CVS/pharmacy®

PHARMACY BUSINESS METRICS

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NOTE: To complete this course you will need to obtain copies of the reports listed below from the store, instructions on how to obtain the reports are located throughout the course. Instructions for accessing each report can be found at the beginning of each section within the document. In addition, you will need to obtain supplemental materials available on Radar Store and/or RxNet for many of these reports.

- Profit & Loss Statement
- Sales & Execution Scorecard
- Generic Substitution Report
- Cash Loss Report
- Downtime Report (if available)
- Ready Fill Performance Report

- Triple S Report
- Wait Time & Promise Time Report
- Waiting Bin Report
- POS Discrepancy Report
- Key Performance Measures

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7/16/2010

Pharmacy Business Metrics
Overview
Our mission at CVS Caremark is to provide expert care and innovative solutions in pharmacy and health care that are effective and easy for our customers. In order to do this we have developed a set of metrics that allow us to measure how well our store teams are executing behaviors that are proven to be critical to our success in meeting and exceeding customer expectations and driving business. The measures and reporting that are reviewed in this course identify areas where store teams are succeeding and where there is room for improvement.

Topics
- Introduction to Pharmacy Business Metrics
- Overview of each report
- Schedule of Reports

Objectives
Upon successful completion of this course you will be able to:
- Explain the importance of reviewing the business metrics available in the daily, weekly, and monthly reports
- Identify and explain the contents of each report
- Demonstrate how each report is obtained
- Identify "best practices" that positively impact the business metrics measured in the reports

Training Method: Self-Paced Workbook
This course is being delivered in a self-paced workbook format. It is designed for you to read and complete on your own at your own pace. It will also serve as a reference in the future. It is important for you to read each section and complete the activities throughout the course. Successful completion of this course will provide you with knowledge that will guide you in your position in our pharmacy.

> **NOTE:** You will need access to Radar Store, RxNet and the pharmacy computer system in order to obtain copies of reports and supplemental materials required to complete this workbook. Therefore, it is recommended that you complete this workbook at the store.

Course Completion
You will receive credit for the course successfully completing the all activities within the course with your Trainer.

Estimated Time to Complete
3 hours

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Introduction to Pharmacy Business Metrics

Overview
There are 11 reports that provide information regarding a store's performance as measured against key business metrics. There are daily, weekly, and monthly reports, and each report provides the necessary information for you to understand how your store is doing.

It is the Pharmacist's responsibility to review these reports according to CVS guidelines. Proper monitoring of these reports will allow them to correct any issues and identify areas that require their attention (e.g., retraining staff on RTS procedures).

As a reward for driving performance, Pharmacists earn an annual incentive based on their store's business results. Incentive awards are based on the results found in the listed reports, and measured against established goals and individual performance objectives.

Report Listing
1. **Profit and Loss Statement (P&L)** - *a monthly report that breaks down the profitability of your store including sales and expenses*

2. **Triple "S" Report** – *a tool that measures how well we are meeting or exceeding our customer's expectations*

3. **Sales and Execution Scorecard -** *a store performance scorecard that is broken out into 4 Pharmacy Executable sections, including People, Pharmacy Service, Patient Care Program and Growth Builder measures*

4. **Wait Time and Ready When Promised Report -** *provides visibility to your store's efficiency in meeting Promised/Wait Time*

5. **Generic Substitution Report (GSR) –** *lists all prescriptions filled for a Brand name product where there may be an opportunity to dispense a generic equivalent*

6. **Waiting Bin Report -** *a list of all prescriptions filled within the last 28 days that have not been rung through the register*

7. **Cash Loss Report -** *lists all prescriptions that have not been rung through the register or Returned to Stock for 29 to 35 days*

8. **POS Discrepancy Report -** *identifies prescriptions that were rung into the register (POS) for an amount other than what was recorded in the pharmacy computer system*

9. **Downtime Report -** *identifies prescriptions that were processed using the Downtime procedures*

10. Key Performance Measures (KPM) - *designed to help you set clear goals for improving your store's customer service, sales, and performance*

11. ReadyFill Performance Report – *provides teams with a directional overview of weekly Ready Fill activity*

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Overview of Each Report

Overview
The following pages will introduce you to each report and provide information on how to access each report and the documents explaining their use. You are required to locate each report and its supporting documents and review them.

1. Profit and Loss Statement (P & L)

The Profit and Loss Statement (P&L) reports the financial results of a store's income producing activities for a given period of time. It is a tool that can be used to identify income and expense activities as well as your store's strengths and weaknesses.

ACTION: OBTAIN REPORT
The Profit and Loss Report is received monthly via the Front Store Controller within 14 days of month closing. Request a copy of the most recent P &L Statement from your Store Manager or Pharmacist.

Key Definitions
- **Actual** - actual dollar amount
- **Budget** - dollar amount expected to be generated
- **LY (Last Year) -** actual dollar amount for last year during the same period
- **Margin** - indicator of how much profit is earned on your products without consideration of expenses
- **Shrink –** is an unknown financial loss, which is not due to measurable causes such as markdowns, price overrides, price modifies, etc.

Controllable Line Items
The Pharmacy Team can positively impact their P&L by focusing on the "Controllable" line items. The following are the controllable line items:
- Sales
- Margin
- Payroll
- Management Controlled Expenses

   Rx Sales include the following:
- Cash Customers
- Senior Citizen Discount
- Third Party Copay
- Third Party Billed

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Rx Margin is calculated as follows:

Rx Gross Margin = Rx Available margin – Rx Markdowns – Rx Shrink
- **Rx Avail Margin** (Total Sales- Cost of Goods sold) – If your pharmacy's entire inventory were sold as a cash transaction, RxMargin would be equal to the total sales price without taking any markdowns or discounts. It is expressed in dollars and as a percent of sales
- **Rx Markdowns** – the difference between what we could have sold the inventory for, at usual and customary retail price, and what we actually sold the inventory for. Markdowns typically occur due to Third Party billing agreements. Markdowns are expressed in dollars and as a percent of sales.

    Example: If a store could have sold inventory for $500,000 but it was actually sold for $308,845, the RX Markdown would be $500,000-$305,845 = ($191,155).

- **Rx total Shrink** – total amount of shrink for the pharmacy. This is the addition or subtraction of inventory adjustment to shrink reserve
    - **Rx Shrink Reserve** – The dollar amount or percent of sales that is deducted each week from our inventory to account for a predicted loss (shrink). This number/percent is a projection based on prior inventory results or a budgeted percent for a new store.

        Example: If, based on historical numbers, a store is predicted to lose $52,000 a year due to pharmacy shrink, that stores shrink reserve would be ($1,000) a week.

    - **Rx Physical Inventory Adjustment** – After the pharmacy's physical inventory, the actual inventory count is compared to the "book" (Inventory Activity Report). The difference between these two numbers becomes your Physical Inventory Adjustment. The percentage is factored into the following year's shrink reserve percent.

        Example: If the store in the previous example actually only lost $40,000 due to pharmacy shrink, it would mean the shrink reserve overestimated losses by $12,000. This $12,000 is added back into the Rx Gross Margin as the Rx Physical Inventory Adjustment.

        Example: If the store in the previous example started with an Rx Available Margin of $700,000, the Rx Gross Margin would be: $500,000 (actual value of inventory) – $308,845 (what inventory was sold for) – $52,000 (shrink reserve) + $12000 (physical inventory adjustment) = $548,845.

Total Rx Margin = Rx Gross margin + Rx Allocation + Third Party Adjustments
- **Rx Allocation** – This is the money coming back to the pharmacy for the use of preferred drugs and manufacturer incentives such as discounts and rebates
- **Third Party Adjustments** – This is the write-off on third party claims and includes rejections, payment adjustments on paid claims, and bad debts.

