

Anthem/BlueCross BlueShield of Texas Dallas ACO Select Plan for PepsiCo Members

Practice Resource Guide

Version 3.0

PROPRIETARY AND CONFIDENTIAL

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Revision History

Version	Date	Description
1.0	1/7/2019	Initial Publication
1.1	1/22/2019	Revisions to JOC, ID cards, contacts, scorecard and clawback
2.0	1/25/2019	Revisions to Vendor Table, addition of Provider FAQs (Appendix C)
2.1	2/6/2019	Revised contact listings
3.0	3/1/2019	New ESI content, practice updates, Admin/Practice versions

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1. Introduction

Purpose of the Practice Resource Guide

This Practice Resource Guide (“Guide”) is offered to your practice as a support tool. It is designed to share the philosophy, objectives, and operational details of the Dallas ACO Select Plan for PepsiCo members (herein identified as the “Select Plan”).

The Guide outlines the components of the Select Plan model and the responsibilities of all parties participating in this partnership. The Guide is also intended to ensure common terminology are used across parties and to serve as a reference for operational questions as well as for training of staff involved in the Select Plan.

This Guide is offered as a “living document” with Anthem taking ownership to update as recommended by the participating parties. Also, as the Select Plan program evolves, those changes will be reflected in subsequent versions of the Guide.

Model Development and Description

Health care delivery is rapidly changing, with a renewed focus on delivering value - a combination of quality and cost - elements that are critical to employers and their employees. One of Anthem's long-standing National Account clients, PepsiCo, desired a solution that delivers a primary care provider-focused program in the Dallas/Ft Worth, TX market.

Anthem, in collaboration with the BlueCross BlueShield of Texas ("BCBSTX") supported the development of a program that lays a foundation for strong patient-to-PCP relationships. This program represents a new care delivery PCP-driven solution designed to support PepsiCo members living in and around the Dallas market. All participating practices participate in the BCBSTX Blue Distinction Total Care (BDTC) value-based program which identifies high performing practices and aligns performance and improved member outcomes with incentives.

The solution is driven by the belief that shifting the responsibility of comprehending complex health plan benefits and medical information to our members has reached capacity - members are bombarded with health care information but they often have little time or willingness to fully grasp the details. In addition, members place a high value and trust in their chosen providers. This program is designed to support an increased engagement between PCPs and members, as well as to drive overall better outcomes and healthier lives for members.

In this program, all parties are interdependent and all have accountabilities...

- The client, PepsiCo, is highly engaged at the leadership level and is offering multiple incentives to support member enrollment in the Select Plan.
- PCPs and clinicians to manage, diagnose and coordinate the health care needs of their defined patient populations.
 - Additional quality standards are required with the client, PepsiCo, funding additional provider incentives for successful outcomes.
 - Referring members to high performing specialists based on data analyses of key high-cost specialists.
 - Offering multi-channel access for patients seeking care.
- Members are engaged at a higher level and incentivized to actively participate in the Select Plan supported by the Anthem Health ACE team of advocates and clinicians.
- Anthem to provide the Dallas ACOs with clinical and non-clinical support.

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- Ongoing, highly detailed, actionable patient-specific data to support patient care
- Providing each ACO with dedicated clinical resources

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Select Plan Objective

The objective of the Select Plan is to drive better health outcomes and value for clients by offering a patient-centric model that increases accountability and incentivizes care transformation.

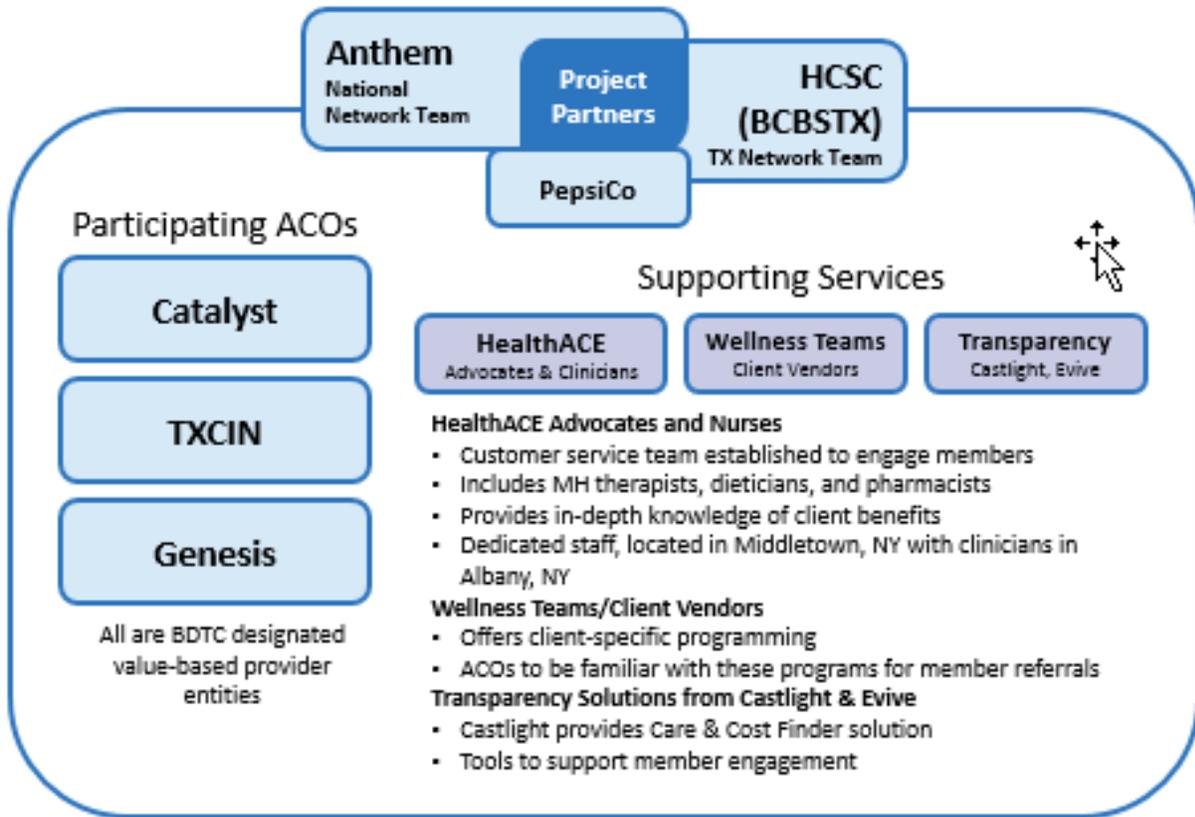
ACO Practice Guiding Principles

- Goals and objectives are understood and **actively supported** by practice management
- Staff are **actively engaged** with client's members
- Quality Improvement ("QI") teams and processes are **integrated** into office standards
- Identify and **close gaps** in care
- Patient-specific data is readily available to clinicians and used for **proactive** patient management
- PCP referrals to **high value** providers in key specialties
- **Exceptional member experience**
- Every patient is **assigned** a care team, led by their chosen PCP
- Structure and systems are in place to assure proper engagement and **shared accountability** for improved outcomes



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Key Participating Entities



2. Select Plan Operational Information

General Program Rules and Guidelines

In order to ensure high member engagement, the Select Plan program has established the following rules.

The Dallas ACO PCP Practices will outreach to New Patients within 30 days of receipt of notification to introduce themselves and help the member select a PCP based on member preferences (e.g., location, distance, gender, languages spoken, etc.) and to schedule an Activation Visit (AV) (aka: wellness visit or physical) with their newly selected PCP.

During the AV, the member will be introduced to their Practice Care Coordinator (recommend that this be a clinician; however, the ACO has discretion to assign appropriate staff) who will become that member's go-to resource at the Practice should the member need any post-visit follow-ups (e.g., prescription refills, specialist referrals, etc.) or to schedule any future PCP visits. The ACO will collaborate with the PCP to ensure that post-visit follow-ups are completed.

