



SCAN Health Plan® 5-Star Webinar Series

Year-End Strategies to Maximize 5-Star Performance

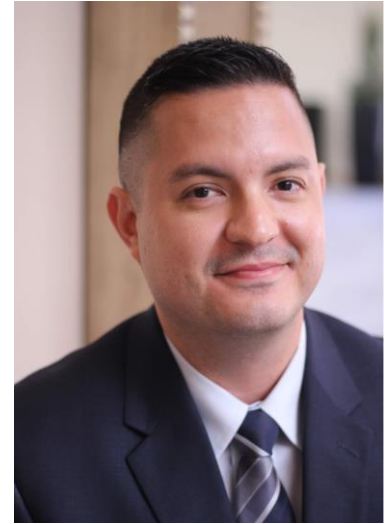
August 22, 2019



Alex Legaspi

Manager of Network Quality, SCAN Health Plan

- Joined SCAN in 2011
- Held various positions in Health Care Services, Risk Adjustment, and Network Management
- Responsible for working with SCAN's network of Provider Partners on 5-Star and quality initiatives
- Liaison for SCAN's Provider Incentive Program (PIP)
- Subject matter expert on 5-Star on behalf of Network Management



Learning Objectives

At the conclusion of this activity, participants will be able to...

- ▶ Maximize payout and improve year-over-year performance in the ART and OMW 5-Star measures using SCAN reports
- ▶ Understand the significance of the timely submission of historical and supplemental data in relation to HEDIS measure performance
- ▶ Leverage SCAN's SUPD/SPC report to successfully close statin therapy gaps



Strategies to Maximize Performance in ART / OMW

Alex Legaspi, Manager of Network Quality

5-Star Measure: Rheumatoid Arthritis Management (ART)

▶ Measure Description

- The percentage of rheumatoid arthritis patients who were dispensed one or more prescriptions for an anti-rheumatic drug.

▶ Metric

- The percentage of patients who were diagnosed with rheumatoid arthritis at least two times during the measurement year and who were dispensed at least one ambulatory prescription for a disease modifying anti-rheumatic drug (DMARD).

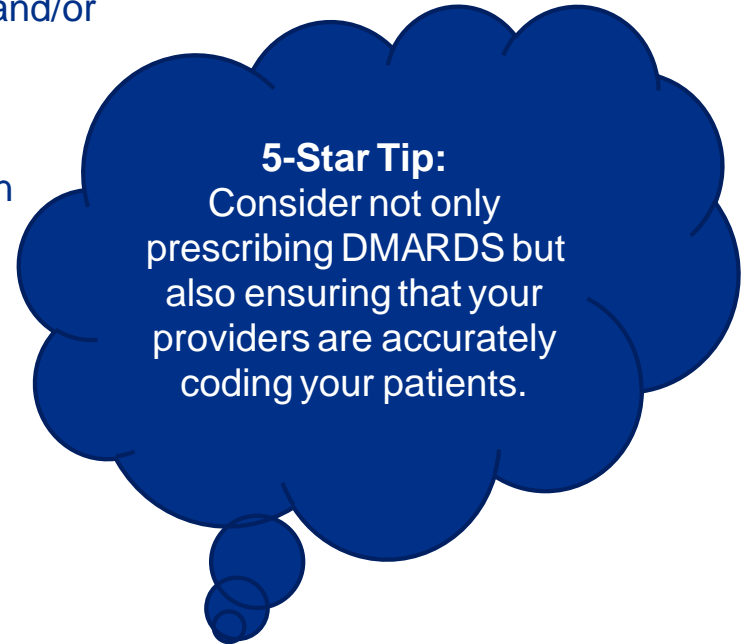
DMARDs in the HEDIS 2020 Technical Specifications

DMARD Medications

Description	Prescription
5-Aminosalicylates	<ul style="list-style-type: none"> • Sulfasalazine
Alkylating agents	<ul style="list-style-type: none"> • Cyclophosphamide
Aminoquinolines	<ul style="list-style-type: none"> • Hydroxychloroquine
Anti-rheumatics	<ul style="list-style-type: none"> • Auranofin • Leflunomide • Methotrexate • Penicillamine
Immunomodulators	<ul style="list-style-type: none"> • Abatacept • Adalimumab • Anakinra • Certolizumab • Certolizumab pegol • Etanercept • Golimumab • Infliximab • Rituximab • Sarilumab • Tocilizumab
Immunosuppressive agents	<ul style="list-style-type: none"> • Azathioprine • Cyclosporine • Mycophenolate
Janus kinase (JAK) inhibitor	<ul style="list-style-type: none"> • Baricitinib • Tofacitinib
Tetracyclines	<ul style="list-style-type: none"> • Minocycline

