



PBM Migration: Lessons Learned in Part D



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Poll

Please identify how you best relate:

- A. I represent a sponsoring organization that includes a Part D benefit.
- B. I represent a sponsoring organization that does NOT have a Part D benefit.
- C. I am a key stakeholder in policy making and oversight of benefits (e.g., CMS, CMS Partner, Advocacy Group).
- D. None of the above.

What Worked Well

During WellCare's PBM migration to a new PBM, there were several key aspects that contributed to the overall success.

CMS Guidance and Input

Early and frequent communication with both the central and regional CMS offices offered opportunities for guidance and input, as well as sharing of improvements experienced with other large health plan PBM migrations.



Executive Engagement

One Team Organizational Commitment

WellCare and PBM executive leadership teams engaged throughout migration

Organizational commitment to success – top 5 company priority

Mitigation Strategies

Developed and deployed strategies to mitigate impact including:

- Formulary additions in 4th quarter 2015
- Emergency fill override process
- Robust communication strategies

Peer-to-Peer

Engaged in dialogue with other health plans that had gone through previous conversions to understand what did and what did not work.

Project Planning

WellCare, consultants and PBM spent extensive time at the beginning of the program to do the following:



Align on Critical Dates

Conduct Oversight

Identify the
Development of Risks

Assess Critical
Milestones

Pre-Deployment Planning

Exhaustive QA and planning conducted to help mitigate deployment risks.

WellCare completed operational readiness assessment, development of operational and catastrophic contingencies and alignment on issue management processes with the PBM.

Pre go-live independent readiness review assessment performed by independent consulting firm.

Post Go-Live Monitoring

Daily post go-live monitoring of paid and rejected claims for appropriateness with specific focus on transition, formulary and pharmacy network, on pharmacy help desk and beneficiary calls and on migration-related complaints and grievances.

Post Go-Live Reporting

Daily executive post go-live monitoring via a detailed dashboard helped to monitor and trend plan performance.

Same view was shared with CMS on a weekly basis to report progress.

Communication Strategies

Aimed at Member and Provider populations to reduce confusion and potential disruption

Communication Strategies (cont.)

Outbound Calls

- Advise beneficiary of new ID card
- Automated calls to members with formulary or network changes
- Additional direct outreach to all members impacted that had previously filed CTMs

In-bound Calls

- CSR training for transition awareness
- Interactive Voice Response (IVR) Messages
 - ID cards
 - Formulary changes
 - Pharmacy providers with routing info
- Beneficiary has the option to connect to Customer Service Representative

Communication Strategies (cont.)

Website Updates

- Update website on newly added pharmacies and included additional contact information
- Provider and Member Web Portal Notifications

Written Communication

- Network Disruption
- Formulary Changes
- Part D EOB Insert
- ID Cards
- Post Cards
- Beneficiary Newsletter
- Provider Directory
- Provider Newsletter
- Targeted Prescriber Letter
- Industry Trade and Advocacy Group Engagement (e.g., NCPA, SHIPs)

Communication Strategies (cont.)

POS Messaging

- POS messaging on the incumbent claim system notifying the pharmacy to submit Rx to new PBM with new 4Rx info

PBM Pharmacy Network Fax Blasts

- Incumbent notifying pharmacies they will no longer be WellCare's PBM
- New PBM notifying pharmacies of the change and new processing information

Areas of Opportunity

As a result of post-migration analysis, WellCare has identified areas of opportunity to improve upon for future conversions.

Vendor Transition Prior Authorization

Understanding all components of the Prior Authorization set-up on the incumbent PBM, as well as the intent, is critical in translating, cleansing and loading the Prior Authorizations on the new PBM system. Control points are also critical to ensure all Prior Authorizations are supplied by the incumbent PBM and loaded by the new PBM.

Migration Timeframe

Understanding of the time zone logic coding of the PBM system is important to avoid member disruption at the anticipated cut-over time.

The PBM server was coded to Central time which caused denied claims for a one-hour period immediately after migration on Eastern time.

Transition Period Start Date

Ensure transition logic is properly coded to address year-over-year transition fills and new member starts. Enhance procedures for handling escalated cases for critical access medications when beneficiary transition supplies are exhausted.

Formulary Disruption Letters

Coordinating the creation, approval, printing, distribution and timing of the formulary disruption letters could have been improved so that the beneficiaries received the letter earlier in the Annual Enrollment Period.

Formulary Disruption Letters (cont.)

Recommend mailing in October instead of November. Also, consider “reminder” communications in November and December.