



Longitudinal Adherence Monitoring Program: Frequently Asked Questions



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. In addition, there are several quality gap measures that are included with LAMP this year: Statin Use in People with Diabetes (SUPD), Statin Use in Persons with Cardiovascular Disease (SPC) and Asthma Controller Gap for the 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

- Q1 Check-in: February - March
- Q2 Check-in: April - June
- Q3 Check-in: July - September
- Q4 Check-in: October - December

Extended Days' Supply (EDS) Conversion

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

FAQ (Continued):

Final Fill

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

Statin Use in People with Diabetes Conversion

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

Statin Use in Persons with Cardiovascular Disease (SPC) Gap Intervention

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

Statin Use in Persons with Cardiovascular Disease (SPC) Intensity Conversion

- Eligible patients prescribed low-intensity statin, are converted to a moderate to high intensity statin that is prescribed, filled, and picked up.
- Up to one conversion per patient. Moderate to high intensity statin required.
- Requires accompanied validated claim.
- Documentation must be completed on or before the date of fill.

Asthma Controller Gap Measure

- Eligible asthma patients have a controller (maintenance) inhaler prescribed, filled and picked up.
- Up to one conversion per patient (for addition of controller/maintenance inhaler).
- Requires accompanied validated claim.
- Documentation must be completed on or before the date of fill.

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

A: Best practices include:

- Prioritize patients with the closest expiration dates.
- Use the sorting feature by selecting “Expiration Date” in the All Patients view or EHS tab.
- Note: The earliest dates (including past dates) will appear at the top of the opportunities list. Scroll down to find opportunities that have not yet been worked.
- Log in weekly to ensure you’re viewing the most current patient list.

FAQ (Continued):

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

A: Final Fill: 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.

EDS: EDS Conversion opportunities may be available as early as the start of the program.

Overall: While EDS Conversions will only be a portion of the opportunities, Final Fill 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.

Q: Why do I see similar intervention types for a single patient in multiple measures? Do I have to document my conversation with the patient for each one?

A: 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. 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. Payments will be distributed by your PSAO as a "PQS" or "Pharmacy Quality Solutions" payment. Specific questions regarding payment should be directed to your PSAO.

FAQ (Continued):

Q: Where can I locate my pharmacy's opportunities?

A: Longitudinal Adherence Monitoring Program (LAMP) opportunities are located in the All Patients tab (the patient-on-a-clipboard icon) on the left side of the EQUIPP dashboard. From there, you can use the Opportunity Type filter at the top of the page and select "LAMP." This will display all LAMP opportunities and provide key details, including the patient's PDC rate, whether they are adherent or an outlier, opportunity details, current status, and estimated earnings associated with each opportunity.

A2: LAMP opportunities can also be accessed through the Enhanced Services tab (bullseye icon) on the left side of the EQUIPP dashboard. From there, select the Longitudinal Adherence Monitoring Program to view all available LAMP opportunities, including expiration dates, compensation details, and availability.

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

A: Patient opportunities will be updated in EQUIPP every Friday.

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

A: 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, Final Fills and Care Gap Measures (SUPD, SPC, Asthma) 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.

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 remain active until the intervention end date specified by the health plan 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.



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