



State of California—Health and Human Services Agency
Department of Health Care Services



Medi-Cal Rx Managed Care Plan (MCP) Clinical Liaison (CL) Policy

Version 2.0; Current as of 08/14/2020

Policy Background

Magellan will provide a dedicated MCP CL team to support the Medi-Cal MCPs in their obligations relating to beneficiary care coordination, medication adherence, and other responsibilities related to medication requirements. The MCPs will be provided access to the MCP CL's through Magellan's dedicated Medi-Cal Rx Integrated Voice Response (IVR) system to assist and resolve clinical pharmacy-related issues, as outlined below, on a 24/7/365 basis. The staff ratios for MCP CLs¹ will be highly monitored by Magellan, and we will provide a feedback survey to gain insight into how better to serve the needs of MCPs and our joint beneficiaries. DHCS will utilize these surveys, along with other tools, to monitor MCP CL performance metrics, and work internally with Magellan to address any gaps and/or deficiencies, which are part of DHCS' larger contract monitoring and oversight responsibilities. The MCP CLs will be either a Certified Pharmacy Technician (CPhT) or a nurse, expert users of the FirstTraxSM contact center system and have in depth knowledge of the Contract Drugs List (CDL) and Prior Authorization (PA) process. The MCP CL will have 24x7 direct access to a Magellan Medi-Cal pharmacist.

MCP CLs will be able to assist with any clinical, pharmacy-related matter, including but not limited to urgent/time-sensitive requests, PA statuses and claims issues, and will have direct access to Registered Pharmacists and a Supervisor. The MCP CLs' primary responsibility is to work directly with the MCPs on clinical pharmacy-related issues to ensure the beneficiaries receive the medications in a timely fashion and based upon the established DHCS Medi-Cal Rx policy. The MCP CLs will understand the population by developing profiles on each MCP, which will include information on the populations they serve, key areas of interest/challenges, and other nuances that are necessary to ensure quality customer service. By doing so, Magellan will better understand anything that is unique about the MCP's population and intervene in urgent cases that are not resolved by the normal, pharmacy call center and are escalated by the MCP's designated contact(s).

¹ Exact staffing ratios are under assessment. Staffing ratios were originally estimated during the bid process, and will allow for maximum staffing and full coverage during Monday – Friday core business hours, and a smaller team for early morning, nights, and weekends. Leading up to and post-go-live, DHCS and Magellan will assess call volume data to further evaluate staffing efficiency, and make any necessary adjustments future forward. Please note that the MCP CL is for clinical issues only and the other Medi-Cal Rx tools (MCP Portal and Full-Service Customer Service Center (CSC)) are meant to be available to serve callers for all other matters on a 24/7/365 basis.

The MCP CLs will also develop and own the relationship with particular MCPs, and will be trained to address all inquiries for the MCPs, inclusive of any unique scenarios that are relative to a particular MCP.

For example, the MCP CL will be trained to perform the following activities:

- Provide information relative to pending PAs, including status as approved, deferred, and/or denied. Since the PA process and CSC are managed by the same Medi-Cal Rx staff and tracked within the same system, if a PA is denied and/or deferred for more information, these notes will be in the system and available to the MCP CL.
- Facilitate intervention for urgent cases, such as upon hospital discharge, etc.
- Provide detailed review of Medi-Cal Rx drug coverage, PA requirements, Medi-Cal enrolled pharmacies, and share of cost policies.
- Provide details on denied claims and if needed, call the pharmacy to assist in processing.

Additionally, the MCPs will have access to the following information for the purposes of care coordination and medication adherence:

- Daily data feeds of claims and PA provided by Magellan to the MCPs for loading into the MCP care management technology solution
- Access to real-time claims and PA information via our Medi-Cal Rx Website & Pharmacy Portal.
- Access to a set of reports², as defined by DHCS, such as:
 - Opioid Use monitoring Reports
 - Multiple MDs/Pharmacies
 - Single Fill reports
 - No Fill reports
- Contracted MCP providers will also have access to key information via the PSP and via their practice management solutions certified with the ePrescribing systems support³ network with medication history, eligibility verification, and formulary status industry standard transactions.

More information relative to the Medi-Cal Rx PSP, associated access requests, and available tools/functionalities can be found in the Medi-Cal Rx Website & Pharmacy Portal Policy document.

To gain access to the MCP CL, the MCP must first go through the Magellan credentialing and provision process, which is described below.

² Please note that DHCS is still working in partnership with Magellan to finalize the list of reports that will be available through the Medi-Cal Rx website and pharmacy portal. In generally, the reports selected will be those that DHCS believes – through its discussions with MCPs – will be of the most value relative to clinical care coordination activities. Once the list is finalized, DHCS will share that information externally.

³ DHCS is working in partnership with Magellan to identify and implement an ePrescribing solution. Once finalized, DHCS will share the exact nature, content, and platform for the ePrescribing solution with the workgroup.

Provisioning of the MCPs for Live Assistance

Each individual who requires access to Medi-Cal Rx data will need to have their own User ID and Password for portal access. During this process, a “unique request ID” will also be assigned which will connect the authorized portal user to be able to authenticate when calling for live assistance.

