

SECTION Q: PHARMACY

Q.1 Pharmacy Benefit Management

Q.1 Identify your current or proposed PBM, specifying any corporate relationship to the bidder. (If subcontracting this function, the subcontractor information must be provided in response to item F.4.)

Amerigroup Louisiana (Amerigroup) and our affiliate health plans bring more than 23 years of experience developing, implementing, and managing pharmacy services programs for Medicaid and state-sponsored program members. Together, we cover pharmacy services for four million Medicaid and CHIP enrollees. Through our dedicated local pharmacy services program, backed by the resources and expertise of our national Pharmacy Department, we have a team of experienced clinical pharmacists and support staff, well-established policies and procedures, and innovative programs designed to maximize quality, safety, and efficiency. ***Our Pharmacy Director – a local, Louisiana-licensed pharmacist – works closely with our Pharmacy Benefit Manager (PBM) to confirm that pharmacy services meet all applicable State, federal, and Contract requirements.***

Amerigroup intends to subcontract with Express Scripts, Inc. (Express Scripts) as our PBM. Amerigroup directly manages all clinical functions of our pharmacy program and maintains full accountability and oversight of all PBM services. As our PBM, Express Scripts will provide a robust pharmacy network, claims processing, formulary administration, and rebate management. Amerigroup's national call center will address all member and provider calls, while Express Scripts will directly address pharmacy provider inquiries.

Amerigroup and our PBM, Express Scripts, know Louisiana and are committed to offering a pharmacy services program that maximizes safety, quality, and efficiency. 🌸

Express Scripts manages prescription benefits for tens of millions of Americans on behalf of thousands of clients, including a broad range of government-sponsored programs. Its size enables us to draw upon its diverse experience, yet its system flexibility allows Express Scripts to quickly adapt its point-of-sale (POS) system to respond to individual health plan needs. As a URAC-accredited organization, Express Scripts has demonstrated a commitment to quality and accountability, making them an excellent partner for Amerigroup in serving Bayou Health members.

Through our affiliate plans, we have built a strong relationship with Express Scripts as our PBM in seven states, and will transition PBM services to Express Scripts in eight states, including Louisiana, next year. Express Scripts is already well established in the State, with more than 1,100 pharmacies - many with 24-hour access and home delivery.

We recognize the importance of Louisiana's local, independent pharmacies in making sure our Bayou Health members have access to pharmacy services. Thus, Express Scripts does not own any retail pharmacies and no corporate ownership or relationship exists between Amerigroup and Express Scripts, other than the subcontracting relationship as our PBM. This helps prevent any perceived issues with the PBM "steering" business to their own corporately-owned pharmacies.

To facilitate a smooth transition from our current PBM, Express Scripts will offer contracts to all currently participating pharmacies in the existing pharmacy network, as well as pharmacies that do not currently participate in the network. We will comply with all pharmacy network requirements outlined in the RFP, Section 7, and welcome any pharmacy or pharmacist who is licensed, in good standing with the

Louisiana State Board of Pharmacy, and accepts the terms of our provider agreements. Our network includes a mix of major retail pharmacy chains, as well as local, independent community pharmacies.

Fully Integrated Pharmacy Services

We have fully integrated our pharmacy program across all functional areas, using joint operations, clinical meetings and committees, shared data and reporting, shared goals, and pharmacy participation on care management teams. For instance, our Pharmacy Department has standing meetings with national Medicaid Special Investigations Unit (MSIU) to prevent, identify, investigate, and report fraud, waste, and abuse of prescription drugs by members and providers.

Our local approach blends proven processes and monitoring programs currently in place with the implementation of new programs and best practices based on the expertise of our national Pharmacy Department. The result is a comprehensive pharmacy program that includes:

- Pharmacy benefits management
- Pharmacy and Therapeutics Committee
- Formulary and preferred drug list managed by our National Pharmacy and Therapeutics Committee
- Drug utilization reviews
- Medication therapy management
- Lock-in program

To manage care holistically, Amerigroup fully integrates our pharmacy services program into our overall case management and disease management models. 

