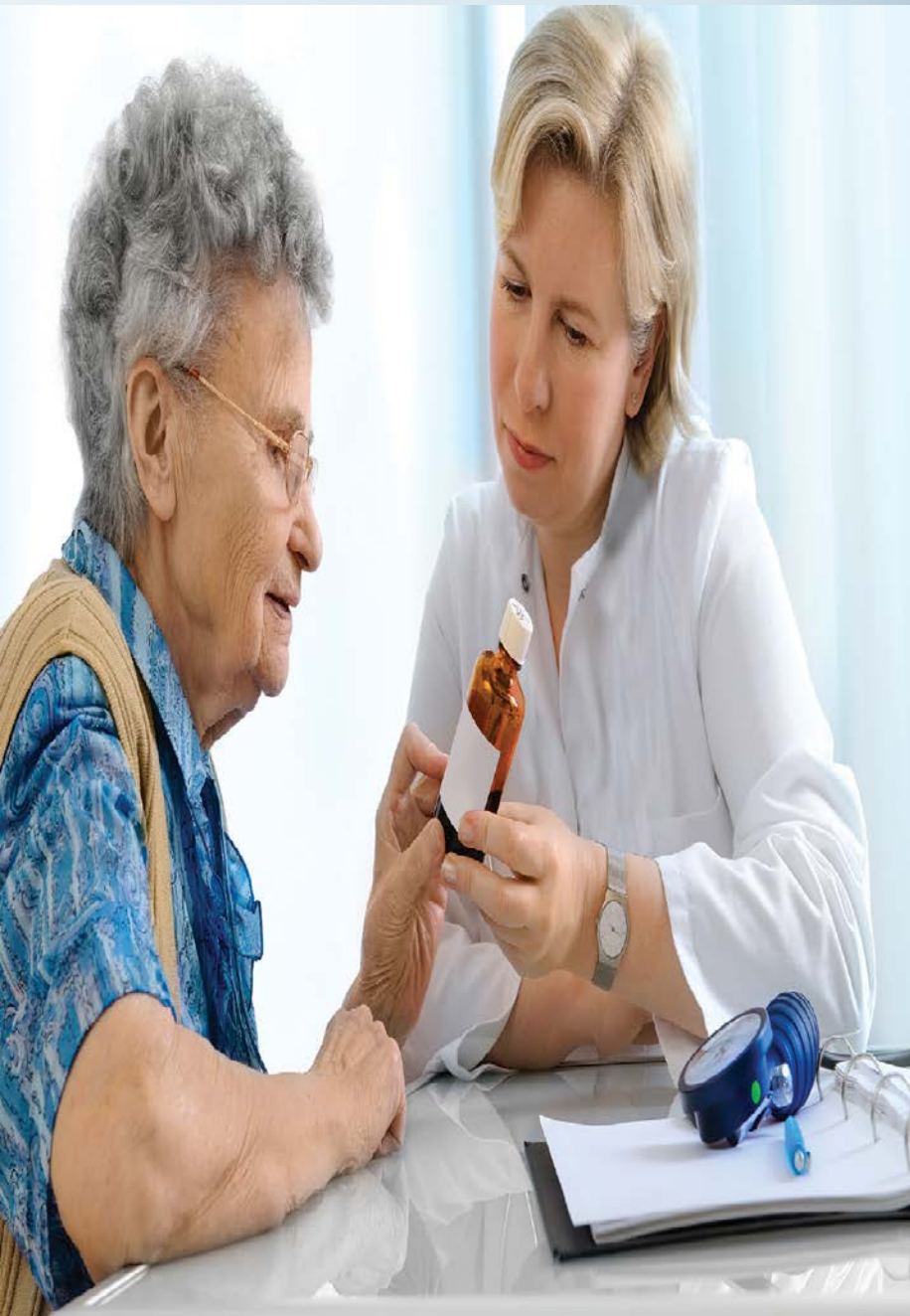# The Rapidly Changing World of Medicaid: Opportunities and Pitfalls for Payers, Providers and States

Beyond the Basics: The Future in Medicaid Pharmacy Management and Pharmaceutical Care

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- One of the challenges confronting the U.S. health care system is delivering high-value, effective therapies and clinical services that provide the best health outcomes.

- One of the greatest barriers to improving quality and reducing costs within the US healthcare system is the misuse, underuse, and overuse of medications.

- Medications are the cornerstone of treatment and prevention of chronic illness, and estimates of savings that can result from more optimal medication use exceed $200 billion annually.

