Welcome to Care Points

Welcome to the 2nd Quarter 2016 edition of the Care Points Newsletter. This quarter’s newsletter will focus on the following items:

Industry Hot Points:
- Medicare-Medicaid Plans
- Payroll Based Journal

What’s new at Omnicare:
- CVS Health Update
- Omnicare Digital Update
- eBook Release

Customer Focus Point:
- New Satisfaction Survey
- Update: Clozapine REMS Program Moves to Phase Two

Industry Hot Points

> Medicare-Medicaid Plans

The Medicare-Medicaid Plan demonstration seeks to improve the beneficiary experience of “dual eligibles” (persons that qualify for both Medicare and Medicaid) with an integrated approach designed to improve quality and coordination of care. Outlined below is an update regarding the Rhode Island Dual Demo: Integrity Program.

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<th>Opt-In Enrollment</th>
<th>Began May 1, 2016</th>
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<td>Passive Enrollment</td>
<td>July 1, 2016</td>
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<td>August 1, 2016- December 1, 2016</td>
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<td>January 1, 2017</td>
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> Payroll Based Journal

The Affordable Care Act requires all nursing facilities to electronically submit direct care staffing information (including agency and contract staff) to CMS based on payroll and other data. When combined with facility census information, the data can then be used to report on the level of staff in each nursing facility, and also provide information on employee turnover and tenure, which can impact the quality of care delivered. These data collecting and reporting requirements become effective on July 1, 2016.

To fulfill this requirement, CMS has developed a system for facilities to submit staffing and census information known as a “Payroll-Based Journal” (“PBJ”). This reporting must include time spent for direct care provided by Consultant Pharmacists. CMS has clarified that time spent by Consultant Pharmacists in performing Medication Regimen Review (MRR) activities meets their definition of direct care. PBJ reports submitted by facilities to CMS must document the dates of (direct care) services and the hours spent providing direct care.
Omnicare will be providing you with two options for receiving this data: 1) from a newly-developed Payroll Based Journal Report in Excel format that will be posted on Omniview for your self-retrieval, or 2) from a report that can be printed out by your Consultant Pharmacist and presented to you during your exit interview with the Consultant. It is highly recommended that all customers use the Omniview report, which became available on Omniview on June 1, 2016. Please do not hesitate to contact your Consultant Pharmacist with any questions.

What’s New at Omnicare

> CVS Health Update

In last quarter’s edition of Care Points, we shared with you our new backup pharmacy service in which we have designed an integrated process with the national network of CVS Pharmacy locations to provide medications in urgent situations. We are now providing this service to customers in the majority of our markets and are experiencing increased utilization of this offering. While we continue to refine this service to make it even more convenient and valuable to our customers, we have also been busy developing new services that have been made possible by Omnicare now being part of CVS Health. The two new capabilities we would like to make you aware of in this issue are our expanded capabilities for specialty medications as well as our flu clinic service.

Prior to being acquired by CVS Health, Omnicare used its own in-house specialty pharmacy, Advanced Care Scripts, to dispense specialty medications to our customers. Because we were the only institutional pharmacy with a sizeable specialty pharmacy, we believe this provided a benefit to our customers. However, because certain specialty medications have a limited distribution network that is controlled by the pharmaceutical manufacturer, there were some therapies we did not have access to through our specialty pharmacy, causing us to engage outside providers. Since merging into CVS Health, we are now part of the largest specialty dispensing company in the country. Through CVS Specialty, we now have access to triple the amount of limited distribution medications than we did previously. We believe this puts us in an even better position to meet our customers’ needs, which will become even more important as specialty drugs continue to play a bigger role in overall care management.

Shifting gears, we have also expanded our capabilities to better meet our customers’ flu vaccine needs. While we will continue to provide the vaccine to our customers for their own administration, we are now able to provide onsite flu clinics through CVS Pharmacy in Assisted Living and Independent Living markets. We believe this will be especially relevant for our assisted living and independent living customers, who generally utilize an outside company to administer the vaccine to their residents and employees. With 20% of the population contracting the flu annually and the vaccine contributing to an 18%-37% reduction in health care provider visits, we believe it is very prudent to ensure your staff and residents are vaccinated as we enter the upcoming flu season. Please contact flushots@omnicare.com to learn more and to determine whether your residents and staff are eligible for this exciting and convenient service.

What’s New at Omnicare continued on next page.
Omnicare Digital Update

The Omnicare Digital Group has been working on many new and exciting things this year. Our primary focus is to enhance the customer experience based on user feedback. One significant enhancement we are excited to announce relates to our efforts in working with PointClickCare to modify the medication scanning process upon receipt of medications from pharmacy.