As a driving force of our pharmacy program, we support Bayou Health members in achieving overall health and well-being through improved medication use and reduced risk of adverse events. To manage care holistically across the spectrum of physical, behavioral, and social needs, we fully integrate our pharmacy program into our overall case management and disease management models. ***Our program focuses on meeting the needs of our members by collaborating with providers and leveraging data to optimize health and safety.***

Under our pharmacy services program, the clinical pharmacist is an integral member of our care team. We manage pharmacy services through a team of highly skilled clinicians who:

- Have extensive knowledge and experience with managing pharmacy benefits that produce the best outcomes for plans that serve Medicaid populations
- Have specialized education and knowledge in supporting members with complex drug therapies and special needs
- Collaborate with prescribing and dispensing providers to optimize therapeutic outcomes by routinely reviewing, analyzing, and sharing drug utilization and prescribing practices data
- Continually assess consistency and compliance with therapeutic guidelines and best practices
- Provide clinical pharmacy expertise and support to development of new medical management initiatives to meet the needs of specific programs and populations

Our pharmacy services programs address the special needs of members who may be at higher risk for adverse events and poor outcomes resulting from chronic medical conditions and/or complex medication therapies. These programs have helped:

- Promote cost effective physician prescribing practices
- Reduce inappropriate emergency department utilization and inpatient admissions
- Engage providers by promoting use of clinical best practices through peer-reviewed profiles
- Decrease fraud, waste, and abuse through our lock-in and other pharmacy programs

Q.2 Customizing PBM Policies and Procedures

Q.2 Describe the MCOs flexibility to customize PBM policies and procedures to meet Louisiana specific needs and program goals.

Amerigroup brings a combination of strong, experienced local leadership and national best practices to every member we serve. Over the past two years, we have demonstrated our flexibility and responsiveness in meeting the needs of Bayou Health members. Both Amerigroup and our PBM, Express Scripts, know Louisiana and are committed to offering a pharmacy services program that continues to address the specific needs of our members and program goals by:

- Simplifying pharmacy administrative processes
- Enhancing responsiveness to address the needs of members, providers, and DHH
- Maintaining a flexible POS system that can be customized for Louisiana
- Addressing the changing needs of Louisiana pharmacy services through a sound and local Pharmacy and Therapeutics Advisory Committee structure

Simplifying Pharmacy Administrative Processes

Amerigroup supports DHH's goal of simplifying pharmacy administrative processes. In sharing this goal, we continually look for ways to streamline processes and reduce any administrative burdens on pharmacies and providers so they can focus on what they do best – providing quality care to our members. For example, we recently reduced our prior authorization form from three pages to one, and are now using that standardized form across all health plans.

Further, we support DHH's focus on improving Bayou Health by developing and implementing a common formulary across all Bayou Health managed care organizations (MCOs). Building on our local relationships, *we stand ready to work collaboratively with DHH and the MCOs on administering a common pharmacy administrative framework* and communicating these changes to members and providers. We will also leverage the experience of our affiliate plan in Florida, who worked with other health plans and a third-party organization that served as an administrator to implement a common formulary.

Responding to the Needs Members, Providers, and DHH

To strengthen our flexibility and responsiveness in addressing the needs of Bayou Health members, providers, and DHH, we continually assess and refine our policies and procedures.

Responding to Member Needs. We continually strive to assure our members have safe, efficient, and readily accessible services available to meet their needs. Our policies and procedures are modified, when needed, to address specific diseases and conditions prevalent in Louisiana, such as HIV/AIDS, hepatitis C, diabetes, and asthma. The following are examples of policies and processes we have modified to enhance members' access to care:

- Members now have access to HIV/AIDS medications without needing prior authorization.
- For members diagnosed with diabetes, we removed age restrictions on insulin pens.
- We changed the benefit design for contraception coverage to eliminate barriers for women seeking contraception. We now offer long-acting contraceptives as a pharmacy benefit, giving providers easy access to them.

In addition to the examples above, we will also implement a toll-free Louisiana Pharmacy hotline so that members can reach a live person 24 hours a day, seven days a week, 365 days a year, to help them navigate pharmacy benefits and services available to them. Manned by staff who live and work in Louisiana, it will enable members to speak to a representative who can address their needs in a responsive manner and by someone who is familiar with Louisiana's communities and culture.

We changed the benefit design for contraception coverage to eliminate barriers for women seeking contraception and to give providers easy access to these types of contraceptives. 

Responding to Provider Needs. We will develop a pharmacy toolkit to help inform pharmacists about the common formulary and other issues and how to quickly resolve them. In addition, we will also dedicate a Pharmacy Service Coordinator to support the Louisiana-based team. This coordinator will serve as the primary contact and liaison to Express Scripts to assist the PBM in providing Bayou Health pharmacy program services and benefits, and in making changes to policies and processes as needed to be continually responsive to member and provider needs and program goals. The coordinator will also provide administrative support to our Pharmacy Director so that he can focus on addressing clinical and strategic pharmacy program issues.