> **Example:** If the store from the previous example has an Rx Allocation of $35,341 and a Third Party Adjustment of $10,592, the Total Rx Margin would be: $304,745 (Rx Gross Margin) + $35,341(Rx allocation) - $10,592 (Third Party adjustments) = $329,494

ACTIVITY: *Review the Sales and Margin section of your store's P&L with your Trainer. Discuss opportunities your store has to improve sales and/or margin.*

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Rx Payroll
- Payroll is one of the largest expenses on the P&L statement
- It is segregated between Operating, Vacation/Holiday, and Other Payroll
- **Rx Operating** – This is the total operational payroll amount paid to staff the pharmacy. This is made up of Regular, Sun/Hol/OT , and Overtime pay roll
    - **Rx Regular** – dollars paid to Pharmacist and Support Staff who work regular hours (not Sun/Hol/OT). This is also expressed as a percent of sales
    - **Rx Sun/Hol/OT** – dollars paid to employees who work on holidays
    - **Rx Overtime** – the amount paid to no-exempt employees who work over 40 hours a week. This figure includes all Rx Support Staff and Part-Time Pharmacists who work over 40 hours
- **Rx Vacation/Holiday** – amount of benefit payroll paid to our full-time Pharmacists and Support Staff for vacations and holidays
- **Rx Other Wages** – special non-operational wages entered into the Front Store Controller. Examples include sick pay and training hours
- **Rx Total Wages** –includes regular, overtime, holiday, and special pay

ACTIVITY*: Discuss with your Trainer 1) why it is important to control pharmacy hours (not exceed budget) and 2) what steps you can take to ensure your store is managing its payroll hours effectively.*

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Controllable Expenses related to the pharmacy include the following:
- **Rx Supplies** – The cost of supplies such as labels, vials, prescription bags, etc.
- **Waiting Bin Loss** – The difference between the monthly waiting bin inventory and the financial amount accrued by filling prescriptions in the Pharmacy dispensing system and registering the actual sale (POS)
- **Management Controlled Profit** – This is the company profit for which the Pharmacy Staff and Store Management Team are accountable. Displays what the store actually contributes to CVS all expenses are paid

Best Practices for Reducing Controllable Expenses:
- All supplies are kept organized in a designated space in the pharmacy/backroom so it is easy to monitor inventory levels. Stores only order supplies as needed
- Waiting bins are checked daily and all Day 14 Return to Stock Prescriptions are properly canceled and placed on hold

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2. Triple S Report

The Pharmacy Triple S Report provides a measurement on how well we are meeting or exceeding our customer's expectations. This report is available from Radar store monthly on the 5th business day of the fiscal month.

ACTION: OBTAIN REPORT
Obtain a copy of your store's Triple S Report by following the steps listed below:
1. Log on to Radar Store
2. Click on Triple S under the Performance Reports tab
3. Select time period
4. Click "Get Report"

ACTION: OBTAIN SUPPLEMENTAL MATERIALS
Learn more about the Triple S Report reviewing the *Triple S Program Overview* available on Radar Store.
1. Log on to Radar Store
2. Click on Triple S under the Performance Reports tab
3. Click the Triple S Program Overview" Link

How Actual Results are Calculated
Randomly, invitations are printed on the bottom of customers' receipts asking them to call a toll free number and complete a survey. Each attribute is weighted according to its overall importance to the customer and its link to store profitability.

Rx Weightings

Stores with Drive Thru	
In stock	33.33%
Wait Time	33.33%
Satisfaction with Drive Thru Wait Time	
Ready When Promised	
Courteous & Professional	33.33%
Addressed by Name	
Rx Score	100%

Stores without Drive Thru	
In stock	33.33%
Wait Time	33.33%
Ready When Promised	
Courteous & Professional	33.33%
Addressed by Name	
Rx Score	100%

- Customer Service is divided into 2 semesters, Jan-Jun and July-Dec. All responses within a semester are combined to arrive at your semester results. The results of both semesters are averaged to arrive at your year-end percentage.

- You can also call **1-866-232-4082** to listen to comments on how your customers feel, as they have the opportunity to leave recorded comments regarding your store. Although these comments do not impact your score, they will give you insight to how your customers feel.

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Best Practices for improving customer service in the pharmacy
- Ask every customer "What time would you like to pick up your prescription?" and record the appropriate promised date and time
- Complete data entry, through adjudication, while customer is present at Drop Off
- Call out the names of 'Waiter' prescriptions once verified
- Make sure a staff member regularly reviews the Refill Request Queue (QR) to address Voice, Electronic and Fax prescriptions and requests
- Make sure the team member scheduled at Drop Off regularly reviews the Exception Queue (QE) to resolve rejected insurance claims
- Always contact the customer if the prescription order will not be ready by the customer's Promised Time.
- Always get a Preferred Contact Number
- Follow all the AIMRx daily and weekly tasks

ACTIVITY*: Review your store's Triple S Scorecard. Call 1-866-232-4082 and listen to your customers' comments. Discuss with your Trainer what you can do to positively impact service in your store..*

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3. Sales and Execution Scorecard

The Sales and Execution Scorecard is broken into 4 pharmacy sections:
- People
- Pharmacy Service
- Patient Care
- Growth Builders

When reviewing the monthly scorecard, you should identify any metrics for which your store preformed below target and access the relevant metric page on radar store's *Execution Guide Toolkit* to ensure an understanding of what the metric is and how you can improve your performance.

ACTION: OBTAIN REPORT
Obtain a copy of your store's Execution Scorecard by following the steps listed below:
1. Log on to Radar Store.
2. Click on "Sales and Execution Score Card" under the Performance Reports tab.
3. Select time period.
4. Click "Get Report".

ACTION: OBTAIN SUPPLEMENTAL MATERIALS
Learn more about the Execution Scorecard by reviewing the Execution Guide Toolkit available on Radar Store.
1. Log on to Radar Store.
2. Click on "Sales and Execution Store Card" under the Performance Reports tab.
3. Click the "Execution Guide Toolkit" link.

How Targets Are Calculated
People, Pharmacy Service and Patient Care Program targets are company goals and are the same for all stores. The Percent to Target is measured against a sliding scale to determine how many points are awarded for each measure.

1. **People** – There are three key metrics in the people section of the Execution Scorecard. Each metric has a specific number of points associated with it. The segment accounts for 15 points

2. **Pharmacy Service** – There are five key metrics in this section of the Execution Scorecard. The segment accounts for 20 points

3. **Patient Care Programs** - There are four key metrics in this section of the Execution Scorecard. This segment accounts for 16 points

4. **Growth Builders -** There are six key metrics in this section of the Execution Scorecard. Some are calculated using the company goal for all stores; others are calculated using individual store goals. The segment accounts for 43 points (20 FS points; 18 RX points: 5 share points – Store Brand)

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PEOPLE = 15 points

There are three key metrics which coupled together create your People score: On-Boarding Compliance, LearnRx Part I and LearnRx Part II.

On-Boarding Compliance (5 points)

Measures completion of the training/orientation programs required of all new store level colleagues. SucceSSS, New Employee Compliance and ExtraCare training, must be completed within 21 days from date of hire and **prior** to register training.

The company target is 98%.

The monthly execution percentage is calculated based on the following formula:

$$\frac{\textbf{Total \# of New Hires Trained and/or Certified in On-Boarding Training}}{\textbf{Total \# of New Hires Required to be Trained and/or Certified}} = \textbf{On-Boarding Training \%}$$

On-Boarding Training % is measured against the sliding scale below to determine how many points are awarded.

Min	Max	Pts
98.00%	100.00%	5
97.00%	97.99%	4.5
96.00%	96.99%	4
95.00%	95.99%	3.5
94.00%	94.99%	3
93.00%	93.99%	2.5
92.00%	92.99%	2
90.00%	91.99%	1
0.00%	89.99%	0

LearnRx Part 1 (5 points)
Measures completion of all courses in the first 2 curriculums of the LearnRx Program
(Pharmacy Basics and Pick-up) within 2 weeks (14 days) of the employee's Date of
Hire/Position Effective Date.