PepsiCo is seeking an exceptional member experience for their members enrolled in the Select Plan. What does this mean for the ACO? While not requirement for the Select Plan program, the following represents a few suggestions on ways to increase your patient satisfaction scores by creating a higher level of personalization for the member¹:

- Good impressions start with the first encounter and typically the first impression starts over the phone when scheduling an appointment or when a member comes into your office for the first time. Are you friendly and helpful? Are you smiling? Is the waiting room clean and orderly? These are the things that can make or break the first impression.
- Keep wait times to a minimum, as much as possible! This is probably the top issue we hear from our members - "the doctor took too long." If there is the potential for a long wait, check in with the patients so they are informed and perhaps offer to reschedule, if warranted.
- Make the patient feel like they are valued, respected and that you will care for them. Knowing and understanding their personal details really do matter.
- Exceptional patient experience involves ongoing communication with the patient. One of the key components of the Select Plan model is the ability to follow-up with patients after their visit. It can be in the form of outbound calls and/or additional communication with the Anthem clinical/advocate (Health ACE) team just to check in to see if they need assistance with medication refills, referrals or scheduling future appointments.
- Meeting the expectation of same/next day appointments for urgent, acute illness events.

There are a number of articles on the web to help practices develop their exceptional member experience skills. In addition to the information above, here are a few other articles worth reviewing:

¹ <http://blog.medicalgps.com/8-essential-practices-for-creating-an-exceptional-patient-experience/>.
Reprinted 1/24/2019.

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[Eight easy ways to improve patient satisfaction](#), published by Medelita.

[Six ways to improve patient satisfaction](#), published by PhysiciansPractice.com.

[Ten ways to boost patient satisfaction](#), published by Health Care Finance News.

Here are a few other program rules to be aware of when managing a PepsiCo Select Plan member:

- Members must remain with their chosen ACO Entity for the calendar year (unless they terminate employment or have an approved eligibility exception).
- Members will have the option to change their selected PCP on a monthly basis; however, members must choose from the PCPs that are within their chosen ACO Entity. Changing the PCP within their chosen ACO does not require a new Activation Visit (AV).
- New hires and members added due to a qualifying family event will require an Activation Visit (AV) within the first 120 days of benefit activation. New members will be identified in the monthly membership files submitted to the ACO. The ACO will share the membership information with the Practice.
- The Activation Visit (AV) to occur within the first 120 days the patient's enrollment into the Select Plan. This is a Select Plan scorecard measure and in order to assist, the program is offering incentives to the patients to comply. And, remember, Anthem's Health ACE team is available to support the member engagement so let us know how we can assist (Health ACE contact information is provided in Section 5).

Select Plan Benefit Design

PepsiCo offers 2 primary plan designs: the *PPO Core Plus Select Plan* and the *PPO Healthy Advantage Select Plan*. Both of these plan designs exclude any out-of-network coverage so be sure when referring to specialists, that the provider to whom you are referring members to are actually in-network with Blue Cross Blue Shield. The Health ACE team is available to assist you with determining network status.

For specialists in the following categories, the Select Plan Preferred Specialist List should be used:

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- Cardiology
- Endocrinology
- Psychiatry
- Orthopedic Surgery
- Obstetrics Gynecology
- Oncology

The complete plan design descriptions are provided in the Appendix of this document.

What to do when a PCP leaves your practice

When a PCP provider leaves your ACO or changes to a different value-based model (e.g., concierge services), please contact your Anthem Health ACE team within 2 business days of notification to the ACO. Select Plan members do have the option to change their benefit plan if their PCP leaves the ACO. Anthem will be responsible for communicating the change to PepsiCo.

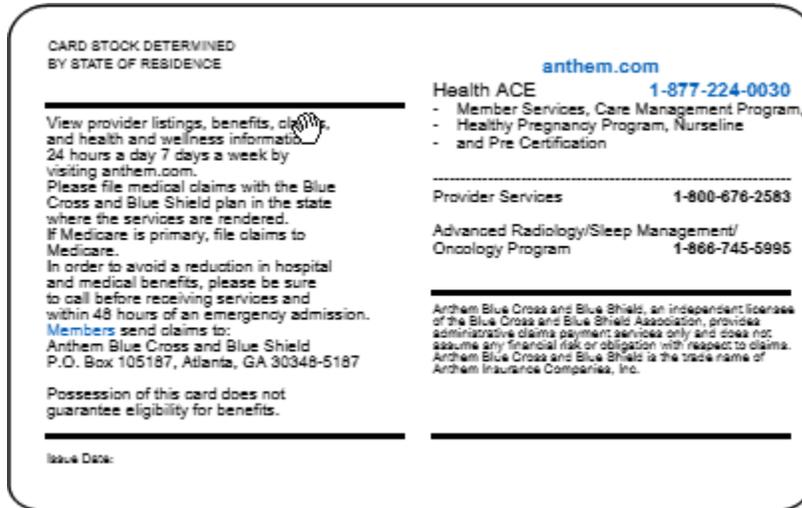
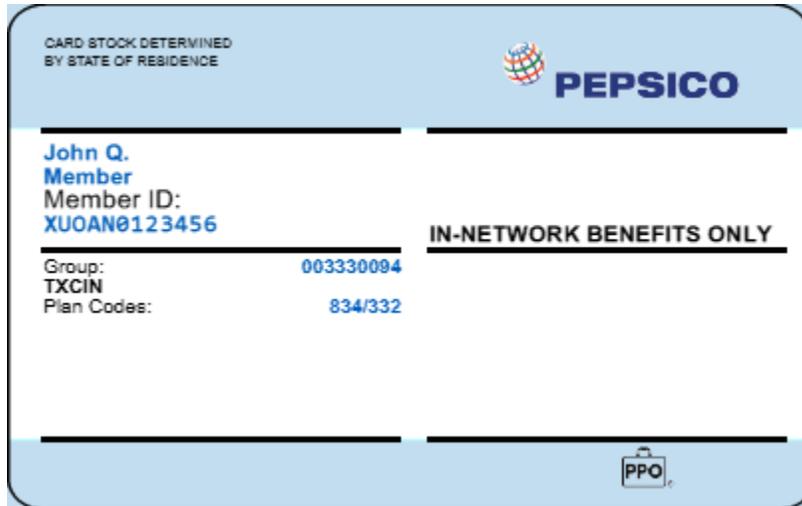
In addition, you will need to contact any affected PepsiCo Select Plan members to let them know that their PCP has left the ACO and to get them assigned to a new PCP. This notification should be completed within 5 business days. If you are unable to reach the member, please contact the Health ACE team for assistance.

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Sample ID Card - Medical Services

Below is a sample of the PepsiCo ID card. The Dallas ACO name will be printed on the card front (the example provided below is only a sample. Member ID cards will reflect the specific Dallas ACO as chosen by the member.

All TXCIN PepsiCo Select Plan members will have the alpha prefix: XUO



3. Express Scripts Operational Information

Express Scripts Pharmacy Information

Prescription Drugs are administered by Express Scripts. The program covers prescriptions filled at retail or mail order pharmacy and includes extended payment program, worry free fill refills, courtesy/authorization limit, preventive medications, step therapy, drug quantity management, etc.

Certain drugs are administered by Accredo (ESI specialty pharmacy) which focuses on managing specialty spend and ensuring patients receive the most effective and affordable medications with appropriate utilization.

For questions related to Select Plan pharmacy benefits, please contact ESI. Phone: 1-888-PEPSI-RX

Website: express-scripts.com/pepsico.

Express Scripts Benefit Design

Provided here is PepsiCo's benefit plan design for prescription drugs.

For members enrolled in the PepsiCo Healthy Advantage Plan, they must meet their deductible before the copays/co-insurance take effect. However, for the members enrolled in this Plan, PepsiCo has implemented a Preventive Drug List which may allow the member to avoid the deductible requirement and instead just pay the copays/co-insurances as indicated.

The PepsiCo Preventive Drug List is provided [here](#) and can be printed by the ACO upon member inquiry. This list is not all-inclusive and it will be updated periodically.

