

# Quality Assurance

*Our Medicare Advantage Plans with Prescription Drug Coverage have a number of programs designed to help ensure that our members receive appropriate medical care that meets their needs and safe and appropriate prescription drugs.*

## Medical Utilization Management Programs

Members of our professional medical staff will review some of the medical care proposed by your doctors to determine whether it meets criteria for covered health care benefits as defined in your Evidence of Coverage and by applicable Medicare and Anthem guidelines.

Additionally, our staff may help you coordinate your care in order to maximize your benefits and help you access the care you need. These activities are called “utilization management.” For our Medicare Advantage plans, our Utilization Management (UM) programs include:

- Preadmission Certification
- Concurrent Review and
- Case Management.

### Preadmission Certification

Preadmission certification is the process of obtaining approval in advance of care. Advance approval may be necessary to receive coverage for certain medical care, such as non-emergency hospital admissions, outpatient tests, outpatient surgery, visits to specialists, home health visits, or nursing home admissions.

Your primary care physician plays a central role in this process. Your physician may request preadmission certification from our precertification department by calling, faxing, or mailing the request to us. One of our precertification nurses will then review the diagnosis and procedures for medical appropriateness under the terms of your coverage.

If the nurse can certify the service, the request will be authorized. If the service cannot be initially certified, the nurse will refer your physician’s request to one of our physician reviewers for a decision. The physician reviewer may consult with your physician during the review process.

Our precertification decisions are made using Medicare coverage criteria and guidelines. In addition, we use nationally recognized clinical guidelines, such as Milliman Care Guidelines, for medical necessity review, as well as internally developed clinical criteria. The Medicare guidelines, national clinical guidelines, and internally developed criteria are available to physicians upon request for specific precertification decisions.

## **Concurrent Review**

Our Utilization Management staff monitors hospital care during an inpatient stay. This is designed to help make sure that our members receive care that is medically necessary, as defined in their Evidence of Coverage.

During the concurrent review process, the nurse may review patient charts and conduct face-to-face interviews with the patient (if appropriate), family members (if available) and hospital staff. Concurrent review also facilitates discharge planning for the member. In addition, the nurse may help arrange post-hospital care, including help with nursing home placement, home health care, and obtaining durable medical equipment.

## **Case Management**

Case management is a collaborative process between the member, the member's physician(s) and other individuals involved in the member's care. Case management works to assess, develop, implement, coordinate, monitor and evaluate plans designed to optimize the member's health care benefits.

Through phone calls and written communication, the case manager empowers the member to exercise benefit options appropriate for the member's individual health needs. The Case Managers help the primary care physician coordinate benefits and care for members with complex and serious medical conditions.

A Case Manager:

- Collects and analyzes data about actual and potential member benefit needs, to help develop a case management plan. This is accomplished through interaction with the provider(s) and family members.
- Makes an assessment by gathering not only benefit information, but also information about cognitive status, medication management, social support, nutritional status, emotional status, and environmental and care access issues.
- Develops a case management plan in collaboration with the member and provider and specifies individualized goals and interventions to meet the needs of the member based on the member's benefits.
- Monitors the interventions to ensure that the case management plan is effective and to determine whether revisions or modifications are needed. Evaluation is ongoing during the coordination and monitoring phases to determine whether the plan is being implemented and if desired outcomes are being achieved.

Case management seeks to contribute to the optimal health, function, coverage and satisfaction of our members.

# Drug Utilization Management

Our plans with prescription drug coverage have additional requirements for coverage or limits on coverage for certain prescription drugs. These requirements and limits ensure that our members use these drugs in the most effective way and also help us control drug plan costs. A team of doctors and pharmacists developed these requirements and limits to provide quality care to our members. Our utilization management tools include the following:

- **Prior Authorization:** Our plans require you to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescription. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, we limit the amount of the drug that we will cover per prescription or for a defined period of time.
- **Generic Substitution:** When there is a generic version of a brand-name drug available, our network pharmacies will automatically give you the generic version, unless your doctor has told us that you must take the brand-name drug. You can find out if your drug is subject to these additional requirements or limits by looking in the formulary for your plan. If your drug does have any of these additional restrictions or limits, you can ask us to make an exception to our coverage rules. For information about an exception, please see the Grievance and Appeals Information on this website or in your Evidence of Coverage.

## Drug Utilization Review

We conduct drug utilization reviews for all of our members to make sure that they are receiving safe and appropriate care. These reviews are especially important for members with more than one doctor who prescribes their medications. We conduct drug utilization reviews each time you fill a prescription and on a regular basis by reviewing our records. During these reviews, we look for medication problems, such as:

- Possible medication errors
- Duplicate drugs that are unnecessary because you are taking another drug to treat the same medical condition
- Drugs that are inappropriate because of your age or gender
- Possible harmful interactions between drugs you are taking
- Drug allergies
- Drug dosage errors.

If we identify a medication problem during our drug utilization review, we will work with your doctor to correct the problem.

## Medication Management Programs

We offer medication management programs for members who have multiple medical conditions, who are taking many prescription drugs, or who have high drug costs. These

programs were developed by a team of pharmacists and doctors. We use these medication management programs to help us provide better care for our members. For example, these programs help us to make sure that our members are using appropriate drugs to treat their medical conditions and help us to identify possible medication errors.

We offer several medication management programs, including those listed below.

- Member Education Program – designed to help members and/or their providers, improve therapy outcomes by increasing member awareness of the diseases, medications and self-care strategies.
- Medication Compliance Program - designed to help the member, and/or their providers, improve therapy outcomes by improving medication adherence and persistency for members who are at risk for late refills due to their high number of prescriptions.
- Polypharmacy Program – designed to help members, and/or their provides, increase the safety and continuity of pharmaceutical care.
- Potential Underutilization of ACEI/ARB Program – designed to help members, and/or their providers, improve therapy outcomes by encouraging awareness and clinically proven use of ACEI/ARB in diabetic patients.
- Questionable Narcotic Utilization Program –designed to help members, and/or their providers, improve therapy outcomes by increasing awareness of clinically recognized and proven use of narcotic medications.
- Web-Based Health Management Program – designed to help members, and/or their providers, improve therapy outcomes by providing disease-specific, member-driven web-based education and lifestyle management tools that encourage clinically recognized and proven health behavior change.
- Potential Underutilization of Beta Blockers Post Myocardial Infarction – designed to help members, and/or their providers, increase therapy outcomes by encouraging the clinically recognized and proven use of Beta blockers following a myocardial infarction event.
- Potentially Inappropriate Medications in the Elderly Program – designed to help providers increase therapy outcomes by increasing awareness of clinically recognized and, where available, scientifically validated issues regarding certain medication use in the elderly.

## **Other Programs**

On a monthly basis, we will identify our members who meet **all** of the following criteria:

- a) Those likely to incur greater than \$4,000 per year in total drug spending. For members who have less than one full year of claims experience available, those who have at least \$1,000 in pharmacy costs within 3 months will be included.

b) Those who have at least 2 or more chronic diseases as identified by using pharmacy claims data. Target diseases will include: dyslipidemia, cardiovascular diseases, lung disease, depression and diabetes mellitus. Target diseases are subject to change based on the disease prevalence of our members.

c) Those who use at least 3 or more Part D covered medications for the chronic diseases listed in “b” above.

To learn more about our medication management programs, or to join a program, please call Customer Service at the phone number shown on this website and in your Evidence of Coverage.