

Commonwealth of Virginia Department of Medical Assistance Services Fiscal Agent Services Pharmacy Services Operations Manual

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Revision History

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4. Introduction

4.1. Purpose

This manual specifies the policies and procedures of Pharmacy Services in its role to support the Commonwealth of Virginia's Medicaid program including the Virginia Medicaid Management System (VA MMIS). Each pharmacy operational function is detailed to efficiently and securely handle the Virginia Medicaid Pharmacy Operations processes. The duties performed by the Pharmacy Services staff are vital to the operations as Fiscal Agent for the Virginia Medicaid Program.

4.2. Pharmacy Services Overview

Pharmacy Services performs a variety of functions all relating to all pharmacy operations functions (e.g., ProDUR, RetroDUR adhoc reporting, GA mandatory changes, PDL changes, program changes, etc.). The Pharmacy Clinical Manager works closely with the DMAS RetroDUR Pharmacist and the DUR Board to meet monthly patient profile review deliverables, expand the DUR Board review activities, support all adhoc reporting requests and provide other pharmacy operational support.

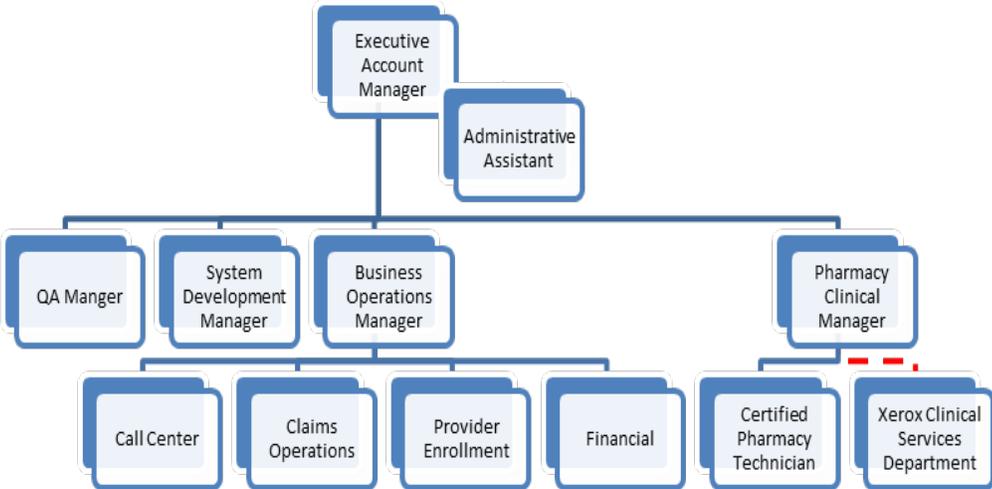
4.3. Staffing Overview

The Pharmacy Clinical Manager is responsible for the performance of the various departmental tasks. The Pharmacy Clinical Manager reports to the Executive Account Manager. The Pharmacy Clinical Manager will be supported by a dedicated certified pharmacy technician as well as FA's Business Analytics and Outcomes, Operations, and Clinical Management Services departments. These departments and respective staffing are not dedicated to VAMMIS and do not report to the Pharmacy Clinical Manager. The following briefly described support each FA department will provide.

- Business Analytics and Outcomes – when new RetroDUR criteria are approved by the DUR Board, the Pharmacy Clinical Manager will coordinate the writing and validation of clinical criteria into FA's clinical rules engine.
- Operations – create and mail providers based on the DUR review panel recommendations
- Clinical Management Services – assist in new criteria development and criteria updates as directed by the DUR Board. The RetroDUR Coordinator will coordinate topics to be presented to DMAS and the DUR Board on a quarterly basis and may also provide subject matter expert support at DUR Boards or to the DMAS RetroDUR Pharmacist.

The following illustrates the relationship of the Pharmacy Clinical Manager to the Fiscal Agent Services (FAS) management team and support personnel to the Pharmacy Clinical Manager.

FAS Management Organizational Structure



4.4. Job Description

4.4.1. Pharmacy Clinical Manager

The Pharmacy Clinical Manager is assigned various responsibilities in such a manner that all departmental tasks can be performed efficiently on a daily basis. These responsibilities are also assigned to allow the Pharmacy Clinical Manager to complete her/his work accurately and with strict attention to security. To allow for flexibility within the department and ensure DMAS has access to a broad base of clinical expertise. In addition to the dedicated pharmacy technician, the Pharmacy Clinical Manager will also be supported by FA's Clinical Services Department. This also allows for staff absences due to vacation or illness. Following is the specific job description for the Pharmacy Clinical Manager position:

The Clinical Pharmacy Manager is responsible for supporting ProDUR, RetroDUR, provider profiling, and ad hoc reporting to improve or maintain the quality of care while reducing the overall cost of care when possible, identifying potential improvements and initiatives that could lead to improving drug therapy and/or cost savings, improvements for providers of services, or other positive changes, and assisting in evaluating the effectiveness of interventions.

Responsibilities include:

- Assist with the development and maintenance of pharmacy programs as they relate to RetroDUR and PRODUR
- Maintain and enhance ProDUR edits (e.g., early refill, dose optimization, high dollar billing review) and report on program results and cost savings
- Research, coordinate, and resolve drug claims processing problems and take appropriate corrective action that includes reprocessing payment requests as a result of problems
- Support quality assurance reviews of drug claims processing functions
- Manage the operational functions for RetroDUR reporting including developing and maintaining RetroDUR therapeutic criteria, and running quarterly reports and profiles
- Produce, review, and present outlier quarterly provider profiles with suggested letters, exception detail reports, response sheets, and provider report cards if requested by DMAS.
- Develop new DUR initiatives to ensure the proper use of medications
- Facilitate and support the expansion of DUR Board review activities such as Behavioral Health
- Provide qualitative and quantitative analysis of impact of the RetroDUR program
- Run ad hoc reports
- Support DUR Board activities (e.g., lead the DUR Board meetings, write and distribute minutes)
- Attend client P&T Committee meetings
- Produce and coordinate a comprehensive CMS Annual DUR Report
- Compile Pharmacy Program statistics as required by DMAS
- Support and provide program information and guidance to the pharmacy technical call center as well as the member and provider call centers.
- Other duties as assigned

4.4.2. Pharmacy Technician

The pharmacy technician will support and assist the clinical manager with the following:

- Maintenance of Prospective Drug Utilization Review (ProDUR) criteria base and Retrospective (RetroDUR) criteria base.
- Preparation of the monthly, quarterly and annual DUR reports
- Assists pharmacy manager with utilization and trending reports
- Prepares the materials for the quarterly DUR Board meetings
- Prepares minutes for DUR Board and other client meetings

- Provides claims research and call center inquiry support.
- Performs other duties as required.

4.5. Routine Desk Procedures

Task	Frequency	Description	Responsible Party
Call Center Support	As needed	Answer questions escalated by call center which may include claims research and/or explanation of programs	Pharm Tech/Clin Mgr
Ad hoc reports	As needed	Using Cognos Reporting tool (also called ESS)	Pharm Tech/Clin Mgr
Benefit Master File (BMF) Internal Spreadsheet	As needed	Updates are performed by the pharmacy technician after completion of VAMMIS MSR coding entries into Production.	Pharm Tech

Henderson Call Center Metric Monitoring	Weekly	Review and highlight any issues in the weekly stat reports as well as the audio recordings	Pharm Tech
FDB GCN Updates	Weekly	Use the FDB reports to update ProDUR Late Refill (LR) criteria; make BMF coding recommendations to DMAS and to maintain a list of new drugs for review at DUR Board meetings. Clinical manager will review all late refill criteria updates made by technician and any BMF MSR recommendations before submitting to DMAS.	Pharm Tech
FDB AlertSpace Clinical Modules	Weekly	Review weekly criteria updates for any changes that make affect DMAS's settings	Clin Mgr
DMAS/FA Managers' Status Meetings	Weekly	Prepare weekly status report slide and submit to Teaka Manley each Tuesday morning. Weekly meeting with DMAS held each Wednesday, 3:00 to 5:00pm. Locations rotate between DMAS and Boulders.	Clin Mgr

ProDUR Monthly Summary Report	Monthly	Pharmacy technician will compile the monthly ProDUR reports generated in Cognos and ECM into a summary document containing both text and spreadsheets and send to Rachel Cain at DMAS. this report must be done as soon as all reports are available. The reports are generated on the 4th of each month. Once summary is sent to DMAS, then save the email to report in your monthly SLAs. Per the contract, the ProDUR report is due to DMAS by the 10th of each month but our QA department requires it before that date if possible.	Pharm Tech
RetroDUR Activity	Monthly	RetroDUR activities are performed on DMAS-approved topics each month. Profiles must be generated and distributed to the pharmacist consultants (aka reviewers) by the 15th of each month.	Clin Mgr
RetroDUR Monthly Report	Monthly	Summary report of the most recently completed activity. A compilation of a text summary and reports generated by Anson Williams and Felicia Pollard. Send completed report to Rachel Cain. Then save email for monthly SLA reporting. Per the contract, the RetroDUR report is due to DMAS by the 10th of each month but our QA department requires it before that date if possible.	Clin Mgr
RetroDUR Consultant Invoices	Monthly	Review, approve and submit invoices to accounts payable each month for RetroDUR services performed by consultants.	Pharm Tech

Service Level Agreements (SLAs)	Monthly	Post submitted ProDUR and RetroDUR emails (containing the monthly reports) on the Z drive in the VAMMIS SLA folder maintained by Naishad Shah.	Pharm Tech
Antipsychotic (AAP) Report	Monthly	Using the autogenerated AAP report, maintain the running excel spreadsheet used in the quarterly DUR Board materials	Pharm Tech
Pharmacy Meeting with DMAS	Monthly	On site meeting at DMAS with the DMAS Pharmacy Manager and DMAS DUR clinical pharmacist. FA clinical manager will prepare the agenda and send out to attendees. Pharmacy tech will prepare the minutes of each meeting. Meeting minutes distributed to the attendees and posted on SharePoint.	CM/Pharm Tech
DUR Board Meetings	Quarterly	Clinical manager will prepare the new drug monographs, service authorization criteria and any ad hoc reports and topics materials. Pharmacy tech will prepare the standard reports for each quarterly meeting. Pharmacy technician will compile all materials into single pdf document and submit mailroom ticket for binder preparation and mailing.	Clin Mgr/Pharm Tech
Update Call Center Manual	Quarterly	Clinical manager will update the call center manual with any additions or changes approved at the most recent DUR Board meeting.	Clin Mgr
P&T Meetings	Bi-Annually	The clinical manager will attend the P&T meetings at DMAS held each April and October.	Clin Mgr
CMS Annual DUR Report	Annually	Clinical manager will prepare all the reports and complete the CMS DUR survey in the pdf version. Then submit to DMAS for review/approval. Once DMAS approves, the clinical manager completes the online survey. DMAS gives final approval and submits the online survey to CMS.	Clin Mgr

4.5.1 Routine Desk Procedures – Clinical Account Manager and Pharmacy Technician

As needed:

1. **Call center support** – answer questions escalated by call center which may include claims research and/or explanation of programs.
2. **Ad hoc reports** – using the Cognos reporting tool (also called ESS), prepare reports requested by DMAS. These are usually basic utilization reports for drugs of particular interest to the client.
3. **Benefit Master File (BMF) Internal Spreadsheet** – updates are performed by the pharmacy technician after completion of VAMMIS MSR coding entries into Production.

Weekly:

1. **Henderson Call Center Metric Monitoring** –
 - a. **Weekly reports:** come on Mondays via email. Pharmacy technician will review and highlight any issues noted.
 - b. **Weekly audio recordings of calls:** come via email on Fridays of each week. Pharmacy technician listens to the recordings and notes any discrepancies on how the calls were handled by the call center representatives. DMAS also reviews these recordings and communicates any issues back to the call center.

- c. **Monthly reports:** come on the first Monday of each month reporting the stats of the previous month. Technician reviews and notes any issues.
2. **FDB GCN Updates** – each week on Mondays or Tuesdays, [REDACTED] will send the FirstDataBank weekly GCN update report.
 - a. The pharmacy technician will review the list of new GCNs and determine if any need to be added to the VAMMIS ProDUR Late Refill criteria. These reports are saved on the VAMMIS Z drive at <Z:\Pharmacy\FDB Weekly Criteria Updates>.
 - b. The pharmacy tech will make the LR criteria updates and the clinical manager will check.
 - c. The pharmacy technician will also add any **new drug entities** to the running spreadsheet for new drugs to be reviewed at the DUR Board Meetings. This spreadsheet is also found at <Z:\Pharmacy\FDB Weekly Criteria Updates\New Drug List for Review>.
 - d. **GCN changes needed for BMF coding.** The clinical manager (or pharmacy technician if no clinical manager available) will provide to DMAS via email the GCN coding changes needed for the MSR. DMAS makes their own coding changes in the system but will need to be advised when FDB changes coding for existing drugs.
3. **FDB AlertSpace Clinical Modules** – DMAS now uses FDB for all of its ProDUR criteria with the exception of Late Refill (LR) and Early Refill (ER2). Each week FDB uploads their additions and changes. Check these to make sure nothing needs to be reset for DMAS.
 - a. **NOTE:** DMAS chose to use all of the clinical criteria in Alert Space as it is with only one modification. The modification was made was to turn off severity level 3 drug-to-drug interaction criteria.
4. **DMAS/FA Managers Status Meeting** – prepare a status report slide of the major accomplishments for the week, issues or upcoming tasks/events. Keep it high-level. Use the past slides as examples. These are located at <Z:\Pharmacy\DMAS FA Weekly Status Meetings>.

Monthly:

1. **ProDUR Monthly Report** – is a compilation of several standard reports into one summary document. Four reports are automatically emailed to us from Cognos (ESS). These are used to complete a manual excel spreadsheet report that is the backbone of the word summary document. We also go to ECM to retrieve standard monthly report entitled PD-O-003 ProDUR Message Report to retrieve one number that is not available anywhere else. This report is not available before the 4th of every month. For step-by-step instructions go to <Z:\Pharmacy\ProDUR\ProDUR Training\Training Materials\ProDUR Summary Monthly Report Training Template Instructions>.
 - a. Completed ProDUR reports are emailed to Rachel Cain each month, due by the 10th.
2. **RetroDUR Activity** – each month we must perform a RetroDUR activity on a topic that is approved by DMAS and/or the Board.
 - a. Once you have a topic, a TFS ticket will need to be created to begin the operations processes. This should be submitted as far in advance of the review month as possible to allow the clinical group sufficient time to create or update existing RetroDUR criteria and validate the process.
 - i. The cycle begins on the 15th of each month – profiles must be generated and mailed to the consultant reviewers on or around the 15th. The reviewers are given 4 weeks to complete their review and indicate which profiles need to be lettered and which ones do not require a letter. They return their materials to [REDACTED]. [REDACTED] will tag the profiles and generate the intervention letters to prescribers.