PepsiCo Pharmacy Benefit:

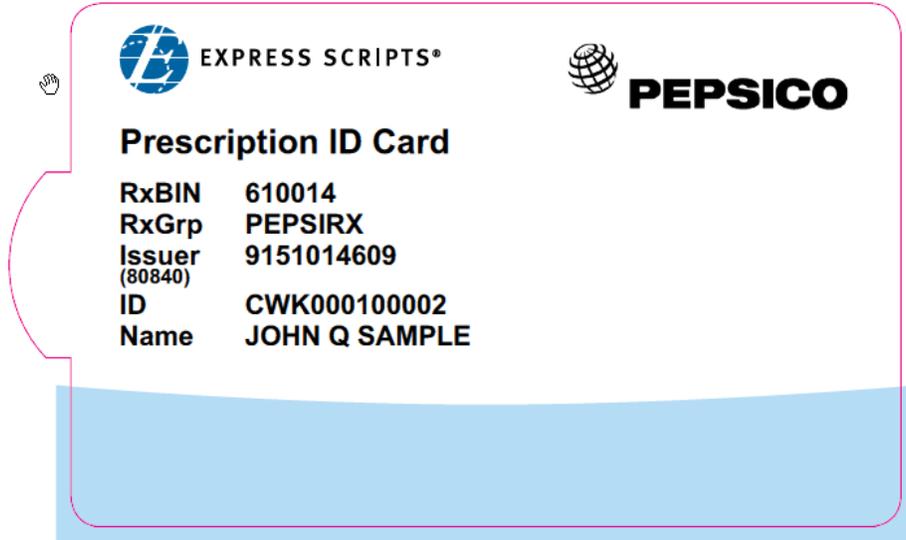
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Type of Drug	What it is	If you fill a prescription through a network retail pharmacy (up to 30-day supply)	If you fill a prescription through the mail-order service (up to 90-day supply)
Generic	A drug that is the chemical equivalent to a brand-name drug. These are typically the lowest-cost alternatives.	You pay a \$10 copay	You pay a \$20 copay
Preferred Brand	A brand-name drug listed as preferred on Express Scripts' formulary list. Clinically effective. Often lower cost than other brand-name drugs.	You pay 25% co-insurance with a \$120 maximum	You pay 25% coinsurance with a \$240 maximum
Non-Preferred Brand	A brand-name drug that is listed as non-preferred on the formulary list.	You pay 50% co-insurance with a \$240 maximum	You pay 50% co-insurance with a \$480 maximum
Elective	Includes erectile dysfunction drugs (e.g., Viagra), anorexiant (e.g., Meridia), antifungals (e.g., Lamisil), brand-name contraceptives and infertility drugs.	You pay 50% co-insurance with a \$240 maximum	You pay 50% co-insurance with a \$480 maximum
Access-Only	A drug for which alternatives are widely available over the counter (OTC) or that services no medical purpose.	You pay 100% of the discounted cost	You pay 100% of the discounted cost

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Sample ID Card - Prescription Benefits

Below is a sample of the PepsiCo Express Scripts Rx ID card.



4. Clinical Teams and Support

Health ACE Team Engagement

Anthem's Health ACE Team was created to support PepsiCo membership with a concierge-level of customer service. Health ACE Advocates will **Assist, Connect and Educate** members with their health care needs. The Team is comprised of dedicated Advocates, Nurses, Mental Health Professionals, Dietitians, Pharmacists and Physicians to support member inquiries related to benefits and clinical questions. They provide support to all PepsiCo members and the Advocates represent a single-point of contact to PepsiCo members.

The Health ACE team will be supporting each of the Select Plan ACOs with member engagement, PCP-selection and referrals into PepsiCo's wellness programs (which are supported by multiple vendors).

For member-specific clinical questions, please contact the following:

- **Primary Nurse assigned to TXCIN - available M-F from 8:30am - 5pm ET:**
Amanda Sigda: 877-636-3719, ext: 101 131 2967
pepsicoreferrals@care-anthem.com
- Evening coverage M-F until 8pm ET provided by:
Jennifer Carraway: 877-636-3719, ext: 101 131 4617
Stephanie Breeyear: 877-636-3719, ext: 101 131 4948

Anthem has also assigned a Medical Director to support physician-to-physician clinical inquiries. Dr. Mark Napier can be reached as follows:

Mark Napier, MD
mark.napier@anthem.com
518-390-9788 (cell)

For non-clinical questions, please contact the following:

- **Primary Health ACE Advocates assigned to TXCIN - available M-F from 8:30am - 8pm ET:**
Mildred Kennedy: 855-398-8753
Christina Garcia: 844-224-7634
HealthACE@anthem.com

Inquiries may also be submitted via email (please do not submit urgent/emergent requests to this mailbox - instead, please call your Health ACE representative directly). A Health ACE team member will respond to your email request within 1 business day.

HealthACE@anthem.com

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When to Refer to Anthem

The Dallas ACO may refer or engage Anthem's Health ACE team at any time as needed. In addition, Anthem's Health ACE team can offer support on a wide range of health issues including:

- If the member's PCP identifies an issue they believe requires the support of the Health ACE team.
- Care management support for high-risk members diagnosed with a serious medical condition such as CAD, CHF, COPD, Asthma, ESRD, diabetes, cancer or musculoskeletal issues/pain management.
- Pre-certification questions or needs including: acute rehabilitation, hospice, outpatient rehabilitation, home care, skilled nursing facility/sub-acute care, home infusion therapy or any other intervention involving another level of care.
- Frequent ER utilization for a related condition (aka "ER frequent flyers").
- Assistance of a dietitian, social worker or pharmacist.
- Assistance of a Behavioral Health professional.
- Support any inpatient hospital services, pre-admission, discharge needs, or referrals to Consumer Medical.

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5. PepsiCo Wellness Vendors

PepsiCo has engaged the services of a number of vendors to support their employee-focused Wellness Program. As part of the Dallas ACO Select Plan program, PCPs will receive promotional information and data that describes all of the PepsiCo vendor-sponsored programs; this document will be used to support member consultations and program referrals.

- The Practice Care Coordinator will review the PepsiCo vendor-sponsored programs with members, and make referrals to these programs, as appropriate, in order to enhance the member experience.
- Dallas Option PCPs will support referrals into the PepsiCo vendor-sponsored clinically-based programs as appropriate.

To refer members into any of these program, please contact your Health ACE team Advocate. Please be sure to include the member name, member ID number and any recent contact information updates you have for the member. **Information may also be found on the PepsiCo wellness site: <http://myhealthhub.pepsico.com>.**

The following is a brief listing of PepsiCo’s Wellness Vendors along with a short summary of the services and how members can access these programs.

PepsiCo Partner	Condition	Available Services	How a member can access
Livongo	Diabetes Members who have Type 1 or Type 2 diabetes	Livongo is an approach to managing diabetes that combines the latest monitoring technology with coaching. Members Invited to enroll and accept the invitation will receive: state-of-the-art meter that automatically uploads readings; free test strips and lancets; real-time support from Certified Diabetes Educators via a mobile app or secure website. http://myhealthhub.pepsico.com/pdf/livongo_flier_2017.pdf	By phone:800-945-4355 Website: hello.livongo.com , registration code PEPSI Anthem Health ACE 1-877-224-0030 M-F. 8:30am-8:00pm EST
Omada	Weight Management Program Pre-diabetics that meet clinical criteria	Omada is an online program that helps you lose weight and feel great, inspiring healthy habits you can stick with for the long term using smart technology, interactive lessons, group support and a full-time, dedicated health coach	By phone: Jiff 1-844-707-3701 Website: healthyliving.pepsico.com (token: PEP123) Mobile: Jiff Health Benefits app Anthem Health ACE 1-877-224-0030 M-F. 8:30am-8:00pm EST