Customer feedback has identified that scanning to receive medications required by the PointClickCare system is very time consuming. PointClickCare’s modified solution to the manual scanning process involves an auto match function where medications will be “autoscanned” when inbound messages from the pharmacy matches data in the facility’s pending queue. The “Auto Receiving” function will significantly minimize the need for scanning to receive medications. The development efforts have gone extremely well and PointClickCare has announced that this new feature will be incorporated late June-early July. At that time, PointClickCare will then initiate planning strategy sessions for the eventual rollout of this exciting new feature! Stay tuned!

As a follow up to the release of our various Omniview landing pages based on customer feedback, we are pleased to announce an additional enhancement which will simplify the facility selection process for users with access to more than one facility. The facility selector will be available the end of June.

eBook Release

Customer Focus Point

> New Satisfaction Survey

CVS Health and Omnicare are excited to announce we have launched a new satisfaction survey process. As part of our commitment to leverage the resources of CVS Health to serve you better, we are partnering with an external market research vendor skilled in measuring satisfaction and driving improved service based on your feedback. At the same time, we are updating our survey approach in other ways. Specifically, we are replacing our paper-based surveys with online surveys sent by e-mail to the DONs, Administrators, and other key team members at each of your facilities. Our goal is to solicit feedback from every facility four times a year. We have found with both customers and clients, when surveys can be administered in confidence and at your own pace, the information received is extremely valuable in understanding satisfaction. The benefits to you with this new survey are:

- Allows each facility to take the survey at times that are convenient for them vs. only when our colleagues are at the facility. This also frees more time for your staff to discuss more valuable issues with our colleagues when we are on site.
- Provides your staff regular, quarterly opportunities to provide feedback.
- Offers your staff confidentiality in their responses.

Our ask of you is to encourage your teams who receive this survey to participate, respond and provide honest feedback. Our commitment to you will be to understand, analyze and trend the responses and then proactively take action in those areas that require our attention. This process will be iterative over time and as we receive more information and feedback we will continually improve the survey process, the data collection techniques and even the questions to ensure we are always gathering and responding to the most relevant information that is important to you.

> Update: Clozapine REMS Program Moves to Phase Two

Clozapine is an essential medication for patients with schizophrenia who have failed to respond adequately to appropriate courses of other antipsychotic agents. Clozapine is also used to reduce the risk of suicidal behavior in patients with schizophrenia or schizoaffective disorder.

Late last year the FDA consolidated the Clozapine Risk Evaluation and Mitigation Strategy (REMS) programs to a single web site, sponsored by all pharmaceutical companies that manufacture clozapine. On May 20, 2016, Phase 2 of the program was introduced to pharmacy providers. When a pharmacist dispenses clozapine, he or she will receive electronic messages directly from the Clozapine REMS Program authorizing the medication to be dispensed, based on data the program has on file for every patient.

As of May 20, three scenarios will prevent the pharmacist from dispensing clozapine until the prescriber takes action:

1. The patient is not registered with the program.
2. There is no patient Absolute Neutrophil Count (ANC) on file with the program.
3. There is a low ANC on file indicating moderate or severe neutropenia. Neutrophils are a common type of white blood cell important to fighting off infections.

Care planning tip for monitoring neutropenia: While most commonly recognized after blood work, patients at risk for neutropenia may develop fever, frequent infections, mouth ulcers, gum infections, ear infections, diarrhea and longer than usual wound healing.
Facility staff will receive notifications from the pharmacy that the pharmacist may not dispense clozapine until the prescriber takes action to register the patient, the prescriber provides a rationale to the clozapine program why clozapine therapy should not be interrupted (risk vs. benefit), or the prescriber provides new orders. Note the shift of actions from pharmacists to prescribers in the new program.

Until October, 2016, the pharmacy will continue to be authorized to dispense clozapine when the prescriber is not certified or when the most recently posted ANC is not current based on scheduled blood tests. When the final phase of the program is launched, the pharmacy will not be authorized to dispense clozapine unless the prescriber is certified and ANCs are up to date.

Omnicare pharmacies look forward to working with prescribers, patients, and your staff to assure no patient requiring clozapine misses a medically necessary dose.

What steps can we take now?

- Remind clozapine prescribers to become certified with the Clozapine REMs Program at www.clozapinerems.com
- Determine from prescribers if they have registered their patients with the Clozapine REMS Program
- Alert Staff of the patient’s scheduled ANC lab studies
- Prescribers, pharmacists, or care givers submit ANC lab values to the Clozapine REMS program at www.clozapinerems.com or by phone at 844-256-8678 or fax at 844-404-8876
- Blood Monitoring is addressed in the resident’s care plan

Remember, beginning October 2016, if there is no up-to-date ANC available in the patient’s file at the Clozapine REMS site, no clozapine will be authorized to be dispensed.

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