The Part I measure includes completion of all courses within the Pharmacy Basics and
Pick-up curriculums. These 2 curriculums include a total of:
- 3 Web-Based courses (completed self-paced prior to attending class)
- 2 Workbooks (completed self-paced prior to attending class)
- 2 Instructor-led Classes (both are typically taught in one 4 hour sitting)
- 1 On-the-Job Training Session (a 4 hour shift in either a Learning Store or
  Skill Development Store)

All Pharmacy Support Staff are eligible for inclusion in the Part I and Part II metrics
(Pharmacy Service Associates, Pharmacy Technicians, Undergraduate Interns). The
monthly execution percentages are calculated by dividing the total number of pharmacy
staff complete with the required courses by the total number of eligible pharmacy staff.

A pharmacy team member will be part of the fiscal month's performance as follows:
- If complete with training by 14th / 120th day: employee will positively affect
  performance in the fiscal month in which certified
- If employee is in 14 / 120 day grace period and not complete with training:
  employee will not affect performance
- If training is not complete within 14th / 120th day: employee will negatively
  affect performance in the fiscal month on which the 14th / 120th day falls

The company target for the Part I measure is 100% (completed training within 14
days of hire).

The monthly execution percentage is calculated based on the following formula:

$$\textbf{Step 1:} \quad \frac{\textbf{Completed Part I Training within 14 days of hire}}{\textbf{Pharmacy Support Staff who reach their 14}^{\textbf{th}} \textbf{ day of hire during the fiscal month}} = \textbf{LearnRx Part I Score}$$

The Part I score is then measured against the sliding scale below to determine how many
points are awarded:

100.00%		5
98.00%	99.99%	4
96.00%	97.99%	3
94.00%	95.99%	2
92.00%	93.99%	1
90.00%	91.99%	0

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LearnRx Part II (5 points)
Measures completion of the entire LearnRx Program within 4 months (defined as 16 weeks or 120 days) of the employee's Date of Hire / Position Effective Date.

The company target for the Part II measure is 100% (completed training within 120 days of hire).

The monthly execution percentage is calculated based on the following formula:

Step 1: $\dfrac{\textbf{Completed Part II Training within 120 days of hire}}{\textbf{Pharmacy Support Staff who hit 120 days of hire within the fiscal month}}$ **= LearnRx Phase II Score**

LearnRx Part II is then measured against the following sliding scales to determine how many points are awarded.

100.00%		5
98.00%	99.99%	4
96.00%	97.99%	3
94.00%	95.99%	2
92.00%	93.99%	1
90.00%	91.99%	0

ACTIVITY: *Discuss with your trainer why training is important and what you can do to ensure your staff is properly trained.*

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PHARMACY SERVICE = 20 points
There are 5 key metrics that make up your Pharmacy Service score: Wait Time, Ready When Promised, Total Outs (Pending Inventory), AIM Incomplete Cycle Counts and AIM OOS Scans.

Wait Time (4 points)
Monthly execution is calculated by dividing the number of waiting prescriptions that were verified before the wait time provided by the total number of prescriptions filled for waiters during the fiscal month.

The company target is 94%.

The monthly execution percentage is calculated on the following formula:

Step 1: $$\frac{\textbf{# of Waiting Rxs verified before provided wait time}}{\textbf{Total number of waiter Rxs}} = \textbf{Wait Time \%}$$

Wait Time % is measured against the sliding scale below to determine how many points are awarded.

Minimum	Maximum	Points
94.00%	+	4
93.50%	93.99%	3
93.00%	93.49%	2
92.50%	92.99%	1
92.00%	92.49%	0

Best Practices for improving Wait Time:
Adhere to all PSI procedures to ensure your store meets customer's expectations at all times:
▪ Ask customers at Drop-off, "When would you like to pick-up your prescription(s)?"
▪ Always give an accurate Wait Time as suggested by the Wait Time Calculator
▪ Fill all prescriptions through insurance review so that you can provide an accurate wait time and avoid potential Third Party processing or Out-of-Stock issues
▪ Notify the next workstation in PSI workflow that there is a Waiter in the queue requiring immediate attention

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Ready When Promised (4 points)
The monthly execution percentage is calculated by dividing the number of prescriptions that were verified before or at promised time divided by the total number of prescriptions filled during the fiscal month.

The company target is 98%.

The monthly execution percentage is calculated based on the following formula:

$$\text{Step 1:} \quad \frac{\text{\# of Rxs verified before or at promised time}}{\text{Total number of Rxs filled during fiscal month}} = \text{Ready When Promised \%}$$

Ready When Promised % is measured against the sliding scale below to determine how many points are awarded.

Minimum	Maximum	Points
98.00%	+	4
97.00%	97.99%	3
96.00%	96.99%	2
95.00%	95.99%	1
94.00%	94.99%	0

Best Practices for improving Ready When Promised Percentage:
- Review your "Ready When Promised/Wait Time Report", which provides a real time view of your store's performance with respect to Promised Times for non-waiters
  - Use this report to recognize periods when your pharmacy is not meeting customer expectations in order to diagnose and create an action plan
- Ensure all team members are following PSI workflow procedures including:
  - Contacting customers immediately when an issue arises
  - Completing Action Notes for all issues
  - Printing and filling only 3 families of prescriptions at a time
  - Placing completed prescriptions in yellow (waiter) or black (non-waiter) baskets and stacking in the Red Zone by pick-up time

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Total Outs/Pending Inventory Percent (4 points)
This metric is calculated by dividing the total number of prescriptions with an in-stock issue (Partial and Complete Outs) by the total number of prescriptions filled during the fiscal month.

The company target is 1.30%. However, each Store, District, Region, and Area has an individual target based on Total OOS% history.

Step 1: $$\frac{\textbf{Partial or Total Outs}}{\textbf{Total Number of Dispensings}} = \textbf{Total OOS \% (Pending Inv)}$$

Step 2: Total OOS % Performance – Total OOS % Target = Variance to Target

The Variance to Target is measured against the sliding scale below to determine how many points are awarded.

Minimum	Maximum	Points
+	0.00%	4
0.01%	0.20%	3.5
0.21%	0.40%	3
0.41%	0.60%	2.5
0.61%	0.80%	2
0.81%	1.00%	1.5
1.01%	1.20%	1
1.21%	+	0

Best Practices for improving OOS% (partial inventory) Performance:
- Place Outside Vendor orders daily using the Suggested OV Order Report:
  - Order ALL items listed on the report for the quantities provided to ensure you do not go out of stock
  - If the BOH is inaccurate, perform a cycle count and change the suggested order quantity as needed
- On order (poll) day:
  - Review the Warehouse Order Report to identify any items with unusually high or low on order quantities – update the BOH as necessary
  - Walk the bays and cycle count any items not listed on the Warehouse Order Report that have a low inventory quantity
- Complete a thorough out of stock scan on the day before order (poll) day - the day before scanning outs:
  - Straighten all bays
  - Process weekly damages, outdates and any Rx Returns
  - Complete Waiting Bin Returns to Stock
  - Fill automated dispensing units (if applicable)

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AIM Incomplete Cycle Counts (4 points)
Monthly execution is calculated by dividing the total number of compliant weeks (no more than 3 incomplete cycle counts) by the total number of weeks in the fiscal month.

The company target is 95%.

The monthly execution percentage is calculated on the following formula:

Step 1: $\dfrac{\textbf{Total number of compliant weeks}}{\textbf{Total number of weeks in fiscal month}}$ **= Cycle Count Completion**

Cycle Count Completion % is measured against the sliding scale below to determine how many points are awarded:

Minimum	Maximum	Points
95.00%	+	4
93.99%	94.99%	3.5
91.99%	92.98%	3
90.99%	91.98%	2.5
89.99%	90.98%	2
88.99%	89.98%	1.5
87.99%	88.98%	1
0.00%	87.98%	0

Best Practices for improving Cycle Count Completion %:
- Perform ALL Cycle Counts by 4:30pm local time (so that all BOH corrections are made prior to any order auto completing)
- Do all System Generated Cycle Counts first to avoid duplication of effort
- Perform Store Initiated Cycle Counts on any item you observe to have unusually high or low inventory
- Do not perform any Cycle Counts on your CVS Warehouse Delivery Day since cycle counting an item while the delivery is applying can lead to significant error in the product's BOH

AIM OOS Scans (4 points)
Monthly execution is calculated by dividing the total number of compliant weeks (minimum of 5 OOS weekly) by the total number of weeks in the fiscal month.