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PepsiCo Partner	Condition	Available Services	How a member can access
Livongo	Hypertension	No-cost blood pressure management program. Members have access to free electronic monitor that syncs with your phone to track data and share with your doctor.	By phone: 800-945-4355 Website: hello.livongo.com , registration code PEPSI Anthem Health ACE 1-877-224-0030 M-F. 8:30am-8:00pm EST
Kurbo	Digital Health Coaching	Kurbo helps adults and children (ages 7-18) to lead healthier lives helping to set goals, lose weight and develop healthy eating and exercise habits using interactive tools and expert health coaches.	By phone: Jiff 1-844-707-3701 Website: healthyliving.pepsico.com (token: PEP123) Mobile: Jiff Health Benefits app. Anthem Health ACE 1-877-224-0030 M-F. 8:30am-8:00pm EST
Consumer Medical	Virtual Second Opinion Medical Decision Support	Through ConsumerMedical, members will work with an independent and qualified support team who can provide medical decision support materials, refer to a local, in-network provider for a second opinion or help get a virtual second opinion. http://myhealthhub.pepsico.com/pdf/PepsiCo_VSO.pdf	By phone: 1-888-361-3944 M-F, 8:30am-11:00 pm EST Anthem Health ACE 1-877-224-0030 M-F. 8:30am-8:00pm EST
Teladoc	Telemedicine	Teladoc offers access to a network of U.S. board-certified doctors, pediatricians, and behavioral health professionals 365 days a year by phone or secured online video. http://myhealthhub.pepsico.com/pdf/teladoc_mailer.pdf	By phone: 1-800-Teladoc Website: Teladoc.com/pepsico Mobile app
Fertility Solutions Program	Infertility Support	PepsiCo members have access to infertility specialist clinical team to help them understand infertility treatment options and select the most effective care to ensure the best treatment protocols are followed. Members must enroll in the Fertility Solutions Program for any infertility-related medical and prescription drug claims to be covered.	Anthem Health ACE 1-877-224-0030 M-F. 8:30am-8:00pm EST

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PepsiCo Partner	Condition	Available Services	How a member can access
Rethink	Support for raising a child with special needs Your child does not need a clinical diagnosis to benefit from this program.	Rethink is an award-winning, research-based program that provides support to families raising children with special needs. Through this program, experts provide free one-on-one guidance via phone or video chat. Up to seven hours of teleconsultation are available each year to help parents and caregivers learn to address problem behaviors at home, teach their child crucial skills and better collaborate with teachers. Rethink can help with a wide variety of issues such as: autism spectrum disorders, developmental delays, learning disabilities, including dyslexia, speech/language problems, ADD/ADHD, Down syndrome, and other problem behaviors http://myhealthhub.pepsico.com/pdf/Rethink_Employee_FAQ_PepsiCo.pdf	By phone: 1-800-714-9285 Website: http://pepsico.rethinkbenefits.com/ (Enrollment code: Pepsi) Anthem Health ACE 1-877-224-0030 M-F. 8:30am-8:00pm EST
Tobacco Free Program	Tobacco Free Program	Tobacco-Free Program provides: Access to a trained wellness coach and free nicotine replacement therapy (NRT) with options including gum, lozenges or a patch http://myhealthhub.pepsico.com/pdf/tobacco_free_flier_2019.pdf <u>Members must complete this program to avoid \$600 surcharge</u>	By phone: 1-855-PEP-1117 M-F. 8am-9pm EST Website: healthyroads.com/Coaching Anthem Health ACE 1-877-224-0030 M-F. 8:30am-8:00pm EST
Behavioral Health	Behavioral Health support	Behavioral health support is available as part of the members medical benefits through Anthem	Anthem Health ACE 1-877-224-0030 M-F. 8:30am-8:00pm EST
Employee Assistance Program (EAP)	EAP services	The program is available to all eligible employees and their dependents, regardless of medical plan election, and will provide confidential support for everyday issues and more serious concerns. Trained professionals can help in areas such as Life, Family and Relationships, Health and Well-Being, Education, Work and Career http://myhealthhub.pepsico.com/pdf/EAP_Flier_2018.pdf	By phone: 1-800-233-7486 Website: liveandworkwell.com (password: Pepsi)

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PepsiCo Partner	Condition	Available Services	How a member can access
MeQ	MeQuilibrium Stress Management	Experience less stress and more success as MeQ teaches members to stay calm and manage life's daily challenges	By phone: Jiff 1-844-707-3701 Website: healthyliving.pepsico.com (token: PEP123) Mobile: Jiff Health Benefits app. Anthem Health ACE 1-877-224-0030 M-F. 8:30am-8:00pm EST

6. Select Plan Performance

Select Plan Scorecard

Measure	Weight	Definitions & Methodology
Clinical Measures		
Diabetes: HbA1c Control	10%	<p>This measure identifies patients with a diagnosis of Diabetes Mellitus (e.g., E08-E13 codes, excludes gestational diabetes) who have had an HbA1c test during the measurement year (CY 2019) AND that the HbA1c test result is less than or equal to 8%.</p> <p>Success metric: Dallas ACO will achieve 50% of the client attributed patients are in reasonable HbA1c control.</p> <p>Anthem will provide the attributed membership for measurement; ACO will support Anthem's effort to collect the HbA1c results via agreed upon electronic submission method. Anthem is working with TXCIN to determine the timing, process and formatting for this data collection.</p>
Prescription-based Measures		
Electronic Prescribing (eRx) Utilization	20%	<p>ePrescribing - This measure identifies electronic transmission of a prescription from the physician office to the pharmacy</p> <p>Definition of calculation of eRx:</p> <p><u># of new/renewal prescriptions with an electronic origin code</u> # total of new/renewal prescriptions (all origin codes).</p> <p>eRX utilization will be determined by the Pharmacy Benefit Manager, Express Scripts (ESI) through a review of Client-specific Dallas PCP prescribing data. <i>Prescribers who have 0% electronic prescribing will be excluded from the analysis.</i></p> <p>Success metric: Dallas ACO will have an overall electronic prescribing rate of 84% during Dallas Option Year 1</p>
ER Utilization Measures		

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Measure	Weight	Definitions & Methodology
Avoidable Emergency Room (“ER”) Utilization	25%	<p>The number of qualifying Avoidable Emergency Room claims for Client Attributed Members compared to the total number of qualifying Emergency Room claims per 1000, for Dallas ACO during the measurement period.</p> <p>Definition: An Avoidable Emergency Room claim is associated with a primary discharge diagnosis that is identified as Avoidable. Diagnoses are based on interpretation of NYU algorithm of codes which are updated from time to time. The list of codes may be found in Appendix D and at the following website: https://wagner.nyu.edu/faculty/billings/nyued-background</p> <p>Success metric: Dallas ACO will decrease Avoidable Emergency Room utilization per 1000 for Client Attributed Members by 5% during Dallas Option Year 1</p>
Member Engagement Measures		
Activation Visit (AV) Performance	10%	<p>The percent of Client Attributed membership per 1000 that completes an Activation Visit (AV) by the end of the measurement year.</p> <p>Definition: Activation Visit (“AV”) means an annual, scheduled office visit for a Client Attributed Member with their assigned ACO Entity Primary Care Provider (“PCP”). For all purposes related to this Agreement the term “Activation Visit” may be used interchangeably with the terms Wellness Visit, Annual Medical Exam, or Physical, and the meaning of each is synonymous with any other. For Y1, the Activation Visit will recognize any office-based visit (including sick visits). A list of the codes is provided in Appendix A.</p> <p>Success metric: Dallas ACO will see a 20% increase in Activation Visits, of the Client Attributed members per 1000, by the end of the measurement year.</p>
Specialist Referrals		