- ii. We also perform re-reviews of past RetroDUR activities. A TFS ticket will need to be created to have this done.
 - iii. A spreadsheet of past, current and future activities can be found on the Z drive at <Z:\Pharmacy\RetroDUR\RD Activities\RetroDUR tracking sheet>. The spreadsheet also includes the TFS ticket numbers. These can be a useful reference when not sure how to create a new ticket.
- 3. RetroDUR Monthly Report** – Each month after the activity is completed, [REDACTED] will email you the stats related to that activity. She will also have [REDACTED] provide the cost savings reports to you. The data supplied by these individuals is used to prepare the summary report for DMAS. I use a similar template each month which consists of a text summary followed by the various reports all combined into a single word document. Examples of each monthly report are available on the Z drive at <Z:\Pharmacy\RetroDUR\RD Monthly Reports>.
- a. Completed reports are emailed to [REDACTED] at DMAS each month.
- 4. Monthly SLA Reporting** - each month [REDACTED] in our VAMMIS Business Operations area will reach out to pharmacy for our monthly SLAs to be reported by the 3rd of each month. Since the timing of our ProDUR and RetroDUR reports is out of sync with the rest of VAMMIS, we post our SLAs as close to this time as possible but it will always be after the 6th of each month. Our actual SLA states that we must complete the PD and RD reports by the 10th of each month. Here are the steps:
- a. Each month save a copy of the emails sent to DMAS that contain the ProDUR and RetroDUR monthly summary reports. Save these emails to the current year and month folder at <Z:\Pharmacy\SLAs>
 - b. Once you have both the ProDUR and RetroDUR report emails, save them in a zip folder entitled with the year-month and SLA number (0059). For example, the October 2015 zip folder would be named as 2015-10-0059.
 - c. Copy this zip folder to the Business Operations Z drive folder for the appropriate month. this Business Op folder is located at <Z:\Business Operations\SLAs>
 - d. Also indicate that the Pharmacy SLA 0059 has been 100% completed on the SLA tracking report. This excel spreadsheet is also located in the Business Op SLA folder for that current month.
 - e. The other pharmacy SLA is 0063. This SLA requires that we mail profiles and intervention letters within 5 days after DMAS approval. Our RD profile and letter process flows as it should every month. The records in Cyberformance act as official record in the event of audit. This SLA is always 100% complete unless we do not perform a traditional RetroDUR activity one month per DMAS request. If this happens, then note this in the comment field for SLA 0063 on the tracking report.
- 5. RetroDUR Consultant Invoices for Payment** – the clinical manager is responsible for approving and processing the monthly invoices submitted by the pharmacy consultants (aka reviewers) for their review of the patient profiles each month.
- a. Each month the reviewers will submit an email with their invoice attached
 - b. Review the invoice for accuracy

- c. Record the invoice number and dollar amounts on the running PO (purchase order) spreadsheet located on the Z drive at <Z:\Pharmacy\RetroDUR\Invoices\VA RetroDUR Reviewer List for POs 2015-2016>
- d. Send an email to [REDACTED] that the invoice has been reviewed and approved.
- e. XXXXXXXX is our accounts payable contact. Reach out to her if the reviewers ask about the status of their payments.

6. Antipsychotic (AAP) Report – on the 1st of each month a report automatically run and emailed to the clinical manager and the pharmacy technician. The monthly numbers are manually entered into the running spreadsheet that is used to create a quarterly report for each DUR Board meeting.

a. Instructions for preparing data for DUR board materials:

Monthly Reporting (Children’s AAP Report) comes from XXXXXXXX (end of 1st week, beginning of 2nd week).

Zip File – Open

Make a new report folder in Documents Library to save report, also file in AAP Reporting cabinet folder. Save as: Childrens_Antipsychotic_claim_listing_10_2015.xls.

Begin by pulling up previous DUR Board packet

Z Drive > Pharmacy > DUR Board > Date > Std Reports > AAP in children_FFY2015_for DUR Board Meeting 8/19/2015_flipped.xls (ex...next date 11/12/2015)

Save As: next DUR Board Meeting

Select continue

Highlight previous quarter, right click copy

Click outside to unhighlight

Copy 1st line for same width

Right click; insert copied cells

Shift cells down

Change to current quarter

Update next 3 months for that quarter – click in cell, change month/year then enter

Save; continue. Enter next 2 months; save after each

Highlight and delete only the new, old and prior columns; not the grand total column for all 3 months

To print blank document:

Page break preview

Use cursor to drag blue line to the top, entire report should be white

Save

Print page 1 for manual entry

Open report – Children’s Antipsychotic Claim Listing Report for (specified month)

Z drive > Pharmacy > DUR Board > date ex. 1511 > listing

Use Tab #2

To expand all cells:

Click far left block - left of column A, over top of row 1

Double click side line of column A, click to unhighlight

Highlight 1st line, data tab, filter tab

To enter data manually on newly created blank document:

Start with New, Old, Prior status

Example: New_Age Category – fill zero's in for ages not listed then select each age category one at a time

Do the same for Old and Prior status

- 7. Monthly Pharmacy Meeting with DMAS** – FA clinical manager and pharmacy technician meet at DMAS with the DMAS pharmacy staff on the last Tuesday of each month at 9am.
- a. An agenda is prepared and sent to all attendees the day before the meeting.
 - b. Examples of past agendas are located on the Z drive at Z:\Pharmacy\Pharmacy Monthly Status Meeting\2015 Monthly Meeting Agenda and Minutes
 - c. Attendees include:
 - i. DMAS: [REDACTED] (Pharmacy Manager)
[REDACTED] (Clinical staff pharmacist and DUR Coordinator)
[REDACTED] (IM)
[REDACTED] (IM)
[REDACTED] (Director of Health Care Services) – optional attendance
 - ii. FA: [REDACTED] (Clinical Manager)
[REDACTED] (pharmacy technician)
[REDACTED] (Account Director)
[REDACTED] (Henderson Call Center)
[REDACTED] (Henderson Call Center)
 - d. Minutes: the pharmacy technician will prepare the meeting minutes for clinical manager review. Once approved, the minutes are emailed to everyone on the meeting invitation.
 - i. The minutes are also saved on the Z drive at Z:\Pharmacy\Pharmacy Monthly Status Meeting\2015 Monthly Meeting Agenda and Minutes
 - ii. A copy of the minutes is also saved to SharePoint. [Virginia MMIS](#) > [Document Library](#) > [Pharmacy](#) > Pharmacy Meeting Minutes Archive DMAS FA

Quarterly:

1. DUR Board Meeting Materials

- a. **New Drug Monographs:** Using the running list of new drugs collected each week with the FDB updates; prepare brief monographs for new drug entities that are not in PDL-eligible classes. NOTE: New drug monographs are **not** required for:
 - i. New drugs in PDL-eligible classes.
 - ii. New drugs that are physician-administered – such as injectables.
- b. **Service authorizations:** for each new drug, the clinical manager should determine if a service authorization should be recommended. If so, then prepare recommended criteria both on the new drug monograph and on a draft fax form.
- c. **Existing service authorizations** – for each quarterly meeting, the existing SA list should be reviewed to determine if any new indications or changes have been FDA approved that would require revisions to our existing criteria.
 - i. Present these changes to the DUR Board and
 - ii. Make the necessary revisions to the fax forms and

- iii. Inform the Magellan clinical call center by reaching out to PDL clinical manager at Magellan.
- d. **Topics for Discussion**
 - i. This is an ad hoc report section of interesting topics to discuss that could lead to RetroDUR activities or program changes such as SA criteria or quantity limits.
- e. **Standard Reports**
 - i. **RetroDUR**
 - 1. Use the text portion of each monthly RD summary report
 - 2. Include the year-to-date RetroDUR Intervention Activities Report
 - 3. Include the year-to-date RetroDUR Letter Response Report
 - ii. **ProDUR**
 - 1. Year-to-date ProDUR Cost Savings Report
 - 2. Year-to-date Summary of ProDUR Alerts Report
 - iii. **Utilization** (these reports are generated from Cognos)
 - 1. Top 25 Drugs Ranked by Payment Amount (pull previous qtr's data – e.g.7/1/15-9/30/15)
 - 2. Top 25 Drugs Ranked by Claim Count (pull previous qtr's data – e.g.7/1/15-9/30/15)
 - 3. Cost of Utilization Analysis by Drug Type (run year-to-date for the federal fiscal year)
 - iv. **Diagnoses by Age** - this is generated in Cognos – located at [Public Folders > Report and Query Repository > DMAS Pharmacy > Donna Johnson](#). Pull previous qtr's data.
 - v. **AAP** (Children's Antipsychotic Program) – this is manually maintained by compiling the monthly reports sent to XXXXXXXX from the SAS server.
 - 1. **Be sure to include the word document that explains the report logic.**
- f. TFS Ticket for mailroom and binder assembly instructions
- g. After the meeting, pull codes for any SAs and qty limits approved by the Board for new drugs. Submit the coding recommendations for the Benefit Master to [REDACTED]
- h. Make any revisions to the SA fax form and send to [REDACTED]
- i. Update the Call Center Manual DUR SA table and add a note about the change to the Revisions page at the end of the manual. Send the call center the updated version.
- j. Update the DUR Service Authorization criteria document located in the Z drive at [Z:\Pharmacy\Service Authorizations](#). The document name is *DUR SA List and Criteria*. Save as the DUR Board meeting month. For example, *DUR SA List and Criteria_201511*. Also add note about the additions/changes to the Revisions page at end of document.
- k. Update the DUR Service Authorization Checklist located in the Pharmacy/Service Authorization folder. This is a great quick reference to see all the SAs at a glance. This is also the table that is used in the call center manual.

Annually:

- 1. **CMS Annual DUR Report** – past annual reports are saved on the Z drive at Z/Pharmacy/Annual Reports
 - a. The annual report is now completed as an online survey that is a combination of survey questions and attachment reports. Before getting started, review the previous year's annual report to get an idea of what is needed.

- b. CMS Survey pdf document – this is a pdf version of the online questions that CMS will ask. Save the previous year’s CMS survey document as this years and update the year when needed and question responses. You will need Adobe Acrobat ProX to have the ability to type and edit text on this pdf. You may also download a blank pdf survey from the CMS DUR website <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/prescription-drugs/drug-utilization-review.html> . CMS will also post any changes that will be required in the upcoming annual report. They change the survey questions every few years.
- c. CMS requires the following tables be attached to the online survey. They also require that the tables be named exactly as they have indicated.
 - i. ATT1-201_-VA-POCCR (PharmacyOral Counseling Compliance Report) – **NOTE:** [REDACTED] **will provide the document to be used for this attachment. Once she sends it to you, then format it with the appropriate header and attachment number as seen in previous year examples.**
 - ii. ATT2-201_-VA-REOS (RetroDUR Educational Outreach Summary)
 - iii. ATT3-201_-VA-SDBA (Summary of DUR BD Activities)
 - iv. ATT4-201_-VA-GDSP (Generic Drug Substitution Policies)
 - v. ATT5-201_-VA-CSCAM (Cost Savings/Cost Avoidance Methodology)
 - vi. ATT6-201_-VA-IPN (Innovative Practices Narrative)
 - vii. ATT7-201_-VA-EAS (E-Prescribing Activity Summary) **NOTE: DMAS does not have e-prescribing so this report is not applicable to our program.**
 - viii. ATT8-201_-VA-ES (Executive Summary)
 - ix. TABLE 1 – TOP 10 PROSPECTIVE DUR CRITERIA REVIEWED BY DUR BOARD
- d. Each of these reports for previous years can be found in our Z drive folder.
- e. Steps for completing each attachment:
 - i. ATT1 – Pharmacy Oral Counseling Compliance Report: as noted above, [REDACTED] will provide this to you.
 - ii. ATT2 – RetroDUR Educational Outreach Summary:
 1. This report uses information from our monthly produr summary reports to indicate the number of profiles produced and reviewed.
 2. We also reach out to [REDACTED] to produce the VA_Cyberformance_RPTS_FFYY_Summary. This report will give you the number of claims on profiles produced and the number of exceptions processed.
 3. XXXXXXXXXX will provide a report of the Flag Counts for each activity. You must review the types of flags (in other words criteria) and determine what problem type they fall into; such as ADR, drug-disease (MC), overutilization, underutilization, etc. This is very subjective. Use your best judgement and look at past annual reports to get an idea of how the data normally looks.
 - iii. ATT3 - Summary of DUR Board Activities
 1. This is a text summary of what the Board did during that particular FFY. Some of the basic language about the VA program can remain constant from year to year. Review past reports to get an idea of how we report accomplishments from the Board. Then paste in the minutes from each DUR Board that was held during that FFY.

iv. ATT4 – Generic Substitution Policies

1. This is a one-page document that describes our generic utilization policy. The language can remain the same provided that nothing changes during that year. You will just need to add in the percentages required in the last paragraph. These numbers are determined using the Cognos report *Cost of Utilization Analysis by Drug Type*.
2. CMS also provides a table TBL2-YYYY-VA-GUD (see the Raw Materials subfolder in the FFY2015 folder). This table is only used to determine the numbers requested by CMS in their online survey. I use our Cost Of Utilization report to complete this table.

v. ATT5 – Cost Savings/Cost Avoidance Methodology

1. The language in this report can remain basically the same from year to year with simply replacing the values. You will need to make sure that you update the report to reflect the current FFY. The report is broken down by the types of DUR programs that we have that generate cost savings/avoidance.
 - a. ProDUR Analysis uses the values obtained from our monthly PD reports. Use the PD report from September to glean the year-to-date values for that FFY.
 - b. RetroDUR Cost Analysis uses the cost savings values from [REDACTED] [REDACTED] Table 8 and Table 9 monthly reports. He will generate year-to-date versions for the current FFY. Add the traditional RetroDUR cost savings to the Polypharmacy cost savings to get the total RD savings for that year. Then add any language that might explain whether we had an increase or decrease for that year. Look at past reports to get an idea of various factors that might affect it.
 - c. Dose Optimization/Maximum Quantity Limits Analysis – the values used in this paragraph will come from the September year-to-date report in the monthly ProDUR report.
 - d. The total savings from all these programs will be used in the online (pdf) survey.

vi. ATT6 – Innovative Practices

1. This is a summary of new programs that may have been implemented during that FFY.
2. We also include a list of the new drugs for which the Board approved service authorization criteria.

vii. ATT7 – Executive Summary

1. The first 2 paragraphs can remain constant from year to year. Just update the P&T information, add anything new that might have occurred and update the values in the last paragraph.

viii. TBL1 – ProDUR Criteria

1. This is a tricky table that uses AHFS classifications. These are extremely hard to find. I have found googling “AHFS Classifications for YYYY” will sometimes provide enough information. AHFS protects most of the classification information by requiring a subscription to their publication. Look back at past reports to try to glean what might have been used for similar drugs.