Responding to the State's needs. DHH has specific reporting needs and we will continue to meet them. We use DHH's template and produce custom reports for Louisiana, such as RX 55, HIV/AIDS, hepatitis C, and prior authorization reporting. Recently, we proactively developed a lock-in report designed to assist DHH in managing the lock-in program.

We will work with Express Scripts to continue to meet all pharmacy-related reporting requirements accurately and promptly. Our PBM provides claims and rebate data, which is used to create customized reports to meet Louisiana requirements and goals. In addition, we have policies and procedures in place to support the transmission of pharmacy encounter data. Through our internal data warehouse, we pull encounter data from all systems representing all covered services, which enables us to report on the full spectrum of care provided.

Flexibility of the Point Of Sale System

The Express Scripts POS system is very easily customizable. This helps assure that the pharmacy POS system will continually meet Louisiana-specific needs and program goals. The system and technology, supported by our clinical employees, will meet the needs of Bayou Health members and DHH program goals by improving quality of care while promoting cost effective physician prescribing; managing appropriate utilization of pharmaceutical agents; assuring patient safety through active monitoring and management of poly-pharmacy and potential drug interactions; and supporting control of overall medical resource consumption and costs.

Each dimension of the pharmacy benefit can be configured using Express Scripts' flexible, rules-based Client Benefit Manager (CBM). The CBM is a table-driven database that contains all data required to identify each covered benefit, particular payment method, pointers to the plan, and co-pay and fee files. The parameters and pointers that make up the CBM records govern specific network rules, physician restrictions, and utilization review options. Plan parameters are maintained in CBM fields. These fields drive Express Scripts' claims processing and related systems.

Express Scripts puts new benefit designs into production through the CBM platform or an automated feed known as an Automated Group Load (AGL). Plan design changes or requests using the CBM are typically completed in three to five business days. The AGL process is the most efficient method to

process a large number of group set-ups and/or plan changes, and benefits set up in this manner are typically turned around in one to two business days.

Express Scripts' integrated claims processing system, which has been operational since 1989, provides access to patient information that is consistent across our entire retail, specialty, and home delivery pharmacy network, regardless of location. One hundred percent of retail pharmacies that participate in its retail networks are contractually obligated to submit HIPAA-compliant claims electronically through the system; of the claims received, 99.9 percent are processed electronically at the point of sale. The system allows participating pharmacies to submit prescription drug claims electronically, 24 hours a day, seven days a week. Express Scripts' computer system receives and adjudicates the claim, performing all edits, including eligibility, drug utilization review, and related internal processing functions in less than two seconds. The system then sends a response to the pharmacy detailing claim acceptance or rejection, as well as additional information as appropriate. The entire process takes less than 25 seconds.

Pharmacy and Therapeutic Committee

Our pharmacy and therapeutics process plays a major role in managing the pharmacy benefit and reviewing our drug coverage and pharmacy policies annually to confirm quality, clinical appropriateness, and compliance with State and federal regulatory, NCQA, and other industry standards. The review process includes practicing physicians, pharmacists, and other health care professionals from the local community who represent the varied needs of our members. Medical Directors participate to promote consideration and understanding of regional differences and local health care practice patterns. Major responsibilities of the pharmacy and therapeutics process committees include overseeing Amerigroup's formulary and preferred drug list, prior authorization criteria, and quantity limits.

Amerigroup recognizes that a key part of customizing our pharmacy services policies and processes to Louisiana means knowing the local communities, their health care practices, and needs. Decision making requires a deep understanding of members, providers, and the State's goals and quality initiatives. To that end, *we created a local Louisiana Pharmacy and Therapeutics Advisory Committee* – led by our Bayou Health clinical pharmacist - to engage local providers in developing ways to improve responsiveness to both member- and provider-related needs. Semi-annual meetings will be held in Baton Rouge and will be open to the public for comment. As part of our local advisory committee, we will:

- Review therapeutic classes at least annually
- Review new drug entrants after a minimum of six months status post market entry; exceptions will be made for drugs the FDA has given priority status
- Collect feedback from the public on recommendations of drug coverage
- Report recommendations to our corporate Clinical Review Committee (described below) for consideration

Amerigroup will also use the expertise and resources of our national Pharmacy and Therapeutics (P&T) Committee as part of developing a formulary and preferred drug list. The national P&T will make clinically-based recommendations to help promote access to quality medications, and as appropriate, cost effective utilization of benefits. The P&T includes two inter-dependent committees:

- Clinical Review Committee
- Value Assessment Committee

The Clinical Review Committee evaluates drugs for efficacy, safety, effectiveness, and clinical aspects compared to similar drugs within a therapeutic class or used to treat a particular condition. The committee develops the necessary policies and procedures to consistently document how the clinical designation was

established for efficacy and safety of a drug product. It considers effectiveness data, when available, and clinical attributes. The Clinical Review Committee review does not consider cost when evaluating drugs for coverage.