Best Practice: Denominator Clean-Up

- ▶ Refer patients to a **rheumatologist** to confirm diagnosis and/or co-manage
 - Osteoarthritis vs. Rheumatoid Arthritis
- ▶ Codes to consider when rheumatoid arthritis has **not** been established:
 - M19.0x – Other and unspecified osteoarthritis
 - M25.8x – Other specified joint disorders
 - M25.5x – Pain in joint (while patient’s pain is being investigated)
 - M25.9x – Joint disorder, unspecified
 - M25.6x – Stiffness of joint
- ▶ Use ICD-10 codes M05x and M06x once rheumatoid arthritis is **confirmed**



Best Practice: Correct an Incorrect RA Diagnosis

- ▶ Provide your physicians with the information needed to correct an incorrect RA diagnosis
- ▶ Diagnosis codes can be corrected by submitting an **ICE file** on SCAN's **Provider Portal**
 - Ensure appropriate staff has access to the Provider Portal
 - To obtain access to SCAN's Provider Portal, contact your provider group's **Portal Administrator**

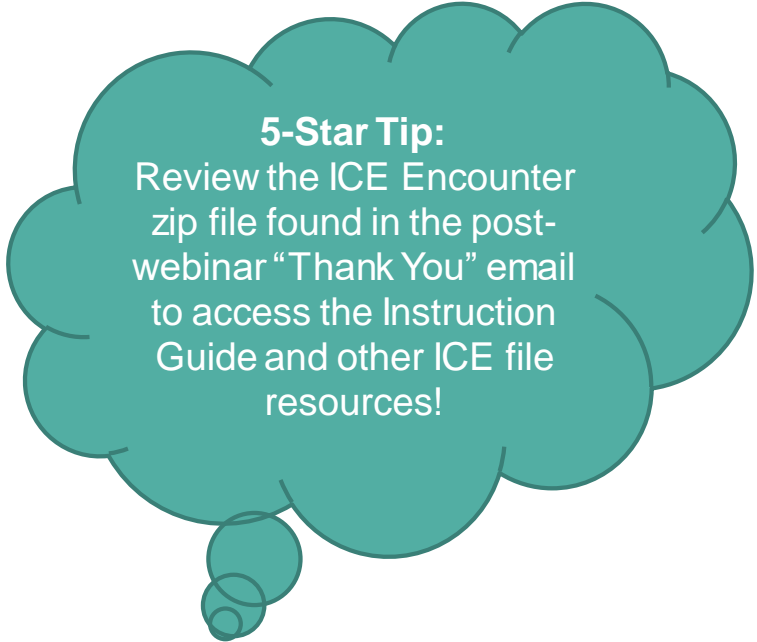
Rheumatoid Arthritis ICD-10 Codes
M05.0X – Felty's syndrome
M05.1X – Rheumatoid lung disease with rheumatoid arthritis
M05.2X – Rheumatoid vasculitis with rheumatoid arthritis
M05.3X – Rheumatoid heart disease with rheumatoid arthritis
M05.4X – Rheumatoid myopathy with rheumatoid arthritis
M05.5X – Rheumatoid polyneuropathy with rheumatoid arthritis
M05.6X – Rheumatoid arthritis with involvement of other organs and systems
M05.7X – Rheumatoid arthritis with rheumatoid factor of site without organ or systems involvement
M05.8X – Other rheumatoid arthritis with rheumatoid factor
M05.9 – Rheumatoid arthritis with rheumatoid factor
M06.0X – Rheumatoid arthritis without rheumatoid factor
M06.1 – Adult-onset Still's disease
M06.2X – Rheumatoid bursitis
M06.3X – Rheumatoid nodule
M06.8X – Other specified rheumatoid arthritis
M06.9 – Rheumatoid arthritis, unspecified

"X" indicates a placeholder to further specify etiology, anatomic site, severity and other code extensions.