2. Note that this table is not actually attached to the online survey. The information in this table will need to be manually entered into a table within the online survey. But you will have to have this spreadsheet completed prior to beginning the online entry of information.
 3. The table requires that examples of ProDUR problem type criteria approved by the Board be supplied. So I would take a few severity level 1 examples for each problem type if applicable. However, going forward after 2015, the Board will no longer be approving actual ProDUR criteria since we now get it straight from FDB. So what we can use will be the drugs for which clinical DUR SA criteria was approved as well as any quantity limits. Note that quantity limits are a form of inappropriate dose (IA).
- f. After all attachments, tables and the pdf survey is complete, send all materials to Rachel Cain for review. Once it is finalized, she will determine whether she will enter the online survey responses or if she prefers that you do it. If you are assigned to do it, enter everything up to the last page but DO NOT actually submit it to CMS. [REDACTED] will review the online entries and then she will be the one to hit the 'submit' button.
 - g. The Annual Report must be submitted to DMAS by April 1st of each year. DMAS s required to submit the final report to CMS on or before June 30th of each year.

4.6. Call Center Requirements

A key role for the pharmacy clinical manager and pharmacy technician is the guidance and support for the call centers. All new program and systems changes are communicated to the call centers to enable them to prepare for inquiries from pharmacy providers.

A copy of the VAMMIS Henderson Call Center Procedure Manual is located in <Z:\Pharmacy\Henderson Call Center>. It contains detailed information on the pharmacy benefits and edits.

4.7. Service Level Requirements

Service Level Agreements – Call Center	
Description	Performance Target
Generate monthly Prospective and Retrospective DUR reports.	100% standard DUR reports delivered ≤ 10 calendar days from the end of the month
Profiles, Intervention letters approved by DMAS.	98% of mailed profiles and intervention letters ≤ 5 days after DMAS or clinical manager approval.

5. Retrospective Drug Utilization

5.1. RetroDUR Overview

RetroDUR provides a methodology to retrospectively monitor recipients who receive multiple drug prescriptions with indications of possible drug interaction conflicts; to monitor the pharmacists and providers who are dispensing and ordering drugs; and to monitor recipients' patterns of utilization, for detecting inappropriate drug therapies. The overall emphasis is on improvement of patient care through communication with, and education of, health care professionals.

CyberFormance is FA's web-based RetroDUR solution that provides the ability to manage both the business and clinical aspects of a pharmacy program. It is supported by a comprehensive set of 3,732 DMAS clinical alerts to support DMAS, Clinical Pharmacy Manager and DUR Board activities. The Clinical Rules Engine applies benchmark or client-specific rules to trend prescriber and member habits across more than 90 different diseases and medication-use evaluation areas. Targeted areas may focus on a specific disease state/clinical area (e.g., atypical antipsychotic coordination of care, hypertension, diabetes, schizophrenia, asthma, etc.) or drugs (e.g., benzodiazepine, drugs with abuse potential, antibiotics, etc.).

The backbone of CyberFormance is a flexible table-driven software application with relational database file structures and integrated pharmacy and non-pharmacy claims. The Clinical Rules System includes a collection of clinical and business rules (comprehensive criteria), in addition to a rules engine that queries data obtained from the MMIS, including beneficiary eligibility, provider eligibility, and more than 24 months of medical and pharmacy claims history. As paid claims pass through the system, it generates a collection of flagged claims marked with specific labels detailing which criteria were met or failed.

The Clinical PlanFormance component provides a single source solution for conducting clinical analyses of drug therapy and disease states. With this information, the application can identify care management or quality improvement issues, progressing downward from a summary perspective to a group-level view, to a recipient-level view, and, ultimately, to a claim-level view.

The Business PlanFormance component examines drug utilization throughout DMAS' program and can be used for example to trend metrics of preferred/non-preferred agents. This component allows the user to view cost and utilization data by total program, by therapeutic category, by drug, or by drug form. Each of these analyses can be exported into Microsoft Excel, Microsoft Word, or HTML format for use in other applications.

The Physician Web Ranking module is a component of CyberFormance that provides users the capability to trend prescriber habits and identify those who practice outside their peers' norm. This application uses DMAS and DUR Board-specific criteria and provides provider profiles that may be used for multiple intervention types (e.g., letter,

etc.). As with other RetroDUR interventions, FA will provide outcomes assessment for each profiling intervention and make recommendations based on the results.

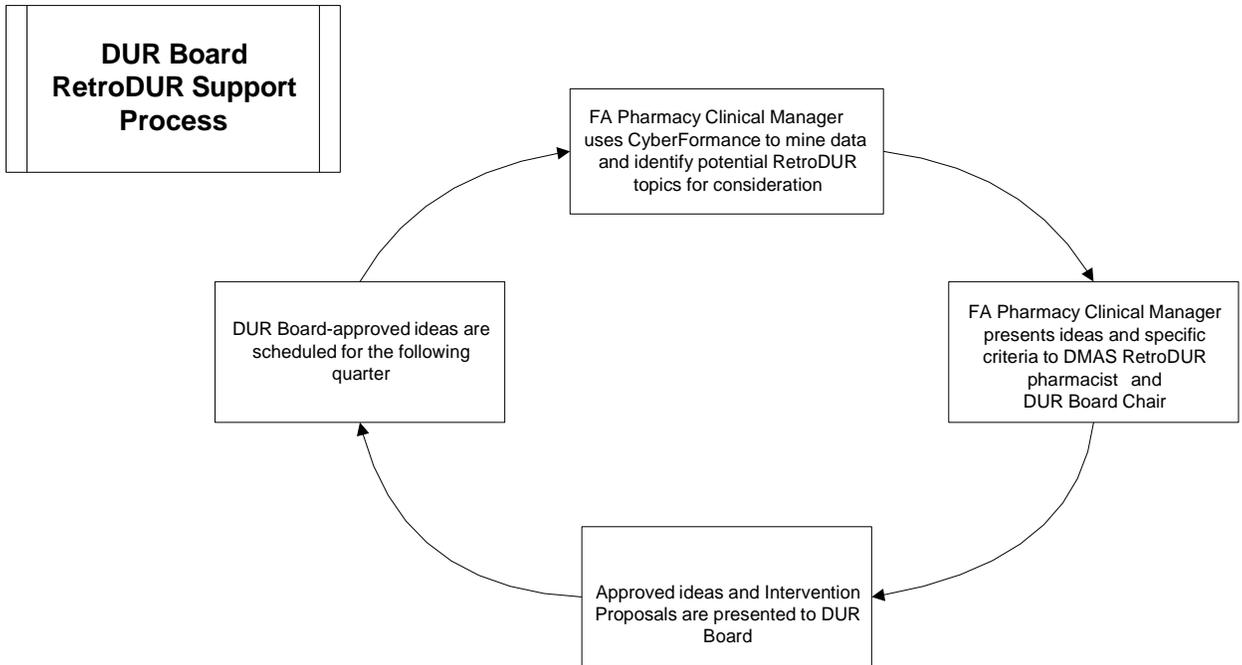
Patient Profiles are clinically based, comprehensive analyses of the appropriateness of an individual's current drug therapy. They target the more complex clinical cases and are the basis upon which individual patients that may be at risk for therapy problems are identified to the FA Clinical Pharmacy Manager. These findings are then communicated to the prescribing physician(s) and/or pharmacist(s) involved in each case. This process allows the prescribing physician or dispensing pharmacist to review a particular member's medical history and make/recommend prescribing modifications based on the clinical information and therapy recommendations from FA's Pharmacy Clinical Manager, DMAS and the DUR Board.

5.2. DUR Board RetroDUR Support

For each quarterly or adhoc DUR Board meeting, the Pharmacy Clinical Manager will provide the following documents:

- Minutes from the previous meeting
- RetroDUR Review Reports
- New drug updates (includes recommended ProDUR and RetroDUR criteria)
- Reports (RetroDUR and ProDUR standard and adhoc)
- Potential RetroDUR topics

CyberFormance will be used by the Pharmacy Clinical Manager to identify potential improvements and initiatives to DMAS that could lead to improving drug therapy and/or cost savings for the COV, improvements for providers of services, or other positive changes. These ideas will be presented to the DMAS RetroDUR Pharmacist and the DUR Board Chair at least two weeks prior to the next DUR Board meeting for review and consideration. The Pharmacy Clinical Manager will create Intervention Proposals to be presented at the next DUR Board. DUR Board-approved ideas are then scheduled for the following quarter.



The Pharmacy Clinical Manager will update and maintain all ProDUR and RetroDUR criteria approved by the DUR Board. See https://www.heritage-info.com/cyberx/logon_fnx.asp Cyberformance/Hercules clinical rule building procedures.

5.3. DUR Review Panel

The Pharmacy Clinical Manager will recruit DMAS' current DUR review panel and also allow DMAS to determine composition if necessary. If members of the current review agree to participate, FA and each respective member will execute a Consultant Agreement. FA will also be responsible for making payment to each review panel member based on agreed upon fees.

5.4. Monthly Patient Profile Review Process

The Pharmacy Clinical Manager will submit internal requests for development of DUR Board-approved monthly patient profile review topics after each DUR Board. The Pharmacy Clinical Manager will create a clinical algorithm using Microsoft Visio and submit it to a Clinical Business Analyst to write the clinical rule in FA's Clinical Rules Engine. After the rule is written, it will be run against VAMMIS pharmacy and medical claims data to identify those patients with the respective clinical opportunity. The Pharmacy Clinical Manager will then review a sample of patient profiles to ensure

patients are being correctly identified. Once the patient profile review is complete and the

rule validated, the rule will be placed into production and run against all DMAS recipients. For additional information on the criteria validation process, please refer to Section 2.4, Developing New RetroDUR Initiatives.

Below are the topics and respective frequency in which they are reviewed and provider letter mailed.

CyberFormance will be updated with pharmacy and medical claims data every month. These updates shall be received and loaded the first week of each new month. After the data is loaded, the Clinical Pharmacy Manager will be notified by the Richmond CyberFormance Data team and the criteria scheduled for that month will be run against the data through the end of the previous month. The profiles may be either generated in CyberFormance or printed for each month's topic during the second week of the month.

Profiles will be secured in an envelope and placed in a box with each package affixed with a mailing label. They will also be labeled as "Confidential" and mailed via UPS with a signature required upon receipt. The Clinical Pharmacy Manager will notify (e.g., email or phone) each respective DUR review panel member when the profiles are mailed and also will follow up on expected delivery date to ensure the packages have been securely received. The reviewers are provided four weeks to complete their profile review. Once the review is completed, the DUR review panel members will affix return labels provided by FA to the package and mail to the FA Operations Department in Richmond, VA. Once received, FA will produce and mail the provider letters.

Below is a table that outlines tasks and expected timelines that starts on the first of the respective month.

Ta	Completion Date
Data loaded to CyberFormance	1 week
Patient Profile topic run against the updated data and profiles generated in CyberFormance or printed and forwarded to reviewers	1 week
Profiles reviewed by reviewers	4 weeks
Provider letters created, printed, and mailed	2 weeks

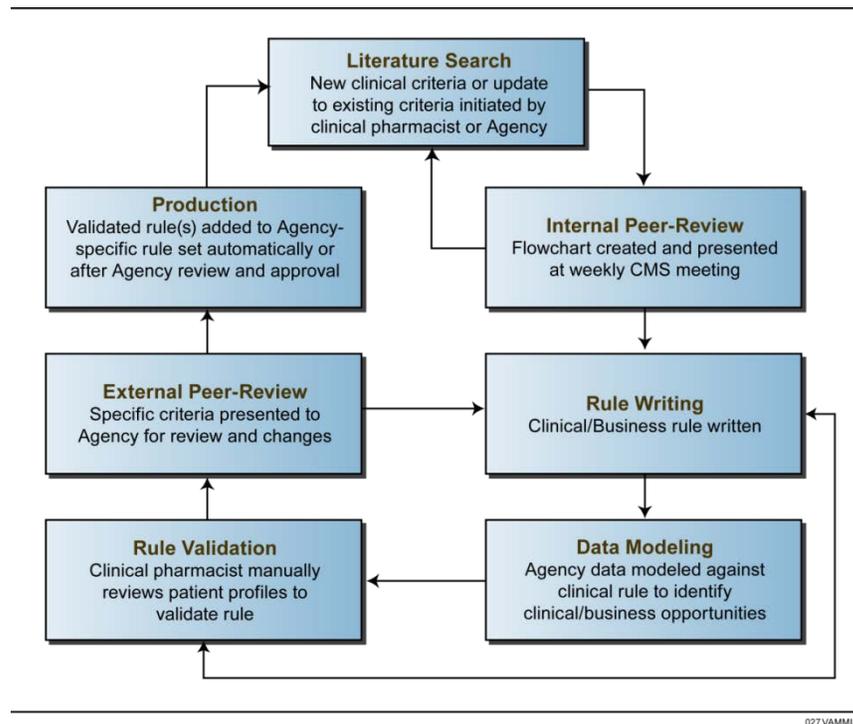
 **Service Level Agreement** - 98% of mailed profiles and intervention letters ≤ 5 days after DMAS or clinical manager approval.

5.5. Developing New RetroDUR Initiatives

CyberFormance and the ESS Cognos adhoc reporting tools will be used by the Clinical Pharmacy Manager to identify potential improvements and initiatives to DMAS that could lead to improving drug therapy and/or cost savings for the COV, improvements for providers of services, or other positive changes.

All new criteria and criteria updates go through a rigorous internal FA peer-review process before placed into production. The peer-review process for developing new criteria is systematic and scientifically sound. A literature search is conducted, and applicable articles are compiled and reviewed by our pharmacists. Reviewed materials include printed, on-line, and CD-ROM drug information sources, such as MedLine, DrugDex, American Hospital Formulary Service, The Formulary Service, etc. Clinical practice guidelines, such as Agency for Healthcare Research and Quality (AHRQ), are also used to guide criteria development. Figure 1 provides an overview of the components we use in the clinical criteria development process when evaluating proposed clinical criteria. The graphic is followed by a detailed description of each component.

Figure 1: Peer-Review Criteria Development Process



- Literature Search.** Our clinical pharmacists, on a daily basis, review clinical resources to generate ideas for new clinical criteria or to identify how literature impacts current criteria and also collaborate with MQD to develop prior authorization requirements. The clinical pharmacists identify the specific medical criteria necessary to comprehensively address the prior authorization criteria in question. Depending on the clinical topic, clinical pharmacists or physicians that have expertise or specialization in a particular area are assigned the protocol development. A standardized initiative proposal form is used to organize the information and documentation concerning the initiative. Ideas may also be generated by our customers. For all criteria, the clinical pharmacist also develops a clinical algorithm

(i.e.flowchart) based on best-practice guidelines and literature. The algorithm contains all information (e.g., drug lists, ICD codes, Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) codes, etc.) required to write the clinical rule.