The Medicaid Value Assessment Committee makes recommendations regarding the preferred/non-preferred status for covered medications. The committee's review considers member and provider impact, rebates, and net cost impact.

Q.3 Oversight of PBM Performance

Q.3 Submit a preliminary plan for MCO oversight of the PBM's performance.

Amerigroup maintains oversight of all PBM services and remains fully accountable for all activities performed by Express Scripts under the Contract. We continuously monitor our PBM to verify compliance with Contract requirements. In addition to local oversight through our Quality Management and Compliance Departments, we also have national vendor oversight programs to verify that Express Scripts' performance complies with all applicable DHH, NCQA, and federal requirements and standards. At the local level, Amerigroup maintains oversight and remains accountable for all delegated activities and delegation processes. In turn, we leverage centralized national resources and processes to obtain and manage the services of high-quality subcontractors. The selection and management process assigns responsibilities in a way that drives authority to the appropriate organizational level and creates a system of checks and balances.

We will integrate, as appropriate, subcontractors' financial and performance data to accurately and completely report our performance and Contract compliance. We audit subcontractors, including the PBM, and enforce correction of identified performance deficiencies or termination if deficiencies cannot be corrected. After the subcontractor is operational, we conduct annual audits, in accordance with Louisiana requirements and Amerigroup policies and procedures, to monitor compliance with State and federal regulatory and accreditation standards.

Amerigroup, our parent company WellPoint, and Express Scripts conduct issue management and strategic planning via the regular meetings of various joint governance bodies. This joint governance structure is intended to provide leadership insight and oversight to the day-to-day activities that affect all parties. The following committees are co-chaired by leaders from Amerigroup, our affiliates, and Express Scripts and meet frequently to focus on key areas of the Medicaid pharmacy program.

- **Joint Compliance Committee (JCC).** This committee meets monthly, and its key function is to enforce compliance related to new laws, rules, or regulations that impact Amerigroup, our affiliates, and Express Scripts.
- **Corrective Action Plan (CAP) committee** meets monthly to initiate and discuss CAPs related to issues or gaps in performance.
- **Joint Operations Group** meets biweekly to oversee the operational engagement and interaction between Amerigroup, our affiliates, and Express Scripts. The focus of this committee is to discuss operational enhancements, establish priorities, and review and approve Express Scripts system releases.
- **The Joint Pharmacy Oversight Committee** is co-chaired by a senior executive from our parent company (WellPoint) and Express Scripts. These monthly meetings focus on issues that have been unresolved by the subcommittees and must be escalated to senior management for resolution. Amerigroup and our affiliates use Express Scripts for a significant part of our overall business, so we have a strong voice at the table—Louisiana can leverage our clout to its advantage.

In addition to the standing committees, we address and manage issues through a process of identifying and tracking through the WellPoint Rx Issue Tracking System (WRIT). This web-based application integrates issue, service, and impact management with strong accountability and custom reporting capabilities. Issues are triaged automatically and WRIT enables enhanced auditing and tracking of data from submission through resolution.

Amerigroup holds the PBM accountable contractually using a set of performance standards. The following represents some of those key performance standards:

- Prompt payment to pharmacies in accordance with Contract
- Network access and availability in accordance with Contract
- Claims processing accuracy and system availability
- Office of the Inspector General/General Service Administration (OIG/GSA)-excluded provider management

As part of our oversight, we verify that our PBM maintains valid nationally-recognized accreditations. Express Scripts and its subsidiaries have achieved multiple URAC accreditations, including Pharmacy Benefit Management, Health Utilization Management, Specialty Pharmacy, and Mail Order Pharmacy.

Q.4 Updating Drug File for Retail and Specialty Drugs

Q.4 The drug file for both retail and specialty drugs, including price, must be updated at a minimum every seven (7) calendar days, at the MCO's discretion they may update the file more frequently. Provide a brief summary of your policy, process and frequency for drug file updates.