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Measure	Weight	Definitions & Methodology
Preferred Specialist Referral Rate	25%	<p>The number of Preferred Specialist visits for Client Attributed members compared to the total number of non-Preferred Specialist visits for the Dallas ACO during the measurement period.</p> <p>Definition: A Preferred Specialist refers to a physician whose primary practice is limited to a particular branch of medicine or surgery. Preferred Specialists will be identified through a data analysis using quality and cost efficiency metrics. A description of the preferred specialist methodology is provided in Appendix B.</p> <p>Specialists that were not able to be measured (the “unscorables”) are EXCLUDED from this metric. There will be no penalties assessed with referring to the unscorable providers.</p> <p>Preferred Specialists are limited to the following six specialties:</p> <ul style="list-style-type: none"> • Cardiology • Endocrinology • Psychiatry • Orthopedic Surgery • Obstetrics Gynecology • Oncology <p>Success metric: Dallas ACO will increase Preferred Specialist Referral utilization rate for Client Attributed Members by 20% during Dallas Option Year 1</p>
Patient Satisfaction		
Client-specific Patient Satisfaction	10%	<p>Patient Satisfaction will be measured using a Blue Plan survey tool designed to identify Client Attributed Member satisfaction with their Dallas ACO PCP. Surveys will be sent to members upon receipt of a qualified claim with an ACO PCP. Results will be compiled on a monthly basis and shared with the ACOs. Survey results will be compiled annually to determine overall patient satisfaction and this will be used to determine performance against the success metric.</p> <p>Success metric: Dallas ACO will achieve 80% Client Attributed Member Patient Satisfaction during Dallas Option Year 1.</p>

7. Contact Information

For member-specific clinical questions, please contact the following:

- Primary Nurse assigned to TXCIN - available M-F from 8:30am - 5pm ET:
Amanda Sigda: 877-636-3719, ext: 101 131 2967
pepsicoreferrals@care-anthem.com
- Evening coverage M-F until 8pm ET provided by:
Jennifer Carraway: 877-636-3719, ext: 101 131 4617

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Stephanie Breeyear: 877-636-3719, ext: 101 131 4948

- If escalation is required for clinical questions, please contact the following:
Stephanie Vanavery-Albert: 518-367-2071 (team lead)
Healthier Campo: 518-367-5014

Anthem has also assigned a Medical Director to support physician-to-physician clinical inquiries. Dr. Mark Napier can be reached as follows:

Mark Napier, MD
mark.napier@anthem.com
518-390-9788 (cell)

For **non-clinical questions**, please contact the following:

- **Primary Health ACE Advocates assigned to TXCIN - available M-F from 8:30am - 8pm ET:**
Mildred Kennedy: 855-398-8753
Christina Garcia: 844-224-7634
HealthACE@anthem.com

Inquiries may also be submitted via email (please do not submit urgent/emergent requests to this mailbox - instead, please call your Health ACE representative directly). A Health ACE team member will respond to your email request within 1 business day.

HealthACE@anthem.com

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Appendix A - PepsiCo Benefit Plan Designs

Your Anthem Benefits



PEPSICO

PPO – Core Plus Select Plan

Summary of Benefits, Effective 01/01/2019



Covered Benefits	Network	Non-Network
Deductible (Single/Family) The family amount can be any combination of family members but an individual would never satisfy more than his/her own individual amount	\$500 Individual \$1,000 Family	Not Applicable
Out-of-Pocket Limit (Single/Family) Deductible is included The family amount can be any combination of family members but an individual would never satisfy more than his/her own individual amount	\$4,000 Individual \$8,000 Family	Not Applicable
Coinsurance	80%/20%	Not Applicable
Co-Pay	\$25 PCP	Not Applicable
Dependent Children	Eligible dependents are covered until age 26 (End of Month)	
Hospital Benefits		
INPATIENT HOSPITALIZATION PRE-CERT MUST BE OBTAINED	Covered at 80% Subject to Deductible	Not Covered
MENTAL HEALTH PRE-CERT MUST BE OBTAINED	Covered at 80% Subject to Deductible	Not Covered
ALCOHOL/SUBSTANCE ABUSE Pre-cert Must Be Obtained	Covered at 80% Subject to Deductible	Not Covered
OUTPATIENT Surgery, Pre-surgical testing, Chemotherapy, and Mammography	Covered at 80% Subject to Deductible	Not Covered
EMERGENCY ROOM/FACILITY • ER Copay is waived if admitted	\$100 Co-pay, then Deductible and 20% Coinsurance for first ER visit. \$250 Co-pay, then Deductible and 20% Coinsurance for each subsequent ER visit	\$100 Co-pay, then Deductible and 20% Coinsurance for first ER visit. \$250 Co-pay, then Deductible and 20% Coinsurance for each subsequent ER visit
Other Facility Benefits		
HOME HEALTH CARE 200 visits per calendar year PRE-CERT MUST BE OBTAINED	Covered at 80% Subject to Deductible	Not Covered
HOSPICE PRE-CERT MUST BE OBTAINED	Covered at 80% Subject to Deductible	Not Covered
SKILLED NURSING FACILITY 120 DAYS MAXIMUM PER CONVALESCENT PERIOD. PRE-CERT MUST BE OBTAINED	Covered at 80% Subject to Deductible	Not Covered
Medical Benefits		
HOME/OFFICE VISITS PCP OFFICE VISIT \$25 Co-PAY NOTE: PCP PROVIDERS OUTSIDE THE MEMBERS SELECTED PROVIDER GROUP ARE NOT COVERED *THIS APPLIES TO SUBSCRIBER AND SPOUSE ONLY	Covered at 80% Subject to Deductible	Not Covered
ANNUAL PHYSICAL EXAM (ONE PER CALENDAR YEAR)	Covered at 100% Not Subject to Deductible	Not Covered
APPLIED BEHAVIOR ANALYSIS (ABA) PRE-CERT MUST BE OBTAINED	Covered at 80% Subject to Deductible	Not Covered

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Covered Benefits	Network	Non-Network
WELL CHILD CARE (Unlimited well-care up to age 3 years)	Covered at 100% Not Subject to Deductible	Not Covered
WELL WOMAN CARE (ONE PER CALENDAR YEAR)	Covered at 100% Not Subject to Deductible	Not Covered
MAMMOGRAPHY (ROUTINE)	Covered at 100% Not Subject to Deductible	Not Covered
MATERNITY	Covered at 80% Subject to Deductible	Not Covered
INFERTILITY SERVICES SUBJECT TO A \$35,000 INFERTILITY LIFETIME MAXIMUM INCLUDING IVF, GIFT, ZIFT, IVC, ARTIFICIAL INSEMINATION AND INFERTILITY DRUGS. REQUIRED ENROLLMENT IN THE RRS PROGRAM	Covered at 80% Subject to Deductible	Not Covered
SURGERY	Covered at 80% Subject to Deductible	Not Covered
ANESTHESIOLOGY	Covered at 80% Subject to Deductible	Not Covered
DIAGNOSTIC TESTS, LAB & X-RAY (NON-ROUTINE) Have your provider contact A.I.M. Specialty Health Services at 1-866-745-5995 for radiology, cardiac, and sleep therapy services.	Covered at 80% Subject to Deductible	Not Covered
ALLERGY TESTING & TREATMENT	Covered at 80% Subject to Deductible	Not Covered
PHYSICAL/OCCUPATIONAL/SPEECH THERAPY 100 visits per calendar year; Combined Physical/Occupational/Speech Therapy	Covered at 80% Subject to Deductible	Not Covered
CARDIAC REHABILITATION	Covered at 80% Subject to Deductible	Not Covered
MEDICAL SUPPLIES	Covered at 80% Subject to Deductible	Not Covered
DURABLE MEDICAL EQUIPMENT, PROSTHETICS, & ORTHOTICS (Pre-cert must be obtained for purchase or cumulative rental of \$1,000)	Covered at 80% Subject to Deductible	Not Covered
HEARING AIDS STANDARD HEARING AID MODELS WILL BE COVERED BASED ON MEDICAL NECESSITY	Covered at 80% Subject to Deductible	Not Covered
AMBULANCE	Covered at 80% Subject to Deductible	Not Covered
CHIROPRACTIC CARE (20 visits per calendar year)	Covered at 80% Subject to Deductible	Not Covered
COLONOSCOPY Covered 1 every 10 years (routine)	Covered at 100% Not Subject to Deductible	Not Covered
Lifetime Maximum	Unlimited	

Notes:

- Blue Distinction Centers for Bariatric Surgery is required for inpatient bariatric procedures.
- Enrollment with the Optum Resource Service Program is a requirement otherwise infertility treatment will not be covered.

