

PHARMACY *update*

Ontario Edition

OCTOBER 2018

VALUE-BASED PHARMACY EXPANDS TO PROVIDE INFORMATION TO PATIENTS

In 2017 Green Shield Canada (GSC) launched the GSC Value-based Pharmacy initiative, designed to help pharmacies across Canada gain insight into areas of patient care where they're already doing well and areas where they can improve.

Our first step was to measure pharmacy performance, assess it against a set of validated metrics, and share that information with pharmacies via monthly Patient-Impact Scorecards. This past August we moved into phase two of the Value-based Pharmacy initiative by adding a new overall score (also called the pharmacy quality rating) to the scorecard. This overall score is a composite score of all applicable quality measures; the details about how it's calculated were provided in GSC's August 2018 Pharmacy Update. We're now ready to start sharing the overall score with GSC plan members through our secure Online Services web platform and mobile app.

Improving plan member health

This fall we will be adding a new feature to GSC's Online Services and mobile app that will allow plan members to search for pharmacies near their physical location and will show them the pharmacy quality rating – from one to five stars – for those pharmacies. This will allow plan members to choose a pharmacy based on both location convenience and quality of care. Any pharmacies that do not qualify for a star rating will still show up on our search tool but the quality rating will show as N/A – not available.

As always, GSC's goal is to improve access to better care for our plan members; in providing the Pharmacy Quality Rating we want to help plan members make informed decisions around how well a pharmacy will be able to support them in achieving their health goals. It is an additional piece of information to consider when making a choice of pharmacy to visit.

Reminder – Transition to the EQuIP™ platform

The monthly distribution of Patient-Impact Scorecards from GSC will end in December 2018. After this time, pharmacy performance information will only be available through Pharmacy Quality Solutions (PQS). PQS partnered with GSC to develop the Patient-Impact Scorecard and is responsible for calculating pharmacy performance scores.

PQS provides access to pharmacy performance information through the subscription-based platform EQuIP™ (or Electronic Quality Improvement Platform for Plans and Pharmacies). EQuIP™ is a web-based platform

providerConnect® is your online resource

providerConnect is GSC's web portal for health service providers in Canada. It gives you convenient access to forms, pharmacy manuals and guides, health coaching program information, and many other tools and resources all in one place.

Not acquainted with providerConnect yet? Register today at providerconnect.ca.

that displays performance information along with opportunities for improvement, and it offers more pharmacy performance data than shown on the Patient-Impact Scorecard.

To subscribe and gain access to EQuIPP, contact your corporate office or visit www.equipp.org to submit your inquiry using the “Support” link (located in the top and bottom right corners). If you are part of a retail pharmacy banner, please include this information in the inquiry to help expedite the process.

GSC CHANGING PROCESS FOR ONTARIO SENIORS PRESCRIBED EAP-ELIGIBLE DRUGS

Effective December 1, 2018, GSC will require seniors, age 65+, who are currently receiving drugs available under the Exceptional Access Program (EAP) to have their physician submit an EAP-funding request for the drug. The EAP will then send a letter back to the physician indicating whether the request is approved or denied. Pharmacists should ask to see this documentation before submitting EAP-eligible drug claims to GSC.

When a claim for a drug available from the EAP is adjudicated, GSC will deny the claim and the pharmacy will receive a CPhA message “QQ – drug ineligible – specialty program drug.” A request for funding must be submitted to the EAP by the prescriber. Should a plan member meet the criteria for coverage and EAP funding is approved, then the claim must be submitted to the Ontario Drug Benefit (ODB) program. However, if the plan member does not meet the criteria for EAP funding, there are intervention codes that can be used depending on the scenario. Please refer to the table below.

Scenario	Here's what you do
The plan member has applied to the EAP and funding has been approved.	Submit the claim to ODB before coordinating with GSC.
The plan member has applied to the EAP and funding has been denied.	Submit the claim to GSC using intervention code: DW = applied to provincial plan and rejected.
The plan member has not applied to the EAP.	Advise the patient and prescriber to submit a request for funding to the EAP and submit the claim to GSC using the intervention code: DX = applied to provincial plan, decision pending. Use of this intervention code will trigger a 60-day grace period to allow the patient to receive treatment while awaiting an EAP funding decision. Subsequent claims during the 60-day grace period will not require an intervention code. Once 60 days have passed, GSC will not allow any further claims. Note that if the drug also requires approval from GSC and prompt treatment initiation is required, advise the patient and prescriber to apply to both the EAP and GSC simultaneously. Once GSC has approved the drug, submit the claim to us using the above intervention code if the EAP funding decision is still pending.
The plan member has applied to the EAP and is awaiting a decision.	Submit the claim to GSC using intervention code: DX = applied to provincial plan, decision pending. Use of the intervention code will trigger a 60-day grace period to allow the plan member to receive treatment while awaiting an EAP funding decision. Subsequent claims during the 60-day grace period will not require an intervention code.
The plan member is not eligible for the ODB seniors' program	Submit the claim to GSC using intervention code: DY = not eligible for provincial plan coverage.

To address the potential need to override multiple GSC prescription policies or programs for a claim (e.g., trial prescription program, vacation supply, maintenance policy, high-cost drug), two additional CPhA standard intervention codes (SW and SX) are available in the following scenarios.

Scenario	Here's what you do
The plan member has applied to the EAP and funding has been denied, plus another GSC program needs to be overridden (e.g., trial prescription program, vacation supply, maintenance policy, high-cost drug).	Submit the claim to GSC using the intervention code: SW = rejected by provincial plan. Bypass other programs.
The plan member has not applied to the EAP, plus another GSC program needs to be overridden (e.g., trial prescription program, vacation supply, maintenance policy, high-cost drug).	<p>Advise the patient and prescriber to submit a request for funding to the EAP and submit the claim to GSC using the intervention code: SX = pending provincial plan. Bypass other programs.</p> <p>Use of this intervention code will trigger a 60-day grace period to allow the patient to receive treatment while awaiting an EAP funding decision. Subsequent claims during the 60-day grace period will not require the SX intervention code. Once 60 days have passed, GSC will not allow any further claims.</p> <p>Note that if the drug also requires approval from GSC and prompt treatment initiation is required, advise the patient and prescriber to apply to both EAP and GSC simultaneously. Once GSC has approved the drug, submit the claim to us using the above intervention code if the EAP funding decision is still pending.</p>
The plan member has applied to the EAP and is awaiting a decision, but another GSC program needs to be overridden (e.g., trial prescription program, vacation supply, maintenance policy, high-cost drug).	<p>Submit the claim to GSC using the intervention code: SX = pending provincial plan. Bypass other programs.</p> <p>Use of the intervention code will trigger a 60-day grace period to allow the plan member to receive treatment while awaiting an EAP funding decision. Subsequent claims during the 60-day grace period will not require the SX intervention code.</p>

Please note that a patient who does not qualify under EAP-funding criteria may need to qualify for coverage under GSC's special authorization criteria.