Express Scripts updates drug files for both retail and specialty drugs, including price, Monday through Friday based on the frequency of updates from both FirstDataBank and MediSpan. Express Scripts uses FirstDataBank's files for all drug identifiers and clinical elements/modules and MediSpan's files for AWP and WAC prices. These files update their POS, reporting systems, and other data marts. They have well established extract, transformation, load and quality management processes that help assure that data is received and that the existing drug files are properly updated.

A file log is used to document receipt of the file from FirstDataBank/Medispan. It is automated and will "alarm" if the drug file is not received within certain time limits. After the file is received, it is loaded using productionalized and repeatable ETL processes. A non-production copy of the drug file is then updated.

As part of the quality management process, the complete updated drug file is examined to verify that the upload "balanced;" that is, the number of records in the weekly source update file equals the number of records updated in the drug file. Only after the update passes this and other quality checks is the drug file moved to production.

Q.5 Summary Report of Pharmacy Utilization Management Efforts

Q.5 Submit a summary report of three (3) pharmacy utilization management efforts which demonstrated successful outcomes for three (3) separate disease states.

Amerigroup's access to pharmacy and medical claims data affords us a unique opportunity to ***closely monitor all prescription drugs*** that members may be currently taking and providers are currently prescribing, which assists with identifying and engaging high utilizers, inappropriate prescription drug usage, and candidates for disease management, care management, training, and education. Our various programs and tools, as described below, will enable us to not only trend Bayou Health member and provider habits in under- and over-utilization, but also to act upon the information using technology and outreach.

Through our experience serving Bayou Health members, we have developed several pharmacy utilization management initiatives designed to improve health outcomes across disease states, including:

- Medication Therapy Management (MTM) program to address chronic and co-morbid conditions
- Behavioral Health Initiative to identify and outreach to specialty physicians prescribing medications for ADHD who do not typically treat this condition
- Lock-in Program to primarily address pain management

Medication Therapy Management to Address Chronic and Co-Morbid Disease States

Amerigroup's Medication Therapy Management (MTM) helps achieve positive outcomes for members with co-morbid conditions who require multiple medications to manage their conditions, and those with specific chronic illnesses. Chronic illnesses, such as diabetes, cardiovascular disease, asthma, and depression, often require multiple medications for management and have a high potential for medication-related problems. ***Our MTM proactively identifies and addresses members with inappropriate or conflicting drug therapies to prevent negative outcomes.***

Under our MTM program, a clinical pharmacist will communicate with members, prescribers, and caregivers to close gaps in care and optimize therapies for those who have chronic conditions or complex drug therapies. The goal of the program is to make sure medication is:

- Appropriate for the member
- Most effective for the medical condition
- Safe, given the complexity of the member's current physical health status (co-morbidities and co-administration of multiple medications)
- Able to be taken by the member as intended to improve medication adherence and clinical outcomes

Louisiana's Medication Therapy Management Program Participation and Interventions

Amerigroup Louisiana's community pharmacy-based MTM program began in February 2013 and quickly grew from 16 to 246 participating pharmacies by the end of that year. In the first six months of 2014, there were 352 participating pharmacies. From February 2013 through June 2014, 2,578 members received MTM services and 6,276 pharmacy claims were involved.

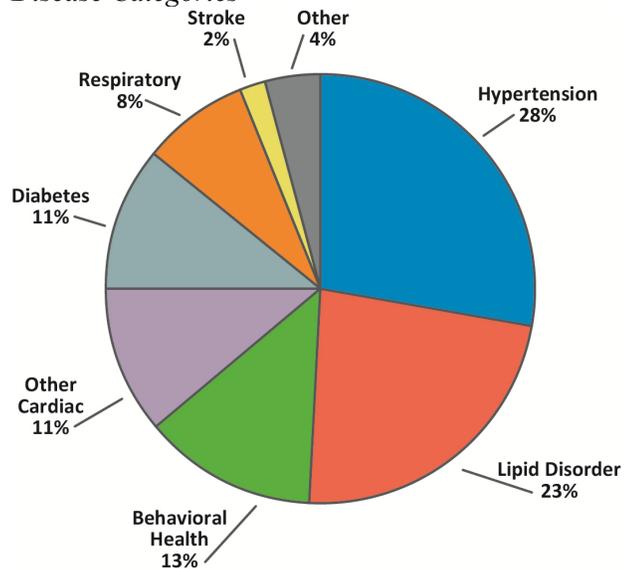
To promote optimal therapy and produce positive outcomes, the clinical pharmacist uses a systematic approach to deliver medication management services. It includes performing a comprehensive medication review. The clinical pharmacist speaks with the member, caregivers, and prescribers of all of the patient’s medications. Each review includes:

- **A history of the member’s prescriptions** - over-the-counter; nutritional supplements; alternative treatments; traditional medications; and medications provided by friends and any other source.
- **A determination of how the member is actually taking the medications** and whether they are appropriate for the medical conditions being treated, as effective as they can be, safe for the particular member, and being taken as prescribed.
- **An observation of the member’s medication experience** or personal perspective on the medications taken, including concerns and understanding of the drug therapy. The member experience can be instrumental in tailoring the drug regimen specifically for the individual.
- **Identification of potential problems.** The clinical pharmacist identifies any drug therapy problems that might be present at the time of review.
- **Communication with prescribing providers.** The clinical pharmacist communicates with prescribers to coordinate any changes in drug therapy.
- **Development of a Medication Action Plan (MAP).** The clinical pharmacist develops a MAP that clearly states the intended goals of therapy, identifies interventions to resolve the drug therapy problems interfering with achieving the goals of therapy, coordinates with other actions of the Medical Home, and has a defined schedule for follow-up actions. The clinical pharmacist distributes the MAP with agreement by the member and others in the individual’s Medical Home.
- **Follow-up evaluation.** The clinical pharmacist performs periodic targeted medication reviews as follow-up to determine the actual outcomes achieved by the interventions, to assess progress toward the therapy goals, and to evaluate whether any new drug therapy problems have developed.

Amerigroup Louisiana’s MTM program has grown substantially from 16 participating pharmacies in early 2013 to 352 participating pharmacies in 2014. 🌸

To support the medication review process, pharmacists also perform targeted medication reviews through retrospective analyses that focus on targeted drug therapy issues, such as gaps in care, non-adherence, high-risk medications, and cost saving opportunities. MTM is a great process to get local pharmacists involved in making a face-to-face difference for their patients in the most efficient way possible.

Figure Q.5-1. MTM Interventions Span Many Specific Disease Categories



Medication Therapy Management Interventions Help Improve Health Outcomes

Amerigroup and its affiliate health plans have seen positive results from MTM programs, including:

- Members enrolled in MTM show improved medication adherence rates
- Participants experienced reduced gaps in care and overall safer, more effective medication regimens
- Providers showed willingness to take action on sound clinical recommendations
- Collaboration that leads to healthier and engaged members and engaged providers

In Louisiana, we impacted a variety of disease states through our MTM program. Figure Q.5-1 illustrates disease categories affected through MTM interventions.

MTM produces a number of successful outcomes. Pharmacists have access to a structured clinical framework that facilitates discovery of potential clinical issues while documenting their interventions. The relationship between member and pharmacist is strengthened by this more systematic approach to pharmaceutical care.

Improving Outcomes for Attention Deficit Hyperactivity Disorder

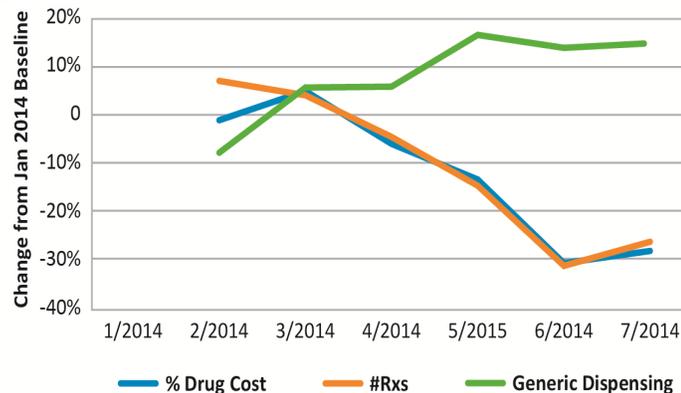
Pharmacy and utilization data revealed a significant number of higher volume prescribers of Attention Deficit Hyperactivity Disorder (ADHD) medications, particularly from specialty providers who do not typically treat ADHD or related disorders. As a result, we designed an intervention program in Louisiana that included:

- Visitation by a pharmacist to meet face-to-face with prescribers and work with them to improve adherence to clinical practice guidelines, promote lower cost alternatives, and address any administrative issues the prescribers might have
- Web-based education on ADHD clinical practice guidelines to promote easy access and reach a wider audience of prescribers

The program ran February – July 2014. **More than 20 prescribers were visited during that period.** Our clinical pharmacist visited high-volume psychiatrists; pediatricians; OB-GYNs; eye, ear, nose and throat specialists; allergists; and a number of family practice physicians to discuss their use of guidelines for prescribing these medications.