- **Internal Peer-Review.** Clinical algorithms are presented by the respective clinical pharmacist at the weekly FA Clinical Management Services (CMS) meetings. CMS meets weekly to review existing and new clinical criteria. All CMS clinicians review the algorithm and provide feedback/comments. Based on this review, the criteria may require additional research and an update of the algorithm.
- **Rules Writing.** After the clinical algorithm has been finalized, it is then used to write the clinical rule.
- **Data Modeling.** The written rule is modeled against the DMAS data to identify specific clinical/business opportunities.
- **Clinical Rule Validation.** Based on the data modeling step, patient profiles are generated that include profiles of patients who approve/deny on the respective criteria. These profiles are then reviewed by the clinical pharmacist who developed the algorithm to validate the clinical rule. Based on this review, the clinical pharmacist may identify clinical rule changes that are required. If necessary, the clinical pharmacist may request additional profiles for review until the clinician is ensured the rule is correctly identifying issues and is validated.
- **External Peer Review.** For all criteria sets, clinical proposals will be provided to DMAS that define the criteria and include components such as specific clinical criteria, drug lists, ICD codes, and CPT/HCPCS codes. These proposals are typically presented to the Agency boards/committees (e.g., Drug Utilization Review Boards, Pharmacy and Therapeutics Committees, pharmacy staff, etc.) for review and approval. After this review the customer may request changes to the criteria that are then communicated back the respective clinical pharmacist to create Agency-specific criteria. These changes would then be tested and validated before placed into production.
- **Production.** After each algorithm has been reviewed, validated and approved by the DMAS DUR Board, it is placed into the customer-specific set of clinical rules.

6. Prospective Drug Utilization Review Procedures

6.1. ProDUR Overview

Drug utilization review (DUR) is defined in the Omnibus Budget Reconciliation Act of 1990 (OBRA) as “an authorized, structured, ongoing program that evaluates, analyzes, and interprets drug usage against predetermined standards and undertakes actions to elicit improvements and measure the results.” The objectives of DUR are to improve the quality of patient care by assuring safe and effective drug use while concurrently managing the total cost of care.

Prospective DUR (ProDUR) involves the assessment of prescribed drug therapy before the medication is dispensed to the patient. Pharmacists may perform a prospective review of the patient’s medication regimen during the prescription screening process. Although the pharmacist’s participation in prospective DUR has historically been voluntary, prospective DUR became a mandated function when OBRA ‘90 went into effect in January 1993. In performing their prospective DUR activities, pharmacists identify and resolve problems of therapeutic duplication, drug/disease contraindications, drug/drug interactions, incorrect dosage or duration of therapy, drug allergy interactions, and clinical abuse/misuse.

6.2. VAMMIS ProDUR Edit Classifications

The majority of ProDUR edits currently administered by the VAMMIS Pharmacy System are supplied by First Data Bank’s Alert Space Clinical Modules. Below is a list of the problem types that are loaded into the VAMMIS POS system.

Conflict Type	Conflict Description	Error Code	NCPDP Reject Code
DD	Drug to Drug Interaction	675	88
EX	Excessive Quantity (formerly ER1)	941	9G
HD1	High Dose	636	HD
HD2	High Dose Over Age	973	HD
HD3	High Dose Under Age	974	HD
LD1	Low Dose	643	88
LD2	Low Dose Over Age	975	88
LD3	Low Dose Under Age	976	88
MC	Drug to Medical Condition (Disease)	692	88
PA	GERI – Geriatric Contraindication	943 (new)	88
PA	PEDI – Pediatric Contraindication	969 (new)	88

PG	Drug to Pregnancy	614	88
TD	Therapeutic Duplication	942	88

There are no hard edits in ProDUR. Criteria with a severity level of 1 (contraindicated) or 2 (severe) will require a provider level override. Therapeutic duplication (TD) criteria use an allowance threshold. Drugs that should never be used together in the same therapeutic class are given a duplicate allowance of zero (0).

6.3. Maintaining ProDUR Criteria

Therapeutic Review Criteria on approved drugs is evaluated regularly by therapeutic class category. Any new drugs which are approved by the FDA are evaluated as they become approved. Each drug is evaluated for early and late refill limitations as well as clinical appropriateness and quantity limits. While another vendor administers the prior authorizations, FA maintains the early refill, dose optimization, quantity limits and clinical edits in VAMMIS.

The only ProDUR problem type that is maintained in the VAMMIS ProDUR module is late refill (LR). The Pharmacy Clinical Manager will update existing ProDUR LR criteria on weekly basis after FA receives the weekly First Data Bank (FDB) drug file.

The prospective component of the DUR system alerts Pharmacy Providers to potential problems with the prescription for the beneficiary via accessing the client's drug profile (created from previous ProDUR transactions) and processing them against a drug database. ProDUR can prevent the dispensing of inappropriate prescriptions through direct intervention by the pharmacist. The objectives of prospective DUR:

- Promote efficiency and cost effectiveness in the use of pharmaceutical services.
- Prevent & reduce inappropriate use of drugs and help identify possible inappropriate drug therapy patterns.
- Develop therapeutic class criteria to reduce the incidences of drug therapy failure, drug-induced illness and any other drug related contraindications.
- Establish and maintain drug history profiles.

6.4. Evaluate Therapeutic Review Criteria

Therapeutic Review Criteria on approved drugs is evaluated regularly by therapeutic class category. Any new drugs which are approved by the FDA are evaluated as they become approved. Each drug is evaluated for early and late refill limitations determining overutilization and underutilization, appropriate use of generic products, therapeutic duplications, drug-disease contraindications, drug-drug interactions, incorrect drug dosage or duration of drug treatment, drug-allergy interactions and clinical abuse/misuse.

The Pharmacy Clinical Manager determines any new drugs approved by the FDA for which all criteria must be written. The Pharmacy Clinical Manager determines both the RetroDUR and ProDUR criteria that exist for each drug within the therapeutic class(es) under review and suggests additions and/or deletions.

Compendia consisting of DrugDex, USPDI and AHFS as well as peer-reviewed medical literature are used in this process. All severity level 1 and 2 interactions are included in ProDUR and all severity levels 1, 2, and 3 interactions are included in RetroDUR.

- Severity Level 1 includes contraindications.
- Severity Level 2 includes combinations that “should be avoided” or are “not recommended.”
- Severity Level 3 includes combinations requiring monitoring of laboratory values, clinical impact or morbidity/mortality.

4. CyberFormance Procedures

The CyberFormance Drug Program Management ToolkitSM (“CyberFormance”) is an expert business and clinical system that provides a single source solution for conducting clinical and business analyses of drug therapy and disease states. With this information FA, LLC enables its clients to identify care management or quality improvement issues that are the most critical to the overall success of the program. Specific situations that represent the greatest opportunity for clinical or economic improvement can easily be identified by the user with this desktop application. CyberFormance produces critical business trends, and clinical reports with a few simple clicks of the mouse.

Key features of the CyberFormance TOOLKITSM are:

- A rules-based set of sophisticated clinical therapeutic criteria (“clinical rules”) that are easily adapted to reflect input from the drug program manager(s) and quality committees.
- Internet and desktop reporting modules that is intuitive, flexible and interactive utilizing up to twelve continuous months of pharmacy and medical claims data.
- Ability to organize large data sets into meaningful patient and population-based interventions.
- Rapid access to key reports and queries utilized to identify and deter fraudulent behaviors from pharmacies and patients.

4.1. How to Access CyberFormance

New users may submit a completed a CyberFormance User Access Request Form to the Clinical Pharmacy Manager. The assigned CyberFormance User ID and Password will be emailed to requestor. CyberFormance may be accessed at https://www.heritage-info.com/cyberx/logon_fnx.asp. Enter your CyberFormance User ID and Password in the CyberFormance login screen and click <Submit>.

Figure 2: CyberFormance Login Screen

CyberFormance Log In

CyberFormance The PRESCRIPTION for PHARMACY MANAGEMENT

Welcome to CyberFormance

Please Enter Your Personal Access Information Below

User ID:

Password:

The CyberFormance Dashboard will be displayed and the modules that appear in the left tool bar are dependent upon the respective user's role. VAMMIS users will have access to the Clinical PlanFormance, Patient Profiles, Physician Web Ranking and Business PlanFormance modules. The user may click any of the modules.

Figure 3: CyberFormance Module Dashboard

Select Product Below

CyberFormance The PRESCRIPTION for PHARMACY MANAGEMENT

- Web Ranking
- SearchRX™
- Clinical PlanFormance™
- Patient Profiles
- Online Profiles
- Physician Web Ranking
- CyberSearch Ranking™
- Business PlanFormance™

You are logged in as:
Vacaid

Your account is:
Vacaid

Available Logins:
Choose a Login



4.2. Clinical PlanFormance

Clinical PlanFormance is the expert clinical system component of the Toolkit that provides a single source solution for conducting clinical analyses of drug therapy and disease states. With this information, the application can identify care management or quality improvement

issues progressing downward from a plan-wide perspective, to a line of business-level view, to a patient-level view, and ultimately a claim-level view. Clinical Plan-Formance is a supportive tool to identify drugs that may require additional monitoring or assignment to a management program (ie, prior authorization). Using Clinical Plan-Formance as a benefit design tool facilitates rapid response to the pharmaceutical or healthcare market trends that affect financial and quality outcomes. The Clinical Pharmacy Manager will use the Clinical PlanFormance to mine data and identify clinical issues to present at the quarterly DUR Board meetings.

Select the Clinical PlanFormance menu. There will be a listing of publications which define the clinical defects utilizing claims data for the time period noted in the title of the request. FA runs the Clinical PlanFormance data through their proprietary rules software. Clinical PlanFormance publications will be updated monthly to include claims history through the end of the previous month. Click on the respective Description to access the clinical information.

Figure 4: Clinical PlanFormance Monthly Publications

Clinical PlanFormance TM		
Current Publications: Please select an analysis period by clicking on the desired published analysis below:		
Description:	Publication Date:	Publication ID:
FOR ROB TAKE 5	3/25/2010	CPF_00039930
VA FOR ROB	3/24/2010	CPF_00039924
VA DUR 2	3/18/2010	CPF_00039700
DUR VA	3/18/2010	CPF_00039694
VACAID CPF TEST 3/10/2010	3/11/2010	CPF_00039822
VACAID CPF TEST 3/8/2010	3/9/2010	CPF_00039796
VACAID CPF 1/2010	2/17/2010	CPF_00039664
VACAID CPF 1/2010	1/29/2010	CPF_00039543
VACAID TEST JANUARY 2010	1/20/2010	CPF_00039512
VACAID CPF 10/09	10/29/2009	CPF_00039013

As exhibited by the screens below, the user can select clinical indicators by disease state or drug related problem or a combination of both these classifications. There are three classifications (Major, Minor, or Detail) differentiating the levels of clinical criteria. The classifications produce report views from a broad clinical/disease topic level to defined criteria. The user is also able to view data by Disease State (Figure 5), Clinical Area (Figure 6), Disease State/Clinical Area by Drug Related Problem, or Disease State/Clinical Area by Disease State.

Figure 5: Disease State Report Exception

The PRESCRIPTION for PHARMACY MANAGEMENT

Clinical PlanFormance™

Select Report Options:

Level of Detail: Major Classification

Report Exceptions By: Clinical Area

LOB: ALL

Compile Report

Select Type of Drug-Related Problem:

<input type="checkbox"/> Dosage	<input type="checkbox"/> Drug-Drug Interaction
<input type="checkbox"/> Duplicate Therapy	<input type="checkbox"/> Duration
<input type="checkbox"/> Geriatric-Related Drug Issues	<input type="checkbox"/> Increased Risk of ADE
<input type="checkbox"/> Medication Compliance	<input type="checkbox"/> Overutilization
<input type="checkbox"/> Pediatric-related	<input type="checkbox"/> Pregnancy-related
<input type="checkbox"/> Underutilization	

Select All

Figure 6: Clinical Area Report Exception

The PRESCRIPTION for PHARMACY MANAGEMENT

Clinical PlanFormance™

Select Report Options:

Level of Detail: Major Classification

Report Exceptions By: Disease State

LOB: ALL

Compile Report

Select Disease State(s):

<input type="checkbox"/> Allergic Rhinitis	<input type="checkbox"/> Anxiety/Sleep Disorder
<input type="checkbox"/> Asthma	<input type="checkbox"/> Bipolar Disorder
<input type="checkbox"/> Cardiac Arrhythmias	<input type="checkbox"/> Depression
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Endocrine Disorders
<input type="checkbox"/> Heart Failure	<input type="checkbox"/> Hyperlipidemia
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Migraine	<input type="checkbox"/> Other
<input type="checkbox"/> GI Disorders	<input type="checkbox"/> Pain Control
<input type="checkbox"/> Pregnancy-Related Drug Issue	<input type="checkbox"/> Seizure Disorders
<input type="checkbox"/> Women's Health-Preventative	<input type="checkbox"/> Infectious Diseases
<input type="checkbox"/> Women's Health-Contraception	<input type="checkbox"/> Stroke

Select All

The user may select specific disease states or clinical areas or may also click on “Select All” to select all of the respective disease states or clinical areas. Once these selections are made, click on “Compile Report” and Clinical PlanFormance screen shows opportunities for clinical improvement organized by disease state or drug related problem. Exceptions represent the number of “flags” (clinical defects) among the “candidates” for a particular clinical rule. Each exception represents an opportunity for improvement.

Figure 7: Clinical PlanFormance Minor Classification Alerts by Disease

<i>Indicators (by type):</i>	<i>Exceptions:</i>	<i>Candidates:</i>	<i>Ratio:</i>
Diabetes	6424	222729	2.9%
ACEI: USE IN DIABETES	513	36411	1.4%
DDI: ALPHA-GLUCOS INHIBIT	2	568	0.4%
DDI: METOCLOPRAMIDE	163	3986	4.1%
DDI: SULFONYLUREAS	598	18746	3.2%
DDI: TROGLITAZONE	2	319	0.6%
DUPL ALPHA-GLUCOS INHIBIT	0	215	0%
DUPLICATE ANTIDIABETIC CP	40	148860	0%
DUPLICATE GLITAZONES	1	1233	0.1%
INCR ADE: ALPHA-GLUC INH	0	430	0%
INCR ADE: CHLORPROPRAMIDE	111	375	29.6%
INCR ADE: GLITAZONES	19	19	100%
NONCOMPLY: ANTIDIABETICS	4975	11567	43%

The user can drill down to patients who make up the clinical defects. Here the user sees the issues involved in the detail classification of each disease state.