Precertification:

- Members are encouraged to always obtain prior approval. Precertification will help avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.
- This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

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Your Anthem Benefits



PEPSICO

PPO – Healthy Advantage Select Plan

Summary of Benefits, Effective 01/01/2019

Covered Benefits	Network	Non-Network
Deductible (Single/Family) The family amount can be satisfied by one family member or a combination of family members	\$1,350 Individual \$2,700 Family	Not Applicable
Out-of-Pocket Limit (Single/Family) <i>Deductible is included</i> The family amount can be any combination of family members but an individual would never satisfy more than his/her own individual amount	\$4,500 Individual \$9,000 Family	Not Applicable
Coinsurance	80%/20%	Not Applicable
Dependent Children	Eligible dependents are covered until age 26 (End of Month)	
Hospital Benefits		
INPATIENT HOSPITALIZATION PRECERTIFICATION MUST BE OBTAINED	Covered at 80% Subject to Deductible	Not Covered
MENTAL HEALTH PRECERTIFICATION MUST BE OBTAINED	Covered at 80% Subject to Deductible	Not Covered
ALCOHOL/SUBSTANCE ABUSE PRECERTIFICATION MUST BE OBTAINED	Covered at 80% Subject to Deductible	Not Covered
OUTPATIENT Surgery, Pre-surgical testing, Chemotherapy, and Mammography	Covered at 80% Subject to Deductible	Not Covered
EMERGENCY ROOM/FACILITY • ER Copay is waived if admitted	Subject to Deductible, 20% Coinsurance and \$100 Co-pay, for first ER visit. Deductible, 20% Coinsurance and \$250 Co-pay for each subsequent ER visit	Subject to Deductible, 20% Coinsurance and \$100 Co-pay, for first ER visit. Deductible, 20% Coinsurance and \$250 Co-pay for each subsequent ER visit
Other Facility Benefits		
HOME HEALTH CARE 200 visits per calendar year PRECERTIFICATION MUST BE OBTAINED	Covered at 80% Subject to Deductible	Not Covered
HOSPICE PRECERTIFICATION MUST BE OBTAINED	Covered at 80% Subject to Deductible	Not Covered
SKILLED NURSING FACILITY 120 DAYS MAXIMUM PER CONVALESCENT PERIOD. PRECERTIFICATION MUST BE OBTAINED	Covered at 80% Subject to Deductible	Not Covered
Medical Benefits		
HOME/OFFICE VISITS NOTE: PCP PROVIDERS OUTSIDE THE MEMBERS SELECTED PROVIDER GROUP ARE NOT COVERED *THIS APPLIES TO SUBSCRIBER AND SPOUSE ONLY	Covered at 80% Subject to Deductible	Not Covered
ANNUAL PHYSICAL EXAM (ONE PER CALENDAR YEAR)	Covered at 100% Not Subject to Deductible	Not Covered
APPLIED BEHAVIOR ANALYSIS (ABA) PRECERTIFICATION MUST BE OBTAINED	Covered at 80% Subject to Deductible	Not Covered

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Covered Benefits	Network	Non-Network
WELL CHILD CARE (Unlimited well-care up to age 3 years)	Covered at 100% Not Subject to Deductible	Not Covered
WELL WOMAN CARE (ONE PER CALENDAR YEAR)	Covered at 100% Not Subject to Deductible	Not Covered
MAMMOGRAPHY (ROUTINE)	Covered at 100% Not Subject to Deductible	Not Covered
MATERNITY	Covered at 80% Subject to Deductible	Not Covered
INFERTILITY SERVICES SUBJECT TO A \$35,000 INFERTILITY LIFETIME MAXIMUM INCLUDING IVF, GIFT, ZIFT, IVC, ARTIFICIAL INSEMINATION AND INFERTILITY DRUGS REQUIRED ENROLLMENT IN THE RRS PROGRAM	Covered at 80% Subject to Deductible	Not Covered
SURGERY	Covered at 80% Subject to Deductible	Not Covered
ANESTHESIOLOGY	Covered at 80% Subject to Deductible	Not Covered
DIAGNOSTIC TESTS, LAB & X-RAY (NON-ROUTINE) Have your provider contact A.I.M. Specialty Health Services at 1-866-745-5995 for radiology, cardiac, and sleep therapy services.	Covered at 80% Subject to Deductible	Not Covered
ALLERGY TESTING & TREATMENT	Covered at 80% Subject to Deductible	Not Covered
PHYSICAL/OCCUPATIONAL/SPEECH THERAPY 100 visits per calendar year; combined Physical/Occupational/Speech Therapy	Covered at 80% Subject to Deductible	Not Covered
CARDIAC REHABILITATION	Covered at 80% Subject to Deductible	Not Covered
MEDICAL SUPPLIES	Covered at 80% Subject to Deductible	Not Covered
DURABLE MEDICAL EQUIPMENT, PROSTHETICS, & ORTHOTICS PRECERTIFICATION MUST BE OBTAINED FOR PURCHASE OR CUMULATIVE RENTAL OF \$1000 OR MORE	Covered at 80% Subject to Deductible	Not Covered
HEARING AIDS STANDARD HEARING AID MODELS WILL BE COVERED BASED ON MEDICAL NECESSITY	Covered at 80% Subject to Deductible	Not Covered
AMBULANCE	Covered at 80% Subject to Deductible	Covered at 80% Subject to Deductible
CHIROPRACTIC CARE (20 visits per calendar year)	Covered at 80% Subject to Deductible	Not Covered
COLONOSCOPY Covered 1 every 10 years (Routine)	Covered at 100% Not Subject to Deductible	Not Covered
Lifetime Maximum	Unlimited	

Notes:

- Blue Distinction Centers for Bariatric Surgery is required for inpatient bariatric procedures
- Enrollment with the Optum Reproductive Resource Services Program is a requirement otherwise infertility treatment will not be covered

Precertification:

- Members are encouraged to always obtain prior approval. Precertification will help avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.
- This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

Appendix B - Activation Visit Codes

Codes Required Present in a Claim to Count as Activation Visit:

CPT Code	Code Description
99201 - 99215	Office or other outpatient service
99241 - 99255	Consultation services
99341 - 99350	Home services
99341 - 99368	Case Management services
99381 - 99429	Preventive Medicine services
G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment
G0438	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit
G0439	Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit

Appendix C - Provider FAQs to Support Member Inquiries

The following FAQs are provide to help practice staff respond to PepsiCo Select Plan member inquiries into the Select Plan program. As always, please feel free to contact the Health ACE team as needed.

Q: How can I find out which primary care doctors are in the three Select physician groups, how close they are to my home and what their office hours are and so on?

A: Call the Health ACE team at 1-877-224-0030, or check the PCP practice websites:

- Catalyst: catalysthealthnetwork.com
- Genesis: www.genesisdocs.org/PepsiCo
- TXCIN: selecttxcin.org

Q: How will the physician group know I'm a PepsiCo employee who has elected a Healthy Advantage Select or Core Plus Select option?

A: Your 2019 medical ID card will have a special indicator. The physician group name along with the PepsiCo logo is also displayed on the medical ID card.

Q. Do all family members need to use the same PCP within the physician group?

A: No, you and your covered spouse/partner do not need to use the same PCP in the group. Note that, pediatricians and OB/GYN specialists do not need to be in the physician group. You continue to have access to the National BCBS network for providers other than the PCP for you and/or your covered spouse/partner.

Q: What if I cover a dependent child who needs primary care and lives outside the Dallas/Fort Worth area (for example a child who is away at school)?

A: Dependent children are encouraged, but not required to use a PCP or pediatrician in the physician group

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Q: How do I earn the \$100 incentive gift card?