As a result of the intervention, the number of ADHD medication claims decreased, the cost of the ADHD medications as a percentage of total drug costs decreased, and the generic dispensing rate increased (see Figure Q.5-2). As reported by the clinical pharmacist, the face-to-face visits also helped increase awareness among providers about using clinical practice guidelines for prescribing ADHD medications.

Figure Q.5-2 The Effect of Provider Education on ADHD Results



Pharmacy Lock-In

While effectively prescribed and managed medications can offer our members relief from chronic pain, treat disease, and help them maintain independent lives in their communities; inappropriate therapy can result in increased morbidity or mortality.

If we identify potentially abusive or dangerous behavior, members may be restricted to a specific pharmacy for all medication fills. Consideration for lock-in is based on use of multiple pharmacies or multiple controlled substances and/or prescriptions from multiple prescribers, particularly when a supporting diagnosis or medical claim is lacking. Lock-in can occur only following review of the member's profile by a pharmacist. A lock-in may also occur when a member is receiving drug therapy from multiple prescribers and multiple pharmacies indicating uncoordinated care. Locking the member into a single pharmacy alerts all prescribers and the pharmacy of the coordination issues. The restriction is implemented to promote the member's safety through coordination of care. The program is based on the member's utilization of providers, medications, and pharmacies, as well as requests by a provider, outside agency, health plan, or in cases of fraud and abuse.

Demonstrated Outcomes with Our Lock-In Programs

In Louisiana and 13 other states, Amerigroup's lock-in programs offer a variety of tools, resources, and supports that have helped reduce inappropriate member utilization, decrease adverse drug events, minimize the risk of medication abuse and misuse, and achieve cost savings.

Our Louisiana lock-in program meets all applicable DHH and federal requirements. We recently modified it to comply with new requirements in the Lock-In Guidelines for the Prepaid Plan. The plan can now produce a list of three acceptable pharmacy providers for members to choose from as their lock-in pharmacy.

While our Louisiana lock-in program is designed to meet DHH-specific requirements, our affiliate plans' lock-in programs (Table Q.5-1) in other states provide us with additional resources and experience that we can leverage to enhance our local program.

Table Q.5-1. Amerigroup Affiliates' Lock-In Programs

State	Lock-In Program
Florida	Pharmacy
Georgia	Pharmacy & prescriber
Kansas	Pharmacy, prescriber, hospital
Kentucky	Pharmacy, prescriber, hospital
Maryland	Pharmacy & prescriber
New Jersey	Pharmacy & prescriber
New York	Pharmacy, alternative pharmacy, primary care physician, physician group, nurse practitioner, clinic, durable medical equipment supplier, dental, dental clinic, podiatry, outpatient hospital, hospital
Nevada	Pharmacy
South Carolina	Pharmacy
Texas	Pharmacy
Virginia	Pharmacy
Washington	Pharmacy
West Virginia	Pharmacy

Our lock-in programs have enhanced patient safety, improved coordination of care, and promoted effective oversight by:

- Preventing serious adverse drug events by minimizing members' use of multiple pharmacies and/or physicians in a short timeframe
- Providing appropriate medical oversight and management that facilitates care coordination and connects members with the most appropriate services to meet their needs
- Using a non-judgmental structure so that members can continue to obtain needed care from qualified practitioners
- Identifying opportunities to address health concerns and potentially inappropriate prescribing patterns

When we identify patterns that fall outside the norms or receive a referral, we are quick to correct the situation and also educate our members on the appropriate use of benefits and services available to them through Amerigroup. Members are identified by either:

- **Data Review:** We will review existing data and establish any necessary reporting that enables us to identify patterns of behavior that are outside of the norm. We currently review a monthly identification report using pharmacy claims data. For example, routine review of utilization data will identify patterns of overutilization, while anti-fraud software may help us identify cases of member fraud and abuse. A typical criterion would be to select members with two or more providers and pharmacies, five or more controlled substances with three or more opiates in the last 45 days.
- **Referral:** We can receive referrals via multiple avenues that can include mail, telephone, in-person contact, email, Internet, Intranet, or the Amerigroup compliance hotline. Referrals can come from members, providers, employers, law enforcement agencies, and professional organizations. As an example, a provider may call to report a member who continuously sees multiple similar providers.

In addition, we link members to the most appropriate providers, facilities, and community resources that can offer substance abuse and pain management interventions, as appropriate.

Louisiana’s Lock-In Program Results

Our Louisiana lock-in program has helped reduce inappropriate utilization of emergency departments and inpatient admissions, as well as decrease the risk of medication abuse/misuse and adverse drug events.