How to Submit an ICE Encounter File

1. Open the **SCAN ICE File Submission Instruction Guide**
2. Review the Instruction Guide
3. Upload your ICE Encounter Data Files on the **Provider Portal**

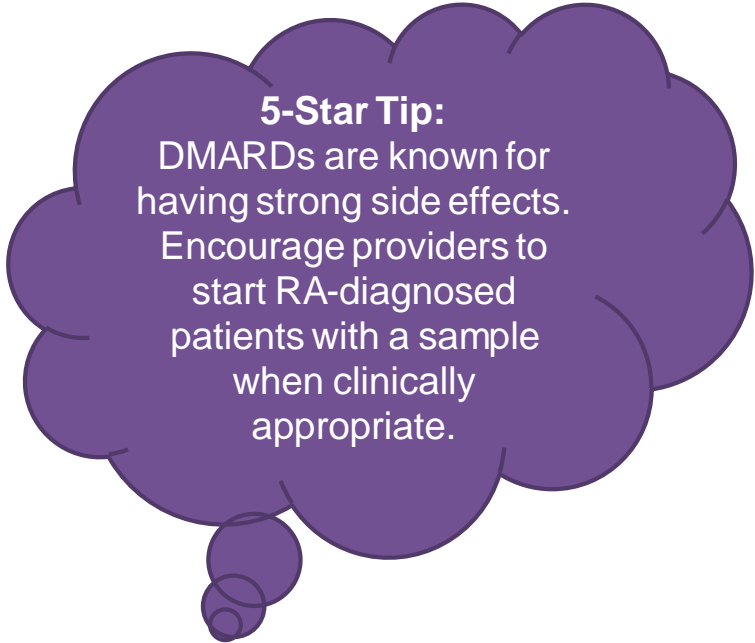
It's As Easy As 1, 2, 3!



5-Star Tip:
Review the ICE Encounter zip file found in the post-webinar “Thank You” email to access the Instruction Guide and other ICE file resources!

Best Practice: Document Sample DMARDs Dispensed

- ▶ Sample DMARDs dispensed outside of members' Part D benefit will satisfy this measure!
 - Includes samples received in the office, the VA, or retail pharmacies (Costco, Walmart, etc.)
- ▶ The following items must be included in the medical record in order to receive credit:
 - Prescriber's signature
 - Drug name
 - Drug strength
 - Days' supply
 - Dispensed date



5-Star Tip:
DMARDs are known for having strong side effects. Encourage providers to start RA-diagnosed patients with a sample when clinically appropriate.

Poll #1

- ▶ Which of the following best practices are you currently using or planning to use at your organization?
 - A. Denominator Clean-Up/Correct an Incorrect RA Diagnosis
 - B. Document Sample DMARDs Dispensed
 - C. Refer to a Rheumatologist
 - D. All of the Above
 - E. None of the Above

5-Star Measure: Osteoporosis Management for Women Who Had a Fracture (OMW)

▶ **Measure Description**

- Percent of female plan members who broke a bone and got screening or treatment for osteoporosis within 6 months

▶ **Metric**

- The percentage of woman MA enrollees 67 - 85 who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

Best Practices

- ▶ Ensure that **no prior authorization is needed** for the DEXA scan
- ▶ Initiate a one-month trial of medication to treat mineral depletion with bisphosphonates, calcitonin or other medications (when clinically appropriate)
- ▶ Track each eligible member to facilitate testing and/or treatment within **4 months** of the fracture
- ▶ Arrange for a **mobile DEXA** for homebound patients

5-Star Tip:

Ensure that your providers are **not** submitting a code for a new fracture when patient only has a history of a fracture. Doing this incorrectly places patients in the OMW denominator!

