






Partnering With Vendors

Bonnie Schaumburg RN, CCM

September 20, 2018




Learning outcome

Care Managers, claims managers and others will have a high level understanding of vendor contracting and understand their role as liaisons/advocates in coordinating care with vendors to support members & clients

Objectives:

1. Learn the difference between vendor contracts and delegation agreements
2. Identify best practices for coordinating care with external teams
3. Identify key principles and critical interventions for supporting members & clients



Then






37 Things You
NEVER
Want to Hear
From Your
Babysitter







Now








Vendor Contracts vs Delegation
What's the difference?



- Vendors
 - A person or company that sells goods or services to your company


- Delegates
 - An organization gives an entity the authority to perform certain functions on its behalf. Although the organization may delegate the authority to perform a function, it may not delegate the responsibility for ensuring that the function is performed appropriately*

*NCOA CM Standards and Guidelines, 2017



Personally Speaking













Types of Vendors


- Behavioral health
- Specialty pharmacy
- External review organizations
- Claims negotiators
- Transplant networks
- Rare condition management
- Claims auditors
- Air ambulance
- Disease management

Important Considerations in the Vendor Selection Process

- RFP (Request for Proposal)
 - Sent to selected candidates
- Asked to provide key pieces of information
 - Corporate information, history and time in the market
 - Customer references
 - Certifications/accreditations
 - In-person interviews
 - Screening that includes a scoring model to compare candidates


<https://grantspace.org/resources/knowledge-base/rfp>

Contract Documents 

The Devil's in the details

- Master Professional Services Agreement
 - Confidentiality
 - Non-disclosure
 - Term/termination clause
 - Liability and indemnification
 - Dispute resolution
- Letters of Agreement
- Vendor Services Agreement
 - Terms, services and fee schedules


RGA 10

Oversight and Reporting 

Who is on Point?

- Implementation and ongoing oversight
 - Setting the stage and continued connections
- Vendor reporting requirements
 - Timing, metrics and data
- What happens when there are bumps in the road?


RGA 11

How does the Care Manager fit in? 

- Critical to the coordination between the plan and the vendor
- Minimum activities
 - Establishing accountability and agreeing on responsibility
 - Communicating and sharing knowledge
 - Helping with transitions of care
 - Assessing member needs and goals
 - Creating a proactive care plan
 - Ongoing monitoring that includes responding to changes in member needs


<https://www.ahrq.gov/professionals/behavior-change/chronic-care/improve/coordination/index.html> AHRQ Care Coordination


RGA 12

Scenario 1 

Disease Management - Behavioral Health Coordination


- 63 year old male
- Dual diagnoses COPD and Major Depression
- Enrolled in Disease Management with his health plan
- Outside vendor provides behavioral health services




Scenario 2 


Vendor has responsibility for claims data submission and premium payment


- Vendor has not paid their premium for two months
- Contract language requires monthly reporting with specific metrics
- Vendor has missed reporting for three months
- What do you do?



Scenario 2 

- Review the specific contract sections with the vendor:
 - "Section 5 Premium Payment"
 - 5.2 Premium is due on or before the first day of each month
 - 5.3 A grace period of 31 days from the premium due date is allowed to pay each premium due after the first monthly premium. If any premium is not paid before the end of the grace period, xxxx shall have the option to terminate this Agreement at the end of the period by giving written notice to yyyy.
 - "Section 7 Claims Submission"
 - 7.3 Within 30 days after the end of a month, yyyy shall complete and submit a monthly "Claim Notification Report" regarding those members who have received Eligible Services with expenses during the Agreement Period that exceeded 50% of the Deductible.
 - The report will include completion of all data fields (using the report form provided by xxxx)




Wrap Up 

- 1 Identify the vendors that your plan contracts with and find out if you have a role working with them
- 2 If you are involved, understand roles and responsibilities
- 3 Stay connected, communication is critical in supporting the member
- 4 Get the Guide**

**Contact your ROSE Consultant or email roses@rosare.com

RGA 16

Resources 

- NCQA CM Standards and Guidelines, 2017
- <https://grantspace.org/resources/knowledge-base/rfps/>
- https://en.wikipedia.org/wiki/Request_for_proposal/Specifications
- <https://www.ahrq.gov/professionals/prevention-chronic-care/improve/coordination/index.html> AHRQ Care Coordination
- VI. Professional Case Management Roles and Responsibilities- CMSA Standards of Practice for Case management, revised 2016
- ROSE® Consulting Guide for Care Managers

RGA 17




RGA 

Partnering With PBMs and Specialty Pharmacies

Rebekah Silverthorn, RN, BSN, CCM, PHN


September 20, 2018


Goal and Objectives 

GOAL:
All attendees will stop feeling bumfuzzled about pharmacy management and understand how they can impact this challenging sector of healthcare


OBJECTIVES:


1. Understand PBM service standards and resources available to medical management staff
2. Identify resources the specialty pharmacy should be able to offer and how to use them most appropriately for medical management and coverage determination
3. Verbalize 3 ways medical management staff can help manage pharmaceutical care of the patient




What is a PBM and what do they do? 

- PBMs (Pharmacy Benefit Managers) = Middlemen
 - Convenience fees vary in size!
 - Core functions of a PBM are known as pharmacy benefit services:
 - Determine member eligibility
 - Operate a call center
 - Review and approve prior authorizations
 - Manage and ensure formularies applied
 - Determine retail pharmacy network
 - Adjudicate pharmacy claims
 - Pay pharmacies/manufacturers
 - Assign copays for pharmacies
 - Negotiates specialty drug discounts and rebates with specialty pharmacies and/or manufacturers



What is a Specialty Pharmacy and how are they involved? 