- Engaging costly patients with chronic illness in care improvement efforts has proven challenging.

- One solution is enhancing the role of pharmacists, who are accessible to patients and experts in medication management.

NC DHHS Silent Period In Effect

- Session Law 2018-249 directs the Department of Health and Human Services to issue a request for proposal (RFP) for Medicaid Managed Care Prepaid Health Plans (PHPs) by August 21, 2018. Therefore, DHHS is in a silent period through the award of the PHP contracts.

- During the silent period, please note that Department employees may not discuss the PHP RFP. However, discussions on other topics may continue to be held as part of the normal course of business. This includes discussions related to issues of interest to DHHS and other health care stakeholders (e.g., the opioid crisis or promoting childhood vaccination), even if those topics may be in some way reflected in the RFP, provided that the discussions do not address the PHP RFP in any way.

- Please direct procurement related inquiries regarding the PHP RFP or Medicaid Managed Care PHPs to Kimberly Kilpatrick, Contract and Compliance Specialist.

Thank you for helping DHHS ensure all respondents have a fair and equitable opportunity to submit a proposal to be part of Medicaid Managed Care in North Carolina.

Community Pharmacies That Focus on PATIENTS Instead of PRESCRIPTIONS

- Community pharmacies have a significant role to play in the care of high risk Medicaid beneficiaries with multiple chronic medical and/or behavioral health conditions

- A network of community pharmacies who would agree to provide enhanced services and coordinate care with the broader care team

- In addition to providing Medicaid beneficiaries with high quality, high integrity dispensing services, enhanced services that go beyond dispensing medications are necessary to provide comprehensive care management

- These enhanced pharmacy services aim to address social determinants of health that impact medication use and improve the beneficiary's ability to self-manage a complex medication regimen

https://vimeo.com/264737304

Community Pharmacy Enhanced Services - Return on Investment

- The program appears to lower the rate of medication-sensitive hospitalizations (1.9% month-over-month decrease)

- Enrollees who received a Comprehensive Initial Pharmacy Assessment (CIPA) intervention, when compared to all Medicaid enrollees, spent $15 million less than predicted over the first two years of the program and had lower rates of hospitalizations and ED visits

- Enrollees who received a CIPA intervention had higher rates of medication adherence at baseline (absolute 8-11% difference), which may be due to higher levels of service provision before the CIPA was delivered

- Enrollees who received a CIPA intervention, when compared to a matched set, had lower outpatient medical spending (-4.83 month-over-month decrease) and prescription drug spending ($3.70 month-over-month decrease)

Medicaid Reform in North Carolina

Efforts to create more value in North Carolina Medicaid are currently underway. In September 2015, then Governor Pat McCrory signed House Bill 372, titled "An Act to Modernize and Stabilize North Carolina's Medicaid Program through Provider-Led Capitated Health Plans." This legislation, also known as "2015 Medicaid Modernization," laid out four key goals for Medicaid and Health Choice reform:

1. Ensure budget predictability through shared risk and accountability

2. Ensure balanced quality, patient satisfaction and financial measures

3. Ensure sufficient and cost-effective administration systems and structures

4. Ensure a sustainable delivery system through the establishment of two types of prepaid health plans (PHPs): provider-led entities (PLEs), and commercial plans (CPs)

NC Medicaid Reform References to CPESN Networks

MARCH 2016 NC DHHS INITIAL WAIVER DRAFT
Community Pharmacy Enhanced Services Network (CPESN) pharmacies would be embedded within the Primary Care Health Community. These pharmacies provide enhanced pharmacy services that go above and beyond conventional prescription dispensing and basic patient education. Enhanced services include interventions such as synchronization of patient's chronic medication fill dates, adherence monitoring and coaching, compliance packaging, and home delivery. Additionally, these pharmacies offer pharmacy care management services in close collaboration with the comprehensive medical home and their care management supports to engage in continuous care plan development and reinforcement.

AUGUST 2017 NC DHHS WHITE PAPER ON REFORM EFFORTS
Community Pharmacy Programs. DHHS is exploring opportunities to leverage pharmacists and technicians to help screen, identify, and link to care individuals with, or at risk of developing substance use disorders. DHHS will consult with the CPESN when developing strategies that Advanced Medical Home care teams can implement to prevent opioid abuse.
PHPs shall develop clinical programs to support pharmacy quality measures and that are consistent with the CPESN and other DHHS and Primary Care Case Management pharmacy program initiatives when developing pharmacy clinical programs.

DISCUSSION/QUESTIONS