SCAN's In-Home DEXA Program

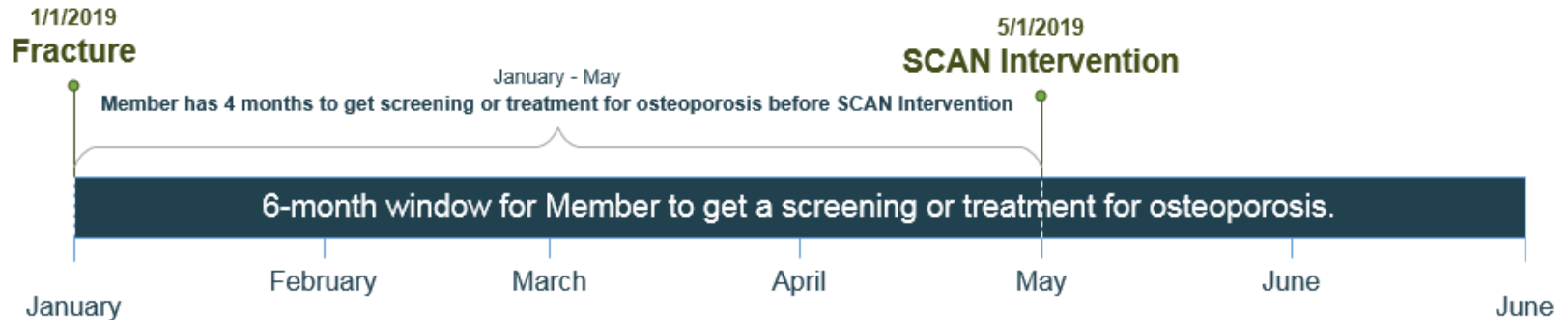
BREAKING NEWS!

SCAN's In-Home DEXA Program has expanded to all provider groups in **Southern California.**

SCAN has partnered with House Call Doctors to perform bone density screenings in member homes with the goal of providing our members the care they need to improve their overall quality of life.

SCAN Intervention

1. If member has not obtained a DEXA or osteoporosis medication has not been dispensed after 4 months of fracture, SCAN will contact the member to confirm their interest in an in-home DEXA.
2. Once confirmed, SCAN outreaches to member's PCP to obtain referral for an in-home DEXA.
3. Members identified as homebound are routed to the program as soon as their fracture type is confirmed.
 - If you have identified a homebound Member, please contact us at NetworkQuality@scanhealthplan.com
4. An OMW Chase List is included in the HEDIS Access Database inside the 5 Star Network sFTP. Contact NetworkQuality@scanhealthplan.com for credentials.



Poll #2

- ▶ Do you feel more confident in implementing any of the ART or OMW best practices that were shared in today's presentation?
 - A. Yes
 - B. No
 - C. Not sure

We Need Your Data!

- ▶ Provider Partners are highly encouraged to resubmit historical supplemental data **timely** so SCAN can provide accurate reporting on your quality gaps
- ▶ Historical supplemental data must be resubmitted annually for **COL, BCS, ABA, OMW, and CDC-EYE** to avoid demonstration of 100% primary source verification (PSV)
- ▶ **Friday, 8/23** - HEDIS historical supplemental file available in the sFTP
- ▶ **Supplemental Data Submission Deadline – 1/31/2020**

We appreciate your cooperation in resubmitting data for MY2019!

Composite HEDIS Score – PIP 1 Groups

- ▶ Each measure is scored and weighted separately before combining into a composite score.
 - **To Receive 100% of Total Earned Payout**
 - Composite HEDIS Score must meet or exceed prior year performance
 - If Composite HEDIS Score **does not** meet or exceed prior year performance, the Provider Partner will only receive 50% of total earned payout.

Composite HEDIS Score Measures	Weight
Breast Cancer Screening	1.0
Colorectal Cancer Screening	1.0
Osteoporosis Management in Women (Fracture)	1.0
Diabetes Care -Eye Exam	1.0
Diabetes Care - Blood Sugar Controlled	3.0
DMARD Therapy for Rheumatoid Arthritis	1.0
Medication Reconciliation Post-Discharge	1.0
Total	9.0

Resources

HEDIS Database

Osteoporosis Management in Women Who Had a Fracture	55	21	38.18%	45.24%
Diabetes Care (CDC)	605			
Dilated Ophtho Exam	451		74.55%	84.64%
HbA1c Controlled (<9.0%)	Reverse of Poor Control	315	52.07%	86.64%
Kidney Disease Monitoring	560		92.56%	98.33%
Rheumatoid Arthritis Management (ART)	63	47	74.60%	73.75%