- Specialty pharmacies are contracted with manufacturers to sell and deliver certain medications that are usually :
 - For the treatment of complex, chronic, and/or rare conditions
 - Through exclusive, restricted, or limited distribution avenues
 - Require special storage, handling, and/or administration requirements
 - Require ongoing monitoring for safety and/or efficacy
- Have contracts with multiple PBMs
- Medicare specialty drug definition: ≥\$600/month




Most importantly: Why should you care? 




The Minnesota Vikings in October 1964:
<https://www.youtube.com/watch?v=iIMVv-0uek0>

RGA 22

PBM Expectations and Resources... 

- Education on medication reconciliation and medication assessment questions
- Reports for medical management
 - Adherence report: patients who don't appear to be adhering to drug therapy
 - First fill report to initiate early engagement
 - Generic Alternatives
 - Lower Cost Prescription Alternatives
 - High Cost claimant reports
 - Formulary changes report prior to a go-live date
 - STAR/HEDIS measures
 - Great data source for predictive modeling for comorbidities and multiple chronic conditions

RGA 22

PBM Expectations and Resources... 

- 24/7 pharmacist availability for members to ask questions
- Website portal
- Medication Therapy Management (MTM) programs but usually focused on CMS regulations
- Collaboration and care coordination between CM/DM and MTM
 - Cross referrals


RGA 22




**Medication Therapy Management (MTM)
VS.
Comprehensive Medication Management (CMM)**





Specialty Pharmacy Expectations and Resources 

- Specialty Pharmacy manages members more closely than PBM usually.
- Clinical management overview for each specialty drug related disease state
- General and Member specific support for case managers.
- Reports:
 - Patient reported outcomes
 - Objective outcome metrics (Sustained Virologic Response in Hepatitis C)
 - Patient satisfaction
 - Adverse events
 - Patient compliance
 - Specialty Drug Pipeline
 - Annual status of clinical review and formulary placement status for specialty drugs.




More Specialty Pharmacy Resources... 

- Financial assistance for members
- Sharps containers for injectable meds
- Resources:
 - Sharps disposal programs
 - Disposal of unused medications
 - Prescriber – including phone number designated for them
- Explore opportunities for care coordination and referrals



Confused about who is doing what?



ROSE
Consulting Group

RGA

Assessment is always a good place to start.



ROSE
Consulting Group

Work with the pharmacy team to conduct a strategy session to help inform important pharmaceutical management decisions.

RGA

How can Medical Management help?

- Ask your pharmacy director for **education on the pharmacy benefit**:
 - What's covered, what's not, overview of formulary, cost sharing structure (deductibles, tiers, copays), who are the pharmacy vendors and what are their roles
- Practical application: Joe's story

Education is the key to success!



ROSE
Consulting Group

RGA

More ways Medical Management can help...



Drugs not taken or not effective = wasted medications.


Signs of waste:

- Not taking their medication as directed
- No longer indicated or needed for the patient
- Causing adverse events and should be discontinued
- Too low of a dose to achieve desired outcomes
- Drug not achieving desired outcomes
- Too high of a dose and causing unwanted and costly medical problems


Case Managers don't have to be experts on every drug. They need to know and understand the resources available to them so that they can flag issues and identify concerns that can be further assessed by physicians and pharmacists.





Other ways Medical Management can help...




- Apply your knowledge of pharmacy benefit to ensure cost effectiveness and quality care:
 - Educate members on which pharmacies offer the best value in drug pricing.
 - Site of administration
 - Consider exceptions to policies and procedures
 - Be aware of Quantity Limits and Split Fills
 - Look out for wasteful dispensing issues




Any other ways Medical Management can help?

Claim Management can help too... 

- Use flags in the claim submission or processing system to catch:
 - Possible billing errors
 - Over utilization
 - Pricing problems (including limitations on the dollar amount)
 - Number of units
 - Age of the member
 - Lifetime limits (if applicable)
- Set criteria up in a decision tree format to easily process claims against criteria
- Reviewers need:
 - Indication for use
 - Dosing guidelines and range or number of units needed to treat the indication
 - Number of units submitted on the claim
 - Price per unit
 - Pricing benchmark used by vendor

RGA 34

Claim Management can also... 


- Request and/or run claims data monthly
- Pharmacy claim data makes for some excellent predictive analytic tools.
 - Identify diagnoses (via ICD10 codes or drug categories)
 - Identify first fills to alert/refer to medical management
 - Identify high cost cases of specialty drugs
 - ROSE high cost drug tool to provide a list of NDC and HCPC codes
 - Provide CM/DM pharmacy claim data for new members so they can confirm list of drugs member is taking

RGA 35


The Wave of the Future... 




RGA 36

Wrap Up 

- Each PBM and Specialty Pharmacy is unique but often offer many resources
- Recognize conflicts of interest
- Identify and communicate to the appropriate people
 - Red flags related to conflicts of interest
 - Red flags related to inappropriate medication regardless of intent
- Apply pharmacy benefit knowledge and always dig deeper
- Get the PBM & Specialty Pharmacy Medical Management Guide*
 - Includes topics from today but even greater depth

*Coming soon 

Resources 

- Medical Management Pharmacy Guide authored by Tina Rydland, PhD for the ROSE Consulting Group
- Center for Pharmacy Practice Accreditation
- Patient-Centered Primary Care Collaborative
 - Integrating Comprehensive Medication Management to Optimize Patient Outcomes Resource Guide, second edition 2012
 - Guidelines for the Practice and Documentation of Comprehensive Medication Management in the Patient-Centered Medical Home
- CMS.gov: 2017 Part D MTM Fact Sheet
- American Academy of Family Physicians <https://www.aafp.org/patient-care/nrn/studies/all/CMM.html>