The company target is 95%.

The monthly execution percentage is calculated on the following formula:

Step 1: $\dfrac{\textbf{Total number of compliant weeks}}{\textbf{Total number of weeks in fiscal month}}$ **= AIM RX OOS Scans %**

AIM RX OOS Scans % is measured against the sliding scale below to determine how many points are awarded.

Minimum	Maximum	Points
95.00%	+	4
93.99%	94.99%	3.5
91.99%	92.98%	3
90.99%	91.98%	2.5
89.99%	90.98%	2
88.99%	89.98%	1.5
87.99%	88.98%	1
0.00%	87.98%	0

Best Practices for improving AIM RX OOS Scan %
- Complete the following tasks the day before scanning outs to ensure an accurate scan the next day:
  - Straighten all bays
  - Process weekly damages, outdates and any Rx Returns
  - Complete Waiting Bin Returns to Stock
  - Fill automated dispensing units (if applicable)
- Be thorough. Scan the shelf label for EVERY Warehouse and Outside Vendor item (ODS = W or V) that is completely out of stock in your store
  - Don't forget to check the safe, refrigerator and the ends of the bays
- Generate and review the OOS Scan report
  - The first page includes the items that you scanned
  - Review the second page of the report, which includes items that have a TIL, but do not have a BOH and were not scanned

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ACTIVITY: *Review your store's most recent Execution Scorecard. Identify areas of opportunity in your Pharmacy Service measures. Discuss with your Trainer what you can do to positively impact these measures.*

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PATIENT CARE = 16 points
There are 4 key metrics that make up your Patient Care score: Adherence Outreach, First Fill Counseling, New Script Pickup and Order Ready Reach Rate.

Adherence Outreach (4 points)

Every week, as part of the Patient Care Initiative (PCI), your store contacts select customers who have maintenance prescriptions that are past due and offers to refill their prescription(s) so they can remain on therapy. This metric measures how many customers you successfully contacted through these calls. (More information on Adherence Outreach is available on RxNet.)

The monthly execution percentage is calculated by dividing the number of Adherence Outreach Calls that result in a connection by the number of patients that appear on the report every week during that month.

If a patient appears on the Adherence Outreach report more than once in a particular month, that patient will count as many times as they appear on the reports during that month.

The company target is 65%.

The monthly execution percentage is calculated based on the following formula:

Step 1: $$\frac{\text{\# of Successful Contacts}}{\text{\# of Patients on the Report}} = \text{Adherence Outreach Contact Rate \%}$$

The Adherence Outreach Contact Rate % is measured against the sliding scale below to determine how many points are awarded.

Minimum	Maximum	Points
65.00%	+	4
62.50%	64.99%	3
60.00%	61.49%	2
57.50%	59.99%	1
50.00%	57.49%	0

Best Practices for improving my stores Adherence Outreach Contact Rate:
- Call patients at recommended times of day. In general, your store will have better success reaching patients on weekends from 9-11am and 4-8pm, and on weekdays from 4-8pm
- If you do not reach the patient on the first attempt, try to reach the patient again later (up to 3 times is recommended)
- Ensure your primary contact numbers are accurate and up-to-date. If you get a wrong number, remove that patient's phone number from the system and attempt to obtain the correct number

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First Fill Counseling (4 points)

First Fill Counseling is designed to ensure patients understand the importance of staying on their prescribed therapies. 1 in 3 CVS/pharmacy patients who start on a maintenance script will decide to discontinue taking the drug before it is time to order the first refill. The Pharmacist is expected to counsel patients on the importance of staying on their medications as prescribed and to answer any questions patients may have about their prescriptions.

First Fill Counseling metric measures whether or not your store completes the daily tasks in Workload Manager on time. Reviewing and acting on the First Fill Counseling report before noon every day, will minimize the chance of these prescriptions already having been picked up and missing the opportunity to counsel these patients.

The company target is 90%.

The monthly execution percentage is calculated based on the following formula:

$$\text{Step 1:} \quad \frac{\text{Number of tasks completed on time during fiscal month}}{\text{Total number of days in fiscal month}} = \text{First Fill Counseling}$$

The First Fill Counseling % is measured against the sliding scale below to determine how many points are awarded.

Minimum	Maximum	Points
100.00%		4
95.00%	99.99%	3.5
90.00%	94.99%	3
85.00%	89.99%	2.5
80.00%	84.99%	2
75.00%	79.99%	1.5
70.00%	74.99%	1
0.00%	69.99%	0

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Best Practices for improving First Fill Counseling Percentages

<u>Every day by 10am</u>
- Pharmacist prints "First-Fill Counseling Report" using Radar Store
- Pharmacist assigns Team Member to flag all Waiting Bin scripts on the report for counseling using the Weekly PCI Calendar

<u>Every day by 12 noon</u>
- Assigned Team Member retrieves each prescription listed on the report from the Waiting Bin and staples the white "First-Fill Counseling Note" to each bag
- Assigned Team Member records that the task is completed on the report (sample report on back of this page)
  - o If bag flagged, check the box for "Flagged With Note"
  - o If bag not found in waiting bin, check the box for "Already Picked Up"
  - o When finished, write the total number of flagged prescriptions at the bottom of report, sign initials, and record time of completion at the top
  - o Assigned Team Member files completed Report in this Program Binder

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New Script Pickup (4 points)
New Script Pickup Outreach Calls provide an opportunity for Pharmacists to have an interactive discussion with Patients about the original fill prescription the physician wants the patient to start or continue. Two out of 3 prescriptions that are returned to stock are for new original prescription therapies for a patient who is continuing or Starting a new maintenance therapy. With this program, the Pharmacist contacts patients to reiterate the importance of picking up a new prescription as prescribed by the patient's doctor and establish a pickup date for the script in the Waiting Bin.

The New Script Pickup metric measures the number of patients reached divided by the total number of opportunities for the fiscal month.

The company target is 65%.

The monthly execution percentage is calculated based on the following formula:

$$\text{Step 1:} \frac{\textbf{Number of patients reached}}{\textbf{Total number of opportunities for the fiscal month}} = \textbf{New Script Pickup}$$

The New Script Pickup is measured against the sliding scale below to determine how many points are awarded.

Minimum	Maximum	Points
65.00%	+	4
62.50%	64.99%	3
60.00%	61.49%	2
57.50%	59.99%	1
50.00%	57.49%	0

Best Practices for improving New Scrip Pickup Percentage:
Each Afternoon
- The Pharmacist prints daily "New Script Pickup Report" via Radar Portal by 1:00 EST via Radar Portal and personally completes outreach calls.
- The Pharmacist records their initials and the time at which the first and second call attempts are made in the top right-hand corner of the report

Calling Patients (Afternoon)
- Before making the first call attempt, the Pharmacist ensures script listed on the report is still in the Waiting Bin. Record the report if the script was already picked up
- Review any action notes, and attempt to resolve (e.g. re-bill). Even if the issue remains unresolved, contact patient following PSI procedures.
- The Pharmacist makes up to 2 call attempts to reach each patient listed on the report. Results show that the best time to reach patients if 4PM to 8PM. The second attempt should be made after 6PM.

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Calling Patients (Afternoon) - continued
- If the phone number is incorrect, cross it out on the report and zero it out (000-000-0000) in the patient's profile.
- If the patient is not reached on the second call attempt, leave a voice message (refer to the sample message).
- Write 'New Rx Call' in the blank space at the top of the prescription label-receipt.
- If a patient calls back about a prescription with 'New Rx Call' written at the top of the label-receipt, the Pharmacist will deliver the message about the importance of picking up the prescription and establish a planned pickup date.
- Discuss prescription information with the patient only. Refer to sample conversations.
- Record call outcome, including planned pickup date on each line of the report.