Member_OMW_Update

Network	Mem_Nbr	Name	DOB	Gender	Fracture Date
			10/5/1934	Female	11/10/2016
			2/19/1934	Female	12/20/2016
			4/19/1938	Female	9/1/2016
			9/27/1933	Female	5/9/2017
			10/27/1937	Female	12/15/2016
			12/27/1944	Female	11/29/2016
			11/30/1935	Female	5/18/2017
			4/2/1946	Female	3/4/2017
			5/13/1946	Female	7/24/2016
			8/17/1932	Female	12/23/2016
			8/31/1945	Female	11/7/2016
			7/27/1948	Female	11/14/2016
			7/8/1948	Female	7/30/2016

SCAN HEALTH PLAN Online Provider Portal

Welcome to SCAN Online Provider Portal

At SCAN, our mission is to keep seniors healthy and independent. We understand that our provider relationships are critical to accomplishing our mission and our Provider Portal and... easier to work with.

Rheumatoid Arthritis Treatment Guidelines

5-Star Best Practices

Measure Description
The percentage of rheumatoid arthritis patients who were dispensed one or more prescriptions for an anti-rheumatic drug.

Metric
The percentage of patients who were diagnosed with rheumatoid arthritis at least two times during the measurement year and who were dispensed at least one ambulatory prescription for a disease modifying anti-rheumatic drug (DMARD).

How Physicians Can Improve on This 5-Star Measure

- > Confirm rheumatoid arthritis diagnosis versus a different rheumatologic disease, osteoarthritis or joint pain.
- Best practice is to refer patients to a rheumatologist to confirm diagnosis and/or co-manage.
- Consider using ICD-10 codes, such as M25.5x, for generalized joint pain while the patient's pain is being investigated. Use ICD-10 codes M06x and M05x once rheumatoid arthritis is confirmed. Other codes to consider when rheumatoid arthritis has not been established.

SCAN ICE File Submission: Instruction Guide

Please contact NetworkQuality@scanhealthplan.com for more information.





Strategies to Maximize Performance in SUPD / SPC

Henry Lee, PharmD, MS, Senior Clinical Pharmacist

Henry Lee, PharmD, MS

Senior Clinical Pharmacist, SCAN Health Plan

- Joined SCAN in 2018
- Responsible for SCAN's medication adherence improvement and statin therapy gaps programs
- Received his doctorate of pharmacy and masters of science in pharmaceutical economics and policy from the University of Southern California
- Completed a pharmaceutical economics and policy fellowship with Kaiser Permanente, the University of Southern California, and Takeda Pharmaceuticals
- Held a prior role as subject matter expert for clinical quality and patient safety measures at Kaiser Permanente



Learning Objectives

At the conclusion of this activity, participants will be able to...

- ▶ Maximize payout and improve year-over-year performance in the ART and OMW 5-Star measures using SCAN reports
- ▶ Understand the significance of the timely submission of historical and supplemental data in relation to HEDIS measure performance
- ▶ **Leverage SCAN's SUPD/SPC report to successfully close statin therapy gaps**

Poll #3

- ▶ Did your organization utilize SCAN's Statin Therapy (SUPC/SPC) report last year?
 - A. Yes
 - B. No
 - C. Not sure

2019 Statin Therapy Measures

	Statin Use in Persons with Diabetes (SUPD)	Statin Therapy for Patients with Cardiovascular Disease (SPC)
Measure Description	Diabetic patients between 40-75 who filled a statin.	Males 21-75 and females 40-75 who have clinical ASCVD and were dispensed one moderate or high dose statin.
Clinical Goal	Primary prevention of cardiovascular events.	Secondary prevention of cardiovascular events.
2019 Goal	84%	74%

Statin Therapy Recommendation

▶ **Significant patient overlap between these two measures.**

- 13% of SUPD patients are also SPC patients.
- 45% of SPC patients are also SUPD patients.

▶ **Patients with both diabetes and cardiovascular disease are **high opportunity** because one fill of a moderate to high dose statin can satisfy both gaps!**

Intensity	Dosage
High	atorvastatin 40–80mg amlodipine-atorvastatin 40–80mg simvastatin 80mg ezetimibe-simvastatin 80mg rosuvastatin 20–40mg
Moderate	atorvastatin 10–20mg amlodipine-atorvastatin 10–20mg fluvastatin 40mg bid fluvastatin XL 80mg lovastatin 40mg pitavastatin 2–4mg pravastatin 40–80mg rosuvastatin 5–10mg simvastatin 20–40mg ezetimibe-simvastatin 20–40mg

SUPD/SPC Report Overview

- ▶ **SUPD/SPC Tab** provides member level information about patients statin gap and other factors that will help with closing the statin gap.