Process

- 1.) DHCS will establish a primary point of contact for MCPs to request access to the MCP CLs⁴.
 - a. DHCS is responsible to control the request submission to ensure access is granted to authorized individuals.
 - b. Magellan will have a primary point of contact for DHCS to submit requests to.
 - i. In order to establish credentials, a process will be created to capture the individual's name, title, MPC, work email, and if the individual is a new incremental add or replacing someone who no longer needs access.
 - ii. The information will be submitted to Magellan through the designated primary point of contact and shared with DHCS for approval and access permission.
- 2.) Magellan will provide back the following: User ID, Temporary Password, and a Unique Request ID.
 - a. If a Password needs to be reset, the user can do this through the system.
 - b. If the Unique Request ID is forgotten, lost, or has been stolen/compromised, the user would need to contact either DHCS or Magellan to re-provide it. For stolen/compromised user ID information, the user would need to immediately notify Magellan and DHCS.
- 3.) MCPs are responsible for communicating all MCP employee changes (such as voluntary resignations or terminations) to DHCS and Magellan within 24 hours so that the individual employee's access can be terminated.

MCP CL Access Example

DHCS, in partnership with Magellan, is standing up a large CSC as of January 1, 2021 to support Medi-Cal Rx, which will be available 24/7/365⁵. Members, providers, and MCPs should be directly referred to the Medi-Cal Rx CSC IVR as the first stop for the provision of pharmacy services. An interactive example can be seen below:

⁴Please note that DHCS is still working in partnership with Magellan to finalize the process to be followed to request access. Once this process is finalized, it will be shared in a future meeting. That said, the process would allow MCPs to designate MCP staff (or subcontracted delegated entities) who can access the MCP CLs, which can include back-up designees.

⁵ Although the Medi-Cal Rx CSC will not be operational until January 1, 2021, the Medi-Cal Rx website with important information about provider training, Medi-Cal Rx policy, forms, etc., will be available on a flow basis starting in June 2020 and ramping up through the fall of 2020 when provider training commences. In the interim, DHCS' existing call center staff under the current Fiscal Intermediary will be releasing a series of regular notices and fielding calls relative to the Medi-Cal Rx transition.

- 1) The MCP calls the Medi-Cal Rx CSC, and uses option 4 on the IVR to access the dedicated MCP CL. MCP CLs will be staffed 24/7/365.
- 2) The IVR will require the caller to enter his/her Unique Request ID.
- 3) If a valid ID is entered, the call goes to a Liaison, and then the Unique Request ID, their name, and MCP will pop to the MCL CL. The MCP CL will ask the caller to provide their name and MCP.
- 4) If all elements match, the call will proceed, and Protected Health Information (PHI) can be disclosed.
- 5) If not, although the call will be answered, no PHI will be disclosed. In addition, the caller will be advised to reach out again later after obtaining the requisite credentials.

General Responsibilities

Medi-Cal MCPs	Medi-Cal Rx Customer Service Center & MCP CL
➤ Designate MCP representatives to manage and obtain access to Medi-Cal Rx portal and MCP CLs	➤ Provide secure system access
➤ Refer beneficiaries to Medi-Cal Rx CSC for additional support.	➤ Provide robust front-line support to beneficiaries and providers regarding their Rx benefit, claims, and PAs.
➤ Utilize the Medi-Cal Rx portal to look up prescription information if trying to further serve a beneficiary (instead of referring).	➤ Maintain the portal and service any user password resets, etc.
➤ Call MCP CL for real time help with an <u>escalation</u> of a claim/PA request.	➤ Provide dedicated MCP CLs for high touch issue resolution and regular review of FFS pharmacy services needed for care coordination.

Collaborate and meet regularly leading up to and following Assumption of Operations (AOO) as well as during the 180 day Pharmacy Transition Period to provide a non-disruptive transition to the FFS clinical program.

Sample Scenarios:

Ref #	Scenario	MCP CL Support
1	MCP calls the MCP CL regarding a needed PA for a critical beneficiary need.	<ol style="list-style-type: none"> 1. The MCP CL would look in the system and determine if the request was received. <ol style="list-style-type: none"> a. If not, the MCP CL could call the prescriber if the MCP knew the doctor's information to instruct him/her on how to submit. 2. If the PA were initiated, the MCP CL would determine where the request is in the process. <ol style="list-style-type: none"> a. If the request was still awaiting intake, the MCP CL could complete that step. b. If the request required more information, the MCP CL would initiate an outbound attempt to secure the needed information. c. If the request was with a Medi-Cal Rx pharmacist, the MCP CL could facilitate expediting the case (depending on other items in queue). d. If the request was with DHCS, the MCP CL could message the DHCS team and express the need for a quick response.
2	MCP calls the MCP CL due to a beneficiary's claim rejecting at the pharmacy and the beneficiary is out of medication.	<ol style="list-style-type: none"> 1. The MCP CL would confirm why the claim is rejecting. <ol style="list-style-type: none"> a. If the drug requires a PA, the CL would follow all the steps from Ref # 1. b. If the reject were clearable, the CL would call the pharmacy to get an appropriately paid claim. c. If the reject is not going to clear or if the PA requires more time to decision, the CL would consult on options, including a possible emergency supply.
3	MCP calls the MCP CL because the beneficiary cannot clearly articulate what scripts he/she has filled and when.	<ol style="list-style-type: none"> 1. The MCP CL would be able to share scripts filled across providers and the fill pattern. <ol style="list-style-type: none"> a. Note: this info would also be visible on the portal to the MCP meaning additional outreach and training for the MCP representative would be encouraged.
4	MCP calls the MCP CL for a reason unrelated to clinical care coordination.	<ol style="list-style-type: none"> 1. The MCP CL would inform the MCP caller that the issue they are wishing to discuss is unrelated to clinical care coordination and would initiate a warm transfer to an appropriate CSC representative or make a referral to the appropriate organization to assist with research and resolution of the stated issue. Examples under this scenario could include the following:

Ref #	Scenario	MCP CL Support
		<ul style="list-style-type: none">a. Member eligibility/enrollment-related questions.b. Provider enrollment and/or disenrollment questions.c. General inquiries, complaints/grievances, and/or appeals questions.