7/16/2010

<u>Order Ready Reach Rate (4 points)</u>
Order Ready Calls are automated calls that pharmacy customers receive to remind them to pickup their prescriptions. This metric measures how many customers were reached through these calls, and gives an indication of how well your store is maintaining accurate and updated preferred contact numbers. More information on Order Ready Calls is available on RxNet.

Monthly execution percentage is calculated by the number of Order Ready Calls that result in a reach (either live or voicemail) per month, divided by the number of calls we attempted to make that month.

The company target is 90%.

Step 1: $\dfrac{\textbf{Successful Reaches}}{\textbf{All Attempted Reaches}}$ **= Order Ready Reach Rate**

The Order Ready Reach Rate is measured against the sliding scale below to determine how many points are awarded

Minimum	Maximum	Points
90.00%	+	4
88.00%	89.99%	3.5
86.00%	87.99%	3
84.00%	85.99%	2.5
83.00%	83.99%	2
82.00%	82.99%	1.5
80.00%	81.99%	1
0.00%	79.99%	0

Best Practices for improving Order Ready Reach Rate:
- Ask patients for their most current preferred contact number at every available opportunity: data entry at Drop-Off, taking refills via telephone at Production, taking new prescriptions at Drive-Thru, and completing Action Notes at Pick-Up.

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ACTIVITY: *Review your store's most recent Execution Scorecard. Identify areas of opportunity in your Proactive Pharmacy measures? Discuss with your Trainer how you can positively impact these measures.*

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GROWTH BUILDERS
The entire Growth Builder category includes 14 metrics and is worth 43 points. There are 5 key pharmacy metrics that contribute 24 points to the Growth Builders score: Waiting Bin, Pharmacy Returns, Generic Substitution Rate, Ready Fill Success Rate and Rx ExtraCare Scan Rate. There is also one Growth Builder metric – Store Brand (4 points) - that pharmacy can help drive by influencing patients and customers to purchase CVS and Proprietary Brand items.

Waiting Bin (4 points)
The Waiting Bin metric measures waiting bin loss as a percent to Pharmacy Sales. The Waiting Bin Account tracks the dollar value for prescriptions that are expected to be in the Waiting Bin. That dollar value is ultimately compared to the actual dollar value for prescriptions accounted for during the monthly physical Waiting Bin Inventory. When the amount in the Waiting Bin Account is GREATER THAN what is actually in the physical waiting bins, the result is a Waiting Bin loss for the store.

Waiting Bin Loss = Waiting Bin book inventory – Actual Waiting Bin physical inventory count

The company target is 0.055% variance to your store's Waiting Bin target.

The monthly execution percentage is calculated based on the following formula:

Step 1: $$\frac{\textbf{Waiting Bin Book Inventory}}{\textbf{Waiting Bin Physical Inventory}} = \textbf{Waiting Bin Loss \%}$$

Step 2: Waiting Bin Loss % - Waiting Bin Target % = Variance to Target

Waiting Bin Loss % is measured against the sliding scale below to determine how many points are awarded.

Minimum	Maximum	Points
<0.00%	0.00%	4
0.00%	0.02%	3.5
0.02%	0.04%	3
0.04%	0.06%	2.5
0.06%	0.08%	2
0.08%	0.10%	1.5
0.10%	0.12%	1
0.12%	>0.1201%	0

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Pharmacy Returns (4 points)

Pharmacy returns is the process by which stores manage their non-saleable inventory (e.g. expired meds, recalls, and damages). These non-saleable products are sent to Capital Returns, Inc. via UPS when the expiration date is within the 2x2 window (unless a product is recalled or damaged).

Monthly execution is calculated by dividing the dollar amount of pharmacy product returned that is outside of the 2x2 window (excluding recalls) by the total $ amount returned.

The company target is 7%.

$$\text{Step 1:} \quad \frac{\textbf{Returns outside 2x2 window}}{\textbf{Total \$ Amount of product returned}} = \textbf{Rx Returns \%}$$

harmacy Returns % is measured against the sliding scale below to determine how many points are awarded.

Minimum	Maximum	Points
7.00%	+	4
8.00%	6.99%	3
9.00%	7.99%	2
10.00%	8.99%	1.5
11.00%	9.99%	1
+		0

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Generic Substitution Rate (6 points)
The company's Generic Substitution Rate target is established twice per year. Each store, District, Region, and Area will have an individual target based on their Generic Substitution Rate and local Generic Substitution Rate performance.

The monthly execution percentage is calculated based on the following formula:

$$\frac{\text{Total Generics Dispensed}}{\text{Total Generics Available + MSB*}} = \text{Generic Substitution Rate Performance}$$

*MSB = Multi-source brand represents a brand fill when a generic-equivalent is available

Generic Substitution Rate Performance is measured against individual targets using the sliding scale below to determine how many points are awarded.

Minimum	Maximum	Points
< 0 bps		6
3 bps	0 bps	5.5
6 bps	2 bps	5
9 bps	5 bps	4.5
12 bps	8 bps	4
15 bps	11 bps	3.5
18 bps	14 bps	3
21 bps	17 bps	2.5
24 bps	20 bps	2
27 bps	23 bps	1.5
30 bps	26 bps	1
>30 bps	29 bps	0

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ReadyFill Success Rate (6 points)

The ReadyFill® program automatically refills enrolled prescriptions 3 days prior to their refill due date (based on last pick up date and day supply). The service also automatically sends a refill request to the prescriber prior to patients running out of medication.

The ReadyFill® Success metric is equal to the percent of ReadyFill® Eligible Prescriptions filled through the program. This does not include those prescriptions outside of the designated therapeutic classes that teams have manually enrolled or ReadyFill® eligible prescriptions which were filled manually and not automatically through the program.

The company target is 40%.

The monthly execution percentage is calculated based on the following formula:

Step 1:

Eligible Scripts automatically filled through ReadyFill®
$$\frac{\text{Eligible Scripts automatically filled through ReadyFill®}}{\text{All ReadyFill® Eligible Refills filled}} = \text{ReadyFill® Success Rate}$$

*ReadyFill success rate does not include prescriptions returned to stock

ReadyFill® Success Rate is measured against the sliding scale below to determine how many points are awarded.

Minimum	Maximum	Points
>40%		6
39.00%	39.99%	5.5
38.00%	38.99%	5
37.00%	37.99%	4.5
36.00%	36.99%	4
35.00%	35.99%	3.5
34.00%	34.99%	3
33.00%	33.99%	2.5
32.00%	32.99%	2
31.00%	31.99%	1.5
30.00%	30.99%	1
0.00%	29.99%	0

Rx ExtraCare Scan Rate (4 points)
Rx Scan Rate is a ratio indicating what percent of total pharmacy transactions are made with an associated ExtraCare card scan. When a CVS colleague enters a customer phone number instead of swiping the card, that transaction is counted as an ExtraCare card transaction. Universal Card transactions however, are not counted as ExtraCare transactions. Hot/abused cards are also not included in either ExtraCare or total transactions

The company Rx Scan Rate target is 68%. Each Store, District, Region, and Area will have an individual target based on their specific Rx Scan Rate history.

Stores are divided into five quintiles and given a growth target dependent upon their performance in the latter part the previous year.

Stores with lower scan rates (e.g. Quintile 1) were are given higher growth goals than stores with higher scan rates (e.g. Quintile 5). Stores with rates of 85% or better are tasked to maintain performance.

Store Quintile	Growth (% Points)	Multiple of Chain Goal
Q1	8.4%	1.75x
Q2	7.2%	1.50x
Q3	4.8%	1.00x
Q4	2.4%	0.50x
Q5	1.2%	0.25x
Q5 (w/ rate of 85%+)	0.0%	0.00x

Rx Scan Rate is calculated using the following formula:

$$\frac{\textbf{Total Rx Transactions with a Card Scan}}{\textbf{Total Rx Transactions}} = \textbf{Rx Scan Rate}$$

Execution Scoring is determined as follows:

$$\frac{\textbf{Rx Scan Rate}}{\textbf{Rx Scan Rate Target}} = \textbf{Percent to Target}$$

The Percent to Target is measured against the sliding scale below to determine how many points are awarded.

