Introduction to the ArchCare Advantage Formulary
by Foram Mehta, M.S., R.Ph.

A formulary is a list of covered drugs selected by the plan and approved by the Centers for Medicare and Medicaid Services (CMS). Prescribing drugs from the ArchCare Advantage formulary helps to minimize patient costs and reduce administrative burdens for you and your staff.

Access: The formulary is available on the ArchCare Advantage website at:

You can also use the search feature on our website to locate a drug using the brand or generic name. A printed version of the formulary is available by calling 1-800-373-3177. However, since changes may occur throughout the year, providers should consult the online formulary for the most up-to-date information.

Drug Tiers: Drugs on the ArchCare Advantage formulary are classified into two tiers: tier 1 for brand-name drugs, and tier 2 for generics.

Utilization Management Requirements: To ensure appropriate drug usage and patient safety, formulary drugs may be subject to certain restrictions. These may include:

- **Prior Authorization (PA)**: Prior authorization is needed in order for the plan to cover certain formulary drugs. Drugs that require prior authorization are identified in the formulary by the letters PA.
- **Step Therapy (ST)**: Step therapy requires that a safer, more effective or less expensive medication be tried before the plan will cover this type of drug. Drugs that are subject to step therapy are identified by the letters ST.
- **Quantity Limits (QL)**: For certain medications, the plan may limit the amount of drug that may be covered at any given time. These are identified with the notation QL.

To request prior authorization or an exception to step therapy or quantity limit requirements, providers should call 1-800-294-5979.

**Formulary Changes**: Changes to the ArchCare Advantage formulary may occur throughout the year. Members are generally notified up to 60 days before the effective date of the change. If you have a patient whose medication will no longer be covered by the plan, you may need to prescribe another drug or request a formulary exception for the plan to continue to cover it. Formulary exceptions can be requested by calling 1-800-294-5979.

For any additional questions, comments or concerns, please call ArchCare Advantage Provider Services at 1-800-373-3177.

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**CMS HEALTH OUTCOMES SURVEY**

Each spring, CMS conducts a baseline Health Outcomes Survey (HOS) of randomly selected members of all Medicare Advantage Organizations. Two years later, this same cohort is surveyed again to enable CMS to monitor health plan performance, reward top-performing plans, calculate frailty adjustments for payment purposes and inform ongoing programs and priorities. ArchCare Advantage uses the HOS survey data and tools and information provided by CMS to identify ways to improve the care our members receive.

The survey asks about a wide range of health parameters, from basic demographic data and height and weight to physical and mental health status (including depression indicators), smoking habits, chronic medical conditions, clinical symptoms, activities of daily living and healthy days. The survey also looks at key HEDIS (healthcare effectiveness data and information set) measures, such as management of urinary incontinence, physical activity, fall risk management and osteoporosis testing for women.

The three principal outcome measures are case-mix and risk adjusted by CMS to allow for valid comparisons between health plans. These are:

- **Percentage of members whose physical and mental health improved over two years**
- **Percentage whose physical and mental health remained the same over two years**
- **Percentage whose physical and mental health declined over two years**

The HOS also plays a central role in CMS’ Five Star Ratings of Medicare Advantage plans. Physical and mental health outcome measures from the 2000-2011 HOS survey cohort will be incorporated into the 2013 star ratings and used to calculate 2014 quality bonus payments to Medicare Advantage programs. HEDIS effectiveness of care results for 2011 also will be incorporated into the 2013 star ratings.

<table>
<thead>
<tr>
<th>HOS Item</th>
<th>Star Ratings Component</th>
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</thead>
<tbody>
<tr>
<td>Physical Component Summary change score</td>
<td>Improving or Maintaining Physical Health</td>
</tr>
<tr>
<td>Mental Component Summary change score</td>
<td>Improving or Maintaining Mental Health</td>
</tr>
<tr>
<td>Management of Urinary Incontinence in Older Adults</td>
<td>Improving Bladder Control</td>
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<tr>
<td>Physical Activity in Older Adults</td>
<td>Monitoring Physical Activity</td>
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<tr>
<td>Fall Risk Management</td>
<td>Reducing the Risk of Falling</td>
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<tr>
<td>Osteoporosis Testing in Older Women</td>
<td><strong>Osteoporosis Testing</strong></td>
</tr>
</tbody>
</table>

The Health Outcome Survey for this year will be mailed out to our members in early April. We ask our affiliated facilities to encourage their social work and volunteer staffs and members’ appointed representatives, family and friends to help them complete the survey and return it to the CMS-certified vendor as instructed in the survey packet. Return rates have been very low in past years, but with your help we can make this survey a success.