MemberID	Member First Name	Member Last Name	SUPD Measure (data refreshed weekly)	SPC Measure (data refreshed monthly)
647901923	ANDREW	AMERICA	Needs Statin Filled	Need High/Mod Statin
456910230	JASMINE	JONES	Needs Statin Filled	Not Applicable
123456789	BETTY	CRANE	Statin Filled	Need High/Mod Statin

Notes **SUPD_SPC** PCP_Opportunity

- ▶ **PCP_Opportunity Tab** identifies which PCP's have the most opportunities.

PCP_Name	PCP_NPI	Member_Count	Measure Gap Count
MCCOY, JAMES	1619256617	20	27
APPLE, STEVE	1231231231	19	24
JAMES, JESSE	3213212321	18	21

NOTE: Patients may be eligible for multiple measures.

Notes SUPD_SPC **PCP_Opportunity**

SUPD/SPC Report - New Enhancements

▶ Report enhancements make it even easier to close statin gaps!

1. MTM Field shows who is eligible for medication reviews.

- Medication reviews are free and with SCAN contracted pharmacists who will touch upon statin gaps and much more!

2. Information on Last Filled Statin helps determine next steps.

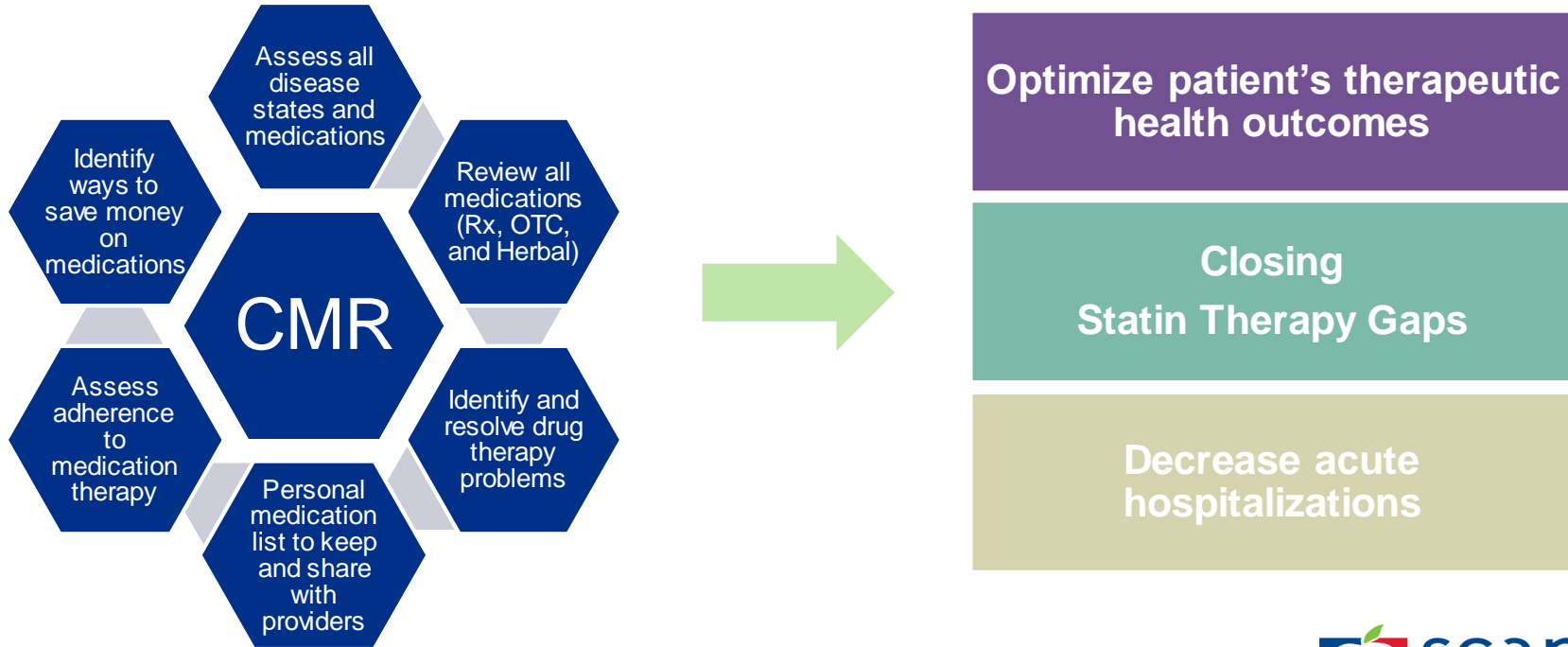
- Statin history can show you patients with easier lifts and specific follow-up items.