Min	Max	Pts
100.00%	100.00%	4
95.00%	99.99%	3.5
90.00%	94.99%	3
85.00%	89.99%	2
80.00%	84.99%	1
0.00%	79.99%	0

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Store Brand (5 points)
Store Brand % is a metric that measures your Store Brand Sales as a percent of total front store sales. Store brand sales not only include CVS/pharmacy Brand Products, but a variety of exclusive brands

The company Store Brand % target is 16.82% (Core Stores 17.43% and former Long's Stores 12.23%). However, each Store, District, Region, and Area will have an individual target based on Store Brand sales history.

Targets are based on applying the associated corporate growth % year over year to actual full year performance.

Store Brand % is calculated using the following formula:

$$\frac{\textbf{Total Store Brand Sales \$}}{\textbf{Total Front Store Sales \$}} = \textbf{Store Brand \%}$$

Execution Scoring is determined as follows:

$$\frac{\textbf{Store Brand \%}}{\textbf{Store Brand \% Target}} = \textbf{Percent to Target}$$

The Percent to Target is measured against the sliding scale below to determine how many points are awarded.

Min	Max	Pts
100.00%	100.00%	5
98.00%	99.99%	4
96.00%	97.99%	3
93.00%	95.99%	2
90.00%	92.99%	1
0.00%	89.99%	0

Additionally the Sales and Execution Scorecard calculates a **Store Brand Margin Opportunity Dollar Amount.** This is a non scored metric, but is directly impacted by Store Brand Performance. This metric represents the Margin Dollar *Gain or Loss* based on Store Brand Performance to Store Brand Target

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4. Wait Time and Ready When Promised Report

This report provides visibility to a store's efficiency in meeting Promised/Wait Time and is broken out by Pharmacist.

Accessing the Report
The report is generated automatically on a weekly basis with the Sunday paperwork. Additionally, the report can be generated as needed from the pharmacy computer system.

Pharmacists are responsible for reviewing these reports to diagnose problematic times and/or days and create an Action Plan for any period where the Promised/Wait Times do not meet the expected minimum service standards.

Our Company Minimum Service Standards for the Execution Scorecard are:
Wait Time <15 minutes = 92%
Ready When Promised = 98%

Note:
- Actual script times are based on when a Pharmacist completes verification.
- The individual Pharmacists reports are based off the initials used at verification
- *If scripts are left in the queue either overnight or after a shift and are past their Promised Time, the RPh that is taking responsibility and cleaning out the queue will have their initials attached to those metrics.*

Best Practices for improving Wait Time/ Promised Time
- Use the Store Summary Report to help diagnose Wait Time issues in the store:
  - The individual Pharmacist Report can be used to drill down to see how any one Pharmacist is performing as compares to the store performance
- Use the "Wait Time Calculator" to provide Estimated Wait Times
- Communicate accurate Wait Times to your customers. Do not under-promise as the customer will remember the time that is communicated to them.

Common Issues to Understand
- Scripts left in the Queue over night
  - If a prescription is promised on one day but is left in the queue overnight, the prescription will count negatively towards the Total Wait and/or Promised Time
- Maximum Time to Complete Through Verification
  - For reporting purposes, no prescription will have a time through verification of more than two hours
- Report Total Sections
  - Each Total Section is an average of the corresponding column, with the exception of the # Waiters Entered and the # of Scripts Promised columns which is simply the total number of scripts entered as a waiter.

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- # of Waiters and the # of Ready when Promised Customers
  - o The numbers are independent of one another. The number of Waiters is not included in the number of Ready When Promised customers.
- Proper Editing Procedures
  - o The Wait Time and/or Promised Time will be calculated using the latest Wait Time or Promised Time associated with that prescription
    - If a prescription is edited at a later date, passed its original Promised Time, the user will be prompted to enter in a new Promised Time. If the user ignores that prompt and continues to fill the prescription, the original Promised Time will be used and that will negatively impact the reporting

ACTIVITY: *Review the store's Wait Time and Ready When Promised Report with your Trainer. Discuss opportunities for improving these scores in your store.*

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5. *Generic Substitution Report (GSR)*

The Weekly Store Generic Performance Report identifies your store's Generic Substitution Rate (GSR). Generic Substitution Rate (GSR) measures how often a generic drug is dispensed when a generic is available.

ACTION: OBTAIN REPORT
Obtain a copy of your store's report by following the steps listed below.
1. Log on to Radar Store.
2. Click on "GSR Performance Review" under the Rx Program Support tab.

ACTION: OBTAIN SUPPLEMENTAL MATERIALS
Learn more about the Generic Substitution Report by reviewing the materials the materials available on RxNet.
1. Go to RxNet
2. Choose the "Operational Toolkit Tab".
3. Click on the "Maximizing Your Store's Generic Potential" link.
4. Select the "Generic Performance Report" tab.

Information Included in Report
The GSR report is broken into 4 sections.

- **Section 1**: This section of the report identifies the previous week's GSR Performance for your store and district.
- **Section 2**: This section of the report identifies Synthroid substitution opportunities in your store over the past week.
- **Section 3**: This section of the report identifies the top 5 GSR opportunities for your store (excluding Synthroid).
- **Section 4**: This section of the report identifies the previous week's GSR Performance by pharmacist.

Best Practices for improving GSR
- Ensure that proper quantities of generic products are in stock
- Dispense generics whenever possible
- Discuss new generic products and opportunities with your pharmacy support staff
- Ensure all prescription items have the appropriate shelf labels
- Make positive adjustments and generate a new shelf label for newly stocked generic products

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ACTIVITY: Review the store's Generic Substitution Report. Identify the top 5 drug opportunities in your store. Discuss what you can do to improve dispensing of these 5 medications in your store..

6. Waiting Bin Report

The Waiting Bin Report is a daily 'end of day' report that lists all prescriptions that have been processed through the pharmacy computer system but have not yet been picked up (rung through the POS register).

ACTION: OBTAIN REPORT
The report is generated daily with the End of Day paperwork and can also be generated as needed using the pharmacy computer system. Use the pharmacy computer system in your store to generate a copy of this report for review.

ACTION: OBTAIN SUPPLEMENTAL MATERIALS
Learn more about the Waiting bin report by reviewing the materials available on RxNet.
1. Go to RxNet.
2. Select the "Inventory Management" tab.
3. Click on the "Waiting Bin Materials" link.
4. Select "Waiting Bin Report".

Information Included in Report
- Day 14: Perform return to stocks daily on these prescriptions while the third party reversal window is still available
- Day 15-28: Return to stock is past due on these prescriptions

Best Practices for improving Waiting Bin
- Assign a Technician to complete the Waiting Bin Report Activities EVERY day

> In accordance with HIPPA guidelines, patients confidentiality must be maintained when making calls or leaving messages.

- Make every effort to complete Day 14 return to stocks daily
- If a prescription appears on the report but is not in the Waiting Bin or other waiting locations and it is believed to have been sold, there are two possible scenarios: (1) the prescription many have been rung incorrectly or (2) a communication failure may have occurred between the pharmacy computer system and POS. To determine if the prescription is actually sold:
    - Check the Electronic Journal in the Manager's SMART system. All of the store's transactions are kept here for 7 days, if the prescription number is on the report, there is no Waiting Bin issue
    - Check all Pharmacy Employee's scan rates on the Cashier Analysis Report. If a scan rate is less than 95%, employees may be ringing prescriptions in as "non-taxable" rather than scanning the prescription. Review the correct process for ringing up a prescription with these employees

Retain the report in your Waiting Bin Report binder for 2 months

7. Cash Loss Report

This report lists all prescriptions that have not been rung through the register or Returned to Stock for 29 to 35 days. Note: If all the inventory maintenance procedure have been done in a timely manner, the Cash Loss Report should be empty, except for manual billings and line drops

ACTION
The report is generated weekly with the Saturday End of the Day paperwork and can also be generated as needed using the pharmacy computer system. Use the pharmacy computer system in your store to generate a copy of this report for review.