A: You and your covered spouse/partner need to complete a preventive care visit (annual physical) by April 30, 2019. If you or your covered spouse/partner have a sick visit by April 30, 2019 you will also earn the incentive.

Q: Can I also receive Healthy Living Rewards?

A: Yes. You and your covered spouse/partner can earn Healthy Living Rewards (up to 1,500 points a \$150 value) when you complete your annual physical and satisfy the Wellness Screening requirements. Information regarding the Wellness Screening and other Healthy Living Programs is available on the Jiff app or healthyliving.pepsico.com (use token PEP123 if you have not yet registered). You will need to download the Physician Results form and take it with you to your appointment. Note that covered dependent children are not eligible for the \$100 incentive gift card or the Healthy Living Rewards.

Q: If I had an annual physical late in 2018, do I still need to have one by April 30, 2019 and will it be covered?

A: In order to earn the \$100 incentive, the annual physical needs to be completed by April 30, 2019. The physical will be covered by your PepsiCo medical plan even if you had one in late 2018. The plan covers one annual physical per calendar year. Also, you'll earn the incentive if you (or your covered spouse/partner) have a sick visit with your PCP by April 30, 2019.

Q: If I am treated by my PCP for an illness or an injury, do I still receive the \$100 gift card incentive?

A: Yes, if you have a primary care visit for any reason between January 1 and April 30, 2019, you will receive the \$100 gift card.

Q: How long will it take to receive the gift card?

A: Please allow for up to 90 days after Anthem receives and processes your claim to receive the gift card

Q: What is the cost for services performed during the office visit?

A: If the visit is for preventive care it will be 100% covered with no deductible. If it's a visit for medical care, you will be responsible for the annual deductible (if applicable) and any coinsurance or copay.

Q: Who can I call if I have questions about the incentive?

A: Contact Health ACE at 1-877-224-0030.

Appendix D - Avoidable ER Visit Codes

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An **Avoidable Emergency Room** claim is associated with a primary discharge diagnosis that is identified as Avoidable. **Diagnoses are based on interpretation of NYU algorithm of codes which are updated from time to time.** The list of codes may be found in the attached Excel files below and at the following website: <https://wagner.nyu.edu/faculty/billings/nyued-background>.



NYU_ED_Algorithm_NYU_ED_Algorithm_
-ICD-9_Codes_-6.2-ICD-10_Codes_-6.

Anthem recommends practices refer to the website above for the most recent listing of relevant Avoidable ER Visit ICD-9 and ICD-10 codes.

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Appendix E - Express Script's PepsiCo Member Programs

The following provides an overview of the Express Scripts programs available to PepsiCo Select Plan members. It can be printed and given to Select Plan members upon request.

1.	Preferred Drug List/ Formulary	<ul style="list-style-type: none"> • For a copy of Express Scripts Preferred Drug list, visit https://www.express-scripts.com/medco/consumer/druglistdirect/entryPage.jsp?BV_SessionID=@@@@1051013662.1538592257-mm273885370616@@@@&BV_EngineID=cchkadhglimdlehcfklcgffdgkhdgfo.0&formid=02147&prefaltid=02148&loc=null. • For a copy of medications excluded from the formulary visit https://www.express-scripts.com/art/open_enrollment/DrugListExclusionsAndAlternatives.pdf.
2.	Home Delivery Program	<p>The home delivery discounts are often better than retail pharmacies; usually the member will pay less; negotiated costs can be found on the Express Scripts website (or call Express Scripts at 1-888-PEPSI-Rx (1-888-737-7479).</p> <p>Advantages of the PepsiCo home delivery program:</p> <ul style="list-style-type: none"> • The member usually receives a 90-day supply • Beginning on the 3rd fill, the member will be required to pay 100% of discounted price of any medication. • The home delivery refill process is easy, convenient and automatic • The member can also set up a monthly payment plan for a 90-day supply to help make their payments more manageable.
3.	ESI Programs	<ul style="list-style-type: none"> • Extended Payment Program • Worry Free Fill • Exclusive Home Delivery • Preventive Medications • Coverage Authorization • Step Therapy • Drug Quantity Management • Medical Channel Management (MCM) program • CoPay/Out of Pocket Maximum assistance • Medical Channel Management • Advanced Opioid Management

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<p>4.</p>	<p>Extended Payment Program (EPP) Overview</p>	<p>When using home (mail) delivery, the Extended Payment Program provides patients with an option to spread out their payments for their medications over three installments using their credit or debit.</p> <p>There is no minimum dollar amount required for participation and there is no service fee.</p> <p>When members enroll in EPP it will apply to every home delivery prescription for the member and their eligible dependents going forward.</p> <p>If at any point members wish to opt out of the program, simply call member services or opt out on-line.</p> <ul style="list-style-type: none"> • Must have a debit card or credit card • Payments are automatically debited on the same day each month • Applies to all medications for member and their covered dependents • Will continue until canceled • No restrictions and no interest to pay; can pay off balance at
<p>5.</p>	<p>Worry Free Fill (WFF) Program Overview</p>	<ul style="list-style-type: none"> • Members participating can have home (mail) refills automatically fulfilled. • Upon a refill or renewal, members will be presented with options for WFF enrollment of their medications (via customer service or on-line when registered) and can enroll using a credit, debit or Health Spending Account (HSA) card. • Members will be notified of a pending shipment approximately 2 weeks prior to the shipment date so that they can cancel or modify the order if necessary. • Members can select to have only certain medications enrolled and can manage enrollment on-line or by calling member service

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6.	<p>Exclusive Home Delivery Program Overview</p>	<p>This program is designed to encourage members to move their maintenance Retail scripts and refills to ESI mail order.</p> <p>It does not apply to drugs that are taken for a very short period (i.e. penicillin) so that members can continue to fill these quickly at their neighborhood pharmacy.</p> <p>The benefit of moving to mail, is often a cost savings and simple to initiate refills.</p> <ul style="list-style-type: none"> • Most drugs that members take routinely, called “Maintenance drugs” fall under this program.
7.	<p>Preventive Medication List Program Overview</p>	<p>PepsiCo offers members in the Healthy Advantage program access to preventive medications available at the standard copay amounts (not subject to the deductible).</p> <ul style="list-style-type: none"> • Preventive medications are generally prescribed for people who may be at risk for certain diseases or conditions but who are not yet showing signs. • Preventive care does not include drugs or medicines for treatment of an existing illness or condition. • The PepsiCo preventive drug list reflects Federal guidance on what kinds of drugs could be covered as preventive under a high deductible health plan (like Healthy Advantage) and is updated periodically by ESI using both medical and Federal guidelines. <p>The preventive drug list can be found on the member service website under the Healthy Advantage section (within Open Enrollment) and is located under Preventive Medications. https://www.express-scripts.com/art/open_enrollment/PepsiCo_PDL.pdf</p> <ul style="list-style-type: none"> • This list is not all inclusive, but can be provided to members upon request and as it is updated, the new list will be posted to this site
8.	<p>Maintenance Medications Program Overview</p>  <p>Home Delivery - EHD, SHD - Drug Lis</p>	<ul style="list-style-type: none"> • Drugs that are taken by members on a regular on-going basis to treat a particular condition or prescribed to prevent a condition from occurring are considered maintenance medications and these drugs are subject Exclusive Home Delivery. • Preventive drugs are considered maintenance, but certainly not all maintenance drugs would be considered preventative. Please see attached list for drugs that are considered maintenance medications and subject to Exclusive Home Delivery. • Maintenance drugs are subject to refill limits at Retail pharmacies so members should move these scripts to home delivery.

