



## Longitudinal Adherence Monitoring Program: Frequently Asked Questions

**Description:** The Longitudinal Adherence Monitoring Program (LAMP) is designed to improve and maintain medication adherence for targeted patients while rewarding high performing pharmacies for documented interventions and for patients who are adherent (Proportion of Days Covered or “PDC” of 80% or better) at the end of the calendar year. The program will evaluate the following core adherence measures: Diabetes PDC, RASA PDC, Cholesterol PDC, and Statin Use in People with Diabetes (SUPD) for the year-to-date measurement period of January 1 - December 31.

### FAQ:

**Q: How are patients attributed to my pharmacy?**

A: The patient is attributed to your pharmacy because the most recent fill of the targeted medication was filled at your pharmacy.

**Q: What are the different intervention types?**

A: The type of intervention and payment for intervention varies by payer. Not all payers will have each intervention available. Documentation must be made in the EQUIPP dashboard to receive payment. Interventions available within the LAMP program include:

**Quarterly Check-ins**

- o Q2 Check-in: April – June 2024
- o Q3 Check-in: July – September 2024
- o Q4 Check-in: October – December 2024

**Extended Days’ Supply (EDS) Conversion**

- o Extended days’ supply fills are correlated with higher adherence
- o These may be available at any time in the calendar year
- o Requires accompanied validated claim.
- o Documentation must be completed on or before the date of fill.

**Final Fill**

- o Patients eligible to reach adherence for 2024 by receiving one last prescription.
- o Opportunities available in Quarter 3 and 4.
- o Quality-driven conversations during Quarterly Check-ins can help ensure patients unlock this opportunity.
- o Requires accompanied validated claim.
- o Documentation must be completed on or before the date of fill.

## FAQ (Continued):

### **Statin Use in People with Diabetes Conversion**

- o Eligible diabetes patients to have a statin medication prescribed, filled, and picked up.
- o Up to one conversion per patient.
- o Requires accompanied validated claim.
- o Documentation must be completed on or before the date of fill

### **Q: *An Additional Year-End Adherence Bonus is available if the following criteria are met:***

- A:
- o Patient must have at least 80% PDC in 2024
  - o Patient must have the required number of quarterly check-ins completed for the pharmacy to be eligible for bonus (see plan details for amount required by plan)
  - o Note: Both criteria are measure-specific

### **Q: How should I prioritize the patients for outreach and intervention?**

- A: Best practices include:
- Prioritizing patients with the nearest target refill dates
  - Using the sorting feature by clicking on the “Target Refill Date”
    - o Note: the earliest dates will appear at the top of opportunities, including past dates. Scroll down to locate “Not Started” (available to work) opportunities.
  - Logging in weekly to see the most up-to-date patient listing!

### **Q: Will I see more Final Fill or EDS Conversion opportunities?**

- A: Option 1: A significant amount of patient opportunities late in the measurement year will be displayed as Final Fill. The amount of Final Fill opportunities will be driven by ensuring patients remain adherent throughout the calendar year leveraging Check-ins to unlock the Final Fill opportunities. To be successful, Final Fill Interventions must be the same days’ supply as the previously filled prescription claim. For example, if the patient is currently receiving a 90-day supply for the applicable medication, they must continue to receive a 90-day supply.

Option 2: EDS Conversion opportunities may be available as early as the start of the program. While EDS Conversions will only be a portion of the opportunities, Final Fill opportunities will be available for all patient opportunities that have remained near or above adherence.

### **Q: Can one patient have multiple opportunities?**

- A: Yes! A patient may have multiple opportunities if they need further intervention to ensure year-end adherence for blood pressure, diabetes, or cholesterol medications. Note that a single patient can also have similar opportunities across different quality measures.

## FAQ (Continued):

**Q: Why do I see similar intervention types for a single patient in multiple measures? Do I**

**A: have to document my conversation with the patient for each one?**

If the opportunities for the patient are for the same quality measure (i.e. Cholesterol, Diabetes, RASA) the documentation will be listed as one intervention, and you will only be able to document once for both interventions (EDS and Check in). For example the Check in could be “Successful,” but the patient could refuse a 90-day fill and it is “Unsuccessful.” In this case, both “Successful” and “unsuccessful” are acceptable documentations. EDS conversions are not paid unless there is a claim to validate (a fill for a 90-day prescription) therefore if there is no claim your pharmacy will not be paid nor penalized. Check-ins are paid regardless of the outcome, **i. The most important thing to do is document!**

However, if there are different interventions for different measures (ie. Check in for cholesterol and check in for RASA) both of these interventions must be documented **separately**. It is at your discretion if you choose to have multiple outreaches to the patient or to discuss all relevant measures at one time as long as both measures are documented on.

**Q: When can I expect payment for each completed documentation?**

A: Documentations will be evaluated monthly, and payments will be based on intervention requirements being met for each opportunity. Payments are expected to be disbursed to pharmacies no later than 30 days post receipt of funds from the health plan.

**Q: Where can I locate my pharmacy’s opportunities?**

A: The Longitudinal Adherence Monitoring Program (LAMP) opportunities can be found in the Enhanced Services tab (looks like a bullseye) on the left-hand side of the EQUIPP dashboard. From there, click on this program to identify the patients and their opportunity types.

**Q: How often should I check EQUIPP for new Longitudinal Adherence Monitoring Program**

**A: opportunities?**

Patient opportunities will be updated in EQUIPP every Friday.

**Q: How long do I have to work on patient cases?**

A: Quarterly check-ins will be available throughout the quarter. EDS Conversions and Final Fills will be available at different times (as described under Intervention Types). Target refill dates will be provided, and best practices are to ensure the documentation is completed near and before the target refill date to ensure requirements are met.

**Q: Why do the financials say “Estimated?”**

A: While Check-ins will be paid based on completions, EDS Conversions and Final Fills require non-reversed claims to meet the intervention requirements.

Final Fills will be required to be of equal or greater day supply as the previous fill and must be filled before the patient misses the ability to be adherent for the year.

## FAQ (Continued):

EDS Conversions will need to have a days supply of at least 84 days or greater.

If documentation is not completed or if a qualifying claim is not filed, both Final Fills and EDS conversions will become available again after 21 days for eligible patients.

**Q: If I complete a quarterly check-in, and it is past the “Target Refill Date”, will I still get credit?**

**A:** As long as the opportunity for the Quarterly Check-in is still visible, it is active! The “Target Refill Date” is an indication of when the prescription is or was due, based on the patient’s last prescription fill for an applicable medication for that class of therapy.