Best Practices for improving Cash Loss Report
- Identify possible training issues with the pharmacy staff

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8. POS Discrepancy Report

The POS Discrepancy report list ALL prescriptions that were rung into Point of Sale (POS) at a price other than what appeared on the prescription receipt generated from the pharmacy computer system. While this report does not directly affect your monthly execution scores, it is important to review the report as it identifies several issues that can help your P & L and Waiting Bin Execution score.

ACTION: OBTAIN REPORT

This report is generated daily with the End of Day paperwork and can also be generated as needed using the pharmacy computer system. Use the pharmacy computer system in your store to generate a copy of this report for review.

ACTION: OBTAIN SUPPLEMENTAL MATERIALS

Learn more about the POS Discrepancy Report by reviewing the materials on RxNet.
1. Go to RxNet.
2. Select the "Inventory Management" tab.
3. Click the "POS Discrepency Report" link.

Information Included in the Report

- The report prints Pharmacy Computer System/POS discrepancies by Cashier ID so that the Pharmacy Team Member looking at the report can react to any discrepancies appropriately.
- The Type column (TYP) of the report identifies whether the script has been modified, post voided, line voided, canceled, or refunded by using the following codes:

Code	Description
M	Modified
P	Post Voided
L	Line Voided
C	Canceled
R	Refunded

- The Pharmacy computer system $ column identifies the amount of money the Pharmacy Computer System "thinks" the transaction should have been rung at POS
- The POS $ column identifies the amount of money that was actually collected during the transaction at POS
- The Loss $ column identifies the difference between the pharmacy computer system $ column and the POS $ column. If the number is positive it is a **loss**, if the number is negative it is a **gain**.

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Best Practices for improving POS discrepancy
- Retrieve the POS Discrepancy Report from the end-of-day paperwork
- A technician should be assigned to complete the POS Discrepancy Report activities EVERY day
- Review each prescription listed on the report
- Refer to TYP codes for steps to take with each type of prescription appearing on the report
- Make a notation on the POS Discrepancy Report next to each prescription describing the issue and steps taken to resolve
- At the end of each week, review the previous week's report to identify any patterns
- Any team members appearing repeatedly on this report should be counseled to ensure they understand proper procedures for ringing prescriptions at POS

Retain the report in your Waiting Bin Report binder for 2 months

ACTIVITY: *Review the store's Cash Loss and POS Discrepancy Reports. Identify the most common codes that appear on the report. Discuss with your Trainer what actions can be taken to reduce losses in your store..*

9. Downtime Report

This report identifies prescriptions that were processed using the Downtime procedures. These procedures are used ONLY when a third party claim cannot be adjudicated on-line because the plan is down, the customer is an existing CVS customer, and the copay can be determined. All prescriptions must be edited back to the appropriate Third Party as soon as communications are restored. This report is a tool, which helps identify those prescriptions

ACTION: OBTAIN REPORT
The report is generated weekly with the Sunday paperwork. Additionally, you can generate this report as needed from the pharmacy computer system. Use the pharmacy computer system in your store to generate a copy of this report for review.

Best Practices for improving Downtime
Follow the correct procedures for utilizing Downtime.

1. Review the patient's profile to determine the appropriate co-pay amount for the drug type and quantity to be dispensed.
   (If you are unable to determine the amount, you should call the customer service phone number listed on the patient's ID card).
2. At the rejection screen, select the option for Third Party Downtime (Plan Code 9999).
3. Select the option to access the Pricing Screen.
4. Select (C) for Copay.
5. Enter the Copay amount. When entering the copay amount, include dollars and cents without the decimal point (e.g., $7 should be entered as "700").
6. Enter the Override Code 3.

Follow the steps below to edit all prescriptions processed via Downtime back to the correct Third Party:

1. From the Main Menu, access the system Reports.
2. Find the "Daily Log".
3. Use the "Third Party Plan Register".
4. Follow the prompts to generate a report on plan codes beginning with "9999" .
5. Edit the prescriptions listed on the report back to their appropriate Third Party.

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10. Key Performance Measures (KPM)

The Medication Management Key Performance Measures (KPMs) report is a tool that will help you to evaluate progress toward Medication Management goals and help you to identify and address barriers to adherence and improving patient outcomes. The KPMs provide consolidated reporting on both the execution and performance results of adherence programs, allowing for assessment of both the quantity and the quality of interventions being made. The execution metrics measure effectiveness at performing a given task while the outcome metrics measure the success of the intervention.

ACTION: OBTAIN REPORT
Obtain a copy of the your store's most recent Medication Management KPM report - available on Radar Store by the Wednesday following publication of the Execution Scorecard.

ACTION: OBTAIN SUPPLEMENTAL MATERIALS
Learn more about the Key Performance Measures by reviewing the Medication management *KPM Toolkit* available on Radar Store.
1. Go to Radar Store.
2. Select "Medication Management KPMs" Link under the Performance Reports.
3. Click on the Medication Management KPM Toolkit link.

The report evaluates 6 adherence programs:
- First Fill Counseling
- Adherence Outreach
- New Script Pickup
- Automated Call Programs
- ReadyFill
- Generic Substitution

First Fill Counseling

Every day, as a part of the Patient Care Programs, your store identifies patients with a First Fill Counseling opportunity. These patients are counseled at the time of pick up to emphasize the importance of taking their medication as prescribed with the intention or improving continuity of care.

Why It's Important:

Measures effectiveness of Pharmacists' ability to engage patients at a critical point in therapy:
- 1 in 3 CVS patients who start a maintenance medication will discontinue therapy before the first refill
- Proactive Pharmacists counseling for new-to-therapy patients is designed to proactively identify and address reasons a patient may discontinue therapy
- Success with First Fill Counseling reduces the need for additional reactive interventions, such as Adherence Outreach
- Proactive Pharmacists counseling is a key differentiator of the service provided by CVS Pharmacists, an essential part of our value proposition to our patients and an expectation of our PBM clients. As such, it is important for all Pharmacists in CVS Pharmacy locations to ensure consistent execution of the program as designed.

How It's Measured:
- First Refill Persistence and Compliance
  - Measures the **outcome** of a First Fill Counseling by determining the percentage of identified patients who continue therapy to the next fill
    - Patients who are switched to a new drug in the same therapeutic class are also considered adherent
- Number of Anticipated First Refills
  - Number of prescription refills anticipated for patients identified for First Fill Counseling
- Success requires pharmacist to engage all patients identified for First Fill Counseling

Best Practices for Improving First Fill Persistence:
- Counsel patients to address potential root causes of non-adherence. Based on the drug, determine if a potential cause may be forgetfulness, undesirable side effect, or cost and explain ways to avoid becoming non-adherent
- Advise patients not to discontinue treatment unless directed by their physician

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Adherence Outreach

Every week, as part of the Patient Care Programs, your store contacts select customers who have past due maintenance prescriptions, and offers to refill their prescription(s) so they can remain on therapy.

Why It's Important:

Measures effectiveness of store team's ability to influence patients to re-engage in therapy

- 3 out of 4 people who start a maintenance medication will discontinue their treatment within one year
- Effective outreach calls remind patients to refill overdue scripts and encourage them to stay on their therapy

How It's Measured:

- % of Past Due Scripts Filled
  - Outcome metric that measures the percentage of past due scripts that are refilled & picked up following an Adherence Outreach call
    - Patients who are switched to a new drug in the same therapeutic class are also considered adherent
      NOTE: Due Soon scripts are not included in the measurement but it is important to continue to encourage patients to fill due soon prescriptions as it provides patients with a compliance benefit
- Number of Past Due Scripts
  - Number of prescriptions on the Adherence Outreach Call report in a given month
- % of Patients Reached
  - Execution metric that measures % of customers successfully contacted via Adherence Outreach calls
  - Tracked on the monthly Execution Scorecard and duplicated here for reference

Best Practices for improving % of Past Due Scripts Filled:

Stores should ensure a dedicated team member is scheduled to make Adherence Outreach calls throughout the week as directed on the reports (Saturday/Sunday and Monday through Wednesday).