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9.	Coverage Authorization Program Overview	<p>There are different Coverage Authorization rules in place to make sure a medication is used to treat a medical condition and promotes health and wellness.</p> <ul style="list-style-type: none"> • The plan may cover a medication only when a doctor prescribes it for a medical problem. • <i>For example</i>, a member may be taking a medication that treats a skin condition, but it could also be used for cosmetic purposes, such as reducing wrinkles. • Doctors are aware of these programs associated with Rx-coverage and ESI works directly with physicians in terms of education to ensure the rules are followed appropriately.
10.	Step Therapy Program Overview	<ul style="list-style-type: none"> • The Step Therapy program requires a trial of a safe and effective generic (or preferred brand) within the drug class to see if it will work for members before their plan will cover the prescribed brand-name medication. • There are different Step Therapy rules in place; in one example a member may be prescribed a brand-name medication for acid reflux. Many drugs within this drug class are available in generics. • Doctors are aware of these programs associated with Rx-coverage and ESI works directly with physicians in terms of education to ensure the rules are followed
11.	Drug Quantity Management Program Overview	<ul style="list-style-type: none"> • This program limits the number of pills allowed per prescription. • Doctors are aware of these programs associated with Rx-coverage and ESI works directly with physicians in terms of education to ensure the rules are followed appropriately.
12.	Medical Channel Management Program Overview	<p>Specialty drugs that had previously been covered under Medical Plan Benefits are now reimbursed through ESI when outside of an in-patient hospital setting.</p> <ul style="list-style-type: none"> • The program allows for a one-time exception outside of the allowable hospital in-patient settings, so that the medical carrier can pay an initial claim should the physician or member not be aware that coverage is provided by ESI. This one-time authorization ensures there is no disruption in therapy. This should be coordinated with the Health ACE team. • After this initial exception; the drug coverage must be provided through ESI.

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<p>13 .</p>	<p>Copay Assistance/Out of Pocket Maximum Protection Program</p>  <p>Co Pay Assist HR Fact Sheet (12-21-17)</p>	<ul style="list-style-type: none"> • Adjusts manufacturer copay assistance amount for widely distributed specialty drugs from members' accumulated out-of-pocket maximum. This ensures that only dollars members are paying out of their own pocket is accumulating toward their OOP limit. See attached summary for more information. • Assistance programs excluded: <ul style="list-style-type: none"> ✓ Assistance from Charitable Foundations: Express Scripts has made the decision to exclude this type of assistance from its standard Out of Pocket Protection Program in the interest of protecting the resources of charitable foundations that help needy, low-income patients afford their medications. Recent funding changes have resulted in the inability of some charitable foundations to cover member cost share throughout the year. ✓ Limited Distribution Drugs: Express Scripts has made the decision to exclude payment assistance for exclusive or small network "limited distribution" drugs. These drugs are high in cost, are taken by a very limited subset of patients, and can only be dispensed by a few
<p>14 .</p>	<p>Advanced Opioid Management Program</p>	<p>This solution targets various points within the opioid care path by leveraging five foundational blocks:</p> <ul style="list-style-type: none"> • Member education • Safety edits and pharmacy messaging at the point of sale • Prescriber messaging and coordination • Safe disposal of unused opioid drugs • Ongoing surveillance and intervention for risky behaviors

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<p>15</p>	<p>Vaccine Program</p>	<p>This solution covers any combination of the vaccines listed in the table below as part of the pharmacy benefit. Please note that all of these vaccines are covered under Preventive Services for Healthcare Reform, but certain age restrictions apply for some ACA/HCR vaccines to process at \$0 copay.</p> <p>Group Vaccine</p> <ul style="list-style-type: none"> • Flu (seasonal influenza) Influenza (trivalent, quadrivalent, cell-based, preservative free, intradermal, high dose, etc.) • Hepatitis Hepatitis A Virus • Hepatitis B Virus • Hepatitis B Virus, Hepatitis A Virus • Pneumonia Pneumococcal • Shingles Zoster-Shingles • HPV Human Papillomavirus • Childhood Vaccines Measles, Mumps & Rubella (MMR) • Measles, Mumps, Rubella, Varicella • Varicella • Haemophilus influenzae B (combo) • Poliomyelitis • Meningitis Meningococcal • Tetanus/Diphtheria/Pertussis Tetanus Booster • DT, DTaP, Td, Tdap, TT (+ other combos) • Travel Vaccines Japanese Encephalitis • Typhoid • Yellow Fever • BCG • Rabies • Anthrax •
<p>16</p>	<p>ScreenRx</p>	<p>ScreenRx identifies those patients who will be nonadherent in the future and intervenes before their adherence rate becomes an issue. There are three key areas of focus: Early detection, patient engagement and tailored solutions.</p>

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17	Exclusive Specialty	Exclusive Specialty promotes optimal, consistent patient care by requiring members to get their specialty medications from Accredo.
18	Livongo – Diabetes	Diabetes remote monitoring combines technology to help members living with diabetes with clinical interventions from diabetes specialists. Clinically targeted members are invited to participate via a letter and an email. If they agree to participate, the member receives a blood glucose meter at no charge, which can track all their readings easily in one place. The member uses the connected meter and tests as they usually do, but now their readings are shared with diabetes specialists who monitor their results. Diabetes specialists provide tailored interventions to members when they need it most; counseling on ways to keep their blood sugar readings well controlled, adhering to their medications and generally managing their diabetes.
19	Livongo-Hypertension	Hypertension remote monitoring combines technology to help members living with hypertension with clinical interventions from hypertension specialists. Clinically targeted members are invited to participate via a letter, and, if possible, an email. If they agree to participate, the member receives a monitoring device at no charge, which can track all of their readings easily in one place.
20	Split-Fil for Specialty	<p>Accredo has identified a select list of specialty drugs that have an extremely high risk for early discontinuation in new patients based on tolerance risks/toxicity. Risk of waste with early drop-offs is mitigated by splitting the initial 28-day or 30-day cycle into two equal partial fills (either 14 or 15 days).</p> <p>When a new specialty patient meets the criteria for a split-fill, the patient is notified of the program at the time of the first shipment scheduling call. The patient is then contacted again on day eight, offered additional clinical education, assessed for intolerance or other adherence issues, and asked if the treatment is still appropriate. If the treatment is no longer appropriate, the next partial or whole shipment is canceled and the patient's prescriber is notified, if not already aware. If the patient is successful with the initial fill, we send one additional 15 day shipment, and then titrate the patient up to a 30-day fill.</p>
21	RationalMed	RationalMed identifies patients across the population who may be at risk for near-term hospitalizations, adverse events and longer-term health complications by evaluating integrated health information (medical, pharmacy, lab and patient self-reported data). Potential safety issues are sent to the prescribing physician in the form of a RationalMed alert. Alerts are also sent to pharmacists.

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<p>22 .</p>	<p>Inside Rx for Pets</p>	<p>Inside Rx Pets is a pet medication prescription savings program designed to combat the high cost of human medications prescribed for pets. Inside Rx Pets is a cash savings program that delivers savings on brand and generic medications at over 40,000 participating retail pharmacies. The program delivers average savings of 75% off generics and up to 15% off brand medications. The program protects pet parents on commonly prescribed medications such as insulin and antibiotics, as well as seizure, glaucoma, and anti-inflammatory drugs.</p>
<p>23 .</p>	<p>SafeGuard</p>	<p>Since 2014, we have protected clients from the soaring costs of treating hepatitis C, high cholesterol, cancer, inflammatory conditions, diabetes, asthma, chronic obstructive pulmonary disease, and multiple sclerosis. We have also implemented programs that minimize the impact of brand-drug inflation and prevent unexpected cost spikes from impacting our plan sponsors.</p> <p>To further reduce costs and improve care in 2019, we have introduced proactive and protective solutions to better achieve optimal care and value within the rare conditions and migraine classes. Both programs will work with members and their prescribers to ensure clinical need and provide members with specialized, convenient care. Current SafeGuard Solutions include:</p> <ul style="list-style-type: none"> • Hepatitis C Care Value (HCV) • Cholesterol Care Value (CCV) • Oncology Care Value (OCV) • Diabetes Care Value (DCV) • Pulmonary Care Value (PCV) • Inflammatory Conditions Care Value (ICCV) • Multiple Sclerosis Care Value (MSCV) • Rare Conditions Care Value (RCCV) • Migraine Care Value (MCV) • Market Events (ME) • Inflation Protection (IP)