Figure 8: Clinical PlanFormance Detail Classification

DDI: Troglitazone-Resin, 1 MD	2	319	0.6%
DUPL ALPHA-GLUCOS INHIBIT	0	215	0%
Duplicate Therapy: Alpha-glucosidase inhibitors	0	215	0%
DUPLICATE ANTIDIABETIC CP	40	148860	0%
Duplicate Therapy: Acarbose & Insulin, > 1 MD	0	207	0%
Duplicate Therapy: Acarbose & Repaglinide, > 1 MD	0	207	0%
Duplicate Therapy: Metformin & Acarbose, > 1 MD	0	8153	0%
Duplicate Therapy: Metformin & Insulin, >1 MD	0	8153	0%
Duplicate Therapy: Metformin & Repaglinide, > 1 MD	0	8153	0%
Duplicate Therapy: Metformin & Troglitazone, > 1 MD	1	8153	0%
Duplicate Therapy: Repaglinide & Insulin, > 1 MD	0	247	0%
Duplicate Therapy: Sulfonylurea & Acarbose, >1 MD	0	19099	0%
Duplicate Therapy: Sulfonylurea & Insulin, >1 MD	8	19099	0%
Duplicate Therapy: Sulfonylurea & Metformin, >1 MD	5	19099	0%
Duplicate Therapy: Sulfonylurea & Repaglinide, > 1 MD	0	19099	0%
Duplicate Therapy: Sulfonylurea & Troglitazone, > 1 MD	1	19099	0%
Duplicate Therapy: Sulfonylureas	25	19099	0.1%
Duplicate Therapy: Troglitazone & Acarbose, > 1 MD	0	331	0%
Duplicate Therapy: Troglitazone & Insulin, > 1 MD	0	331	0%
Duplicate Therapy: Troglitazone & Repaglinide, > 1 MD	0	331	0%
DUPLICATE GLITAZONES	1	1233	0.1%
Duplicate Therapy: Thiazolidinediones	1	1233	0.1%
INCR ADE: ALPHA-GLUC INH	0	430	0%
Incr ADE: Acarbose & Cirrhosis	0	215	0%
Incr ADE: Alpha-glucosidase inhibitors & GI disease	0	215	0%
INCR ADE: CHLORPROPRAMIDE	111	375	29.6%
Incr ADE: Chlorpropamide, age > 70	111	375	29.6%
INCR ADE: GLITAZONES	19	19	100%
Incr ADE: Thiazolidinediones & Liver Disease	19	19	100%
NONCOMPLY: ANTIDIABETICS	4975	11567	43%
Compliance: Antidiabetics	4975	11567	43%

The user can also view detailed indicator data for individual drug related problems.

Figure 9: Clinical PlanFormance Alerts by Drug Related Therapy

<i>Indicators (by type):</i>	<i>Exceptions:</i>	<i>Candidates:</i>	<i>Ratio:</i>
Underutilization	9050	58528	15.5
ACEI: USE III CHF	1323	5027	26.3%
CHF Diagnosis: No ACEI	138	1216	11.4%
CHF, Inferred: No ACEI	1185	3811	31.1%
ACEI: USE III DIABETES	513	36411	1.4%
Diabetes & HTN Diagnosis: no ACEI	325	9195	3.5%
Diabetes Medication & HTN Diagnosis: no ACEI	188	27216	0.7%
ASTHMA-DX, UNDERUTIL	227	805	28.2%
Asthma: Chronic meds w/o steroid/mast cell stabilizer	33	175	18.9%
Asthma: Salmeterol w/o short-acting	133	377	35.3%
Use of 2+ SAB w/o Antiinflammatory	61	253	24.1%
ASTHMA-III, UNDERUTIL	795	1678	47.4%
Asthma: Chronic meds w/o steroid/mast cell stabilizer	168	460	36.5%
Asthma: Salmeterol w/o short-acting	248	484	51.2%
Use of 2+ SAB w/o Antiinflammatory	379	734	51.6%
UNDERUSE: LIPID LOWERING	4716	9586	49.2%
Underutilization lipid lowering therapy [primary prevention]	1056	9586	11%
Underutilization of lipid lowering therapy [2nd prevention]	3660	9586	38.2%
UNDERUSE: NASAL STEROIDS	1476	5021	29.4%
Underuse of nasal steroid w/chronic antihistamine	1476	5021	29.4%

4.3. Patient Profiles

Once the DUR Board has approved clinical topics, the associated clinical rules will be used for Patient Profile publications. The patient's complete prescription drug and medical claims history is processed through FA's proprietary rules-based system. "Exceptions" or clinical defects using specific rules are identified on a profile. The profile lists the clinical defects and the associated message that would be included in a letter to the provider. The profiles may be accessed by the DUR review panel in the Patient Profile module or may be printed by FA and forwarded to reviewers.

After reviewing the profile, the clinician selects the messages that should be included in a letter to the patient's physician and/or pharmacy. The information is keyed into the Patient Profile module to generate patient-specific letters for the physician and/or pharmacy.

Select the Patient Profiles menu in the CyberFormance Module Dashboard. There will be a listing of publications which define the clinical defects utilizing claims data for the time period noted in the title of the request. FA runs the Patient Profiles data through their proprietary rules software. Patient Profile publications will be updated monthly to include claims history through the end of the previous month. Click on the respective Description to access the clinical information.

Figure 10: Patient Profile Publications

The PRESCRIPTION for PHARMACY MANAGEMENT		
Patient Profiles		
Current Publications: Please select an analysis period by clicking on the desired published analysis below:		
Description:	Publication Date:	Publication ID:
East (01) Patient Profiles	9/20/2001	PROF_90000084
West (02) Patient Profiles	9/20/2001	PROF_90000085

The patients selected from the Clinical Planformance publication are listed in the publication. You can search for patients by their Type (case classification), Status (case status) or Member ID. Entering the word "ALL" in the type and status fields will display all patients selected in alphabetical order. Worksheet profiles will be reviewed the DUR review panel who will select those patients and respective providers to receive a letter.

Figure 11: Patient Profiles

The PRESCRIPTION for PHARMACY MANAGEMENT										
Patient Letters										
Type:	ALL	Status:	ALL	Member ID:	<input type="text"/>	Page:	1	Search Data		
DownLoad Letters										
	Case Status	Update Case	Patient ID	Member ID	Patient Name	# Flags	Last Letter Date	History/Notes	Profiles	
▼	CLOSED ▼	Update	[REDACTED]			29	8/10/2009	View	WorkSheet	Modified
▼	▼	Update				27	*****	View	WorkSheet	Modified
▼	▼	Update				14	*****	View	WorkSheet	Modified
▼	▼	Update				11	*****	View	WorkSheet	Modified
▼	CLOSED ▼	Update				25	*****	View	WorkSheet	Modified
▼	CLOSED ▼	Update				31	*****	View	WorkSheet	Modified
▼	▼	Update				17	*****	View	WorkSheet	Modified
▼	OPEN ▼	Update				19	*****	View	WorkSheet	Modified

The opening and closing paragraphs for the Patient Profile Review letters are set-up under the "Opening/Closing Letter Text". This enables the client to customize the opening and closing paragraphs on their letter to include such factors as coordination of care between multiple providers versus a single prescribing physician or a patient letter versus a pharmacy letter. DMAS' Drug Utilization Review Program letter template and Response Form will be incorporated into CyberFormance.

Figure 12: Patient Profiles Letter Customization

The PRESCRIPTION for PHARMACY MANAGEMENT

Opening and Closing Letter Text

Letter Code:

Letter Description:

Letter Type:

Default Text: Yes No

Letter Text:

Update Letters Letter Range: From: To:

Letter Code	Letter Description	Type	Default	Letter Text
CLOSE	CLOSING COUNTER DETAILING PARAGRAPH	CLOSE	Y	Thank you very much. New paragraph.
CLOSING	CLOSING PARAGRAPH	CLOSE	Y	As we discussed on 8/10/01, you have indicated that you will be switching patients from Pravachol to Zocor.
OPEN	OPENING COUNTER DETAIL PARAGRAPH	OPEN	Y	You have been identified as having

Once the worksheet profiles have been reviewed by a clinician, select the patient by entering the Member ID# in the search feature or forward to the patient using the buttons at the bottom of the menu. This is an internal key which relates to the patient's member ID#.

Figure 13: Patient Profiles Letter Selection

The PRESCRIPTION for PHARMACY MANAGEMENT

Patient Letters

Type: Status: Member ID:

Type of Case	Case Status	Update Case	Patient ID	Member ID	Patient Name	Last Letter Date	Hist
DUR	CLOSED	Update				1/5/2002	
DUR	OPEN	Update				7/5/2002	
		Update				12/15/2001	
		Update				*****	
DUR	OPEN	Update				*****	
DUR	OPEN	Update				12/11/2001	
		Update				*****	
CASE MANAGEMENT	CLOSED	Update				*****	

Page 1 of 4

After clicking on the Patient ID field, the patient's demographic information is displayed. In addition, the individual letters created for the patient are listed. The user can double click on the letter and the editing screen is displayed. It defines the recipient of the letter and the paragraphs that were selected.

Figure 14: Patient Profiles Letter Editing

Patient Date Range: This field displays the beginning and ending date of service range of the patient’s claims history.

Select Patient Profile Results: This is a drop-down box that provides different views of the patient’s claim history.

Click “Create DUR Letters”: Data entry menu to create or modify a letter.

Creating a DUR Letter: The “Create DUR Letter” option enables the user to create specific letters for patients identified with clinical concerns as indicated on the profiles.

Figure 15: Patient Profiles Letter Creation

Opening Paragraph: The default opening paragraph will be displayed. Determined from the profile the opening paragraph that is applicable to the clinical concerns. If only one provider is involved in the patient's care, the single provider opening should be selected. If more than one provider is involved in the patient's care, the multiple providers opening should be selected.

Closing Paragraph: The default-closing paragraph will be displayed. The closing paragraph is usually standard to the type of letter being created (patient/provider/pharmacy). The closing paragraph provides information on who to address questions or concerns.

All flags/Hits: The radio button is defaulted to hits only. This displays only the paragraphs that were determined to be applicable to the patient's medication patterns. The flag option displays every paragraph available to send to a patient. This option also contains the option to add a manual "#pagebreak" or additional paragraph not originally identified. Highlight the paragraph that has been selected to include in the patient's letter. Select the "add paragraph" option and the paragraph is added as the last entry to the "Current Letter Body Structure". To add a page break between paragraphs or to reset the order of the paragraphs the user must remove the paragraphs from the current body structure (by double clicking on that entry) and reenter them in the order that is desired.

Drugs: Drugs that correspond to the paragraphs are contained in this drop down box. After highlighting the applicable drug, select the "add drug" option, which adds the drug to the "Current Letter Body Structure".

Current Letter Body Structure: This field displays the order that the paragraphs and drugs will be reflected on the letter. Drugs related to a particular paragraph must be entered after the paragraph. Page breaks are manually entered to assist in the presentation of a letter. An automatic page break is programmed in the application but it may allow only several lines on the second page of shorter letters. To assist with presentation, the page break is entered after the drug or paragraph so the entire solicitation is displayed on the second page of the letter. The page break is located under the flags radio button under "#page break".

Send letter to: This option is selected to denote whom the letter is to be addressed. If there are different opening paragraphs for a physician or pharmacy versus a patient you must key unique letters.

Select Manual provider: This button allows the user to add a provider from the client's provider reference file. The reference file is listed in alphabetical order. For user ease, the provider's last name can be referenced through using the search criteria button. Select the provider key relating to the provider to add to the letter. The name of the provider will be displayed in the "Selected Providers Box". Return to the create letter screen and the provider will be displayed in the providers box.

Pharmacies: Highlight the pharmacies that should receive the letter.

View Drug Claims: Shows a history of the patient's drug claims.

Figure 16: Drug Claims History

CyberFormance The PRESCRIPTION for PHARMACY MANAGEMENT

From 12/02/2003 To 07/08/2004
Patient: ACUNA, ALMA(7427)

DOS	Drug Name	Rxc	RF	Qty	Days	Provider Name	Pharmacy
7/8/2004	POTASSIUM CL 10MEG CAP SA		1	60	30	ALEJO MD	CRYSTAL CITY PHARMACY
7/8/2004	TOPROL XL 50MG TABLET SA		0	30	30	ALEJO MD	CRYSTAL CITY PHARMACY
7/7/2004	CLONIDINE HCL 0.1MG TABLET		0	90	30	ALEJO MD	CRYSTAL CITY PHARMACY
7/5/2004	LISINAPRIL 20MG TABLET		1	30	30	ALEJO MD	CRYSTAL CITY PHARMACY
7/5/2004	PROTONIX 40MG TABLET EC		1	30	30	ALEJO MD	CRYSTAL CITY PHARMACY
7/5/2004	NORVASC 10MG TABLET		1	30	30	ALEJO MD	CRYSTAL CITY PHARMACY
6/30/2004	NOVOLIN R 100UML VIAL		0	10	10	ALEJO MD	CRYSTAL CITY PHARMACY
6/22/2004	GLIPIZIDE 5MG TABLET		3	90	30	ALEJO MD	CRYSTAL CITY PHARMACY
6/21/2004	RISPERDAL 0.5MG TABLET		1	60	30	ALEJO MD	CRYSTAL CITY PHARMACY
6/19/2004	AMOX TR-K CLV 875-125MG T		0	5	5	ALEJO MD	CRYSTAL CITY PHARMACY
6/19/2004	LANTUS 100UML VIAL		0	10	30	ALEJO MD	WAXAHACHE PHARMACY
6/19/2004	NOVOLIN R 100UML VIAL		0	10	12	ALEJO MD	WAXAHACHE PHARMACY
6/18/2004	HYDROCODONE/APAP 5/500 TA		2	30	5	ALEJO MD	CRYSTAL CITY PHARMACY
6/12/2004	PRAVACHOL 40MG TABLET		0	30	30	ALEJO MD	WAXAHACHE PHARMACY
6/8/2004	ACTOS 15MG TABLET		0	30	30	ALEJO MD	CRYSTAL CITY PHARMACY
6/4/2004	PROTONIX 40MG TABLET EC		0	30	30	ALEJO MD	CRYSTAL CITY PHARMACY
5/28/2004	LEXAPRO 10MG TABLET		0	30	30	ALEJO MD	CRYSTAL CITY PHARMACY
5/28/2004	NORVASC 10MG TABLET		0	30	30	ALEJO MD	CRYSTAL CITY PHARMACY

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VeriSign Secure Site click to verify

Create letter: This function saves all the information and creates a letter for each of the providers/patients/pharmacies indicated in the “Send letter to” section.

From this screen you are able to “View” the letter(s), modified profile or worksheet profile. At this point the user can determine if a page break is needed or additional information should be keyed. If so, return to the Patient Statistics menu and double click on each letter that requires editing. See the Edit letter section for further information.

Figure 17: Viewing a Patient Profile Letter and Profile

The PRESCRIPTION for PHARMACY MANAGEMENT

New Letter(s) for Patient [Redacted]

[View Modified Profile](#) [View WorkSheet Profile](#)

Letter Number
DUR_152_0000017 [View](#)

Figure 18: Letter, Prescriber Response Form, and Member Profile Examples


COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services
DRUG UTILIZATION REVIEW PROGRAM

4/8/2010

Physician Name
Address 1
Address 2
City, State Zip

RE: Patient Name – Patient ID / DUR Reference #: HIWRNM_317_00000374

Dear Dr. Physician Name: Your Provider ID: Provider ID NPI(s):

The Drug Utilization Review (DUR) program was implemented to monitor prescribed medication usage by Medicaid recipients. The purpose of the DUR program is to identify and help resolve problems related to drug therapy.