3. Know who you spoke to and what you spoke to them about.

- Retain your provider group notes in the SUPD/SPC reports from week to week when you send us your feedback.

Medication Therapy Management (MTM)

Comprehensive medication review: a holistic approach to review a patient's medication regimen



Connect Eligible Patients to MTM Services

Notes		SUPD_SPC		PCP_Opportunity	
A	B	C	F		
MemberID	Member First Name	Member Last Name	MTM Available		
123456789	BETTY	CRANE	Y		

▶ Eligible Patients are Flagged in the SUPD/SPC Report!

- The flag indicates if your patient is eligible for MTM services and has not received it yet.

▶ Connecting your patient to SCAN's MTM Program

- Recommend the MTM program during your intervention calls.
- Patient should call AdhereHealth at **(877) 808-3082**
- Hours: M-F 6am-5:30pm PST
- The service is free and on demand!

SUPD/SPC Report – Last Statin Filled

Notes **SUPD_SPC** PCP_Opportunity

- ▶ Columns U- AH provides fill and prescriber information of the Last Statin Filled between 2019 and 2018 for each patient. If there were no statins filled in 2018 or 2019, these columns are blank.
- ▶ For SUPD, a previous fill in 2018 shows member had a prescription and thus may still be indicated for a statin and needs follow-up in 2019.

A	B	C	U	V
MemberID	Member First Name	Member Last Name	Name of Last Filled Statin	Date of Last Filled Statin
456910230	JASMINE	JONES	Pravastatin 40mg	12/25/2018

- ▶ For SPC, patients who filled a low dose statin (Column Y) only need to be increased to a moderate/high dose statin.

A	B	C	U	V	Y
MemberID	Member First Name	Member Last Name	Name of Last Filled Statin	Date of Last Filled Statin	Low Dose Statin
123456789	BETTY	CRANE	Lovastatin 10mg	5/2/2019	Y

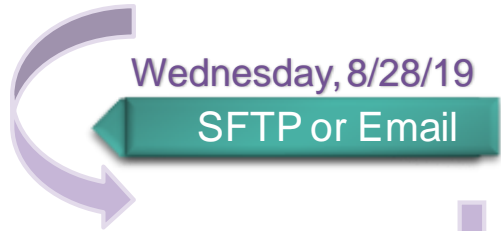
NEW Provider Group Notes Retention

Week 1 – Thursday, 8/22/19

Member Information		Provider Group Feedback Notes	
SCAN Member ID	Member Name	Successful Intervention (Y/N)	Notes: eg. med d/c'd, prescriber intervention, patient responses, etc
43219876501	CRANE, BETTY		
56845941201	JONES, JASMINE		
89654123501	DAVIS, BILLY		



Provider Group Feedback Notes	
Successful Intervention (Y/N)	Notes: Prescriber intervention, patient responses etc.
N	patient refuses statin
Y	8/22 provider agrees, will contact patient
Y	8/23 confirmed patient has rx, will fill
Y	8/22 prov agrees to raise dose,
N	Do not call patient, patient refuses statin