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**COMPLIANCE CORNER**

Did you know…that CMS requires ArchCare to monitor providers for fraud, waste and abuse? Some of the specific items we monitor for are: upcoding, unbundling, medical necessity and the improper use of modifiers. As a contracted provider, you are required to report compliance matters to us. You can report fraud, waste and abuse toll-free, anonymously and without fear of retaliation by calling 1-800-443-0463 or e-mailing compliancereports@archcare.org.

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ArchCare Advantage Continues to Expand
Residents of four nursing homes in New York’s Orange and Dutchess counties will soon be able to reap the benefits of ArchCare Advantage. Hudson Valley long term care provider Elant has entered into an agreement to offer ArchCare Advantage to residents of its 160-bed Elant at Fishkill Nursing Home in Beacon, NY. Enrollments are already underway, and residents of Elant’s nursing homes in Wappingers Falls, Goshen and Newburgh, NY are expected to be invited to enroll in phases as agreements are signed beginning later this year.
CMS created the Five-Star Quality Rating System to help Medicare beneficiaries and their families compare the various plans offered in their area. Starting in 2012, these ratings will also be used to award quality-based payments to plans.

Plans are rated on a scale of one to five stars, with five stars representing the highest level of quality:

<table>
<thead>
<tr>
<th>5 Stars</th>
<th>★★★★★</th>
<th>Excellent</th>
</tr>
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<tbody>
<tr>
<td>4 Stars</td>
<td>★★★★</td>
<td>Above average</td>
</tr>
<tr>
<td>3 Stars</td>
<td>★★★</td>
<td>Average</td>
</tr>
<tr>
<td>2 Stars</td>
<td>★★</td>
<td>Below average</td>
</tr>
<tr>
<td>1 Star</td>
<td>★</td>
<td>Poor</td>
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</tbody>
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All rated plans, including health maintenance organizations, point of service plans, local and regional preferred provider organizations and private fee for service plans, receive both summary and overall scores.

For Medicare Advantage plans, the summary score measures overall plan quality based on indicators of quality of care, access to care, responsiveness, beneficiary satisfaction and customer service. The summary score does not take into account a plan’s Part D prescription drug plan performance.

The overall score combines the plan’s summary score with its Part D rating. CMS used the overall score to calculate Five Star ratings for 2011, and has proposed using it to determine quality-based awards.

Due to our limited size, ArchCare Advantage did not receive a summary rating for Part C measures in 2012. Our Part D performance received three-and-a-half stars.

Provider participation in ArchCare Advantage’s ongoing quality initiatives are a key factor in our success. Among other measures, this year we are focusing on medication management to ensure that we achieve our goal of four stars for contract year 2013. Specific areas being targeted include:

- Diabetes medication dosage
- Diabetes adherence
- Use of high-risk medication in the elderly
- Drug-disease interaction in the elderly
- Drug-drug interactions

Performance against each of these measures will be tracked monthly to identify opportunities for improvement. We look forward to the support and cooperation of our entire provider community as we work to continually enhance the health and quality of life of our members.

Name:
Sheree Starrett, MD, MS
Medical Director, ArchCare Advantage

Background:
After graduating from the New York University School of Medicine, I trained for six years in internal medicine, hematology and medical oncology. I am Board Certified in all three fields. In the late 1980s, I began to work exclusively with HIV/AIDS patients. I had to learn with them how to best manage their symptoms and help them and their loved ones cope with end-of-life issues. From those experiences and my subsequent years as a nursing home medical director, I became more involved with the elderly, palliative care and end-of-life concerns. I joined the ArchCare Advantage team in May 2011.

Role:
My job as Medical Director is to make sure that our members receive the highest quality care. I believe that the ArchCare Advantage care model, with its emphasis on personalized, coordinated care, is the best way to accomplish that goal. Our care managers develop relationships of trust with our members and their families and work with them set care goals that are consistent with their individual health needs and beliefs.

Why ArchCare Advantage?
My mother suffered from Alzheimer’s and lived the last years of her life in a nursing home. My siblings and I enrolled her in a Medicare managed care program very similar to ArchCare Advantage. We appreciated how mom’s nurse practitioner worked with her primary care physician and the nursing home team to give her the best possible care and make sure her wishes for maximum comfort were respected. She died peacefully at her nursing home this past December. I am committed to making sure that each of our members receives the same loving care and attention that my mother did.