Performance metrics for the Louisiana lock-in program are presented in Table Q.5-2. For the 11-month period from September 2013 to July 2014, it saved \$90,326. This represents a savings of \$15.65 per enrolled lock-in member per month. During this same time, drug costs averaged \$82.16 per enrolled member per month. This compared favorably to our national savings average of \$15.14 for all our markets using lock-in.

Table Q.5-2. Louisiana Lock-in Outcomes: 11 months

Month	Savings	Lock-in Members	Utilizing Lock-in Members	Savings/ Lock-in Member	PMPM Savings
9/2013	\$2,841	184	131	\$15.44	\$0.022
10/2013	\$4,760	186	143	\$25.59	\$0.037
11/2013	\$19,574	386	290	\$50.71	\$0.152
12/2013	\$6,597	387	279	\$17.05	\$0.051
1/2014	\$5,826	409	271	\$14.25	\$0.046
2/2014	\$1,394	519	304	\$2.69	\$0.011
3/2014	\$4,397	594	354	\$7.40	\$0.034
4/2014	\$5,995	674	390	\$8.89	\$0.047
5/2014	\$7,828	737	423	\$10.62	\$0.061
6/2014	\$17,231	813	424	\$21.19	\$0.136
7/2014	\$13,881	884	477	\$15.70	\$0.108
Average	\$8,211	525	317	\$15.65	\$0.064
Total	\$90,326	5,773	3,486		

Q.6 Behavioral Health Medications Educational Initiatives

Q.6 Describe at least 2 and no more than 4 existing or proposed educational initiatives the PBM or MCO will take regarding the use of Behavioral Health Medications (including ADD/ADHD), treatment of infectious diseases, diabetes and the treatment and control of diabetes or asthma

Amerigroup will work to make medication and prescribing information available to providers as part our educational initiatives. Education and outreach activities will focus on the importance of medication adherence in managing conditions such as ADHD, diabetes, or asthma.

Attention Deficit Hyperactivity Disorder: Improving Member Safety and Health Outcomes via Education

We recognize that, in Louisiana, much attention has been focused on potentially inappropriate use of stimulants in children. Factors, such as high demand from schools and parents, coupled with behavioral health specialist access issues, particularly in rural areas, may contribute to this issue. In the first quarter of 2014, there were more than 450 prior authorization requests for stimulants. In addition, through our data analysis, we have seen an increase in college-age females (18-24 years old) who are now being diagnosed with ADHD.

Our PBM's national report *Turning Attention to ADHD: U.S. Medication Trends for Attention Deficit Hyperactivity Disorder (March 2014)* also supports these findings. Louisiana had the second highest rate of ADHD drug utilization in the country, with 4.7 percent of the population taking ADHD medication. Louisiana also stood out for having the highest number of older girls and young women being treated for ADHD. In 2012, 7.8 percent of girls aged 12-18 were on ADHD medication, while 8.0 percent of 19-25 year olds were taking these medications – nearly double the number of females their age receiving them nationwide.

To address this issue, we will expand our ADHD initiative (as described in Q.5) by strengthening our outreach and education to identified specialty prescribers of ADHD medications who do not typically treat ADHD, such as OB/GYNs. We will continue to promote the use of current ADHD clinical practice guidelines and will have a pharmacist meet face-to-face with prescribers to provide education and encourage use of guidelines.

Additionally, we will incorporate further outreach and education by identifying all higher volume prescribers of ADHD medications (particularly specialists who do not typically treat ADHD) and send an outreach letter that contains a list of their patients currently those medications, the drug prescribed, and their listed specialty. The letter will also include the most up-to-date clinical practice guidelines on ADHD from the American Academy of Pediatrics.

Hepatitis C: Improving Member Safety and Health Outcomes via Education

Amerigroup recognizes the high prevalence of hepatitis C in Louisiana and the high cost of medications available to treat it. As part of our fully integrated case and disease management programs, we will work to offer solutions that empower members and providers through information, education, and resources to help them adhere to treatment plans and take their medications as prescribed. With many available treatment options depending on the individual's unique situation, it is crucial that members understand and adhere to their individual treatment plans.

Through specially-trained pharmacists and pharmacy staff, we will provide personalized outreach consultation to members and their providers, with the primary goal of assuring completion of therapy. Additionally, we will help educate and manage members' care; including assessing and addressing any drug interactions, potential side effects of medication, contraindications, and possible co-morbid concerns, through targeted reviews where appropriate.

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