Criteria paragraph

Your comments in response to this information would be appreciated. A response form, which can be mailed or faxed to the stated address, is enclosed. If you wish to receive additional information, please contact this office.

Sincerely,

Robert Benzinger, PharmD
Clinical Manager, Virginia Medicaid
Affiliated Computer Services, Inc,
2810 North Parham Road, Suite 210
Richmond, VA 23294

COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

PRESCRIBER RESPONSE

Prescriber Name (123456789)

RE: PATIENT NAME (0123456789)

Profile ID: 000000000000

Response Legend:

1. Aware of situation & no adjustment to current therapy is necessary at this time.
2. Plan to discontinue medication(s)
3. Information clinically useful and plan to alter treatment regimen for specified patient.
4. Information clinically useful and plan to monitor or counsel specific patient.
5. Plan to change dose
6. Information regarding patient or provider appears to be incorrect
7. Other

__ 12345 – Criteria Description

Your Comments:

DRUG UTILIZATION REVIEW PROGRAM

Clinical Manager of Virginia Medicaid

Affiliated Computer Services, Inc

A Xerox Company

2810 North Parham Road, Suite 210

Richmond, VA 23294

Fax (804) 644-4241

Phone (800) 745-7946

--continued-- Patient: 00001951900 Born: 12/09/1942 Sex: F Name: LNAME019519, FNAME01951

Service Date	RX #	Drug Description	Qty	Days	Pharmacy	Physician	Amount Paid
8/8/2006		MORPHINE SULF 15 MG TAB 3A	50	30	P00248251	D0000829	34.57
7/29/2006		NAPROXEN 375 MG TABLET	50	30	P00248251	D0000829	11.45
7/22/2006		ACETAMINOPHEN/COD #2 TABLET	180	30	P00248251	D0000829	41.62
7/13/2006		MORPHINE SULF 60 MG TAB 3A	50	30	P00248251	D0000829	123.02
7/13/2006		MORPHINE SULF 15 MG TAB 3A	50	30	P00248251	D0000829	34.57
7/1/2006		MORPHINE SULF 15 MG TAB 3A	24	12	P00248251	D0000829	15.72
6/27/2006		NAPROXEN 375 MG TABLET	50	30	P00248251	D0000829	11.45
6/14/2006		ACETAMINOPHEN/COD #2 TABLET	180	30	P00248251	D0000829	41.62
6/14/2006		MORPHINE SULF 60 MG TAB 3A	50	30	P00248251	D0000829	125.51
5/21/2006		ACETAMINOPHEN/COD #2 TABLET	50	10	P00248251	D0000829	15.97
5/26/2006		NAPROXEN 375 MG TABLET	50	30	P00248251	D0000829	11.45
5/12/2006		MORPHINE SULF 60 MG TAB 3A	50	30	P00248251	D0000829	125.51
5/9/2006		ACETAMINOPHEN/COD #2 TABLET	50	10	P00248251	D0000829	15.97
4/18/2006		NAPROXEN 375 MG TABLET	50	30	P00248193	D0000829	11.45
4/15/2006		MORPHINE SULF ER 60 MG TABLET	50	30	P00248193	D00002235	125.51
4/6/2006		ACETAMINOPHEN/COD #2 TABLET	50	10	P00248193	D0000829	15.97
3/22/2006		ACETAMINOPHEN/COD #2 TABLET	50	10	P00248193	D0000829	15.97
3/12/2006		NAPROXEN 375 MG TABLET	50	30	P00248193	D0000829	11.45
3/14/2006		MORPHINE SULF ER 60 MG TABLET	50	30	P00248193	D0000829	125.51
3/4/2006		ACETAMINOPHEN/COD #2 TABLET	50	10	P00248193	D0000829	15.97
** Analgesics and Antipyretics: ***** (118RX's) **** (\$692.12 Paid) ***** (\$59.26 Paid/RX) *****							
10/17/2008		NYSTATIN 100,000 UNITS/GM POWDER	15	14	P00248251	D00002235	27.02
10/3/2008		NYSTATIN 100,000 UNITS/GM POWDER	15	15	P00248251	D00002235	27.02
9/25/2008		NYSTATIN 100,000 UNIT/GM CREAM	50	10	P00248251	D00002235	7.68
9/12/2008		NYSTOP 100,000 UNITS/GM POWDER	15	15	P00248251	D0000829	26.77
8/22/2008		NYSTOP 100,000 UNITS/GM POWDER	15	15	P00248251	D0000829	26.77
8/2/2008		NYSTOP 100,000 UNITS/GM POWDER	15	15	P00248251	D0000829	26.77
6/28/2008		NYSTOP 100,000 UNITS/GM POWDER	15	15	P00248251	D0000829	26.77
5/29/2008		NYSTOP 100,000 UNITS/GM POWDER	15	15	P00248251	D0000829	26.77
5/18/2008		EACTROBAN 2+ CREAM	15	7	P00248251	D00003010	40.20
4/29/2008		NYSTOP 100,000 UNITS/GM POWDER	15	15	P00248251	D0000829	26.77
4/17/2008		NYSTATIN 100,000 UNITS/GM POWDER	15	15	P00248251	D0000829	27.02
3/6/2008		NYSTATIN 100,000 UNIT/GM CREAM	50	10	P00248251	D00002235	7.68
1/29/2008		NYSTATIN 100,000 UNITS/GM POWDER	15	15	P00248251	D0000829	27.02
9/6/2007		NYSTATIN 100,000 UNITS/GM POWDER	15	7	P00248251	D0000829	27.02
4/6/2007		NYSTATIN 100,000 UNIT/GM POWD	15	10	P00248251	D0000829	26.76
** Anti-infectives: ***** (15RX's) ***** (\$378.04 Paid) ***** (\$25.20 Paid/RX) *****							

CyberFormance also provides the ability to edit a DUR letter previously created. This screen allows the user to change information previously keyed or delete the entire letter entry. From the Patient Statistics menu select the patient key. Click on the letter that requires editing.

Figure 19: Letter Editing

The PRESCRIPTION for PHARMACY MANAGEMENT

Patient Statistical Information

<p>Patient Data</p> <p>Patient ID: [REDACTED]</p> <p>Name: [REDACTED]</p> <p>Address: [REDACTED]</p> <p>City: [REDACTED]</p> <p>State: VA Zip: 397469611</p> <p>Birth Date: 5/7/1943 Sex: M</p>	<p>Patient Letters [double click to view]</p> <div style="border: 1px solid black; padding: 5px;"> <p>DUR_152_0000001</p> <p>DUR_152_0000002</p> <p>DUR_152_0000003</p> <p style="background-color: #FFDAB9;">DUR_152_0000016</p> </div>
--	---

(Patient Date Range: 8/1/2000 TO 7/9/2001)

From: To:

Select Patient Profile Results:

The editing screen will be displayed which is similar to the data entry screen except you do not have the option to change whom the letter is addressed. If a letter needs to be sent to a different provider, the existing letter should be deleted and a new letter entered for the provider. The information should be added or deleted for the letter and then the letter should be re-saved.

4.4. Physician Web Ranking

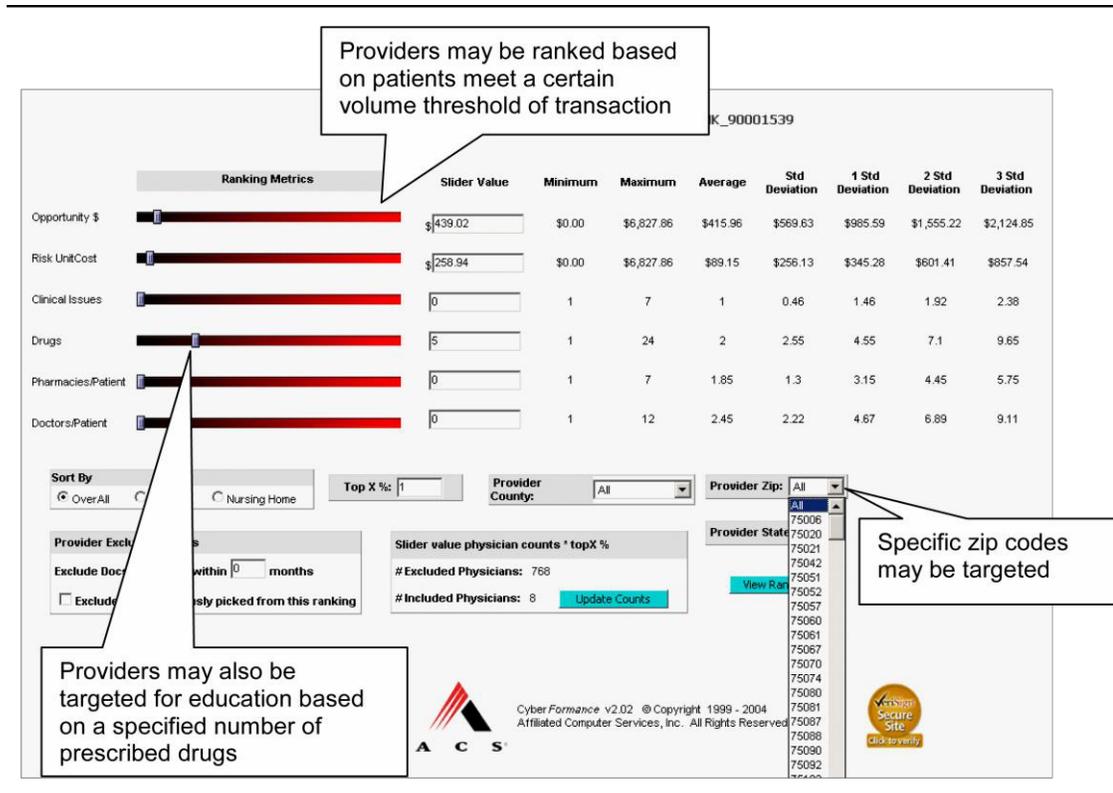
FA's Physician Web Ranking module provides users with the capability to trend prescriber habits and identify those who practice outside their peer's norm. Physician Web Ranking publications would be updated on at least a quarterly basis. This application provides the user with the flexibility to trend based on the following parameters:

- Opportunity dollars
- Risk/unit cost
- Number of clinical issues
- Number of drugs
- Pharmacies/patient
- Doctors/patient

Users also have the flexibility to sort providers by practice setting (e.g., office or nursing home), county, or zip code. Physicians included in previous ranking may also be excluded from rankings. This approach identifies providers with the highest impact to the program for intervention and education. The application can be customized with any user defined clinical topics, cost-based evaluations, or disease management initiatives and allows for the evaluation of a provider's results against benchmark or customized criteria as defined by DMAS.

Figure 20 illustrates the flexibility to rank prescribers based on different parameters and identify outlier provider profiles.

Figure 20: Physician Web Ranking



Once the trending parameters are defined, the user creates the Provider Ranking Report as shown in Figure 21 by clicking on "View Ranking." Providers are ranked based on the predefined criteria and lists each parameter listed above by Overall, Office, and Nursing Home locations.

Figure 21: Ranking the Providers

Provider Ranking - Ranked by ALL

Search By: Where ID

Provider ID	Provider Name	County	City	Zip Code	State	Total Rank	% of Overall Program	Opportunity \$	Risk UnitCost	# Patient
50021755	S1755, CHRIS MD	Henrico	RICHMOND	23255	VA	1	0.010	\$12,487.76	\$55.999	2
50015140	H5140, CHRIS MD	Richmond City	RICHMOND	23240	VA	2	0.018	\$9,716.52	\$269.903	
50011088	L1088, CHRIS MD	Henrico	RICHMOND	23288	VA	3	0.025	\$9,130.30	\$507.239	
50014479	W4479, CHRIS MD	Richmond City	RICHMOND	23279	VA	4	0.032	\$8,777.67	\$208.997	
50017773	O7773, CHRIS MD	Richmond City	RICHMOND	23273	VA	5	0.039	\$8,317.25	\$2,079.313	
50017052	V7052, CHRIS MD		RICHMOND	23252	VA	6	0.044	\$6,739.36	\$49.921	
50006750	P6750, CHRIS MD	Henrico	RICHMOND	23250	VA	7	0.050	\$6,485.69	\$1,297.138	
50006273	G6273, CHRIS MD	Richmond City	RICHMOND	23273	VA	8	0.055	\$6,276.93	\$35.463	
50013844	L3844, CHRIS MD		RICHMOND	23244	VA	9	0.059	\$5,303.12	\$2,651.560	
50013562	P3562, CHRIS MD		RICHMOND	23262	VA	10	0.063	\$4,773.68	\$238.684	
50007187	K7187, CHRIS MD		RICHMOND	23287	VA	11	0.066	\$4,676.16	\$50.281	1
50000615	Q0615, CHRIS MD		RICHMOND	23215	VA	12	0.070	\$4,556.45	\$84.379	
500112872	B2872, CHRIS MD	Richmond City	RICHMOND	23272	VA	13	0.074	\$4,505.96	\$145.354	

029.VAMMIS

For each provider included in the Provider Ranking, patients included in the provider's panel are provided with the number of flagged claims and amount paid for those flagged claims.

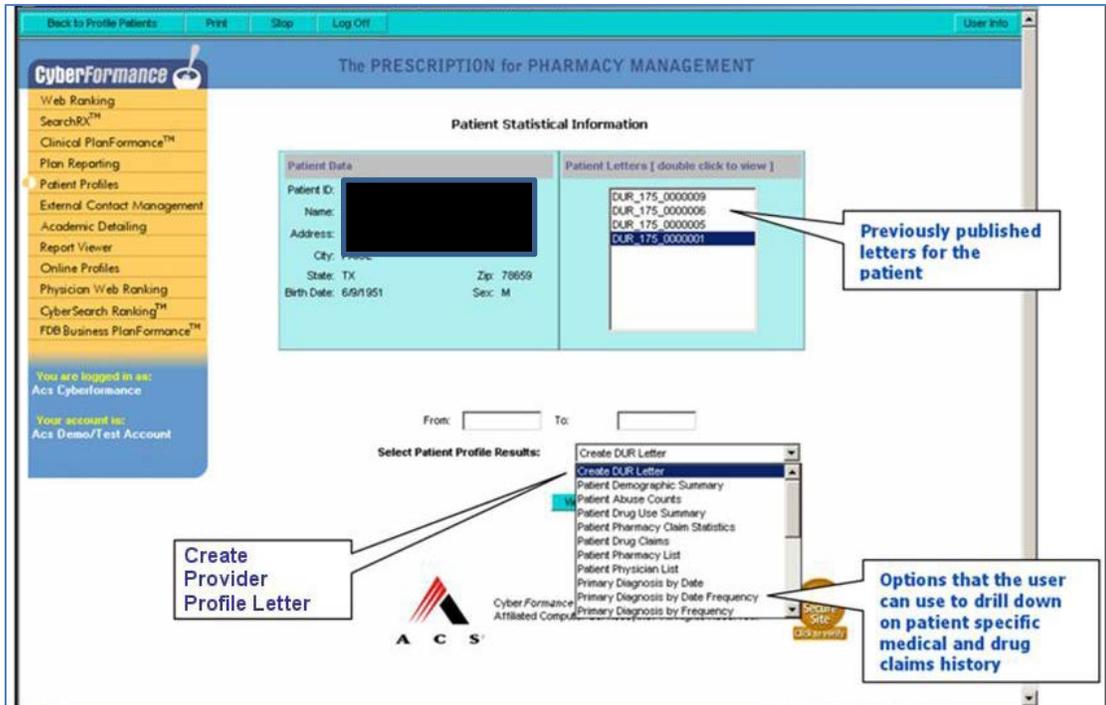
Figure 22: Provider Patient Details

Patient ID	Name	City	Flagged Claims	Paid \$
		ANYTOWN	3	2,262.74
		ANYTOWN	2	147.32
		ANYTOWN	2	1,481.74
		ANYTOWN	1	98.94
		ANYTOWN	1	6.59
		ANYTOWN	37	26,485.14
		ANYTOWN	1	740.87
		ANYTOWN	1	1,108.59
		ANYTOWN	2	107.02
		ANYTOWN	57	42,366.34
		ANYTOWN	2	1,481.74
		ANYTOWN	12	1,563.26
		ANYTOWN	3	34.68
		ANYTOWN	1	213.03
		ANYTOWN	3	757.79
		ANYTOWN	1	8.31

CyberFormance allows the user to generate or modify suggested letters (Figure 23). The user can:

- Generate new provider profiling letters that includes supporting documentation such as report cards and response sheets.
- Modify previously created letters and create new letters by “pointing and clicking” on the appropriate paragraph for each provider letter.
- Make the changes to the letter.
- Delete the letter.

