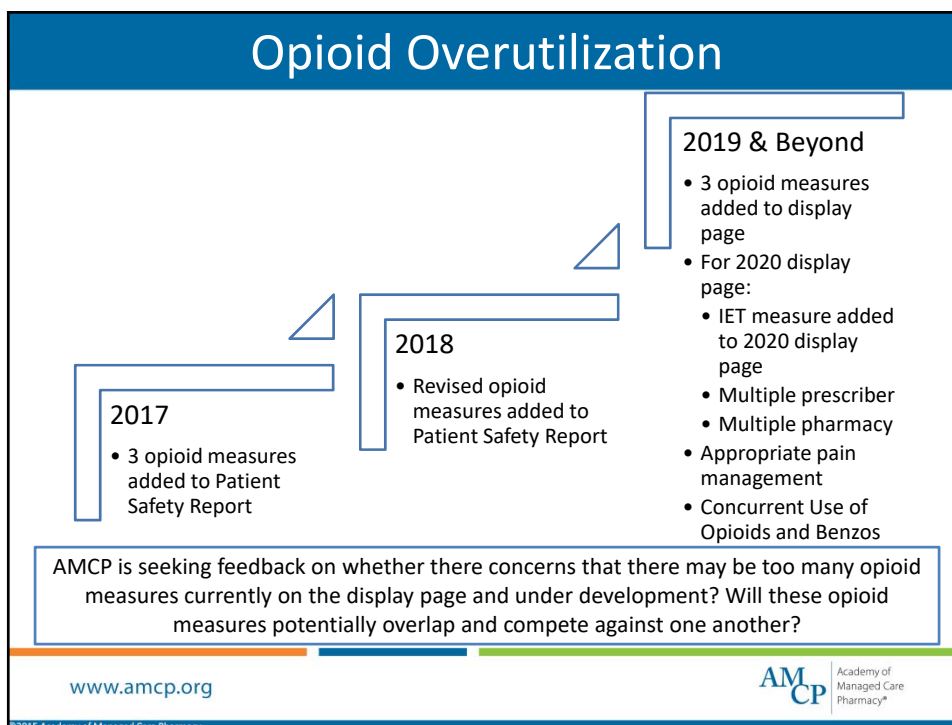
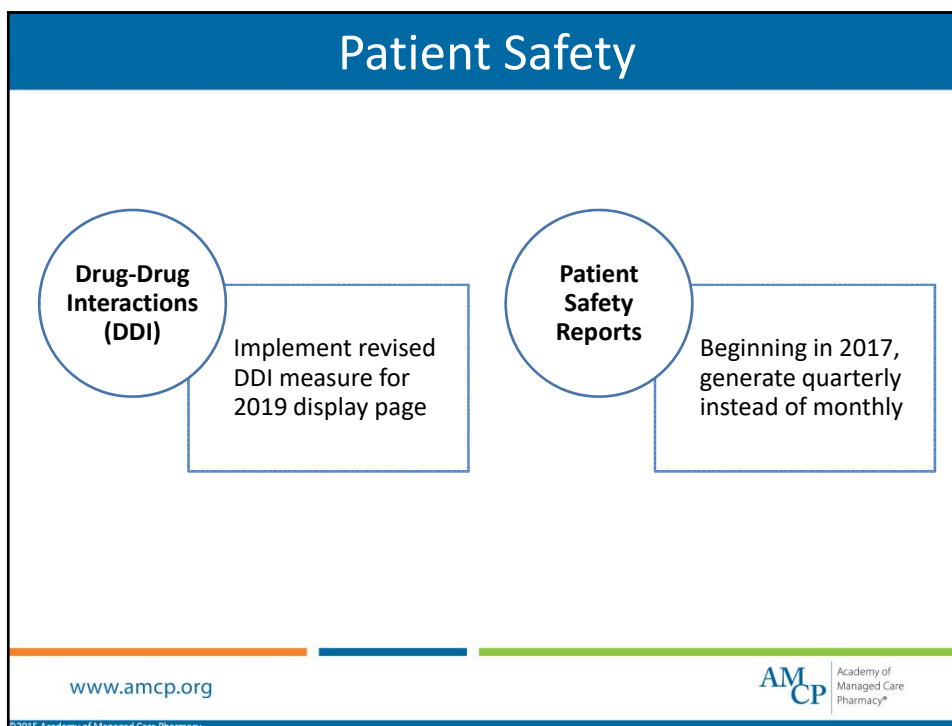
Revised HRM Measure:

- Phase I - Implement in 2018 based on 2016 data
 - Recalculates the average dose for doxepin, reserpine, and digoxin
- Phase II - Implement in 2019 based on 2017 data
 - Updates drug list to reflect the 2015 American Geriatrics Society (AGS) Beers Criteria
 - Excludes three drugs – thioridazine, trimethobenzamine, and chloral hydrate
 - Adds 14 new HRM drugs

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Beneficiary Access

- CMS proposes to revise the BAPP measure in the following manner:
 - Change the data timeframe to the time period from July of the measurement year to June of the following year. For example, the timeframe for the 2018 Star Ratings would be July 2016 through June 2017.
 - Employ a methodology for determining the CMP deduction for the revised BAPP measure that results in the same deduction for each contract held by a parent organization cited in a CMP notice.
 - The total deduction for a contract for CMPs be capped at 40 points, instead of 40 points per CMP
 - Modify the BAPP measure cut points as follows:

1 Star	2 Stars	3 Stars	4 Stars	5 Stars
0, 10 or 20	30 or 40	50 or 60	70 or 80	90 or 100

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Beneficiary Access

- CMS is considering one of two options:
 - 1. Continue to include the revised measure in the Star Ratings with a weight of 1 and then increase to a weight of 1.5 for the 2019 Star Ratings
 - 2. Delay implementation of the revised measure until the 2019 Star Ratings.
 - Continue to include the current BAPP measure in the 2018 Star Ratings.
 - Include the revised BAPP measure on the 2018 display page.
 - Include the revised BAPP measure in the 2019 Star Ratings with a weight of 1 and then increase to a weight of 1.5 for the 2020 Star Ratings.

AMCP is seeking feedback on which option is preferred. , as well as whether areas of the BAPP measure (weight, data timeframe, revised methodology for the CMP deduction, retention of the CAM and sanction portions of the measure, and cut points) should be refined.

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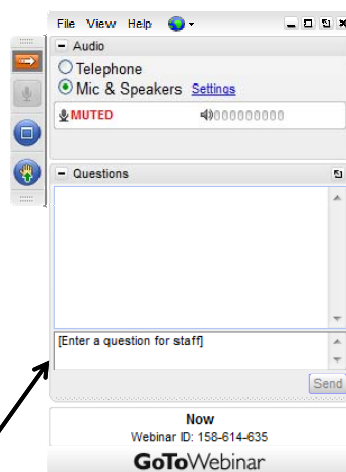
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Question & Answer

Babette Edgar & Mitzi Wasik



How to Ask A Question



Type your question in the 'Questions' area

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AMCP Draft Call Letter Comments

- Comments on this proposal must be submitted to CMS by March 3, 2017 at 6pm ET
- You may provide feedback via email to Soumi Saha, Assistant Director of Pharmacy & Regulatory Affairs, at ssaha@amcp.org by Tuesday, February 28th on any of the provisions included in the Draft Call Letter

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Policy Issue Groups

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- Health Care Reform Implementation
- Medicare Part D
- MTM
- HIT
- Quality initiatives

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WEBINAR

Implications for Managed Care Pharmacy
from the 2018 Medicare Part D
Call Letter Release

Thank you for
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