Wednesday, 8/28/19

SFTP or Email

SUPD SPC Weekly Monitoring Report

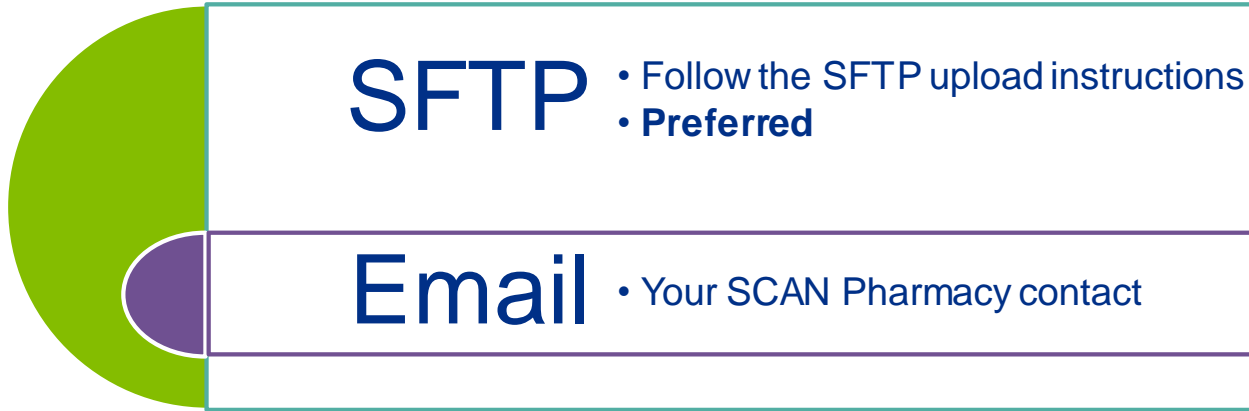
Week 2 – Thursday, 8/29/19

Member Information		Provider Group Feedback
SCAN Member ID	Member Name	Notes: Prescriber intervention responses etc.
43219876501	CRANE, BETTY	patient refuses statin
56845941201	JONES, JASMINE	8/22 provider agrees, will contact
89654123501	DAVIS, BILLY	8/23 confirmed patient has rx, w

- ✓ Pick up where you left off!
- ✓ Provide appropriate follow-up and consistent monitoring of patients you have already worked with.
- ✓ We can preserve spaces!

*Please note all member/physician information is fictional

Track Your Notes from Week to Week



By Wednesday 12PM, drop your latest SUPD/SPC to SFTP or email to your SCAN Pharmacy contact.

Poll #4

- ▶ How likely are you to utilize SCAN's SUPD/SPC report in your organization this year?
 - A. Very Likely
 - B. Likely
 - C. Not Likely
 - D. Undecided

The background is a solid teal color. A large, faint, light-teal silhouette of an apple is centered on the right side of the page. The apple has a stem and a single leaf at the top, and several leaves on the main body of the fruit. The text 'Additional Tips and Resources' is positioned to the left of the apple's main body.

Additional Tips and Resources

We Need Your Data for SPC!

- ▶ **Close gaps for patients who filled through the VA and cash retail.**
 - If patient filled through the VA or paid cash at a retail pharmacy, submit a supplemental file to close their statin therapy gap.
- ▶ **Correct your SPC population by submitting additional files.**
 - Patients can be accurately excluded from your SPC populations by submitting an **ICE** file.
- ▶ **Ensure that providers are coding frailty and advanced illness exclusions.**
 - Patients are excluded from the SPC population if they are documented with a frailty and advanced illness diagnosis code in encounter data.

Best Practice on Closing Statin Gaps

- 1 Set up the system to help with reminders

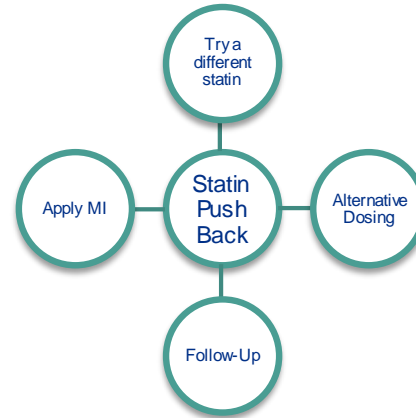
EMR Alert:
Gap in Therapy



- 2 Cardiology Expert to share with PCPs regarding the evidence behind statin use



- 3 Look for opportunities to address statin concerns and pushback



- 4 Once on a statin, make sure patient is adherent to statin medication.



Questions?

Alex Legaspi, Manager of Network Quality

Henry Lee, PharmD, MS, Senior Clinical Pharmacist

Contacts

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