Figure 23: Create & Modify Provider Profiling Letters



An example of a Provider Profiling letter is listed below.

Figure 24: Provider Profiling Letter and Response Form Example



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

DRUG UTILIZATION REVIEW PROGRAM

«Generate Date Prompt»

«ProviderFullName»

«ProviderAddress»

Profile ID: «ProfileID»

«ProviderSalutation»:

The Drug Utilization Review (DUR) Board under the auspices of the Virginia Department of Medical Assistance Service periodically reviews summary drug utilization data and compares it to national medically-accepted drug use guidelines. The enclosed reports summarize drug use patterns for some of your Medicaid patients. These reports commonly called "Provider Profiles" are a part of the efforts by the Virginia Department of Medical Assistance Service to improve the quality of health care for Medicaid recipients in Virginia. The results of the current therapeutic review are enclosed in the attached report. The report may be therapeutically based or may reflect specific demographic or drug use parameters.

You will find in the report package the following:

1. Exception Detail Report
2. Response Form

This review identified the following potential drug use problem.

<<Insert criteria paragraph here>>

The DUR Board hopes that you will find this information useful in providing therapeutically appropriate and cost-conscious health care to Virginia Medicaid patients. We welcome your comments. Please fax the Response Form to (804)273-6961. Thank you for your cooperation.

Robert Berringer, PharmD.
Clinical Manager, Virginia Medicaid
Affiliated Computer Services, Inc,
2810 North Parham Road, Suite 210
Richmond, VA 23294

Virginia Medicaid
Provider Profile
Exception Detail Report

Profile ID: «ProfileID»

«GenerateDatePrompt»

Cycle Date: «CycleDate»

CONFIDENTIAL

Prescriber ID: «PrescriberID»

Prescriber Name: «PrescriberName»

Criteria ID:

Problem Type:

Therapeutic Problem:

Number of Patients:

Number of Prescriptions:

According to the information submitted, the patients listed below may have experienced the therapeutic problem noted. Please review this information and take whatever action you feel is clinically appropriate.

Patient ID	Patient Name
1234567890	John Q. Public
2345678910	Jane Q. Doe



COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

PROVIDER RESPONSE

«ProviderFullName» («ProviderID»)
Profile ID:«ProfileID»

Response Legend:

21. Criteria consistent with current treatment standards and applies to my practice
22. Criteria consistent with current treatment standards and does not apply to my practice
23. Criteria not consistent with current standard of care (Please elaborate)
24. Aware of situation and no adjustment to current therapy is clinically appropriate at this time
25. Information clinically useful and plan to alter treatment regimen for specified patients
26. Information clinically useful and plan to monitor or counsel specific patients
27. Information has no clinical utility (Please elaborate)

«CriteriaDescription»

Comments:

DRUG UTILIZATION REVIEW PROGRAM
Clinical Manager of Virginia Medicaid
Affiliated Computer Services, Inc
A Xerox Company
2810 North Parham Road, Suite 210
Richmond, VA 23294
Fax (804) 644-4241
Phone (800) 745-7946

4.5. Business PlanFormance

The Business PlanFormance component of the application examines drug utilization throughout your program. This flexible reporting system allows the user to view cost and utilization data by total program, using First Data Bank classifications. The reporting function generates an analysis for the entire plan, by line of business, and by specific ME codes. Select the Business PlanFormance module. The request(s) listed provides a view of the client's claims data for the time period noted in the title of the request. Each Business PlanFormance request is usually run with one year's worth of claims data and is called a publication. The frequency of the publication updates is determined per your contract.

Business PlanFormance clearly illustrates the drugs with the highest utilization and categorizes the values (by volume or growth rate) through numerous viewing options – claims, paid, allowed charge, days supply, quantity, submitted charge, override claims, and override paid.

Figure 25: Business PlanFormance Report Options

The screenshot shows a web-based form titled "Select Report Options:". The form is organized into several sections:

- Report Type:** A dropdown menu.
- Rank By:** A dropdown menu.
- Filter:** A text input field.
- Period By:** A dropdown menu with "Date of Service" selected.
- Starting Period:** A dropdown menu with "01/2009" selected.
- Ending Period:** A dropdown menu with "12/2009" selected.
- Line of Business:** A dropdown menu with "ALL" selected.
- ME Code:** A dropdown menu with "ALL" selected.
- Classification Options:**
 - Report By:** A dropdown menu.
 - Maximum:** A dropdown menu with "Top 10" selected.
 - Compile Report:** A cyan button.

Business PlanFormance report types include summary and growth reports. This Summary Report report demonstrates the top drugs based on the rank by metric (using the Rank by drop down list). The top X drugs are displayed using the Maximum field and based on the selected period of time. The user can drill-down to the next level for the specific therapeutic class by clicking on the GTC name. For example, this screen illustrates a high-level summary report ranked on the amount paid for pharmacy claims utilized between 1/2009 through 12/2009. The claims are summarized at the Generic Therapeutic Class.

Figure 26: Summary Report by GTC

Publication: BPFDB_00019590 Summary Report By Date of Service for Periods:
 Line of Business: ALL
 ME Code(s): ALL
 Reporting Detail: Generic Therapeutic Class (GTC) Ranked by Paid

GTC	Claims	Paid	Allowed	Days	Qty	Subm. Charge	User Mos	PU
PSYCHOTHERAPEUTIC DRUGS (80)	1,260,640	\$130,751,541	\$0	32,970,513	56,549,028.40	\$0	1,116,190	\$11
CARDIOVASCULAR (41)	780,735	\$57,676,532	\$0	29,987,912	34,853,419.33	\$0	1,002,334	\$5
ANTIINFECTIVES/MISCELLANEOUS (23)	196,575	\$50,090,682	\$0	4,159,188	10,410,044.28	\$0	182,244	\$27
GASTROINTESTINAL (65)	513,822	\$48,818,182	\$0	14,853,315	73,542,265.10	\$0	515,484	\$9
CNS DRUGS (44)	443,578	\$40,472,434	\$0	11,803,642	41,438,102.60	\$0	401,651	\$10
ANALGESICS (02)	369,848	\$35,001,034	\$0	5,853,516	21,785,895.00	\$0	263,353	\$13
HYPOGLYCEMICS (71)	374,911	\$24,703,931	\$0	11,814,070	17,853,815.83	\$0	402,979	\$6
UNCLASSIFIED DRUG PRODUCTS (99)	221,485	\$24,630,698	\$0	7,380,563	11,827,669.00	\$0	259,805	\$9
BLOOD (35)	194,171	\$21,836,388	\$0	5,399,672	7,045,940.50	\$0	186,803	\$11
ANTIARTHRITICS (11)	223,924	\$18,388,784	\$0	6,421,863	9,810,799.83	\$0	236,558	\$7
Totals:	4,579,689	\$452,370,206	\$0	130,644,254	285,116,980	\$0	4,567,400	\$9

Program Paid: \$579,207,853

The user then has the ability to drill-down on a selected Generic Therapeutic Class to the Specific Therapeutic Classes (STC) as shown.

Figure 27: Summary Report by STC

Publication: BPFDB_00019590 Summary Report By Date of Service for Periods:
 Line of Business: ALL
 ME Code(s): ALL
 Reporting Detail: Specific Therapeutic Class (STC) Ranked by Paid

GTC	STC	Claims	Paid	Allowed
PSYCHOTHERAPEUTIC DRUGS (80)	ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG (H7T)	374,920	\$76,885,231	
GASTROINTESTINAL (65)	GASTRIC ACID SECRETION REDUCERS (D4K)	338,834	\$40,869,441	
CNS DRUGS (44)	ANTICONVULSANTS (H4B)	433,407	\$39,375,299	
CARDIOVASCULAR (41)	LIPOTROPICS (M4E)	330,243	\$36,222,704	
ANALGESICS (02)	ANALGESICS, NARCOTICS (H3A)	346,579	\$32,327,763	
PSYCHOTHERAPEUTIC DRUGS (80)	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS) (H2S)	317,906	\$24,316,386	
ANTIARTHRITICS (11)	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE (S2B)	202,004	\$15,140,739	
CARDIAC DRUGS (38)	CALCIUM CHANNEL BLOCKING AGENTS (A9A)	202,790	\$11,378,411	
HYPOGLYCEMICS (71)	HYPOGLYCEMICS, INSULIN-RESPONSE ENHANCER (N-S) (C4H)	64,885	\$9,787,640	
BLOOD (35)	PLATELET AGGREGATION INHIBITORS (M9P)	65,579	\$8,783,201	
Totals:		2,677,147	\$295,086,816	

Program Paid: \$579,207,853

The user can continue to drill down to the NDC level or select a report by option of NDC. The user enters the NDC number or drug name to jump directly to the lowest level of detail reporting available in the Business Plan Performance module.

Figure 28: Summary Report by NDC

Publication: BPFDB_00019590 Summary Report By Date of Service for Periods:

Line of Business: ALL

ME Code(s): ALL

Reporting Detail: National Drug Code (NDC) Ranked by Paid

HICL	GCN	NDC	Claims	Paid
) GABAPENTIN (08831)	GABAPENTIN 300MG CAPSULE ORAL (00781)	NEURONTIN 300 MG CAPSULE (00071080524)	32,971	\$3,732,268
) GABAPENTIN (08831)	GABAPENTIN 300MG CAPSULE ORAL (00781)	GABAPENTIN 300 MG CAPSULE (00093103901)	2,318	\$247,662
) GABAPENTIN (08831)	GABAPENTIN 300MG CAPSULE ORAL (00781)	GABAPENTIN 300 MG CAPSULE (00226266611)	1,508	\$158,084
) GABAPENTIN (08831)	GABAPENTIN 300MG CAPSULE ORAL (00781)	GABAPENTIN 300 MG CAPSULE (59762502701)	1,612	\$147,548
) GABAPENTIN (08831)	GABAPENTIN 300MG CAPSULE ORAL (00781)	GABAPENTIN 300 MG CAPSULE (00093103905)	69	\$6,819
) GABAPENTIN (08831)	GABAPENTIN 300MG CAPSULE ORAL (00781)	NEURONTIN 300 MG CAPSULE (00071080540)	7	\$919
			38,485	\$4,293,300
				207,853

Trending report by value demonstrates the value of the selected metric (using the Rank by drop down list) and is reported for each month of the selected period. Figure 28 illustrates when PAID was selected as the metric with a one year period and reflects a month to month view of the total paid amount based on the selected therapeutic class.

Figure 29: Trending Report by Amount Paid Value

The PRESCRIPTION for PHARMACY MANAGEMENT

Publication: BPFDB_00030501 Trend Report By Value By Date of Service for Periods: 09/2006 to 08/2007

Line of Business: ALL

ME Code(s): ALL

Reporting Detail: Generic Therapeutic Class (GTC) Ranked by Paid

GTC	Total Paid	Sep 2006	Oct 2006	Nov 2006	Dec 2006	Jan 2007	Feb 2007	Mar 2007
PSYCHOTHERAPEUTIC DRUGS (80)	\$14,026,871	\$1,066,779	\$1,123,551	\$1,080,479	\$1,098,660	\$1,228,498	\$1,110,505	\$1,171,212
BLOOD (35)	\$5,010,310	\$405,731	\$437,221	\$435,955	\$614,629	\$403,037	\$252,743	\$507,311
CNS DRUGS (44)	\$4,929,619	\$379,889	\$393,101	\$378,320	\$384,011	\$429,904	\$393,429	\$423,111
ANALGESICS (82)	\$4,749,053	\$372,761	\$371,070	\$384,464	\$384,795	\$405,989	\$358,555	\$416,711
CARDIOVASCULAR (41)	\$4,066,181	\$337,263	\$319,144	\$332,586	\$331,185	\$371,384	\$319,339	\$330,111
ANTIINFECTIVES/MISCELLANEOUS (23)	\$3,924,761	\$299,880	\$355,162	\$368,338	\$378,596	\$394,611	\$293,556	\$283,711
HYPOGLYCEMICS (71)	\$2,515,367	\$195,784	\$193,419	\$200,320	\$200,220	\$214,575	\$193,969	\$211,311
ANTIASTHMATICS (14)	\$2,244,635	\$162,136	\$170,938	\$168,976	\$173,495	\$199,611	\$174,753	\$186,511
GASTROINTESTINAL (65)	\$2,213,530	\$198,901	\$182,857	\$182,172	\$183,541	\$194,986	\$161,828	\$191,511
UNCLASSIFIED DRUG PRODUCTS (99)	\$1,729,221	\$139,596	\$135,618	\$151,199	\$139,457	\$155,171	\$137,430	\$140,711
Totals:	\$45,409,547	\$3,558,719	\$3,682,082	\$3,682,809	\$3,888,588	\$3,997,766	\$3,396,106	\$3,862,511

Trending Report by Growth% demonstrates the average change per month of the selected metric and is reported by month for the selected period. Figure 29 illustrates an example using Paid as the selected metric, the report displays the percent change in the amount PAID month by month.