- Call patients at recommended times of day. In general, your store will have better success reaching patients on weekends from 9-11am and 4-8pm, and on weekdays from 4-8pm
- If you do not reach the patient on the first attempt, try to reach the patient again later (up to 3 times is recommended)
- Ensure your primary contact numbers are accurate and up-to-date. If you get a wrong number, remove that patient's phone number from the system and attempt to obtain the correct number
- Offer to fill all prescriptions listed for the patient

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New Script Pickup

Every day, as part of the Patient Care Programs, your store contacts patients who have a New Script in the Waiting Bin waiting to be picked up despite multiple automated Order Ready Calls.

Why It's Important:
Provides insight into pharmacists' relationships with patients and ability address the barriers preventing patients from picking up medication
- 2 out of 3 prescriptions returned to stock are for an original prescription (starting or continuing a new maintenance therapy)
- Pharmacists can address their patient's concerns about taking a new prescription or offer suggestions if barriers to pick up exist

How It's Measured:
- % of Scripts Picked Up
  - Outcome metric that measures the percentage of new scripts that are picked up following a New Script Pickup Outreach call
- Number of Eligible Scripts
  - Number of all prescriptions identified for the New Script Pickup program within the fiscal month
- % of Patients Reached
  - Execution metric that measures the percentage of customers successfully contacted through New Script Outreach calls

Best Practices for Improving % of Scripts Picked Up:
- Pharmacist should contact patients on the New Script Pickup Report each day during recommended call times
- Reinforce the importance of therapy and ask patient for date they plan to pick up
- Address concerns that may prevent the patient from taking the medication as prescribed

7/16/2010

Automated Call Programs

Order Ready Calls are automated calls that pharmacy customers receive to remind them to pick-up theirprescriptions.

Why It's Important:

Maintaining accurate phone numbers for our customers is part of PSI and essential for:
- Reaching customers for clinical purposes
- Improving the success of programs like the Patient Care Programs and ReadyFill
  o Ensuring customers remember to pickup their filled prescriptions

How It's Measured:

Order Ready Reach Rate
- Execution metric that measures how many customers were reached through automated calls
- Gives an indication of accurate and updated preferred contact numbers

Best Practices for Improving Preferred Contact Numbers:

Ask patients for their most current preferred contact number at every available opportunity:
- Data entry at Drop-Off
- Taking refills via telephone at Production
- Taking new prescriptions at Drive-Thru
  o Completing Action Notes at Pick-Up

ReadyFill

The ReadyFill® program automatically refills enrolled prescriptions 3 days prior to their refill due date (based on last pick up date and day supply). The service also automatically sends a refill request to the prescriber prior to patients running out of medication.

Why It's Important:

For our patients, ReadyFill increases medication adherence and compliance, saves time refilling medication each month, and provides peace of mind knowing that prescriptions will be ready when needed.

- Three out of four people who start on a maintenance medication today will decide to discontinue their treatment within one year, which may cause their condition to worsen.
- For Pharmacy Teams, ReadyFill reduces time spent entering refills, enhances the success of the Patient Care Programs by addressing a primary cause of non-adherence – forgetfulness, and provides more time to have face-to-face interactions with patients

How It's Measured:

The ReadyFill Success metric is equal to the percent of ReadyFill Eligible prescriptions filled through the program. This does not include those prescriptions outside of the designated therapeutic classes that teams have manually enrolled or ReadyFill eligible prescriptions which were filled manually and not automatically through the program.

*ReadyFill success rate does not include prescriptions returned to stock

7/16/2010

<u>Generic Substitution</u>

Generic Substitution Rate (GSR) measures how often a generic drug is dispensed when the generic option is available to be dispensed. By maintaining a high GSR %, we help our customers and their insurance providers reduce the cost of healthcare.

Why It's Important:

With the increasing availability of lower-cost, therapeutically equivalent generics, our customers –both those who pay full price for their medication as well as patients with insurance co-pays – are relying more than ever on generics to control their prescription expenses. In addition, generic dispensing reduces costs for insurance plans and improves our company's profitability due to the higher margin we receive on generic drugs. All in all, generics are a win-win, for our customers, their employers' health plans, and for our company.

How It's Measured:

Generic Substitution Rate (GSR) measures how often a generic drug is dispensed when the generic option is available to be dispensed.

7/16/2010

11. Ready Fill Performance Report

The ReadyFill Weekly Performance Report is provided to give teams a directional overview of weekly ReadyFill activity. Pharmacy teams should use the report each week to identify opportunities, and track program progress and success. The ReadyFill Weekly Performance Report has two sections. The Enrollment Activity section, which contains information on prescriptions and customers that enrolled in ReadyFill during the reporting period, and the Filled Thru ReadyFill sections, which tells how many prescriptions were automatically filled through ReadyFill as a result of previous enrollment.

ACTION: OBTAIN REPORT
Obtain a copy of your store's report by following the steps listed below:
1. Log on to Radar Store.
2. Click on "Weekly ReadyFill Performance Report" under the Rx Program Support tab.

ACTION: OBTAIN SUPPLEMENTAL MATERIALS
Learn more about the ReadyFill Performance Report by reviewing the materials found on the ReadyFill Support Page on RxNet.
1. Go to RxNet.
2. Select the "ReadyFill Support Page" link.

Best Practices for improving Ready Fill
Enrollment:
- Always obtain patient consent before enrolling any prescription into the program
- Team members should always explain the benefits of ReadyFill enrollment to patients when prompted to by the computer system
  - Any patient on a maintenance medication that meets program requirements us a good candidate for this conversation
  - For prescriptions being dropped off, always perform data entry through adjudication while the patients is standing in front of you
- If a patient is willing to enroll one prescription, they should be counseled on other potential eligible prescriptions that might be appropriate for ReadyFill enrollment
- ReadyFill enrollment should be offered during the PCI adherence outreach calls
- Do not un-enroll a patient from the ReadyFill program unless they specifically ask to be completely removed from the program. It is better to decline individual prescriptions
- Large amounts of ReadyFill return to stock prescriptions can indicate that the Pharmacy Team may not be enrolling the right prescriptions into the program or properly communicating how the program works to patients

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Filling:
- When processing a fax, e-script, or prescriber refill authorization it is imperative to **generate off the old Rx number** in the QR

Pick Up:
- Prescriptions must be rung through the POS system in order for ReadyFill to schedule and fill subsequent refills. Once a prescription has been run through the register, the future fill will be scheduled
- Patients will receive an Automated Order Ready Call three days after their prescription has been filled
- For ReadyFill prescriptions returned to stock, patients should be contacted to confirm enrollment status
  - An enrolled prescription that is returned to stock twice in a row, it will automatically be removed from the program
- Patients asking about enrolling their prescriptions in ReadyFill should be directed to Drop-off to discuss benefits and to review the patient's profile for script by script enrollment

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Completion Form Course Code 250510

Completion Guidelines
1. You will receive credit for this course upon successfully completing all of the activities in the module review with your Preceptor and passing the Pharmacy Business Metrics Assessment.
    a. The link to the assessment is located in the Actions Box on the right side of the course description page.
2. You must demonstrate to your Preceptor that you have gained the required skills for this course. If your Preceptor does not feel that you have gained competency in this course, he/she may ask you to review the training materials. You can then reschedule time with your Preceptor to discuss and complete the course.
3. Your Preceptor will call the IVR (1-800-454-2779) after you've completed the course and assessment.

Preceptor
Signature:_____Date:_____

Intern
Signature:_____Date:_____