Figure 30: Trending Report by Growth %

The PRESCRIPTION for PHARMACY MANAGEMENT						
Publication: BPFDB_00030501 Trend Report By % Growth By Date of Service for Periods: 09/2006 to 08/2007						
Line of Business: ALL						
ME Code(s): ALL						
Reporting Detail: Generic Therapeutic Class (GTC) Ranked by Paid						
GTC	Total Paid	Sep 2006	Oct 2006	Nov 2006	Dec 2006	Jan 2007
SMOKING DETERRENTS (97)	360.37%	0	-96.79%	18.18%	-69.23%	2575%
MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (74)	73.14%	0	-92.02%	-26.32%	-10.71%	936%
PRE-NATAL VITAMINS (94)	22.22%	0	-17.16%	124.85%	-23.42%	3.44%
ANTI-OBESITY DRUGS (08)	6.29%	0	25.19%	85.48%	12.42%	-39.4%
BLOOD (35)	5.97%	0	7.76%	-0.29%	40.98%	-34.43%
ANTIARTHRITICS (14)	4.39%	0	8.71%	2.3%	-3.65%	15.67%
CONTRACEPTIVES (47)	4.24%	0	-20.45%	15.98%	-11.44%	41.24%
HORMONES (68)	3.45%	0	11.23%	9.23%	-1.72%	16.06%
ANTI-HISTAMINE AND DECONGESTANT COMBINATION (18)	2.89%	0	3.44%	23.02%	-1.95%	-9.72%
ANTIPARKINSON DRUGS (29)	2.85%	0	-0.16%	8.63%	-10.67%	14.83%

There are five drug classifications (Generic Therapeutic Class (GTC), Specific Therapeutic Class (STC), Ingredient Class Level (HICL), Generic Code Number (GCN), and National Drug Code (NDC) to refine the selected report. Each of the classifications provides the user the ability to produce reports using drug claims from a macro to micro level. Using the drop down box under "Drug Classification Options:" the user can select one of the five classifications.

Figure 31: Business PlanFormance FDB Classification Options

Select Report Options:

Report Type: Rank By: Filter:

Period By: Starting Period: Ending Period:

Line of Business:

ME Code:

FDB Classification Options:

Report By: Maximum:

Enter a STC: STC Description:

- Generic Therapeutic Class (GTC)
- Specific Therapeutic Class (STC)**
- Ingredient Class Level (HCL)
- Generic Code Number (GCN)
- National Drug Code (NDC)

After running the GTC report, the user can select a particular GTC class and drill-down the detail level viewing the actual STC drugs.

Figure 32: Business PlanFormance Drill Down to STC

Publication: BPFDB_00019590 Summary Report By Date of Service for Periods:

Line of Business: ALL

ME Code(s): ALL

Reporting Detail: Specific Therapeutic Class (STC) Ranked by Paid

GTC	STC	Claims	Paid
PSYCHOTHERAPEUTIC DRUGS (80)	ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG (H7T)	374,920	\$76,885,231
PSYCHOTHERAPEUTIC DRUGS (80)	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS) (H2S)	317,906	\$24,316,388
PSYCHOTHERAPEUTIC DRUGS (80)	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED ()	26,432	\$7,743,647
PSYCHOTHERAPEUTIC DRUGS (80)	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS) (H7C)	44,982	\$5,374,791
PSYCHOTHERAPEUTIC DRUGS (80)	ANTI-ANXIETY DRUGS (H2F)	182,243	\$4,338,208
PSYCHOTHERAPEUTIC DRUGS (80)	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS) (H7D)	48,272	\$3,701,257
PSYCHOTHERAPEUTIC DRUGS (80)	ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS (H7B)	48,021	\$2,603,991
PSYCHOTHERAPEUTIC DRUGS (80)	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/MORCOLEPSY (H2V)	11,747	\$1,184,478
PSYCHOTHERAPEUTIC DRUGS (80)	ANTI-PSYCHOTICS, PHENOTHIAZINES (H2G)	30,962	\$1,106,349
PSYCHOTHERAPEUTIC DRUGS (80)	ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, BUTYROPHENONES (H7O)	18,595	\$813,246
PSYCHOTHERAPEUTIC DRUGS (80)	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS) (H7E)	76,081	\$702,805
PSYCHOTHERAPEUTIC DRUGS (80)	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB (H2U)	46,524	\$640,894
PSYCHOTHERAPEUTIC DRUGS (80)	ANTI-MANIA DRUGS (H2M)	23,770	\$409,739
PSYCHOTHERAPEUTIC DRUGS (80)	TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), MRI-TYPE (H7Y)	3,647	\$387,313
PSYCHOTHERAPEUTIC DRUGS (80)	SSRI & ANTIPSYCH, ATYP, DOPAMINE & SEROTONIN ANTAG COMB (H7Z)	579	\$144,264
PSYCHOTHERAPEUTIC DRUGS (80)	ANTIPSYCHOTICS, DOPAMINE & SEROTONIN ANTAGONISTS (H7U)	1,403	\$128,761
PSYCHOTHERAPEUTIC DRUGS (80)	ANTIPSYCHOTICS, DOPAMINE ANTAGONIST, DIHYDROINDOLONES (H7S)	756	\$122,016
PSYCHOTHERAPEUTIC DRUGS (80)	ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, THIOXANTHENES (H7P)	2,221	\$58,405
PSYCHOTHERAPEUTIC DRUGS (80)	MAOIS - NON-SELECTIVE & IRREVERSIBLE (H7J)	658	\$49,946
PSYCHOTHERAPEUTIC DRUGS (80)	ANTIPSYCH, DOPAMINE ANTAG., DIPHENYL BUTYL PIPERIDINES (H7R)	279	\$19,516
PSYCHOTHERAPEUTIC DRUGS (80)	TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATHS ()	176	\$11,032

The user may continue to drill down to HICL, GCN, and NDC level.

Figure 33: Business PlanFormance Drill Down to GCN

Publication: BPFDB_00019590 Summary Report By Date of Service for Periods:				
Line of Business: ALL				
ME Code(s): ALL				
Reporting Detail: Generic Code Number (GCN) Ranked by Paid				
GTC	STC	HICL	GCN	Claims
RAPEUTIC DRUGS (80)	ANTI-ANXIETY DRUGS (H2F)	ALPRAZOLAM (01617)	ALPRAZOLAM 0.5MG TABLET ORAL (14261)	16,347
RAPEUTIC DRUGS (80)	ANTI-ANXIETY DRUGS (H2F)	ALPRAZOLAM (01617)	ALPRAZOLAM 1MG TABLET ORAL (14262)	11,117
RAPEUTIC DRUGS (80)	ANTI-ANXIETY DRUGS (H2F)	ALPRAZOLAM (01617)	ALPRAZOLAM 1MG TAB.SR 24H ORAL (17424)	1,226
RAPEUTIC DRUGS (80)	ANTI-ANXIETY DRUGS (H2F)	ALPRAZOLAM (01617)	ALPRAZOLAM 0.25MG TABLET ORAL (14260)	15,333
RAPEUTIC DRUGS (80)	ANTI-ANXIETY DRUGS (H2F)	ALPRAZOLAM (01617)	ALPRAZOLAM 2MG TABLET ORAL (14263)	2,897
RAPEUTIC DRUGS (80)	ANTI-ANXIETY DRUGS (H2F)	ALPRAZOLAM (01617)	ALPRAZOLAM 2MG TAB.SR 24H ORAL (17425)	597
RAPEUTIC DRUGS (80)	ANTI-ANXIETY DRUGS (H2F)	ALPRAZOLAM (01617)	ALPRAZOLAM 0.5MG TAB.SR 24H ORAL (17423)	600
RAPEUTIC DRUGS (80)	ANTI-ANXIETY DRUGS (H2F)	ALPRAZOLAM (01617)	ALPRAZOLAM 3MG TAB.SR 24H ORAL (19681)	258
RAPEUTIC DRUGS (80)	ANTI-ANXIETY DRUGS (H2F)	ALPRAZOLAM (01617)	ALPRAZOLAM 1MG/ML ORAL CONC. ORAL (14264)	1
Totals:				48,376
Program Paid: \$579,207,853				

The Pharmacy Clinical Manager will use the Business PlanFormance to conduct different fiscal type analysis and supplement clinical information in the Clinical PlanFormance to make RetroDUR topics ideas.

5. Reporting Procedures

The Pharmacy Clinical Manager will use VAMMIS, Cognos' Query Studio, and CyberFormance to meet DMAS reporting needs.

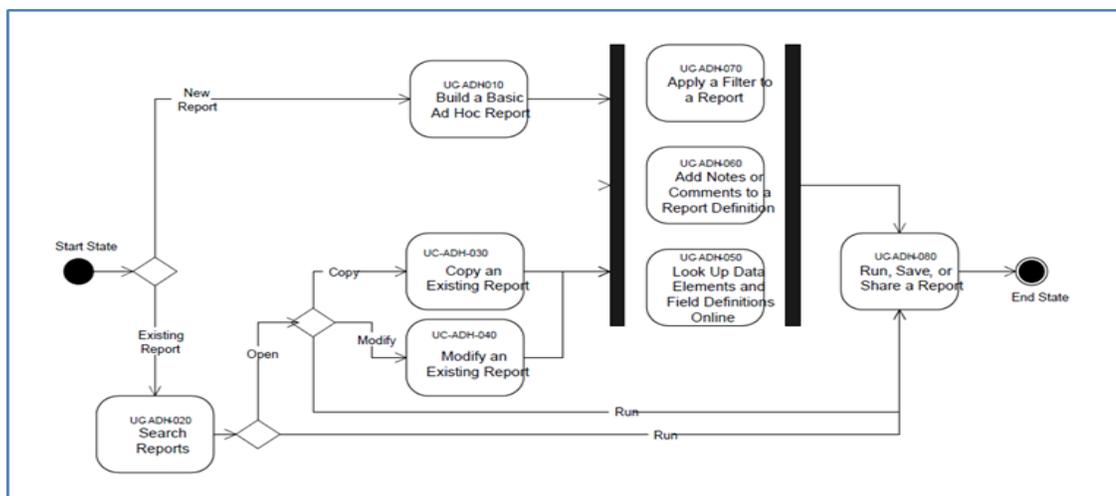
 **Service Level Agreement-** 100% standard DUR reports delivered ≤ 10 calendar days from the end of the month.

5.1. Adhoc Reporting Process

Adhoc report request from DMAS may be made by any of the following DMAS Pharmacy Program staff:

[Redacted list of DMAS Pharmacy Program staff]

The DMAS Pharmacy Program staff listed above may submit adhoc requests to the Pharmacy Clinical Manager via email that defines the requirements for the requested report and the desired timeline. The Pharmacy Clinical Manager will also work with DMAS to configure Remedy so these adhoc requests may be submitted directly to the Pharmacy Clinical Manager through Remedy. Once the request is received, the Pharmacy Clinical Manager will follow the process illustrated below for adhoc reporting requests.



5.2. Standard Report Outputs

The table listed below includes those reports and the respective source.

Report	Sourc
RetroDUR Review Summary - Introduction	Manual
RetroDUR Review Summary – RetroDUR Profile Intervention Summary	Manual with input from CyberFormance
RetroDUR Review Summary – RetroDUR Recipient Cost Savings Report	CyberFormance
RetroDUR Review Summary – RetroDUR Profile Intervention Summary – Polypharmacy Cumulative Report	Manual with input from CyberFormance
RetroDUR Review Summary - Polypharmacy Cost Savings Report	CyberFormance
RetroDUR Review Summary – RetroDUR Letter Response Report by Response Code - Polypharmacy Cumulative Report	Manual with input from CyberFormance
RetroDUR Review Summary - RetroDUR Letter Response Report by Response Code	Manual with input from CyberFormance
ProDUR Cost Savings Report	Manual with ininput from VAMMIS
Summary of ProDUR Alerts	Manual with input from VAMMIS
Top 25 Drugs Ranked by Claim Count	Pharmacy Ad Hoc Data Mart
Top 25 Drugs Ranked by Payment Count	Pharmacy Ad Hoc Data Mart
Cost and Utilization Analysis by Drug Type	Pharmacy Ad Hoc Data Mart
Early Refill Alert Cost Savings for Retail Claims	Pharmacy Ad Hoc
Specialty MAC Claims – No TPL	Pharmacy Ad Hoc Data Mart
Hemophilia Agent Util Analysis	Pharmacy Ad Hoc Data Mart
VA Medicaid Providers Sorted by Claims Count	Pharmacy Ad Hoc Data Mart
Total Claims for Service Period	Pharmacy Ad Hoc Data Mart
Recipient Profile	Pharmacy Ad Hoc Data Mart
MAC Generic Claims	Pharmacy Ad Hoc Data Mart
SMAC	Pharmacy Ad Hoc Data Mart
Untitled: Total Payment Amt, Total Drug Quantity, Generic Name, GCN, Brand Name, Claim Count ID, Count (distinct reci)	Pharmacy Ad Hoc Data Mart
Untitled: Generic Name, NDC, Payment Amt, ICN	Pharmacy Ad Hoc Data Mart
Claims Profile for Provider ID Number	Pharmacy Ad Hoc Data Mart
Claims Balancing Report	Pharmacy Ad Hoc Data Mart
Prescriber Letter	CyberFormance
Prescriber Response	CyberFormance

5.3. Annual CMS Report

The Pharmacy Clinical Manager will use VAMMIS, Cognos, and CyberFormance to provide all report requirements for the Annual CMS Report. The first draft of this report is delivered to the DMAS RetroDUR Pharmacist in April for presentation to the DUR Board in May.

Report	Source
Annual DUR Report – Table 1 – Summary of ProDUR Alerts	Manual with input from VAMMIS reports
Annual DUR Report – Table 2 – Top ProDUR Exceptions by Problem Type/Drug in FFY 9999	Manual with input from VAMMIS
Annual DUR Report – Table 3 – Top ProDUR Intervention and Outcome Codes by Problem Type	Pharmacy Ad Hoc Reporting data mart
Annual DUR Report – Table 4 – Cost Savings Summary	Manual with input from VAMMIS
Annual DUR Report – Table 5 – Monthly Claims, Recipients, Profiles	Manual with input from CyberFormance
Annual DUR Report – Table 6 – Profile Intervention Summary	Manual with input from CyberFormance
Annual DUR Report – Table 7 – RetroDUR Intervention Activities	Manual with input from CyberFormance
Annual DUR Report – Table 8 – RetroDUR Cost Savings Report	Manual with input from CyberFormance
Annual DUR Report – Table 9 – Polypharmacy Cost Savings Report	Manual with input from CyberFormance
Annual DUR Report – Table 10 – Top 25 Therapeutic Class Cost Summary	Pharmacy Ad Hoc Reporting data mart
Annual DUR Report – Table 11 – Population Statistics for FFY 9999	Pharmacy Ad Hoc Reporting data mart
Annual DUR Report – Table 12 – Top 20 Therapeutic Classes for FFY 9999 , Sorted by Cost for Each Age Category	Pharmacy Ad Hoc Reporting data mart
Annual DUR Report – Table 13 – Cost of Selected New Drugs	Pharmacy Ad Hoc Reporting data mart

6. Appendices and Supporting Documents

6.1. VAMMIS Call Center Procedure Manual

. The manual is located on the VAMMIS SharePoint site at:

[Virginia MMIS](#) > [Document Library](#) > [Pharmacy](#) > Henderson Technical Call Center Manual

